

The Effect of Sand Play Therapy in Treatment of Attention Deficit Hyperactive Disorder in Children

Original Paper

Received Dec. 13, 2016

Revised Feb. 15, 2017

Accepted Mar. 10, 2017

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Abstract The aim of this study is Effect of sand play therapy on Treatment of Attention Deficit hyperactive disorder in Children of Bandar Abbas. The present study is a quasi-experimental study with pre-test and post-test design with control group. The experimental group treatment by sand therapy, but the control group is placed on the waiting list, and the two groups respond at the same time to pre-test and post-test. The population study includes ADHD children in kindergartens in Bandar Abbas in 2016. The sample size is 30 children 3-6 years old who were selected by the Canaries questionnaire. Sand therapy is held in 10 sessions of 30 minutes. The results showed that there is a significant difference between the Attention Deficit hyperactive disorder children with the control group. The results of the study indicate that Sand therapy is effective in the treatment of Attention Deficit hyperactive disorder children.

Keywords: Attention Deficit, hyperactive disorder, sand therapy

Introduction

For many years, physicians and health professionals have identified a phenomenon called extreme dilemma. Over the years, the hypothesis of brain injury at birth was a highly acceptable hypothesis, and most physicians, when they were unable to find an explanation for abusive behaviors of children, were left unconsciously burdened with the use of so-called mild brain injuries under the burden of collision (Paul Carsen 1992). Childhood disorders, attention deficit disorder (ADHD), which in most cases continues until adulthood. Children with this disorder constantly move around without thinking. They can understand the wishes and expectations of their neighbors, but they are unable to follow their orders because they are not able to pay enough attention and cannot be more focused (Salahshoor 2005). There is no definitive and specific indication for attention deficit hyperactivity disorder. But it can be controlled by various methods (Salahshoor 2005).

Include: Oral diets, physical exercises

(such as yoga, muscle relaxation), concentration training, visual training, two-way dialogue, game therapy and individual psychotherapy (Tay Nen 2005). Children's play therapy is encouraged to carry out some of the work and the therapist will react or participate in it (Paul Henry Mason et al. 2009).

The game helps the child to recognize himself and discover the world around him by discovering the mental and physical abilities and using his imagination. The game is a way for child can express his positive emotions and open the way through negative emotions (Don, 2012).

In this type of treatment, the child is given the opportunity to display the annoying emotions and internal problems through the game, as is the kind of treatment in adults that give their problems by speaking (Exelin 1998). The game and play therapy are methods that provide useful and valuable results and balance the emotional behaviors positively. The game reduces tensions caused by environmental pressures, making the player feel comfortable and relaxed (Harwiz 1998).

Among the therapeutic games, sand play is a non-verbal technique in which the child deals with conflicts, tendencies and emotions by making his world in sand tray. And the therapist plays the role of a silent observer, and after a few trains are made by the child for a certain period of time, an interpretation is made (Ahmadvand 2014). About 80% of children with ADHD recover over time, but children with this disorder seem to be less able to adapt. Therefore, the prognosis of this disorder is weak and in many cases leads to delinquency and antisocial personality (Hinschwo Vanderson, 1997, Barclay 1997).

Restless behavior of children is one of the main complaints of parents. Disorders of restlessness, lack of attention, coping behavior and behavioral disorders are one of the main reasons for the referral of children to mental health services. These children have learning disabilities and may be failing in the school.

Hence, knowing and correcting these children can be a positive step in helping parents and teachers and preventing its chronicity and its possible transformation into different types of disorder (Shariaatzadeh 1998). Therefore, the main objective of the present study was to determine the effectiveness of therapeutic game sand on treatment of attention deficit disorder in children.

Methodology

The present study is a quasi-experimental study with pre-test and post-test design with control group. The experimental group treatment by sand therapy, but the control group is placed on the waiting list, and the two groups respond at the same time to pre-test and post-test. The population of the present study includes ADHD children in kindergartens in Bandar Abbas in 2016). The sample included 30 children 3-6 years old who were selected

by the Canaries questionnaire. The information gathering tool includes available written sources and behavioral log analysis to determine children with attention deficit disorder. In this research, Sand therapy is held in 10 sessions of 30 minutes.

Instructions sand play therapy:

At the beginning of the meeting, this is stated: "We have a sink box and a number of different toys. I want you to look carefully at the toys. For example, we can use the animals in the image." You can create any image you like and use any of these gadgets you want. If you shed the sand, you will see that the bottom of the box is blue, it can be a sea and a Lake, and you do not like it. You cannot do this. When your time starts right now, you have 30 minutes to make your own image, and at the end, you have to choose a name for your image and explain it to me.

Canaries Teacher Rating Scale

The first grade of the Canberra teacher rating scale is 39, and the revised version is 28. A brief questionnaire teacher Connors (hyperactivity) is sensitive to ADHD and conduct. The CTRS version is based on several scales:

1. Conduct disorder
2. Hyperactivity
3. Passive neglect
4. Emotionally irritable
5. Anxious – passive
6. Non-social

Data were analyzed with descriptive statistics such as mean and standard deviation, and inferential statistics for obtaining covariance analysis and t-test by SPSS software.

Result

Hypothesis 1: Game therapy sand, affects the treatment of children aged 5 to 6 with attention deficit disorder.

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Table 1. Inter-group factors Descriptive statistics result

Group	Mean	SD	N
Experiment	158.60	3.135	15
Control	157.60	4.067	15
Total	158.10	3.064	30

Table 2. The results of Leven test

F	df2	df1	sig
4.146	28	1	0.051

Table 3. The results of Leven test and variance

References	Sum of squares	Df	Mean squared	F	P	square Eta
Modified model	(a) 168.358	3	62.119	8.485	0.001	0.495
group	165.105	1	165.105	22.553	0.001	0.464
Pre test	107.700	1	107.700	14.711	0.001	0.361
Group * Pre-test	151.242	1	151.242	20.659	0.001	0.443
Error	190.342	26	7.321			
	0.436 = R2		0.495 = R			

Table 4. Experimental group

Test type	N	Mean	SD	SD Error
Experimental pre test	15	52.25	7.93	3.96
Examination post test	15	31.75	11.87	5.93

Table 5. T Test for Equivalence of Means

	T	DF	P	Difference mean	SD Error
Equivalence of hypothesized variances	2.87	8	0.02	20.5	7.13
Alignment Non-formal variances	2.87	5.23	0.03	20.5	7.13

Table 6. Experimental group

Test type	N	Mean	SD	SD Error
Experimental pre test	15	5.50	15.06	7.53
Examination post test	15	77.25	16.04	8.02

Table 7. T Test for Equivalence of Means

	T	DF	P	Difference mean	SD Error
Equivalence of hypothesized variances	2.43	6	0.05	_26.75	11
Alignment Non-formal variances	_2.43	5.97	0.05	_26.75	11

Conclusion

The purpose of this study was to use the sand play therapy method and its effect on the treatment of Attention Deficit

hyperactive disorder in Children in experimental and control groups. Data analysis shows that there is a significant difference between the pre-test and

posttest scores in the control and experimental groups. Therefore, the research hypothesis is confirmed. In other words, the overactive behaviors of the subjects have been statistically reduced. In explaining these findings, it can be said that many therapists use stencil therapy for treatment of emotional problems, such as Denise and McGuire, as well as sand technology for the treatment of nightly nightmares in children. And Grubbz (1994) achieved similar results. He used this technique in the therapeutic treatment of 11-year-old rape child.

He believes sand is a technique that is effective in treating children. Hunter (1996) described his play of sand as an idiomatic image. According to her findings in this research, the emotional tools and children who are emotionally damaged can be strengthened through the sand play (Mohammadi 2005 P. 152). Also, this technique has been very effective in treating the family. Kerry Louise (1991), using sand play therapy, can help family therapy.

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