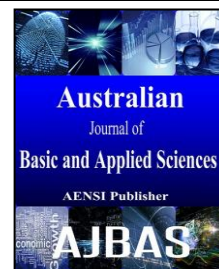




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Play Therapy Intervention On Preschool Children With Behaviour And Emotional Problem

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ABSTRACT

A quasi-experimental study was carried out to examine the effectiveness of play therapy on preschool children aged 4 to 5 years old in Serdang, Selangor. This study was carried out in three stages i.e. screening stage, intervention and post evaluation stage. Achenbach Caregiver-Teacher Report Form was used to assess children's emotional and behavioural problems. Out of 387 children screened in the first stage, 68 children who showed symptoms of externalising and internalising behaviour problems were selected to be included as study samples and proceeded to the second stage of the study. In this stage, the respondents were divided into control and experimental groups. Play therapy intervention was carried out on the experimental group only. Upon completion of the intervention sessions, in the third stage, post-test was carried out to examine the effectiveness of the play therapy sessions on children's externalising and internalising behaviour problems. Findings showed that play therapy intervention is effective for preschool children aged 4 to 5 years old in reducing externalising and internalising behaviour problems. Thus, this study recommends and encourages the use of play amongst parents, teachers and child caregivers in the efforts for healthy and positive child development.

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INTRODUCTION

It is estimated that between 10-15% preschoolers exhibit mild to moderate externalising and internalising behaviour problems, and are said to be common and prevalent amongst children of various backgrounds (Campbell, 1995). The United States' National Research Council and Institute of Medicine's report on preventing mental, emotional and behavioural disorders among children between 2005-2011 reported that approximately 13-20% of children in America experience mental health issues with attention-deficit/hyperactivity disorder (6.8%), behavioural or conduct problems (3.5%), anxiety (3.0%), depression (2.1%) and autism spectrum disorders (1.1%) as commonly diagnosed issues (CDC, 2013). Children always portray disruptive behaviours prompting researchers to focus on the significance of behaviour problems in those younger than six years old as they are aware that these behaviours are potential indicators of long term effects. Toddlers and preschoolers are at a vulnerable age where children with behavioural and emotional

problems can have long lasting effects on their social, emotional, cognitive and linguistic development if they are left untreated (Campbell, 1995). According to Campbell, the transitions from dependency of infancy to growing autonomy and social and cognitive competence amongst the children may lead to future problems and complications. Thus, it is pertinent to understand the fundamental development of a child as the extent of development is subjective to individual differences which determines positive development of negative outcomes.

According to classifications by Achenbach (2004), children's behaviour problem can be broken down into two broad dimensions of dysfunctional behaviours i.e. externalising and internalising domains. Externalising problem behaviours refers to under controlled, acting-out behaviours such as conduct difficulties, hyperactivity and impulsivity (Achenbach and Rescorla, 2004) while internalising problem behaviours involve experiences of distress summarised as anxiety, depression, somatic complaints and withdrawn behaviours (Bongers,

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2003). Externalising problems of aggressive and noncompliant behaviours often emerge during the preschool period and are managed through coercive parent-child relationships (Gartstein, Putnam and Rothbart, 2012) while internalising behaviours are often seen in later childhood. Nonetheless, early manifestations of internalising symptoms can already be observed during the preschool periods (Achenbach and Rescorla, 2004). According to Roza, Hofstra, Ende, and Verhulst, (2003), these emotional and behavioural problems can become intensified and developed into psychiatry conditions in later years if left untreated, for example, childhood anxiety or depression can lead to mood disorders and depression in adolescence and young adulthood. When treated, children and youth with mental health problems fare better at home, in schools, and in their communities. If effective early intervention support is not provided at a young age (i.e., before age 8), longitudinal and clinical studies have shown that a large number of children will inadvertently follow a path leading towards juvenile delinquency (Handy, Beamish, and Bryer, 2005; Walker, Ramsey, and Gresham, 2004).

Malaysia is experiencing unprecedented rapid growth over the past 20 years while moving towards a developed nation to achieve the country's vision 2020. These developments have exposed preschoolers, the most vulnerable group, to an ever-challenging and stressful life. As a country with almost half of the population being younger than 20 years old, it is striking to note that approximately 20% of Malaysian children and adolescents aged between 5-16 years old are having some form of mental health problems (NHMS, 2006). It is predicted that community mental health disorders will continue to increase in coming years and will create substantial burden to the country. A number of researches have proven that the onset of mental disorders in adolescence or later stages might have its origin in childhood emotional and behavioural problems. Therefore, early identification of problems and timely intervention is crucial to help those children, while their mentality and behaviour are still fluid (Hofstra, Ende, and Verhulst, 2002; Roza, Hofstra, Ende, and Verhulst, 2003; Edwards, Holden, Felitti, and Anda, 2003).

Therapy and medication are the most common forms of treatment available for children with emotional and behaviour disorders where children and families can benefit from various therapeutic techniques and methods. Play therapy is a widely used, developmentally appropriate psychotherapy technique for meeting young children's social-emotional needs. It is generally employed in children aged 3 to 11 years old and provides a way for them to express their experiences and feelings through a natural, self-guided, self-healing process. The Association of Play Therapy (2001) defined play therapy as "the systematic use of a theoretical model

to establish an interpersonal process wherein play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development".

The United Nations High Commission for Human Rights recognizes play as a right for every child and that every child who engages in play appropriately would enable the child to fully develop his/her personality, talents, mental and physical abilities to his/her full potential (United Nations Human Rights, 2006). Play therapy is a process that creates an intense relationship between therapist and client where the use of play would be the main mode of communication (Wilson K., 2000). This mode of therapy is aimed at bringing about changes in individual's primary relationships that have been distorted and impaired during the process of development (Wilson, Kate; Ryan, Virginia, 2005). As children's capacity to verbally communicate effectively like adults are still in the developing process as they grow, play is a natural way that allows children to express feelings and experiences and to be able to establish relationships with others while play therapy represents a child's needs and desires to be able to better understand themselves (Landreth, 2002). Play therapy allows a child to overcome emotional limitations which possibly hinders the expression of intelligence that would allow a child to demonstrate his/her full potential (Axline, 1949). Landreth asserted that a child has the innate ability to develop self-actualization through self-direction when provided with a conducive environment that is fully accepting of each child (Landreth, 2002). The efficacy of play therapy has been scientifically proven in treating young children's problems as a review by Bratton, Ray, Rhine, and Jones (2005) where play therapy were found to be effective in various settings, across modalities, age and gender, clinical and nonclinical populations.

Methodology:

The main objective of this study is to evaluate the effectiveness of play therapy in reducing externalising and internalising behaviour problems in preschool children aged four to five years old in Serdang, Selangor. Quasi-experimental design was used to examine the causal impact of an intervention on a target sample. According to the Ministry of Education Malaysia's Education Statistics (2013) report, the total number of enrolment in preschools registered under the government were 18, 948 children in the state of Selangor. From this total, the total number of respondents identified as required in the study was 377 preschool children. List of registered preschools was obtained and subsequently, all national preschools were shortlisted. Four preschools – two of which are semi-government and two of which are private owned – were selected to be involved in this study.

Achenbach Caregiver-Teacher Report Form (CTRF) for Ages 1.5 – 5 (Achenbach, 2000) was used to examine preschooler's externalising and internalising behaviour problems. Initially it was used as a screening tool to identify children with externalising and internalising symptoms and syndromes. The syndromes were emotionally reactive, anxious or depressed, somatic complaints, withdrawn, attention problems, aggressive behaviour, stress problems, and sleeping problems which were grouped into two broad scales i.e. internalising problems and externalising problems. The CTRF was standardised and norm-scored for children aged 1.5 – 5 years old. As such, it provided the standard T-scores where a child's presenting problem scores can be compared to the normative sample and used to determine whether the problem scores on particular syndrome fell in the normal range (T-score < 65), border line range ($65 \leq$ T-score < 70), or the clinical range (T-score \geq 70). The questionnaire used in this study consisted of two major components – demographic data and screening scales.

This study was carried out in three stages i.e. screening stage, intervention and post-evaluation stage.

i) First stage : In this stage, a screening procedure on the whole sample was carried out to identify potential cases with high risk of externalising and internalising behaviour problems. After obtaining the required approvals, the first stage of data collection started in early 2014 on 387 preschoolers aged 4 to 5 years old. Prior to this, principals and teachers from all selected preschools were briefed on the project objectives and procedures. Teachers from all four preschools were required to fill up the CTRF. Upon obtaining the filled questionnaires, analysis was run to identify children with borderline and clinical levels of externalising and internalising behaviour problems. Screening showed that 68 preschoolers were found to exhibit externalising and internalising behaviours and would proceed as study sample for the second stage.

ii) Second stage : In stage two, respondents were then divided into experimental and control groups, with 34 preschoolers for each group. Only children in the experimental group were assigned to play therapy sessions while none were given to control group. Various types of play therapy mediums such as sand play therapy, creative arts, and movement were implemented. Parents' consent was obtained in the beginning of this stage. Six trained play therapists conducted the play therapy sessions. Each session took about 45 minutes. Children with borderline cases underwent six therapy sessions while children with clinical cases underwent ten therapy sessions.

iii) Third stage : In stage three, a post-evaluation was carried out to assess the levels of externalising and internalising behaviour problems in the preschool children for both experimental and control groups using the CTRF.

Results:

Demographic background profile:

Based on the 387 children who participated in the study, majority of the children were aged 5 years at 46.8% (n=181) followed by children aged 6 years at 29.7% (n=115) and 4 years at 23.5% (n=91). Of these children, 79.6% (n=308) of them come from two children homes followed by 16.5% (n=64) of them who come from homes with 3-4 siblings. As for breakdown based on sex, majority of 54.3% (n=210) were boys while 45.7% (n=177) were girls. The ethnic breakdown of the children were predominantly Chinese with 59.2% (n=229) followed by Malays with 38.8% (n=150) as Serdang is a Chinese majority neighborhood.

Based on birth sequence of the children in their families, 60.7% (n=235) were first children in their homes. The mothers of the children who participated in the study are mostly between ages 31-35 years 35.4% (n=137) followed by mothers in the age group of 30 years and below at 29.5% (n=114) and 36-40 years at 28.9% (n=112). Majority of the fathers were also aged between 31-35 years at 31.52% (n=110) and 36-40 years at 29.51% (n=103). A large number of the mothers at 55.6% (n=215) and fathers at 63.61% (n=222) have secondary school qualification while 26.6% (n=103) of mothers and 18.62% (n=65) of fathers are diploma holders. Based on the mother's occupation levels, 43.3% (n=168) are lower level white collar workers, 29.7% (n=115) blue collar workers and 18.3% (n=71) are upper level white collar workers while a small percentage of 8.5% (n=33) are housewives. Based on the father's occupational levels, 48.4% (n=178) of fathers were ranging in the lower-level white collar category.

Child Behaviour Problems:

Based on the assessment carried out in the first stage using CTRF, the scores on children's behaviour problem in the study are classified by T-scores of the CTRF that were generated by the ASEBA Assessment Data Manager (ADM) software (Achenbach and Rescorla, 2000). Scoring was done in the direction of higher levels of behaviours problems which means that the higher scores related to more behaviour problems, moderate scores as borderline cases and low scores as normal children.

Table 1 above describes child behaviour problem scores of children who participated in the study. Findings showed that, for externalising behaviour problems, 7.5% (n=29) of respondents were scored as borderline cases and 6.2% (n=24) as clinical cases. For internalising behaviours, 11.4% (n=44) were classified as borderline cases while 14% (n=54) as clinical cases.

Internalising Behaviour Problems of control and experimental groups:

This section analyses internalising behaviour problems of preschool children identified in the study before and after play therapy intervention. For this

study, only children identified with borderline and clinical levels from the experimental group were given the play therapy sessions. No intervention was given to the control group. Results from the analysis are as per Figure 1 and Table 2 below.

Table 1: Scores on child behaviour problems (n=387).

Variable	N	%	Mean	SD
Child Behaviour Problem				
Internalising Behaviours			50.44	12.30
Normal	289	74.7		
Borderline	44	11.4		
Clinical	54	14.0		
Externalising Behaviours			48.38	10.16
Normal	334	86.3		
Borderline	29	7.5		
Clinical	24	6.2		

n=number, %=percentage, SD=standard deviation

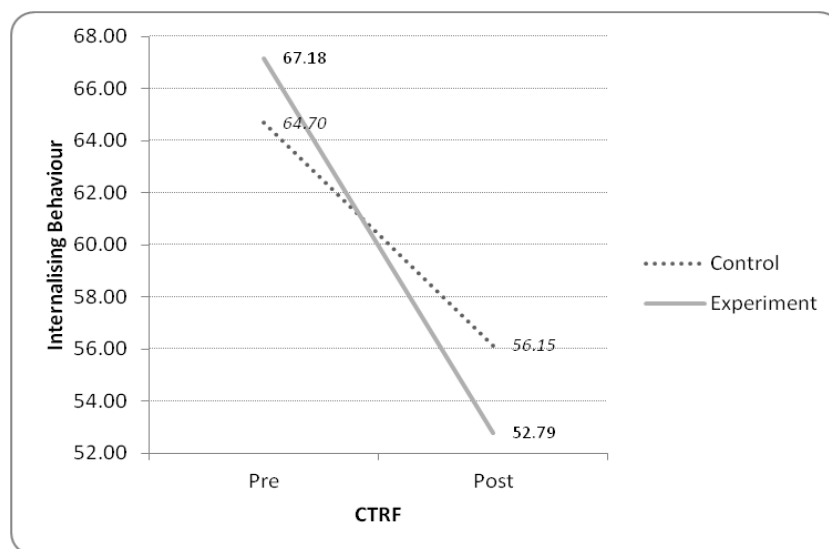


Fig. 1: Internalising behaviour problems.

Table 2: Internalising behaviour problems.

Paired Samples Statistics		Mean	N	SD	t
Control Group	Pre_Internalising	64.70	34	8.76	3.47**
	Post_Internalising	56.15		6.34	
Experiment Group	Pre_Internalising	67.18	34	6.94	7.46***
	Post_Internalising	52.79		10.92	

Note: ** $p < .01$, *** $p < .001$

Based on Figure 1 and Table 2 above, the figures show internalising behaviour problems of respondents in the control and experimental groups based on pre-test and post-test reports. Analysis carried out prior to therapy sessions revealed that there was no significant difference between the mean for internalising behaviour problems in the control group (mean = 64.70, sd = 8.76) and experimental group (mean = 67.18, sd = 6.94).

The post-test analysis showed that the mean for internalising behaviour problems for both control group (mean = 56.15, sd = 6.34) and experimental groups (mean = 52.79, sd = 10.92) showed a decrease in internalising behaviour problems. Results indicated that teachers in the control group reported significant decrease in internalising behaviour [t (19)

= 3.47, $p < .01$] while results by teachers in the experimental group showed a greater significance in decrease [t (33) = 7.46, $p < .001$] of internalising behaviour problems. This is visualized in Figure 1 where the decrease for experimental group was visibly steeper while the decrease in the control group was seen as a minor decrease which perhaps could be due to the curriculum that is applied in the preschools which similarly emphasize a "learning through play" approach. This finding also supports previous research which emphasize that play therapy significantly reduces the internalising behaviour problems in children in comparison to children who do not undergo play therapy intervention.

Externalising Behaviour Problems of control and experimental groups:

This section discusses respondent's externalising behaviour problems as reported by teachers in the CTRF. Similar to the process for internalising

behaviour problems, only children identified with borderline and clinical levels from the experimental group underwent intervention. Results from the analysis are as per Figure 2 and Table 3 below.

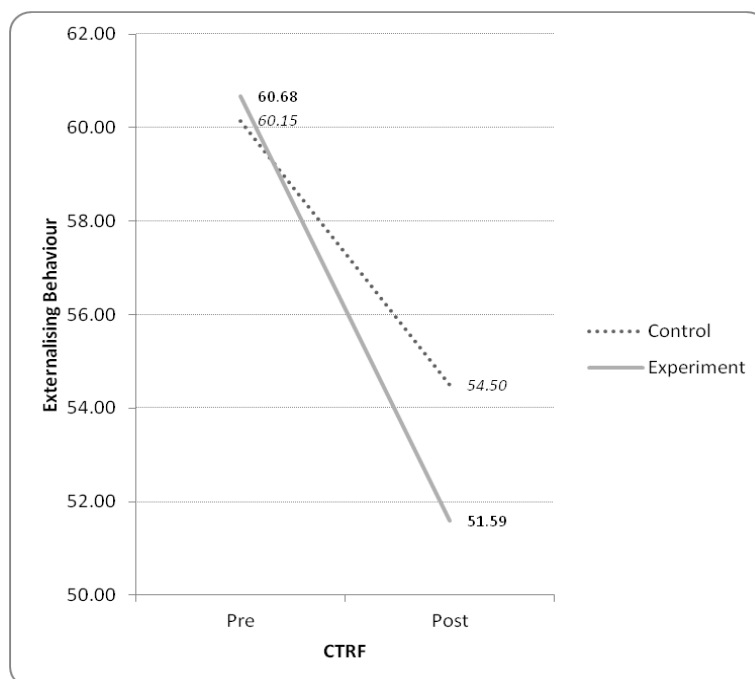


Fig. 2: Externalising behaviour problems.

Table 3: Externalising behaviour problems.

Paired Samples Statistics		Mean	N	SD	t
Control Group	Pre_Externalising	60.15	34	7.44	2.82**
	Post_Externalising	54.50		9.39	
Experiment Group	Pre_Externalising	60.68	34	8.56	4.88***
	Post_Externalising	51.59		11.71	

Note: ** $p < .01$, *** $p < .001$

Based on Figure 2 and Table 3 above, the figures show externalising behaviour problems of respondents in the control and experimental groups based on pre-test and post-test reports. On the on-set of the study, results showed that there was no significant difference between the mean for externalising behaviour problems in the control group (mean = 60.15, sd = 7.44) and experimental group (mean = 60.68, sd 8.56).

The results after the completion of intervention showed that the mean for externalising behaviour problems for both control group (mean = 54.50, sd = 9.39) and experimental groups (mean = 51.59, sd = 11.71) showed a decrease in externalising behaviour problems amongst the respondents. According to the findings, results indicated that teachers reported a significant decrease in externalising behaviour problems amongst control group [$t(19) = 2.82, p < .01$] while results in the experimental group showed a greater decrease in externalising behaviour [$t(33) = 4.88, p < .001$] which, as visualized in Figure 3, showed and slight decrease only for the control

group while the experimental group showed a steep change. Similar to the scenario of children with internalising behaviour problems, the involved preschools which use a "learning through play" approach, have a positive effect on its pupils which shows that play significantly reduces externalising behaviour problems in children.

Conclusion:

Based on the results, the analysis show that the respondents in both the experimental and the control groups had an evident decrease in externalising and internalising behaviour problems. However, the children who underwent play therapy intervention showed a statistically significant and a more drastic decrease in levels of behaviour problems. Similarly, Bratton, Ceballos, Sheely-Moore, Meany-Walen, Prochenko and Jones (2013) ran a study where children underwent experimental treatment and play therapy and the teachers later found that these children had a significant decrease in disruptive behaviours post treatment. In the study, children

moved from clinical levels of concerning behaviours at pretest to normal levels of behavioural functioning post therapy which strongly establishes the importance of play therapy as an early mental health intervention for children at risk. The decrease in levels of children's behaviour problems in this study also applies for the children who did not undergo play therapy intervention but experienced "learning through play" approach in the preschools they attended, which is in-line with theorists such as Lev Vygotsky and Jean Piaget who emphasised the importance of play for children. In line with the benefits of play, Cochran, Cochran, Nordling, McAdam, and Miller (2010) studied the effectiveness of play therapy in two children with disruptive behaviours who were referred to by teachers having difficulty coping with their aggressive and attention seeking behaviours. The children were given therapy and subsequently showed a shift of strong positive trends in anxious behaviour with a shift from clinical to normal ranges in internalising and externalising behaviours.

The results also proved the effectiveness of play therapy intervention for young children aged four to five years old which can be proposed to be implemented in preschool and early childhood settings as educational and therapeutical remedy to treat child behaviour problems as proven by the results of this study. Guerney (2001) in his study showed the basic tenets, rationale and effectiveness of play therapy, similar to other studies which showed the effectiveness of therapy when the therapist lets the child to take charge, be responsible and lead his/her process. This allows the process to focus on the child giving him/her innate power to grow and mature. Thus, this study also proves beneficial for preschool teachers to identify children with externalising and internalising behaviour problems and to use the method of play therapy intervention to help heal these children. Besides, it is also useful to teachers' training manuals in nursery schools as knowledge on how to implement play interventions is encouraged to be delivered to nursery school teachers. At the same time, the knowledge is beneficial in facilitating children's well-being as well as for the general society as it helps the children to achieve their full potential and to prevent the development of more serious impairment across their life span that might eventually cause substantial burden to our society.

There is a great need for further study in this field in order to offer play therapy as an evidence-based practice as the results of this study have demonstrated promising effects of play therapy. Garza and Bratton (2005) studied the effects of play therapy compared to a curriculum-based intervention with children who have been identified with behaviour problems who underwent treatment which, in post test found that all the children who received play therapy showed a significant decrease in

externalising behaviour problems when compared to children who went through curriculum based treatment. This findings shows the great positive effects of play therapy on externalising and internalising behaviour problems recommending future studies to be carried out in various cultural settings. Likewise, the present research offered results regarding the use of play therapy in preschools to examine the effectiveness of the treatment to reduce child behaviour problems symptoms in local setting.

This study shows the efforts to identify the effectiveness of play therapy in order to reduce externalising and internalising behaviour problems in preschool children. The results of this study recommend the need that the focus and objective is expanded into a broader domain to encompass a larger geographical setting within Malaysia. This study provided concrete profile reading of children aged four to five years old in the four selected preschools in Serdang, Selangor. The findings can provide implications to obtain a clearer understanding on the issue of child behaviour problems amongst preschoolers with actual profiling of the children and their families in a local setting. The results and processes also allowed for a concrete database on play therapy to be established which can be used to treat children with externalising and internalising behaviour problems via play therapy. Furthermore, this study helps fill the knowledge gap and enrich literatures as this study has been conducted among preschool children aged four to five years old. Most of the previous studies only focused on school-age children and above. Moreover, there are limited research and resources regarding play therapy intervention in Malaysian context. Hence, this study has made a huge contribution in the area of the study. However, there are several research limitations that have been addressed in this study, for examples, the lack of control regarding treatment length, respondents' commitment, and the lack of qualitative database. By overcoming the limitations, it can provide a future direction on play therapy.

Preschoolers from various states, rural and urban settings, government and private schools, from the North to the South and from Peninsular to East Malaysia should be considered to understand the psychological scenario of preschool children's emotional and behavioural state of mind. In addition, future studies may gather qualitative data rather than only analysis on quantitative data as qualitative data may provide broader views on the research topic and the views will not be limited to the close-ended questions as that found in quantitative research methods (i.e., observational method, interviews, tape recording). It is also recommended to implement play therapy in all preschools all over the Malaysia and not only to focus on therapy sessions as this study has proven the effectiveness of play therapy

and its usefulness in reducing children's externalising and internalising behaviour problems. Therefore, it is recommended for policy makers and practitioners to consider this intervention to be implemented when dealing with children's emotional and behavioural problems. Parents could possibly and easily overlook the fact that their young child may be prone or perhaps experiences emotional and behavioural problems, hence, with the implementation of play therapy in schools, this can assist parents to deal with their children's problems. By understanding and acknowledging the importance of play therapy intervention, parents can identify and help their children who have such symptoms. They can also implement a safe play environment in their homes for their children which can help build emotional attachment and at the same time secure the relationship with their children.

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