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Original Article

Investigating the impact of play therapy on social cooperation, social interaction and social independence behaviors of children staying at women's shelter homes

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Abstract

Aim: The purpose of the study is to determine whether the play therapy has an effect on the social skills behaviors in the children aged three-six years who exposed to various traumatic situations and living with their mother in the women shelter homes.

Material and Methods: The study is an experimental study in which experimental - control group, pre-test, post-test and follow - up measurements were made. ''Parent-Child Information Form'' and ''Preschool and ''Kindergarten Behavior Scale (PKBS-2)'' were used as data collection tools. Analyzes were evaluated non-parametrically with the IBM SPSS 21 package program.

Results: The results show that there is an increase in social skills of children in experimental group. The effect of the implementation was observed in social cooperation, social interaction and social independence behaviors of children who attend the play therapy.

Conclusion: The significant difference in the social skills scale-total scale post test scores between the children in the experimental group who participated in play therapy and the children in the control group points to the effectiveness of play therapy in social skills acquisition by children. The number of sessions should be increased and the participation of mothers should be ensured as factors that increase the effectiveness of play therapy.

Keywords: Children In Women' Shelter Homes; Play Therapy; Social Skills.

INTRODUCTION

For human beings, social skills play a crucial role in individuals' forming good relationships with others, complying with social rules, assuming responsibilities, helping others and using their rights (1). Children with social skills are expected to display certain behaviors such as sharing, helping others, obeying rules and instructions, trusting others, working in cooperation, working independently, joining a group in class, making friends, avoiding conflicts, controlling anger, accepting criticism and playing with others in cooperation (2-4). A social skill is defined as the ability to behave in a socially acceptable manner in a certain social context that is beneficial to both the self and others (5-6). Akfırat-Önelan define social skills as the ability of individuals to behave appropriately in the social environment they are in (4). Swindells and Stagnitti regard social skills as the successful reflections of social thoughts, skills related to social occasions or social functions as successful thought processes or behaviors (7). Gresham and Elliott expressed that the social skills during pre-school period are cooperation, responsibility, self-control and assertiveness (8). Spence regarded social skills as the components of social behaviors that are necessary to enable individuals to obtain desired results from social interactions (9). The role of social skills is significant in forming and maintaining good relations with others, complying with social rules, taking responsibility, helping others and using their rights (10). Social and emotional behavior problems are rooted in lack of social skills. Research on the consequences of social incompetence reveals that low social skills are related to difficulties in childhood and incompatibilities that may arise in later ages (5). Social competence skills that are not developed early, especially in the pre-school period, are more likely to lead to future social-emotional problems and social disharmony (11-13). In addition, parents' psychological state is directly related to their children's emotional and behavioral problems (14). Relationship between children and their parents has an important effect

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on children's social development and their behaviors. Parental conflicts increase anxiety and aggression behaviors in children (15-17). Family inconsistencies and marital problems during early childhood can also lead to psychiatric disorders in children (18). Playing, which is the most natural and healthy way of understanding and communicating with children, has a critical place in children's life. In addition to supporting the development of children with typical developmental patterns, play has various therapeutic powers (19-20). Play therapy provides children with behavior disorders with the opportunity to get to know themselves and helps them mature throughout therapy by accepting them as they are (21). Children reflect what happens in their world in their games. They particularly recreate emotionally damaging experiences in symbolic manners, internalize personal experiences and learn how to ignore environmental pressures (22). As Landreth established, the language of the child is play and the toys/games are his vocabulary in play therapy. Since play therapy allows children to reflect their inner worlds during play, it acts like psychotherapy for children, similar to adult psychological counseling. Children are free to express their emotional experiences thanks to the symbolic reflections in their games (23-24). According to Baggerly, Ray and Bratton, play therapy has positive effect on decreasing behavior problems, aggression, anxiety and depression, social problems and stress levels (25).

The research has shown that in cases where mothers were exposed to violence children has shown frequent nightmares (33%), bedwetting (28%), shyness/ introversion (56%), aggression towards the mother/other children (38%) and crying as a result of tantrums (59%) (26). These ratios show that mental health of children whose mothers are victims of domestic violence should be emphasized and improved in order to ensure healthy development of children. Women's shelter homes where violence victims take shelter provide support and empowerment programs to ensure later integration to society besides providing physical protection for these women and their children. These programs provide information for women on alternative ways of coping with the situation they live in to alleviate negative feelings caused by violence they are exposed to such as anxiety and fear but the programs for children provided at shelter homes are not sufficient (27). In this context, this study investigated the effect of play therapy on social cooperation, social interaction and social independence behaviors of children staying with their mothers in women's shelter homes.

MATERIAL and METHODS

Research Model

This research was conducted as an experimental study with pre-test, post-test and follow-up measurements and the effects of play therapy on problem behaviors of children residing in women's shelter homes were investigated relationally (28). The study made use of play therapy which is one of the methods used to follow the development of children, to recognize their psychology and to intervene when necessary based on the therapeutic characteristics of play. One of the researchers involved in the study received play therapy certificate from "Psychological Tests Association". In this direction, a non-directive play therapy composed of 14 sessions was planned. Non-directive play therapy is the method of responding to children by the therapist as a result of observing the games and the language used by children when they try to solve their emotional problems by following their own steps. Fist sessions began with introductions while the rest of the sessions continued in accordance with the standards.

Study Group

The study group was composed of the voluntary mothers and their children of 36-72 months staying at the two women's shelter homes affiliated with Ministry of Family and Social Policies and located in the same province. The province where these women's shelter homes are located and information on mothers and their children are not provided for security reasons. 75% of the children in the experimental group of the study were females and 25% were males; 25% of the children in the control group were females and 75% were males. One of the children in the experimental group was 44 months old, one was 46 months old, one was 50 months old and one was of 62 months old while one of the children in the control group was 39 months old, one was 41 months old, one was 46 months old and one was 55 months old. In terms of number of siblings, 25% of the children in the experimental group were single children and 75% 2 siblings while half of the children in the control group were identified as single children and the other half as two siblings.

Experimental Group

Before starting work in the women's shelter homes in a province determined by the Ministry of Family and Social Policies, 36-72 months old children in the framework of the study were identified by the authorities of the institution. Eight 36-72 months old children stayed at the women's shelter homes coded A with their mothers. Individual interviews with the mothers were conducted by the researcher under the guidance of a child development specialist and social work specialists and the scope of the work was explained. Mothers were specifically informed that participation was voluntary and personal information would be kept strictly confidential. After the interviews, three of these mothers were excluded from the study since one of the mothers asked to be transferred to another province, one mother did not want to participate in the study and one mother had language difficulties due to being a foreign national. In line with the information received, four 36-72 months old children staying at women's shelter home (A) were included in the study with their mothers' consent. Based on the informant gathered form mothers, it was concluded that 100% of the mothers in this group were exposed to domestic violence and their children witnessed it.

Control Group

The control group of the study was composed of 36-72

month old children residing with their mothers at a women's shelter home which was specified as (B) in the thesis. Children in the framework of the study were identified by the authorities of the institution. When children were included in the study, their ages and social life levels were taken into consideration and attention was paid to ensure that the ages of children in the control group and the experimental group corresponded to each other. Individual interviews were conducted with the participating mothers under the guidance of a child development specialist and a social worker and information was provided on the voluntary nature of participation and confidentiality of personal information. After the interviews, four mothers agreed to participate in the study in the control group. Based on the information obtained from mothers, it was concluded that 75% of the mothers in the control group were exposed to domestic violence and their children were witnesses to domestic violence.

Data Collection Tools

Data for the study were collected with the help of "Parent/Child Information Form" developed by the researcher and "Preschool and Kindergarten Behavior Scales".

Parent/Child Information Form

"Parent/Child Information Form" developed by the researcher consists of two sections. The first section includes questions on the child such as the birth and care of the child and previous diseases and the second section includes information on the mother and father such as their ages, status of work and education. The Information Form was filled by the participating mothers with the child development expert at the institution under the guidance of the researcher.

Preschool and Kindergarten Behavior Scales (PKBS-2)

Preschool and Kindergarten Behavior Scales include two sections: social skills scale and problem behaviors scale. This study made use of Problem Behaviors Scale. Preschool and Kindergarten Behavior Scales were developed by Kenneth W. Merrell in 1994 and reviewed in 2003 for norm referencing. The validity and reliability studies for the adaptation of the scale to Turkish were undertaken by many researchers (29). A validity reliability study was conducted by Okyay and Özbey and Alisinanoğlu undertook the reliability and validity study of the scale as Pre-School and Kindergarten Behavior Scale (30). In 2011, Fazlıoğlu et al. repeated the validity and reliability study. Secher undertook the reliability and validity study of the scale using Western Thrace as sample and reached the conclusion that the pre-school and kindergarten behavior scale was suitable for Turkish culture (30). The Social Skill Scale section was used in this study. The Social Skill Scale (SSS) includes 34 questions to assess the social skills of 3-6-year-old children.

The scale includes three dimensions: social cooperation, social interaction and social independence. Social cooperation (SC) dimension consists of 12 items including the ability of the child to cooperate with friends and surroundings, adaptation, self control and following directions given by adults. Social interaction (SIN) dimension consists of 11 items such as making friends and maintaining friendships while some items are related to child-adult interactions. Social independence (SID) dimension consists of 11 items and in general some of the items are within the scope of social independence between friends while some of them include the independence from adults.

Cronbach alpha coefficients for the Social Skills Scale ranged between 0.74 and 0.91. Cronbach Alpha coefficients of the Social Skill Scale in this study were found to range between 0.50 and 0.63 and the Cronbach Alpha coefficients for the dimensions were as follows: Social Skill Scale Total score 0.51, SC 0.63, SIN 0.50, SID 0.58.

Data Collection

Ankara Yıldırım Beyazıt University Social and Human Sciences Ethics Committee approval (dated 22.02.2017 with decision no.17) and Ministry of Family and Social Policies research permit (dated 02.02.2017 with correspondence no. E.1310212.) were obtained. Mothers staying at women's shelter homes were informed about the research, and the study formally began after mothers stated that they agreed to participate with their children. The Parent/Child Information Form and Pre-School and Kindergarten Behavior Scale used in the scope of the present study were filled by mothers in the presence of the institution's child development specialist. Individual interviews were held with mothers and brief information was repeated about the purpose of the research and before filling out the scale form, instructions on the scales were read to mothers and they were given explanations on how to fill the form.

After the processes related to data collection and the assignment of experimental and control groups were completed, a play room for the play therapy was arranged. The relevant institution stated that they would provide support to provide and furnish the playroom. Utmost care was paid to comply with the standards of the play therapy theory in selection and arrangement of the play therapy room as well as the materials. It was ensured that the play therapy room had sufficient space for children to move comfortably and had windows. The cabinets available in the institution were rearranged by removing their doors as directed in the literature to allow children the ability to reach easily. Also, mirrors available on the walls of the room were covered, a table suitable for children's heights was arranged for seating and a carpet was brought in to cover a part of the floor.

Toys that should be found in the play therapy room are equally placed in the room according to theoretical standards by categorizing them as family-care toys, aggression toys, expression toys, and horror toys. After completing the preparations for the play therapy room, institution's child development specialist was consulted to determine the days and times for the sessions according to the availability of mothers and children and the first

session was undertaken. Therapy sessions, planned to be held twice a week, started in March 03, 2017. Later, sessions were held three times a week, taking into account the risk of data loss with the passage of time. The first implementation with the experimental group started in March 07, 2017 and ended in April 12, 2017. After the last therapy session, post tests were applied to both the experimental and the control groups. Follow-up tests were given to the groups three weeks after the application was completed and the data collection process was completed.

RESULTS

The findings obtained from the study conducted in order to examine the effects of play therapy on the social skill behaviors of children living in women's shelter homes are presented in the form of tables. Experimental and control group children in pretest, posttest and follow-up test for the Pre-School and Kindergarten Behavior Scales-Social Skills Scale did not display normal distribution according to Shapiro-Wilk test of Normality. Also, since the sample size was smaller than 30, non-parametric tests were used for between-groups and in-group differences. When parametric test assumptions are not met, Mann Whitney U test is used to determine differences between groups when the number of groups is two; Kruskal Wallis test is used to determine differences among groups when the number of groups is three or more and Wilcoxon signed ranks test is used for in-group differences (31-32). This study made use of Mann Whitney U test to analyze differences between the experimental and control groups and Wilcoxon signed ranks to analyze the differences between the pretest and the posttest.

Table 1 shows no significant differences in experimental and control group children's mean pretest scores for Social Skills Scale, Social Cooperation (U=6.00, p>.05), Social Interaction (U=7.50, p>.05), Social Independence (U=0.0, p>.01), Social Skills Scale total (U=7.00, p>.05) sub dimensions. Based on this finding, it can be argued that children in experimental and control groups had similar characteristics in terms of social skills when they started play therapy. This result also points to the fact that experimental and control groups were selected from the same universe. Table 1 displays that experimental group children's Social Skills Scale-Social Cooperation sub dimension posttest mean rank was 6.50 and control group's posttest mean rank was 2.50. Mann Whitney U test results show significant differences between experimental and control group children's posttest mean scores in Social Skills Scale-Social Cooperation sub dimension (U=00.00, p<.05). It was identified that experimental group children's Social Skills Scale-Social Interaction sub dimension posttest mean rank 5.63, control group's posttest mean rank was 3.38. Mann Whitney U test results show no significant differences between experimental and control group children's posttest mean scores in Social Skills Scale-Social Interaction sub dimension (U=3.50, p>.05). It was determined that experimental group children's Social Skills Scale-Social Independence sub dimension posttest mean rank was 5.88, control group's posttest mean rank was 3.13. Mann Whitney U test results show no significant differences between experimental and control group children's posttest mean scores in Social Skills Scale-Social Independence sub dimension (U=2.50, p>.05). Experimental group children's Social Skills Scale-total score posttest mean rank was found to be 6.50 while control group children's posttest mean scores in Social Skills Scale-total score posttest mean rank was 2.50. Mann Whitney U test results show significant differences between experimental and control group children's posttest mean scores in Social Skills Scale-total scale mean scores (U=0.00, p<.05).

Table 1. U-test results for the pretest and posttest related to experimental and control group children's social skills scale sub dimensions

Social Skills Scale N=8		Experimental n=4		Control n=4			
		Mean Rank	Sum of Ranks	Mean Rank	Sum of Ranks	U	p
Pretest	Social Cooperation (SC)	5.00	20.00	4.00	16.00	6.00	0.56
	Social Interaction (SI)	4.38	17.50	4.63	18.50	7.50	0.88
	Social Independence (SI)	2.50	10.00	6.50	26.00	0.00	0.02
	Social Skills Scale Total	4.25	17.00	4.75	19.00	7.00	0.77
Posttest	Social Cooperation (SC)	6.50	26.00	2.50	10.00	0.00	0.02*
	Social Interaction (SI)	5.63	22.50	3.38	13.50	3.50	0.18
	Social Independence (SI)	5.88	23.50	3.13	12.50	2.50	0.10
	Social Skills Scale Total	6.50	26.00	2.50	10.00	0.00	0.02*

*p< .05

Table 2 shows no significant differences in children's social skills scale-social cooperation sub dimension scores before and after the implementation (z=1.82, p>.05). However, post test results of children in the experimental group were found to increase dramatically. This result may point to the effect of the training program on children's social cooperation scores. Also, no significant differences were observed in children's social skills scale-social interaction sub dimension scores before and after the implementation (z=1.82, p>.05). While control group children's pretest and posttest social interaction scores were close before and after the implementation, increases in experimental group children's post test scores may result in decreases in independent behaviors towards friends or adults. Children's social skills scale-social independence sub dimension scores before and after the implementation were not found to differ significantly (z=1.82, p>.05). While control group children's pretest and posttest social independence scores were close before and after the implementation, the increase in experimental

group children's post test scores may be explained with the effectiveness of training provided in the framework of the study. No significant differences were observed in children's social skills scale-total scores before and after the implementation (z=1.82, p>.05). However, experimental group children's mean scores were found to dramatically increase during the posttest and this result may be explained with the positive impact of training on experimental group children's social skills scale-total scores.

Table 3 shows no significant differences in experimental group children's social skills scale social cooperation (z=1.60, p>0.05), social interaction (z=1.63, p>0.05) and social independence sub dimensions (z=1.63, p>0.05) as well as total scale (z=1.60, p>0.05) posttest and follow-up mean scores which were very close. Accordingly, the permanence of the training program continued for experimental group children in the three weeks that passed between the posttest and follow up test.

Table 4 shows that no significant differences in experimental and control group children's mean gain scores for social interaction and social independence sub dimension scores and the total score before and after the implementation. While the social interaction gain score was 6.50 in the experimental group, it was 2.50 in the control group with a significant difference (U = 00.00, p <.05). In the experimental group, social independence gain score was identified as 6.50 while it was 2.50 in the control group with a significant difference between them (U = 00.00, p <.05). Total social skills gain score was 6.50 in the experimental group and it was 2.50 in the control group with a significant difference between them (U = 00.00, p <.05).

Table 2. Wilcoxon signed ranks test for experimental and control group children's pretest and posttest results in social skills scale sub dimensions

Social Skills Scale N=8		Pretest n=4		Posttest n=4			
		x̄	S	x̄	S	Z	P
Social Cooperation (SC)	Experimental	24.00	6.48	33.75	1.70	-1.82	0.06
	Control	22.50	5.32	20.25	6.07	-0.73	0.46
Social Interaction (SI)	Experimental	21.50	9.67	29.75	3.77	-1.82	0.06
	Control	24.25	4.85	23.00	6.87	-0.81	0.41
Social Independence (SI)	Experimental	18.50	2.08	29.50	1.91	-1.82	0.06
	Control	24.25	3.30	25.25	4.27	-0.92	0.35
Social Skills Scale Total	Experimental	64.00	16.51	93.00	6.58	-1,82	0.06
	Control	71.00	11.19	68.50	16.60	-0.18	0.85

Table 3. Wilcoxon signed ranks test for experimental and control group children's posttest and follow-up results in social skills scale sub dimensions

Social Skills Scale N=8	Pretest n=4		Follow-up test			
	x̄	S	x̄	S	Z	P
Social Cooperation (SC)	33.75	1.70	29.00	2.64	-1.60	0.10
Social Interaction (SI)	29.75	3.77	25.33	1.52	-1.63	0.10
Social Independence (SI)	29.50	1.91	24.00	2.00	-1.63	0.10
Social Skills Scale Total	93.00	6.58	78.33	3.05	-1.60	0.10

Table 4. U-test results for experimental and control group children's gain scores in social skills scale sub dimensions

Social Skills Scale N=8	Experimental n= 4 Gain Scores		Control n= 4 Gain Scores			
	Mean Rank	Sum of Ranks	Mean Rank	Sum of Ranks	U	p
Social Cooperation (SC)	6,13	24.50	2.88	11.50	1.50	0.05
Social Interaction (SI)	6.50	26.00	2.50	10.00	0.00	0.02
Social Independence (SI)	6.50	26.00	2.50	10.00	0.00	0.02
Social Skills Scale Total	6.50	26.00	2.50	10.00	0.00	0.02

DISCUSSION

The study shows that

Effect of play therapy on participating children's social skills

The significant difference in the social skills scale-total scale post test scores between the children in the experimental group who participated in play therapy and the children in the control group points to the effectiveness of play therapy in social skills acquisition by children. While there were no significant differences in the pretest and posttest scores for children in Pre-school

and Kindergarten Behavior Scale-Social Skills Scale filled by children's mothers, an accelerated increase was observed. Examining the posttest and follow-up test mean scores shows that the implementation is an effective and feasible method to develop children's social skills. This finding supports Uren and Stagnitti's research findings (33). Parallel to the data obtained in the current study, the meta-analysis study conducted by Bratton, Ray, Rhine and Jones determined that social skills were the most effective area where play therapy would be most feasible to implement (34).

Effect of play therapy on participating children's social cooperation skills

Although there was a significant difference in post test scores of experimental and control group children, there was no significant difference between the pretest and posttest scores. It can be argued that the increase in experimental group children's post test scores may mean that they can display social adaptation skills, self-control skills and ability to follow adult instructions. Lack of significant differences between pretest and post test scores may be associated with the fact that the mothers who filled in the scales had no previous experience in observing their children in appropriate settings in regards to their children's social interactions. In their study, Salter K, Beamish W. and Davies M. reported that play therapy was effective on social and affective developments of 4-6-year-old children with autism and this development was visible on various behavior areas, especially on the social area (35). Different from the current study, pretest and posttest mean score differences may be associated with meeting with parents after each session and receiving feedback and making assessments in regards to the behaviors attempted to be changed.

Effect of play therapy on participating children's social interaction skills

The social interaction sub-dimension including the sub skills of making friends, maintaining friendships and communicating with friends was not found significantly different in experimental group children's post test scores after play therapy implementation and pretest-posttest mean scores but a distinctive increase was observed in experimental group's post test scores. However, there was no increase in the control group compared to their pre test scores. The increase observed in the favor of the experimental group may be explained with the impact of training. The fact that mean scores were close although there were no differences between posttest and follow up scores (Table 3) shows the permanence of the training program on the experimental group children in terms of social interaction sub dimension in the three weeks that passed between the posttest and follow up test. It was identified that social interaction between groups mean gain scores were significant and this finding is supported in Akgün and Yeşilyaprak's study conducted with mothers, the first people children interact with. In the study conducted with mothers whose children were 4-5 years old, the researchers investigated the effect of the Training Program to develop Mother-Child Relationships (36). Filial therapy approach was used while preparing the training program for mothers for the study, and experimental study was based on pre-test with placebo and control groups, posttest and follow up. The study findings, which support the results of the current study, concluded that play-based training program was effective, the effects were lasting and it had positive results on mother-child interaction levels in the play environment and the mothers' perception of their relations with their children. Based on the data obtained from the mother and the teacher, it was found that the play therapy implemented on the preschool child to decrease shyness resulted in reduced problems in peer relations and the program was found to be effective.

Effect of play therapy on participating children's social independence skills

While there were no significant differences between experimental and control group children's pretest, posttest and follow up mean scores in the social independence sub dimension, which includes skills such as playing games on their own and with friends and being self-confident in social settings, the social skills mean pretest score of 18.5 increased to 29.5 in the post test for the experimental group. This increase can be explained as the effect of play therapy in which children were involved in. Significance of the between-groups mean gain scores supports this finding. Similarly, Baggerly and Parker examined the effects of play therapy on the affective and behavioral problems of 22 African-American children aged between 5 and 10 years of age and aimed to improve their self-confidence, problem-solving skills, and self-esteem (37). Results showed positive increases in self-expression, benevolence and self-confidence behaviors among the children in the experimental group. Booth studied the effect of child-centered play therapy on the self-esteem and anxiety levels of the fourth, fifth and sixth-grade children at risk (38). There was no significant difference between the experimental and control groups as a result of implementing sessions that ranged from 1-25. However, it was found that self-confidence levels of the children in the experimental group remained constant while self-confidence and self-control skills in the control group decreased during the school year. These positive changes following the implementations show the effect of play therapy on the social skills of children aged 3-6 years. As stated in the literature, further studies are crucial in this field since it is important for the children staying at women's shelter homes to acquire social skills in the prevention of possible problem behaviors that may arise as a result of witnessing domestic violence and other negative situations these children are exposed to. The following suggestions can be presented in this context:

- It is suggested that experts that provide guidance in the field of child development at women's shelter homes should be provided with training on play therapy and it is thought that play therapy interventions that support children staying at the institution will be beneficial.

- The play therapy implemented in this study was limited to the preschool age group. Working with different age groups in further studies will be helpful in reaching higher number of people.

- The social skills addressed in general in this study should be extended to skills that need to be improved based on expert assessment and relevant support programs should be implemented.

- The number of sessions should be increased and the participation of mothers should be ensured as factors that increase the effectiveness of play therapy.

- Play and venues to encourage play should be given more room in institutions as natural needs for children.

- Mothers in women's shelter homes should be informed about how to play games with their children and about their interactions during this process as well as the place and significance of play in mother-child relationships.

CONCLUSION

Based on study results, social skills of children participating in play therapy were found to increase more compared to the control group and these children's social cooperation skills (such as social adaptation skills, self-control skills and ability to follow adult instructions), social interaction skills (such as making friends, maintaining friendships and communicating with friends) and social independence skills (such as playing games with friends or on their own and having self confidence in social settings) were also found to increase.

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REFERENCES

1. Genç SZ. İlköğretimde sosyal becerilerin gerçekleşme düzeyinin belirlenmesi üzerine bir araştırma, Kastamonu Eğitim Dergisi 2005;13:41-54.
2. Sarı E. Kişilik gelişimi. İçinde: Ersanlı K, Uzman E, eds. Gelişim ve Öğrenme, İstanbul: Lisans Yayınevi; p. 2006.
3. Yaşar Ekici F. Okul öncesi eğitime devam eden çocukların sosyal becerileri ile aile özellikleri arasındaki ilişkinin incelenmesi. The Black Sea Journal of Social Sciences, Hüseyin Hüsnü Tekışık Özel Sayısı 2015;7:223-59.
4. Akfırat Önalan F. Sosyal yeterlilik, sosyal beceri ve yaratıcı drama. Yaratıcı Drama Dergisi 2006;1:39-58.
5. Çetin F, Alpa Bilbay A, Albayrak Kaymak D. Araştırmadan Uygulamaya Çocuklarda Sosyal Beceriler, Grup Eğitimi 3. baskı, İstanbul: Epsilon Yayıncılık; 2003.
6. Samancı O, Diş O. Sosyal becerileri zayıf olan ilkokul öğrencilerinin tutum ve davranışlarının öğretmen görüşlerine göre değerlendirilmesi. Kastamonu Eğitim Dergisi 2014;22:573-90.
7. Swindells D, Stagnitti K. Pretend play and parents'view of social competence: the construct validity of the child-ınitiated pretend play assessment. Australian Occupational Therapy J 2006;53:314-24.
8. Gresham FM, Eliot S. Social skills rating system. MN: Circle Pines, American Guidence Service, 1990.
9. Spence SH. Social skills training with children and ypung people: theory evidence and practice. Child and Adolescent Mental Health 2003;8:84-96.
10. O'Brennan LM, Bradshaw CP, Sawyer AL. Examining developmental differences in the social-emotional problems among frequent bullies, victims, and bullyvictims. Psychology in the Schools 2009;46:100-15.
11. Ladd GW. The fourth R: Relationships as risks and resources following children's transition to schoo. American Educational Research Association Division E Newsletter 2000;19:9-11.
12. Laibe D, Carlo G, Torquati J, et al. Children's perception of family relationships as assessed in doll story comletion task: Links to parenting, social competence, and externalizing behavior. Social Development 2004;13(4):551-69.
13. Lee K, Baillargeon RH, Vermunt JK, et al. Age differences in the prevalence of physical aggression among 5-11-year old Canadian boys and girls, Aggressive Behavior 2007;33:26-37.
14. Öner Ö, Erol N, Öner P, et al. Anne babanın psikolojik durumları ile çocuklarının psikolojik değerlendirmeleri arasındaki ilişki. Çocuk ve Gençlik Ruh Sağlığı Dergisi 2001;8:69-76.
15. Harrist AW, Ainslie R. Marital discord and child behavior problems: Parent-child relationship quality and child ınterpersonal awareness as mediators. Journal of Family Issues 1998;19:140-63.
16. Fox L, Dunlap G, Cushing L. Early ıntervention, positive behavior supportand transition to school. J Emotional and Behavioral Disorders 2002;10:149-57.
17. Güven E, Erden G. Duygu sosyalleştirmenin çocuklarda gözlenen davranış sorunlarına katkısı. Türk Psikoloji Dergisi 2017;32:18-32.
18. Wallerstein JS. Children of divorce: Stress and developmental tasks. In: Garmezy, N, Rutter M, eds. Ctr for Advanced Study in the Behavioral Sciences, Inc, Stress, coping, and development in children. Baltimore, MD, US: Johns Hopkins University Press; 1983. p. 265-302.
19. Kadim M. Okul öncesi öğretmenlerinin oyun etkinliklerine ilişkin öz-yeterliklerinin görev yapılan okul türüne göre incelenmesi, NEÜ Sosyal Bilimler Enstitüsü Dergisi 2017;2:1-21.
20. Schaefer CE. Oyun terapisinin temelleri. Çev. Tortamış-Özkaya B. 2. Baskı. Ankara: Nobel Akademik Yayıncılık, 2013;10-53.
21. Özdoğan B. Çocuk ve oyun, 3. Baskı. Ankara: Anı Yayıncılık, 2000;127-34.
22. Ryan V, Wilson K. Yönlendirmesiz oyun terapisinde vaka çalışmaları. Çev. Ed. Erden G. Altınoğlu Dikmeer İ. 1. Basım. Ankara: Nobel Akademik Yayıncılık Ltd., 2016;1-10.
23. Landreth GL. Play therapy: The art of the relationship, 3rd ed. New York, NY: Routledge, 2012;12.
24. Öğretir AD. Oyun ve oyun terapisi. Gazi Üniversitesi Endüstriyel Sanatlar Eğitim Fakültesi Dergisi 2008;22:94-100.
25. Baggerly J, Ray DC, Bratton SC. Child-centered play therapy research: The evidence base for effective practice. Canada: John Wiley;Sons; 2010.
26. TUİK İstatistiklerle Çocuk (Statistics on Child 2014). Ankara: Türkiye İstatistik Kurumu, Yayın No: 4372, 2015.
27. Haj-Yahia MM, Cohen H. On the lived experience of battered women residing in shelters, J Family Violence 2009;24:95-109.

28. Sümbüloğlu V, Sümbüloğlu K. Sağlık bilimlerinde araştırma yöntemleri, 6. baskı. Ankara: Hatiboğlu Yayınları, 2013.
29. Fazlıoğlu Y, Okyay L, Ilgaz G. Okulöncesi ve anaokulu davranış ölçeğinin geçerlik ve güvenirlik çalışması. Trakya Üniversitesi Sosyal Bilimler Dergisi 2011;13:255-68.
30. Özbey S, Alisinanoğlu F. Okul öncesi eğitim kurumuna devam eden 60-72 aylık çocukların problem davranışlarının bazı değişkenlere göre incelenmesi. Uluslar arası Sosyal Araştırmalar Dergisi 2009;2:493-517.
31. Weinberg SL, Abramowitz SK. Data analysis for the behavioral sciences using SPSS. Cambridge: Cambridge University Press, 2002.
32. Sparks JN. Expository notes on the problem of making multiple comparisons in a completely randomized design. J Exp Edu 1963;31:343-9.
33. Uren N, Stagnitti K. Pretend play, social competence and involvement in children aged 5-7 years: The concurrent validity of the Child-Initiated Pretend Play Assessment. Australian Occupational Therapy J 2009;56:33-40.
34. Bratton SC, Ray D, Rhine T, Jones L. The efficacy of play therapy with children: A meta-analytic review of treatment outcomes. Professional Psychology: Research and Practice 2005;36:376-390.
35. Salter K, Beamish W, Davies M, The effects of child-centered play therapy (ccpt) on the social and emotional growth of young australian children with autism, Intl J Play Therapy 2016;25:78-90.
36. Akgün E, Yeşilyaprak B. Effectiveness of the raining program in improving mother child relationship through play. Egitim Bilimleri Fakültesi Dergisi 2010;43:123-147.
37. Baggerly J, Parker M. Child-centered group play therapy with african american boys at the elementary school level. J Counsel Dev 2005;83:387-96.
38. Booth P. Impact of child centered play therapy on self-esteem, locus of control and anxiety of at risk 4th, 5th and 6th grade students. Int J Play Therapy 1999;8:1-18.