



Enhancing Social Skills Through Play Therapy Among Children With Moderate Intellectual Disability

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Abstract: The study was conducted to investigate to see the “Enhancing Social Skills through Play Therapy among Children with Intellectual Disabilities”. The sample consists of children with moderate intellectual disability age ranging from 7-14 years. Size of the sample consists 10 subjects. They were randomly assigned into experimental and control groups. Each group consists of five subjects. For conducting the study, Pre-test Post-test Control Group Design was used. The students in the experimental group were taught Play Therapy with colourful materials and control group were taught through conventional method. The results indicated that there is a significant improvement in Social Skills. In addition, the rate of training among the students in experimental group was higher than the control group. From the results, it is evident that the children who were taught through Play Therapy have achieved higher score than the children who were taught through conventional method.

Key words: Play Therapy, Social Skills, Moderate Intellectual Disability

Introduction

Play is important for children because it is where they explore, try out new things and build relationships with other children. It acts as a vehicle for nurturing their interest and provides a platform for exploring curiosity and creativity (Canning et al., 2017). Children come with their experiences from home, their family and other interactions that have impacted on their thinking (Keung and Cheung, 2019).

Play allows children to engage in testing out theories, taking risks and problem-solving in a safe space without the fear of failure, allowing for the development of resilience. The importance of resilience cannot be underestimated. Neurological research into the long- term impacts of remaining in high states of anxiety or 'toxic stress' have been documented to impact on neural development and have lifelong implications; resilience is a protective factor. Providing opportunities through play for children to engage in and develop self- regulation and problem-solving skills, and a sense of self control supported by positive and caring adult relationships, is a key factor in the development of resilience (Harvard University, 2021). Good experiences and happy events compensate for and balance the stressors and adversities children may face (Rutter, 1985). Play provides the opportunity and safe space to enable the development of these protective factors. (Davies 2022)

According to Moyles, play contributes to the overall development of the child, aiding motor and perceptual development alongside social development as children collaborate with peers in activities. Play is useful for not only normal children but also useful for children with intellectual disability.

Intellectual Disability

Intellectual disability is a condition characterized by significant limitations in both intellectual functioning and adaptive behavior that disability originates before the age of 22 (AAIDD, 2021). Intellectual disability classified into Mild, Moderate, Severe and Profound.

Moderate Intellectual Disability (IQ 35 to IQ 49)

People classified with Moderate Intellectual Disability, because of more evident and consistent delays in their attainment of early developmental milestones, particularly in language facility and social play are likely to be identified during the preschool years. At entry to primary school, these children may communicate through a combination of single words and gestures and evidence self care and motor skills similar to those of average 2 to 3 years olds. During primary school, they will develop the use of two to three word phrases to communicate and by age 12 may evidence useful, pragmatic communication skills. Skill development, both academically and adaptively, is delayed during middle school, compared to peers with Mild Intellectual Disability. By the age of 14, they may develop basic self care skills, begin to read, and manifest social interaction skills. They generally have functional language, although their intelligibility may be poor, reading, money and number skills are typically not achieved. Lifestyle supports are usually required for this group. Children with moderate intellectual have difficulty in motor and social skills.

Children with intellectual disability have difficulties motor coordination and eye and coordination compared to their normal counterparts. Therefore, emphasis is given on enhancing motor skills which are required in their day-to-day functioning.

Social Skills

Social skills are the skills we use every day to interact and communicate with others. They include verbal and non-verbal communication, such as speech, gesture, facial expression, and body language. A person has strong social skills if they have the knowledge of how to behave in social situations and understand both written and implied rules when communicating with others. Children with a diagnosis of autism spectrum disorder (ASD), Developmental Delay and Down Syndrome have difficulties with social skills.

According to Earledge and Milburn (1980), Social skills are described as those skills such as greeting others, gives smiles, interact with others, share toys, turn taking, and follow simple rules of the game. Social development means acquisition of the ability to behave in accordance with social expectations (Patiet al., 1996).

Social skills are socially acceptable, learned behavior that enables a person to interact with others in ways that elicit positive responses and avoid negative responses (Cartledge & Milburn, 1986). Social skills are interactive, acquired primarily through learning and entail both initiation, and inhibition of social responses (Merrel & Gimpel (1998), Michelson, Sugai, Wood & Kazdin. (1983)). Ability to communicate, make decisions, self-management, and maintain peer relations are important characteristics of social skills. Social skills are necessary to form and sustain relationships with others. These skills may be acquired through gradual learning and are largely influenced by a variety of social agents present in the culture.

According to Foster and Ritchey (1979), social skills are "those responses, which within a given situation, prove effective, or in other words, maximize the probability of producing, maintaining or enhancing positive effects for the inter actor". Such positive effects include friendship and acceptance in a peer group. Social skills often determine the success or failure of student's interpersonal, employment, and independent living adjustment (Aveno, 1987; Chadsey-Rush, 1990; Kennedy, Horner & Newton, 1990).

Importance of Social Skills

Social skills are important because it helps children to build and maintain positive relationship with others. Children with good social skills are better equipped to form close bonds with friends, family, and peers which can positively impact their mental health and well beings Beckman & Strong, (1993). Social skills which includes listening to others, making an eye contact while talking to someone, using good manners, sharing things, co-operating & helping others, respect to others personal space, managing time, and follow directions and instructions.

Jean Piaget (1962) proposed that play bridges the gap between concrete experience and abstract thought. That is, in play, a child deals in a sensory-motor way with objects as symbols of something else abstract in the child's experience. Children, who are developmentally not yet able to engage fully in abstract reasoning until approximately age eleven (Landreth, 2002), express themselves more freely and directly through self-initiated, spontaneous play. A child may scribble furiously with sharp quick movements to express anger or frustration, or sing quietly while sitting with a doll to express contentment. A fearful child is likely to refrain from play, and a confused child may not be able to settle into one play activity for an extended time.

Landreth (2012) further outlined that play provides a means through which feelings can be communicated. Instead of verbalizing particular situations, thoughts or emotions, a child may use toys to communicate – e.g. shooting a dragon, locking up the bad guys, or punishing the doll that represents a

younger sibling. For many, this type of play is an example of how children attempt to organize their experiences at a developmentally appropriate level, and gain a sense of mastery and control in their life.

Stagnitti and Cooper (2009) explained that elements of play which include storytelling and imagination are known precursors to language development and other functional skills such as understanding context, narrative, predicting and planning. Further, play is a child's introduction to formal education, as children familiarise themselves with shapes, colours, numbers, letters, and words.

Play Therapy

Play therapy is a therapeutic modality wherein play is the principle therapeutic factor. Because play is a child's natural medium of communication, play therapy is an ideal modality in which to allow children to express their feelings and deal with their emotional problems Landreth (2012).

In essence, play therapy is for children what 'talk therapy' or counselling is for adults. Landreth (2012, p. 11) defines play therapy as: "A dynamic interpersonal relationship between a child (or person of any age) and a therapist...who provides selected play materials and facilitates the development of a safe relationship for the child...to fully express and explore self (feelings, thoughts, experiences, and behaviours) through play, the child's natural medium of communication, for optimal growth and development."

Play therapy provides the child with a consistent and predictable therapeutic relationship and environment in which to explore their fears, difficulties, struggles and pain, as well as hopes, dreams and fantasies. The underpinning assumption of play therapy is that, given this relationship and environment, the child has the inner resources to bring about growth and change in their own lives.

Play therapy is an emerging tool for therapists forging significant headway in the treatment of children with intellectual disabilities. The Association for Play Therapy describes the process of play therapy as "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."

Significance and Scope of the Study

Play is a key medium through which they express themselves. Play Therapy is a popular way to teach children with moderate intellectual disability how to connect better with other children and peer groups. It will show them new ways of playing with their toys, materials, teach them problem solving skills and expand their languages, communication and social skills.

Play Therapy for children with moderate intellectual disability make them to explore their feelings and needs while learning how to socialize with their friends, communicate better with friends, siblings and parents.

Play Therapy for children with moderate intellectual disability help them to realize more fully. It helps them to stay physical fitness and develop social and communication skills. It can also help parents to connect better with their children.

Play Therapy can enhance social skills in children with moderate intellectual disabilities. Social skills are necessary for daily living activities and establishing quality of life. We do physical activities such as playing like catching, kicking, and throwing. The present an attempt has been made to find the effectiveness of play therapy in enhancing social skills among children with moderate intellectual disabilities.

Objectives of the Study

- To find the effect of play therapy in enhancing social skills among Children with Moderate Intellectual Disability.
- To find level of social skills among the Children with Moderate Intellectual Disability as a result of Play Therapy (Experimental Group)
- To find level of social skills among the Children with Moderate Intellectual Disability as a result of Conventional Method (Control Group).
- To compare the post test achievement scores of social skills among the Children with Moderate Intellectual Disability through Play Therapy (Experimental Group) compared to Conventional Method (Control Group).

Hypothesis

- There will be significant difference between pre-test and post-test scores of social skills through play therapy (Experimental Group).
- There will be significant difference between pre-test and post-test scores of social skills through Conventional method (Control Group).
- There will be significant difference between Experimental Group and Control Group's post-test achievement scores on social skills.

Research Design:

In the present, pre-test and post-test control group design was used to carry out the study. This design was used because combination of random assignment and the presence of a pretest and a control group serve to control for all sources of internal validity.

Sample:

The sample consists of children with moderate intellectual disability. Size of the sample was 10 Children with Moderate Intellectual disability age ranging from 7 to 14 years.

Random sampling technique was used for drawing out the sample from special school. Selected ten students randomly and grouped them into control and experimental group. Each group consists of 5 students.

Tools used in the Study:

For the purpose of collecting data the researcher had prepared Social skill checklist.

The items in the checklist were arranged sequentially in each domain of the checklist from simple to complex. The scoring codes were (0) Dependent, (1) Physical Prompt, (2) Modeling prompt, (3) Verbal Prompt and (4) Independent.

For the purpose of validation, the checklist was given to 12 professional working in the Intellectual Disability. The response of the experts was collected as an appropriate or inappropriate for each domain. A separate column was given for suggestions each item. Modifications were done in the final checklists.

Procedure:

Prior to the study written permission was obtained from the Principal of the special school. Ten students selected and were involved in the study. Five students were selected for experimental group and the other five into the control group. Students E1, E2, E3, E4 and E5 constituted the experimental group while the students C1, C2, C3, C4 and C5 formed as control group.

The training was imparted to the subjects in 20 sessions. Small group instruction has been given to the subjects. The play therapy has been given through colorful materials to the subjects. Each session lasted for about 45 minutes. Before intervention, base line of the subjects have been collected. Pre-test and post-tests score have been conducted for all the subjects.

The researcher taught the play therapy activities to the subjects in the experimental group. Researcher made participants to stand on the ground and motivated the subjects by letting them know the benefits of play therapy activities and how it would be helpful for them. Subjects were oriented with all the colorful materials of play therapy activities. During intervention participants were brought to the ground for play therapy activities. Intervention was given through colorful materials. Each subject of the group has been provided with all the colorful materials for different kinds of play therapy activities. During intervention participants were oriented with the researcher delivering an attention cue. Then the researcher provided verbal cue of the first step of the task. If the participant was unable to respond, the researcher provided prompts such as modeling, physical prompt, verbal prompt and gestural prompts. The same procedure was followed to complete the remaining steps of the targeted task. Gradually, prompts were faded when participant performed the task independently. The performance of the students has been entered in the performance checklist with respect to each task and session wise individually.

Setting:

The experiment was conducted in the ground at special school. The experimental group was taught additions group and individually by using colorful materials. The control group students were taught without colorful materials.

Intervention Schedule:

A total of 20 sessions were carried out for the experimental group. The duration of each session was 30 minutes. Weekly 5 Sessions were conducted from 11.00 am to 11.30 am. The session wise performances of the subjects were recorded in the checklist. Record was made under the following options: Dependent (D)-0, Physical Prompt (PP)-1, Modeling Prompt (MP)-2, Verbal Prompt (VP)-3, and Independent (I) - 4. After the 20 sessions post test was conducted and the data were tabulated for analysis was done using t-Test.

Results

Data were organized and analyzed as per the objectives of the study. For statistical analysis mean, standard deviation, and a 't' were computed. Data analysis and interpretation is presented in the following Tables.

Table-1

Comparison of Pre-test and Post-test Mean Achievement scores of Experimental Group with regard to Social skills among Children with Moderate intellectual Disability

	N	Mean	S.D	t. Value
Pre	5	22.60	1.14	8.38**
Post	5	49.80	7.82	df=4

** Highly significant at 0.01

Table-1 indicates that pre-test and post-test mean scores of experimental group with regard to social skills among children with moderate intellectual disability. The obtained mean scores of pre-test experimental group is 22.60 and post-test mean achievement score is 49.80. This shows that there is a major difference between pre-test and post-test mean scores. To see whether there is any significant difference between pre-test and post-test mean scores of experimental group, a paired 't' test was conducted. The obtained 't' value is 8.38, which is greater than the table value, hence it is highly significant at 0.01 level. Children got improvement through Play Therapy.

So, hypothesis states that "there will be significant difference between pre-test and post-test mean scores of social skills among children with moderate intellectual disability who received play therapy activities" is accepted.

Table-2

Comparison of Pre-test and Post-test mean achievement scores of Control Group with regard to Social skills among Children with Moderate Intellectual Disability

	N	Mean	S.D	t. Value
Pre	5	23.00	0.71	6.29**
Post	5	35.80	4.60	df=4

** Highly significant at 0.01

Table-2 shows that pre-test and post-test mean scores of control group with regard to social skills among children with moderate intellectual disability. The obtained mean value for pre-test score of control group is 23.00 and post-test mean value is 35.80. There is a difference between pre-test and post-test mean scores of control group with regard to social skills among children with moderate intellectual disability. To see whether there is any significant difference between pre-test and post-test mean scores of control group with regard to social skills, a paired 't' was used. The obtained t value is 6.29 which is higher than the table value. Hence, it is highly significant at 0.01 level. Therefore, the hypothesis states that "there will be significant difference in the mean scores of social skills among children with moderate intellectual disability who trained through conventional method is accepted.

Table-3

Comparison of Post-test mean scores of Experimental and Control Group with regard to Social skills among Children with Moderate Intellectual Disability

	N	Mean	S.D	t-Value
Control	5	35.80	4.60	3.45*
Experimental	5	49.80	7.82	df=8

*Significant at 0.01

Table-3 shows that the mean scores of post-test mean scores of control and experimental group with regard to social skills among children with moderate intellectual disability. The obtained mean value for post-test mean scores of control group is 35.80 and the post-test mean value of experimental group is 49.80. It is clear from this, there is a difference in the post-test mean scores of control group and experimental group. To see whether is any difference between post-test mean scores of control and experimental group, an independent 't' test was carried out. The 't' value is 3.45 which is higher than the table value. Hence, it is highly significant at 0.01 level. Therefore, hypothesis states that "there will be significant difference between Control Group and Experimental Group of post-test achievement scores of social skills among children with moderate intellectual disability" is accepted. It is clear from the findings that children who are trained through play therapy are gained more score compared to control group who trained through conventional method. Hence, who are trained through play therapy shown more improvement in social skills.

Discussion

After the intervention, it is evident from the results that the children with moderate intellectual disability who were taught through play therapy performed better in enhancing social skills than that of the children with moderate intellectual disability through conventional method. Hence, this performance of the children of experimental group can be ascribed to Play Therapy. As the children were receiving immediate feedback during intervention and in turn children became more confident and showed significant improvement in enhancing social skills through Play therapy activities. The study's results made it quite evident that Play Therapy laid higher learning performance among children having moderate intellectual disability.

From the aforementioned facts, it can be concluded that Play Therapy is a pleasurable and recreational activities for children with moderate intellectual disability because it fosters leisure progress. In order to help students who are having difficulties in motor movements, play therapy is used to deliver one-on-one instructions and group instructions. In order to keep up with their progress, students need to participate in leisure activities.

Conclusion

The study's findings provided additional evidence that the play therapy was efficient method in training children having moderate intellectual disability in enhancing social skills. Teacher can employ this method for various playing activities. Through this method children can enjoy the activities and complete the task successfully. The study's findings have inferences for innovative way of playing activities through this method. A variety of play therapy should be provided by the teacher where motivation, interest, creativity can be aroused to perform the given activity successfully.

Play therapy can be easily accessible by all the school going children which make recreational activities for their break time after the class for the students. All the regular schools should provide play activities for students after the class when the students should also relax and feel refresh of their mind after the study. The teachers should ensure the students to participate in play activities. School students should have ground and space for playing activities. Play therapy can also be used as different playing activities such as catching the ball, kicking the ball, bubble play, and throw ball in the basket for children having intellectual disability and these play therapies are cost effective. By using these activities, student can manage their time and also maintenance of fitness and energy.

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