

INTRODUCTION

Cognitive Behavioral Play Therapy (CBPT) is an integrated psychotherapy model based on CBT (Knell, 1993, 1998) and therapeutic powers of play (Shaefer, 1999). The strategic use of play within the therapeutic context, makes possible to apply CBT even to young children (2½ - 8 years). The most commonly used CBT interventions for emotional regulation, including the Coping Power Program (CPP) (Lochman and Wells, 2002) and the Cool Kids Program (Rapee, R.M. et al., 2014), are directed primarily to the age range 7-16 years and do not require use of play therapy. The integration of a play therapy paradigm with cognitive and behavioral techniques appears to be appropriate for young children and offers a structuring of sessions that has proven effective in the treatment of different disorders (Knell and Dasari, 2011).

OBJECTIVE

Verify the effectiveness of the CBPT treatment on reduction of problem behaviors and development of coping skills aimed at emotional regulation.

METHODS

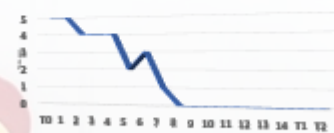
Participant: a 7-year-old boy with anger management problems.

Study design: pre-treatment (T1), post-treatment (T2) and 30-month follow-up (T3) assessment.

Tools: Child Behavior Checklist (Achenbach e Rescorla; 2001); Conners Rating Scales (Conners, 2007) and monitoring baseline of problematic behaviors frequency.

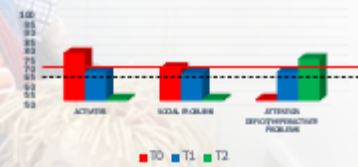
Protocol: 15 CBPT sessions were carried out over a period of 6 months. Previously 12 sessions of Child Centered Play Therapy – CCPT were conducted in order to ensure a safe climate and child acceptance. The intervention was developed following the S. Knell model (1999) phases: introduction/orientation, assessment, middle and termination. Play therapy activities (Kaduson, Schaefer, 2002) were used to improve problem solving and emotional literacy and regulation through the use of puppets, storytelling and expressive arts.

RESULTS

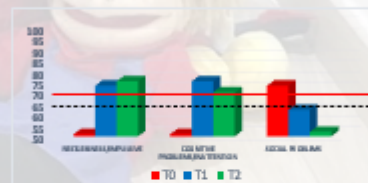


Graphic 1. Frequency of problem behaviors

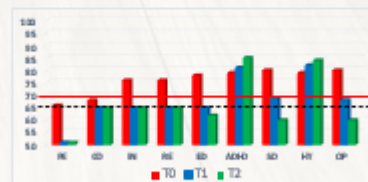
- PROBLEM BEHAVIORS**
1. DOES NOT ANSWER OR TRASH CLASSMATES
 2. CARRIES OUT SEDUCTIVE ACTIVITIES
 3. LISTEN TO THE TEACHER
 4. DOES NOT DESTROY CLASSMATE'S MATERIALS
 5. ASK PERMISSION BEFORE SPEAKING



Graphic 2 a. Parents CBCL in 3 times (T0, T1, T2)



Graphic 3 a. Parents Conners scales in 3 times (T0, T1, T2)



Graphic 3 b. Teachers Conners scales in 3 times (T0, T1, T2)

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|-------------------------------------|---|
| SCALES | SCALES |
| (TM) THOUGHT PROBLEMS | (ADHD) ATTENTION DEFICIT/HYPERACTIVITY PROBLEMS |
| (AQ) AGGRESSIVE BEHAVIOR | (AF) AFFECTIVE PROBLEMS |
| (OP) OPPOSITIONAL DEFiant PROBLEMS | (RF) RULE-BREAKING BEHAVIOR |
| (OC) OBSESSIVE-COMPULSIVE PROBLEMS | (SC) SOCIAL PROBLEMS |
| (PT) POST-TRAUMATIC STRESS PROBLEMS | (AC) ACADEMIC PERFORMANCE |
| (CO) CONDUCT PROBLEMS | |

Graphic 2 b. Teachers CBCL in 3 times (T0, T1, T2)

DISCUSSION AND CONCLUSIONS

Results of this study demonstrate the CBPT effectiveness on emotional dysregulation. In particular, data support the hypothesis that the CBT adaptation to younger children through play therapy activities facilitates emotional regulation and the displacement of maladaptive beliefs and cognitive distortions, allowing the reduction of emotional-behavioral problems and the enhancement of adaptive thoughts and behaviors. In addition, a follow-up was conducted after 30 months; its positive outcome indicates the generalization of the intervention.

REFERENCES

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| SCALES | SCALES |
| (PI) PERFECTIONISM | (TD) EMOTIONAL DISTRESS |
| (CO) COGNITIVE PROBLEMS/INATTENTION | (ADHD) ADHD INDEX |
| (IN) INATTENTION | (SO) SOCIAL PROBLEMS |
| (RI) RESTLESSNESS/IMPULSIVE | (HY) HYPERACTIVITY |
| | (OP) OPPOSITIONAL |