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Effects of Group Activity Play Therapy on Problem Behaviors of Preadolescent Ugandan Orphans

Deborah Ojiambo and Sue C. Bratton

This randomized controlled study examined the effectiveness of group activity play therapy (GAPT) with 60 displaced Ugandan orphans, ages 10 to 12 years, exhibiting clinical levels of behavior problems. Teachers and housemothers reported that experimental group children demonstrated statistically significant reductions ($p < .025$) in behavior problems compared with children in the active control condition and that GAPT demonstrated moderate to large treatment effects. Results support GAPT as an effective intervention for troubled Ugandan orphans.

Keywords: group activity play therapy, Uganda, outcome research, behavior problems, preadolescent orphans

Uganda, a nondeveloped country located in East Africa, has a turbulent history of armed conflict. Uganda's population of more than 34 million people represents over 50 indigenous ethnic groups. Across cultures, religion is an important shared value, with 85% of the population identifying with Christianity (Uganda Bureau of Statistics, 2006). Legally, English is the official first language of Uganda, although more than 50 different languages are spoken.

Over the past several decades, Uganda has been plagued by civil war, HIV/AIDS epidemic, and other diseases that have led to a proliferation of internally displaced orphans. Children under 15 years of age constitute 50% of Uganda's population, of which 14% (2.3 million) are orphans (Uganda Bureau of Statistics, 2006; United Nations Children's Fund [UNICEF], 2006). UNICEF (2006) and the United Nations Programme on HIV/AIDS, UNICEF, and U.S. Agency for International Development (2004) cautioned that despite the increasing number of orphans, there has been a negligible response to orphaned children's mental health needs. Urgent concerns about the socioeconomic needs of orphaned children in Africa in the last decade have overshadowed the psychological impact of orphanhood (Atwine, Cantor-Graae, & Bajunirwe, 2005), leaving orphanages financially unable to provide resources to meet the attachment, social integration, and acculturation needs of the children in their care (Wakhweya et al., 2002). The scarcity of counselors in Uganda, specifically counselors who are trained to work with children, is also a significant factor in the lack of mental health services for orphans.

The development of professional counseling in Uganda is in its infancy and has its genesis in traditional cultural values and beliefs of its people; more recently, professional counseling's influence can be seen in school guidance and efforts to deal with HIV/AIDS in Uganda (Senyonyi, Ochieng, & Sells, 2012). Historically, counseling was provided by community members and religious affiliates with no formal training, thus the term *counselor* remains ambiguous in Uganda. In 2002, the Uganda Counselling Association (UCA) was formed to advocate for professional standards for competency and ethical practices. As a result, UCA (2009, 2010) published a code of ethics and guidelines for accreditation and certification. According to UCA (H. Nsubuga, personal communication, September 2012), there are currently slightly more than 1,000 members; of those, two hold a doctorate and 71 hold a master's degree in counseling. Of the institutions offering counseling curriculum, few offer even minimal training in child counseling.

An exhaustive review of the literature revealed a paucity of studies targeting the mental health needs of Ugandan orphans. The few studies available were focused on identifying problems and symptoms expressed by orphaned children and offered limited attention to interventions (Atwine et al., 2005; Betancourt, Speelman, Onyango, & Bolton, 2009; Derluyn, Broekaert, Schuyten, & Temmerman, 2004; Musisi, Kinyanda, Nakasujja, & Nakigudde, 2007). Researchers have identified a host of emotional and behavioral symptoms exhibited by displaced orphans, including anxiety, developmental delays, learning difficulties, sleep disturbances, behavioral problems, social isolation, depression, sadness, hopelessness, and suicidal ideation (Atwine et al., 2005; Musisi et al., 2007; UNICEF; 2006; Wakhweya et al., 2002). Children living in

Deborah Ojiambo, Department of Psychology, Kyambogo University, Kampala, Uganda; **Sue C. Bratton,** Department of Counseling and Higher Education, University of North Texas. This research was partially supported by funding from the Center for Play Therapy at the University of North Texas and the Dan E. Homeyer Research Grant. Correspondence concerning this article should be addressed to Deborah Ojiambo, Department of Psychology, Kyambogo University, PO Box 1, Kyambogo, Kampala, Uganda (e-mail: deborahojiambo@yahoo.com).

orphanages face additional stressors as a result of being isolated from their extended families and communities and must cope with further challenges associated with being forced to adjust to life with new caregivers (Wakhweya et al., 2002). Wakhweya et al. (2002) found that only 9% of the institutions they surveyed provided care for orphans that included some form of counseling services. Therefore, identifying effective counseling interventions that are responsive to the needs of displaced orphans is a critical need.

Group Activity Play Therapy

Group activity play therapy (GAPT) is a developmentally responsive counseling intervention for preadolescents that is grounded in child-centered play therapy (CCPT) principles and procedures. CCPT is an empirically supported counseling approach that has been successfully applied in school and community settings in the United States for over 7 decades to address an array of children's mental health concerns (Ray & Bratton, 2010). Relevant to the present study, a recent meta-analysis (Lin & Bratton, 2014) of 52 outcome studies from 1995 to 2010 identified 12 studies in which CCPT procedures were applied successfully with diverse populations, including African American, Hispanic, Latino/a, Korean, Chinese, Native American, Israeli, and Taiwanese. For an additional seven studies, participant ethnicity was coded as greater than 60% minorities, primarily African American and Hispanic. The findings revealed a statistically significant greater mean effect size for non-Caucasian studies compared with studies in which Caucasian participants were the majority, suggesting that CCPT is an ethnically and culturally responsive intervention.

CCPT (Axline, 1947; Landreth, 2012) is founded on Carl Rogers's (1951) person-centered theory. Rogers believed that individuals and groups have an innate capacity to set their own goals and work toward their own progress (Raskin, Rogers, & Witty, 2011). Consistent with person-centered counseling with adults, counselors who practice CCPT believe that providing a relationship in which children experience genuineness, caring, and profound nonjudgmental understanding facilitates change (Bratton, Ray, Edwards, & Landreth, 2009; Landreth, 2012; Ray, 2011). CCPT is based on the premise that within this unconditionally accepting relationship, the child is free to examine experiences perceived as inconsistent with the concept of self and then work toward revising and integrating those experiences (Landreth, 2012). As the child feels positively regarded, he or she is able to behaviorally express and explore incongruent feelings and thoughts through play and symbolic expression. In this self-exploration process, the child is able to integrate a new awareness of self and develop full functioning (Ray, 2011).

The majority of play therapy literature is focused on its use and effectiveness with children under 10 years of age (Center for Play Therapy, 2012). The use of group play-based counseling approaches to meet the developmental needs of preadolescents emerged in the 1940s with Slavson and Redl's (1944) introduction of activity group therapy. Early proponents of activity group therapy espoused a nondirective approach based on a belief that preadolescents would benefit from the opportunity to freely express themselves and direct their own activities (Schiffer, 1952; Slavson & Redl, 1944). More recently, researchers and academicians have demonstrated a renewed interest in examining the effects of applying humanistic principles to GAPT approaches with preadolescents (Bratton, Ceballos, & Ferebee, 2009; Flahive & Ray, 2007; Kottman, Strother, & Deniger, 1987; Packman & Bratton, 2003; Shen, 2007; Shen & Armstrong, 2008; Wilson & Ryan, 2005).

Packman and Bratton (2003) emphasized a primary benefit of humanistic processes within a GAPT format as providing preadolescents a microcosm in which to experience self and others in genuine interactions that foster self-understanding. The authors posited benefits of group and self-directed activity as providing preadolescents with opportunities to initiate contact; gain an enhanced understanding of self in relationship to peers; enhance social skills; learn self-control; confront difficulties that naturally emerge; problem-solve; make decisions; and, perhaps most important, develop internal resources that they can draw on long after the group is over. Drawing from their clinical experience with preadolescents, Bratton Ceballos, and Ferebee (2009) emphasized that opportunities for spontaneous and self-directed creative expression in GAPT is the primary source of intra- and interpersonal growth and lasting change. Additionally, Davis (2002) and N. Rogers, Tudor, Tudor, and Keemar (2012) emphasized that in the context of a nondirective approach using expressive arts, clients were provided opportunities for spontaneous creation without pressure from the counselor to move in a certain direction.

The provision of semistructured activities within a nondirective context received considerable attention in the relatively small body of literature focused on play therapy approaches with preteens (Bratton Ceballos, & Ferebee, 2009; Flahive & Ray, 2007; Packman & Bratton, 2003; Wilson & Ryan, 2005). There seems general agreement in the literature that the benefits of providing semistructured activities include (a) facilitating connections and interaction between group members; (b) reducing anxiety and establishing a sense of comfortableness; (c) fostering opportunities for group cooperation and collaboration; and (d) to a lesser degree, exposing preadolescents to a variety of expressive art materials with which they might not be familiar (Bratton et al., 2009; Packman & Bratton, 2003). Davis (2002) emphasized the value of structuring expressive art activities within a person-centered approach as a means of facilitating psychological contact. Wilson and Ryan (2005) supported

the provision of structured activities with this population but cautioned that activities need to be used in response to what preadolescent children are conveying and experiencing during play therapy as opposed to being used as planned techniques in a directive way.

Although numerous controlled outcome studies have demonstrated CCPT's effectiveness as a counseling intervention (Bratton, Ray, Rhine, & Jones, 2005; Ray & Bratton, 2010), limited research focused on play-based interventions with preadolescents. Of the few well-designed, controlled studies targeting preadolescents, group play approaches similar to GAPT demonstrated statistically significant beneficial outcomes and moderate to large treatment effects (Flahive & Ray, 2007; Packman & Bratton, 2003; Shen, 2002, 2007; Shen & Armstrong, 2008).

Purpose of the Study

The aim of this study was to identify an effective mental health intervention that was responsive to the needs of a growing population of displaced Ugandan children living in orphanages. Specifically, this pilot study was concerned with examining the effects of GAPT on the problem behaviors of preadolescent orphans and addressed two primary research questions: (a) Was there a mean reduction in internalizing problems over time for preadolescents who received GAPT compared with an active control condition? (b) Was there a mean reduction in externalizing problems over time for preadolescents who received GAPT compared with an active control condition?

Method

We used a randomized control group design to examine the effects of GAPT on the internalized and externalized problems of Ugandan orphans compared with an active control condition, reading mentoring (RM). A priori power analysis using G*Power software determined that a minimum sample of 42 participants would be necessary to find a statistical difference between groups over time (pretest to posttest). G*Power calculation was based on an alpha level of .025, minimum power established at .80, and a moderate treatment effect size ($f = .25$) based on Cohen's (2002) guidelines.

Participants

Participants were students from one elementary school located in a large, Christian-based children's village in the central region of Uganda. The school's enrollment was 624 students in prekindergarten to seventh grade, and the students were considered to be among the country's highest risk children (Wakhweya et al., 2002). The orphanage serves children displaced as a result of losing their parents primarily as a consequence of armed conflict, HIV/AIDS, and other tragedies.

Upon receiving research approval from the Ugandan National Council for Science and Technology, the participating orphanage, and a university institutional research board, we established a three-step process for identifying participants. First, teachers and housemothers were asked to identify children who were demonstrating behavioral difficulties, such as disruptive behavior, rule breaking, difficulty getting along with others, aggression, withdrawal, anxiety, or sadness. Next, housemothers gave their approval for the identified children's participation. Lastly, the orphanage's education team leader, as the designee of guardianship, gave official consent for the children to participate. The purpose of the study was explained to the children prior to obtaining their assent.

Children included in the study met the following inclusion criteria: (a) orphan between 10 and 12 years of age (enrolled in Grades 3–5) and living permanently in the participating orphanage; (b) not more than 2 years behind grade level; (c) clinical or borderline level of behavioral concern reported by their teacher (Teacher Report Form [TRF]; Achenbach & Rescorla, 2001) or housemother (Child Behavior Checklist–Parent Version [CBCL]; Achenbach & Rescorla, 2001); (d) presenting problem and current functioning deemed appropriate for small-group counseling intervention; and (e) currently not receiving counseling services. Of the 101 preadolescents referred to the study, 60 met all criteria and were selected to participate. Participants represented 14 ethnic groups in Uganda and were 28% third graders ($n = 17$), 37% fourth graders ($n = 22$), and 35% fifth graders ($n = 21$). Participant demographics by age included 10-year-olds (25%, $n = 15$), 11-year-olds (33%, $n = 20$), and 12-year-olds (42%, $n = 25$). Girls represented 50% of participants.

Instruments

The CBCL and TRF are part of the Achenbach System of Empirically Based Assessments (ASEBA; Achenbach & Rescorla, 2001). We selected these instruments to investigate the present study's research questions because of their strong psychometric properties described in the sections that follow and their cross-cultural robustness. The CBCL and TRF are widely used in the United States and have been translated into more than 80 languages worldwide (ASEBA, 2012). Several studies investigated the psychometric properties of the two instruments across diverse countries and cultures in Africa, Asia, Australia, the Caribbean, Europe, the Middle East, and North America (Achenbach, 2010; Achenbach et al., 2008; Ivanova, Achenbach, Dumenci, et al., 2007; Ivanova, Achenbach, Rescorla, et al., 2007; Rescorla, Achenbach, Ginzburg, et al., 2007; Rescorla, Achenbach, Ivanova, et al., 2007). The findings confirmed similar syndrome structures across cultures indicating the usefulness of the CBCL and TRF in multicultural assessment of children in diverse societies. Although the CBCL and TRF were shown to be culturally relevant for various African populations, to our knowledge, Ugandan norms do not exist.

CBCL. The CBCL (Achenbach & Rescorla, 2001) for children ages 6 to 18 years was administered to the participants' housemothers. The CBCL reports clinical behavior problems using the three domains of Internalizing Problems, Externalizing Problems, and Total Problems, which consist of eight syndrome subscales: Anxious/Depressed, Withdrawn, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, Rule Breaking Behavior, and Aggressive Behavior. Internalizing Problems refer mainly to problems within the self. Externalizing Problems refer to children's outwardly expressed behaviors and the children's behaviors that conflict with adults' expectations (Achenbach & Rescorla, 2001).

Achenbach and Rescorla (2001) reported adequate internal consistency for the CBCL empirically based problem scales, with alpha coefficients of .78 to .97. Test–retest reliability of the scaled score for the CBCL was supported by a test–retest correlation of .90. Test–retest reliability coefficients were established at .91 and .92 for the internalizing and externalizing problems scores, respectively. Strong validity evidence for CBCL scores has been established through multiple research studies (Achenbach & Rescorla, 2001).

TRF. The TRF (Achenbach & Rescorla, 2001) is a teacher-report instrument used to assess academic performance, adaptive functioning, and behavioral and emotional functioning for children between the ages of 6 and 18 years. The TRF generates adaptive scores similar to the competence scores of the CBCL, problem scores, and scores from the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev. [*DSM-IV-TR*]; American Psychiatric Association, 2000) diagnostic criteria. The TRF syndrome scales are computed and presented in the same way as the CBCL scores except that norms are based on teacher reports of nonreferred children (Achenbach & Rescorla, 2001).

Achenbach and Rescorla (2001) reported adequate internal consistency for the TRF, with an alpha of .90 on the TRF Total Adaptive scale; alphas of .72 to .95 for the problem scores; and alphas ranging from .73 to .94 for the *DSM-IV-TR*-oriented scores. Test–retest reliability for the TRF was high, and the scaled scores were stable. The content, criterion-related, and construct validities of the TRF have been strongly supported by research.

Procedure

Upon receiving consent, teachers completed the TRF and housemothers completed the CBCL to qualify referred children to the study and for the purpose of collecting pretest data. Because the GAPT treatment protocol called for same-gender preadolescents to receive the intervention in small groups composed of three children per group (Packman & Bratton, 2003), participants were stratified by gender and randomly assigned to the experimental GAPT group (15 boys and 15 girls) or active control RM group (15 boys and 15 girls) using a random table of numbers. Criteria for assigning experimental and control participants to the treatment groups of three followed recommendations of Bratton, Ceballos, and Ferebee (2009) and Ginott (1994) and included (a) same gender, (b) not more than 1 year apart in age, and (c) not classmates. In addition, group members' presenting issues were considered in an effort to maximize therapeutic effect within the intervention groups (Ginott, 1994). The experimental (n = 30) and active control RM (n = 30) groups were each divided into five groups of three boys and five groups of three girls for the purpose of receiving the intervention.

Students in both the GAPT and RM conditions participated in an average of 16 sessions held twice weekly for 50 minutes per session over a 10-week period. Measures were taken to ensure that teachers and housemothers, as sources of pretest and posttest data, would be blinded to the study as follows: (a) Teachers and housemothers were not informed of children's group assignment, (b) all children left the classroom for the same length of time and in the same manner, (c) treatment facilitators for both conditions were instructed to use identical statements when retrieving children from the classroom, and (d) treatment facilitators for both conditions were cautioned not to discuss the intervention with any teachers or housemothers at any time until the study was completed. At the conclusion of the intervention, teachers again completed the TRF and housemothers completed the CBCL following pretest data collection procedures.

Experimental treatment. GAPT was designed as a developmentally responsive counseling intervention for preadolescents and was based on the GAPT research protocol used by Packman and Bratton (2003). In the present study, CCPT (Landreth, 2012) principles and procedures provided the framework for conceptualization and practice. In response to the preadolescents' unique social, emotional, and cognitive developmental needs, the GAPT intervention provided an integration of unstructured and semistructured activities. According to the GAPT protocol, the counselor is flexible and allows group members to use materials in their own way. Consistent with Carl Rogers's (1951) teachings, principles guiding the GAPT process included (a) trust in preadolescents' capacity for positive self-growth and their ability to set their own goals and work toward their own progress, and (b) the significance of the therapeutic relationship in facilitating clients' released potential for movement toward personal growth—a relationship in which the therapist experiences and communicates genuineness, empathy, and unconditional positive regard.

Sessions occurred in a specially equipped room at the school located within the orphanage complex. Following recommendations for setting up the space and materials for GAPT (Bratton & Ferebee, 1999; Bratton, Ceballos, & Ferebee, 2009; Packman & Bratton, 2003), the play materials provided were consistent with the cultural experiences and developmental needs of participants. As suggested by Hinds

(2005), we provided toys and materials that were chosen to facilitate participants' expression of a wide range of personal and cultural experiences, such as locally made dolls and doll clothing and dress-up clothing for participants, indigenous musical instruments from a cross-section of participants' ethnic groups, and miniature animal families representative of Uganda.

The structure for the sessions included opportunities for self-directed and group-directed activities as well as semistructured activities offered by the counselor as needed. Approximately 10 minutes at the end of each session were allocated for closure and sharing among group members and to facilitate transition back to the classroom. Throughout the 16-session protocol, the counselor used facilitative responses characteristic of a child-centered approach, as evidenced by adherence to the GAPT protocol. The protocol is summarized as follows.

Session 1. Following recommendations for child-centered work with preadolescents (Ray & Schottelkorb, 2009), we introduced participants to the playroom and the structure of the counseling relationship. Objectives for the first session included allowing group members to explore the playroom and materials in their own way and time, to develop a sense of safety, and to connect with the counselor and each other.

Sessions 2 through 6. The next five sessions generally followed the format described by Packman and Bratton (2003). The counselor offered a semistructured activity based on guidelines for presenting expressive media in counseling (Bratton, Ceballos, & Ferebee, 2009; Landgarten, 1987), followed by a period of group-directed or self-directed activity. GAPT protocol guidelines for presenting and processing activities from a CCPT perspective were followed. Hence, semistructured activities were offered tentatively and with the intent of (a) facilitating psychological contact, (b) releasing preadolescents' inner-directed and constructive potential for growth, and (c) encouraging preadolescents' expression of unique personal–social–cultural experiences. The intent was never to direct the individual or group process. Group members were free to participate or not participate and to change the course and process of an activity at any time.

Sessions 7 through 16. The GAPT protocol specified guidelines for allowing self-directed activities to emerge naturally. Based on the premise that semistructured activities would be less needed once the preadolescents felt a sense of safety and acceptance in the group and were comfortable with materials, semistructured activities were not offered unless needed. In this study, by Session 7, all 10 groups seemed to be functioning with a felt sense of safety, and the participants appeared comfortable with the spontaneous use of materials and toys as demonstrated by the increase in self- and group-initiated activities. Thus, no additional activities were offered by the counselor during the remainder of treatment.

The GAPT intervention was provided by the first author, a native Ugandan who at the time of the study was a counselor with a master's degree and 18 years of professional experience teaching and counseling Ugandan youth, and who had received advanced doctoral-level training and supervision in CCPT and GAPT in the United States. For the purpose of supervision and adherence to treatment protocol, we video recorded all sessions. Furthermore, we collected all session videos for random treatment fidelity checks. Using the Group Activity Play Therapy Skill Checklist (Bratton, 2011), 10% of video-recorded sessions were randomly selected and viewed by an expert in GAPT to validate that the protocol was followed.

Active control condition. RM was designated as the active control condition to control for time and attention. Thus, RM participants were offered the GAPT intervention after study completion. A graduate-level college student trained according to the RM protocol provided mentoring to participants. The mentor documented all sessions using the RM track form included in the protocol. A research supervisor observed 85% of RM sessions and provided ongoing supervision to the mentor to maintain adherence to the RM protocol.

Data Analysis

After ensuring data met assumptions for repeated measures analysis (Armstrong & Henson, 2005), we conducted a 2 × 2 repeated measures split-plot analysis of variance on the dependent variables to determine if the GAPT and RM groups changed differently across time. Because there are only two time points of measurement, the sphericity assumption does not apply and can be assumed to be met. To avoid potential Type I error resulting from multiple hypotheses testing, we established an alpha level of .025 to test for significant mean differences (Thompson, 2002). Partial eta-squared effect size (η_p^2) was calculated as an indicator of the magnitude of the difference between the two groups due to treatment. The number and percentage of children who moved from clinical or borderline levels of problem behaviors to more normative functioning are reported as an indicator of the clinical significance of the GAPT intervention on the lives of participants (Kazdin, 2003).

Results

Table 1 presents pretest and posttest means and standard deviations for the experimental and control group on the Internalizing and Externalizing Problems scales of the TRF and CBCL. A reduction in scores indicated improvement in the targeted behavior.

Internalizing Problems

TRF. Results of analysis of the dependent variable, Internalizing Problems, revealed a statistically significant interaction

TABLE 1

Mean Internalizing and Externalizing Problems Scores on the TRF and CBCL

	GAPT (*n* = 30)		RM (*n* = 30)	
Instrument	**Pretest**	**Posttest**	**Pretest**	**Posttest**
TRF Internalizing Problems				
M	59.93	49.63	60.00	58.73
SD	8.29	7.45	10.15	10.13
CBCL Internalizing Problems				
M	62.50	52.07	62.03	62.73
SD	11.40	8.55	8.44	11.44
TRF Externalizing Problems				
M	63.80	53.70	64.63	61.07
SD	8.62	7.55	10.05	8.63
CBCL Externalizing Problems				
M	64.13	55.93	66.47	66.53
SD	12.47	10.95	7.17	8.07

Note. Decreases in mean scores indicate improvements in behavior. TRF = Teacher Report Form; CBCL = Child Behavior Checklist–Parent Version; GAPT = group activity play therapy; RM = reading mentoring.

effect of Time (pretest vs. posttest) × Group Membership (experimental vs. active control), $F(1, 58) = 15.72$, $p < .001$, partial $\eta_p^2 = .21$. These results indicate that, according to teachers, students who received GAPT ($n = 30$) demonstrated a statistically significant decrease in internalizing behaviors over time compared with students who received RM ($n = 30$) and that the interaction effect size for GAPT was large. Of the 16 children in the treatment group who presented in the borderline ($n = 7$) or clinical ($n = 9$) range at pretest, 12 moved to normal functioning levels after treatment, two moved from clinical to borderline, one remained at borderline level, and one stayed in clinical range. Thus, 75% of children improved to normal functioning levels after receiving GAPT, establishing the clinical significance of treatment.

CBCL. Results of analysis of the dependent variable, Internalizing Problems, revealed a statistically significant interaction effect of Time (pretest vs. posttest) × Group Membership (experimental vs. active control), $F(1, 58) = 18.70$, $p < .001$, partial $\eta_p^2 = .24$. These results indicate that, according to housemothers, students who received GAPT demonstrated a statistically significant decrease in internalizing problems compared with students who received RM. The interaction effect size indicates that GAPT demonstrated a large treatment effect. Of the 19 students identified by housemothers as functioning in the clinical ($n = 17$) or borderline ($n = 2$) range, 14 moved to normal functioning level, two moved from clinical to borderline, one remained at borderline level, and two stayed in the clinical range. Hence, 74% of children scored in the normal range of functioning after receiving GAPT, signifying the clinical significance of treatment.

Externalizing Problems

TRF. Results of analysis of the dependent variable, Externalizing Problems, revealed a statistically significant interaction effect of Time (pretest vs. posttest) × Group Membership (experimental vs. active control), $F(1, 58) = 8.01$, $p < .006$, partial $\eta_p^2 = .12$. These results indicate that, according to teachers, students who received GAPT demonstrated a statistically significant decrease in externalizing behaviors compared with students who received RM and that the interaction effect size was large. Of the 21 GAPT students who presented in the clinical ($n = 15$) or borderline ($n = 6$) range, 13 moved to normative functioning, three moved to borderline, two remained at the borderline range, and three remained at the clinical level. Thus, 70% of children improved to normal functioning after receiving GAPT, indicating the clinical significance of treatment.

CBCL. Results of analysis of the dependent variable, Externalizing Problems, revealed a statistically significant interaction effect of Time (pretest vs. posttest) × Group Membership (experimental vs. active control), $F(1, 58) = 16.12$, $p < .001$, partial $\eta_p^2 = .22$. These results indicate that, according to housemothers, children who participated in GAPT exhibited a statistically significant decrease in externalizing behaviors over time compared with children who received RM. The interaction effect size indicates that GAPT demonstrated a large treatment effect. At posttest, of the 23 children in the GAPT group who presented in the clinical ($n = 16$) or borderline ($n = 7$) range, 13 moved to normative functioning, two moved to borderline, and eight remained at the clinical level with an average of a 5-point decrease in scores. Hence, 57% of children identified at normal functioning after receiving GAPT, establishing the clinical significance of treatment.

Discussion

Results of this randomized controlled study showed that GAPT, a child-centered counseling intervention designed for preadolescents, demonstrated positive treatment outcomes on the problem behaviors of troubled Ugandan orphans 10 to 12 years of age. Specifically, teachers and housemothers reported statistically significant improvement and moderate to large treatment effects on internalizing and externalizing behaviors for the preadolescents who participated in GAPT compared with the RM participants. Furthermore, the group mean scores (Table 1) revealed that whereas the GAPT group demonstrated a 10-point average decrease in problem behaviors from pre- to posttesting, the control group exhibited minimal change. The overall results from the present study were consistent with findings from Bratton et al.'s (2005) meta-analysis showing a large treatment effect for the 63 humanistic play therapy studies included in their analysis.

Effects on Internalizing Problem Behaviors

Teachers and housemothers reported statistically and clinically significant decreases in internalizing behavior problems among preadolescents who received GAPT compared with

those who received RM, confirming a large treatment effect for GAPT. Findings were consistent with Bratton et al.'s (2005) meta-analysis results for effects of play therapy on internalizing problems, as well as earlier controlled outcome studies showing that similar group play-based interventions were effective treatments for preadolescents with internalizing behavior problems (Flahive & Ray, 2007; Packman & Bratton, 2003).

The present findings were strengthened by the fact that both housemothers and teachers reported a statistically significant therapeutic impact for GAPT on preadolescents' internalizing problems. Similarly, Packman and Bratton (2003) conducted a randomized controlled study using GAPT with 10- to 12-year-olds identified with learning difficulties and behavior problems and found statistically significant reductions in internalized problems from both parent and teacher report measures. In contrast, Flahive and Ray's (2007) results showed that a group sand-tray activity intervention demonstrated statistically significant between-group differences in the internalizing behaviors of fourth and fifth graders as reported by teachers but not by parents. Outcome results for the present study were also similar to findings from several controlled studies following CCPT protocol in which play therapy with younger children demonstrated positive outcomes on internalized problems (Ray & Bratton, 2010), including studies targeting children with a trauma history (Tyndall-Lind, Landreth, & Giordano, 2001) and ethnically diverse populations (Garza & Bratton, 2005).

Consistent with child-centered principles, the GAPT counselor established a group climate characterized by unconditional positive regard, empathic understanding, genuineness, and respect for individual and cultural differences. Expression of these attitudes within a supportive group climate may have allowed preadolescents to experience these attitudes as activators of change (Ray, 2011). In addition, the experimental group preadolescents were offered varied materials chosen for developmental responsiveness and opportunity for creative self-expression of personal–social–cultural experiences (Bratton & Ferebee, 1999; Ginott, 1994).

In traditional Ugandan culture, free expression of negative feelings and emotions is discouraged, including internalized feelings such as sadness, grief, and depression that result from traumatic or devastating experiences. Thus, provision of various expressive and symbolic materials during the intervention along with therapeutic conditions associated with CCPT may provide participants with a safe and developmentally and culturally responsive means to express and work through previously internalized feelings. Specifically, traditional Ugandan musical instruments were chosen to facilitate expression of difficult emotions through music. The use of music, rhythm, and dance is a customary and important means of expression in every ethnic/cultural group in Uganda. Other materials of Ugandan origin that were used extensively by the children to express themselves in their therapeutic journey included Ugandan dolls and animals, as well as locally found beads and collage materials, especially fabrics.

This study appears to be the first of its kind and offers promise as a solution to preventing the unnecessary suffering of orphaned preadolescents in Uganda presenting with internalized problems. The findings hold particular significance for the population studied in view of research that has shown that internalizing problems such as depression, anxiety, and sadness are the most often reported disorders among Ugandan orphans (Atwine et al., 2005; Cluver & Gardner, 2007; Musisi et al., 2007).

Effects on Externalizing Problem Behaviors

Both teachers and housemothers reported statistically significant improvements in the experimental group's externalizing problems compared with the RM group. Regarding the practical significance of the findings, housemothers observed a large effect size for the experimental treatment, whereas teachers' reports indicated a more moderate effect for GAPT. The majority of orphaned children receiving GAPT moved from the clinical level of externalizing behavioral concerns to normal levels of functioning following treatment; however, we found that teachers reported notable improvement in a greater number of children than did housemothers. Findings were comparable with results from controlled outcome studies that showed that similar group play-based interventions with preadolescents demonstrated moderate to large treatment effects on externalized behavior difficulties (Flahive & Ray, 2007; Packman & Bratton, 2003). Consistent with the present findings, both Packman and Bratton (2003) and Flahive and Ray (2007) reported inconsistencies between parent and teacher perceptions of externalized behaviors.

Outcome results for the present study are similar to findings from controlled studies following CCPT protocol in which play therapy with younger children demonstrated statistically significant beneficial outcomes on externalized problems of children (Garza & Bratton, 2005; Kot, Landreth, & Giordano, 1998; Ray, Blanco, Sullivan, & Holliman, 2009; Ray, Schottelkorb, & Tsai, 2007; Tyndall-Lind et al., 2001). Ray et al. (2009) and Tyndall-Lind et al. (2001) attributed the decline in aggressive behavior to an increased experience of empathy within the CCPT context and the provision of developmentally and culturally responsive materials that allowed children to express aggressive feelings and behavior. Similarly in this study, it is plausible that participants' experience of the core conditions and their ability to express their difficult experiences and emotions symbolically through expressive media were healing elements of GAPT that resulted in reports of more socially desirable behavior outside the counseling setting. The finding regarding treatment effects on externalized problems is encouraging given that in Ugandan society,

children's expression of negative feelings, such as aggression and anger, is not considered acceptable and is typically discouraged by adults.

Additionally, findings were consistent with group counseling literature, which suggested the importance of a group format for facilitating positive change in preadolescents exhibiting aggression and difficulties in relationships (Akos, Hamm, Mack, & Dunaway, 2007). Not only were the findings regarding GAPT's effectiveness on externalized problems of displaced children promising, the present study appears to be the first of its kind to respond to the call by Ugandan researchers to identify mental health services for orphaned children who display high levels of aggression and conduct problems (Atwine et al., 2005; Doku, 2009).

Limitations and Recommendations for Research

The present findings are promising and offer valuable information for researchers and counselors who work with similar populations of children. However, limitations exist that should be considered when interpreting the results. First, generalization of results is limited to preadolescent children in the participating site. In addition, time constraints did not allow for follow-up assessments to establish sustainability of treatment benefits. Although the real-world setting supports the applicability of GAPT in similar situations, the setting also contributed to limitations. Research procedures were enforced to ensure that teachers and housemothers were blind to participants' treatment group assignment. However, we could not control for children's comments to their teachers or housemothers that might indicate the treatment they were receiving. It is important to note that some comments from teachers and housemothers indicated their perception of RM as valuable for the participating children. Thus, a bias for the desirability of the GAPT intervention does not seem a viable explanation for study findings. The possibility that teachers and housemothers became aware of children's treatment represents the greatest limitation in interpreting the results from this study. However, the consistency in findings from both housemother and teacher report adds to the confidence in the present results. A final limitation of this study was the first author's heavy involvement in carrying out the intervention and the research, which may have introduced experimenter bias. Although we put mechanisms in place to limit the impact of bias, such as assessment of treatment integrity and using two sources of measurement for each dependent variable, it is possible that experimenter bias may have influenced the results.

This study represents an initial step toward consideration of GAPT as an evidence-based counseling intervention for problem behaviors of orphaned youth in Uganda. Further research in this area is needed to offer this intervention as an evidence-based practice for similar populations of troubled preadolescents in the United States and other countries. Findings provide strong support for the need to conduct a multisite, randomized controlled study designed to address limitations in the present research methodology, including the use of blinded, independent assessors as another source of measurement (Nathan & Gorman, 2002).

Implications for Practice

Outcomes of this study offer support for Ugandan orphanage officials to consider reallocating resources or to seek grant funding to employ counselors to address the mental health needs of their young charges. To address the shortage of counselors in Uganda, particularly counselors trained to work with children, Ugandan universities could partner with counseling programs in the United States and other countries to explore strategies to increase training opportunities. The present findings also suggest that such training include the use of GAPT or CCPT principles and procedures as a culturally and developmentally sensitive approach to counseling Ugandan youth. Communication of empathy and acceptance, along with provision of culturally relevant materials and activities that fostered symbolic expression, seemed to have encouraged exploration of issues that were most meaningful for the preadolescents in our study and contributed to improved behavior. Counselors who work with this population are encouraged to provide an environment that communicates acceptance of individual and cultural values and promotes free expression of thoughts and feelings.

The study findings offer obvious implications for child counselors in Uganda, as well as valuable information to counselors in the United States and other countries who work with children who have experienced loss of their primary caregivers due to traumatic events, including children in foster care, institutionalized care, and private adoptions. The fact that this study was conducted in the real-world setting of the school also provides support for its utility for school counselors and other school mental health professionals who work with similar populations of children.

Conclusion

The urgent need to identify mental health interventions for displaced Ugandan orphans is well documented (Wakhweya et al., 2002). Statistics indicate that despite the marked increase in the number of orphans in Uganda, there has been negligible response to their mental health needs (UNICEF, 2006). GAPT is a developmentally responsive counseling intervention that has been applied successfully in the United States in the school setting (Flahive & Ray, 2007; Packman & Bratton, 2003). The present study is the first controlled study to examine the effects of GAPT with an orphan population

with a history of significant trauma, and the first known controlled investigation of any counseling intervention focused on Ugandan orphans.

Results of this study indicate that GAPT was effective in reducing the internalized and externalized problems of preadolescents residing in a large children's village in Uganda. The majority of orphans participating moved from clinical levels of behavioral concern to normal functioning, indicating the clinical utility of the intervention on the children's day-to-day functioning. Furthermore, the positive findings are consistent with school-based play therapy research in the United States (Bratton, 2010) and show that GAPT can be effectively delivered within the school setting where this population of children can easily access services.

The statistical, practical, and clinical significance of the findings underscore the feasibility of implementing GAPT as a responsive mental health intervention for troubled orphans exhibiting significant behavior concerns. The promising results further suggest that GAPT has the potential to interrupt the negative trajectory associated with early identified problem behaviors, thereby preventing the development of more severe impairment across the child's life span.

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