Shadow Play Therapy

for preadolescents with externalizing behavior problems

by

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STATEMENT OF ORIGINALITY

I, SHUM Julia Lai-Man, hereby declare that I am the sole author of the thesis and the material presented in this thesis is my original work except those indicated in the acknowledgement. I further declare that I have followed the University's policies and regulations on Academic Honesty, Copyright and Plagiarism in writing the thesis and no material in this thesis has been published or submitted for a degree in this or other universities.

ABSTRACT

Many studies have demonstrated the clinical efficacy of Play Therapy for preadolescents with behavioral disorders. However, there is a significant lack of evidence on behavioral adjustment evaluation studies for behavioral disorders conducted in community settings. The present study is a follow-up treatment from school referrals for preadolescents who were not categorized as having clinical problem behaviors, but whose parents sought counselling services for them. This study investigated the impact of child-centered play, with group play and individual play in the same session. It was arranged for the preadolescents to perform behind a curtain. To reflect this, the intervention is called Shadow Play Therapy. It enhanced parent-child relationships by setting parent-child playtime at home.

Objective: To determine the effectiveness of Shadow Play Therapy in: (1) improving self-concept, (2) increasing self-expression of preadolescents experiencing adjustment difficulties, (3) decreasing externalizing behavior problems, and (4) enhancing behavioral adjustment to the peer group with the knowledge or skills learnt from the program, (5) analyzing the participants' belief, attitudes and behaviors through observations and qualitative data analysis.

Method: 20 preadolescents referred by play therapy clinic providers and 10 preadolescents to participate in a six-session (12-hour) behavioral management group. Another 10 preadolescents would be the control group. They were all assigned randomly. Quantitative and qualitative data were collected from group play, individual play, and parent-child playtime.

Main Result: Preadolescents' externalizing behavior problems were reduced after group play and individual play, and parent-child relationships were enhanced through an increase in creative art communication.

Quantitative results demonstrated significant differences between pre and post testing on Eyberg Child Behavior Inventory (ECBI), Achenbach Child Behavior Checklist (CBCL), and Filial Problem Checklist (FPC) outcomes. Support by the qualitative results which were provided by the therapists demonstrated the improvement in decreasing the behavior problems. On the other hand, suggestions for parent-child communication from qualitative results and the later on review sessions demonstrated the improvement of parent-child relationship and the improvement in decreasing the behavior problems. That meant the target problematic behaviors were also reduced at home. There were also significant differences determined by length of parent-child playtime.

Conclusions: The quality of parent-child communication was found to be positively correlated with preadolescent behavior problems. The findings support the value of Shadow Play Therapy group and individual play sessions as a way to provide information for parent-child communication. Results are discussed concerning implications for clinical practice and further research.

Keywords: child-centered play therapy, group play, individual play, externalizing behavior problems, self-concept, self-control, preadolescent, Chinese

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CHAPTER 1

INTRODUCTION

1.1 Statement of the Problem

As the Chair Professor of Special Education at the Hong Kong Institute of Education and a member of the Department of Special Education and Counseling, Paul Cooper put great effort into helping students with Social, Emotional and Behavioral Difficulties (SEBD). His survey in 2012, on the needs of students with SEBD in mainstream schools, discovered that students with SEBD had increasingly moved into the field of mental and psychological problems. These problems were highly related to behavioral difficulties (Cooper, 2012).

The key findings about behavioral difficulties include:

1. Between 1999 and 2009, suicide rates in Hong Kong increased from13.2 to 14.6 per 100,000. Also, male 15-24 age group suicide increased by 33% between 1995 and 2006. Suicide rate of females in the same group was 5.8 per 100,000 (Yip et al., 2004; Berman, 2011; WHO, 2010).
2. A study of self-harm and suicidal behaviors among Hong Kong adolescents found that 32.7% of 3328 students had committed self-harm, such as by cutting themselves, self-biting to draw blood, preventing a wound from healing, using toxic chemicals. Factors related to suicidal behaviors include low self-esteem, a negative view of the future, negative family environment etc. (Shek & Yu, 2012).

Combining several studies, Cooper found that the factors related to social-emotional challenges include unhappy family life, poor child-parent communication, low socio-economic status, feelings of hopelessness etc. These factors point to family relationships, life satisfaction and self-concept (Cooper, 2012).

Another large-scale survey, conducted by the Centre of Health Education and Promotion of the Chinese University of Hong Kong, revealed that many Hong Kong youth are emotionally disturbed. The 2001 study surveyed 1,906 primary school students and 5,286 secondary school students, aged 10 to 16, from 34 schools. It focused on youth health-risk behaviors including academic performance and health status and correlated these with other health risk behaviors such as an unhealthy diet, physical inactiveness, taking illicit drugs etc., life satisfaction and depressive symptoms (Centre of Health Education and Promotion, 2002).

The key findings include:

1. Students who disagreed they had a satisfactory life accounted for 27% of those surveyed.
2. Students who felt hopeless accounted for 26% of those surveyed. Those who felt lonely most of the time accounted for 10%.
3. Students who had considered suicide accounted for 14.7% of those surveyed. Those who had planned for it accounted for nearly 10%.
4. The Life Satisfaction Score measures a scale of 5 to 30 with higher scores indicating greater satisfaction with life. In this study, the minimum score was 5, the maximum score was 30. 50% of subjects ranged from 15 to 23. The median was 19.

Self-concept was highly related to life-satisfaction scores. The survey showed that the number of students who felt hopeless increased from 14% in 1999 to 25% in 2001. We need to focus on the self-concept of young people.

When emotional problems become evident in children and are expressed in negative behavior, parents usually seek help. Vygotsky (1986) determined that the basis of healthy cognitive development in children is social interaction between adults and children within the cultural context of society. In the view of child development, adult-child interactions affect infants, toddlers, young children or even preadolescents. Following Vygotsky's theories, Rogoff (1990) determined that child skill-development and learning requires two parts; guided participation by adults (parents) and learning partners. Positive behaviors increase through daily repeated experiences (Dodici, Draper & Peterson, 2003). The study of Hartman, Stage & Webster-Stratton (2003) proposed that parent training resulted in increased parent skill levels and positive attitudes in children and decreased behavioral problems in children.

In many modern families both parents work to pursue careers, or because of financial need. Most attach importance to academic results. Their children completely lack free time because so many extra-curricular classes are organized for them. The quality and quantity of parental time thus becomes lower and lower. Parental time and psychological disorders are highly correlated and must be studied (Effat et al., 2016; Kovess-Masfety, 2016; Lai et al., 2015). Two broad bands of psychological disorders are accepted by the clinical community: internalizing disorders and externalizing disorders. Internalizing factors are problems which have an introverted nature and often appear internally, such as fears, somatic complaints, worries, anxiety,

depression and social withdrawal. Externalizing factors are extroversive behaviors, such as aggression, acting out, uncontrolled behaviors and conduct disorder (Achenbach & Edelbrock, 1978).

However, parents are usually concerned with academic results above all else. In this life setting, parents are not aware of the real needs of their children. Negative behavioral problems, such as depression or bad temper, break out "suddenly". It is at this moment that parents will seek help, usually from school. Unfortunately, teachers must also pay attention to the academic performance of children. They may not have the time or energy to handle this kind of problem. Parents seeking help from private community centers is a general trend of modern society development. There is an increasing demand for behavioral adjustment programs in community settings.

1.2 Background of the Researcher and Therapists

The researcher was a school teacher for over 10 years. She had supported for parents who had difficulties with their children for 14 years as that was one of her job at school. She uses theological and psychological theory and research in therapeutic work to help clients with a variety of problems. These range from anxiety and depression arising from difficult life issues to those suffering with mental health conditions. Life issues that people struggle to deal with could include: relationship difficulties, emotional problems, domestic violence, and sexual abuse. Mental health conditions include: post-traumatic stress disorder, eating disorders, psychosis. The researcher joined The Life Education Achievements Observation Tour in Taiwan Schools which was organized by Centre for Religious and Spirituality Education, Education

University of Hong Kong. A primary school in Taipei provided Chinese tradition shadow play workshop for special need students. The teachers shared how students improved their communication skills through shadow play. The researcher felt impressed and interested in studying shadow play from then on.

The researcher is now a practicing creative art play therapist. She introduced this method program to parents through Sunday school teachers and notice board. She and the four therapists are members of Play Therapy UK (PTUK) and Play Therapy International (PTI). These require a high level of training and self-awareness, achieved through personal therapy. They work collaboratively in a holistic and insightful way to enable the clients to consider change. They work with diverse client groups, including children, adults, families, couples and youth groups. The work is dependent upon the setting and the clients, and includes:

- undertaking assessments;
- formulating a psychological explanation of the client's issues;
- planning and implementing therapy;
- evaluating the outcome of therapy;
- establishing a collaborative working relationship with the client based on trust and respect;
- writing reports and record-keeping;
- management, auditing, and development of services and organization; training and supervision of other therapists;
- multidisciplinary teamwork;
- continuing personal and professional development (CPD);

- undertaking research, either individually or as part of a team.

1.3 Aims

In the present project, Shadow Play Therapy includes factors determined by different surveys to be useful in reducing externalizing behavior problems. It contains group play and individual play in one treatment. The purpose of the study is to provide preadolescents with a program that encourages behavioral adjustment by using expressive group play as the training medium.

The first intention was to evaluate the overall outcomes by reference to Child Behavior Checklist (CBCL) pre-test and post-test score, Eyberg Child Behavior Inventory (ECBI) pre-test and post-test score, as perceived by peers participating in the same group (Refer to 3.2 for the definition of terms).

The second intention was to find out an effective way of expression for each preadolescent by reference to qualitative data and provide suggestions for parent-child relationship improvement. The project also featured parental interviews, four two-hour training sessions for parental training and therapeutic support. The aim of this setting was to strengthen parental communication skills. This project provided a therapeutic approach for supporting students, schools and parents. Also, it fills a gap created by the insufficient help of schools by promoting Shadow Play Therapy, as well as the clarification of this therapy.

This research study investigates the effectiveness of Shadow Play Therapy with preadolescents experiencing externalizing behavior problems. It was designed to develop a specialized

play therapy -- shadow play -- accompanied by a qualitative data collected in play sessions and parent-child playtime, to be used by parents with 9-13 years old preadolescents to decrease unwanted behaviors and increase desired behaviors. The theoretical basis for both group play and individual play is child-centered play therapy.

1.4 Four Research Questions

1) How can Shadow Play be used as a form of Play Therapy?
2) How can we measure the application of the knowledge or skills which the preadolescents have learnt from Shadow Play Therapy?
3) How can the participants' belief, attitudes and behaviors be analyzed?
4) What are the most impressive elements of Shadow Play Therapy for participants?

1.5 Summary

It is often difficult to determine exactly why a child develops negative behaviors. When they develop negative behaviors, they express themselves at the same time. Their peer groups and family members are the main interactors. Shadow Play Therapy can be considered as a tool to adjust the externalizing behavior problems of preadolescents as it is developed from Play Therapy, combining the advantages of group play and individual play which help preadolescents express themselves in different ways.

CHAPTER 2

REVIEW OF RELATED LITERATURE

Rationales: Many researchers mention that playing and interacting with peers and adult intervention helps a child's learning and development. This principle is underpinned by social-cultural theory of human learning based on the work of Vygotsky (1978), by the theories of child development (Piaget, 1970), and by the concept of a Social Play Continuum (Broadhead, 2006). Play connects positive thinking, social competence and behavioral adjustment (Fleer, 2013; Frost et al., 2005; Erikson, 1977). Expressive short-term group play helps the behavioral adjustment of adolescents (Kaduson, 2006; Gallo-Lopez, 2005a; Cohen et al., 2000). This project aims to reduce externalizing behavior problems. It is largely based on a theoretical basis for the use of child-centered play therapy, child-centered puppet play, theatre performance, the healthy expression of self, and the consideration of qualitative data in individual session and parent-child playtime, shown as follows.

2.1 Externalizing Behavior Problems

Externalizing behavior problems include behaviors such as aggression; antisocial behaviors; impulsivity; defiance; hyperactivity; disruptiveness of property or persons; verbal insults; off-task behavior (Meany-Walen et al., 2015; Achenbach & Edelbrock, 1978). Externalizing behavior problems are defined as interfering with the dignity and rights of other people and are typically a symptom of more significant underlying problems (Abidin et al., 2002). From studies between 1993 and 2005, around 6% of children and adolescents were described as

having externalizing behavior problems, including conduct disorder, attention-deficit hyperactivity disorder, and oppositional defiant disorder (Costello, Egger, & Angold, 2005). A recent report of the World Health Organisation (WHO) showed that about 20% of adolescents experience a mental health problem in any given year (WHO, 2012). Mental problems would be concerned when the behaviors occurred in form of externalizing behavior problems as others were usually implicated at the same time. Such as impulsivity, defiance, and hyperactivity (Belfer, 2008; Kessler et al., 2005). Different studies show how they relate to externalizing behavior problems. These studies consider self-reports on the externalizing scale of the Achenbach Child Behaviour Checklist (CBCL), the Achenbach Youth Self-Report, and parental rating on CBCL.

The main difference between these studies is the description of the behaviors. For example, "fighting with other children," "not being liked by other children," "taking things that do not belong to him/her" are the items used in the reports of 3- 5-year-old children regarding Behavioral Problems. The item "difficulty parameter", which describes the levels of the measured behaviors, is used in teenage group. For example, "using alcohol or drugs" will have a higher "difficulty parameter" than "arguing" (Harford et al., 2013; Studts and Zyl, 2013; Chorpita et al., 2010; Krueger et al., 2004; Lambert et al., 2003; Embretson & Reise, 2000). That is, accurate descriptions are needed when we report quantitative data with regards to behavioral problems.

The current state of children's mental health is in crisis. In the USA, one in five children have received a mental health diagnosis, and less than one third receive mental health care

(Mental Health America, 2009; Taras & American Academy of Paediatrics Committee on School Health, 2004). Students are referred to the school therapist or counselor because of their externalizing behavior problems, such as yelling, rule-breaking, calling out, aggression, impulsivity because these interfere with student learning.

Children with these behavior problems are at risk of developing greater personal and social problems, such as dropping out of education, alcohol or/and drug abuse, and engaging in criminal activities (Mental Health America, 2009; Barkley, 2007; Webster-Stratton & Ried, 2003). In addition, childhood externalizing behavior problems often indicate the development of adult psychological problems such as depression, anxiety and substance abuse. (Reef, Diamantopoulou, van Meurs, Verhulst, and van der Ende, 2011). Externalizing behavior problems without intervention may increase costs to the individual, family and society (Mental Health America, 2009; Brinkmeyer and Eyberg, 2003; Webster-Stratton & Ried, 2003). As such, interventions are important for children diagnosed with these problems.

2.1.1 Types

DSM-V, the Diagnostic and Statistical Manual of Mental Disorders, lists the types of externalizing behavior problems (American Psychiatric Association [APA], 2010, February 10): Oppositional-defiant disorder (ODD), is observed as a precursor of conduct disorder in a peer group. Attention-deficit hyperactivity disorder (ADHD), is in appropriate levels of inattention, impulsivity, and overactivity. Conduct disorder (CD), is patterns of violent behavior and rule-breaking.

As the features of ODD are present in all cases of CD, one issue still debated is whether children diagnosed with CD can be diagnosed with ODD (4th ed. text rev.: DSM-IV-TR: American Psychiatric Association, 2000). ODD and CD are regarded as different. However, clinical referrals show great overlap between them (Lahey et al., 2004; Frick et al, 1992). Children who have ODD symptoms, whether these symptoms are recognized or not, would affect the patient's response to treatment (Maughan, Rowe, Messer, Goodman, & Meltzer, 2004; Rowe, Maughan, Pickels, Costello, & Angold, 2002). Although not all children with ODD will go on to CD, (Loeber, Burke, & Pardini, 2009) youth with ODD symptoms, such as arguing with adults, are at a high risk for developing CD. Such ODD symptoms were strongly related to ADHD symptoms (Stringaris & Goodman, 2009a, 2009b). Children with ADHD may not go on to ODD or CD in longitudinal studies but may develop ODD in developmental studies (Loeber et al., 2009). Children with ADHD are at risk of particular outcomes even when their conduct problems have been controlled, for example, of being rejected by peers (Frankel & Fienber, 2002).

2.1.2 Causes

Among childhood disorders ODD and ADHD are the most common. Each affect around 10% of children (Bloom et al., 2013; Nock et al., 2007). These disorders affect each other, and the behavior problems appear at a higher level when these disorders co-occur (Nock et al., 2007; Waschbusch, 2002). Many studies show that ODD and ADHD are highly-correlated risk factors (Rhee et al., 2008) as they share genetic factors (Tuvblad et al, 2009; Eaves et al., 2000),

and environmental factors (Burt et al., 2001). That is, children with ADHD are more likely to place stress on the family which make them at high risk for ODD (Beauchaine et al., 2010; Johnston & Jassy, 2007; Barkley, 2006).

The causes of ADHD still attract controversy. Genetic and environmental factors affect the developing brain whilst neuropsychological structural and functional abnormalities are also contributing factors. Attentional problems are associated with language delays, developmental immaturity, and accidents such as bone fractures (Offord et al., 1986).

Conduct problems are related to families with low social-status and income as well as dysfunctional family systems (Offord et al., 1986). Lahey and Waldman (2003) conclude that children who seek novel experiences (Cloninger,1987) and sensations (Zuckerman,1996), especially those thought to be daring, are at a high risk of developing conduct problems; they are more likely to enjoy the consequences of misbehavior, even when they are aware punishment will follow (Lahey et al., 2008; Waldman et al., 2011).

Children with disruptive behavior disorder are more likely to develop conduct problems later (Biederman et al., 2001). Children observed to have a disregard for others are also at high risk of developing conduct problems (Jones et al, 2010). Low cognitive ability, such as a deficit in verbal ability, is another risk factor for conduct problems (Lahey and Waldman, 2003).

Both attention-disordered and conduct-disordered children have difficulty in communication and relationships, especially with their peer group (Milich & Landau, 1989). These experiences may cause intensive behavior problems.

2.2 Play Therapy: A Useful Way of Reducing Externalizing Behavior Problems

To work with children with externalizing behavior problems, different experiences in a peer group and work with communication and social issues need to be addressed. “Play” is a useful way for them to deal with their issues repeatedly as they usually lose interest easily. This is the superiority of using “Play”.

2.2.1 Definition of Play Therapy

Play Therapy is the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development. This is known as a form of counselling or psychotherapy. Registered mental health professionals use play-based techniques to communicate with clients and help them to stay at an optimal mental situation (Association for Play Therapy, 2015).

A Play Therapist is a well-trained person who provides selected play, provides media and materials, a safe place, and keeps a safe relationship for people of any age to freely and fully express and explore self-thoughts, feelings, experiences and behaviors. The person can experience self-growth and development. From the perspective of child-centered play therapy, play is the way that children learn and experience. They have opportunities to “act out” situations

and experience feelings through play, including positive and negative situations and feelings. These self-generated and spontaneous processes enable children to conceptualize and structure what they must adjust, including the features of ODD, ADHD and CD (Landreth, 2012). Child-centered play therapy is used in this study.

Group play therapy is used in this study. Axline (1969) defines group play therapy as a non-directive therapeutic experience in a peer group, with an evaluation of behavior and reaction of personality with the others. To help children develop self-initiative and self-regulation, play therapists aid group playtime, and reflect on the child-to-therapist and child-to-child interactions. From group play children can practice self-awareness, self-sustaining dependence on others, self-learning opportunities (Sweeney, Baggerly, & Ray, 2014; Meirelles dos Santos & Giglio, 2012; Ginott, 1961). There is a balance between receiving and giving (Hobbs, 1951).

Origin of Play Therapy

Play Therapy is used by counselors to help children address mental health issues. Sigmund Freud's writings on the treatment of Little Hans, in early form of play therapy, began the consideration of therapeutic options for children. His prescription of play opened the doors for child play therapy in 1909 (Freud, 1909/1955). In 1942 Carl Rogers mentioned the person-centered approach. He believed that individuals and groups had an innate capacity to set their own targets through their own progress (Raskin, Rogers, & Witty, 2011). Axline adapted Rogers's approach, and took a full record of play sessions over a period of one year about playing with a child who she named 'Dibs'. Dibs was an emotionally stunted boy who came from a wealthy and highly-educated family. Almost all adults around him thought he had an emotional

and cognitive disorder, except Axline. Through Axline's non-directive play sessions, Dibs could do and say whatever he wanted. Finally, Dibs was found to be a gifted child with an IQ of 168 on the Stanford-Binet Intelligence Test (Axline, 1964). Axline published eight principles in 1969. Following a non-directive approach and Axline's eight principles, play therapists allow children to take a leadership role during play sessions. Axline is the first ancestor of child-centered play therapy. Play Therapy has a rich history of research supporting its effectiveness (Bratton et al., 2005). It is theoretically based in child-centered philosophy (Blanco & Ray, 2011; Bratton, 2010; Ray, 2007; Schottelkorb & Ray, 2009).

DeMaria and Cowden described group play therapy in *International Journal of Play Therapy* (*IJPT*) in 1992. They showed the effectiveness of group play therapy through the group play of Amy and Christy. Both children showed better behavior and school performance after group play sessions (DeMaria and Cowden, 1992). From then onwards, group play therapy in a school setting and school-based group play therapy became frequent topics in *IJPT* (Hudspeth, 2016). A number of researchers began to be concerned with social, emotional and behavioral expressions in different forms of group play. The outcomes showed that caring and supportive group play sessions helped children adjust their externalizing behavior problems by experiencing new thoughts and feelings (Caitlin et al., 2016; Hart et al., 2016; Song et al., 2016; Graziano et al., 2015; Janssens et al., 2015).

Factors of Play Therapy that Help to Reduce Externalizing Behavior Problems: Child-centered in Individual Play

Louise Guerney (1983) credits Virginia Axline as being the creator of child-centered or client-centered play therapy (p. 21). Axline (1969) applied Carl Rogers' non-directive therapy principles to play therapy and stated that non-directive (child-centered) play therapy is much more than a technique. Child-centered play therapy is based on a basic philosophy of human capacity and emphasizes the capacity and innate tendencies of the child to be self-directive. Axline emphasized (a) the importance of the relationship between the child and the therapist, (b) the importance of the acceptance by the therapist, (c) the permissiveness of the therapist, and (d) the reliance of the therapist on the belief that the child has within himself the ability to be self-directed and to become the kind of a person that satisfies the self (p. 26).

Axline (1969) clarified the child-centered approach and the dynamics of the child-therapist relationship in her eight basic principles:

1) The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.

2) The therapist accepts the child exactly as they are.

3) The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.

4) The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior.

5) The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.

6) The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.

7) The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.

8) The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship. (p. 73-74)

According to Landreth (1991, 2012), child-centered play therapy is a complete therapeutic system for helping children go into the process of playing out their thinking and emotions. Child-centered therapy also emphasizes self-awareness and self-direction by the child.

We find strong evidence in Axline's (1964) classic case study of Dibs, a five-year-old boy. Dibs exhibited a variety of challenging behaviors including mutism, crawling around the classroom floor, severe withdrawal, and violent temper tantrums. He also displayed occasional moments of superior intelligence. Dibs demonstrated significant and positive changes through the process of child-centered therapy, including improved social interaction with his teacher and classmates, appropriate expression of negative and positive emotions, happier affect, cessation of temper tantrums, and improved classroom performance.

Factors of Play Therapy that Help to Reduce Externalizing Behavior Problems: Child-centered in Group Play

Children are affected by peers, teachers, and other adults. Children with externalizing behavior adjustment difficulties often demonstrate behaviors that are perceived as socially inappropriate. Play therapy has been found to be beneficial in addressing the behaviors and symptoms seen in children with adjustment difficulties (Landreth, 1991). However, many adults (parents) lack the resources to address the number of children that face these challenges.

Group play therapy is a viable intervention for addressing the needs of children in a group setting who experience adjustment difficulties. According to Landreth, Glover, and Sweeney (1996), both individual play therapy and group play therapy are correlated with positive changes in young children. This includes (a) decreases in externalizing behaviors such as aggression, impulsivity, and self-control; (b) decreases in internalizing behaviors such as depression, anxiety, and somatization; (c) improvement of academic performance; and (d) increases in self-esteem, self-concept, and self-confidence. Moustakas (1997) emphasizes that group

play therapy provides opportunities for the children to work out their anger and fear during play sessions and improve their social skills in the peer group interactions.

According to Landreth and Sweeney (1999) group play therapy enhances the therapeutic relationship. There are several reasons for this: (a) entering a new experience is less threatening for a child if other children are present; (b) the establishment of a desired relationship between the therapist and each child is facilitated; (c) having other children present reduces tension, increases spontaneity, stimulates activity, and increases participation; (d) every child can benefit by receiving help, as well as giving help; (e) children's awareness of the permissiveness of the setting is accelerated; (f) the children must reevaluate their own behavior in the light of peer reactions; (g) a tangible social setting exists in which children can discover and practice new and more satisfying ways of relating with their peers; (h) the presence of multiple children helps to tie the play therapy experience to the world of reality; (i) children have the opportunity for vicarious and direct learning in such areas as problem solving and alternative behaviors; and (j) the therapist has access to additional insight regarding how the child may be in other real-world settings.

For children with adjustment difficulties, group play therapy provides a safe environment to process difficult feelings and experiences, provides peer support, breaks a sense of isolation in coping with problems, and aids the process of recovery (Landreth et al., 1996). Children who participate in group play therapy improve how they display aggression and increase their ability for self-control, which results in enhanced self-confidence and self-esteem. Inside the group, children show their thoughts through different creative art, stories and role playing.

Factors of Play Therapy that Help to Reduce Externalizing Behavior Problems: Visualization and Self-Efficacy

According to Bandura (1997), self-efficacy is the strength of participants' beliefs about their abilities to meet their targets, and their abilities to organize and execute actions toward achieving their goals. Research from Short et al. (2002) and Sanna et al. (2005) showed that imagery affects self-efficacy. Participants who used imagery related to their desired outcome were found to have higher levels of self-efficacy (Beauchamp, Bray, & Albinson, 2002; Mills, Munroe, & Hall, 2001). The findings show that conceptualization of imagery direction needs to be observed.

Positive imagery is usually associated with positive outcomes, and negative imagery is usually associated with negative outcomes. In fact, outcomes depend on self-efficacy. For example, a basketball player used imagery of hitting the basket. He preferred a ball being thrown from a distance than one being thrown from close-up hitting the basket as being considered a good performance. Interpretation and meaning for the individual depend on their self-efficacy for the task and their performance standards (Short et al., 2002). Moreover, imagery ability and imagery perspective may affect the relationship between imagery type and outcome (Murphy & Martin, 2002; Hall, 2001; Martin et al., 1999). The findings were similar to Callow, Hardy, and Hall's (2001) outcome that imagery accounted for significant variance in the confidence of badminton players; Beauchamp et al. (2002) outcome that imagery accounted for significant variance in both golf performance and self-efficacy; Evans et al. (2004) outcome that imagery use needed to concern the needs, abilities and interests of the participants; Munroe-Chandler

et al. (2008) outcome that greater use of imagery increased the self-efficacy of the participants, especially youth participants (Munroe-Chandler et al., 2014). According to the research of Munroe-Chandler et.al., individually designed imagery was effective in increasing youth participants' perception of self-efficacy.

Previous research has demonstrated the benefits of designed imagery to increase the self-efficacy of athletes. The research of Meadows et al. paid attention to measuring the benefits of music-imagery experiences for adults with cancer. To access positive inner resources, music-imagery sessions consisted of four factors: body awareness (reflecting a parent's relationship with their body and helped them relax), personal resources (interests, background, self-efficacy), emotion-focused and treatment-specific (reflecting what parents felt about the treatment). Patients were involved in six sessions. Researchers conceptualized the patient experience of designed music and imagery sessions. The results showed that they felt centered and connected to their spiritual world. The benefits included stopping unpleasant emotions and thoughts, getting support from family and friends, acceptance of life's imperfections, a stronger sense of life purpose, and interpersonal growth (Meadows et al, 2015).

The above research shows the relationship and importance of visualization (imagery) and self-efficacy (spiritual need) of people with behavior and attitude adjustment needs. In short, effective visualization sessions need to be designed and connected with the participants' interests, background, abilities and beliefs. When participants connect to their spiritual world, they have greater behavioral adjustment.

Factors of Play Therapy that Help to Reduce Externalizing Behavior Problems:

Play Therapists

According to Landreth et al., the effectiveness of child-centered play therapy focuses on the person-therapist relationship. The success or failure of the therapy depends upon the development and maintenance of the therapeutic relationship. The dynamics of free expression from the person, with child-centered responses from the therapist, together with use of appropriate media for development and adjustment, allows the person to process self-healing in their own way and at their own speed (Landreth, 2012; Ray, 2011; Bratton, Ray, Edwards, & Landreth, 2009). Behavioral observation can provide information about the purpose or cause of a given behavior by evaluating the antecedent and consequent events that maintain the target behavior.

Although rating scales designed to gather information about antecedent and consequent influences on behavior have been developed (Duraned & Crimmins,1988; Nock & Prinstein, 2004), a true behavioral assessment must include direct observation of the child. The target behaviors must be defined in a manner that is observable, measurable, and specific. The criterion of being observable refers to the definition of the target behaviors in terms that are readily apparent to more than one individual. For example, 'the number of times Joe kicks a group member' satisfies the observable criterion, while 'the number of times Joe gets angry' does not. If a behavior is conceptualized in a way that makes it observable, a measurement strategy can be devised to quantify its occurrence. Specificity refers to the precision of the defined target behaviors, such that boundary rules are established to indicate when a behavior has or has not occurred. Consider this definition: 'Kicking a group member' refers to making physical

contact between Joe's foot and any part of another group member. This specific definition precisely indicates when the target behaviors have occurred and when they have not. This will be recorded by trained play therapists, together with the manner of those target behaviors. For example, the facial expression of Joe and the strength of his kicking. In short, in order to collect data with the least biases, therapists observe each child under Axline's eight principles, and collect quantitative and qualitative data in individual and group play.

2.2.2 Successful Intervention Programs that Help to Reduce Externalizing Behavior Problems Nowadays

Develop a Sense of Self within Modern Life

By modifying the concept of free association developed by Sigmund Freud, Anna Freud (1946, 1965) involved different experiences and discussing feelings and attitudes of the children. Anna found that children with externalizing behavior problems could express themselves both in and out of therapy with adults and adjust their behaviors themselves. Based on these findings, therapists began to take a more active role, and used a more goal-oriented approach with specific materials, repeatedly working with the children's conflicts to reduce their behavior problems in play (Knell, 2004). Laundrette (2002) describes the relationship between play, behavior and different experiences as a releasing of aggressive behavior by throwing objects at bursting balloons, and a releasing of feelings by re-creating a particular experience of the child. Concerning the specific materials that children are interested in and played with repeatedly, Gardner (1971, 1972) used a storytelling technique. The child told a story and interacted

with the therapist. A metaphor was used to work with the child's conflicts. To identify those involved in the conflicts, Bender & Woltmann (1936), Woltmann (1947, 1948) used puppets in play therapy as substitutes for these "roles". Woltmann used puppet shows in individual and group play sessions. Verbalization was used as the children would perform the show to achieve therapeutic goals.

Woltmann found that the externalizing behavior problems of the children were reduced through puppet role playing and verbal expression. Since Woltmann created specific sceneries for puppet shows, interpreted the meaning and provided a different way out to the children, the process was largely directed by the therapist. That is, the therapist worked with a specific event, but not for the self-growth process of the child.

From the previous programs, we know of some important factors for reducing externalizing behavior problems: (1) use play to keep the children interested in experiencing different situations; (2) use storytelling and puppet shows to express of the self in a healthy way. How can we carry out these factors in a modern society? The concept of developing a sense of self within modern life needs to be concerned.

Children in modern society need play therapy more than ever. We now live in a culture of learning. Even preschool children attend different classes every weekend. Play is less and less valued. Busy parents and high-tech video games have pushed experts to note the importance of play therapy since it is a better way to give adults an opportunity to understand and reach children on their own level. Theresa Aiello, PhD, coordinator of the Child & Family Focused

Learning Opportunity Program and co-director of the Advanced Certificate in Child & Family Therapy at New York University Silver School of Social Work, agrees with Freud that adults can understand children through watching them play. Play is a form of free association for children in response to events in their everyday life. It helps children to resolve psychosocial difficulties and decreases behavioral problems (Lindsey, 2011; Aiello, 1999).

We have mentioned that Play Therapy has a rich history of research supporting its effectiveness (Refer to 2.2.1). A recent meta-analysis of 52 outcome studies from 1995 to 2010 also identified 12 studies in which child-centered play therapy was successfully applied in different populations including Native Americans, African Americans, Hispanics, Latinos, Israelis, Koreans, Chinese, and Taiwanese (Lin & Bratton, 2014). Studies from different countries and periods indicate the effectiveness of Play Therapy through play sessions and targeted goals setting, such as Child-Centered Play Therapy on the Social and Emotional Growth in Australia (Salter et al., 2016), Sand Play Therapy on the reduction of aggression symptoms of preschoolers in Iran (Mumeni et al., 2015), Play Therapy on reduction of Children's Externalizing Behavior problems from America (Meany-Walen et al., 2015), Successful intervention with adolescents with ADHD (Green, 2014), Children Behavior Adjustment by using cognitive behavior play therapy (Pearson, 2008), Attention Difficulties and Hyperactive Behaviors Adjustment (Kaduson & Finery, 1995). Many published studies which use primary school as the treatment location also find promising results with statistical significance by using play therapy in adjusting children's behavior problems (Lin et al., 2015; Ray et al., 2015; Bratton et al., 2005). The outcome results of group play therapy studies showed that aggressive feelings, behaviors

and expressions were allowed in the peer group or individual sessions, and self-healing occurred through experiences and symbolic expressions. All findings regarded play therapy's effectiveness on externalizing behavior problems from different countries within modern life (Ray, Blanco, Sullivan, & Holliman, 2009; Ray, Schottelkorb, & Tsai, 2007; Garza, & Bratton, 2005; Tyndall-Lind et al., 2001; Kot, Landreth, & Giordano, 1998). In addition, findings suggest a group format to positively change preadolescents in a peer group, especially for decreasing of aggressive behaviors and difficulties in relationships (Akos, Hamm, Mack, & Dunaway, 2007).

Child-centered Puppet Individual and Group Play

Puppets come in different sizes and shapes. They can represent animals, insects, people and characters in stories. Landreth (2012) mentions seven essentials that need to be met by using different toys and materials in the playroom: development of a positive-image; development of self-control; development of self-understanding; the expression of a wide range of feelings; exploration of real-life experiences; the ability to test limits; and the development of a positive relationship with adults. The use of puppets in a playroom can meet all essentials. Piaget (1952) also mentions the importance of the symbolic function of play for children to feel and express. Therapists can meet children at their own developmental level through child-centered dynamic puppet play. Therefore, puppet play is a useful tool in play therapy.

Puppets have been used in different contexts with different theoretical approaches (Butler, Guterman, & Rudes, 2009; Dillen, Siongers, Helskens, & Eve, 2009; Nims, 2007; Salmon & Saint, 2005; Shapiro, 1995; Carter S. R., 1987; Cassell, 1965). Bender and Woltmann (1936)

created the first puppet class to provide group expressive activities. Children interacted with the hand puppets and made their own choices. Children could create their own puppet characters, discuss with the others, show their ideas with expressive art during the session. Bender and Woltmann point out that children could identify themselves and their family members with different characters. The issues of problem behaviors, feelings, and the relationship with the others could be considered and addressed during the processes. According to the researches from Sweeney, Beggarly, & Ray (2014), Ludlow & Williams (2006), Butler et al. (2009), a dynamic approach of group play therapy by using role-play puppetry, allowed children to externalize the problems. There are four steps in the puppet intervention which can aid communication in peer group and family settings (Bratton & Ray, 1999; Irwin & Malloy, 1994):

1) Children choose their own puppet and give it a name.
2) Children create a story with beginning, middle, and end.
3) Children present the puppet show.
4) Therapist interacts with the children, feelings, thoughts, belief, relationship with others, alternative outcomes can be considered and addressed through character interactions.

Presenting puppet shows help children with specific problems such as autism, stress disorders etc. to gain insight into their adjustments of misbehavior (Butler et al., 2009; Nims, 2007; Gil, 1994; Gendler, 1986). Children communicate and work together with therapists and parents toward a particular adjustment goal. Jewel (1989) mentioned that puppetry could help children develop specific skills such as self-esteem building, verbal expressiveness, decision

making and problem solving. This skill-building is child-centered and matches the aims of using child-centered play therapy (Giordano, Landreth, & Jones, 2005).

Choosing puppets and storylines are important factors of the therapeutic process: (1) puppets can fit children's hands and can be manipulated easily (Carter R. B. & Mason, 1998); (2) choosing different characters help children gain information or insight that meet their inner needs for self-healing and growth. Children use different characters in structured and planned activities in every session. They work with the therapists and have opportunities to address their problem behaviors (Jones, Casado, and Robinson, 2003); (3) let children lead the story-telling and stay in the metaphor and the symbolic meanings. Children can talk about important issues related to their problem behaviors directly to therapists with this approach (Landreth, 2012).

Performative Role-playing

In *Beyond the Pleasure Principle*, Freud (2001) mentions that children's reality can be relived with an active role instead of being lived passively with negative connotations through performance. Klein (1930) also points out that children explore the outside world and control their inner world by symbolism through performance. Winnicott (1958, 1971) observes that if children express themselves through imagination in play, it could allow them to develop and deepen their repertoire of relationships. The inventor of psychodrama Moreno considered the individual's response to a new situation, or how the individual can use a new response to an old situation (Moreno J. L., 1959). An American drama therapist, Landy (2008, 2009), describes problem behaviors as unavailable roles in reality which need to be developed in an

appropriate way through acting. Snow (2003, 2009) highlights the process of rehearsal and performance and the relationship of self-concept. He mentions that performative therapy provides a real opportunity for growth. In addition, this experiential technique uses nonverbal expressions in the form of arts (body, rhythm, speech and props) that can elicit the full expression of the self and help players to develop a healthy self-concept (Pellicciari et al., 2013).

There are four parts in a performative therapy session (Pellicciari et al., 2013):

1) Warm-up activity: body movement and group which helps participants reduce anxiety and defense mechanisms.
2) Choice of a character: participants think about and express the differences and similarities between the character and himself / herself in their own way.
3) Development of chosen character: expand the repertoire of this chosen role recorded by social workers during the week.
4) Performance: participants receive positive feedback immediately from the audience.

Pellicciari et al. (2013) also concludes that the reasons for being satisfied by performative therapy were that it could divert patients from obsessive thoughts; bring amusement; raise one's own spirit; increase extroversion; and get out of moments of difficulty. They note that performative therapy can strengthen the ego structure and encourage a healthy perception of self.

The above discussions show that the factors which help children to reduce externalizing behavior problems are:

1) Use play to keep children interested in experiencing different situations.

2) Use storytelling and puppets for the children to express their feelings.

3) As it is child-centered the whole process is led by children.

4) Performative role play can elicit the full expression of the self and help children to develop a healthy self-concept.

2.3 Play Therapy in Hong Kong

2.3.1 General Overview

In Hong Kong, there are several organizations which provide play therapy training, such as the Association for Play Therapy (APT), Play Therapy International (PTI), and the Canadian Association for Child and Play Therapy (CACPT). These organizations provide core skills, methods and experiences for the trainees in a certificate program. Trainees must have a counselling background before they receive play therapy training. But it does not mean that they are ready to be trained as a play therapist. Until January 2010, the total number of play therapists registered under APT or PTI was below 10. Some who received very limited training *claim* to be play therapists (Siu, 2010).

Play Therapy is not well known in Hong Kong. The professional recognition is not clear enough. The fee of the training courses provided by APT, PTI or CACPT are high. Some private organizations claim to provide a training course but are not a registered system for play therapists. The poor quality of these courses affects the image of play therapists in Hong Kong.

Second, there are not enough opportunities for formal training in play therapy as most of the programs are introductory programs and offered by nongovernmental organizations. Trainees also need to find an overseas supervisor for supervision as local supervisors are not enough (Siu, 2010). Third, there is a need to develop a professional association that provides clear professional recognition and practice policies for people using play therapy which fit the cultural context and social needs of Hong Kong (Chau & Landreth, 1997; Yuen, Landreth, & Beggarly, 2002; Siu, 2010). A study conducted by the Centre for Child Development of Hong Kong Baptist University and Playwright Children's Playground Association (2003) showed that children have very limited resources during recess.

Yip (1999) also reports that children played electronic games more than creative games. There is thus an urgent need for professionals to help these children, especially in adjusting their behaviors. By using a small group family setting program and filial play, parents can be trained to use the therapeutic approach at home to help their children to adjust their behaviors. Parent-child relationships can be improved also since they can share their thoughts and feelings well.

Although Play Therapy is not well known in Hong Kong, therapeutic play is used in hospitals as a psychological intervention for children. Li et al. from The University of Hong Kong examined the effectiveness of therapeutic play for Chinese children hospitalized with cancer. 52 of the 122 children aged 8-16 years received 30-minute therapeutic play interventions, virtual reality computer games, five days-a-week in a small group format. Participants had opportunities to share their concern and fear with their peers. The data collection lasted 14 months

by research nurses. The results showed that there was a slight reduction in the state of anxiety score until day 7. Children got higher depression scores on day 7 as they had anxiety-provoking events such as painful medical procedures which could be emotionally devastating for children (Li et al., 2010).

From previous studies, there is a gap in the literature systematically researching the effects of play therapy, or even therapeutic play intervention on children in Hong Kong. Cultural differences between Chinese and Western teachers and parents occur during interventions. For example, Chinese parents thought that resting was a better way to recover than play; they also weren't comfortable with close social contact in hospital for fear of infectious diseases (Li et al., 2011; Siu, 2010; Li et al., 2009); classroom discipline and academic achievements were the primary concern of schools and parents; lack of playtime; promotion of sedentary behaviors; small residential units; lack of suitable open for play etc. (Cerin, et al., 2011; Johns & Ha, 1999; Suen, Cerin, & Wu, 2015). These factors may affect the quantity and quality of play therapy research in Hong Kong. To promote "a playful way" of reducing externalizing behavior problems under the view of play therapy, Shadow Play Therapy grounded in Chinese culture is used in this study.

2.3.2 Projects about Shadow Puppetry in Hong Kong

Although Play Therapy is not common in Hong Kong, some projects concerning Shadow Puppetry have been run. Two projects are introduced as follows.

Project 1: Puppetry Dream Factory-Puppetry Animateur Scheme (Hong Kong Government, 2015)

This project focused on student growth by using a range of interesting activities hosted by Audience Building Office, Leisure and Cultural Services Department, in cooperation with Make Friends with Puppets from September 2015 to January 2016, and from February to June 2016. This project was suitable for secondary and primary school students interested in puppetry.

Participating schools could choose one time-slot. 2 primary and 2 secondary schools participated, and 96 students participated in total. They had 1.5 to 3 activity hours per week. Four main objectives were made for this project:

- First, students had the opportunity to realize creativity through the making and performing art of puppetry.
- Second, students could raise their ability to think critically through multi-perspective thinking of all-round learning processes.
- Third, students could develop creativity, self-confidence and morality through team work and interactions.
- Fourth, student knowledge of puppetry could be enriched through training and performance.

Activities for primary schools included: Sock puppets making, Sponge Puppets making, Shadow Play Performance and sharing with friends and parents (using lights and shadows). Activities for secondary schools included: Body Shadow Play (using body movement, light and shadow), Sponge Puppets making, Shadow Play Performance and sharing with friends and parents (using light and shadow).

A report named “Puppetry Dream Factory”-Puppetry Animateur Scheme project written by Hong Kong Sheng Kung Hui Welfare Council Limited (2016). SKH Kei Yan Primary school participated. There are several things to highlight from this report. First, students developed creativity and patience through their own puppet making. Second, students grew emotionally through art and story presentations. Third, students developed new thoughts through the learning process, such as “Every creature has emotions of its own”. Fourth, students grew socially through social activities.

Project 2: Arts with the Disabled Association Hong Kong (2015) & Puppetry Tutor

This was a 4-hour workshop hosted by Arts with the Disabled Association Hong Kong in cooperation with a puppetry tutor who had graduated from the Hong Kong Academy for Performing Arts on 6 June, 2015. This tutor had joined the “Puppetry Dream Factory”-Puppetry Animateur Scheme in 2013. This workshop aimed to enrich the participants’ knowledge and techniques of traditional shadow play through puppet making and stories creating in group. The shadow characters were projected by man-made lights behind the curtain. The audiences could see these characters in front of the curtain. The participants used sticks fastened to the puppets and controlled their actions. They improved their social skills through the interactions of this project.

2.4 The Reasons for Developing Shadow Play Therapy

From the previous successful intervention programs, together with the programs of Anna Freud (1928, 1946), Melanie Klein (1932), Gardner (1971, 1972) and Woltmann (1947, 1948)

show some important factors for reducing externalizing behavior problems: (1) use play to keep children interested in experiencing specific situations repeatedly; (2) use storytelling and puppet shows to express themselves; (3) use non-directive way to work with the issue(s) which the children want to work with; (4) use body awareness and imagery to increase self-efficacy and self-concept; (5) concern getting support from family and friends, getting a stronger sense of life purpose and interpersonal growth.

Shadow Play Therapy based on the Eastern cultural and Western psychological development history contains the above five factors and three more characteristics:

(1) Non-directive play therapy has a good track record for reducing children's externalizing problems in Korean, Chinese and Hong Kong samples. These studies focus on specific target groups: play therapy intervention for Korean children with ADHD (Choi, 2012), for abused brother and sister (Choi, 2008), for child-parent relationship or child-teacher relationship (Jang et al., 2012; Leung et al., 2014);

(2) The research methods of previous studies are mainly group play, individual play or filial play, single use in each study. Shadow Play Therapy study contains group play, individual play and parent-child playtime in order to get initial and comprehensive data for teachers and parents;

(3) The previous studies on puppet play and performance show good records in reducing behavior problems. In this study, in order to reduce the preadolescents' anxiety during performance, they were arranged to perform behind a curtain. To reflect this characteristic, the intervention was called Shadow Play Therapy. Preadolescents can focus on the interactions with their peer group members. Observers can also focus on these interactions too.

2.4.1 Design of Shadow Play Therapy:

A Way of Reducing Externalizing Behavior Problems

From previous findings, Shadow Play Therapy contains five factors which help to reduce externalizing behavior problems. The characteristics of Shadow Play Therapy are:

(1) It is a form of play to let players keep experiencing in group play

(2) It is a drama form which uses storytelling and puppet shows. The player uses paper cuttings to play the role of different human or animal characters and uses reflections on a curtain through the light to act out a series of stories.

(3) Shadow Play Therapy is a non-directive method for the following reasons:

i. It includes different kinds of games to make safe contact with troubled preadolescents. They can express their own feelings and thinking unconsciously during playtime, allowing the preadolescents to draw, sing, play musical instruments, write and tell stories.

ii. Group playtime generates a playful atmosphere which helps to set-up an ideal interaction situation for therapists and preadolescents.

iii. Preadolescents must write a story, find or produce background music, and design the characters of the story. Without being led by the therapists, preadolescents follow their own ideas and interests, in their own way and for their own reasons to play. There are no standard forms, no examinations or evaluations. This playtime helps them to express themselves and gives them chances to solve their externalizing behavior problems.

iv. According to Sweeney & Homeyer (1999), preadolescents are able to learn about themselves because they are allowed to use their natural language to communicate with others.

v. Puppet play and performance were used in group and individual play. Both realistic and fantasy puppets were used, included aggressive characteristics such as policeman, skeleton, fire dragon. The puppet serves as a vehicle for projection and participants used a talk show format to share their ideas freely. They also learn about themselves through the presence and support of the therapist and other preadolescents (Irwin and Malloy, 1975; Kaduson and Schaefer, 2006).

vi. They learn and enjoy the importance of individuality and uniqueness, originality and creativity, cooperation and compliance. For many preadolescents, a group play therapy may provide the closest experience to family structure and acceptance as is possible.

(4) Behaviors in Shadow Play Therapy sessions are self-motivated (Mast et al., 2004), and preadolescents follow their own ideas and interests, in their own way, for their own reasons (Russ, 1988, p.475). Body awareness and imagery are included in Shadow Play Therapy. The aim of including body awareness and imagery is to help preadolescents increase their self-

efficacy and self-concept. The quiet moment is important and is managed by preadolescents in Shadow Play Therapy.

(5) Mixed use of imagery, paper cutting expression, role group playing, individual play, in order to increase the chances of playing out real thoughts, real feelings, and speaking, interacting with peers and therapists. Qualitative data is collected by trained therapists for parent-child relationship improvement.

2.4.2 Summary

The two projects on shadow puppetry in Hong Kong - Puppetry Dream Factory-Puppetry Animateur Scheme and Arts with the Disabled Association Hong Kong (2015) & Puppetry Tutor - focus on self-concept, social skill and creativity of Hong Kong students. The present project of Shadow Play Therapy in reducing preadolescents with externalizing behavior problems is based on the findings of Western and Eastern researchers, and the familiarity in the public consciousness of shadow/puppet play. In order to determine the effectiveness of child-centered shadow play therapy in enhancing self-concept; decreasing externalizing behavior problems; help behavioral adjustment inside and outside the playroom; and enhancing self-control, this project is designed to collect the quantitative data for overall behavioral adjustment from CBCL scores, and qualitative data for parent-child relationship improvement from individual play sessions and parent-child playtime.

2.5 Elements of Shadow Play Therapy

As noted above, Shadow Play Therapy is a form of group play therapy with individual sessions. In general, art, visualization, role play (drama play), meditation and therapeutic story-telling are included in Shadow Play Therapy. The selection and context of these elements depends on the needs of the participants. These elements are introduced in the following sections.

2.5.1 Art

In *Art as Experience* John Dewey (1934) notes that people express their thoughts through art. But that there is a wide gap between ordinary and aesthetic experience. As this is the case, Beresin used body movement, sensory - together with aesthetic - processes in both classrooms and school yards. She discovered that there were no differences between motion and thoughts, between information and sensations (Beresin, 2014). At the same time, Landreth believed that a person can process self-healing through the appropriate medium. They could express themselves freely through art. People can use art to communicate with the therapist nonverbally. Art, for Landreth, includes visualization and body movements (Landreth, 2012).

2.5.2 Visualization

Each of us is a photographer who snaps billions of shots each day: pictures exist inside us; we are able to recognize objects and experiences in our environment. Scientists believe that this special photographic ability is located on the right-side of our brains. In some studies patients who suffered injuries to their right brain hemispheres were unable to recognize themselves in a mirror. That fact alone gives us some idea of the importance of our internal photographer and visualization in our everyday life.

Therapists involved in this project worked with preadolescents, stayed with the clients until they played out their thoughts and emotions, and experienced self-healing. Besides taking and recording visual pictures, we are also able to capture tastes, smells, sounds, and textures.

A distinct odor comes to mind when we think of gasoline, and we experience sourness when we see a sour plum. All of these mental pictures or images can activate our mind and help self-healing. These pictures or images are a part of the rich sensory world that we experience daily. Becoming aware of and learning to manipulate these images is what imagination is all about (APAC, 2014).

A visualization session, "The Path", is an instruction used by Play Therapy International (PTI). It helps the beginners to relax and aware their sensory world. All visualizations start with the following words.

"I want you to see before you a path in nature- any way you want it to be- wide, narrow, winding, straight, by a stream or by the sea, in a meadow of a forest – whatever you like…Now I want you to walk down your path until you come to a tree, a tree with many, many branches. This tree is very strong. This is the Trouble Tree, the tree where you hang, put, leave behind in any way you want, all your troubles. Pause a moment and offload all your troubles – no matter how small. Leave them all behind before you move on…Be sure you haven't forgotten any…Now continue down your path. If there are any rocks or twigs or other obstacles, stop and gently move them to the side. Give them some of all that love you have in your heart and

move on. Soon you arrive at a small gate, covered in your favorite flowers. Smell their lovely fragrance as you gently push open the gate. As you step through your gate you enter into the most beautiful garden you have ever seen, it is exactly the way you want it to be and it is all your very own…All the colors in your garden are very bright and beautiful. The sun is shining brightly and the birds are singing a welcoming song. You feel so safe and peaceful…Wander through your garden for a while and explore it…(Pause for a few minutes or for as long as your child's attention span holds)…Now before you leave you must say goodbye to your garden. Know that your garden will be there for you when you need it…"(APAC, 2014)

2.5.3 Drama Therapy

Drama Therapy contains experiences, acting and sharing directly. Participants can express their feelings and emotions through the characters. Also, time and place are flexible, life experiences can be shown at once. Drama therapy is a kind of art which contains the potential for healing. Piaget thought dramatic play had a symbolic function important for childhood since it is an enjoyable movement time for practicing make-believe. Also, every child knows that dramatic play is not real; it is only a game, just pretend and for fun (Huizinga, 1955, p.8). Through a repeated enjoyable practicing time, the beliefs, attitudes and behaviors of the children have the chance to change.

To improve the interactions between parents and their children, dramatic play can help adults and children to discover their identities and relationships. Psychologists have suggested that the left brain dominates logic, words and reasoning and that the right brain dominates metaphor, creativity and intuition. Dramatic play uses words, imagination, creativity and

movement. It is a self-regulating and in-built activity to balance the inner and outer life of adults and children. It helps children express themselves and interact with the others. During parent-child interactions children often want to express their feelings, emotions, or even complaints. Sometimes, parents ignore the views of their children and get into a "teaching mode" at once. Drama provides chances for them all to re-work experience. It becomes easier, especially for the children. They feel safe as they are just "pretending" to do something. They are brave enough to express real feelings. When children use different characters and stories to re-work experiences through story-telling, boundaries become larger. It helps therapists and parents to know their children's own experiences. Drama is different from story-telling since the story-teller must act out the story. The storyteller must enter the role with a number of interactions in the drama. Maybe it is possible to get an unexpected outcome from this kind of free expression (Jennings, 1990, p.15-17).

There are five basic drama therapy principles described by Jennings (1990):

1) It enables a greater depth to be explored.
2) It is a transformation of self and other.
3) It is a symbolic expression of a real life as a whole.
4) It is a metaphor which enables change to happen.
5) No interpretation since it will block the process of understanding.

At last, masking and unmasking is an important technique for helping people to enter a role or de-role once the drama has started or ended (Jennings, 1990, p.108).

After entering the role or de-role, participants need a quiet moment to process. This is a moment of meditation. During the moment of meditation, visualization is also important as it helps participants to recall what they have discovered in the role. The definition and functions of meditation is as follows.

2.5.4 Meditation

Meditation is used in every group play session. From the instruction of APAC, meditation session have the following benefits:

1) Physical Relaxation- meditation involves a letting go, a progressive ability to gently relinquish physical and mental tension. But it is also relaxation of an especially beneficial kind, involving a poised alertness, which ensures that the body uses just the right amount of energy, not only to sit upright during meditation itself, but also to carry out its daily physical tasks. Meditation in other words re-educates the body out of the bad habits of physical tension and unnecessary over-exertion that we pick up all too early in life. Together with this comes greater body awareness. The meditator is in effect tuned in to his or her body, so that tension is noticed and relaxed.

2) Improved concentration- concentration is the foundation upon which all meditation systems rest. But not only is meditation built upon concentration, it is also one of the very best ways of developing concentration, and concentration developed in meditation, because it is pure concentration rather than the ability simply to concentrate upon something that captures the interest, quickly generalizes to other areas of life. The meditator is thus better able to turn his or her mind to whatever needs learning or doing and focus upon it until the task is completed.

3) More control over thought processes- this does not mean that the meditator can necessarily stop unwanted thoughts at will. But it does mean that the meditator is less dominated by them. Put simply, he or she is aware of thoughts and observes them, but without being sidetracked by them. Unwelcome thoughts thus have less power to reoccupy or disturb the mind.

4) Increased tranquility and the ability to deal with stress- just as thoughts have less power to dominate the meditator, so have the emotions. The meditator may be aware of sadness or anger, but as with unwanted thoughts, these emotions are distances from the meditator, who feels an inner peace and tranquility in spite of them.

5) Improved mindfulness- mindfulness is the ability to be aware of what is happening around us, and to turn our attention from one thing to another as it makes its appearance, rather than being so lost in distracting inner thoughts and dialogues that we go through life in a waking dream.

6) Enhanced self-understanding- if we were asked if we knew ourselves, the answer would usually be yes. But in fact, most of us are strangers within our own minds. We tend to live on the surface of our inner lives, aware only of conscious thoughts, and oblivious of what happens in the deeper levels of the unconscious. We are even ignorant of how our thoughts arise, or from where they actually come.

7) Improvement in creative thinking- creativity involves accessing, or opening up to, the unconscious levels of the mind where original ideas are born. The quieter the conscious mind, the better able we are to reach these levels.

8) Improvements in memory- much of our forgetting is due to our failure to concentrate upon what is happening, and thus store it in our memory banks. Much more is due to interference by the conscious mind- particularly when we are worried or anxious, for example before sitting an examination or taking a test. Meditation helps to still these inhibiting emotions and allow us to recall the things we need. This is helped by the improved awareness mentioned above. We cannot hope to remember things effectively unless we are fully aware of them in the first place. All too often we accuse children of being in a dream, and of forgetting things we consider important. Part of the problem is that we spend so much time telling them to think that we shut off a large part of their awareness of the outside world.

9) Enhanced spiritual development- one doesn't have to be religious or even interested in religion to find meditation of value. Yet meditation is inseparable from spiritual development in many of the world's great religious traditions. (APAC, 2014)

2.5.5 Therapeutic Storytelling

Stories are used in this study. We develop the plot by showing the main character using similar methods to deal with the problems as those used by the children to personify unconscious processes and potential. We call it Therapeutic storytelling.

Children have the ability to learn, feel and know through the assistance of their imagination. Therapeutic storytelling is a useful tool which provides a healing medium. Children can experience and learn through a difficult situation encountered by the main character and emotionally grow as the character develops. Through a sense of identification with the primary character, children become empowered as the character does the same. The story is a metaphor for the ideas it expresses. A metaphor is something that stands for something else. To allow healing and change at a deep level, concepts necessary for healthy trust development are woven into the story-line. Imagination, including stories and pictures, is a powerful tool in the minds of children. Growth and healing will occur without denial and opposition. This widely accepted and effective treatment allows for change by approaching children 'through a side window' instead of 'beating at the front door' of their mind and defense (Mellon, 2000; Sunderland, 2000; Rogers, 1959).

Usually, it is not easy for the children to determine or to show their specific topics which are related to their adjustments. According to Mellon (2000), therapeutic storytelling is an easy means of addressing difficult topics with children. Proven and effective psychological theory in the storyline can be found. In the present project, researcher and the therapists use storytelling to work through difficult topics with children. Together with the awareness and group activities, each session provides a springboard for discussion and guidance, allowing for positive change that affects self-esteem, trust development, value clarification and decision-making.

Therapeutic stories are powerful, with its ability to allow fantasy, creativity, feelings, thoughts and change continues as a natural focal experience in a child's development. Coupled

with psychological theory, it offers a healing medium that allows children the ability to learn, feel and know through the assistance of their imagination (White, 1990).

When we want to construct a therapeutic story, we must follow the following procedure (Mellon, 2000; Sunderland, 2000; Rogers, 1959):

1) Identify the behavior problem or issue.
2) Set a therapeutic objective- what would we like to change?
3) Think of a strategy to achieve the change.
4) Base the story on a metaphorical conflict in terms that the child can relate to, a character, a place, called “plot a”, grappling with the same behavior problem as the child. (What similar story or real experiences could be used?)
5) Start constructing the story by thinking out the ending in outline and then list the main stages on how to get there. (Start establishing a similar situation, crisis, the turning moment, change, positive journey, positive outcome, celebration.)
6) Write the start. (Set the scene.)
7) Develop the “plot b” showing the main character using similar methods to deal with the problem as those used by the child. (Personify unconscious processes and potential.)
8) Reach a metaphorical crisis.
9) Construct the shift, the turning moment, direction, using parallel learning situations. Use a bridge section to avoid moving too quickly.
10) Show the journey from crisis to positive solution and a new sense of identification.
11) End the story with a celebration and sense of community.

As this project focuses on the preadolescents with externalizing behavior problems, comments from their parents, and also their attitudes of involvement are conclusive factors of the outcomes. Parent involvement is discussed as follows.

2.6 Parent Involvement

2.6.1 Parenting

Parenting affects child development. It includes parental values and beliefs, child-rearing practices, short and long-term goals setting, parents' emotions, and cultural background etc. Some studies comparing families in Europe and North America have found that these parental elements tend to emphasize different characteristics and values in their children, and thus the children's behavior will develop differently (Harkness, Super, & van Tijen, 2000). Also, the changing role of women in society and the family shapes both parental and child behavior (Kagitcibasi, 1990). Social Learning Theories explain how child behavior is modified through different culture. Ecological Theories analyze the influence of different living environment to a child's development and behavior (Bronfenbrenner, 1986).

According to Baumrind (1967), there are three types of parental styles: authoritarian, authoritative and permissive. Authoritarian parents use an absolute set of rules to control their children. Authoritative parents use control and concern to interact with the children. Permissive parents do not control their children and use little punishment. They let their children decide what they want to do. Birsen Palut (2009) researched parenting in the Mediterranean; including

in Turkey, Italy, Spain and Egypt. These studies made some important conclusions. First, authoritative parenting style seems to be a best type of parenting style. Second, group integration rather than competition is highly valued for both boys and girls' development. Third, gender of the children is an important element in the interaction of the parents and children. Therefore, the following discussion will focus on authoritative parenting style and gender different of the children. The externalizing behavior expression will be the valid indicator of the research. The aim of the following discussion is to consider the limitations and the improvements of this kind of research.

Authoritative parenting styles (affection, behavioral control, and psychological control) that would be most influential in predicting their children's external problem behaviors. in a study, a total of 196 children (age 5-6 years) were followed six times to measure their problem behaviors. The result showed that a high level of behavioral control (e.g. maturity demands, monitoring, limit setting) exercised by mothers decreased children's external problem behavior but only when combined with a low level of psychological control (e.g. love withdrawal, guilt induction) (Aunola & Nurmi, 2005). The findings on parental affection are contradictory. It was found that maternal warmth was negatively related to externalizing problems among preschoolers, whereas parental support was not related to adolescents' problem behaviors (Miller, Cowan, Hetherington and Clingempeel, 1993; Dodge, Pettit, and Bates, 1994). Some studies showed the relationship of psychological control and externalizing problem behaviors. For example, Devine et al, 2002; Jiang et al, 2004.

According to a recent study from the City University of Hong Kong (CityU), parenting styles affect children's anxiety levels. The project, the Happy Seeds Nurturance Project, was organized by Dr Sylvia Kwok Lai Yuk-ching and co-organized by the Chinese Rhenish Church Hong Kong Synod with sponsorship from the Quality Education Fund, from February 2013 to January 2014. A total of 368 children (age 3-6 years) were randomly selected to join 16 sessions of small-group activities. They were then compared to the children who did not join the small-group activities. It was found that with more frequent use of authoritative parenting style, teaching and restorative behavior, the children were found to have higher levels of hope, altruism, creativity, honesty etc. With more frequent use of permissive parenting style, the children were found to have lower levels of honesty, forgiveness, gratitude, and higher levels of anxiety. Dr Kwok also mentioned the psychological control. The children were found to have lower levels of altruism and forgiveness, and higher levels of anxiety with a high level of psychological control from their parents. Dr Kwok also highly recommended small-group positive psychology activities for letting the children experience subjective happiness from character strengths development. (Kwok, 2014)

Previous research on the role of parenting styles and externalizing behavior problems of children has at least three limitations. First, there is no data on the family environment. Robert H. Bradley and Robert F. Corwyn found that it seems useful to think of the environment for parenting as including all the social and physical phenomena within the child's home place. Also, the relationship of Mum and Dad may be strongly associated with the network of acts and events that comprise a child's home life (Robert H. Bradley and Robert F. Corwyn, 2006). Second, the main caretakers or family members are not mentioned. Bradley et al also examined

relations between Home Observation for Measurement of the Environment (HOME) scores and parent-reported behavior problems. Results showed that growth trajectories of behavior problems revealed a complex set of relations (Robert H. Bradley and Robert F. Corwyn, 2006). Third, parents background is missing. In 1984, Belsky published a paper on parenting in which he argued that parenting is a joint function of the parent's own history, the context in which parenting occurs, and the characteristics of the child. Indeed, the research found that four major components of socio-economic status (parental education, occupational status, family income, and family wealth) influence multiple aspects of parenting (Bradley & Corwyn, 2003).

A high level of behavioral control exercised by mothers was shown to decrease children's external problem behavior, but only when combined with a low level of psychological control. We must think more about this since some elements are missing. Lindon (2003) gives a comprehensive outline of the major influences of early behavior. There are four: family experiences, individual temperament, the way in which a child thinks and her emotional needs. Also, Dunn's study (1988) shows how aware babies and young children are of how family members act. She calls this "affective tuning". That is, a one-year-old baby understands other people's feelings. A two-year-old child has a good idea of what annoys, pleases or distresses others who are close to them (Dowling, 2010). From these two studies, there are at least two points of concern. First, how family members act is important. We must think more about the high level of behavioral control exercised by mothers. For example, how does the control happen? Is there any emotional behavior combined with it? Second, individual differences such as temperament (active-passive, sociable-withdrawn, negative-positive attitude, disinterested-involved), emotional needs of both mother and child should be examined. They will interact each

other. Or we can think about this point deeply. If a child stops an external problem behavior, does she really know why she must stop it? Or does she merely want to please her mother? Can we make a conclusion easily that a high level of behavioral control exercised by mothers decreases children's external problem behavior but only when combined with a low level of psychological control? Let me explain this point more clearly with a case study from Dowling:

Gemma (4-year-old) dressed in pristine outfits because of her mother's love (a low level of psychological control). She took very seriously her mother's strong caution to keep her clothes clean at nursery (a high level of behavioral control, maturity demands). Gemma has her own standards of cleanliness. Gemma continued to disapprove of mess. When sand or water was spilt, she often cried (external problem behavior, cry, no decreasing). After two terms at the nursery, teachers needed to reassure Gemma that marks on her clothes were acceptable (Dowling, 2010). This anecdote shows us that a high level of behavioral control exercised by mothers does not necessarily decrease children's external problem behavior when combined with a low level of psychological control.

Another important point to bear in mind is maternal depression. This has a strong relationship with problem behavior in children (Downey and Coyne 1990). Chilcoat and Breslau (1997) found that mothers with major depressive disorders reported more externalizing problems in their children (ages 6-7 years). But in the same group of children, from the reports of teachers, there were no differences in externalizing behavior problems between children of mothers with and without major depression disorders. If mothers are depressed, or if they have

a history of depression, they will report more behavior problems than mothers without depression or depression history. Children also showed a slower decline in physical aggression from 2 to 9 if their mothers had more depression symptoms (Dietz et al., 2008). If we want to decrease the externalizing behavior problems of the children, we must discover the effects of maternal depression, and give mothers support first. This is the reason a parents' education group was used in this study.

2.6.2 Parent Education

Parents are important in each family. But before they become parents, they rarely go to a college to study how to become parents. In previous generations, children could have fun in nature, and had time to play. The circumstances in which today's families live are totally different. Today's parents wonder why their own children seem so unhappy, uncommunicative and stressed. It is good to hear that more and more parents are willing to join parenting courses; these educated parents know that what they think and how they behave will affect the entire family. In the past, parents had more time to work with their children, grow food, hand make products for exchanging etc. Nowadays, parents work outside. Grandparents and domestic helpers are the caregivers. Or sometimes children take care of themselves.

The following comparison of important problems faced by parents and teachers during the late 1980's versus the previous 50 years was reported by the Fullerton, California Police Department and the California Department of Education (Latham, 1994).

1940	1988
Chewing gum in school	Alcohol abuse
Making noise in class	Teen pregnancy
Talking out of tune	Drug abuse
Running in the halls	Teen suicide
Getting out of line	Rape

So nowadays, how do parents work with their children to help them grow into healthy adults? Parents think that their children are out of control. Actually, the whole family needs to be controlled. In the past, parents taught their children by telling them stories. In some cultures, for example, in modern Jewish communities, these traditions remain. But in many of today's cultures, that wisdom is not suitable for the situation, and is not adequate for the challenges that the parents face. When parents are busy with their career, study, personal spaces etc., the amount of the transference of the tradition wisdom decreases. Another reason that the parents disagree their parents' practice, they think the circumstances are different. Their practices no longer apply to this generation. So, nowadays educated parents desire to upgrade themselves (Wolfe et al, 2001). The National Commission on Children in USA (1991) conducted a survey titled *Speaking of Kids*. The Commission reported that (Rockefeller Archive Center, 1991):

1) 88% of the parents regardless of age, race, parental status or marital, believe it is more difficult to raise children today than the past generation.
2) 86% of the parents reported that they are not sure they have the right method to raise their children.
3) 53% of the parents believe that children nowadays are worse off with respect to religious and moral training.
4) 56% of the parents believe that discipline and supervision are not enough within the families since their schedules are lack of learning about how to raise their children.

The National Parenting Education Network of USA (NPEN) provides the following definitions:

Those who have made a long-term commitment to a child to assume responsibility for that child's well-being and development are legally defined as parents. This responsibility includes forming a loving emotional relationship, guiding the child's understanding of the world and culture, providing for the child's psychological and emotional needs, and designing an appropriate environment. Parenting Education is a process that involves the expansion of insight, understanding and attitudes and the acquisition of knowledge and skills about the development of both parents and of their children and the relationship between them.

Wolfe et al (2001) point out that the parent education goals:

1) Strengthen families by providing parents with effective and relevant education.
2) Support and encourage parents to provide an optimal environment for the healthy growth and development of their children.
3) Provide knowledge and skills to parents on parenting.
4) Provide a solid knowledge base of human development and a good understanding of the roles of parents and children within the family structure.

Parents learn to see that the positive side of their children's behavior can improve parent-child relationship. It is not only a short-term study and application, but with life-long strategies to work through everyday challenges of both parents and children.

2.6.3 Play Therapy, Art, and Parent Involvement

James Sully (1895) studied the connection between art and play. Children played in sand, pretended to serve patients or visitors, and so forth, to receive the enjoyment that they found in these actions. Sigmund Freud believed every child created his own world or rearranged the things of his world through art and play, in a new way which pleased him (Sully, 1895). Beresin (2014) worked with students from the University of the Arts from 2010 to 2012. They visited nine resource-poor public schools in Philadelphia to enrich the children's time and support children's expressive culture. The children ranged from 7-10 years old. They collected more than one hundred paintings which reflected the realities and imagination of more than two

thousand urban lives: Asian American children, African American children, European American white children, and the vast majority, Latino children. The schools came from different part of Philadelphia. It's important to note:

1) Experiences of the children affect their expressions. For example, an eight-year-old boy enamored with the Harry Potter series used the plots to express the relationships of friends, family and himself.
2) Children's imaginations are shown in their play time which is related to their experiences and knowledge. For example, they waved imagined banners to the portrait of Martin Luther King, images of invisible handcuffs appeared with *Broken Song*, a book about the persecution of Russian Jews.
3) Masterpieces from well-known artists and scholars offer wisdom and its influence is shown in the intersections of art and play.

In *The Ambiguity of Play* Sutton-Smith points out that play is a part of biology; children act with their bodies, and art is culture as they create with their experiences. We can see emotions, self, their own world in play, in forms of art, a symbolic expression (Sutton-Smith, 1997). Group processes are important as this study was designed as a group play. Externalizing behavior adjustments are observed in peer-group, also at school and home. Therefore, parental involvement is important too. The culture in group processes, including play time peer-group and interactions with parents in daily life, plays an important part in the developing self-concept of children. Group processes affect how children demonstrate their needs for power, affiliation, and achievement. They show their needs through constructive and creative events

(Hammond et. al., 2001). Parents are the stable participants in the group process at home. Children can show their needs continuously in their own ways through therapeutic play if parents give them positive responses continuously. The result is shown in 4.3.6.

2.7 Application of Shadow Play Therapy in a Christian Community

By the instruction of APAC, it is important to establish from the start whether the therapeutic play takes place. Therapist needs to concern whether the organization which the therapeutic play takes place has any theoretical approach that will conflict with the therapist and the participants. It is good for the process if the organization, therapist and participants have some common backgrounds (APAC, 2014). As all participants in the study are Christian, including the children and their parents, Christian elements such as Bible stories, well-known icons, meditations and prayers were used to maintain a common spiritual background to provide hope in the process of growing up. The elements related to this common spiritual background will be discussed in this section.

2.7.1 Spirituality and Religion

Mash and Dozois (1996) credit recent conditions and social changes for placing children at greater risk of developing adjustment difficulties and disorders, and for developing more severe problems at younger ages. These conditions and social changes that impact children's growth and development include single parenting, pressures of broken families, financial pressures, adjustment problems within immigrant families, maltreatment, drug and alcohol use in the family, prematurity, and HIV. Adults become Christian in these situations since they gain strength from their belief in God in their daily life through Christian practice. Churches are

used as a “a safe place” in the view of Play Therapy in this project since the participants believe that safety comes from God. The externalizing behaviors can show a person’s satisfaction directly. Children will learn the ability to handle their daily life from what they think are God’s words, The Holy Bible. Teachers and children have Christian practice through worship and prayer. Parents and children can be satisfied. That is, the best way to be a wise person in Christian society is through having Christian practices and virtues (Glanzer, 2012). Children can get to know what it means to be fully human through academic, ethical and theological discussion. Of course, we cannot expect all the church teachers to be this kind of life coach. But churches, as wisdom habitats, can educate children in life’s meaning and purpose, the good life they can have. Although a good person is not the same as a satisfied person, their satisfaction depends on their view of life’s meaning and purpose.

By the research of Mash and Dozois (1996) and Glanzer (2012), spiritual practice helped people to adjust their behavior problems as they gain strength from a safe situation. Play Therapy also emphasizes the safe relationship between therapist and client. Client gains strength from this safe situation. Therefore, spirituality is the common background for the organization (church), therapist and participants that provides a safe situation for the participants.

This project took places in a Christian community, included teachers, parents preadolescents and therapists. Christians believe that God has created this world and human beings as an act of love. They believe that they must accept that they have limitations about knowing the world, or even themselves. Christians believe that spirituality allows them discover this world and themselves through the wisdom of God. That God has put the seed of spirituality in each

individual that is why they are different from other creatures. That Spirituality must be properly nurtured and developed. Christians believe that without spirituality, they will not have wisdom to live and will lose a meaningful life, given by God.

2.7.2 Children's Rights

Children's rights are one of the major twentieth century projects. The Geneva Declaration of the 1920s sets out to demonstrate that spiritual development has played a clear role in the struggle for children's rights. But the 1989 convention lacks this respect which includes religious, spiritual nature and education. What are children's spiritual rights? First, the John Hull Declaration of 1998 says that spiritual rights of the child are located in living standards. But nowadays, parents think the academic performance of the children more than their living standard. Therefore, children must put all efforts into professional subjects. In the view of spiritual development, standard of living and education must be of concern at the same time. Second, children have the right to freedom of thought, conscience and religion. They also have the right to receive direction from their parents, including the direction of daily life. Third, that children should be able to receive religious education from church and theology should be seen as a right. Parents should follow educational guidelines provided by the church, and practice the context every day (Schweitzer, 2005).

In the view of children's rights and spiritual development, education is not equal to producing many experts in different areas, except daily life. Children must know the meaning and purpose of their daily life. They look for guidance, affirmation and support. A religious ap-

proach based on children's rights will more easily convince Christian parents. Since the selected participants of this study are all Christian, a religious approach of meditation will be used in the session activities in order to fulfil their spiritual needs.

2.7.3 Religious Approach for Fulfilling Spiritual Needs

What is the best time to start a religious approach to fulfil spiritual needs? This area is not covered by Glanzer's research. If we study the research of Schweitzer about the Rights of the Child, we can find a way out. It is important that the child must develop fully, that is both material and spiritual needs to be considered. In the Convention, Schweitzer found that some articles talked about the identity of the child (article 8), the child's personality, talents, abilities, cultural identity, values etc. (article 29), but it doesn't mention religion. Schweitzer feels religious education is important for children. Children need clear guidance to develop their views and values. This view will direct their whole life. Also, church teachers could show a clear guidance through religious practices. The most important discovery, Glanzer thinks, is that even young children can develop meaningful values from religious practices. The point is, what was the input? Do religious practices, or set life values, or do religious practices and set life values at the same time? Children have a right to have spiritual development. Children's spirituality needs to be developed to help them live a satisfying life (Schweitzer, 2005). Setting up a children's spiritual project is important. Schweitzer's thinks human rights are not complete without considering children's rights. For Christian communities, church is a good place for spiritual practices. When the spiritual needs of a child became satisfied, they may make a greater effort to adjust externalizing behavior problems. Therefore, this study includes child

spiritual practices along with parent training. Since primary students have a better understanding of being satisfied, the objects of this study are preadolescents. The aim of adding spiritual practices is to show the importance of concerning spiritual needs along with parental training, to help preadolescents to adjust their externalizing behavior problems. There is no mention of this in Glanzer and Schweitzer's research. What I can do to overcome this limitation is using my experience since I was a primary teacher and a church teacher before. Also, I must use other media and techniques such as creative art and role-playing. This integrated way is called Shadow Play Therapy. As the participants are preadolescents who are all study in primary school, spiritual practice in nowadays primary schools is discussed as the follow.

2.7.4 Spiritual Practice in Modern Primary Schools

Nowadays, primary schools do not lack answers, they lack depth. Depth means helping students to ask good questions not giving them "model answers". 'To be satisfied' is the capacity not so much for problem solving as for problem finding. Children have the capacity for identifying problems. What primary schools must do is, first, develop participatory methods to engage children. Let them keep seeing and thinking. Second, ensure that learning is not compartmentalized into subject-based elements which detract from the interconnectedness of ideas. Third, schools must contextualize their work with children so that it has a global rather than a fragmented dimension. Fourth, schools must create the space for the unexpected question that leads to new learning (Adams, Kate et. al. 2008; Hay, 1998). Fifth, since there is something unique about the spiritual experience and practice that help fulfilling children's spiritual needs, schools must create such environment for spiritual experience and practice. Religious philosopher Rudolf Otto shows that the root of religious tradition is the experience of the numinous,

the most intense form of experience of the holy. Some scholars use a phenomenological method to approach the spiritual and religious experience of other through six dimensions: ritual, mythical, doctrinal, ethical, social, and experiential. This phenomenological approach has had a tremendous effect upon school spiritual development. The concept of God and theology must be put at the centre of Christian spiritual development (Gearon, 2004). All the tensions at schools, church will be chosen in this project as the spiritual practice site. These practices need to be practiced in daily life, parents must be involved.

2.7.5 Church as Shadow Play Therapy Site

There is not enough time or chances for the children to learn to be satisfied in their own family only as parents are busy working for a living, children are busy for achieving astounding results. Considering therapeutic processes and the common spiritual background for a Christian community in this study, church is a suitable site for this study. First, parents are Christian, and they go to the same church every Sunday. Second, children go to the same church every Sunday too and they have growing groups in the church. For this community, church becomes the important habitat that helps children to have spiritual practices and related therapeutic processes. Every Christian child in this study has had at least 5 years religious experience in the same church.

This kind of religious experience is different from a school setting. Even in Christian colleges or universities, we cannot expect all the professors and staff can be the life coaches that fulfil the mission of spiritual development. In a church setting, teachers will be of concern about this mission as it is one of the important values of a church. Since preadolescents are not mature

enough to self-discover, church teachers must give them guidelines, support their Christian spiritual practices. As mentioned before, that is the area of children's spiritual needs, hope, in the process of growing up. Therefore, a particular section, Bible story-telling with icons, is added to this study.

In Western societies as a whole, children's spirituality remains a largely hidden phenomenon, mentioned by neither adults nor children in general discourse. This is somewhat paradoxical situation, given the current rise in importance accorded to hearing the child's voice, which is embedded in legislation on an international scale (Adams, 2008). Adams et al. use some cases to show that children's spiritual experiences impacts them in different ways. Children enjoy so much freedom of expression and are usually confident in conveying their desires, thoughts and ideas (Adams, 2008). Spiritual development can imply that there is a 'correct' order in which growth or learning will takes place. Spirituality helps children to have freedom in personal growth. They can have creative thinking and personal development in a sense of meaningful life. Children have to create ideas, develop them in an imaginative and inventive way and meet prescribed learning objectives. In this process, time and space are necessary for dreaming, imagining or fantasizing.

2.7.6 Summary

In short, schools and families are the major habitats that help children grow. I want to show that the spiritual development needs to be of concern to fulfil the spiritual needs of the children in the process of growing up. We must help children to discover the value of their actions. When they begin to develop a view of life and value, this view will direct their actions

and lead them in a satisfied life. For this Christian community, I conclude this kind of value adherence and faith through Christian practice as Christian spirituality. Teachers can show this view through Christian practices and virtues, that is, Christian spirituality. In this way, children's spiritual needs can be fulfilled and they can gain more efforts in reducing externalizing behavior problems. Since there are a lot of tensions at school for having this kind of practices with the children and their families, church is the chosen site in this project. Due to the immaturity of the kindergarten students, primary class is an important stage for spiritual development which leads children become satisfied.

Icons will be used in the first quiet part and the last prayer of each session. Then observations and measurement tools will be used to record the self-adjustments.

2.8 Measurement

2.8.1 Respond to the Measurement of Externalizing Behavior Problems

Most of the studies use Child Behavior Check-list (CBCL) to investigate behavior problems of the children (L. Jennifer et al., 2008; Gourley, Lauren, 2012). CBCL is an instrument that has been standardized and validated on large samples of children in the United States and abroad. There are 100 behaviors rated on 3-point scales from 0 to 2. Researchers created a reduced checklist which only consisted particular items such as externalizing behavior problems (Dietz et al., 2008). CBCL was used as an instrument to collect data of externalizing behavior problems of the children from teachers and parents. The Eyberg Child Behavior Inventory (ECBI) was used as a self-measured instrument to collect the data of externalizing

behavior problems of the children. The Chinese version of the inventory has been validated by Hong Kong Education and Manpower Bureau (2003) (Leung et al., 2003). (See Appendix A).

Sometimes children play with their same-sex groups. Therefore, same-sex groups were used in some sessions of this study to provide similar group culture. The result of Su's research from The University of North Carolina at Greensboro, School of Health and Human Science, which focused on examination of gene-gene interaction, gene-environment interaction and gender differences, showed that these interaction effects as well as gender differences in these effects in producing substance use trajectories, such as cigarette, alcohol. The results highlight the environmental factors and gender differences should be considered in human behavioral research (Su, 2016). The result of Deng's research of emotion regulation at Beijing Normal University, which focused on the emotional expression of men and women, showed that the gender differences depended on the specific emotion (Deng, 2016). The result of De Baere's study from faculty of Physical Education and Physiotherapy, Ghent University, Beigium, which focused on the sedentary behavior and gender differences of 10- to 14-year-old children, revealed more nuanced differences between genders and stages of school (De Baere et al, 2015). These results highlighted the consideration of gender differences in human behavioral study. Externalizing behavior expression and gender differences are discussed in the next session.

2.8.2 Respond to the Gender Differences in Externalizing Behavior Expression in Children

The research on gender also shows that, if mothers are depressed, or if they have a history of depression, they will report more behavior problems than mothers without depression or depression history. Several studies which aimed to predict the externalizing behavior problems from the child variables of gender, showed that boys had more externalizing behavior problems than girls. This gender difference had been observed in teachers' rating but not in mothers' rating (Dcater-Deckard et al., 1998). According to Cohn's research, gender differences occurred in sandplay therapy. The play themes were different (Cohn, 2000). That is, all children play, but they do not play in a same way (Blaum, 1998). There are some explanations about teachers' rating. First, it may be that teachers are more experienced child observers. And they will be less affected by their own depression history. They can get more accurate reports of externalizing problems. Second, some girls may be well when they are not at home. But, third, boys' and girls' externalizing behavior are more likely to show up in school, where conflict and competition with others are common. That's why teachers' ratings and mothers' ratings are not the same. Interestingly, teachers' reports of problem behaviors have shown greater predictive validity than parents' reports (Verhulist, Koot. & Van der Ende, 1994).

From the 1930s, social psychologists have investigated sex differences in many areas. Maccoby's study, The Development of Sex Differences shows the detailed specific hypotheses and issues that needed investigation. For the next ten years, studies about gender differences were used widely in many areas of psychology. (Jacklin, 1989; Carter, 1987). Maccoby and Jacklin (1974), had a long-lasting impact on the area of sex differences. Over the next twenty years,

researchers interested in studying sex differences, gender development of boys and girls, both similarities and differences of them (Diane N., 1998). But there are two main problems. First, sex differences can differ in many ways. But researchers compare their means rather than examining other types of differences. Second, researchers used self-reports to measure sex differences. It may be biased by beliefs, social responding, expectation etc. Therefore, the conclusions of the studies may also be affected.

Furthermore, the term "gender constancy" has been applied loosely in literature. Diane N. et al. (1998) avoids using that term. They suggest to use sex category constancy (SCC) to refer to the understanding of all levels of the construct and refer to specific stages when they are relevant. That is, SCC related to the understanding of gender on different stages of the children. At the same time, cognitive development and expression of the children would be affected. Carter et al. (2011) point out an important issue. If sexes differ due to biological factors, or is it more likely due to societal factors? How do the children understand this issue? It is important because it may let us know when and why children show changes in flexibility in their gender-related perceptions and behaviors at different ages. In the views of the parents, several studies showed that they believed that sex differences are based more on socialization than biological factors (Martin & Parker, 1995; Antill, 1987). This kind of belief related to the ways that parents encouraged their children. And of course, the reflections (behaviors) of the children will be different. If we want to get the research ratings from mothers and teachers, maybe we can find out why teachers' ratings are different from mothers' ratings.

Due to cultural biases, available evidence suggests that children are more likely to derogate boys than girls. Yee and Brown (1994) found that, even in the same situation, boys were described in more negative terms overall. Zalk and Katz (1978) found that both boys and girls give higher marks to girls in conduct or morality items. They also give higher marks to boys in activities and attributes. Also, by cultural standards, males are seen to have more power and personal contributions. Treating boys and girls differently may influence their behavior since it is gradually shaped to be gender-typed through gender-traditional patterns of socializing agents (Diane N. et al., 1998). As such, how can we get an "accurate" rating of externalizing behavior problems of a child from teachers or parents?

According to the research about gender, mothers think that their children have more externalizing behavior problems than teachers' observations. No matter how many problems the children get, our aim is to help them to decrease these problems. By observational learning theories, children are more likely to model the behaviors of individuals who are prestigious and powerful than other individuals (Bandura, 1977). A number of studies delineate the conditions likely to increase the imitation of same-sex models. Although they may not all imitate a single same-sex model, they are likely to engage in same-sex modeling in the same activity (Bussey & Bandura, 1984). Also, girls are more likely to imitate cross-sex models than boys and boys will imitate a female model when the model is shown to be very powerful. The research on modeling has been conducted with 7- to 8-year-old children since they can recognize their own and others' sex (Bussey, 1983). Also, same-sex group modeling is useful. For example, a novel object demonstrated by a boy might be tentatively marked as belonging with the other "boy" attributes but one demonstrated by four boys would be more powerfully associated

with the boy stereotype (Diane N. et al., 1998). Therefore, same-sex group modeling can be used to help the children to decrease the externalizing behavior problems, and same-sex group was used in this study.

2.8.3 Quasi-experiment

According to Dinardo (2008), a quasi-experiment is an empirical study used to estimate the causal impact of an intervention on its target population. Quasi-experimental research shares similarities with the traditional experimental design or randomized controlled trial, but they specifically lack the element of random assignment to treatment or control. Instead, quasi-experimental designs typically allow the researcher to control the assignment to the treatment condition but using some criterion other than random assignment (e.g., divorced parents). In some cases, the researcher may have control over assignment to treatment. Quasi-experiments are subject to concerns regarding internal validity, because the treatment and control groups may not be comparable at baseline. With random assignment, study participants have the same chance of being assigned to the intervention group or the comparison group. As a result, differences between groups on both observed and unobserved characteristics would be due to chance, rather than to a systematic factor related to treatment (e.g., students request for counseling services). Randomization itself does not guarantee that groups will be equivalent at baseline. Any change in characteristics post-intervention is likely attributable to the intervention. With quasi-experimental studies, it may not be possible to convincingly demonstrate a causal link between the treatment condition and observed outcomes. This is particularly true if there are confounding variables that cannot be controlled or accounted for.

Factors of Play Therapy that help to reduce externalizing behavior problems, the relationship of Play Therapy and Shadow Play Therapy and the elements of Shadow Play Therapy are discussed in Chapter 2. In Chapter 3, I will provide an explanation of the methodology, procedures, described the important terms, setting, sample, procedures, and statistical analysis. All these elements show how the application of knowledge or skills which the preadolescents have learnt from Shadow Paly Therapy can be measured. In Chapter 4, I will discuss the results of quantitative and qualitative data from group play and individual play sessions, parent interview and parent review sessions. This chapter shows how the participants' belief, attitudes and behaviors can be analyzed and what are the most impressive elements of Shadow Play Therapy for participants.

CHAPTER 3

METHODS AND PROCEDURES

3.1 Introduction

This research study investigates the effectiveness of Shadow Play Therapy with preadolescents experiencing externalizing behavior problems. It was designed to develop a specialized play therapy, shadow play, accompanied by a guidebook, to be used by parents with 9-13 years children, to decrease unwanted behaviors and increase desired behaviors.

This study determined the effectiveness of Shadow Play Therapy in: (1) improving self-concept, (2) increasing self-control of preadolescents experiencing adjustment difficulties, (3) decreasing externalizing behavior problems, and (4) enhancing behavioral adjustment to the family environment with the help of trained parents, (5) strengthening parent communication skills with their children by using qualitative data from observations. In short, the effectiveness of Shadow Play Therapy is related to the attitudes and beliefs changed.

How to know: Attitudes and beliefs changes involve concerns with self, with rewards or punishments from others, and with a valid understanding of daily life (Wood, 2000). And behavioral changes are related to self-concept, building and maintaining of social networks, and acting effectiveness (Cialdimi & Trost, 1998). Private expressions are more trustworthy as public expressions may be related to social achievements (Wood et al, 2013). In the feelings-as-information account, moods signal appropriate behavioral adjustment strategies. In order to get the real thoughts and feelings, concern positive feelings and negative feelings at the same

time helps people recall information more accurately (Bless et al, 1996; Schwarz, 1997; Schwarz & Clore, 1996). Therefore, from the comparison of social expressions in group play, and from the comparison of private expressions in individual play and review, we can get information about attitude and belief changes. Target behaviors are also observed during these sessions.

How to measure: Behavior changes are measured by CBCL overall score, qualitative data comparisons through parent interview and parent review. Attitude and belief changes are measured by qualitative data comparisons through individual play sessions and parent review sessions which are recorded by trained play therapists, ECBI score (for self-concept) and FPC score (for self-control).

3.2 Definition of Terms

Adjustment difficulties were defined as problems that interfere with a child's adjustment to school, classroom experiences, and learning opportunities. Examples of adjustment difficulties include depression, anxiety, withdrawal, inattentiveness, impulsivity, phobias, excessive shyness, and grief reactions to life changes such as a recent move, death of a family member, or parental divorce.

Behavioral adjustment to the school environment refers herein to behaviors related to success in the school setting. Such behaviors include the ability to remember and follow instructions, attempt new assignments, work independently, solve problems, interact appropriately with adults and peers, and conform to socially appropriate behavior patterns. For the purpose

of this study, behavioral adjustment to the school environment was operationally defined by the teachers and parents.

Externalizing behaviors were defined as problematic behaviors that are outward uncontrolled, delinquent, and disruptive. Examples include impulsiveness, hyperactivity, inattentiveness, and aggressiveness. For the purpose of this study, externalizing behaviors were operationally defined as the score on the Externalizing Behavior Problems subscale of the Child Behavior Checklist (CBCL) (Achenbach, 1991).

Internalizing behaviors were defined as problematic inward manifestations of emotional difficulties. Examples include depression, anxiety, withdrawal, phobias, and somatic complaints. For the purpose of this study, internalizing behaviors were operationally defined as the score on the Internalizing Behavior Problems subscale of the Child Behavior Checklist (CBCL) (Achenbach, 1991).

Overall behavior problems refer herein to wide variety of problems that children frequently experience and can greatly affect the demands of parenting and parenting stress. Such behaviors include overeating, bedwetting, excessive crying, inattentiveness, restlessness, bad dreams, aggressiveness, and disobedience. For the purposes of this study, overall behavior problems were operationally defined as the score on the Filial Problem Checklist (Horner, 1974).

Self-concept is defined by DeMaria and Cowden (1992) in a social context and proposed that self-esteem is based upon one's beliefs about how others think of him or her.

> Self-concept broadens the scope of self-esteem . . . . (It) is a learned perceptual system involving a feedback loop that influences behavior and is in turn changed by behavior . . . . (Thus) changes in the self-concept cannot be made directly but must be accomplished through the experience and activity of the person him/herself. (p. 57)

DeMaria and Cowden (1992) contend that a positive self-concept is based on one's belief that he or she is "wanted, liked, valued, and healthy" (p. 57). Self-concept is not changed directly. It is changed through the child's experiences based on his or her perceptions of others and the environment. A child is likely to develop a positive self-concept if he or she received warmth, respect, and well communicate with significant caregivers. Self-concept is a process of perceiving and learning that involves environmental feedback and influences behavior. Therefore, as children experience positive regard in group play therapy from the therapist and other group members, positive changes can be made to their own self-concept.

Self-control is defined as the attitude, belief and feelings that a preadolescent has about himself or herself, and the degree to which behavior could be described as self-controlled as compared to impulsive. Observed behaviors that indicate the degree of self-control included patience, persistence, attentiveness, impulsivity, dependability, and quality of work. For the purpose of this study, self-control was operationally defined as the score on the Self-Control Rating Scale (Kendall & Wilcox, 1979).

Parent communication skills refer to the effectiveness of communication between parents and their children. They misunderstand each other. Play can provide both a window to a child and a window to the inner child within the adult (Oaklander, 1988). In the training course, parents spoke of their own childhood experiences and began to make sense of these and the play they enjoy as children. Let them take time identifying little-remembered play experiences in their own childhoods, and take time feeling comfortable participating in shadow play practice. This was observed in teaching play therapy to caring professionals in Kenyan context too (Hunt, 2008). Parent will gain insights into their own unresolved childhood trauma and loss as a result of learning about play and participating in shadow play practice.

3.3 Instrumentation

Eyberg Child Behavior Inventory (ECBI)

Eyberg Child Behavior Inventory (ECBI) was developed to identify behavior and emotional difficulties in children who are within the age range of two to sixteen years (Eyberg & Pincus, 1999; Eyberg & Robinson,1983). Before the group play therapy sessions began and after the sessions, preadolescents completed the ECBI which had been used by the Government of Hong Kong Special Administrative Region Education Bureau (CHSC, 2003). It is categorized as a self-administered test that takes approximately 15 minutes to complete. This checklist was designed to identify and measure behavioral symptoms of preadolescents as perceived by their parents or surrogates. Lower total and subscale scores indicate a greater number of positive behaviors, or fewer negative behaviors, as observed by parents.

ECBI was originally standardized in 1980 on a sample of 512 children 2-12 years old who were attending an Oregon pediatric clinic (Robinson et al., 1980). Sample families were all from primary lower and lower-middle income groups. They were all Caucasian. Results showed that ECBI had high internal consistency and discriminated between children with and without conduct problems. Since that time, numerous other studies have supported the validity of ECBI. These studies show:

1) The scores are associated with observational measures of parent-child interaction (Koniak-Griffin & Verzemnicks, 1995; Webster-Stratton & Eyberg, 1982; Robinson & Eyberg, 1981.
2) The scores are correlated with diagnostic interview ratings (Doctoroff & Arnold, 2004).
3) The scores are sensitive indicators of intervention efficacy with parents of conduct-problem children (Webster-Stratton & Hammond, 1997; Schuhmann, Foote, Eyberg, Boggs, & Algina, 1998.)
4) The scores are correlated with other variables theoretically linked to child behavior problems such as parent stress and discipline style (Querido et al., 2002; Gross, Fogg, Garvey, & Julion, 2004; Eyberg, Boggs, & Rodriguez, 1992).
5) The scores differentiate children with conduct problems from normal children (Eyberg & Robinson, 1983).

In 1999, ECBI was re-evaluated and re-standardized on a sample of 798 children aged 2-16 years recruited from six pediatric clinics in the southeastern United States (Eyberg & Pincus, 1999). This sample was different from the originally standardized one in 1980, in that it included adolescents, 15.5% were 12 years and above, belonged to the low, middle, and upper income groups. Mean ECBI scores were notably lower in this sample than those reported in the 1980 sample. These findings suggest that increasing the age, family income, and racial diversity of the standardization sample may have contributed to an overall decrease in mean ECBI Intensity scores.

Reliability was established at a .94 level for seriousness of the problems and .93 for behavior problems. Content validity of ECBI was significantly related to parent relationship. Concurrent validity was supported by the ability to effectively discriminate between school referred and parent referred children.

Child Behavior Checklist Parent Report Form (CBCL-Parent Report)

The Child Behavior Checklist Parent Report Form (CBCL-Parent Report) was developed to identify behavior and emotional difficulties in children within the age range of four to eighteen years (Achenbach, 1991). It is categorized as a self-administered test that takes approximately 20 minutes and requires fifth grade reading level to complete. CBCL-Parent Report is comprised of 113 items that have been analyzed into 9 subscales: Withdrawn, Somatic Complaints, Anxious/Depressed, Social Problems, Thought Problems, Attention Problems, Delinquent Behaviors, Aggressive Behaviors, and Sex Problems. Second-order factor analysis revealed two primary factors represented by the Externalizing Behavior Problems and Internalizing Behavior Problems Subscales. A score for Total Problem Behavior can also be computed. Percentiles and T-scores can be computed for each factor and subscale.

This checklist was designed to identify and measure behavioral symptoms of preadolescents as perceived by their parents or surrogates. Lower total and subscale scores indicate a greater number of positive behaviors, or fewer negative behaviors, as observed by parents.

Content validity of CBCL-Parent Report was established at the .01 level of significance, wherein all items were significantly related to clinical status. Criterion-related validity was supported by the ability to effectively discriminate between demographically matched referred and non-referred children.

Reliability was established using test-retest, inter-rater, and internal consistency methods. Test-retest reliability was established at a .89 level for Internalizing Behavior Problems and .93

for Externalizing Behavior Problems. Scaled scores were evaluated after two years to establish long-term stability, which were calculated at the .70 level for Internalizing behaviors and .86 for Externalizing behaviors. Scores for children who were receiving mental health services were observed to have generally lower scores, which indicates the CBCL-Parent Report is sensitive to the effects of treatment.

Inter-rater reliability was established at the .959 level. Intraclass correlations demonstrated a high level of reliability between raters and indicated that scores for each item were relative to each of the other items.

Internal consistency was established by using Cronbach's alpha which was calculated for boys at a .89 level for Internalizing behaviors, and .93 for Externalizing behaviors. For girls, Cronbach's alpha was calculated at .90 for Internalizing behaviors, and .93 for Externalizing behaviors. The age range for boys and girls was four to eighteen years.

Child Behavior Checklist Teacher Report Form (CBCL-Teacher Report)

Child Behavior Checklist Teacher Report Form (CBCL-Teacher Report) is based on the parent report for items, with modifications to appropriately reflect behaviors observed at school (Achenbach & Edelbrock, 1986). Twenty-five of the items on the CBCL-Teacher Report are different from items on the CBCL-Parent Report to reflect areas specific to teachers. Ninety-three of the items are the same, except some items have the word pupils substituted for the word children. The CBCL-Teacher Report has been shown to discriminate between referred and non-referred children (Achenbach & Edelbrock, 1986) and correlate highly with scales of

the Conners Teacher Rating Scale, which measures externalizing behavior problems (Baggerly, 1999; Edelbrock, Greenbaum, & Conover, 1985).

This checklist was designed to identify and measure behavioral symptoms of preadolescents as perceived by their teachers. Lower total and subscale scores indicate a greater number of positive behaviors, or fewer negative behaviors, being observed by teachers.

Filial Problem Checklist (FPC)

The Filial Problem Checklist was developed by Horner in 1974 to identify and assess a wide variety of problems that children frequently experience. Parents or caregivers will check 108 potentially problematic situations of the children that greatly affect the demands of parenting. Parents score the situation or behavior with a 1, 2, or 3. As perceived by parents or caregivers, higher scores on the instrument reflect a greater number and severity of existing or potential problems. FPC has been used as a means to compare the results obtained from other instruments and studies involving filial therapy, play therapy, and parent dynamics. There are no available normative statistics concerning the validity or reliability of this instrument. However, FPC has been used extensively in studies at the University of North Texas, and at Pennsylvania State University (Bratton, 1994; Harris, 1995).

3.4 The Nature of the Issue

Many primary students have behavioral problems called externalizing behaviors and internalizing behaviors. Externalizing behaviors are actions that direct problematic energy outward. That is, a person who does things that harm himself or others. These behaviors include verbal bullying, relational aggression, theft, vandalism and defiance. Usually, boys are more likely than girls to show externalizing behaviors, such as physical bullying. But if we are talking about levels of aggression, they are similar between the sexes.

Internalizing behaviors are negative, problematic behaviors that are directed toward the self. Usually, internalizing behaviors affect externalizing behaviors. For example, if a child has very low self-esteem (internalizing behavior), they will cry when they have some problems. She also beats herself and tells herself 'I am so stupid!' (externalizing behavior) These problems include having difficulty coping with negative emotions or stressful situations, such as social withdrawal, feelings of guilt or loneliness, unexplained physical symptoms, such as stomach aches, headaches, not interacting with others, fearfulness, nervousness or irritability, difficulty concentrating etc. The main difference between internalizing behaviors and externalizing behaviors are directed toward others and things. They include physical aggression, destruction of property, underage drinking and running away from home. Since externalizing behaviors are more easily observable by others, this study will focus on these behaviors.

By the research of Mash and Dozois (1996) and Glanzer (2012), spiritual practice helped people to adjust their behavior problems as they gain strength from a safe situation. I hope the relationship of fulfilling spiritual elements or safe situations and reducing externalizing behavior problems can provide some insight for primary school counselling sessions. Concerning the need of safety, Play Therapy emphasizes the safe relationship between therapist and client. Client can gain strength from this safe situation. Play Therapy can be considered in the school counselling external service for helping students to solve the behavior problems.

3.5 The Type of Research Methods and Validity

This study focuses on reducing of behavioral problems of preadolescents. Behavioral problems of preadolescents are common issues in primary and secondary schools. If this study is considered as an in-class program for helping primary or secondary schools to fix these issues, program evaluation needs to be concerned. This evaluation involves determining the worth, merit and quality of the program. This program is an in-class program for students with establishing different kinds of values. Establishing values is some kinds of internalizing behavior. Since internalizing behaviors are related to externalizing behaviors, and also, externalizing behaviors are more easily observable, I will use the improvement of externalizing behaviors as an indicator to evaluate the worth, merit and quality of the program. The four key questions are:

1) Did the program have its intended impact?
2) How does the program operate?
3) Is the program cost effective?

4) How can the program be improved?

Based on the research evidence collected, there are two kinds of decision. First, how can the program be improved? This is formative evaluation; it is important for improving and tuning program over time. Second, judgement is made as to whether the program is effective and whether it should be continued. This is called summative evaluation. It is important for policymakers making funding decisions.

Inductive Method

The evaluation of the specific target behavior problem in a primary school group includes three steps:

1) start by making in-class observations
2) study the observations and search for a pattern
3) make a tentative conclusion about how this pattern operates, that is, make a generalization

Based on these steps, an inductive method has been used. It is also called the bottom-up approach since it moves from the specific to the general. It starts from observations then moves to discover a pattern and make a generalization. Inductive scientific method is used in this study since the one of the aims of this study is to discover new hypotheses and tentative theoretical explanation that can be tested at a later time.

Qualitative Research Method

The evaluation of the effectiveness of Shadow Play Therapy in reducing externalizing behavior problems involves determining the worth, merit and quality of self-expression of each participant through group play, individual play, parent-child playtime, interview by the reducing frequency of the target behaviors. That is, we want to know the relationship between self-expression through art and the reduction of externalizing behavior problems. This study is designed for participants expressing thoughts and feelings through different media. To obtain data in detail, trained therapists are the main observers. Therapists allow the individuals in the group to focus on their own topic. They can talk about how they think and feel in the group sessions and individual sessions. And how can these experiences help participants to establish values (what they keep doing or reject to do) and solve behavior problems (reduce or stop the target behavior). Data in the words of the group participants is collected through observations and in-depth individual sessions (week 2 and 6, p.143). It is called qualitative data. According to Stewart and Shamdasani (1998), qualitative data provides guidelines for program designing and further research as it:

1) can obtain general background information about the program and the interaction of the students
2) can get the general impression of the program
3) can stimulate new ideas and creative concepts

4) can be submitted to further research and testing using more quantitative approaches
5) can diagnose the potential for problems with a new program
6) can learn how respondents talk about the phenomenon of the program, which can help designing of questionnaires and getting such a quantitative data
7) can interpret previously obtained quantitative results

Quantitative Research Method

Some variables, such as age, gender, religion, the frequency of different externalizing behavior problems, positive thinking etc. will be of concern from all participants. These data and attitudes are usually measured using measured rating scales. A three-point agreement scale is used:

1) Never
2) Usually
3) Always

After the respondents have answered the questionnaire, an average response for the whole group of respondents is calculated and reported. This kind of quantitative data is analyzed using statistical analysis program on a computer.

Validity

A pre-test and a post-test are used to help for getting the impact of adding such an element.

Validity is an evaluative judgment of the degree to which empirical and theoretical rationales support the adequacy and appropriateness of interpretations and actions on the basis of test scores or other modes of assessment (Messick, 1989). So, validity is a judgment of the appropriateness of the analysis and the interpretation of the scores and results from those tests.

3.6 Ethical Principles of Play

According to the guidelines of Play Therapy UK (APAC, 2014), principles direct attention to important ethical responsibilities. Each principle is described below and is followed by examples of good practice that have been developed in response to that principle.

Ethical decisions that are strongly supported by one or more of these principles without any contradiction from others may be regarded as reasonably well founded. However, therapists will encounter circumstances in which it is impossible to reconcile all the applicable principles and choosing between principles may be required. A decision or course of action does not necessarily become unethical merely because it is contentious or other therapists would have reached different conclusions in similar circumstances.

The challenge of working ethically means that therapists will inevitably encounter situations where there are competing obligations. In such situations it is tempting to retreat from all ethical analysis in order to escape a sense of what may appear to be unresolvable ethical tension. The framework is intended to be of assistance in such circumstances by directing attention to

the variety of ethical factors that may need to be taken into consideration and to alternative ways of approaching ethics that may prove more useful.

Fidelity: Honouring the trust placed in the therapist.

Being trustworthy is regarded as fundamental to understanding and resolving ethical issues. Therapists who adopt this principle: act in accordance with the trust placed in them; regard confidentiality as an obligation arising from the client's trust; restrict any disclosure of confidential information about clients to furthering the purposes for which it was originally disclosed.

Autonomy: Respect for the client's right to be self-governing.

This principle emphasises the importance of recognising at all times that a child/young person is an individual in their own right who has the capacity to enable their own healing and development through the therapeutic process. Although the use of therapy may be prescribed or requested by an adult responsible for the child's well-being the therapist must regard the interests of the child as being paramount.

The principle of autonomy opposes the manipulation of clients against their will, even for beneficial social ends.

Therapists who respect their clients' autonomy: ensure accuracy in any advertising or information given in advance of services offered; seek freely given and adequately informed consent from the child or, when the child is not competent to give valid consent from the person

legally responsible for the child; engage in explicit contracting in advance of any commitment by the client; protect privacy; protect confidentiality; normally make any disclosures of confidential information conditional on the consent of the client/carer concerned; and inform the client and their carer(s) or those persons legally responsible for the child in advance of foreseeable conflicts of interest or as soon as possible after such conflicts become apparent.

Beneficence: A commitment to promoting the client's well-being.

The principle of beneficence means acting in the best interests of the client based on professional assessment. It directs attention to working strictly within one's limits of competence and providing services on the basis of adequate training or experience.

Ensuring that the client's best interests are achieved requires systematic monitoring of practice and outcomes by the best available means. It is considered important that research and systematic reflection inform practice.

An obligation to act in the best interests of a client may become paramount when working with clients whose capacity for autonomy is diminished because of immaturity, lack of understanding, extreme distress, serious disturbance or other significant personal constraints.

Non-maleficence: A commitment to avoiding harm to the client.

Non-maleficence involves: avoiding sexual, financial, emotional or any other form of client exploitation; avoiding incompetence or malpractice; not providing services when unfit to do so due to illness, personal circumstances or intoxication.

The therapist has an ethical responsibility to strive to mitigate any harm caused to a client even when the harm is unavoidable or unintended. Holding appropriate insurance may assist in restitution.

Therapists have a personal responsibility to challenge, where appropriate, the incompetence or malpractice of others; and to contribute to any investigation and/or adjudication concerning professional practice which falls below that of a reasonably competent therapist and/or risks bringing discredit upon the profession.

Justice: The fair and impartial treatment of all clients and the provision of adequate services.

The principle of justice requires being just and fair to all clients and respecting their human rights and dignity. It directs attention to considering conscientiously any legal requirements and obligations, and remaining alert to potential conflicts between legal and ethical obligations.

Justice in the distribution of services requires the ability to determine impartially the provision of services for clients and the allocation of services between clients. A commitment to fairness requires the ability to appreciate differences between people and to be committed to equality of opportunity, and avoiding discrimination against people or groups contrary to their legitimate personal or social characteristics. Therapists have a duty to strive to ensure a fair provision of therapeutic services, accessible and appropriate to the needs of potential clients.

Self-respect: Fostering the therapist's self-knowledge and care for self.

The principle of self-respect means that the therapist appropriately applies all the above principles as entitlements for self. This includes seeking counselling or therapy and other opportunities for personal development as required.

There is an ethical responsibility to use supervision for appropriate personal and professional support and development, and to seek training and other opportunities for continuing professional development. Guarding against financial liabilities arising from work undertaken usually requires obtaining appropriate insurance. The principle of self-respect encourages active engagement in life-enhancing activities and relationships that are independent of relationships in therapeutic work.

3.7 Data Collection

Busy professional lives of the parents limit the qualities of the sharing time with their children. The real needs of their children may be ignored. Therefore, four 2-hours training and a guidebook of shadow play therapy were provided to the parents to give them therapeutic support. Before starting the shadow play therapy, parents would have individual interviews to agree that parents were behavioral models and therapeutic play was positive. Also, they had to learn about the techniques of shadow play therapy to follow the behavioral changes of the children.

Families went to church every Sunday was an important background since the whole family was willing to have a quiet moment every day. When parents and children want to find out solutions as they use the shadow play therapy, they begin to practice the therapists' advice in their everyday lives which are made from the observations of group sessions and individual sessions. As parents enjoy the therapeutic time with their children (parent-child playtime), quality of sharing time is improved, and the desired behaviors of their children may increase. Also, their relationship would have a chance to be improved. Data was collected through observations, interviews, questionnaires, and special counselling sessions.

1. Observations

In this study, observation is defined as the unobtrusive watching of behavioral patterns of the participants in their group sessions and individual sessions to obtain information about the impact of the program. Then an accurate information about what the participants say and do

can be obtained. Also, the interaction between the therapists and the participants can be observed at the same time. The limitations of this observation are, first, it may not be possible to determine exactly why participants behave as they are being observed. Second, participants, and even the therapists may act differently when they know they are being observed. This observation is done in natural settings, and it is qualitative observation. It involves observing all relevant phenomena and taking extensive field notes without specifying in advance exactly what to be observed. This is the professional technique of play therapist which facial and body expressions, wordings and colours used are recorded. After all sessions finished, therapists sort out all consistence data which is related to the target behavior. In order to decide what is relevant and what is not, all records are focus on the target behavior of each participant. The most important thing is that, what is important and what data must be recorded must be decided. We do not know what data is important until all sessions finished. Handwritten notes for recording the feelings of the therapist after each group and interview session, audiotaping and videotaping during group and individual sessions for recording all data are the ways to collect data.

The first stage observation takes place in the playroom. Since the role of observer takes on much more than the role of participant, it is called the observer-as-participant. It does not spend much time in the field. It is easier to maintain objectivity and neutrality, but it is more difficult to obtain an insider's view. To get these kinds of views, the following method is used.

2. Interviews

To get the views of the participants, face-to-face, in-person interviews are conducted. The aim of this study is to discover the relationship between adding expressive element such as sand, symbols and the externalizing behavior problem reduction. Standardized open-ended interviews were used with mother language, Cantonese. That is, participants answer the same questions. The exact wording and sequence of questions are used (Refer to p.147 for details). That is, all the interviewees are asked the same questions in the same order, and questions are worded in a completely open-ended format. Therefore, the responses can be compared more easily. Data are complete for each person in the same area with audiotaping. The effect or bias from the therapists or participants can be reduced. But, standardized wording of questions may limit the naturalness and relevance of questions and answers. Also, under this method, due to time and cost, the sample size is small. To get more information, the following methods were used.

3. Questionnaires

To get more and different information, attitudes, beliefs, values, behavioral intentions of the participants, questionnaire are used, because they are data-collection from self-report. To measure externalizing behavior problems, the Eyberg Child behavior Inventory is used (Appendix A). The Hong Kong Education Bureau had used this instrument in Chinese version in 2003 to measure externalizing behavior problems of primary students. It's reliability and validity have been proved to be high. Parents are the research participants at the same time. The basic information of the families, such as family income, education and age of the parents can be obtained. This data is quantitative, so, we must be concerned with the validity of this design.

4. Individual play session

Each preadolescent would attend an individual play session to express their thoughts and feelings in their own way. They would have a private quiet moment to talk or/and do whatever they want to.

3.7.1 Validity Issues in The Design of Quantitative Research

This quantitative study is used to identify the effect created by independent variables. That is, I want to investigate the effect of adding parent-child playtime at home (independent variable) on reducing externalizing behavior problems of the students (dependent variable).

To reach a conclusion, three types of evidence are needed. First, I want to know whether parent-child playtime, the independent variable, has any effect on the controlling of the externalizing behavior problems, the dependent variable. If there is no relationship between these two variables, then one obviously cannot affect the other. However, if there is some relationship between the independent and dependent variables, it is possible that they are causally related. Since evidence of covariation is necessary but not sufficient to infer causation, I use the word “possible”. Second, the temporal ordering of the variables being investigated is important. That is, the time sequence of the events must be investigated. I am studying the causal relationship between parent-child playtime at home and the controlling ability of the externalizing behavior problems of the students. I want to determine whether missing the parent-child

playtime causes externalizing behavior problems or whether the controlling ability of the externalizing behavior problems of the students has a causal influence on missing the parent-child playtime.

Although I may think that the direction of causality is from missing parent-child playtime to behavior problems, with more parent-child playtime resulting in higher controlling ability and fewer parent-child playtime resulting in lower controlling ability. However, it is also possible that the direction of causality is from controlling ability to have parent-child playtime. It may be students with poor controlling ability cannot calm down enough to have parent-child playtime whereas students with good controlling ability can enjoy parent-child playtime, so they demonstrate better practice than the students with poor controlling ability. Therefore, the temporal order of the relationship must be identified to reach a causal conclusion because the cause must precede the effect. Third, the variables being investigated are the ones that are causally related rather than being caused by some extraneous variable. That is, I look for variables (parents' education levels, family income etc.) other than the independent variable (practice of parent-child play) that may explain the change observed on the depend variable (controlling externalizing behavior problems).

In this study, students whose parents have low education level may not have the technique to lead their child to control the behavior problems. Parents who have low income also do not have much time to stay with their child and the problems become serious. There is still a relationship between externalizing behavior problems and practice parent-child play, but the cause of these relationship are the confounding extraneous variables.

3.7.2 External Validity

In this study, students, teachers and parents of a North District Sunday School are the target group of individuals. All are invited to answer the questionnaire, and some of them are randomly selected to have interview. Due to the expense, time and effort involved, this study still contains characteristics that threaten its external validity. Three categories of threats to the external validity must be of concern.

1) Population Validity

Population validity refers to the ability to generalize from this sample of individuals (a Sunday school which provide counseling service) on which a study was conducted to the larger target population of individuals and across different subpopulations within the larger target population (all Sunday schools which provide counseling service). This target Sunday school is the only one school in North District which has a play therapist and a playroom. Therefore, it should be representative of play therapy in North District, i.e. the characteristics of the accessible population can be inferred from the sample.

2) Ecological Validity

The pre-study of Shadow Play Therapy project was conducted in the target Sunday school by the working experiences of the researcher. Parent-child interaction at home was encouraged by Sunday school teachers. Thus, the present project of Shadow Play Therapy contains group play and individual play at the church, and also the parent-child playtime at home. If the results obtained from the present project can be generalized to other settings, such as Hong Kong

Sunday school without Play Therapist or playroom, then the study possesses ecological validity. That is, the study results must be independent of the setting in which the study was conducted. There is one topic of this research setting that can threaten ecological validity. If the students know that they are in the research study, they may change their behavior; a reactivity effect can threaten both the internal and external validity of this study.

3) Temporal Validity

The practice of parent-child play is used to influence the controlling of the externalizing behavior problems of the students. The data of this study was collected by questionnaires and interviewing students, teachers and parents at two points in time. The data is valid for the time period in which it is collected, but there is no assurance that the results can be long-lasting. That is, the results can vary across time. It is called temporal validity. This time variable must be of concern since it can threaten the external validity of the study.

3.7.3 Research Validity in Qualitative Research

A common problem in qualitative research is that we obtain results consistent with what we want to find. Reflexivity must be considered all the time. In the pre-study of this project, self-reflection includes the following items. First, research-as-detective. Evidence of causes and effects must be considered. Careful consideration of potential cases and effects, systematically hypotheses are important. A good understanding of data can be developed through these items. Mental comparisons must be made all the time. The students who have not practiced parent-child play are the control group. Then we can discover what will happen if the parent-child play had not been discussed in counselling sessions. Second, observations, questionnaires

and interviews are used in this study. This is methods triangulation. It is used in multiple research methods to study a phenomenon. Third, conclusions are made after getting feedback and discussion with the actual participants for verification and insight. Fourth, self-awareness and critical self-reflection must be made before making conclusions. Factual accuracy and the meaning of the results can be obtained more accurately. These validities are called descriptive validity and interpretive validity of the research.

3.7.4 Theoretical Validity

A theoretical explanation must be developed to fit the data and it is defensible and credible. It is called theoretical validity. It is more than "just the fact" and provides an accurate explanation of the phenomenon. In this study, the externalizing behavior problem, for example, staying alone, can be connected to repressive behavior or value of the teacher, parent, the class relationship, the social structure of the school or the society. This theoretical construct is used to explain the students' behavior.

3.7.5 Non-Experimental Qualitative and Quantitative Research

A study of parent-child play with therapist's information in the Shadow Play Therapy project is conducted. It is to investigate the relationship between adding parent-child play with therapist's information and the controlling of the externalizing behavior problems of the students. This parent-child play is based on the family's own interest and culture. Due to ethical considerations, we cannot set up an experiment group that would be forced to play a specific game and a control group would not be allowed to play that game. This is non-experimental

quantitative research. But manipulation is still important because it allows us to clearly determine who gets what levels of an independent variable (practice parent-child play with therapist's information). That is, we can observe what happens (dependent variable, about controlling their externalizing behavior problems) to the students after exposure to this independent variable. Then, the students who do not have any religion would become the control group.

Although the independent variable cannot be totally manipulated, we can have this modification. If a difference between the groups on the decreasing of the externalizing behavior problems (dependent variable) is found after manipulation of practice parent-child play (independent variable, based on the family's own interest and culture), we can conclude that the observed difference is due to the manipulation of practice parent-child play (independent variable) rather than an extraneous variable.

3.7.6 Causal–Comparative and Correlational Research

The aim of this study is to discover the relationship between practicing a parent-child play with therapist's information and the frequency of the externalizing behavior problems of the students. There is one categorical independent variable (practice parent-child play with therapist's information) and one quantitative depend variable (the number of the externalizing behavior problems). It is called the simple case of causal-comparative research. We compare the two group means (practice verse does not practice) to see whether the groups differ on the dependent variable (the number of the externalizing behavior problems). We also use a statistical test to determine whether the relationship between the independent and dependent variables is statistically significant. Either an ANOVA or a t-test is used to determine whether the

difference between the two groups means statistically significant. If they are significant, we conclude that there is a relationship between the independent and dependent variables.

3.7.7 Three Necessary Conditions for Cause-and-Effect Relationships

As we know, the same individual might not have the same response to the same stimulus. When we want to talk about causation, we are talking about probabilistic causation rather than about perfect of absolute causation. When we want to discover the relationship of practice parent-child play with therapist's information and the frequency of the externalizing behavior problems of the students, that is, changes in practicing parent-child play, tend to cause changes in the frequency of the problems that occur.

There are three conditions of concern. First, these two variables must be related. If there is no relationship between them, practice of parent-child play cannot affect the frequency of the externalizing behavior problems of the students. Second, in a proper time, to start practicing parent-child play is to cause the changes in the frequency of the problems occurred. The starting of practice parent-child play must precede the changes in the number of the problems occurred. Third, these two variables must not be due to confounding extraneous or third variable. So, as the previous discussion, other variables, such as parents' education levels, family income must be of concern.

3.7.8 Sample Selection

This study employed a combination of two purposive sampling strategies: critical case and stratified sampling. Critical case sampling involves selecting a small number of important cases to "yield the most information and have the greatest impact on the development of knowledge" (Patton, 2015). Next, the sample involved critical case sampling through the selection of Sunday school teacher, based on the criteria of referral (Refer to Appendix B). These criteria provide a common measure of the influence of aggression, inattention/hyperactivity, depression and anxiety in middle childhood friendships (Mariano and Harton, 2005). The behavior occurring frequency provides a measure of the influence in the research community. However, it should be noted that many have criticized the application of Christian education on non-Christian education for its national bias and the lack of common program in spiritual health (Gangel and Benson, 2002). Ostensibly, the sampling I examined based on the behavior occurring frequency counted by Sunday school teachers that generated findings and interpretations that were useful to other researchers. In addition, I employed a stratified purposive sampling strategy to allow for comparison (Patton, 2015). I selected the five girls and five boys within 20 preadolescents and Bandura's (1977) "Four Sources of Self-Efficacy" approach to qualitative research. The rationale for this approach was to capture variations between four sources in which qualitative inquiry is collected pertinently.

Sample size

My target sample of 200 preadolescents contained the 20 most highly frequency in social adjustment problematic behaviors from 2012 through 2013. The reason for ending sampling at 2013 was to prevent the influence of the long Chinese New Year holiday when I collected the

referral forms in early February of 2014 for some preadolescents had not come back Sunday school class. I selected 10 preadolescents within 20 because I felt this number would be adequate to yield sufficient depth.

Qualitative Data collection

The overall steps in the analytic process were to:

1. determine my goal by using Four Sources of Self-Efficacy based on research question
2. determine the changes in participants' beliefs, attitudes and behaviors by recording the wordings, phrases and actions
3. collect repeated words and phrases from group play and individual play
4. words and phrases coding
5. collect repeated words and phrases from preadolescent interview
6. words and phrases coding
7. collect the changes of target behavior from parent interview
8. revise coding when necessary

- Step 1: was to determine my goal by using Four Sources of Self-Efficacy based on the research questions (Section 1.4).
- Step 2: I determined that the changes in preadolescents' beliefs, attitudes and behaviors needed to be specific enough to describe differences in procedures among the ten weeks.

- Step 3: I determined the accuracy of repeated words and phrases were collected. Because this study focused on qualitative data from the observations of researcher, therapists and parents, data from different observations could be collected. I provided a codebook for the therapists, which consisted of the following categories: Mastery of Experience (determined the application of knowledge or skills), Vicarious Experiences (determined the changes of beliefs and attitudes), Verbal Persuasion (determined self-feedback and feedback from others), Physical/Emotional Arousal (determined the changed of self-image).
- Step 4: I began with the words and phrases coding. It was necessary to examine the full text from audiotaping, videotaping and handwritten notes of therapists' feelings. In addition, details appeared in discussions after each session.
- Step 5: I interviewed the preadolescents and coded those repeated words and phrases as they emerged.
- Step 6: I coded within each word and phrases and refined the codebook to be more specific.
- Step 7: I collected the changes of target behavior from parent interview, more specifically.
- Step 8: I revised coding when necessary. The coding became fixed after reviewing all play and interview sessions. I counted the frequencies of codes and provided descriptive statistics of characteristics among the target behaviors and provided the advices for parent-child playtime.

Quantitative Data collection

Despite the wide use of the Child Behavior Checklist (CBCL) among psychologists in Hong Kong, children's behavioral and emotional problems in daily lives are not identified. Moreover, these behavioral and emotional problems affect peer groups and family members every day. In presenting the findings, this paper highlights CBCL, ECBI, and qualitative data from group play and individual play sessions, parent interview and parent review sessions. The issues about attitude and belief are illustrated, discussed and measured by the teachers and parents of the preadolescents with externalizing behavior problems which affect their teaching and daily lives. But these preadolescents have not received any treatments or trainings at their school. To carry out the purpose of this project, the following considerations were formulated:

1) Participants in this study included preadolescents and parents who go to the same church in the North district of Hong Kong. Therapists can meet the parents and the preadolescents every Sunday.
2) The preadolescents were identified by Sunday school teachers and parents as having social adjustment difficulties as evidenced by inattentive, depressed, shy behavior, withdrawn behavior, anxious behavior, aggressive behavior or/and social problems. The teachers and parents referred preadolescents who met at least one of the following criteria:

a. Inattentive behavior (day-dreams, doesn't concentrate)
b. Depressed behavior (sad, loner, cries uncontrollably)

c. Shy behavior

d. Withdrawn behavior

e. Anxious behavior (self-conscious, fearful, nervous)

f. Aggressive behavior (frights, screams, temper)

g. Social problems (difficult to communicate with others, teased)

The parents involved in this project were all in post, and actively involved with their children's daily lives. It shows that they have a certain ability of expression.

Participants in this current study included the preadolescents that had been assigned to the control group. These preadolescents were at the same Sunday school. The preadolescents were identified by teachers and/or parents as having school adjustment difficulties as evidenced by withdrawn, anxious, inattentive, depressed, or shy behavior. The preadolescents' teachers referred them in their classrooms who met the criteria on the Teacher Selection Form (See Appendix B).

All parents of preadolescents at this church received a Filial Problem Checklist (FPC) and were instructed to complete the instrument by marking the items that are currently problematic for their family. The parents of children referred by teachers and parents of children that scored above 20 on FPC received a packet with intake and consent forms and information about the purpose and confidentiality of the study (See Appendix C). This study selected 20 preadolescents whose families granted permission to participate in the study based on the following criteria, 10 for the experimental group, 10 for control group:

(a) the family must expect that the preadolescent will remain in the church through December 2015

(b) the primary caregivers must be able to read, write, and speak the Chinese language,

(c) the primary caregivers must be able to complete pre-tests and post-tests,

(d) neither the participants nor their primary caregivers will already be in counseling,

(e) the participants and their primary caregivers must both agree to participate in 2-hour play sessions, once a week, for six weeks, and

(f) the parent or legal guardian must sign the consent form that addresses pre-test and post-test videotaping.

There were 10 preadolescents assigned to the control group, 10 assigned to the experimental group. They were assigned randomly. They took letters home to their legal guardians. These letters included a basic description of play therapy, an assurance of confidentiality, and a place for signature that acknowledged informed consent and granted permission to participate in the study. Informed consent of all participants and their guardians was obtained prior to the beginning of this study. The children were asked to sign or make their mark if they agreed to participate. Copies of both the guardian consent form and the child consent form are attached (See Appendix C & D).

The experimental group for this current study was comprised of ten preadolescents aged nine to thirteen years old. Five of these preadolescents were boys and five were girls. All of them were Chinese. 20 samples were chosen from Sunday School classes and divided into

experimental and control group randomly. Simple experimental design was used for finding causal relationships between behaviors and experiences. I try to determine if changes in experience lead to changes in behavior through establishing a causal relationship. For example, when the preadolescent feels angry, they will kick the door and the teacher will stop him or his parent will punish him. In this study, we will bring him to an individual playroom and let him choose toys for expressing himself and the feelings of that moment. For the limitation of the resources (2 playrooms and 4 trained therapists), there were experimental group and control group, but no placebo group in this project.

3.7.9 Qualitative Research

Since observations, interviews and reviews are used to collect the useful data, qualitative research occurs as the research relying primarily on the collection of qualitative data. That means we study a phenomenon in an open-ended way. And hypotheses and the theoretical explanations are developed that are based on the interpretations of what are observed. The therapeutic interview and review process in qualitative research need to be concerned first.

Interviews

Interviews are one of the most effective ways to collect data in qualitative research as they provide the researcher with opportunities for rich data and meaning making (Warren, 2002). Also, interview is a useful method of obtaining information about families and individual family members (Beitin, 2008). As such, in many counseling fields, including the field of marriage and family therapy, interviews have been the most utilized qualitative method (Gehart, Ratliff, & Lyle, 2001).

Interviewing is an important part for many clinicians in the counseling field due to its ability to capture the client's voice (Thorne, 2008, p. 78). However, the interview context needs to meet the needs of the interviewee(s). Thus, more guidance is needed to help clinicians in general and researchers in particular confront the challenges in transitioning to research interviewing. Such guidance is particularly needed for researchers as they must change their mindset from viewing themselves as the experts to treating the research interviewees as experts regarding their own experiences. Such a shift in thinking has occurred in some perspectives of viewing clients in therapy. For example, Anderson and Goolishian (1992) describee their shift from simply processing information during therapy to a more hermeneutic and interpretive position that placed "heavy emphasis on the role of language, conversation, self, and story" (p. 28). The task of the therapist is understanding of a client's situation and is not limited by pre-determined theoretical points of view or prior experiences. As such, the therapist did not have a privileged viewpoint of understanding the client's situation (Wachterhauser,1986). Moreover, just as therapeutic practitioners and researchers also must continually seek out the most effective ways to gather and to analyze data.

Based on Axline's eight rules and dialogue in the play therapy sessions, Axline (1964), who analyzed the dialogue between a herself, a clinical psychologist, and an emotionally crippled boy (Dibs) from a wealthy and highly educated family during a series of play therapy sessions over one year. I find interactional communication strategies relevant to the therapeutic interview guideline as follows:

1. establishing and maintaining a warm relationship with the client/interviewee;

2. matching the language of the interviewee;

3. understanding the context of interviewee's behavior;

4. maintaining flexibility in conversation;

5. ending and summarizing the interview/review process.

1. Establishing and Maintaining a Warm Relationship with the Client or Interviewee

Establishing and maintaining a warm relationship with the client or interviewee at the entry point, the interview, is important as the feelings and thoughts of them should be collected. Rossman and Rallis (2003) described the characteristics of qualitative research including the humanistic and interactive nature of this type of inquiry, with the researcher being highly involved in the actual experiences of the participants and the actual qualitative data can be valued and recorded.

2. Matching the Language of the Interviewee

Maintaining a relationship with the interviewee includes the interviewer matching the language of the interviewee. By matching the language, the researcher validates the interviewee's experiences and perceptions and demonstrates positive regard. Indeed, a shared language or dialect has been found to facilitate communication in a positive way by enabling the interviewee to believe that his/her perceptions and views have been adequately and accurately transmitted and understood (Fallon & Brown, 2002). According to Nazroo's finding (2006), "the need to communicate the questions and understand the answers means that a shared vocabulary, which language matching brings, is paramount" (p. 65) and "where the emphasis is on

hearing the respondent's story in their own words, the need for a shared vocabulary is paramount" (p. 73).

3. Understanding the Context of Behavior

According to Bateson (1972), all behavior makes sense in context. In the family systems, family members identify the interactional patterns that maintain dysfunctional or unsatisfying relationships and then explore new interactional patterns that produce more satisfying feelings. The Milan group in particular applied a strategy called circular questioning (Selvini-Palazzoli, Boscolo, Cecchin, &, Prata, 1980) in which members of a system (family) were invited to describe the relationships of others in the system, thereby providing deeper and richer depictions of the system and honoring the perspectives of each member. The Milan group (circa 1980) found these strategies of circular questions to be particularly effective when a member of the family was asked to:

1. describe particular interactional patterns in certain circumstances;
2. describe specific differences in the behaviors of others;
3. rank behaviors or interactional patterns of others;
4. describe relationships before and after certain events; and
5. describe differences in terms of hypothetical situations.

A researcher does not presume to know what the interviewee is describing, but rather probes and elicits rich and thick descriptions (Geertz, 1973) of the participant's lived experiences. Listening for contextual clues about the experiences of the participant provides a point of entry into the lived experiences that are being explored in the research study.

4. Maintaining Flexibility in the Conversation

During the therapeutic interview process in qualitative research, the task of using conversational flexibility is to increase the possibilities for positive outcomes in therapy. The term for this flexibility often is described as the therapist's ability to maneuver or to position him/her to enhance the relationship with the clients and to create a space for change (Epstein, & Loos, 1989). Thus, flexibility and questioning which is based on the research questions and study design are used in order to give the credibility to the interviewees as much as possible and prevent the researcher’s own beliefs, biases and assumptions.

5. Ending and Summarizing the Interview Process

This step marks the exit point of the therapeutic interview process. In the therapeutic interview process, the pathway to this phase is via one or more debriefing reviews. The debriefing reviews that directly precedes the exit point occurs between the interviewer (i.e., the researcher) and the interviewees. In our therapeutic interview process, the interviewer-interviewee interview and debriefing reviews most likely would involve some form of behavior checking. This behavior checking review could serve several purposes. First and foremost, it could be used to confirm data's trustworthiness and plausibility of one or more rounds of interviews and thus maximize descriptive validity. The researcher recorded the factual accuracy

of the participant through interview (Maxwell, 1992). At a deeper level, the behavior checking could be used to increase interpretive validity. The extent that a researcher's interpretation of a participant's account signifies an awareness of the perspective of the underlying group and the meanings linked to his or her words and actions (Maxwell, 1992) or even theoretical validity (i.e., the extent that a theoretical explanation developed from research findings fits the data, and thus, is credible, trustworthy, and confirmable; Maxwell, 1992). However, the most important function of interviewer-interviewee debriefing reviews is to promote therapeutic transformation via the face-to-face responses and the written reports of the therapists.

Target problem behavior is fixed during interview session. Behavioral adjustment is guided by process of evaluation of a target problem behavior (Dougherty, 2005; Carlson & Dinkmeyer, 2001; Lutzker & Martin, 1981). This evaluation includes directives for the therapist to ask parents questions about the target behavior.

The raters recorded the frequency and the length of the target behavior during group play and individual play. They were not expected to respond to the participants to prevent personal bias during rating. They were not blind to the study.

Since the target Sunday school is in North Distract, data collection and analysis are affected by culture. Culture includes a list of system, such as beliefs, values, religions, location, language, artifacts etc. When we talk about the externalizing behavior problems, such as crying, maybe the frequency of crying from boys is less than girls. It may be due to a Chinese belief "Men's bleedings do not burst into tears." That is a shared value of a Chinese group, a defined

standard about how a man should behave. Since the students are the members of this culture, they learn and are trained about this feature of this culture through socialization process. During socialization, students take the values and beliefs to be their own. They identify themselves strongly with their culture. And this culture leads the ways of doing things (behavior). Therefore, data analysis process must concern the effect of culture. One of the purposes of collecting qualitative data through interview is to evaluate the relationship of culture and behavior.

Usually, culture is maintained over time, and may not be changed easily. But when a person becomes a new member of a group, they will learn the new culture if they want fully functioning and become accepted members of the group. Therefore, parent-child playtime at home is added in this project in order to give chances for the preadolescents' self-expressions in front of their parents. Preadolescents can say and do whatever they want to do within the boundaries (some kinds of breaking the culture but can't hurt anyone, the main idea of play therapy). Since this research is focus on the influence of the preadolescents on participation in the Shadow Play Therapy group play and individual play sessions, and how they affect the parent-child play interacting quality, important questions emerging in the parent sessions are very important. Here are the questions:

1. About the observation information from the therapist, what have you discovered from your past parent-child playtime that related to this information?
2. What can you get from this information?
3. How does it help you to improve parent-child playtime?
4. Does anyone help you to improve parent-child playtime?

5. How did it happen?
6. What are the common problems that you meet?
7. What will you do then?

To cross validate the quantitative data and qualitative data, four steps were used:

1. Pursue preliminary result about sampling, self-concept, self-control through quantitative records (teacher's score, parent's score and self-rating score) and the qualitative records (label repeated words, phrases and actions).
2. Focus on individual's target behavior (self-expressive and behavioral adjustment) in the individual play session and parent-child playtime.
3. Focus on behavioral adjustment through parent, teacher, preadolescent interview and follow up interview.
4. To prove Shadow Play Therapy is effective for this sampling in reducing externalizing behavior problems through fully expression in group play, individual play and parent-child playtime.

3.7.10 Design and Procedure

Rationales

The rationales for the interview questions behind are:

1. Playing with peer can help children learn, according to the theory of child development (Piaget, 1970) and theory of social learning (Vygotsky, 1978). We record the change of current behavior during interview.

2. Play has positive implication for children's social skills, social images and their own adjustment (Erikson, 1977; Fleer, 2013) We record the change of the wordings, phrases and actions during interview.
3. Contemporary studies concur that improvement of children's self-concept and self-expression resulted in decreasing behavioral problems. We collect qualitative data from teachers, parents, therapists and preadolescents.

Shadow Play Therapy is developed from Riviere's Short-Term Play Therapy (Riviere, 2006). Experimental group met weekly in a church for a 2-hour group play for six consecutive weeks. The groups were conducted in Cantonese. Previous group studies conducted in research settings have averaged 10 sessions totaling 20 hours of treatment. A greater effect had been obtained when the length of the group and total treatment time had been increased to 20 hours (Landreth, 2001; Kraft & Landreth 1998). However, the experience in our practice told us that the number of parent participant dropouts increase significantly after sixth session for variety of reasons, such as transportation, handling work, taking care of the child etc. This finding is supported by extensive clinical research showing that the mean number of treatment sessions is 5.5 sessions (Phillips & Landreth, 1995, 1998). The six sessions outline used in the current study are as follows:

- **Session 1: Build Self-Esteem and Teach On-Task Behavior with Indirect Respond Technique**
    1. Self-awareness.
    2. Playing card game to warm up and self-introduction.

3. Playing 2 therapeutic games. Beware the on-task behaviors of every participant. Observe every participant's play and pay close attention to any incidents of being off-task.

4. Teaching indirectly without having to point out the mistakes in the game. Off-task behavior causes that participant to lose a turn. Only the host announces the mistake out loudly with a casual tone.

5. The host demonstrates positive strategies and express these loudly.

6. Choose a puppet and create a story. Off-task behavior causes that participant to lose a turn to choose and create his/her own story.

- **Session 2: Teach On-Task Behavior and Self-Control**

1. Self-awareness.

2. Playing 2 therapeutic games. Continue beware and respond to the on-task behaviors of every participant.

3. Puppet making: Choose the roles and make their own paper puppets.

4. Create their own story.

5. Individual play with a therapist

- **Session 3: Expression of Negative Feeling**

1. Self-awareness.

2. Shaking bottles: Participants choose different marbles to represent their different negative feelings. Then put the marbles in a bottle, they can add water or paint in the bottle also. Then they shake their bottles and watch the changes.

3. Design the storyline for the performance.

4. Make paper puppets for the story.

- **Session 4: Practice Patience**

1. Self-awareness.
2. Continue discussing the storyline.
3. Practice the show. Off-task behavior causes that participant to lose a turn to practice.
4. 2-hour training for the parents (set up parent-child playtime)

- **Session 5: Help Problem-Solve through Play**

1. Self-awareness.
2. Continue discuss and practice the show. Participants need to consider the light and sound effect and need to divide-up the work. Off-task behavior causes that participant to lose a turn to express his/her opinion.
3. Set "The Expert Corner". When problems occur, participants are encouraged to explore his/her thoughts, options and feelings from his/her perspective in this corner. This setting helps them to brainstorm as much as possible. Once "problem-maker" has identified several options, ask him/her to select the one or two options he/she is willing to use.

- **Session 6: Performance**

1. Set up the stage.
2. The performance is behind a curtain that help participants concentrate on the peer interactions and the puppet show.
3. Celebrate with the audiences, their parents.
4. Therapist provide observation information for the parent-child playtime.

These six sessions show the characteristics of Shadow Play Therapy:

1. It helps preadolescents visualize their issues, confront themselves, and find better working solutions to their issues.
2. This technique and activities are designed for preadolescents to express themselves.

3. It is useful for the participants (preadolescents or parents) who might be stuck or must process on a deeper level.

4. This design is easy to use and materials (paper and scissors) can be purchased cheaply.

5. Observations and interactions in the group play therapy are more important than the materials.

6. Creativity is the key to making creative tools in psychotherapy in this project. With creative group play session the preadolescents can also gain more visual understanding about themselves by completing the creative activities.

7. The design of these six sessions is based on planning and acting.

Action Research: About Planning and Acting

Planning 1

I must know the self-concept and the context of externalizing behavior problems of the preadolescents from the views of them and their parents.

Acting 1

I invite preadolescents and parents to complete Eyberg Child Behavior Inventory, Child Behavior Checklist and Filial Problem Checklist. Then I interview them individually.

Observing 1

I check the different views between them through the quantitative and qualitative data.

Reflecting 1

Do I know the real situation? How can I follow these observations?

Planning 2

I must get the real information about the self-concept and the externalizing behavior problems of the preadolescents.

Acting 2

I invite the preadolescents to join the Shadow Play group.

Observing 2

I observe the interaction between group members during the first two sessions.

Reflecting 2

I interview the preadolescents individually and focus on a behavior problem which I have seen in the interaction. I give them some advices and ask them to do in the coming group practice and at home. And I will interview the parents and talk about the decreasing rate of this behavior problem after two weeks.

Planning 3

I must follow the improvement of the behavior problem.

Acting 3

I invite preadolescent to join individual session.

Observing 3

To follow the finding of Reflecting 2, I invite the preadolescent to have more practices by using Shadow Play Therapy. I will also ask the parents to set up parent-child playtime.

Reflecting 3

I must think about the following practices and trainings for the preadolescent and the parents.

Further practices and trainings are discussed as follows.

About the Participants

The 10 participants in this study referred by the Sunday school teachers were interviewed by the researcher four weeks before the program started. Then they assigned to six play therapy groups consisting of all participants each. Assignment to groups was based upon the results of action research. They received one 2-hour group therapy session per week, for six weeks, and with 2 in-depth individual sessions in week 2 and 6. A shadow play would be showed by them in week 6. This study was an on-the-job research and had been recognized by the employer and the preadolescents' parents.

Before the group play therapy sessions began, as well as after the sessions, preadolescents completed the Eyberg Child Behavior Inventory (ECBI) used by The Government of Hong Kong Special Administrative Region Education Bureau (CHSC, 2003). Parents completed the

Child Behavior Checklist (CBCL) and Filial Problem Checklist (FPC) before and after the therapy sessions. Questions were used to facilitate discussion with the preadolescents and pre-adolescents were given the opportunity to respond to their daily experiences, by using their choice of shadow characters. Each preadolescent was interviewed by the same therapist every individual session.

Some themes emerged across the cases, including the use of shadow play, for assessment of children's ability to identify and express self-concept and to learn to identify self-control. A new concept, interactive viewing, occurred for each participant and involved a preadolescent spontaneously interacting with shadow players and/or the therapist through narrating, sharing thoughts and emotional responses, or interacting expressively while practicing or interviewing. Furthermore, follow-up reflections from the parents who had received two 2-hour trainings were collected in week 6, 8 and 10 which produce a schema of themes that recur in all qualitative data. Also, they must practice shadow play at home (parent-child playtime). The study presumes that Shadow Play represents an opportunity for emotional and behavioral expressions. Shadow Play can be considered as a therapeutic medium, both personal and shared, that affects all the preadolescents shared their emotional events which can be viewed as form of storytelling which conveyed their concerns and contributed to healing. Through expressive responses, preadolescents might experience catharsis and created therapeutically relevant metaphors.

The child-centered group play therapy sessions were facilitated by the researcher and 4 play therapists who, at the time of the study, a) had completed at least one graduate level play

therapy course, b) had completed or were in the process of completing an advanced play therapy course which included supervised child-centered play therapy experience, and c) had completed or were in the process of completing a therapeutic play practicum which also included supervised child-centered play therapy experience. The play therapists met each week in peer supervision to ensure the consistent application of child-centered play therapy principles and practices

About the role setting

Shadow play is a drama form in which the theoretical principles are introduced and emphasized by psychodrama complement all the other approaches. These principles are applicable even if the clinician never uses action techniques. Psychodrama has made notable contributions to our thinking about creativity, imagination, social psychology, self-expression, spontaneity, play, catharsis and experiential learning. The power of action is a way of deepening insight and healing. In this project, we set the role under the following procedure:

1) Do some activities and observe the group dynamic.
2) Participants create the storyline.
3) Choose the role that they like and create the shadow.
4) Sometimes the therapists must give them some suggestions if they miss the role such as the narrator, the sound maker and the scene designer. Their suggestions are based on the interest, ability, age of each participant and also the observation of the group dynamic.
5) Sometimes the therapists must play the unpopular roles.
6) Play the story in a creative and funny way.

7) Participants choose the favorite story in the second last session.

8) Invite their parents to watch the shadow play which they choose in the last session.

About Playing

Paper cutting and materials for expression utilized in the group play therapy sessions included a) creative expressive media such as cartoon characters, costume jewels, scissors, Legos, crayons and paper, b) real-life items such as a doll house, doll family, a baby doll, a nursing bottle, plastic dishes, a telephone, a small car, and a small plane, and c) aggressive release materials such as an inflatable punching (bop) bag, a dart gun, handcuffs and toy soldiers.

About Parent Involvement

After an initial introduction to play and the therapeutic characteristics, parents will attend a 2-hour training session before the group play therapy starts. They must accept the Axline principles, such as acceptance of the child as he/she is. They must think about some questions, such as, 'Would you allow and think it acceptable for your child call himself murderer?' In the past, to reduce the frequency of this kind of behavior, parents chose to ignore the creativity and 'the real thinking' of their children. Therefore, they must accept the Axline principles before the group play therapy starts. Next, they must learn the shadow play communication technique, and practice 15 minutes at least 3 times a week in week 4, practicing during week 5 to 10. Parents let their children choose new roles for themselves, talk about the new roles, and take the observation notes.

Therefore, the experimental group are playing in the same church on Sunday to prevent the effect of the factors such as reduced anxiety, growing familiarity etc.

The table below summarized the above design:

Number of week	Content
Before group play starts	- 1st 2-hour training for the parents
Week 1 : 2 Mar 2014	- group play session 1
Week 2 : 9 Mar 2014	- group play session 2 - individual play - in-depth individual session: researcher interview preadolescent individually
Week 3 : 16 Mar 2014	- group play session 3
Week 4 : 23 Mar 2014	- group play session 4 - 2nd 2-hour training for the parents - set up parent-child playtime
Week 5 : 30 Mar 2014	- group play session 5
Week 6 : 6 Apr 2014	- group play session 6 - in-depth individual session: researcher interview preadolescent individually - provide information for parent-child playtime, collect qualitative data from the parents)
Week 8 : 20 Apr 2014	- collect qualitative data from the parents
Week 10 : 4 May 2014	- collect qualitative data from the parents

About Eliminate the Stage of Practice Effect

Practice effects are defined as increase in a subject's test score from one administration to the next in the absence of any interventions. Various reasons have been discussed to explain practice-induced score gains, such as reduced anxiety in or growing familiarity with the testing environment, recall effects, improvement of underlying functions, procedural learning, test sophistication.

About Eliminate the Age Effect

All children have group play session in Sunday school class. The setting of this experimental group play is similar to Sunday school class to prevent age effect.

About the Control Group After the Experiment

Control group and experiment group attend the Sunday school class during and after the experiment. Experimental group experienced the non-directive responses through the group play and adjusted their behaviors themselves.

About the Sustainability of the Experimental Effect

Research got preliminary findings from 6 group play sessions. Then it got a relationship between externalizing behavior problem and self-expression through individual play session and parent-child playtime. It will use a follow up interview of 10 preadolescents, their parent and Sunday school teachers to measure the sustainability of the experimental effect.

3.7.11 Data Analysis

The methods of data collection of this study include participants observations, in-depth interviews, and open-ended questionnaires. Then, the next step is the data analysis. It is the final report after the data collections. It is usually written to present vivid details. It also must describe the whole fact as much as possible.

Grounded Theory is used in this study to prevent individual bias. Glaser and Strauss (1967) list four characteristics. First, if the data is useful, the theory must fit the data. That is, this theory helps us to collect and analysis the data correspond closely to the real-world, not to the personal bias or wish. It helps measuring the application of the knowledge or skills which the preadolescents learnt form Shadow Play Therapy and analyzing the participants' belief, attitudes and behaviors (Research Question 2 and 3). Second, the theory is clearly and readily understandable even to non-researchers. It will be used in the future only if it is understandable. Third, it has generality. That means it belongs to conceptual level that can be used in a general situation. Also, it is not so easy to develop a new theory for the others. It helps understanding and further study of Shadow Play Therapy (Research Question 1). Fourth, it is controlled. That is, a good grounded theory is used, someone should have some control over the phenomenon. That means this theory enables the user to have enough control to make the application worth trying. When we get the most impressive elements from the study, the phenomenon of externalizing behavior problems is controlled (Research Question 4).

In the Shadow Play Therapy project, observations and interviews are used to identify the interactions of the parents and the preadolescents. I must be effective at thinking about what

kinds of data must be collected and what aspects of that collected data are the most important for the grounded theory. I must keep a mixture of analytic thinking ability, curiosity, and creativity. That means theoretical sensitivity is needed all the time. I must ask questions continually to develop a deeper understanding of the phenomenon. A grounded theory that meets the criteria of fit, understanding, generality, and control are then developed. What the data are actually saying is the most important thing in the data analysis.

By Strauss & Corbin (1990), there are three types or stages of data analysis. The first is open coding. It is the first stage in grounded theory data analysis. After the initial data have been collected, labelling important words and phrases, naming and categorizing discrete elements in the data are the following steps. That is, I must discover the words, phrases or concepts that are commented by one person, and also by another person in another interview. The second one is axial coding. It follows open coding but all data is related to the target behavior of each preadolescent. I needed to discover the themes appeared across the interviews.

These kinds of things are mentioned by the preadolescents repeatedly. Then, the possible relationships among the categories in the data must be discovered. That is, the phenomenon is showing in process. The third is selective coding. It is the stage of data analysis in which the interpretations are put on the grounded theory for the current research study. That is, the main storyline, the main idea is found through reflecting on the data and the results that have been concluded by open coding and axial coding. Therefore, the more focusing central idea is found out. The story is written. The grounded theory is explained also. Rechecking the theory with

the data is also involved. It is used to make sure that no mistakes are made. Literature is published then for additional ideas to consider in developing the grounded theory and in understanding its broader significance. When theoretical saturation occurs, data analyzing has been finished. No new information or new concepts will be formed.

In short, a grounded theory is used to reflect the process of data interpretations. The main theme of the study can be reminded all the time. Also, bias from individuals can also be prevented.

An own-control group design was utilized in this present study of child-centered group play shadow play therapy. The data collected 10 preadolescents who comprised the experimental group was compared to the data collected about another 10 preadolescents as they represented the control group. The Statistical Package for Social Sciences (SPSS) version 20 was used in the analysis of the data. Pre-test and post-test data were collected from the parents, who completed the CBCL-Parent Report; from the teachers, who completed the CBCL-Teacher Report; and from the preadolescents, who were administered the ECBI by the researchers. Pre-test data was obtained from the parents, who completed the FPC and CBCL, and from the teachers, who completed the CBCL. Immediately following the six weeks of group play therapy sessions, the CBCL-Parent Report, CBCL-Teacher Report, FPC, and ECBI were again administered to obtain post-test data for this study.

After collection of the post-test assessments from the preadolescents, their teachers, and their parents, the instruments were blind-scored on the computer by the researcher and checked for accuracy by a research assistant.

Analysis of covariance (ANCOVA) was performed to test the significance of differences between control group and experimental group data. ANCOVA was applied to adjust the group means of the post-test data on basis of the pre-test data, and thus statistically equate the control and experimental groups. Significance of the differences between the means was tested. Additional data about the experimental group was collected using the ECBI, CBCL, and FPC assessments. Data from these instruments was analyzed using a one group, pre-test/post-test design. Paired samples *t*-tests were performed with the scores to examine the effect of the Shadow Play Therapy and Parent-child Shadow Play time. The target of quantitative data collection and analysis is for studying the overall behavioral changes.

Qualitative data collection and analysis are used to label repeated words, phrases and/or actions that are commented by one person. Qualitative data is collected by structured interview with parents, teachers and preadolescents before and after Shadow Play Therapy. The interview questions are as follows (Henning-Stout, 1993; Dougherty, 2005; Dinkmeyer & Carlson, 2001):

Before treatment:

1. Identifying the target behavior: Please describe what is that your child/student/you is/are doing that is concerning you.
2. Focus on current behavior, not past behaviors: Please provide an example about this behavior that he/she/you did last week.
3. Parent's/Teacher's/Participant's response: How did you respond to him/her/yourself?
4. Child's response: Did he/she/you stop or continue that behavior then?

5. Clarifying the expected target behavior: Please tell me about the expected time of the day, the frequency and the length of that behavior.

2 more questions are added after treatment:

6. Any changes after parent review: Therapist had talked about the expressive way of your child/student/you during the parent review/individual session, what else you did then?

7. Measure the target behavior: Please tell me about the time of the day, the frequency and the length of that behavior.

The target of qualitative data collection and analysis is for giving advices for parent-child playtime and the parent-child relationship improvement.

Data were also collected from group play sessions and individual play sessions. This study used Bandura's (1977) 'Four Sources of Self-Efficacy' as a framework of data analysis. Semi-structured individual sessions were conducted with 10 preadolescents with externalizing behavior problems. Interviews were recorded, transcribed verbatim and analyzed using inductive and deductive thematic analysis.

Nine sub-themes were identified following analysis of the data:

1) Mastery through knowledge;

2) Mastery through tools and strategies;

3) Mastery through autonomy;

4) Influence of social setting;

5) Positive social comparisons;

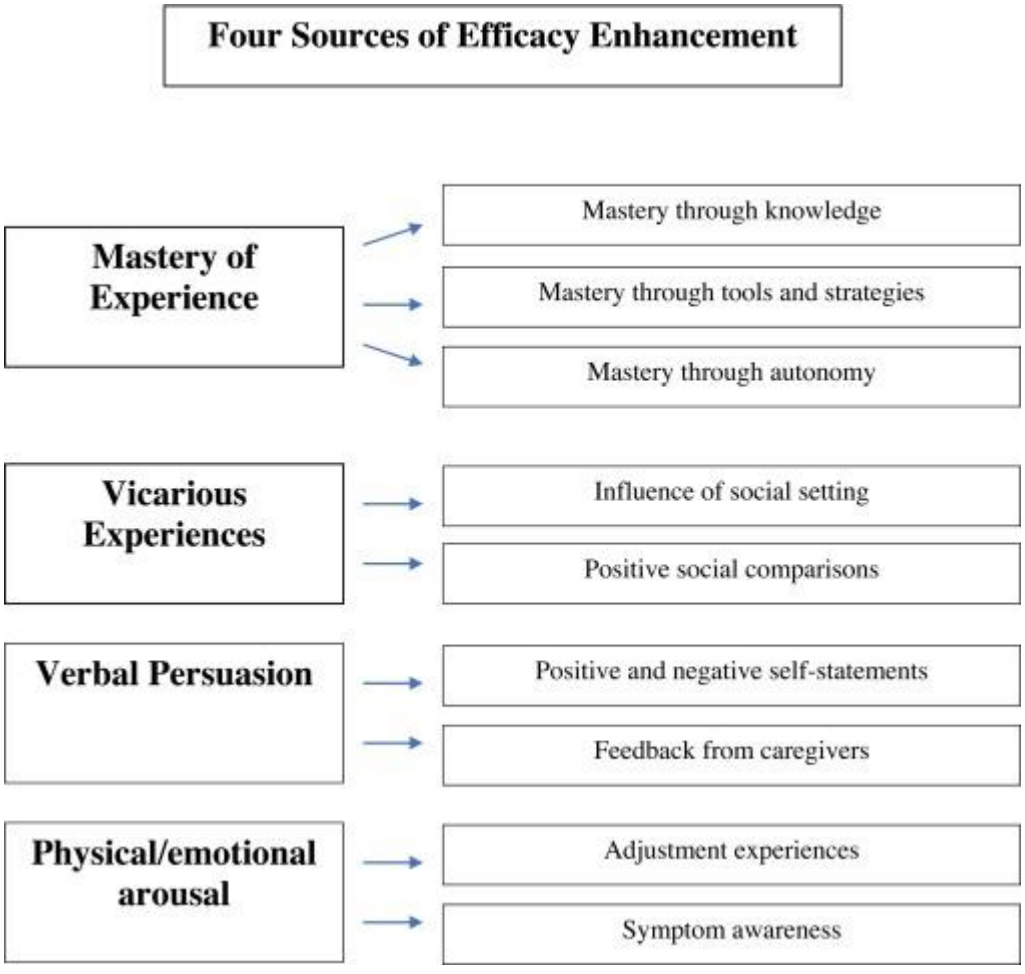
6) Positive and negative self-statements;

7) Feedback from caregivers;

8) Adjustment experiences;

9) Symptom awareness.

These were mapped onto Bandura's (1977) Four Sources of efficacy enhancement model and were consistent with its proposed mechanisms.



Conclusion

The Four Sources model serves as a useful mode of enquiry for exploring preadolescents' experiences and perceptions of self-image and self-control. It also confirms the appropriateness

of Self-efficacy as a potential intervention component for this population. However, additional support, parent-child playtime, are required for preadolescents with externalizing behavior problems to reflect meaningfully on their experiences and thus have a sense of self-efficacy.

Participants were interviewed by the therapists and the researcher. Interviews were semi-structured, which enabled flexibility to explore areas of interest to participants. Each lasted 40 minutes under the guidelines of APAC (APAC, 2014). The interview schedule was developed with questions structured around Bandura's (1977) Four Sources model. Components of the model were contextualized for self-control of preadolescent with externalizing behavior problems and provided themes of enquiry including:

1) Mastery of Experiences: Positive self-control experiences.
2) Vicarious Experiences: Learning how to self-expression and self-control through observing peer experiences.
3) Verbal Persuasion: The importance of positive self-feedback, as well as from peer group, parents, regarding self-control.
4) Emotional/Physiological Arousal: Confidence from recognizing symptoms of physical needs.

The analysis was theoretically driven based on Bandura's (1977) Four Sources model. A latent level of analysis was used as it was necessary to interpret some statements due to communication difficulties. An inductive method guides a data driven approach in which the participants' experiences are represented (Braun and Clarke, 2006). This approach guided the initial phases in which codes were generated to reflect these experiences. A deductive approach

serves the purpose of evaluating an existing theory in a different population (Hsieh and Shannon, 2005; Vaismoradi, Turunen, and Bondas, 2013). This guided the latter phases in which coded themes were organized into the constructs of Bandura's (1977) Four Sources model.

The researcher used this model to accurately represent the views of the participants. In addition, themes were developed using codes which contradicted, as well as supported, Bandura's model. This balance helped avoid a bias towards aligning the participants' responses towards the model's mechanisms. Finally, the researcher drew upon the background in social peer group to support participants to express their own reflections and opinions, as well as obtaining contextual background information from the parents.

Each interview was audio recorded, transcribed verbatim and coded. This involved a six-phrase guidance to analysis which included:

1. Familiarization with data through transcription, multiple readings and note taking.
2. Inductively generating initial codes from descriptions which were of importance to participants. This involved a degree of interpretation by the researcher in order to represent any experiences that participants had struggled to articulate.
3. Searching for themes, where initial codes were grouped together by similarity, and organized into potential themes.
4. Reviewing themes, which involved refining themes from the previous phase. At this stage, validity checks were carried out by the second author for accuracy, consistency and agreement of themes.

5. Defining and naming themes, where analysis is organized into a narrative structure with accompanying descriptions. These themes are discussed in their own right as well as in relation to each other. At this deductive stage, the themes were mapped onto Bandura's (1977) Four Sources model.
6. Producing the report and provided suggestions for parent-child playtime

3.7.12 Summary

Does parent-child playtime with information from the therapist increase the controlling ability of external behavior problem of the preadolescents? Previous studies of parent-child relationship tend to find a positive effect but does also suffer from possible endogenous problems: parent-child relationship might be affected by factors, such as parents' education levels and family income, that also have an impact on the controlling ability of external behavior problem of the preadolescents. The working experiences of the researcher narrow down the question to empirically estimating the causal effect of local elections on the controlling ability of external behavior problem of the students in North District by using a quasi-experimental research method.

Natural Experiment is a different type of quasi experiment design used in the study. It differs from person-by-treatment in a way that there is not a variable that is being manipulated by the experimenter. Instead of controlling at least one variable (parent-child playtime), experimenters do not use random assignment and leave the experimental control up to chance. The manipulations occur naturally.

CHAPTER 4

RESULTS AND DISCUSSION

4.1 Introduction

The purpose of this chapter is to provide a summary of the project, including the results of the analyses of quantitative and qualitative data of this study. Findings regarding the instruments used, instrument subscales. SPSS was used to analyze the pre-test and post-test changes. Paired sample tests, and ANCOVA were conducted to determine mean scores before and after treatment, and different scores for ECBI, CBCL and FPC. Next is a in depth description of the treatments selected for the shadow play therapy group and individual sessions, followed by a discussion of the results, the role of the parents, the project's limitation, along with recommendations for further research.

4.2 Results

4.2.1 Quantitative Research: Group Play Sessions

Results of quantitative research provided us an overall difference of pre and post-test scores before and after the group play sessions.

Table 1 presents the pre-test and post-test means (M), standard deviations (SD) for the experimental and control groups. Table 2 shows the analysis of covariance data, showing the significance of difference between the experimental and control groups' pre-test mean scores.

Table 1.

Mean Total Scores for the Eyberg Child Behavior Inventory (ECBI)

	Experimental (n = 10)		Control (n = 10)	
	Pre-test	Post-test	Pre-test	Post-test
Mean	24.9180	29.5779	23.1311	23.2098
SD	3.3348	3.9018	5.2602	5.3576

Total Cases = 20

Note. An increase in mean scores implies an increase in self-concept.

As seen in Table 1, pre-test mean score in experiment group was smaller and the post-test score was larger. The score in control group was almost the same. To determine if there was a significant difference between pre-test and post-test self-concept, mean pre-test and post-test scores were shown in Table 2.

Table 2.
Analysis of Covariance Data for the Mean Total Scores on Experimental group and Control group Eyberg Child Behavior Inventory (ECBI)

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F	Effect Size	Power
Group	15.832	1	15.832	.304	.516	.011	.042

Total Cases = 20

Table 2 shows the F ratio for the main effects was not significant at the < .05 level. Table 1 and 2 indicated that there was not a significant difference between the mean total score of the experimental group and the control group as measured by the ECBI.

Table 3 presents the pre-test and post-test means and standard deviations, along with the t-test analysis data, showing the significance of difference between the pre-test and post-test mean score.

Table 3

Eyberg Child Behavior Inventory (ECBI): Pre-test and Post-test Mean Scores and *t*-test Analysis Data

Pre-test Mean	Post-test Mean	Pre-test SD	Post-test SD	*t*	Df	Significance of *t*
24.9180	29.5779	3.3348	3.9018	3.056	9	.010
N = 10		N = 10				

Note. An increase in mean scores implies an increase in self-concept.

Table 3 shows the *t*-test was significant at the .05 level indicating there was a significant difference between the pre-test and post-test mean scores on the ECBI. The preadolescents in the experimental group attain a significantly higher mean total score as rated by themselves on the Eyberg Child Behavior Inventory (ECBI) post-test than they attained on the pre-test,

Table 4 shows the pre-test and post-test means and standard deviations for the experimental and control groups.

Table 4.

Mean Total Scores for the Child Behavior Checklist (CBCL)-Teacher Report

	Experimental (n = 10)		Control (n = 10)	
	Pre-test	Post-test	Pre-test	Post-test
Mean	38.3361	22.9180	39.6066	40.9260
SD	11.0458	11.9812	8.2228	9.6879
Total Cases = 20				

Note. An increase in mean scores implies an increase in difficulty of self-control.

Table 5 presents the analysis of covariance data. It shows the significance of difference between the pre-test mean scores of the experimental and control groups.

Table 5.

Analysis of Covariance Data for the Mean Total Scores on the Child Behavior Checklist (CBCL)-Teacher Report

Source of Variation	Sum of Squares	Df	Mean Square	F Ratio	Sign. of F	Effect Size	Power
Group	39.459	1	39.459	1.057	.372	.043	.152
Total Cases = 20							

Table 5 shows the F ratio for the main effects was not significant at the < .05 level. Table 4 and 5 indicated that there was not a significant difference between the mean total score of the experimental group and the control group as measured by the CBCL-Teacher Report.

Table 6 presents the pre-test and post-test means and standard deviations, along with the t-test analysis data, showing the significance of difference between the pre-test and post-test mean score.

Table 6.

Child Behavior Checklist (CBCL)-Teacher Report -Total Score: Pre-test and Post-test Mean Scores and t-test Analysis Data

Pre-test Mean	Post-test Mean	Pre-test SD	Post-test SD	*t*	df	Significance of *t*
38.3361	22.9180	11.0458	11.9812	3.061	9	.010
N = 10		N = 10				

Note. An increase in mean scores implies an increase in difficulty of self-control.

Table 6 shows the *t*-test was significant at the .05 level indicating there was a significant difference between the pre-test and post-test mean scores on the CBCL-Teacher Report. The preadolescents in the experimental group attain a significantly lower mean score on the Behavior Problems subscale of the Child Behavior Checklist-Teacher Report (CBCL-Teacher Report) post-test than they attained on the pre-test.

Table 7 shows the pre-test and post-test means and standard deviations for the experimental and control groups.

Table 7.
Mean Total Scores for the Child Behavior Checklist (CBCL)-Parent Report

	Experimental (n = 10)		Control (n = 10)	
	Pre-test	Post-test	Pre-test	Post-test
Mean	42.0948	21.0328	42.8689	44.1557
SD	7.8393	11.5889	8.0441	8.4020
Total Cases = 20				

Note. An increase in mean scores implies an increase in difficulty of self-control.

Table 8 presents the analysis of covariance data. It shows the significance of difference between the pre-test mean scores of the experimental and control group.

Table 8.
Analysis of Covariance Data for the Mean Total Pre-test Scores on the Child Behavior Checklist (CBCL)-Parent Report

Source of Variation	Sum of Squares	Df	Mean Square	F Ratio	Sign. of F	Effect Size	Power
Group	24.478	1	24.478	.459	.524	.026	.092
Total Cases = 20							

Note. An increase in mean scores implies an increase in difficulty of self-control.

Table 8 shows the F ratio for the main effects was not significant at the < .05 level. Table 7 and 8 indicated that there was not a significant difference between the mean total score of the experimental group and the control group as measured by the CBCL-Parent Report.

Table 9 presents the pre-test and post-test means and standard deviations, along with the t-test analysis data, showing the significance of difference between the pre-test and post-test mean score.

Table 9.

Child Behavior Checklist (CBCL)-Parent Report -Total Score: Pre-test and Post-test Mean Scores and t-test Analysis Data

Pre-test Mean	Post-test Mean	Pre-test SD	Post-test SD	*t*	df	Significance of *t*
42.0948	21.0328	7.8393	11.5889	3.07	9	010
	N = 10	N = 10				

Note. An increase in mean scores implies an increase in difficulty of self-control.

Table 9 shows the *t*-test was significant at the .05 level indicating there was a significant difference between the pre-test and post-test mean scores on CBCL-Parent Report.

Table 10 presents the pre-test and post-test means and standard deviations, along with the t-test analysis data, showing the significance of difference between the pre-test and post-test mean score

Table 10.

Filial Problem Checklist (FPC): Pre-test and Post-test Mean Scores and *t*-test Analysis Data

Pre-test Mean	Post-test Mean	Pre-test SD	Post-test SD	*t*	df	Significance of *t*
47.0410	43.2254	52.325	43.023	.874	9	.438
	N = 10	N =10				

Note. An increase in mean scores implies an increase in difficulty of self-control at home.

Table 10 shows the *t*-test was not significant at the .05 level indicating there was not a significant difference between the pre-test and post-test mean scores on the FPC.

Table 11.

Eyberg Child Behavior Inventory (ECBI)-Different Gender Self Report: Pre-test and Post-test Mean Scores and Analysis Data

Table 12.

Analysis of Covariance Data for Eyberg Child Behavior Inventory (ECBI)-Different Gender- Self Report

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
Pre_Self_Ex	Male	5	25.704	3.70924	.33176	25.0473	26.3607	17	29
	Female	5	24.0924	2.66487	.24429	23.6087	24.5762	20	28
	Total	10	24.918	3.33479	.21349	24.4975	25.3386	17	29
Post_Self_Ex	Male	5	30.384	3.35719	.30028	29.7897	30.9783	25	35
	Female	5	28.7311	4.25401	.38996	27.9589	29.5033	23	35
	Total	10	29.5779	3.90184	.24979	29.0858	30.0699	23	35

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Pre_Self_Ex	Between Groups	158.329	1	158.329	15.061	.000
	Within Groups	2544.031	242	10.513		
	Total	2702.361	243			
Post_Self_Ex	Between Groups	166.558	1	166.558	11.409	.001
	Within Groups	3532.963	242	14.599		
	Total	3699.52	243			

Note. An increase in mean scores implies an increase in self-concept.

Table 12 shows the F ratio for the main effects was not significant at the < .05 level. Table 11 and 12 indicated that there was not a significant difference between the mean total score of the experimental group and the control group as measured by ECBI-Different Gender Self Report.

Table 13.

Total Variation between Eyberg Child Behavior Inventory (ECBI) and Parent-Child Playtime

Descriptive

Post_Self_Ex

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
< 15 mins per week	1	25.0000	.	.	.	.	25.00	25.00
15-30 mins per week	1	23.0000	.	.	.	.	23.00	23.00
31-45 mins per week	2	32.5000	3.53553	2.50000	.7345	64.2655	30.00	35.00
46-75 mins per week	4	31.7500	2.36291	1.18145	27.9901	35.5099	30.00	35.00
>76 mins per week	2	27.5000	3.53553	2.50000	-4.2655	59.2655	25.00	30.00
Total	10	29.5000	4.08928	1.29314	26.5747	32.4253	23.00	35.00

Note. An increase in mean scores implies an increase in self-concept.

Table 14.
Analysis of Covariance Data for the Eyberg Child Behavior Inventory (ECBI)

Post-test Mean Scores and Parent-Child Playtime

ANOVA

Post_Self_Ex

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	108.750	4	27.188	3.256	.114
Within Groups	41.750	5	8.350		
Total	150.500	9			

Note. An increase in mean scores implies an increase in self-concept.

Table 13 shows that the total variation is partitioned into the between groups variation and the within groups variation. The former refers to the variation of the group means from the overall mean. The latter refers to the variation of individual scores from their group mean.

Table 14 shows the F-Table contains the p-value (Sig.), last, but not least. It is often used as the central focus of the process of interpretation.

Given that out p-value is .114, we conclude that the differences between the groups are not significantly different.

Table 15

Means Plots of Eyberg Child Behavior Inventory (ECBI) Post-test Mean Scores and Parent-Child Playtime

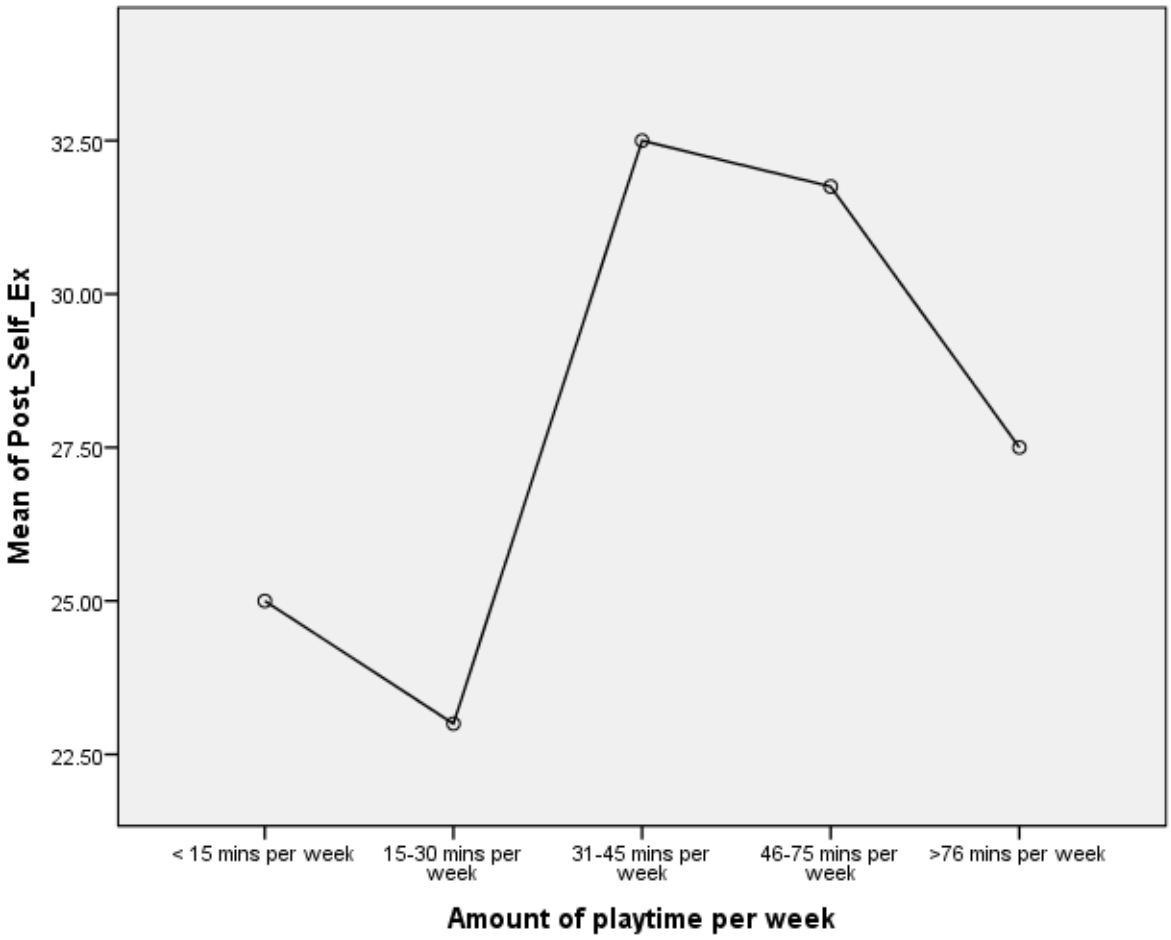


Table 15 is the means plots. It shows the relationship between the post-test score of ECBI and parent-child playtime.

Table 16

Analysis of Correlation of Eyberg Child Behavior Inventory (ECBI) Post-test Mean Scores and Parent-Child Playtime

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	1.369	.282
	Cramer's V	.685	.282
N of Valid Cases		10	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Table 16 shows that a Phi value=1.369 which is close to 1 indicates a strong association between the post-test score of ECBI and parent-child playtime. The results show a p-value of .282, indicating that this association is not statistically significant.

Table 17

Total Variation between Mean Total Post-test on the Child Behavior Checklist (CBCL)-Parent Report and Parent-Child Playtime

Descriptive

Post_Parent_Ex

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
< 15 mins per week	1	18.0000	.	.	.	.	18.00	18.00
15-30 mins per week	1	14.0000	.	.	.	.	14.00	14.00
31-45 mins per week	2	16.0000	2.82843	2.00000	-9.4124	41.4124	14.00	18.00
46-75 mins per week	4	20.0000	1.63299	.81650	17.4015	22.5985	18.00	22.00
>76 mins per week	2	35.0000	29.69848	21.00000	-231.8303	301.8303	14.00	56.00
Total	10	21.4000	12.47397	3.94462	12.4767	30.3233	14.00	56.00

Table 17 shows that the total variation is partitioned into the between groups variation and the within groups variation. The former refers to the variation of the group means from the overall mean. The latter refers to the variation of individual scores from their group mean.

Table 18
Analysis of Covariance Data for the Post-test Mean Scores on the Child Behavior Checklist (CBCL)-Parent Report and Parent-Child Playtime

ANOVA

Post_Parent_Ex

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	502.400	4	125.600	.699	.625
Within Groups	898.000	5	179.600		
Total	1400.400	9			

Table 18 shows the F-Table contains the p-value (Sig.), last, but not least. It is often used as the central focus of the process of interpretation.

Given that out p-value is .625, we conclude that the differences between the groups are not significantly different.

Table 19

Means Plots of Post-test Mean Scores on the Child Behavior Checklist (CBCL)- Parent Report and Parent-Child Playtime

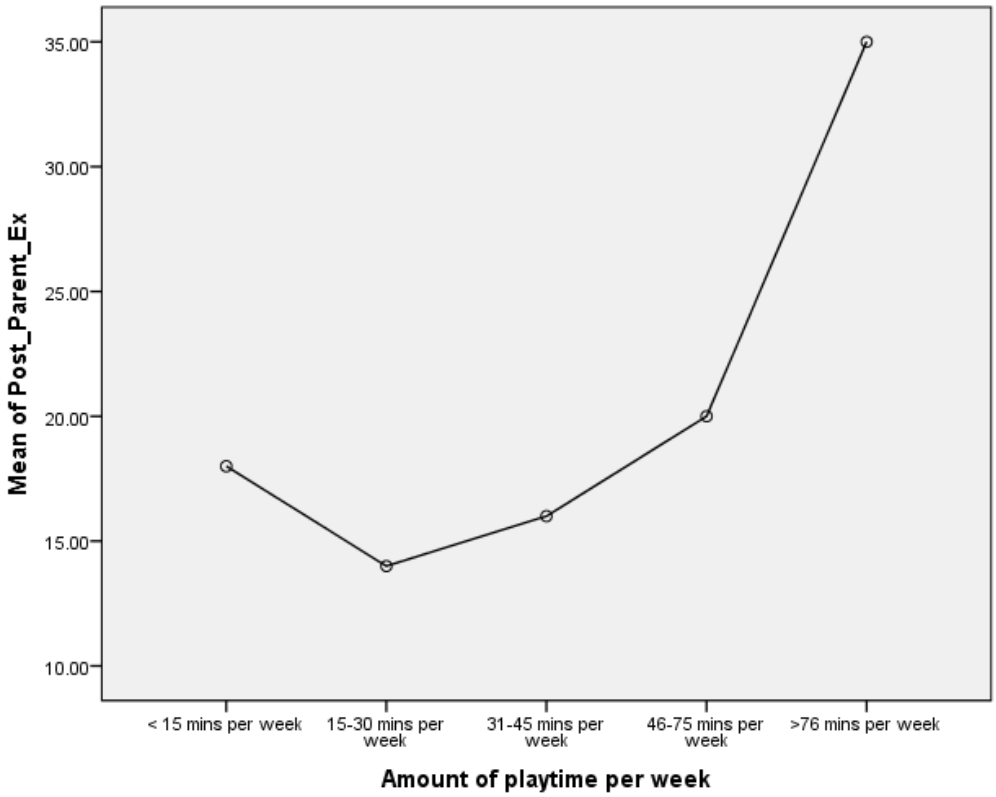


Table 19 is the means plots. It shows the relationship between the post-test score of Checklist (CBCL)-Parent Report and parent-child playtime

Table 20

Analysis of Correlation of Post-test Mean Scores on the Child Behavior Checklist (CBCL)-Parent Report and Parent-Child Playtime

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	1.225	.525
	Cramer's V	.612	.525
N of Valid Cases		10	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Table 20 shows that a Phi value=1.225 which is close to 1 indicates a strong association between the post-test score of CBCL-Parent Report and parent-child playtime. The results show a p-value of .525, indicating that this association is statistically significant.

The results of the quantitative data together with the qualitative data will be discussed in 4.3. The qualitative research is discussed as follows.

4.2.2 Qualitative Research: Observations in Group and Individual Play Sessions

This is a special part of this project as it contains all 5 factors of reducing externalizing behavior problems (Refer to 2.1.4). Each preadolescent has an individual session to interact with their therapist and show their own thoughts and feelings individually. Ten observation records from group and individual play sessions are sorted by age as follows.

Participant 1: Ann (Therapeutic Story)

Ann is a thirteen-year-old girl. She has a good academic result in every subject and playing piano. Her dad is a businessman, and her mum is a teacher. She has a sister who is five years smaller than her. She thinks that her sister is stupid and refuses to play with her. She gets angry when her parents ask her to play with her sister. It happens every day and lasts for more than 30 minutes. The expected frequency and length of getting angry are 3 times per week and lasts for less than 10 minutes. In group play therapy sessions, she was the leader and shared her ideas with the others. We play a therapeutic story in a shadow play session. The details about the story and the observation record from a therapist are as follows:

The therapeutic object:

A flying dragon which lived in a high hill alone.

Reason for choosing this therapeutic object:

1. The girl likes dragon.
2. In Chinese thinking, the wise live in high place alone.
3. The girl thinks that she is good. She prefers to play alone. This situation is close to the flying dragon's.

Negative event:

She flew alone every day. People misunderstood her. Someone thought she was a ferocious animal, someone thought she was a strange animal.

Crisis:

She found something that she couldn't do. She couldn't climb and got the apples.

Positive events:

She met a monkey and the monkey helped her to get the apples.

Trying out new things:

They ate apples and the dragon flew the monkey every day.

Transformation:

They became good friends and had fun time every day.

Therapeutic Story:

A beautiful dragon lived on a high hill alone. She felt good since he lived high and could fly very well. It was difficult for her friends to play with her since she lived too high and they couldn't fly. Sometimes, someone would misunderstand her. Someone thought she was a ferocious animal, someone thought she was a strange animal. These made her angry since they were not true. The only thing she could do was, opened her

mouth, and breathed out fire! The one who thought she was ferocious or strange, would confirm what she thought by this breaking-out fire. She felt angry, helpless and frustrated.

One day, she saw a beautiful apple tree near a river. The color of the apples attracted her so much, and she wanted to try some. She stood under the apple tree and looked at the apples. She felt sad because she couldn't climb and she couldn't get the apples.

A monkey saw her, and asked, 'Are you okay? You look so sad!' the dragon said, 'I want to eat apples, but I can't climb.' 'O! That's easy! I can climb. Let me get some for you.' The monkey replied happily.

After a while, the dragon got some apples from the monkey. She tasted them and she loved the taste very much. The monkey felt happy too because she saw a smiling face.

They became friends after that. Monkey got apples for dragon, and dragon flew monkey every day. Dragon flew well and monkey climbed well. They enjoyed the playtime very much. Of course, whoever saw picture would understand that she was not a ferocious animal, or a strange animal. She was very satisfied by this. The observation record from a therapist is as follows:

When I played this story with Ann, it was her fourth session. I concluded her anger relating to her misunderstanding of her parents. I told other participants to designed the story background, and I told Ann this story. I used the dragon to construe her as someone whose experience and understanding of parents' misunderstanding was much more extensive than mine. This is being another area of my growth since I have had relatively

little experience. She challenged my story about misunderstanding. Needless to say, this was somewhat anxiety arousing for me and prompted me to change my story:

Ann: Yes. This dragon had heard someone talking about her. But it's not misunderstanding. She really thought that she was strange……I'm worrying about this……they are right……

As well as I recognizing her fear, I needed to revise my construing of her to take in one of her first expressions of some dependence on others. As Rogers (1959) mentions, therapists who believe that therapists should take an open approach to therapy hear the client's voice and construing of therapists is important. I noted that dragon's situation about her action at home did not meet my standards of usefulness. We therefore did not agree on an account of the action (playing with her sister) and needed to create a shared account before we could progress further with this therapy. I suggested some different segments for this story:

Therapist: I know the dragon feel frustrated and angry, and that you think she is really strange, like others have mentioned?

Ann: Well……sometimes…I think playing with others is good…refusing to do it is so strange……

Therapist: Hm…you agree with this strange.

Ann: No…..but…at that moment, she was doing something unusual….something changed when she saw the apple tree and met the monkey.

Therapist: Then, what do you think about this change?

Ann: Hm……everything seemed to be back to the normal. No more strange….o…that's alright! At the first stage, others thought she was strange, even she thought she was

strange. That's okay since everything will be back to the normal later if she meets something new. I want to meet something new. I think it works!

Therapist: O…it works.

Ann: Sure! I can play piano but can't dance. At least I can't do these two things at the same time, you know. I'm thinking of something new and interesting. My sister is a good dancer. I can play the piano and she can dance, at the same time. When I play allegro music, she dances lightly. When I play adagio music, she dances slowly. It must be fun. Something new, something will change.

Therapist: Something new, something will change.

I told her parents that something new may happen, stopped giving comments and kept observing at home. Storytelling was used during parent-child playtime. In the following two sessions, Ann told me about what she played at home with her sister. She also told me that something changed. At the last session, I met her parents. They told me what they saw at home. It was what Ann had told me two weeks ago. The frequency and length of getting angry with her brother are 2 times per week, lasts for less than 10 minutes. I felt thankful.

From this experience, I really understand what White and Epson (1990) said: the therapist too, may develop new stories. It is not only clients who re-construe during therapy, but also the therapist. I think therapeutic storytelling is successful only when both client and therapist are ready for developing new segment, or even new stories under the light of client-centeredness. Also, action changes can be useful with relationship problems. Clients have difficulty in understanding the construing of others. It is difficult for them to put themselves in other people's shoes. They lack some of the shared construing that

others have. They find it hard to grasp and act on the traditional roles of society, both their own and those of others. Whether they were treated individually or in group therapy, taking on the new perspective is an important part of what occurs for them. In this case, Ann misses her traditional role of being a big sister. She lacks one of the shared construing that her parents have: big sister must take care of the smaller one. Playing is not only her own business. She comes to construe the inner worlds of her parents better and to share more construing with them. I think she will come to understand a range of social roles better when she has been helped to re-construe or re-interpret her own performance by observing how other people played those roles.

Participant 2: Joby (Therapeutic Story)

Joby is a thirteen-year-old girl. She is Ann's classmate. Her situation is similar to Ann's. She has a good academic result in every subject and playing piano also. Her dad is a businessman, and her mum is a clerk. She has a brother who is four years smaller than her. She thinks that her brother is naughty. She refuses to play with him. She gets angry when her parents ask her to play with her brother. It happens every day and lasts for more than 30 minutes. The expected frequency and length of getting angry are 3 times per week and less than 10 minutes long. In group play therapy sessions, like Ann, she is the leader and shares her ideas with the others. As their cases were very close, we play the same therapeutic story in the same shadow play session, with another therapist talks to Joby. The details about the story and the observation record from a therapist are as follows:

I concluded Joby's anger relating to her misunderstanding of her parents. As other participants were designing the story background, and Ann was talking with one of our

therapist, I suggested Joby use the dragon too as she had showed that she liked the big and powerful images in the warm up activities. She looked excited when she got this suggestion. The following dialogue shows how she talked about the story:

Joby: I like this dragon as it is very strong. It is so funny that the dragon is a girl. I mean…a female dragon.

Therapist: You like female dragon.

Joby: Female, of course! I want to design this shadow. I will design a dress for her. I like dress.

Therapist: That's great! But I know the dragon feel frustrated and angry, and that you think…she is really strange, like others have mentioned?

Joby: No! People don't understand her because she lives in a high place. They belong to different levels.

Therapist: Oh…I see. There is another special animal.

Joby: Yes…yes yes. The monkey. It is cute. When the dragon saw the apple tree and met the monkey, something changed.

Therapist: Then, what do you think about this change?

Joby: Sometimes…maybe small can do something special.

Therapist: You think small can do something special.

Joby: Many stories talk about this topic.

Therapist: Yes. Small can do something special.

Then we started to design the dragon. I invited her to design the monkey also to get the idea of her small image. I felt surprised that she designed a dress for the monkey too. I did not think it was necessary to change the sex of the monkey to fit her situation. In this session, we played this shadow play two times. The first time, Ann was the dragon, and the second time, Joby was the dragon. I though Ann's story was good for Joby. I used

the same questions as Ann's therapist. After this session we had some discussion. We found that Ann and Joby also focused on the turning moment when we mentioned something special. I told her parents to do storytelling during parent-child playtime and stop giving comments. Also. keep observing at home and wait for the new experiences. In the following two sessions, Joby told me that she had visited Ann. They played at home, also played with Ann's sister. She said it never happened before since Ann had refused to do so. She said they had great fun that day. She also told me that something really changed in her house. She said sometimes she found her brother funny. At the last session, I had a meeting with her parents. They told me that Joby did not get angry easily when she stayed with her brother. The frequency and length of getting angry with her brother were 2 times per week and lasted for less than 10 minutes. I felt thankful.

From this experience, I really understand the power of group play therapy and same-sex group model. It includes different kinds of games to make a safe contact with troubled same-sex preadolescents. In this case, we use therapeutic story. First, Joby can express her feelings and thoughts unconsciously during the playtime, and she talked about the plot of the story. She said she liked female dragon, and dress. She did not tell the therapist that she was the dragon directly, but she said she would design a dress for the dragon and she liked dress. At least we know that she has a positive feeling about this dragon, and she gives the dragon what she likes. Second, when she started the group playtime, it generates a playful atmosphere which helps to set up an ideal interaction situation for the therapist, Joby and Ann. Joby held the shadow of the dragon and tried to play this role. We played the shadow play for two times. Third, Joby could design the characters of the story. There are no standard forms, no examinations or evaluations. This playtime helps Joby to discover her self-concept more easily, she likes dress (or beautiful things), and

sets up a new self-motivation, something special can be done by smaller one (big is not the best). These concepts help her to build a new concept about 'small' (younger brother and sister), to solve the externalizing behavior problem (can't stay with her brother). Fourth, according to Sweeney & Homeyer (1999), preadolescents are able to learn about themselves because they are allowed to communicate through play, their natural language, with the others. Joby played the same story with Ann. There was positive interaction between them. They learnt about the sister role through the process. From that session on, she also learnt about getting supports from her peer group.

Participant 3: Penny (Creative Art)

Penny is a thirteen-year-old girl. Her parents work in business. She has a brother. She has been in a state of deep depression on account of her failure to pass an examination two year ago. Then she could not stay in the classroom more than one day. In class, she sits still and answers the questions only when teacher asks her to do so. At home, she usually locks herself inside her room and draws all day. Parents and teachers know she has a lot of trouble expressing her emotions and thinking. Parents and teachers can know a little about her through her drawings. Parents and teachers became worried when they found her drawings to be full of human skeletons and issues about death. She has one school day per week and five school days per week are expected. We found Penny sat still in the first group play session, so a therapist invited her to a creative art session immediately. She could draw anything in the playroom. The observation record from a therapist is as follows:

"I do not have any energy to play. I dream about driving a car, swerving off the road into a high brick wall, and I dead immediately." She told me the moment when she just entered the playroom. Some might like to use the word 'crisis' to describe her situation.

I thought she was feeling beyond her emotional limit and could take no more pain. I considered this as a sign that healing crisis, a great opportunity for growth, had set in. I thought she was terrified because she recognized suicidal feelings in herself which had appeared for a while (drawing about dead issues). I thought she felt something of a loss as she told me such a thinking immediately. I reminded her that I was truly only an outward symbol of her own inner healing process. I suggested she could draw anything to express her feelings. She thought for a while and drew what was just happened in the group playroom. She was sitting still on the chair, no one was in her picture. Her hands were putting on her thigh, and her eyes kept watching on them. “I am full of depression and can do nothing but sitting still. No one cares about me.” She said. “You think you can do nothing but sitting still. Hm…this is your drawing and you can draw anything.” She changed her eyes first, from watching her hands to watching the front. Then she added a pair of wings at her back and some flowers around her chair. At last, she added a fairy near her. “I want freedom. I want to fly. A pair of wings and this fairy will help me. These flowers make me feel happy and I can keep watching the front and know what is going on in the room.” She explained what she drew. I felt surprised and thankful that she expressed herself clearly through her drawing. “I feel so glad that all these things can help you heal yourself. Can you still see them if you close your eyes?” I asked. “Yes.” She replied. “Can you still see them if we go back the group playroom now?” I asked. “I think…yes.” She replied. Then we went to the group playroom. From that session on, we often included drawing in group play therapy. Sometimes she wanted to draw something to describe her feelings and other times she would design the characters and the scene for the story. She didn’t sit still and no dead issues occurred in the rest of the group play therapy.

I told the parents to do drawing during playtime and share what she wanted with no comments. Fairytales and fantasy allow Penny to end the realm of the negative 'other-world' and enter the land of freedom and fairies. This is the world between day-to-day reality and fantasy. Fairytales and fantasy can promote psychological growth through metaphoric processes involved in healing and recovery. Although they give an unreal picture to Penny, they are not dealing with reality. They are dealing with fantasy and the world of the unconscious mind. The positive impression of fantasy gives Penny an image of positive possibilities. The fairytale encourage hope. Difficulties can have a chance to be overcome. Death can have a chance to be defeated. After a period of strengthening during the shadow play group therapy, good effort is rewarded. Depression, devastation and rejections can all be overcome. By using her own talent of drawing, Penny heals herself by creating a 'new world' for herself. She helps herself developing a positive outlook. She goes to school every day since the sixth week of this project.

Participant 4: Joe (Alternative Behaviors)

Joe is a twelve-year-old boy. His dad is a businessman, and his mum is a nurse. He has an elder sister. He has trouble controlling his anger. In class, he kicks his classmates when he gets angry. At home, he kicks the doors and shouts when he gets angry. It happens 3 times per week and lasts for more than 45 minutes. The expected frequency and length are 1 time per week and lasts for less than 30 minutes. Parents and teachers know he has a lot of trouble in communicating with people. We designed alternative behavior setting session for him. The observation record from a therapist is as follows:

It is helpful to develop alternative behaviors first, which refer to acceptable behaviors whose performance decreases the probability of the problem behavior. Alternative

behaviors are not necessarily incompatible with the problem behavior and may be approximations of the desired behavior. If the alternative behavior is functionally equivalent with the problem behavior, this may increase the probability of maintenance of the alternative behavior. In this project, we use different positions of the play, which include different roles, the light controllers, the sound makers, and the shadow makers. When the therapist saw Joe was 'angry' and wanted to kick someone, the therapist would play drum, and invited Joe to join. The director would also create 'a new story' immediately to make this process funny. Then the probability of maintenance of this alternative behavior, playing drum, could be increased. Another important point was, even if Joe performed some other undesirable behavior when he was playing drum, such as yelling at the therapist, it was of course not the ultimately desired behavior. He would not be judged if he kept playing drum since it was considered a closer approximation of the desired behavior than was the problem behavior and thus was considered a favorable alternative behavior. When he found that playing drum was a better way for him to express himself, his problem behaviors would stop.

Joe has trouble communicating with people. We find that it is because he does not have another way to do this. After we helped him with developing alternative behaviors, his problem behaviors decreased. We also helped him develop alternative behaviors continuously through the sessions and suggested parents to let him release through these behaviors during parent-child playtime, such as playing rattle drum or drawing in one color. We found that he stopped kicking others and shouting during group play sessions, at school and at home.

Participant 5: Jerry (Inner Needs)

Jerry is an eleven-year-old boy. His dad and mum work in business. He has a sister. He has trouble controlling his anger. In class, he abuses classmates by hitting or yelling at others. It happens 3 times per week and lasts for more than 45 minutes. The expected frequency and length are once per week and lasts for less than 30 minutes. At home, he plays video games all day. Parents and teachers said he isn't interested in any subjects or activities. We found Jerry was angry and that he refused to join any activities in group sessions. A therapist invited him to have a talk session. The therapist found that he could talk about anything in the playroom. The observation record of the therapist is as follows:

He entered the playroom slowly. He did not want to do anything. He sat on a chair with no eye contact. I kept watching him in silence. Around ten minutes later, he looked at my face and said, "What are we doing here? How can I leave here?" "You want to leave…" I said. "Yes!" he said. "You can leave when the shadow play session has ended." I said. "Oh…what are they doing in that room? I do not want to join any activities……" he said. "I understand…" I said. "You understand? Do you know where I was this morning? I went to school for the extra lesson. Teachers said I was lazy and I needed to have that extra lesson, to have a better academic result. But the teacher never answered my questions, never checked my work even I had finished it already. He asked me to wait……There were too many students… he checked my work and said I had to do the corrections, three hours passed…three hours! I was crazy! I was so hungry!" He expressed what he thought angrily. "O…you feel hungry now…" I responded. "Yes…yes……" he answered and kept crying. I felt sorry. Maybe too many adults misunderstood him and said he was a child who got angry easily. They seldom concern his inner needs, confirm his effort, accept who he is, or even his physically need, hungry. I waited for a moment, and he stopped crying. "I have some biscuits. How about get some

for you then back to the group playroom?" I suggested. "Okay." He replied. After taking some biscuits, we went back the group playroom. They were talking about a story called "A firefly who lost his light". It was a therapeutic story. The firefly was different from the others that he did not have light. He worked very hard to get the light, but he failed. Then he left his friends. One day, his friends were captured by some naughty boys. He went to rescue them safely as he did not have light. At last, he rescued all his friends and was accepted by them. He found his light in a special place, his heart. Everyone wanted to have this kind of light. The amazing thing that I saw was, when we talked about making the shadow of this firefly who lost his light, Jerry said he wanted to make it. I was moved to tears. What did I do thirty minutes ago? Listened, and listened only. From that session on, he joined all activities happily. We suggested shadow role playing during parent-child playtime, parent was a listener only. He played the role of this special firefly in the last session. We all felt excited, especially his mum and dad. He stopped hitting and yelling at school. Perhaps he was somehow the firefly who lost his light before and found it now.

In the view of child development, the average six year old does not realize that they can hide their inner feelings. This ability begins to develop around the age of seven but may not be fully developed until the age of ten. Between the age of ten to twelve, children begin to recognize that they can put their feelings aside and express something other than what they are feeling. Jerry is eleven. He has no interest in all studies and activities. Since at his age he can express his feeling well through activities, we provide an individual session for him to express and we know that he feels angry just because of the three hours work and hunger. Moreover, he adjusted his behaviors well after sharing his feelings and thoughts. Through the individual session and role playing in shadow play sessions, we

concluded that Jerry will be satisfied and will respond others with appropriate behaviors if he is responded in an appropriate way. It is an important reference for parents and teachers.

Participant 6: Mark (Storytelling)

Mark is a ten-year-old boy. His dad is a businessman, and his mum is a housewife. He is the only child in the family. Mark's grandpa died 6 months ago. Mark had been very fond of his grandpa and had started to have nightmares around the death, around 3 times per week. His parents want Mark to be able to have a good sleep every night. We designed a storytelling session for him.

We added some elements into the storytelling session under two considerations. First, using a method often leads to considerable laughter from within the group. We believe that laughter, in and of itself, is healing. Humor has very beneficial psychosocial and psychological effects. Second, a scenario is created from the guidelines for this method where it is an individual's turn, he or she has a great deal of power and can control the course of history for the story. However, it is also reality oriented, for there are some imposed rules which mean one does not have total control over the world. A therapist started the story with 'Once upon a time'. The group continued the story. One person from the group was needed as a note taker to record the story which evolved. After the therapist said 'Once upon a time', then the recorder added a sentence. Each person in the group continued to add a sentence, going clockwise around the circle. There was no editing allowed. Group member could be as crude and rude, or as kind and gentle as they would like. They had full control of the story each time, because it was their turn to add a sentence. However, and this was the reality orientation part, the story did not end until there was some kind of negotiated and agreed upon ending. The observation record was

taken from a therapist after the individual session. Mark had said he did not like making up stories because he never knew where to begin and did not know how to tell story. This record is as follows:

I needed to give him some guidelines to continue the story. Such as “Who would you like to have in your story?” “Where would you like this story to take place?” “What time of the day, day time or night time?” After two sessions of storytelling, I invited Mark to have an individual storytelling session. He told me the story smoothly. “It is a really nice day and the sun is shining. I climb up a hill with my grandpa. It’s really hard to do so. Grandpa carries me in the steepest part of the hill. When we arrive the top of the hill, he tells me about the hidden treasure around the world.” Mark told me the story. Then we had some discussions about the story and his grandpa. From this session on, he could tell me something about what he wanted to ‘add’ in his story. This idea was also applied in the parent-child playtime. The nightmares stopped before this project ended.

The therapist had never directly imposed the issue of grandpa’s death, nor directed Mark as to what needed to be raised with regard to the loss of grandpa. The method of storytelling is directed. However, the issues which arose were non-directive. It allowed Mark to proceed at his own pace. He was literally given nothing in terms of issues. Thus, what was revealed was more likely his own material. Mark started with the group story-telling first to have some warm up exercises. This activity built in an empowerment for each individual because when it was anyone’s turn, he or she could change the course of the story’s history. The technique was also healing and refreshing, for often there would quickly be laughter. Finally, there was a reality orientation, as the story was not to end until there was a negotiated ending.

Participant 7: Ray (Sand Play)

Ray is a ten-year-old boy. He is quiet and slow. His dad is a businessman, and his mum is a secretary. He has a younger sister who is two years younger than him. His mum and sister are quick and talkative. His parents said Ray has difficulties staying with his sister. He does not like his sister. He seldom shares things or play with her. He will cry if parents request him to do so. It happens 3 times per week, lasts for more than 30 minutes. The expected frequency and length are once per week and lasts for less than 15 minutes. In group play therapy sessions, he stayed away from the girls. The observation record of the individual sand play session from a therapist is as follows:

There were terrible wars along the mythological path, a journey through life's conflicts and confusion through the eyes of ten-year-old Ray. The wars were chronic and very nasty. At first there was no apparent meaning, purpose or order to the chaotic battles. Gradually, a sense of order set in. It became obvious who was fighting whom and what their issues were. Boys were the winners. The enemies were all girls. They were all dead in every war. Then a burial ground appeared and all girls were buried in a great sand pile. This scene seemed to coincide with the process of rejecting female, included his mum since my observation is that he was a slow person and his mum and sister were quick persons. Following this, he had quick, new high-tech planes and weapons. He said he was the quick pilot, and his follower, his sister, was a slow pilot. He held two planes, one was in the front and the other was following, ran inside the room until the end of this session. His other process was to be concerned, coming to terms with the difficult situation in which he was living, he was the follower, was both closer to the surface and more complex. In the second session, quiet, beautiful, lonely and conflict-free emptiness, a tree, some small animals, and shiny stones which were set at the corner of the sand tray,

bounded with some boundaries. He seemed experienced a miracle of awareness. He described the stones as magic crystal which needed to be protected carefully. The tree was a wise old tree. This wise old tree had been present to provide protection and guidance. It used the magic power (stones) to help the others (small animals under the tree). Ray's words of describing this scene showed what he thought: "There is life and death in the world. This tree will heal the death with magic, I will send it to the hospital and it will become alive. I can choose between life and death." After this session, we had a story "The big rescues the smalls". Ray was the hero. He designed a big dinosaur for himself and the girls designed some small animals for themselves. He enjoyed playing this story. We suggested shadow role playing for parent-child playtime. From this group session on, he played and shared things with his sister, stopped crying. In the last parent session, mum told me that he requested a playtime with his sister at home. I felt amazing and thankful.

According to Dora Kalff (2003), the sand tray is a tool, an extremely effective tool, for getting to the imagination and allowing it to become creative. It is also an expression of the client, in a creative, personal and symbolic way of a deep level of thinking (Romero, 1985). Children's imagination is embedded in everyday life. It shapes the child's way of being and influences over his/her life (Dillen, 2011; Nye, 2009; Hyde, 2008; Allen, 2008). For Ray, work with imagination is to explore the uncharted dream of the hidden reality, what he really desires. He expresses his thoughts and emotions with war games and the peaceful scene. Through these images and symbols, the gap between verbal and non-verbal modes of awareness becomes smaller. Inner feelings are satisfied, so the behaviors changes.

Participant 8: Kelly (Body Movement)

Kelly is a nine-year-old girl. Her parents are teachers. She is the only child in the family. She can't stand to see anyone unhappy. When anyone or anything suffers, she feels unhappy too. It's not surprising that everyone like Kelly. She really cares about other people. She is so quiet. In class, she talks only when the teachers ask her a question. A lot of the time, she seems mixed up or confused. Often, she looks as if she doesn't understand things too well. Her parents also note that she doesn't like to talk in long sentences. She answers "Okay", or "Got it". She seldom gives long descriptions. Parents and teachers know she has a lot of trouble understanding what people explain to her, especially when people talk in long or complicated sentences. When Kelly wants to talk, she has trouble of thinking of the right words for her ideas. A full sentence with at least one action or one feeling for showing her ideas is expected for every expression.

We designed a body movement session for Kelly. It would be used in the shadow play story. She could choose any animal puppet in the playroom. The observation record from a therapist is as follows:

Kelly waited for me in the waiting room. She wanted me to take her to the playroom. When I went into the waiting room, Kelly was sitting still on the chair near her mum. She was quiet. She moved her head a bit and looked at me immediately. I told her that was her special time, and she followed me, moved forwards slowly. She entered the playroom with sustained movement. That was, there was a feeling that she was stretching out time. She used her eyes to search toys for a while, with her head moving slowly from left to right, then right to left. Her eyes stopped on the puppets. She used light and direct movement to go to the puppets corner. She picked a lion suddenly, watched it for a while, put her right hand inside and roared like a lion. Then, she moved around the room indirectly

from a weight-flow base. Her flexible body seemed liked a piece of energized, alert spaghetti, kept roaring with much hand waving which combined free flow with quickness, directness but little weight effort. Then, she walked on her feet and hands without allowing her waist to collapse. She used her breath for more postural support. At the last ten seconds, she walked to the center of the room, sat down suddenly, with little weight effort. This session ended on time. She put down the lion puppet, walked out the room with light steps, and walked directly to the waiting room. When she saw her mum, she gave her a big smile. She turned her head and we had eye contact. She said goodbye to me, with a smiling face.

Kelly is a quiet girl. She also has difficulties understanding things and communicating with others. Therefore, symbolic expression, which has its roots in 'symptomatic' expression, becomes more important in the therapeutic playtime, since symptomatic expression stirs the contents of the unconscious and encourages to realize and express what has become conscious at a more 'symbolic' level, through movement. She likes roaring like a lion, weight effort moving during the playtime. Perhaps she wants to get power from this since the symbolic expression of lion is power. She seems enjoys watching, touching, playing with the lion puppet, and also acting like it. She repeats doing this movement in several sessions. During these processes, no words are needed, but only roaring and weight effort movement. From her movements, I think that she has expressed her thoughts. She wants others understand her, and she wants to get more power. Maybe it is an easier and more comfortable way for her to express herself and gains power from this movement without using words. From her smiling face, I think I understand her even she hasn't said any words to me. I feel connected to her. Also, I think Laban movement analysis is a useful tool for me to get these data, since it helps me to take the movement

records in a systematic way. I suggest shadow role playing with body movement in parent-child playtime for the practice of symbolic expression before a full sentence expression. In the parent interview in week 6, parent told me that Kelly could use at least one movement, one action or one feeling to show her idea every day.

Participant 9: Cherry (Inner Support)

Cherry is a nine-year-old girl. Her dad and mum are businesspeople. She has an elder brother. She has trouble controlling her anger. In class, she will cry and scream when she gets angry. At home, she will cry, scream and lock herself inside her room. It happens 4 times per week, and lasts for more than 30 minutes. Expected frequency and length are 2 times per week and lasts for less than 15 minutes. Parents and teachers know she has a lot of trouble controlling her anger. We found Cherry angry in the group session, so a therapist invited her to an individual session immediately, and she chose sand play. She could play sand and choose any stones in the playroom. The observation record from a therapist is as follows:

I said, “Cherry, you said you are angry today. There are a couple of objects here. You can express your feeling with these objects.” Cherry walked to the sand tray directly and carefully. She chose a spoon quickly and filled it with sand. She poured out all small stones from a box. Then she filled the spoon with sand, watched as the sand ran through leaving the small stones in the spoon. She picked up another spoon and attempted to use it to move the small stones from the first spoon to a pot which was setting on sand by her. Concentration was showed on her face and some stones went into the pot. She transferred the stones carefully. After five spoonfuls, she tipped the rest of the stones into the pot allowing it to spill over the sides. She put down the spoons, picked up the pot and moved

round to the other side of the sand tray lively. “Can you find any anger here?” I asked. She put down the pot carefully, looked round, and threw two plastic snakes into the sand tray quickly because she said she did not want to touch them. I asked her what the snake meant and she got a repulsed look on her face. I suggested that we talk to the snakes and see if we could learn anything from them. At first, she was very repulsed by this idea so I suggested that I could hold one of the snakes and we could ask it questions about what it thought she needed and Cherry then started to respond to the snake. One of the very important things we learned from this little plastic snake was that Cherry should be “doing music.” Cherry was telling me quite clearly that music certainly seemed to be important to her. I held the snake and said, “How can you do music when you see this anger at the same time?” She thought for a while, then picked up the pot and pointed to a box of soldiers and said, “Can I get all toys out and collect all the ‘magic’? The pot is too small.” “O, you want to collect all the magic.” I repeated. She put the stones in the box lightly and cautious, with natural and relaxed breathing, and brought them over to me directly and calm: “Here is some magic power for you and me. I can do music with this magic power.” We talked softly about the magic power until the end of this session. Before this session ended, she prayed and asked for this magic power for gaining energy when she felt angry. I suggested doing music in parent-child playtime. From that session on, we often included music in group play therapy. Sometimes she wanted to play drum for describing her feelings and sometimes she played ukulele to create the background music for the story for showing her idea of the storyline. The frequency and length of crying and screaming are once per week, lasts for less than 10 minutes. Some of the things I might have constructed after this sand play session and the group play sessions:

Physical

Good fine manipulative skill – pincer grasp.

Good eye-hand co-ordination using implements.

Intellectual

Good concentration.

Understand concept of volume.

Show imaginative skills – stones in the pot become magic power.

Language is essentially correct in pronunciation and tense.

Social

Good communication with the therapist.

Eager for something new and powerful (magic).

Emotional

Quite stable (moved lively, natural and relaxed) and independent (transferred the stones herself).

Still likes the attention of the therapist / an adult (concerned my presence, brought things to me).

Spiritual element (praying) helps her gain energy for controlling herself when she feels angry.

Cherry is a creative girl who has difficulties controlling her anger. We want to help her to gain energy to control herself through symbolic expression. This process is important in the therapeutic playtime since symptomatic expression stirs the contents of the unconscious and encourages to realize and express what has become conscious at a more 'symbolic' level. She will express her feelings by her body language during playtime. Although she could not control her anger well, she knows should do (she does not like the snake, anger, but she still talks to it). Perhaps she wants to get power from any media before and the sand play session let her get this idea, music, magic power and pray for herself. We emphasized what she 'discovered' and let her gain more energy in the rest of the group play sessions. She repeated doing music and praying for herself when she got angry in several sessions. During these processes, I observed that she has expressed her thoughts. She wants to change. She wants to control herself when she gets angry, and now she can get more power from music and prayer.

Participant 10: Fong (Inner Support)

Fong is a nine-year-old boy whose parents are separated. He is a quiet boy. His dad is a businessman, and his mum is a housewife. He is the only child in the family. Mum and dad are quiet too. Parents said Fong has difficulties in social intercourse. He always stays alone at school. Playing with others at school is the expected behavior. In group play therapy sessions, he usually sat in the corner. We encouraged every participant to do whatever they wanted in the creative time. He drew a big maze in three sessions. The observation record from a therapist is as follows:

In the first session, he drew a big maze, and kept silent the whole session. After the maze was finished, he watched it for a while, used his finger to 'walk' on it. Some ways were blocked, and when he found the way out, he smiled. He seemed felt satisfied. In the

second session, he invited me to join ‘the walk’. He asked me to use my finger and found the way out. When I walked on the ‘wrong’ way, he felt worried and wanted to show me the ‘correct’ one immediately. During my ‘journey’, he put more treasure along the ‘correct’ way to lead me and encourage me. I felt warm. In the last session, he walked on the maze several times. Suddenly, he said, “I found the way out! I found the way out!” He looked really happy. He suggested adding this finding treasure scene into the story. I suggested participant walking in the maze. Of course, everyone could find the way out with his guidance. He looked satisfied. I suggested drawing a maze in parent-child playtime. From the fourth session on, he enjoyed stories and artistic group creation. In the parent session in week 6, his mum told me that the class teacher said Fong had some friends at school. He would no longer stay alone during recess time. We all felt excited about his changes.

Fong must face to his situation, the separation of his parents. We can’t help him to change this situation but walk along with him. For him, his situation is represented by a maze. It may represent his confusion and helplessness. We don’t need to interpret what his playing means. We let him stay in his process. Over the group sessions with him, he gradually starts looking more hopeful and relaxed with an apparent increase in confidence. Over time, he becomes better able to reflect on what has been happening in his sessions and what he has learnt along the way. He said, “I found the way out!” At first, Fong was never able to concentrate and sit still in a group session. We created a playing moment for his own process rather than let him sit still upon entering the group playroom. We invited him to enter and get right down to his business. We believed that changes occurred through noticing his patterns of play, the kinds of preferred media, and the interactions with the therapist. Sometimes it may appear that there is no progress. Maze in

therapy does not mean that there is no way out and the therapist has to end the confused journey. It simply means adults are likely going to have to slow down, let Fong construct what he wants to construct. The road might not be as smooth for a while, as he told the therapist that he was on 'the wrong road'. The therapist and his parents let him slow down, and he will find some alternate way around from his preconceived original path-way. There are a number of reasons that his healing process may come to a temporary standstill. To make it become a real healing, the important reasons are patience and rec-ognizing the true healing process occurring. We were concerned what his play and sym-bols refer to for an extended period of time. Yet we are able to abandon him to the process and just wait for things to be revealed. In my experience, it is not at all unusual to see an apparent deterioration over a brief period of time, three to four weeks, as all kinds of issues are uncovered. We must have fun, to be loose enough to not take everything too seriously. In this case, we 'walk' on Fong's maze, and find the way out in a funny way. We just make the play sessions playful and create a low- or no-anxiety environment.

Overarching Themes

Nine sub-themes were extracted from the data and mapped onto Bandura's Four Sources of Efficacy model. These are presented as below:

Sources of Efficacy	Sub-themes	Code
Mastery of Experience (application of knowledge or skill)	Mastery through knowledge Mastery through tools and strategies Mastery through autonomy	011 012 013
Vicarious Experiences (beliefs and attitudes)	Influence of social setting Positive social comparisons	021 022
Verbal persuasion	Positive and negative self-statements	031

(self-feedback and feedback from others)	Feedback from caregivers	032
Physical/Emotional Arousal (behavior)	Adjustment experiences Symptom awareness	041 042

Overarching themes and code mapped onto the Four Sources model

Mastery of Experience sub-themes

Mastery of Experiences describes confidence derived from successful past experiences (Bandura, 1977). In the context of the present study, the preadolescents' descriptions of application of knowledge or skill which they perceived to be successful are presented. The majority of the participants (8/10) provided these descriptions. The experiences are organized into three sub-themes which include mastery though knowledge, tools and strategies, and autonomy.

Mastery through knowledge (code: 011)

Participants (8/10) expressed confidence regarding storytelling, metaphoric meditating knowledge. Through achieving a level of competence in these areas, the participants could speak with confidence about self-control.

"Ann shared stories with her sister." (Ann's parents, interviewed on 6 April, 2014)

"My brother is funny. Small can do special. (Joby, interviewed on 6 April, 2014)

"I want freedom. I want to fly. A pair of wings and this fairy (which I draw) will help me." (Penny, interviewed on 6 April, 2014)

"Joe felt angry with his anger. Now he accepts his anger and finds that playing drum is a way for releasing his anger. He stops kicking doors or others now." (Joe's mom, interviewed on 4 may, 2014)

Mastery through tools and strategies (code: 012)

This sub-theme describes the tools and strategies participants used to overcome barriers to self-control such as aggressive behaviors and group discussions, typical in preadolescents with externalizing behavior problems. These tools enabled some of the participants (5/10) to master self-control skills, particularly in the areas of anger control and keeping a good interaction with family members.

"By using her (Penny's) own talent of drawing, Penny heals herself by creating a new world for herself. She helps herself developing a positive outlook." (Penny's therapist, interviewed on 6 April, 2014)

"Joe thought he could do nothing but kicking the doors when he got angry. Now he will go into his room, play drum or throw the pillows." (Joe's mom, interview on 4 May, 2014)

"Mark would tell me some stories about grandpa when he missed grandpa and he slept well. I think he knows what to do when he misses grandpa." (Mark's dad, interview on 4 May, 2014)

Mark's therapist also found Mark got new strategy to overcome barriers regard to the loss of grandpa.

"Mark seldom joined story making in the first two group play sessions. He was allowed to "create" a story about his Grandpa in the individual storytelling session. Then

he started joining story making in the last two group play sessions." (Mark's therapist, interviewed on 6 April, 2014)

Mastery through autonomy (code: 013)

The participants' (4/10) success of "Mastery through Autonomy" was dependent on relationships with those in support networks, including peer group, therapist and parents, who could facilitate self-control. Autonomy was therefore achieved through both the acceptance or rejection of support from others. Jerry, Mark, Kelly accepted support from others.

"What did I do thirty minutes ago? Listen and listen only. From that session on, he (Jerry) joined all activities happily." (Jerry's therapist, interviewed on 6 April, 2014)

"I needed to give him (Mark) some guidelines to continue the story……He could tell me something about what he wanted to add to his story." (Mark's therapist, reported on 30 March, 2014)

For Kelly, autonomy was facilitated by her parents. He described good intentions towards communicating with others through movements, but also described this with words being struggle for her. However, her parents had helped her to make easier decisions and choices, as the following example demonstrates:

"I… got a big mirror at home, and my mom…told me that……I could decide to walk near the mirror and do some movement in front of the mirror, so I didn't need to use any words….." (Kelly, interviewed on 6 April, 2014)

Fong described independently attained knowledge. He stated that he was congenitally deficient, and that he could do nothing.

For Fong, the following statements suggested a rejection of social support. Fong had experienced some difficulties with social intercourse adjustment. He described an experience where he felt that his stress levels interacted with his peer during group play session, leading to a story making episode, in which he got no idea resulting in sweating. He blamed this on his foolishness:

"The only trouble is…....my foolishness. I wish I could be cleverer……" (Fong, interviewed on 9 March, 2014)

Fong also described situations involving discussions with his peer. These were in regard to involving in short sentences speaking practice, and in both Fong positioned himself as the expert, suggesting that he was better informed:

"…my friends told me, it's ok, don't worry about it, just need some more practices….. But, I looked at the mirror and I knew I could not do it." (Fong, interviewed on 9 March, 2014)

These three areas of experience provided the participants with a sense of confidence in their ability to express with independence. Confidence could also be attained through the influence of others, as the following theme suggests.

Vicarious Experiences sub-themes

"Vicarious Experiences" describes confidence from observing success in peers and modelling this behavior (Bandura, 1977). The present sub-theme, which represents 3/10 of the participants, describes the limitations for social modelling opportunities in the participants' lives, as well as their descriptions of being a positive influence on others. Finally, there are descriptions of participants modelling people without externalizing behavior problems, who are an influence on the participants' beliefs and attitudes.

Influence of social setting (code: 021)

The social settings of some participants in this study (3/10) were sometimes detrimental to self-control, particularly in regard to aggressive behaviors. Participants who stayed in after school special study groups were often surrounded by other people with externalizing behavior problems. This led to frustration, rather than providing positive examples for social modelling. Jerry described finding this particularly difficult during after school special study group, for example when someone hit him/others or yelled at him/others. These occasions, where self-control was challenged by temptation, appeared to have had a negative impact on his acceptance of having developed new strategies of self-control:

"…especially if somebody's got angry in after school study group…... I know I can control……but they can't……" (Jerry, interviewed on 6 April, 2014)

However, in other areas of self-control the influence was more positive. Joby described a playtime with Ann and her sister at Ann's home. Ann played with her sister happily. In turn she, could help with her own adjustment with her brother:

"We had great time that day. It never happened before. I think I'm able to have fun with my brother." (6 April, 2014)

The influence of setting was also described by several participants (5/10) in relation to group discuss, such as Penny who added positive pictures in the paper cutting sessions, and Kelly communicated with her peers without any words and received the same responses in the group play sessions. Jerry described his mom supporting him to moderate his anger through parent-child playtime sharing after getting angry in after school study group:

"Mom told me that she had the same situation at her office….and she reminded me that we just needed to focus on our own self-control……I think I can do it…" (Jerry, interviewed on 6 April, 2014)

Positive social comparisons (code: 022)

Although the participants could not provide positive examples of social modelling from their peers, Fong's attendance at 6 structured shadow group play sessions had enabled him to meet other people with externalizing behavior problems. He described a situation in which he was the positive influence on a peer, who had expressed reservations about making shadow characters:

"When we were making shadow (during group play), Kelly said she couldn't design anything like that, design and make my character with scissor and paper… then I said, I've got a bee (a character) with me, if you want me to show you." (Fong, reported by Fong's therapist, 23 March, 2014)

Social modelling was also positive when comparisons were made by people with externalizing behavior problems (5/10 participants) and their parents. In this sense, role models provided examples of healthy lifestyle approaches.

"Ray is a quiet boy and does not like to play with others, especially female. It was evident that Ray's peer group was a positive influence on his wellbeing, in terms of story making and performance:

"I like showing [characters] with Kelly and Penny… It's so funny when we are making them [characters] together. Kelly makes some poses, Ann and Joby's stories are funny

and Penny's drawings are great! I just like playing with them." (Ray, reported by Ray's therapist, 30 May,2014)

Verbal Persuasion sub-themes

Examples of "Verbal Persuasion", which describes confidence from positive feedback (Bandura, 1977), are presented below as self-statements from the participants (2/10) in relation to their self-image, and of participants (3/10) who appeared to value feedback provided to them by their parents.

Positive and negative self-statements (code: 031)

This theme describes the self-statements participants gave, which offered insight into their self-perceptions and self-feedback. There were positive and negative statements, which reflected varying levels of confidence in regard to self-control skills. These were mainly related to interacting with others, highlighting the participant's beliefs about their ability to make changes. Ray, although using a humorous tone, described himself as a "bad guy" who killed all girls and unable to make the girls alive. In this sense, he seemed resigned to this being part of who he was:

"I'm one of these bad guys." "This tree will heal the death with magic. I will send them to the hospital and they will become alive." (Ray, interviewed on 9 March, 2014)

These statements matched Ray's earlier descriptions of his struggle to control his anger when he stayed with sister, which may suggest that his emotional reactions were influenced by his self-perception. In contrast, it was evident that Ray believed in his ability to change, despite his being aware of how difficult the discipline of adhering to this could be. Ray was accompanied by his parents, who reminded him of the habits he might revert

to, including express his thoughts and emotions with images and symbols, not forgetting non-verbal expressions:

"It is hard but I can do it. You know I'm trying to do that…" (Ray, from Ray's parent, interviewed on 4 May, 2014)

Fong also saw himself as able to change. At the time of the interview Fong had drawn some mazes one week ago. He was aware of the "finding the way out". However, he intended to use an earlier maze, as a motivator to find his way:

"I'm finding my way……there are many blocks… and focus my mind onto finding the way out." (Fong, interviewed on 9 March, 2014)

Having the intention to carry out this goal suggests that Fong gave himself positive feedback despite the difficulty of his present circumstances. He saw himself as capable of making improvements, though it is unclear about the content to which Fong would overcome barriers to this. Similarly, it is not clear from the comment of Fong's mom:

"He told me that he was so happy today. He played with others during recess. I don't know why he changes suddenly." (Fong's mom, interviewed on 20 April, 2014)

Feedback from parents (code:032)

This theme describes "Verbal Persuasion" in the sense of taking encouragement from influential others, such as peers and parents, who had offered positive feedback. The majority of the participants were able to recount experiences where they had taken encouragement from positive feedback, despite there being some ambivalent attitudes to self-

image, as highlighted in “Mastery through Autonomy”. Fong had described he could do nothing unless he became cleverer. However, he valued the encouragement that his peer group offer him regarding performance:

“It’s so great! They give me positive feedbacks, all audiences here give me positive feedbacks, from something that I’ve done.” (Fong, reported by Fong’s therapist, 6 April, 2014)

Ann described herself as having a good relationship with the peer group at group play sessions. She expressed that keeping to these interactions were important to her because of this:

“They’re (peer and therapists) cheerful. and they’re all right with me and I’m alright with them. I think they’re happy with me as my story is so funny……” (Ann, interviewed on 9 March, 2014)

When Joby shared what she enjoyed about group play, it appeared that the positive feedback from one of her peers was a motivational factor:

“I like making stories...Ann says I'm good at doing this.” (Joby, interviewed on 9 March, 2014)

Physical/Emotional Arousal sub-themes

“Physical/Emotional Arousal” describes confidence from physiological or emotional feedback (Bandura, 1977). The sub-themes below describe the emotional experiences of

the participants (3/10) in regard to their experiences of adjusting their behaviors. Accounts of physical feedback were also given in the form of symptom recognition for the participants.

Adjustment experiences (code: 041)

The emotionally turbulent experiences of some of the participants are reflected in this theme. These are in relation to the lifestyle adjustments they faced following their problematic behaviors. Some participants expressed frustration relating to a sense of loss in regard what they could do. This may have impacted on a lower sense of self-efficacy.

Penny's sense of loss was expressed regarding her no longer being able to study overseas. This was due to the risk of having a negative action at home when she felt frustrated. Following this she had tried to show her stability with positive drawings but had suffered from a similar experience, leading to her being told by her father she could not study overseas. She recounted this, and described the frustration she experienced following it:

"My dad said I'm not mature enough to study overseas…… it's a bit of an annoyance to me. I can't change his mind." (Penny, interviewed on 6 April, 2014)

Ray also felt that his condition prevented him from being able to make friends with others at school, which he was not clever enough. Other participants such as Kelly and Cherry expressed frustration at their school lives:

"They laughed at me when I'm moving my body……" (Kelly, interviewed on 6 April, 2014)

"They don't understand me. I can stop crying…but I need time to do so……" (Cherry, interviewed on 6 April, 2014)

However, despite being aware of the loss, some participants appeared to feel that they had moved on from this and had successfully adjusted to their new lifestyle. Joe kicked doors and shouted when he got angry. Joe reflected on his experience of adjustment positively during interview:

"Dad let me join the drum class. It's so interesting. I will go to the drum room after school. Stopping shouting doesn't bother me as all teachers stop bother me now. Ha ha ha……" (Joe, interviewed 6 April, 2014)

Making these adjustments and thus reducing frustration may have enabled participants to have a great sense of Self-efficacy in their self-control.

Symptom awareness (code: 042)

Symptom recognition was also an important source of confidence in self-control for some participants, for example knowing how and when to respond to signs of emotional breakdown. For Penny, this involved recognizing the sensation of feeling tired due to insomnia:

"I know I think a lot and then I can't sleep. I know when to stop [to respond], I know when I feel like that. Then I draw something to make me feel happy." (Penny, interviewed on 6 April, 2014)

Joe, Jerry, and Cherry had also described the importance of recognizing and responding to symptoms of anger, such as sweating palm and accelerated heartbeat. These sensations acted as trigger warnings for participants, and recognizing them by themselves or the peer group provided them with a sense of control.

The aims of this qualitative study were to explore the experiences of preadolescents with externalizing behavior problems using Bandura's (1977) Four Sources of Efficacy Information as a mode of enquiry and to assess the meaning and importance of the model's constructs for preadolescents with externalizing behavior problems. The model provided a useful framework for the nine identified sub-themes, which in turn provided support for its use with preadolescents with externalizing behavior problems. These findings are summarized in relation to each of the Four Sources below.

The descriptions of task mastery in "Mastery of Experiences" highlight the areas in which preadolescents with externalizing behavior problems may potentially enhance their confidence self-expression and self-control. The perceptions of the participants in the present study may yet have contributed to the participants' sense of Self-Efficacy, regardless of the accuracy.

"Vicarious Experiences" was found to be important to some participant's self-expression confidence. Social modelling opportunities are not always possible for preadolescents with externalizing behavior problems self-control, since shared living situations do not always provide examples of others with externalizing behavior problems. However, some participants' experiences suggest that where there is opportunity, preadolescents with externalizing behavior problems may potentially enhance their efficacy in self-expression and self-control through learning from others. Group play interactions which

facilitate positive peer comparisons may therefore be of benefit. However, the extent to which preadolescents with externalizing behavior problems see themselves as the same as or different from preadolescents without externalizing behavior problems when making social comparisons should be considered. Examples of social modelling may also be provided by parents and peer group, which may be of higher value to preadolescents with externalizing behavior problems.

The participants made statements about themselves which may give an insight into their "Verbal Persuasion". This feedback was both positive and negative and could reflect varying levels of self-confidence in self-controlling skills, as well as intentions to change. As with "Mastery of Experience", some additional support from parents may have helped to confirm or contest these statements. The importance of feedback from peer group and parents was also highlighted, though this may also be subject to the participants' sense of autonomy, which was highlighted in "Mastery through Autonomy. The overall impression given by the participants was that Verbal persuasion, from themselves and others, may be a source of Self-efficacy enhancement.

Regarding the final of component in Bandura's efficacy enhancing model, "Physical/emotional arousal", the adjustment experiences of the participants were not wholly positive and reflected the need for support in coping with lifestyle changes. This may have led to a low sense of self-efficacy, although some participants had made the adjustment and were therefore more at ease with their situation, potentially offering them a sense of "Mastery of experiences".

Symptom recognition and acting accordingly was a clear indicator of participant's response to physical needs, and as such was a source of Self-efficacy enhancement. This

aspect of the Four Sources model can be extended, as some participants drew confidence from recognizing symptoms in others, rather than just in themselves. Therefore, there is potential for facilitating the process of symptom recognition for preadolescents with externalizing behavior problems to enhance confidence in self-expression and self-control. Future interventions may benefit from supporting preadolescents with externalizing behavior problems to develop this recognition, such as using reflective diaries or through discussion with parents.

The Four Sources model provided a useful framework for enquiry in the present study on preadolescents with externalizing behavior problems. It provided evidences for measuring the application of the knowledge or skills which the preadolescents learnt from Shadow Play Therapy, also analyzing the participants' belief, attitudes and behaviors. The important self-control experiences for the participants and the new self-image of the participants, were inductively represented, then organized into the four components of the model. However, in order for the model to be used as the theoretical basis for interventions or structured therapeutic playgroup aimed at preadolescents with externalizing behavior problems, additional support is required, primarily in the area of facilitating self-reflections. This may be achieved through the use of reflective diaries, appropriate feedbacks from parents which can be developed further. The summary and advice from the qualitative data are as follows.

Case no./ Alias	1 Ann	2 Joby	3 Penny	4 Joe
Age/Sex	13/F	13/F	13/F	12/M
Target Problematic Behavior	gets angry during playing with her younger sister	gets angry easily and refuses to play with her younger brother	cannot stay in the classroom and draw human skeletons	kicks his classmates or doors and shouts when he gets angry
Weekly Frequency before play /expected frequency	every day/ 3 times	every day/ 3 times	1 school day per week/ go to school every day	3 times, 45 mins/ 1 time, 30 mins
Content in Play	therapeutic story	therapeutic story	draw and add something new	playing drum
Needs	express	express	express and receive positive things	release and ways for controlling
Advice for parent-child playtime	do storytelling with no comments	do storytelling and wait for something new	draw and share what she wants with no comments	focus on one behavior every interaction
Weekly Frequency after play	2 times per week	2 times per week	go to school every day	stop kicking and shouting

Case no./ Alias	5 Jerry	6 Mark	7 Ray	8 Kelly
Age/Sex	11/M	10/M	10/M	9/F
Target Problematic Behavior	hits or yells at others when he gets angry	nightmares	seldom shares things or plays with his younger sister, crying	has troubles in thinking of the right words for her ideas
Weekly Frequency before play /expected frequency	3 times, 45 mins/ 1 time, 30 mins	3 times/ good sleep every night	3 times, 30 mins/ 1 time, 15 mins	every day/ full sentence
Content in Play	talking	storytelling	sand play	body movement
Needs	express	guidelines for expression	symbolic expression	symbolic expression
Advice for parent-child playtime	shadow role playing with listening	making story	shadow role playing with listening	shadow role playing with movement
Weekly Frequency after play	stop hitting and yelling	stop nightmares	stop crying and invite sister to playtime	express with movement or action

Case no./ Alias	9 Cherry	10 Fong
Age/Sex	9/F	9/M
Target Problematic Behavior	cries and screams when she gets angry	stays alone at school
Weekly Frequency before play /expected frequency	4 times, 30 mins/ 2 times, 15 mins	plays with others at school
Content in Play	sand play and music	drawing maze
Needs	inner support and symbolic expression	notice his playing patterns
Advice for parent-child playtime	do music and pray for herself	draw maze
Weekly Frequency after play	1 time, 10 mins	play with friends at school

4.3 Discussion

The results of quantitative data along with the qualitative data, observations of the play therapists and parents' comments, provide information regarding the adjustment of preadolescents who received shadow play therapy group sessions, individual sessions and parent-child playtime. The qualitative data provided information and suggests for the parents in parent-child playtime. Several of the measures of this study showed trends, although not at statistically significant levels. The meaning of these results is discussed as follows.

4.3.1 Self-Concept

There was no significant difference between the experimental and control groups pre-test as measured by the Eyberg Child Behavior Inventory (ECBI). But there was significant difference in the post-test. The experiment and control groups went to the same church every Sunday. They received the same messages every week. There was no significant difference between them when the teachers referred them to this project.

From Table 3, there was a significant difference in the experimental group between the pre-test and post-test scores. After different group activities, group play sessions and individual play sessions, and the observations of the therapists, we got the same result that suggested that most of the preadolescents in the experimental group showed improved interpersonal relationships, improved comfort in social situations, increased self-confidence, and increased autonomy. These characteristics are representative of improved self-concept.

For example, Joe was referred to this shadow play therapy program due to his anger and offensive behaviors in class, and also at home. He would kick his classmates or the

doors when he got angry. When he developed alternative behaviors, playing drums and being sound maker of the play, which refer to giving rooms for his behavior adjustment. Offensive behaviors decreased. It would be explained in detail in the session of the cases description.

From Table 1 and 2, there was not a significant difference between the experimental group and the control group's self-concept. That was, the preadolescents who were referred to this shadow play therapy did not think they were different from the others. This result disclosed that the reason why teachers and parents found difficulties to adjust their problematic behaviors since they did not think it was necessary.

4.3.2 The Environments

From Table 1, 2, 4, 5, 7, 8, experimental group preadolescents exhibited no significant difference between the control group in behavior problems as measured by the ECBI self-score, CBCL-Parent Report and CBCL-Teacher Report in the pre-test. In a church setting, preadolescents would act more freely than at the school, or at home. Teachers sometimes felt difficult to define behavior problems, for teachers in the church were volunteers. They had different experiences and abilities. Their teaching techniques also affected the attitudes of the preadolescents. For example, one of the preadolescents in the control group told me that his Sunday class was boring that he wanted to ran around the classroom to make it fun. That might be the reasons that two groups exhibited no significant difference in behavior problems as measured by the teacher, and even by the preadolescents themselves. From Table 6, experimental group exhibited improvement in decreasing the behavior problems after the shadow play therapy sessions.

From Table 10, experimental group exhibited no improvement between the pre-test and the post-test as measured by FPC. From Table 9, the experimental group showed significant improvement in behavior problems as measured by the CBCL-Parent Report. Together with the analysis of ECBI self-scores, and support by therapists' observations, the preadolescents in the experimental group experienced a decrease in behavior problems. The different scores between parents and teachers might be related to the parental style, emotions and self-control of the parents as they raised their difficulties in these areas. Therefore, parent training and shadow play practice in parent-child playtime at home would give parents important techniques to improve their situations.

The data in Table 11, 12 did not indicate that girls in the experimental group demonstrated lower score in their total behavior problems as measured by the ECBI self-score. Many researches showed that boys showed more behavior problems than girls. The data in Table 11,12 also supported by the therapists' observations, parents interview data, showed that there was no significant difference between girls and boys in behavior problems as measured by the ECBI self-score. Of course, we must consider the sample size, and normal variability.

Comments from the parents, teachers and therapists supported the premise that shadow play therapy group and individual sessions helped the preadolescents decrease their behavior problems. For example, the class teacher of Fong initially reported Fong's different attitudes in joining extra outdoor activity. She said Fong seldom joined that kind of activity and interfered with the other classmates. Near the termination of the group therapy program, this teacher said that Fong joined several outdoor activities on his own and was more respectful of the teachers and the classmates. As described by Fong's therapist, we got the similar result. Fong's therapist said that Fong initially showed a lot of

withdrawal behaviors in the group playing sessions, or even in the individual sessions. He usually sat still at the corner or played alone in silence. At the termination of the group play therapy session, Fong was described as more friendly and respectful, much more pleasant.

4.3.3 Self-Control

From Table 3, analysis of the ratings by the preadolescents on the pre-test and post-test score on ECBI, indicates improvement in self-control that approached statistical significance. From Table 10, analysis of the ratings by parents on the FPC, there is not a significant difference between the pre-test and post-test mean scores on FPC. That is, no improvement in self-control that approached statistical significance. These results indicate the different levels of self-control of the preadolescents, within and outside of the shadow play therapy group play sessions. Compared with the observations recorded by the therapists, the preadolescents have a higher level of self-control within the last few group play sessions.

According to Axline and Landreth, children express feelings more through behaviors than words (Axline, 1947; Landreth, 1991). The lower level of self-control of the preadolescents at home may due to the failure of responses and the emotional reactions of the parents. Therefore, we suggest parent-child playtime with suggestions from the therapists would help to reduce problematic behaviors and lead to more positive and longer lasting changes.

4.3.4 Self-Esteem

From Table 11, 12, there was not a significant difference between the pre-test and post-test mean total scores on the ECBI in different gender. There was no difference in the concept of self-esteem between girls and boys. From Table 3, the preadolescents in the experimental group attained a significantly higher mean total score as rated by themselves on the Eyberg Child Behavior Inventory (ECBI) post-test than they attained on the pre-test. This result showed that the preadolescents were more aware of their behaviors. According to Landreth, as the children develop increased awareness of their accountability and responsibility for their choices and related consequences, they tend to show an increasing frequency of acting-out and limit-testing behaviors. They may experience frustration that is a necessary component of modifying their self-esteem and a new view of the world (Landreth, 1991). Compared with the observations recorded by the therapists, the preadolescents were more willing to cooperate and communicate with other group members within the last few group play sessions.

4.3.5 SEN Student Supports

From the observations of the therapists, some of the preadolescents needed to have a lot of learning on saying ‘yes’ or ‘no’ to others. They needed to learn that they are primarily responsible for what takes place in the shadow play group play sessions. We must recognize if they are on their process, or they need extra help. An example was described as the follows.

There was one preadolescent, Kelly, who was said to be held in low esteem by classmates at school. In the first three lessons, she needed to learn how to accept ideas from the others, and also needed to learn how to reject the ideas which she disagreed. During

the fourth session, we discovered that she had difficulties in understanding and presenting the stories. We referred her to the Clinical Psychologist. Some parts of the report were described as follows.

Tests Administered include:

1. Wechsler Intelligence Scale for Children-4th Edition (Hong Kong) [WISC-IV (HK)]
2. Hong Kong Based Adaptive Behavior Scale (Adapted from Vineland Adaptive Behavior Scale)
3. Child Behavior Checklist for Ages 6-18 (CBCL)

Background:

Kelly was born by normal and spontaneous delivery after full term gestation. She had no serious physical problems after birth and her developmental milestones were reported to be within the acceptable range without significant delay in any aspect. Yet her expressive language, as she grew up, was noticed to have inadequate vocabulary and sometimes might not be able to express her ideas clearly.

Kelly was reported to be inattentive with seat-leaving behavior in class. She was fidgety and seldom sat properly to watch television at home. She was distractible and might shift to another activity without having the previous task completed. She missed stationery and personal belongings frequently. She was suspected to have attention problems and specific learning difficulties. Then she was arranged to have this psychological assessment.

Behavior Observed:

Kelly dressed up tidily. She appeared cheerful and pleasant. She sustained satisfactory eye contact with the psychologist throughout the assessment. She responded to questions readily. Yet her verbal expressions were noted to be fragmented with syntactic errors, circumstantial, and sometimes could not convey her ideas clearly and precisely. She liked to ask questions at times. She was in general compliant towards instructions and attempted tasks assigned willingly. However, she was inattentive and tended to look around. She could be easily distracted by environmental stimuli. She was fidgety and kept squirming in seat. She sometimes knelt on the chair or even stood up. She was impatient and sometimes impulsively started to perform test items without listening to test instructions. Constant advice and guidance were required. Nevertheless, she managed to complete the whole assessment under encouragement.

Test Results:

1.Wechsler Intelligence Scale for Children- 4th Edition (Hong Kong) [WISC-IV (HK)]:

	Com{2.osite Score	95% Confidence Interval	Percentile Rank
Verbal Comprehension Index:	60	56-69	0.4
Perceptual Reasoning Index:	77	71-87	6
Working Memory Index:	73	68-81	4
Processing Speed Index:	77	71-91	6
Full Scale IQ:	66	62-73	1
General Ability Index (GAl):	66	61-74	1
Cognitive Proficiency Index (CPI):	72	67-81	3

2. Hong Kong Based Adaptive Behavior Scale: (Adapted from Vineland Adaptive Behavior Scale)

Subtests	Scaled Score
Verbal Comprehension:	
Similarities	1
Vocabulary	6
Comprehension	2

Domain	Standard Score	AdaQtive Level
Communication	78	Moderately low
Daily Living Skills	71	Moderately low
Socialization	65	Low
Perceptual Reasoning:		
Block Design	6	
Picture Concepts	7	
Matrix Reasoning	7	
Working Memory:		
Digit Span	3	
Letter-Number Sequencing	7	
Processing Speed:		
Coding	4	
Symbol Search	8	

3. Child Behaviour Checklist for Ages 6- 18 (CBCL):

		T-score	
I	Withdrawal	65	(Non-clinical range)
II	Somatic Complaints	59	(Non-clinical range)
III	Anxious I Depressed	68	(Borderline clinical range)
IV	Social Problems	85	(Clinical range)
V	Thought Problems	63	(Non-clinical range)
VI	Attention Problems	84	(Clinical range)
VII	Delinouent Behavior	73	(Clinical range)
VIII	Aggressive Behavior	65	(Non-clinical range)

Discussion:

The present assessment findings can only reflect the floor of Kelly's current level of cognitive abilities in view of her inattention and fidgetiness at testing.

In this assessment, Kelly's Full-Scale IQ is 66 (62-73 at 95% confidence interval) of the Wechsler Intelligence Scale for Children, 4th Ed. (Hong Kong) lies with the Mild Grade Intellectual Disability range. Her overall performance only exceeds that of approximately 1% of children of her age. Overall test results indicate that Kelly's current level of cognitive functioning is much below her age expectations. This may be the major reason that accounts for her difficulties encountered in her academic pursuit.

However, caution should be adopted in interpreting Kelly's test profile and performance because of the following reason:

Her WISC-IV (HK) profile is noticed to have scattering of subtest scores together with significant discrepancies amongst various domains' indices. Her Verbal Comprehension Index (VCI) is found to be significantly lower than the other three indices, namely the Perceptual Reasoning Index (PRJ), the Working Memory Index (WMI), and the Processing Speed Index (PSI).

In this assessment, Kelly's cognitive functioning in the four domains measured was found lagging behind her peers of similar age. Her test responses in the domain of Verbal Comprehension reflected her major weakness and attained a rather low composite score that was significantly lower than the other three domains' composite indices. She gave the impression that she was rather weak in abstract reasoning and logical thinking. Her cognitive abilities that involved verbal mediation were behind her non-verbal counterparts that demanded mainly skills of visual perception and eye-hand coordination.

Kelly's verbal responses in the Verbal Comprehension domain reflected that she possessed a limited repertoire of word knowledge. Her past learning and memory enabled her to explain the meaning of some words given. However, she was weak in abstract reasoning and failed to identify the abstract associative relationship between two ostensibly different objects or concepts. Moreover, she had difficulties in applying her general knowledge to appraise daily living situations so as to elicit socially appropriate responses. Her verbal answers reflected that she might not fully grasp the essential feature or meaning of questions asked.

Though Kelly showed relatively better abilities in her non-verbal perceptual reasoning when being compared with her verbal counterparts, her test performance across the three non-verbal subtests lagged behind the average standard of children of her age. She was weak in analysis and synthesis of patterns. She could not reason out the visual spatial relationship of the pattern shown and thus got difficulties assembling blocks to repeat the design. She was rather weak in deducing the logic or abstract relationships amongst various pictorial stimuli through visual categorization, spatial orientation, or

numerical operations in other non-verbal tasks. Her test performance in general reflected that she had difficulties in handling non-verbal tasks that involved abstract reasoning and logical thinking.

Kelly's test responses in both Perceptual Reasoning and Verbal Comprehension domains yielded a low General Ability Index (GAl) of 66 (61 - 74 at 95% confidence interval) that occupied the 1st percentile rank. Her GAl was consistent with her Full Scale IQ. This indicated that Kelly's general cognitive abilities were in general much below her like-age peers.

Hampered by her inattention, Kelly performed poorly in the subtest of Digit Span. Moreover, she failed to comprehend some of the test instructions in the subtest of Letter-Number Sequencing. Therefore, she achieved low scores in both subtests within the Working Memory domain.

Kelly's performance in the Processing Speed domain was not much better. She was rather slow in performing the copying subtest of Coding that demanded visual attention, short term memory, and eye-hand coordination skills. Her performance in another time-constraint subtest of Symbol Search, however, was unexpectedly accurate without committing any error in this visual search and matching task.

Kelly's test performance in both domains of Working Memory and Processing Speed contributed to establish the Cognitive Proficiency Index (CPI) of 72 (67- 81 at 95% confidence interval) that occupied the 3rd percentile rank.

Both the General Ability Index (GAI) and the Cognitive Proficiency Index (CPI) respectively occupied a low percentile rank. There was no statistically significant difference between these two indices.

In view of Kelly's low level of intellectual functioning detected in this assessment, the Hong Kong Based Adaptive Behavior Scale (Adapted from Vineland Adaptive Behavior Scale) was also administered to evaluate her level of social adaptive functioning. Results obtained on this scale reflected that Kelly's social adaptive functioning was also behind the expected standard for her chronological age.

Overall, test findings obtained in this assessment suggest that Kelly's current level of intellectual functioning lies within the Mild Grade Intellectual Disability range. Her test responses reflected that she possessed low-level of cognitive abilities with weaknesses in abstract reasoning and logical thinking. With her current level of cognitive functioning, Kelly is anticipated to have salient difficulties coping with the educational curriculum in any mainstream school.

Owing to Kelly's test results with low intellectual functioning, no further formal assessment on specific learning difficulties was conducted.

Clinical observation of Kelly's testing behavior identified features of inattention and fidgetiness. Exploration of her developmental history also detected similar features since her early childhood. Her mother's ratings on the Child Behavior Checklist for Ages 6- 18 (CBCL) showed significant problems with elevated scores in many sub-

scales, including the scales of Anxious I Depressed, Social problems, Attention problems, Delinquent Behavior, Internalizing Behavior, Externalizing Behavior, and Total Score.

Apparently, Kelly exhibited significant problems in attention and behavior control according to clinical observation and mother's report. However, in view of her low level intellectual functioning which could contribute to her present behavioral manifestation, further observation and longitudinal monitoring are deemed desirable before having any further clinical diagnosis finalized.

Conclusion and Recommendations:

Intellectual assessment result yields a Full-Scale IQ of 66 that lies within the Mild Grade Intellectual Disability range. Her test performance reflects that her current level of cognitive functioning may not be sufficient enough for her to cope with the academic demands in any mainstream school.

With her current level of intellectual functioning, Kelly will face great difficulties meeting the academic demands, especially those that involve abstract reasoning and logical thinking. Her learning is also hindered by her inattention and fidgetiness. She should be provided with opportunities, commensurate with her level of capabilities, to study under guidance with extra supports and remedial assistance to enhance her sense of achievement. Understanding and acceptance from parents, teachers, and peers are beneficial and helpful.

In view of Kelly's current level of cognitive abilities, integrated education in a school that can provide extra supports and guidance commensurate with her level of abilities is worthy of consideration.

From this report, we confirmed that Kelly's behavior problems were due to her low cognitive ability. Beside the academic extra support, Kelly's school must consider the comprehensive extra support for her special needs. Therefore, Shadow Play Therapy can be a detector and provide supports for the special need students who are studying in mainstream school.

4.3.6 Parent-Child Playtime

Beside the shadow play group and individual practice with the therapists, we encourage parent-child shadow play playtime home practice. From Table 13, 14, given that out p-value is .114, we conclude that the differences between the groups are not significantly different. Table 16 shows that a Phi value=1.369 which is close to 1 indicates a strong association between the post-test score of ECBI and parent-child playtime. The results show a p-value of .282, indicating that this association is not statistically significant. From Table 15, the Means Plots, the preadolescents who had two to three parent-child shadow play playtime sessions per week would had a positive effect on Self-Concept, Self-Control and Self-Esteem. If the preadolescents had special needs that were out of the therapeutic treatment, increased the number of parent-child playtime session could not improve the Self-Concept, Self-Control and Self-Esteem of the preadolescents. They need comprehensive extra supports for their special needs.

From Table 17, 18, given that out p-value is .625, we conclude that the differences between the groups are not significantly different. Table 20 shows that a Phi

value=1.225 which is close to 1 indicates a strong association between the post-test score of CBCL-Parent Report and parent-child playtime. The results show a p-value of .525, indicating that this association is statistically significant. From Table 19, the Means Plots, the preadolescents who had two parent-child shadow play playtime sessions per week would have a positive effect on reducing the behavior problems. In short, parent-child shadow play was effective. If the preadolescents had special needs that were out of the therapeutic treatment, increased the parent-child playtime could not decrease the behavior problems. (i.e. Kelly had troubles in thinking of the right words for her ideas after this treatment. Parent-child playtime did not have a positive effect on reducing Kelly's behavior problems.)

4.4 Features of Shadow Play Therapy

Factors that reduce externalizing behavior problems are shown in 2.2 (play, story-telling, puppet, child-centered, and performative role play). Features of Shadow Play Therapy are related to these factors to let **p**readolescents express their thoughts and feelings during group play session, and also adjust their behavior themselves in a process of growing up. Therapists take behavioral observation records to indicate the meaningful moment and data for the preadolescents.

4.4.1 Experiencing

Child-centered play contains factors that reduces externalizing behavior problems: increase self-efficacy, self-concept of the preadolescents (see 2.2). All preadolescents and therapists were in the playroom. They started with awareness exercise. They had relaxation, together with breathing and meditation first. It was called "quiet moment" in this study. One of the therapists led the breathing and physical relaxing exercise. All

preadolescents would have a 5 minutes silence moment for relaxation. At last, they expressed what they felt with a shape or a body movement.

All preadolescents had attended Sunday school for over 5 years. They knew about quiet moments. When we let them move in silence, it was surprising that some preadolescents acted more actively than they did at Sunday school. For example, Jerry's parents and teachers said he was not interested in any subjects or activities. The researcher and the therapists found Jerry angry and refused joining any activities in a group session. But in the third group session, he stood still and closed his eyes to represent his peacefulness in the quiet session. After the quiet moment, he walked to one of the therapists, and prayed for her. It was not necesatsary for him to do so. He even didn't explain what he expressed. But all adults felt touched by his action. This action and response also showed the applying of the Axline rules that therapist accepted the child exactly as he was, established a feeling of permissiveness in the relationship so that the child felt free to express his feelings completely through body movement and action (praying). In the following sessions, he acted more actively and expressed his feelings in other activities also. It showed the Axline rules that therapist alerted to recognize the feelings the child was expressing and reflected those feelings back to him in such a manner that he gained insight into his behavior. Therapists would not stop him or direct him since the rule showed that therapist did not attempt to direct the child's actions or conversation in any manner. The child leads the way, the therapist follows. This example showed the power of "experiencing" and being "accepted by the others". The whole group dynamic kept changing in the following group sessions.

4.4.2 Storytelling, Child-centered Puppet Play and Performance

This part contains factors that reduce externalizing behavior problems: re-experience, storytelling, non-directive way (see 2.1.4). Preadolescents would use paper to design and make the shadow to create the story with the therapists. First, they were allowed to talk freely about the story. They created the story line and the characters, then they chose the role and designed the shadow. The role setting procedures are as follows:

1) Do some activities and observe the group dynamic.
2) Participants create the storyline.
3) Choose the roles that they like and create the shadow.
4) Sometimes the therapists must give them some suggestions if they miss the important roles such as the narrator, the sound maker, the scene designer. Their suggestions are based on the interest, ability, age of each participant, the observations of the group dynamic.
5) Sometimes the therapists must play the unpopular roles.
6) Play the story in a creative and funny way.
7) Participants choose the favorite story.
8) Invite their parents to watch the shadow play which they choose in the last session.

Since the real situation existed, it was difficult for them to create the whole story. First, sometimes someone would strongly disagree with the others, sometimes they were too playful that kept chatting and laughing in the whole session. The therapeutic process was still working since the therapists could do the observations and responses during the playful moment. One of the six sessions, therapists just talked and used their own hands to make shadows instead of using paper cutting to express the ideas in a

funny way. They kept interested in experiencing different situations, no matter whether using paper puppets or hands. They were using storytelling to express their feelings as the whole was leaded by them. The amazing thing that the researcher and the therapists found in the last session was, all participants involved in the performance actively. Some of them took two or three roles. Even “the most active preadolescent” also presented seriously in front of the parents. They wanted to do their performance well without the help of the adults. Storytelling and child-centered puppet play were used in six group sessions for the preadolescents to keep interested in experiencing different situations. And the full expressions of self were shown in the last session, performative role play. Preadolescents kept interested in experiencing different situations and expression during the parent-child playtime too. Parent-child playtime guidelines for the parents are shown in the following session.

4.5 Parent-child Shadow Play Guidebook

From the results of the present study in the group and individual play sessions, we concluded that Shadow Play Therapy is positively correlated with reducing the externalizing behavior problems of the preadolescents. To help them to develop the 'new attitudes' in daily life, parent-child shadow play practice is necessary. Parents are encouraged to have at least 15 minutes shadow playtime, three times a week. The basic settings are described as follows.

4.5.1 Parent-child Playtime Setting

1. Choose a fixed period for the playtime. For example, every night before sleep.
2. Choose a fixed place which has a wall for projecting the shadows. For example, the child's bedroom.
3. Prepare a torch for making the shadows.
4. Let the child choose the topic. (child-centered, non-directive)
5. Create characters with hands, turn on the torch and make shadows on the wall. Keep staying in the role. This moment is called the masking time.
6. 'Create' the story. (It may be an old story, a creative story or a real situation of reality.)
7. Remember to do what the therapist suggests.
8. Turn off the torch and talk about the feelings and thoughts. This moment is called the unmasking time.

4.5.2 Listening and Responding

Listening and responding are very important elements in parent-child playtime. Let's start with a real but negative story about a parent-child shadow play practice.

Lucy was nine years old. She pulled her chair and sat close to her mum. She created her 'shadow character' with her right hand. It was a phone. She put it near her ear and said, "Hi! I am Ada." (Ada was her cousin.) Mum followed her and picked up her 'shadow phone' too. "Hi! Are you Ada? You sound likes Lucy." Mum replied doubt-fully. (Mum was concerned her honesty.) Lucy changed her voice immediately and said, "I am Ada. I am Ada!" Mum felt a bit angry, but she replied, "Ok, Ada, what's up?" (Mum was impatient and wanted to know the 'story'.) Lucy said, in playful way, "Today I woke up late, and was nagged and nagged to get up……". Mum felt angry and stopped her since she thought she herself was the person who had nagged her. She shouted, "You know I'm tired of waking you up every morning! Do you think it is funny? You want to talk about it in the playtime?" Lucy took her smiling face back, and said with a low voice, "Sorry! I got the wrong number……" Then, she kept silent. This story shows the ineffectiveness of playtime as Mum did not listen.

Preadolescents need recognition, attention, and a sense of belonging. If they are routinely ignored, they may begin to keep silence or act invisible. Some of them may find another sense of belonging such as a fictitious world on internet. Some of them may gradually become rebellious, withdrawn, or alienated.

Attentive listening and responding includes:

1. Remember what the therapist suggested and maintain eye contact.
2. Stay in the role. (Ada is calling "someone".)

3. Give relevant nonverbal gestures such as smiling, nodding and appropriate touch.
4. Give relevant non-directive verbal responses to draw out and encourage the preadolescent to continue. (Rule of Axline, do not rush the process.)
5. Wait patiently for the preadolescent to complete what she is saying, without rushing her, or trying to finish her sentence. (Mum stopped Lucy's saying.)
6. Keep responding instead of reacting. (Mum was reacting to Lucy's saying with her anger instead of responding her.)
7. No judgment or interpretation. (The result will always be "silence".)
8. Address underlying feelings and thoughts. (How did Lucy feel? What was/were the reason(s) that Lucy chose this "story"?)
9. Turn off the torch and start unmasked talking if your child is ready.
10. Discuss the "story" in a friendly, noncritical way rather than a time of conflict. (The preadolescent can be engaged in conversation exploring the motives for her typical behaviors, for example, wake up late. Ask appropriate questions, such as "Could it be that he/she want?" "Could it be that he/she want his/her own way?" "Could it be that he/she want to left alone?" "Could it be that he/she want to hurt others as much as he/she feel hurt by them?")
11. Honesty is essential for assertive communication. Preadolescent should be told honestly when a parent does/responds in a wrong way.
12. Respect for preadolescent is expressed by recognizing and protecting their dignity and rights.

4.6 The Reflection of This Study

4.6.1 Use Play to Keep Interested in Experiencing

The purposes of this project are to create a child-centered shadow play therapy, inspect the effectiveness of it, and to help preadolescents reduce their externalizing behavior themselves.

Parents were invited to join home practices with the suggestions of the therapists and practice the features of Shadow Play Therapy at home (i.e. kept interested in experiencing different situations and expression). A useful and simple training guidebook was provided for the parents to use at home. No matter which parental style they belonged to, it was important for them to work with their children in an effective way. Therefore, training and interviews were provided for them to get the information about the practices and the behavior expressions of their children at home. Interested in experiencing different situations and expressions were important, especially when their children were struggling with difficult issues, such as easy to get angry, screaming, nightmare, low self-esteem etc., parents can help immediately. The primary goal of the project is to investigate the effectiveness of Shadow Play Therapy with preadolescents experiencing externalizing behavior problems. The quantitative research gave us pictures of group play interaction, included self-control, self-concept, gender difference and parent-child interactions. During the process, the therapists knew more about the talents and thoughts of the preadolescents through observations of group and individual play sessions. Qualitative data was collected in order to give suggestions to the parents for parent-child playtime and introduce some creative ways for the parents to understand what their children want to express. These creative ways were chosen to enable parents to help their children express, learn and grow in an appropriate and positive environ-

ment. Preadolescents could learn how to talk to each other, express and control themselves when they faced to negative behaviors. Also, improvement would be recognized more easily.

In short, quantitative data was used to evaluate the background issues of the participants, and the degree of improvement after the project finished. Qualitative data was collected during the playing process which gave suggestions for the parents in parent-child playtime practicing.

4.6.2 Creative Art Group Play and Performance Provide Positive Ways for Expression

It was not surprise to realize that preadolescents in a group setting were able to express collective understanding of life as a cohesive group. They could see each other on Sunday. Before they started this project, there was no improvement in their problem behaviors. The purpose of this project was to offer emotional and therapeutic support to preadolescents through creative play, and help them improve the awareness of their behavior, and the way of life in the community. Group play therapy provided an environment for individual processing. Preadolescents gained therapeutic value by working in group sessions or individual sessions with therapists. They could recognize and express feelings through group experience, different role-playing, or their creative art expressions, rather than directly from the play experience itself. This was the main difference between this project and the other play sessions, since the group and individual sessions were characterized by therapist-directed playful task and activities for helping preadolescents to 'play out their talents', become relaxed and at ease with each other in the group. That therapists provided a safe environment for the preadolescents was beneficial to share different experiences and showed that they were not isolated in their

own experience. This was a direct observation from the researcher and the therapists. Preadolescents could use any media to express themselves, included playing in silence. It was different from sitting still in the classroom or in the school playground since body movement was included in the therapeutic play. The play was not totally directed by the observing therapists since preadolescents did play spontaneously with easy communication and without teaching and learning.

Although preadolescents could understand life in a cohesive group play, the function and setting of the group in this study was different as it concerned individual differences. According to Landreth (2001), group play therapy could provide opportunities for personal growth for children with evaluation from other group members within an atmosphere of permission and acceptance. But children played out different issues during group play, or they were expected to build group cohesion. If children was in the individual play session, they lost chances to interact with the peer. Shadow Play provided a common ground, shadow storytelling, for the children. The performance gave them chance to express what they want to express as a form of shadow storytelling. That was, children were not expected to build group cohesion but experience personal growth and expression in a form of shadow storytelling expression. This is how non-directive approach work in group play and why it is used as a form of Play Therapy and worth promoting.

4.6.3 Reflection on Parent Education

This was the researcher's on-job research that the researcher met the parents and their children every Sunday. Throughout three years the researcher had worked Shadow Play Therapy in the church. The practical experiences supported that parents did some therapeutic work at home, and this gave positive messages for the whole family. Parents

requested suggestions between the regular therapeutic sessions. That was the reason that parent training and parent guidebook were provided in this project. But sometimes parents did not do any 'homework' even they got the suggestions clearly as they said they were too busy. The researcher found that they worked harder until the behavior problems of their children got worse. Usually, the 'getting worse' children were at the preadolescent age. That was whom this project focused.

The researcher determined that an easy practical way needed to be developed for the parents to use at home. Parents could not create group dynamic at home. But they could use shadow, storytelling, body movement, and music which were related to their interests, abilities and background since these activities had been shown to be an effective tool for expression, communication, self-strengthen and self-efficacy. They were creative, therapeutic and easy to understand and practice. Preadolescents could create any roles and stories in the ways that they wanted. In short, a safe and effective playtime was created in an easy and playful way.

Preparing a guidebook is important. There are a lot of parental guidebooks about parenting, self-help and play in bookshops. Some of them are long or outdated, some of them just talk about 'play' and overall behavior or values. The researcher wants to develop a quick reference guide for the target parents who have received the training and help them continue practicing at home. The researcher wants to provide an immediately, quick and simple resource for using shadow play techniques. There are short summaries of child-centered, non-directive way of play concepts, techniques for practice, why shadow is to be used and a reminder about child's self-expression for using this shadow tool.

Completing this project is meaningful for the researcher. It was the researcher's on-job research and she was a 'part time therapist'. Now she is a fulltime therapist and she do therapeutic play sessions, training and writing. She can put all her efforts on helping parents and their children when they are in the negative situations. It is so meaningful to her.

4.6.4 Parent Support

Oaklander (1988) pointed out that many people who worked with children who had behavior problems, struggle and flounder. Children needed to have their actions confirmed, and adults required ways out of working with the children who had behavior problems. Oakland also mentioned that play could provide both a window to a child and a window to the inner child within the adult. There was an example in this project. Ann's therapist found something about herself during the individual session:

> I used the dragon to construe her as someone whose experience and understanding of parents' misunderstanding were much more extensive than mine. This is being another area of my growth since I have had relatively little experience. She challenged my story about misunderstanding. Needless to say, this was somewhat anxiety arousing for me and prompted me to change my story……

I would not have the in-depth interview with this therapist since it was out of the purpose of this project. But it provided strong evidence for talking about parents' childhood experiences during the parent training. After parent training and home practicing, parents felt great that the problematic behaviors were reduced and the parent-child relationship was improved by using techniques from training and taking suggestions from therapists. Moreover, some parents said that they gained insights into their unsolved

childhood trauma and became less depress when they stayed with their children. Training for parents' growth needs to be concerned in further studies.

4.6.5 Program Development and Cost

Under the consideration of The Government of Hong Kong Special Administrative Region Education Bureau (Community-based project, 2018-2019), this program can be developed as:

1. objectives and contents are clear and countable
2. 10 students are served in each group
3. duration is 10 weeks, it fits the school schedule easily
4. tutor-student ratio per group is 4:10 (usually is 1:8). Tutors can have a deeper understanding of the students.
5. program expenditure is reasonable. There is no material expenditure as we use recycle materials. Each tutor charges $800 for one session. Total expenditure for each session is $3200 and 10 students are served (each Play Therapy session charges $800-1000).

CHAPTER 5

CONCLUSIONS

5.1 Answer to Research Questions

Question 1: How can Shadow Play be used as a Play Therapy?

Play Therapy is a powerful tool for helping clients adjust their behaviors. The common media is art as it is a way of expression other than wording. Shadow Play is of sufficient quality since there are a list of art expressions and puppet show used in Shadow play (Refer to 2.3). Follow-up responses are important as Play Therapy requires data collections over time to determine the outcome status. Preadolescents, parents and therapists are involved in Shadow Play Therapy. They all put efforts on the shadow performance. This setting makes follow-up responses reasonable and interesting. The core idea of Play Therapy, or child-centeredness, is well used in Shadow Play as preadolescents can create any role and shadow for expressions, and they can keep interested in experiencing. Creative and expressive art group play and performance of Shadow Play Therapy settings give preadolescents chances to express themselves (Refer to 4.6).

Question 2: How can we measure the application of the knowledge or skills which the preadolescents have learnt from Shadow Play Therapy?

Quantitative and qualitative research show that overall externalizing behavior problems decreased when this project ended. Observation reports from therapists give parents suggestions for the parent-child playtime in order to adjust the parent-child relationship by giving preadolescents chances to express themselves freely. What and how

the participants experienced in group and individual play sessions of Shadow Play Therapy are applied in parent-child playtime. The reports by parents showed the degree of adjustment of their children by adopting the therapists' suggestions and practicing free expression and experiencing concepts of Shadow Play Therapy. Bandura's (1977) Four Sources of Self-Efficacy as a framework of data analysis. We got overarching themes of the preadolescents. Application of the knowledge or skills learnt from Shadow Play Therapy were showed in their daily lives (Refer to pp.196-200 Mastery of Experience, application of knowledge or skill). Quantitative and qualitative data show strong evidences to prove that the ways of self-expression and communication with their parents which are chosen by preadolescents themselves help the decreasing of externalizing behavior problems, inside and outside the playroom (Refer to 4).

Question 3: How can the participants' belief, attitudes and behaviors be analyzed?

By Bandura's (1977) Four Sources Model, qualitative data analysis showed the changes in participants' belief, attitudes and behaviors (Refer to pp.200-210 Vicarious Experiences, beliefs and attitudes; Verbal persuasion, self-feedback and feedback from others; Physical/Emotional Arousal, behavior). From these qualitative records we know the degree of the adjustment and what further supports that the preadolescents need. On the other side, preadolescents and parents have a higher concern for playtime and parent-child relationship (Refer to 4.3.6). There is an improvement on self-concept and self-esteem of the preadolescents, and they become aware of their behavior problems more from experiencing and performance (Refer to 4.4).

Question 4: What are the most impressive elements of Shadow Play Therapy for participants?

Preadolescents and parents respect individual's needs. Preadolescents enjoy being himself/herself and are accepted by the others through creative art expressions during the playtime. Preadolescents and parents can do whatever they want to do, including playing. This interaction process is different from Sunday School after class activities as parents and preadolescents will use art to express their ideas or feelings which was not included in Sunday school after class activities. The results show that preadolescents are more willing to express, communicate with parents and use alternative behaviors. In short, person-centered/child-centered playtime, acceptance, and creative art expressions and experiencing are the most impressive elements of Shadow Play Therapy (Refer to 4.3.6, 4.4, 4.5.1, 4.5.2).

5.2 Project Limitations

The first limitation was that several factors might have contributed to the lack of statistical significance demonstrated within this study. These factors include:

1. the small sample size;
2. the sample was drawn from only one church;
3. pre-existing concept of awareness and spirituality in the mind of the preadolescents since they thought awareness and spirituality were equal to praying.

The second limitation was the time limits of both parents and children. They needed to talk and play for fifteen minutes every day. If they were in the negative situation, generally they needed to complete the role playing from thirty to ninety minutes. Sometimes they play fifteen minutes as usual or even skipped this moment and brought the

situation to the group play session. If parents and children have time, shadow play should be kept doing and extended for further benefit.

The third limitation was, although the shadow play technique was easy to handle, professional responses were still needed for different situations. Parents were not professional counsellors, and they had their own stress from their daily lives. Being professional counsellors was a hard work for them. They needed practical tools instead of being professional counsellors. Using expressive techniques of shadow play for communication was an easier way for listening and communicating with their children, especially when their children felt difficult to express their ideas or feelings. Parents were the best partners in therapeutic processes since they could stay with their children in daily lives.

Small Sample Size

The small sample size of this study resulted in very low statistical power. For example, Table 2 shows the low statistical power related to scores for the Analysis of Covariance Data for the Mean Total Scores on Experimental group and Control group Eyberg Child Behavior Inventory (ECBI) to be .042. This indicates that there was only a 4.2% chance of discovering statistical significance, if the significance truly occurred. A more appropriate level of statistical power is .80, which would be much more likely to uncover existing significance. Such power could be obtained by studying a considerably larger sample. Greater variability and sources of variance to be measured would also be available in a larger sample, which would provide greater probability of discovering statistical significance, if true differences existed.

The lack of statistical significance could also be due to the small sample size of preadolescents being from only one church. If a larger sample had been obtained from several churches with differing demographics, then more variability in preadolescents' adjustment characteristics would likely have been observed. The greater statistical power and variability provided by a larger and more diverse sample would have had a greater likelihood of revealing significant changes (Hinkle, Wiersma, & Jurs, 1998).

Not enough or Lack of information

Parent interview, teacher interview and parent training were held by the researcher. The therapists might not have much interaction for getting information from parents and teachers. Therapists provided information for parent-child playtime from preadolescents' progress in the treatment. This lack of interaction reduced the effects of parent or teacher interventions on the preadolescents. Thus, differences of pre-test and post-test scores between the experimental and control groups might be attributed to the effects of child-centered Shadow Play group and individual sessions, and parent-child playtime. However, the therapists could not interact with teachers and parents during the therapeutic process. Potential therapeutic interventions were not implemented.

Sensitive on positive change

Teachers and parents may not have been able to recognize positive change in the preadolescents. Therefore, ratings on the ECBS, CBCL-Teacher Report, CBCL-Parent Report, and FPC, may not have indicated changes that actually occurred.

Environment

There was a celebrating event took place at the church at the first group play session. Although the preadolescents did not participate the celebrating events, the environment was noisy throughout the entire church. All participants were then required to move from a big but noisy playroom to a small but quiet playroom. The relaxation time was disturbed by noisy environment and room changing. Along with the curiosity of the Shadow Play therapy, the hyperactivity process of the preadolescents was activated. It affected the therapeutic effect under this situation. Also, the EBCI scores of the preadolescents were collected during the beginning of the first session, hence, pre-test scores possibly did not reflect true value in emotional, behavior, self-concept characteristics that were measured to assess the preadolescents adjustment.

Experimental and Control Group

The experimental and the control group for this study went to the same church every Sunday. We assumed that the parents in this study concern the spiritual needs and the parent-child communication as they are all Christians and they have religious life practice every week. Parents were more likely to encourage their children to enter into this Shadow Play Therapy program. The Sunday school teacher confirmed that the preadolescents with greater emotional and behavioral concerns were assigned to the experimental or the control group. There was not a significant difference between the mean total pre-test score of the experimental group and the control group as measured by the ECBI. Also, there was not a significant difference between the mean total pre-test score of the experimental group and the control group as measured by the CBCL-Teacher Report and the CBCL-Parent Report. That meant there was no significant difference in

the Self-Concept, Self-Control, Self-Esteem, and behavior problem score between these two groups as rated by the preadolescents, patents and teachers before this project started. These results might due to their common religious background. A larger sample size from different communities needs to be concerned in further study.

Challenging Aspect of Working with Children

The children concerned academic results more than mental health under the expectations of parents and teachers. They felt frustrated during the therapeutic process.

5.3 Implications

The general results of this study showed statistically significant benefits due to child-centered Shadow Play Therapy group and individual play sessions, and parent-child Shadow Play practices. Positive trends in preadolescents' behavior adjustments, self-control and self-concept improvement and all these elements were observed by the researcher, play therapists, and parents. Teachers also expressed appreciation and described reduced personal stress because students with adjustment difficulties were receiving intense and necessary attention. These trends and observations support the continued application of child-centered Shadow Play therapy with children experiencing adjustment difficulties.

Children's adjustment has been shown as benefit from child-centered group play therapy (Fleming & Snyder, 1947; House, 1970; Tyndal-Lind, 1999) individual child-centered play therapy (Landreth, 1991), as well as child-centered procedures provided by teachers (Brown, 2000), and parents (Bratton et al., 2005; VanFleet, 1994). Shadow Play Therapy in this project had been shown to be positively correlated with supporting

the preadolescents who had externalizing behavior problems. They had opportunities to experience the safety and beneficial treatment provided by child-centered Shadow Play Therapy.

5.4 Recommendations

1. The utilization of child-centered Shadow Play Therapy to reduce preadolescents' externalizing behavior problems in the environment of church, school, and family.
2. Use a larger sample size in further research to investigate the effects of child-centered Shadow Play Therapy with preadolescents who have externalizing behavior problems. It may provide more powerful and statistically significant results.
3. A follow-up study to investigate long-term effects of child-centered Shadow Play Therapy with preadolescents who have externalizing behavior problems.
4. Further research to investigate the effects of increased interactions between researcher and therapists, therapists and parents, therapists and teachers.
5. Further research to investigate the effects of 12 play sessions which is a basic course under UK system.
6. Further research to investigate the effects of Teacher-Student Shadow Play Playtime at school.

APPENDIX A

艾伯克兒童行為量表

下列十四項兒童行為，請根據您的孩子最近一個月內的情況，在右邊的空格打勾，請不要漏掉任何一題。

1. 不易與別人混在一起玩…… 從不 偶爾 經常

2. 聽而不聞，好像是聾子…… 從不 偶爾 經常

3. 強烈反抗學習，譬如拒絕模仿、說話或做動作…… 從不 偶爾 經常

4. 不顧危險…… 從不 偶爾 經常

5. 已不能接受日常習慣之變化…… 從不 偶爾 經常

6. 以手勢表達需要…… 從不 偶爾 經常

7. 莫名其妙地笑…… 從不 偶爾 經常

8. 不喜歡人擁抱…… 從不 偶爾 經常

9. 活動量過高…… 從不 偶爾 經常

10.避免視線的接觸…… 從不 偶爾 經常

11.過度偏愛某些物品…… 從不 偶爾 經常

12.喜歡旋轉東西…… 從不 偶爾 經常

13.反覆怪異的動作或遊戲方式…… 從不 偶爾 經常

14.對周圍漠不關心…… 從不 偶爾 經常

Eyberg Child Behavior Inventory

Directions: Below are a series of phrases that describe children’ s behavior. Please circle the appropriate word describing how often the behavior currently occurs with your child.

1. Has difficulty playing with others……never / usually / always

2. Refuses to listen……never / usually / always

3. Acts defiant when told to learn something, such as copying, speaking or acting.

……never / usually / always

4. Regardless of danger……never / usually / always

5. Can't accept changes in daily habits……never / usually / always

6. Express needs with gestures……never / usually / always

7. Inexplicably laughing……never / usually / always

8. Don't like people hugging……never / usually / always

9. Overactive or restless……never / usually / always

10. Avoid eye contact……never / usually / always

11. Excessive preference for certain items……never / usually / always

12. Like to rotate things……never / usually / always

13. Repeating weird movements or gameplay……never / usually / always

14. Indifferent to the surroundings……never / usually / always

APPENDIX B

TEACHER SELECTION FORM

FANLING ASSEMBLY OF GOD CHURCH

PREADOLESCENTS ADJUSTMENT PROGRAM

Shadow Play Therapy with preadolescents having externalizing behavior problems

STUDENT REFERRAL FORM

The Preadolescents Adjustment Program provides preadolescents (9 to 13 years old) six 2-hours group therapy session, and six individual interviews, for three months. After the first six weeks, a shadow play would be showed by them. The benefits to participating preadolescents are:

Increased Self-Esteem

Increased Self-Direction

Increased Self-Confidence

Increased Self-Control

Increased Social Skills

Decreased Dependency

Decreased Behavioral Difficulties

To nominate preadolescents for this program, please identify students who meet at least one of the following criteria:

The preadolescent demonstrates: (Please use "✔")

□a. Inattentive behavior (day-dreams, doesn't concentrate)

□b. Depressed behavior (sad, loner, cries uncontrollably)

□c. Shy behavior

□d. Withdrawn behavior

□e. Anxious behavior (self-conscious, fearful, nervous)

□f. Aggressive behavior (frights, screams, temper)

□g. Social problems

(difficult to communicate with others)

Please give your nominations of preadolescents to Kam Ma, Church Pastor, by **8th February, 2014.**

If you have questions about nominating preadolescents or about the program, please contact Julia Shum, Play Therapist and the program director, at (852) [redacted] Thank you so much for your cooperation!

FANLING ASSEMBLY OF GOD CHURCH

PREADOLESCENTS ADJUSTMENT PROGRAM

STUDENT REFERRAL FORM

Teacher Name: _____

Date: _____

Names of Children Being Nominated

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Please return this form to Julia Shum, Church Therapist, by **8th February, 2014**. Thank you.

APPENDIX C

PLAY THERAPY INFORMATION AND CONSENT FORM

以影子戲治療幫助孩子改善外顯問題行為研究

敬啟者：

本人是香港教育大學生命教育課程的博士研究生，現正在香港進行一項有關以影子戲治療幫助孩子改善外顯問題行為的學術研究。是次研究旨在探索以影子戲治療作為協助孩子改善問題行為的成效，並藉此了解父母在子女改進中應擔任的角色。

閣下的參與對研究結果很重要，閣下只需花大概 30 分鐘完成一份自填問卷。研究內容將涉及少量個人資料，而閣下的所有資料會絕對保密及只供學術研究用途，希望　閣下了解有關安排。

是次研究的參與純屬自願性質，希望　閣下能對此研究給予支持。如 閣下對此研究有任何查詢，請傳電郵至[redacted]與沈麗敏女士或至 phwong@ied.edu.hk 與本研究督導老師王秉豪博士聯絡。

此致

貴　　家　　長

香港教育大學生命教育博士研究生

沈麗敏 謹啟

2014 年 2 月 1 日

Study on the role of shadow play therapy to help children improve their explicit problems

I am a Ph.D. student in the Life Education Program at the Education University of Hong Kong. I am currently conducting an academic study in Hong Kong on the use of shadow drama treatment to help children improve their explicit problems. The study aimed to explore the effectiveness of shadow-shadow treatment as a way to help children improve their behavior, and to understand the role parents should play in their child development.

Your participation is important to the results of the study. You only need to take about 30 minutes to complete a self-administered questionnaire. The research will involve a small amount of personal data, and all of your information will be kept strictly confidential and for academic research purposes only. I hope that you will understand the arrangements.

The participation in this study is purely voluntary and I hope that you can support this research. If you have any enquiries about this research, please send an email to [redacted] and contact Ms. Shum Lai Man or phwong@ied.edu.hk with Dr. Wong Ping Ho, the research supervisor.

Sincerely,

PhD student in life education at the Education University of Hong Kong

Shum Lai Man

February 1, 2014

香港教育大學

<教育博士>

參與研究同意書

<以影子戲治療幫助孩子改善外顯問題行為>

茲同意敝子弟_____參加由王秉豪博士負責監督,沈麗敏研究員執行的研究項目。

本人理解此研究所獲得的資料，包括圖像及影像，可用於未來的研究和學術發表。然而本人有權保護敝子弟的隱私,其個人資料將不會洩漏。

本人對所附資料的有關步驟已經得到充分的解釋並理解可能會出現的風險。本人是自願讓敝子弟參與這項研究。

本人理解本人及敝子弟皆有權在研究過程中提出問題,並在任何時候決定退出研究, 更不會因此引致任何不良後果。

參加者姓名: _____

父母姓名或監護人姓名: _____

父母或監護人簽名: _____

日期: _____

此項目已經香港教育大學人類實驗對象操守委員會批核

(電郵: hrec@ied.edu.hk; 電話: 2948-6318; 地址:香港教育大學研究與發展事務處)

Education University of Hong Kong

Doctor of Education

Participation in research consent

With shadow play treatment to help children improve their explicit problem behavior

I agree that my child _____ will participate in a research project carried out by Shum Lai Man and supervised by Dr. Wong Ping Ho.

I understand the information obtained by this research, including images and videos, which can be used for future research and academic publication. However, I have the right to protect the privacy of my child and his/her personal data will not be disclosed.

I have fully explained the steps involved in the attached materials and understood the risks that may arise. I volunteered to let my child participate in this research.

I understand that I and my child have the right to ask questions during the research process and decide to withdraw from the study at any time, and will not cause any adverse consequences.

Participant's name:

Parent's name or guardian's name:

Signature of parent or guardian:

Date:

This project has been approved by the Human Subjects Ethics Committee of Education University of Hong Kong.

(E-mail: hrec@ied.edu.hk; Tel: 2948-6318; Address: Research and Development Office, Education University of Hong Kong)

APPENDIX D

CHILD CONSENT FORM

USED IN THIS STUDY

香港教育大學

<教育博士>

參與研究同意書

<以影子戲治療幫助孩子改善外顯問題行為>

我的姓名是：_____

我願意：

1. 參與影子戲治療這個特別時間；
2. 回答相關問卷

我明白在這個特別時間，我所說的話和做的事，只有同場的參與者知道，這些內容不會向其他人提及，除非我被人嚴重傷害，或是得到我的父母同意。

當我在以下寫名或簽名，即表示同意以上內容。

學生姓名：_____

見證人簽名（父/母）：_____

研究員簽名：_____

此項目已經香港教育大學人類實驗對象操守委員會批核

(電郵: hrec@ied.edu.hk; 電話: 2948-6318; 地址:香港教育大學研究與發展事務處)

Education University of Hong Kong

Doctor of Education

Participation in research consent

With shadow play treatment to help children improve their explicit problem behavior

My name is:

I am willing to:

1. Participate in this special time of shadow play treatment;

2. Answer relevant questionnaires

I understand that at this special time, what I said and what I did was only known to the participants in the same field. These contents will not be mentioned to others unless I am seriously injured or get the consent of my parents.

When I write or sign below, I agree to the above.

Student name:

Witness signature (parent/parent):

Researcher's signature: _

This project has been approved by the Human Subjects Ethics Committee of Education University of Hong Kong.

(E-mail: hrec@ied.edu.hk; Tel: 2948-6318; Address: Research and Development Office, Education University of Hong Kong)

APPENDIX E

PARENT TRAINING GUIDELINES

USED IN THIS STUDY

<以影子戲治療幫助孩子改善外顯問題行為>
家長工作坊內容及指引

閱讀對象

影子劇演員之家長或同住之監護人

單元目標

1. 讓家長明白愛斯蓮(Axline)的 8 大原則的內容及其重要性
2. 讓家長掌握 8 大原則的使用技巧
3. 讓家長認同自己在「幫助孩子改善外顯問題行為」上的促進者的角色
4. 讓家長明白「角色扮演」(role-playing)的概念及「回應」(response)的基本步驟
5. 讓家長明白「靈性需要」(spiritual need)的概念及「靈性操練」(spiritual practice)的基本步驟
6. 讓家長認同自己在「靈性需要」(spiritual need)的概念及「靈性操練」(spiritual practice)的促進者的角色

所需時數

2 小時

I. 遊戲體驗

程序目標：

A. 使家長明白愛思蓮(Axline)的 8 大原則對「幫助孩子改善外顯問題行為」具關鍵之重要性

B. 使家長明白「角色扮演」(role-playing)及「回應」(response)對「幫助孩子改善外顯問題行為」具關鍵之重要性

C. 使家長明白「靈性需要」(spiritual need)及「靈性操練」(spiritual practice)對「幫助孩子改善外顯問題行為」具關鍵之重要性

物資：

A.

1. 「愛思蓮 8 大原則」咭 10 套
2. 草稿紙 20 張
3. 筆 20 枝

B.

1. 「角色扮演」及「回應」步驟咭 10 套
2. 草稿紙 20 張
3. 筆 20 枝

內容：

A. 遊戲

1. 父母為一個組別，共 10 組
2. 每組獲分配一套「愛斯蓮 8 大原則」咭
3. 主持人提出各種情景及相對回應，家長展示對應之原則咭

B. 遊戲

1. 每組於限時內在指定的地點找出工作員預早藏起來的「角色扮演」及「回應」步驟咭
2. 找齊同顏色的「角色扮演」及「回應」步驟咭

活動變化：

可由一家長蒙眼尋索，而其他家長給予提示

C. 遊戲

1. 在 A, B 遊戲中特意減免「我們」(we feeling)的歸屬感覺，為之後的分享中預備「兩極」的比較感受。
2. 在 A, B 遊戲中特意減免「鼓勵、盼望」態度的歸屬感覺，為之後的分享中預備「兩極」的比較感受。

注意及應變事項：

1. 家長需認真參與
2. 過程中不作任何形式的批判
3. 保障各人之安全

(60 分鐘)

II. 分享

程序目標：

A. 使家長明白愛思蓮(Axline)的 8 大原則對「幫助孩子改善外顯問題行為」具關鍵之重要性

B. 使家長明白「角色扮演」(role-playing)及「回應」(response)對「幫助孩子改善外顯問題行為」具關鍵之重要性

C. 使家長明白「靈性需要」(spiritual need)及「靈性操練」(spiritual practice)對「幫助孩子改善外顯問題行為」具關鍵之重要性

物資：

家長及工作員能圍圈坐在一起之場地

內容：

1. 分成兩組，各圍成一圈坐著

2. 工作員邀請各家長先分享自己在「遊戲體驗程序」中之感受

2.1 不同時段有何不同感受？

2.2 當他人有所行動時，有何感受？

2.3 什麼情緒促使自己採取這樣的行動？

2.4 個人用什麼策略面對自己的不同感受？

3. 工作員以「解說」技巧引領家長

3.1 反思及領略「遊戲體驗程序」與「幫助孩子改善外顯問題行為」之關係

3.2 使家長明白「遊戲體驗程序」對「幫助孩子改善外顯問題行為」具關鍵之重要性

活動變化：

工作員須留意家長之「表達能力」及「態度」作出「溝通指向」上的調節，盡使各人也能在安全及舒暢之感覺下有所參與

注意及應變事項：

1. 家長可暫時跳出自己之各種角色，或以往可能有的錯敗及逆境，以體驗程序中的第一身經驗，作出真誠及內心深層之「反思」及「表達」

2. 家長在團體中盡情參與互動分享

3. 重視各人的「參與分享」，不作對錯式批判

4. 強調前後對比的「鼓勵」及「盼望」，牽動靈性需要的元素

5. 強調於日常生活實踐「遊戲體驗程序」所學

6. 強調個人得著及「建構將來」，不糾纏「過去」及「困難」

7. 解說的原則：

- 工作員以親切的語調進行解說。
- 給予家長足夠時間。
- 小組圍圈而坐，讓每一位家長也可互相望見對方。
- 鼓勵家長開放地交流感受。
- 避免個別家長壟斷了分享時間。
- 如有家長偏向沉默，工作員可考慮分享其個人組歷，引發大家討論及分享。
- 工作員不要否定或挑戰家長的感受。
- 避免使用「不應該」、「應該」、「必定」等字眼。
- 不容許任何侮辱或攻擊性的說話。
- 多鼓勵家長的回應。
- 鼓勵家長把工作坊所學的聯繫到生活上。

8. 透過解說，家長可反映經驗及汲取教訓，並嘗試應用這些經驗和教訓，令整個學習的過程更為完滿。工作員亦可透過解說處理家長的困惑、混亂或沮喪，這是一個很重要的環節。

(45 分鐘)

Ⅲ. 主持人總結 (15 分鐘)

With shadow drama treatment to help children improve their explicit problem behavior

Parent Workshop Contents and Guidelines

Reading object

Parent of a shadow actor or guardian

Unit goal:

1. Let parents understand the content and importance of the eight principles of Axline

2. Let parents master the skills of using 8 principles

3. Let parents identify with their role as facilitators in "Helping Children Improve Behavioral Problems"

4. Let parents understand the concept of "role-playing" and the basic steps of "response"

5. Let parents understand the concept of "spiritual need" and the basic steps of "spiritual practice"

6. Let parents identify themselves with the concept of "spiritual need" and the role of promoter of "spiritual practice"

Required time: 2 hours

I. Game experience

Program goal:

A. Make parents understand that Axline's eight principles are critical to helping children improve their explicit problems.

B. Make parents aware of the importance of "role-playing" and "response" to "helping children improve their explicit problem behavior"

C. Make parents aware of the importance of "spiritual need" and "spiritual practice" to "helping children improve their explicit problem behavior"

Supplies:

A.

1. " Axline's 8 Principles" card 10 sets

2. 20 draft papers

3. 20 pens

B.

1. 10 sets of "role play" and "response" card

2. 20 draft papers

3. 20 pens

Content:

A. Games

1. Parents are a group, a total of 10 groups

2. Each group is assigned a set of " Axline's 8 Principles" card

3. The host proposes various scenarios and relative responses, and the parents show the corresponding principles card

B. Games

1. Each group finds the "role-playing" and "response" card that the staff members pre-hidden in the designated locations within a limited time

2. Find the "role-playing" and "response" card in the same color

Activity changes:

Can be searched by a cover eyes parent, while other parents give tips.

C. Games

1. Deliberately reduce the feeling of belonging to "we feeling" in A and B games, and prepare the "two poles" for the later sharing.

2. Deliberately reduce the feeling of belonging to the "encourage, hope" attitude in the A and B games, and prepare the "two poles" for the later sharing.

Attention and contingency matters:

1. Parents need to participate seriously

2. Do not make any form of criticism in the process

3. Safeguard everyone's safety

Required time: 1 hour

II. Sharing

Program goal:

A. Make parents understand that Axline's eight principles are critical to helping children improve their explicit problems.

B. Make parents aware of the importance of "role-playing" and "response" to "helping children improve their explicit problem behavior"

C. Make parents aware of the importance of "spiritual need" and "spiritual practice" to "helping children improve their explicit problem behavior"

Supplies:

Parents and staff members can sit together in a circle

Content:

1. Divided into two groups, each sitting in a circle

2. The staff invites parents to share their feelings in the "Game Experience Program"

2.1 What are the different feelings at different times?

2.2 What do you feel when others act?

2.3 What emotions prompted me to take such actions?

2.4 What strategies do individuals use to face their different feelings?

3. The staff leads the parents with "interpretation" skills

3.1 Rethinking and understanding the relationship between "game experience program" and "helping children improve their explicit problem behavior"

3.2 Make parents understand the importance of the “game experience program” to “helping children improve their explicit problem behavior”

Activity changes:

The staff should pay attention to the "expression ability" and "attitude" of the parents to make adjustments in the "communication direction" so that everyone can participate under the feeling of safety and comfort.

Attention and contingency matters:

1. Parents can temporarily jump out of their various roles, or may have the wrongness and adversity in the past, to experience the first experience in the process, to make a sincere and deep inner "reflection" and "expression"

2. Parents can participate in interactive sharing in groups

3. Pay attention to each person's "participation in sharing" and not make a right or wrong criticism

4. Emphasize the “encourage” and “hope” of contrasting before and after, and the elements that affect spiritual needs.

5. Emphasis on the practice of "game experience program" in daily life practice

6. Emphasize that individuals are able to "build the future" and not entangle the "past" and "difficulties"

7. Principles of explanation:

◆ The staff explained in a cordial tone.

◆ Give parents enough time.

◆ The group sits around the circle so that each parent can see each other.

◆ Encourage parents to exchange feelings openly.

◆ Avoid individual parents sharing the sharing time.

◆ If parents are biased towards silence, the staff member may consider sharing their personal group calendar and trigger discussion and sharing.

◆ Workers should not deny or challenge the feelings of parents.

◆ Avoid using the words "not supposed to", "should", "must" and so on.

◆ Do not allow any insulting or offensive speech.

◆ Encourage parents to respond.

◆ Encourage parents to connect the workshops to life.

8. Through commentary, parents can reflect their experiences and learn lessons, and try to apply these experiences and lessons to make the whole learning process more complete. The staff can also handle parental confusion, confusion or frustration through commentary. This is an important part.

Required time: 45 minutes

III. Summary

Required time:15 minutes

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