The effectiveness of group play therapy using sand on social skills and behavioral problems of 5-9-year-old children in Tehran

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ABSTRACT

This research was conducted with the aim of investigating the effectiveness of group play therapy using sand on children's social skills and behavioral problems. The statistical population included all children aged 5 to 9 years in Tehran in 1403, and among them 30 students were selected by available sampling according to the entry criteria and placed in two experimental and control groups. Then, at first, the subjects were measured by Babadi and Meshkani's life skills questionnaire (1389) and Shahim and Yousefi's children's behavioral problems questionnaire (1378) and after receiving group play therapy training using sand according to the protocol, the subjects again They completed the questionnaires. The research findings were analyzed by SPSS software using covariance analysis method and the results indicated the high effectiveness of group play therapy using sand on improving social skills and reducing children's behavioral problems

1. Introduction

Continuity and continuity of communication with children, especially in the first years of life, is of particular importance, and the way parents and educational coaches deal with the child has an impact on how the child socializes and acquires social skills and future relationships, especially his relationship with peers. For a child who has parents, the family is the first and then the educational environment of the institution of socialization. Childhood is one of the most important stages of life in which a person's personality is founded and formed. Most of the behavioral disorders and inconsistencies after this period are caused by the lack of attention to this sensitive period and the lack of proper guidance in the process of growth and development (Hackenberry and Wilson, 2014). After several decades of research in the field of children's psychology, the obtained results have indicated that 14-24% of children are involved with all kinds of problems and behavioral and emotional disorders (Yavandhosni, 2019).

The term behavioral problems has entered the culture of psychology for more than 85 years without being defined. Since then, teachers, doctors, psychologists and others who are related to children's emotional and behavioral problems have used this term to express their intention, but a single definition that is accepted by everyone has not been provided. Therefore, there are many definitions or terms to describe children who have social and behavioral problems. Children with behavioral problems are children whose most tangible problem is the failure to communicate with others. Normally, children are not interested in communicating with them and adults do not find them interesting. Some of these children are withdrawn and Some other misbehavior is destructive, irresponsible, belligerent, irritable, stubborn, jealous, and such behaviors, in general, it can be said that interactions and social exchanges between the child and the environment are inappropriate (Khazaei et al., 2018). According to pathological views, children's behavioral and psychological problems can be affected by various factors. Considering the systemic view of the family due to the close relationship between the family and the children, one of the factors that can be raised in connection with the mental and behavioral problems of the children is the family. Other studies also indicate that the educational environment can also have an effect on this problem. Also, these studies showed that children whose parents have established an open and positive relationship with them, at the same time, have the independence and freedom appropriate for their age. give them less behavioral problems (Baghbay and Park, 2018). In this regard, mental health experts attribute the main fault of behavioral problems to the relationships between parents, especially mothers and children.

Children who are born represent the future of any society. Paying attention to their education and upbringing is an obvious and necessary matter. Therefore, it is important to pay attention to childhood problems both for the individual and for the society. If these problems are not treated, not only the children will suffer. They do not get rid of them, but turn into adult mental disorders. Psychological and behavioral disorders in children disrupt learning and development. Children with psychological defects may not succeed in mastering the key tasks of different stages of development, such as self-esteem, establishing relationships with peers, resolving interpersonal conflicts, and acquiring academic skills. These failures, in turn, may lead to a feeling of failure and rejection (Rezazadeh, 2008). Almost all mental health experts agree in all models and theories of behavior explanation that the early formative years are important in later adaptation. The existence of problems during these years is the basis of inconsistency in the following years (Kalantari, 2018). In fact, the adult person we know with behavioral disorder is the child of yesterday who neglected to pay attention to his problems. Like adults, children and adolescents also suffer from mental illnesses and problems, which may occur if they are neglected and if proper interventions are not carried out. It has become chronic

and has irreparable effects on their adult lives and causes them problems in the field of education, employment and family and social relationships. Childhood behavioral disorders.

One of the components related to children's behavioral disorders is social skills and how to learn them and teach them to children. Social skill is a comprehensive adaptive behavior that enables a person to have mutual relations with different people: to express positive reactions and avoid behaviors that have negative consequences (Cartelge and Milburn 2019). Social skills are behaviors whose transformation can be effective on the relationships between people on the one hand and their mental health as well as useful performance in society on the other hand (Hossein Chari and Delavarpour, 1395). In fact, someone has social skills who behaves with others in such a way that he can achieve the rights, satisfaction requirements and perform his duties to a reasonable extent without ignoring the rights, requirements, satisfaction or duties of others, and at the same time, a free exchange with others have (Harji et al., 2019) Weakness in social skills causes behaviors such as delinquency, incompatibility, academic failure (Nasr Esfahani et al., 2018) and drug use and addiction (Gasemzadeh et al., 2016). Possessing social skills provides the basis for active participation of a person in the society and makes him show effective social reactions in facing difficult real social situations. Therefore, social skills are considered the main focus of social development, the formation of psychosocial atmosphere, the quality of social interactions, social adaptation and even the mental health of a person (Behjoh and Salimian, 2018). Teaching these skills improves a person's health at different levels. According to what was mentioned earlier, social skills are skills that allow people to start and continue positive interactions with others and include skills such as communication, problem solving, decision making, self-management and relationships with others. It is peers and the ability to perform behaviors that are important in empowering a person to acquire social skills (Khanzadeh, 2012). These skills are not only important for success and adaptability in schools (Barqi Irani et al., 2015), but most experts believe that social skills are behaviors that are learned and affect relationships with peers and adults (Kohsarian, Farrokhzad and Ishani, 2015). Social skills are an important part of the field of personal development, and its lack in the long term severely affects the child (Matson et al., 2010). Social skills clearly require training (Davis et al., 2010; Simonsen et al., 2010). 2012).Learning these skills depends on the individual's context and situation, because different social skills are important in different situations and tasks, and healthy people can identify social cues and respond appropriately to them. , they adapt themselves to various situations. They usually do not consider social skills as general personality traits and consider them as specific and specific behaviors that are affected by age, gender, social status and interaction. Social skills transform a person's potential abilities into actual ones and are necessary to maintain and organize a human relationship. Social skills, including communication, problem solving, decision-making, self-management, and relationships with peers, are skills that give people It allows them to interact positively with others and avoid unreasonable social reactions. Children who have acquired enough social skills are more successful in establishing relationships with peers and learning in the educational environment than children who do not have these skills.

For children who do not have self-awareness and insight into their disorder and cannot communicate well with their peers and others, it is not possible to perform various types of psychotherapy on them easily, through related games, significant results can be created in them, because for children It is enjoyable and satisfying (Samadi, 2009). According to Landerth, there are different methods in psychology to change behavior and strengthen adaptation methods, one of which is play therapy. A treatment that is increasingly used in today's world (Landreth, 2002, translated by Davari Panah, 2010). Also, in connection with young children and those who do not have developed verbal skills, play therapy can be used (Seyd Mohammadi, 2009). When verbal language is not enough to express children's thoughts and feelings, therapists use play therapy to help children express what is bothering them. The healing power that lies in play therapy is used in various ways, and through play, therapists

teach children who have weak social and emotional skills more adaptive behaviors (Zare, Ahmadi, 2006).

The play therapy approach is based on the assumption that change is possible and the necessary factors for change are in the positive relationship between the child and parents or teachers. Since the roots of social skill development and behavior problems are found in the early years of life, it is essential to go back to the stage when the child's emotional development was disturbed and provide an experience so that the child can re-engage the cycle of healthy interaction. (Mohammed Ismail, 2002). In today's complex societies, behavioral difficulties and children's adaptation problems at home and school are among the main issues that have seriously affected parents and other people related to them, and many children cannot keep up with their talents and abilities due to various behavioral problems. Children project their inner emotional world during play therapy because play therapy is potentially helpful and all kinds of problems such as family violence, abuses, and some communication conflicts are treated (Babaei et al., 2010). Considering the prevalence of these behavioral problems and the need for appropriate and easy treatment, the present study aims to compare the effectiveness of group play therapy using sand on children's social skills and behavioral problems.

Research Method

This research was conducted with a pre-test-post-test design with a statistical population including all preschool children in kindergartens in Tehran in 1403. Entry criteria include; Children aged 5-9 years and parents' desire to participate in the test, as well as non-cooperation of children and mothers to participate in the project, were considered as exclusion criteria. Using available sampling method, 30 eligible children were selected and randomly placed in two control and test groups. Before the treatment sessions, the mothers of both groups were asked to pay attention to any changes in their children during the work period. Then, at first, the subjects were measured by Babadi and Meshkani's life skills questionnaire and Shahim and Yousefi's behavioral problems, and after receiving the story therapy training according to the protocol, after passing 8 sessions of 60 minutes, the subjects completed the questionnaires again. The diagram of the research plan is as follows.

Group	pretest	independent variable	posttest
Test	T1	X	T2
Control	T1	-	T2

Information gathering tool

1) Life skills questionnaire

The Children's Life Skills Questionnaire was created by Babadi and Meshkani in 2019 and it contains 42 questions to which the subject can choose one of the answers "never", "sometimes" and "most of the time" to answer each question. , to choose (Babadi and Mashkani, 2009). This questionnaire has 4 subscales (self-discipline, social skills, self-control, social responsibility) that each subscale measures one skill. Babadi and Meshkani (2013) using the Cronbach's alpha method, the reliability coefficient of this questionnaire was 0.85 for the whole test and 0.76 for the subscales of social skills, self-regulation 0.63, self-control (self-management) 76. 0 and social responsibility reported 0.62. Also, in order to determine the reliability coefficient of the test, they also used the retest method. For this purpose, they gave the test to a single group of test takers on two occasions with an interval of four weeks, and the correlation coefficient obtained from the test twice, which is considered as the reliability of the test, was 0.74 for the entire questionnaire and For the subscales, they reported 0.72 social skills, 0.68 self-regulation, 0.65 self-control, and 0.71 social responsibility.

In the research of Babadi and Meshkani (2013), in order to estimate the criterion validity of the children's life skills questionnaire and based on the research literature and the effect of life skills training on self-concept, the correlation of the compiled test with Beck's self-concept test was measured. The life skills test along with Beck's self-concept test was performed simultaneously on 44

male and female fifth grade students and its correlation coefficient was 0.423, which is significant at the 99% (percentage) level.

2) Questionnaire of children's behavioral problems
This questionnaire was created by Shahim Vyousefi in 1378 and has 24 questions. which is graded and completed by the child's parents (preferably the mother). Parents can answer the questions for about 20 minutes according to their children's behavior in the past twelve months.
The grading method is as follows:
This questionnaire is scored on a three-point Likert scale (never (0), sometimes (1), most of the time (2)). If the statement is only partially representative of the child's behavior, circle the number (1), and if the mentioned article is not true about the child's behavior, circle the number (0).
In this way, the number (2) indicates the behavioral disorder of that special substance and indicates that the child in question has the symptoms of the disorder completely, and the number (1) means that that special substance applies to the child to some extent. Number (0) It is a sign of the absence of behavioral disorder symptoms and it indicates that the subject does not fall under the subject of the term and no behavioral disorder symptoms are observed in him at all.
 The questionnaire has four subscales of attention deficit (questions: 1, 2, 4, 5, 7, 16, 19), fear (questions: 8, 17, 18, 20), social behavior (13, 14, 15, 21, 22). , 23) and aggression (3, 6, 9, 10, 11, 12, 24) that social behavior questions are scored inversely. The total score is obtained from the sum of the scores of the subscales, the higher the scores, the greater the child's behavioral problems. The construct validity of the questionnaire has been confirmed by factor analysis, and the reliability of the questionnaire has been estimated at 0.80 using Cronbach's alpha method (Shahim and Yousefi, 2008.(

Method of data analysis
 The obtained data were statistically analyzed by SPSS software and covariance analysis was used to obtain the results.

The findings
 In this research, 30 children (15 experimental and 15 control) were investigated in terms of the effectiveness of group play therapy using sand on social skills and behavioral problems. The mean and standard deviation of the age of the subjects in the experimental group was 7.46 ± 0.74 years and for the control group was 7.26 ± 0.79 years. Table 1 presents the mean and standard deviation of the dimensions of social skills and behavioral problems separately for two groups and stages of the test (pre-test and post-test).

Table 1: Average and standard deviation of dimensions of social skills and behavioral problems by two groups

deviation	mean	Test	Group	component
0/91	17/53	pretest	Test	Social skill
0/98	21/40	posttest		
1/06	17/13	pretest	Control	
0/91	16/86	posttest		
1/30	11/53	pretest	Test	Self regulation
0/88	15/73	posttest		
1/42	11/80	pretest	Control	
1/06	11/53	posttest		

0/88	7/73	pretest	Test	restraint
1/34	13/66	posttest		
0/97	7/66	pretest	Control	
0/97	7/69	posttest		
1/08	5/20	pretest	Test	Accountability
1	9	posttest		
1/40	5/60	pretest	Control	
1/12	5/86	posttest		
1/30	17	pretest	Test	Aggression
0/99	11/53	posttest		
1/45	17/53	pretest	Control	
1/03	16/93	posttest		
0/88	9/73	pretest	Test	Anxiety
1/03	6/73	posttest		
1/04	9/66	pretest	Control	
0/91	9/13	posttest		
0/88	9/06	pretest	Test	Seclusion
0/91	6/13	posttest		
0/97	9/33	pretest	Control	
0/67	8/80	posttest		

 Then, multivariate covariance analysis was used to investigate the effectiveness of group play therapy using sand on the social skills of the investigated children. Therefore, the assumption of homogeneity of the variance-covariance matrix was checked first, and the results showed that this assumption is valid (P=0.655, 10=0.773, F=3748.207, Mbox=9.160). Then, the assumption of homogeneity of error variance was checked using Lon's test, and the results showed that this assumption is also true for social dimensions, self-regulation (P < 0.05) and not true for self-restraint and responsibility dimensions (P < 0.05). Of course, due to the equal sample size of the two groups, it can be said that a violation of this assumption does not cause a problem. The results of the Wilks's Lambda test also showed that the intervention was effective in general (p=0.001, p=0.001, Wilks's Lambda=0.032). Table 2 presents the results of covariance analysis to investigate the effectiveness of the intervention on the dimensions of social skills.

Table 2: The results of covariance analysis to investigate the effectiveness of the intervention on the dimensions of the social skills of the investigated children

2η	significant level	F	mean square	df	sum of squares	component
0/911	0/001	245/675	117/668	1	117/668	Social Skill
0/923	0/001	287/314	128/905	1	128/905	Self Regulation
0/891	0/001	197/151	251/230	1	251/230	Restraint
0/878	0/001	173/241	84/079	1	84/079	Accountability

The results of covariance analysis showed that group play therapy using sand is effective in increasing social skills, self-regulation, self-control and responsibility of children in the experimental group.

Then, multivariate covariance analysis was used to investigate the effectiveness of group play therapy using sand on reducing the behavioral problems of the investigated children. Therefore, the assumption of homogeneity of the variance-covariance matrix was checked and the results showed that this assumption is valid (P=0.894, 10=0.378, F=3748.207, Mbox=2.568). Then, the assumption of homogeneity of error variance was checked using Lon's test and the results showed that this assumption is valid only for the dimension of aggression (P < 0.05) and not valid for the dimensions of anxiety and withdrawal (P < 0.05), which of course with Considering the equal sample size of the two groups, it can be said that a violation of this assumption does not cause a problem. The results of the Wilks's Lambda test also showed that the intervention was effective on the dimensions of behavioral problems (p=0.001, p=0.001, Wilks's Lambda=0.029). Table 3 presents the results of covariance analysis to investigate the effectiveness of the intervention on the dimensions of behavioral problems.

Table 3: The results of covariance analysis to investigate the effectiveness of the intervention on the dimensions of behavioral problems of the children under investigation

2η	significant level	F	mean square	df	sum of squares	component
0/961	0/001	615/921	177/120	1	177/120	aggression
0/796	0/001	97/778	43/226	1	43/226	anxiety
0/829	0/001	121/078	43/492	1	43/492	seclusion

The results of the covariance analysis showed that group play therapy using sand is effective in reducing behavioral problems such as aggression, anxiety and withdrawal of experimental group children.

discussion

The present study was conducted with the aim of investigating the effectiveness of group play therapy using sand on social skills and behavioral problems of 5-9 year old children in Tehran. The results of this research indicated that group play therapy using sand reduces behavioral problems and improves

the social behaviors of these children. Therefore, the results of this research are in line with the researches of Kehrizi et al. (2014), Lee (2013) and Richards et al. (2012).

Play therapy using sand is one of the appropriate and practical techniques to reduce the challenging behaviors of children and teenagers, because the main feature of this type of play therapy is its indirectness and non-directive nature, as well as its non-verbal nature, in which children are allowed to It is given so that they can vent their challenging behaviors and problems in a calm, safe and tension-free environment without the direct intervention of the game therapist. Different approaches of play therapy have been used in children, but regardless of the specific orientation, almost all of them have a common belief; The use of play or play environment is an inevitable feature of diagnosis and treatment of children who have problems. By using the game environment, the child becomes aware of how to deal with the world around him, with life-making techniques and mastering skills, techniques and symbolic processes in his own way. By reviewing his past experiences, the child matches them with his new ideas and patterns, and moreover, through the game, the child tries to solve his problems and conflicts and reconsider his relationships with the environment and peers. Allen and Brown (1986) concluded that sand play is effective in solving children's problems by providing safe conditions through imaginative projection and the development of feelings, skills and control of internal impulses. They also stated that playing with sand allows children to replace their aggressive and hurt feelings to facilitate more socially appropriate behaviors.

In order to explain this research, it can be stated that; Sand play allows a person to process the ideas in his mind non-verbally and symbolically on a conscious level in a safe environment. In addition to the free and protected space of the sand, the game activates the power of self-healing in the person and causes the emergence of individuality and integrity in the person's "self". On the other hand, Chen and his colleagues believe that the reference, the ideal world, projects its main concerns and anxieties in the sandbox, and finally these tensions are resolved by the energy trapped in the unconscious, which reduces anxiety. And fear becomes in the person. Mi Yang and Kim (2012) believe that anxiety and loneliness are caused by having a negative perception of oneself and others, and emotional projection in a safe and accepting sand play therapy environment increases self-confidence in a person and reduces perceptions. negative and improve interpersonal skills. In other words, the symbolic expression of thought processes acts as children's words and allows the development and integration of past stagnant behaviors in a less threatening way in a safe environment. Children are not always aware of this, but the images created in the sandbox represent the repressed psychological events of his past, which are in the unconscious mind, and the symbolic expression in the sandbox causes them to be discovered and related to each other (Cunningham, 2001).). In fact, sand play brings attention to the inner world and emotional needs and allows the conscious mind to retrieve repressed memories of the past in the present. Therefore, sand play gives the child the opportunity to display his inner feelings caused by his tensions, failures, aggressions, fears and confusions, and by revealing these feelings, while facing them. be; He learns to control or ignore them. When the child achieves emotional stylization in this way, he succeeds in understanding his inner strength and ability. This force allows him to be himself, think for himself and make his own decisions and become more psychologically mature and thus recognize himself. At the same time, touching and moving the sand releases negative emotions.

In addition, sand play is an intervention method with low risk and high success. Also, the process of building a sand area is attractive for children and includes indirect expression without the need to speak. Focusing on creative and non-verbal processes and realizing potential abilities, a person strengthens the right hemisphere of the brain, which is related to cognitive processes. Image memory is visualization, fantasy creation, imagination and emotions (Berger, 2012).

In this way, since play therapy and sand play therapy are compatible with children's verbal and cognitive developmental capacities and are considered a pleasant experience for them, it can effectively provide the possibility of projecting negative emotions, conflicts and annoying feelings of the child. . In addition, by creating a safe and receptive environment for communication and using game tools that help project and reproduce the child's problems, sand play provides the ground for the

child's efforts to overcome conflicts and find compromise solutions. In sand play, the child reviews his past experiences using sand and small objects, and through interpersonal interactions, acceptance, refinement, reduction of painful effects, reorientation of excitations, he experiences a corrected emotional experience. slow down In this way, the child gains awareness of issues, beliefs, interests, needs, and consequences of his behavior by reviewing his behaviors in a systematic way and takes steps towards change.

Therefore, sand play therapy provides an opportunity for children to release their mental energy, express their feelings, behaviors and mental accumulations and facilitates appropriate social behaviors (Campbell, 2004). Children's sand play can make decisions, express their negative feelings, and it gives insight into solving problems and changing behavior spontaneously. Also, the person is allowed to be himself, to learn to identify himself and to openly portray himself as he is. It helps with their most conflicts and problems.

In such an environment, children can express their feelings and emotions by repeatedly re-emerging issues and problems, reach new knowledge, help them adjust their emotional states, and choose more adapted problem solving styles. It seems that this method can make children more compatible with their problems. On the other hand, it seems that the structure of sand play can be used as an effective tool to change and direct children's behavior, because in this form of therapy, it is not necessary for the child to admit his problems, he can create heroes by using symbols. Start projecting and searching for different options. In fact, in this process, while the child experiences different feelings, he thinks about what he might do in such a situation and becomes aware of his feelings.

Conclusion

People who work with children and adolescents know that children can become very anxious when asked to talk about their condition. In addition, even if there is recognition of the feelings and thoughts of children, they do not have enough vocabulary to express their feelings and thoughts. While non-verbal treatment methods are easily acceptable for children and teenagers. From this point of view, the game is a suitable method for working with children because it provides many opportunities to express a wide range of emotions using digging sand, pouring and hiding, and symbolic objects (Strauss, 1999). Play therapy pointed out that because the great benefit of sand play is its non-verbal quality, sand play penetrates the pre-verbal level of consciousness, which is supported through the senses, making it particularly effective when working with children. Sand play is more effective than other treatment methods. Because it does not require any skills from the child, in the free and protected space of the sand play, children can make decisions, express their negative feelings, and it gives insight into solving problems and changing behavior spontaneously. Also, the person is allowed to be himself, to learn to identify himself and to draw himself openly as he is. In this way, since sand play therapy is in harmony with children's verbal and cognitive developmental capacities and is considered a pleasant experience for children, it can effectively provide the possibility of examining and diagnosing children's issues and problems, and by creating a safe and accepting communication framework. , the use of sand and symbolic sculptures that help project and recreate the child's problems and facilitate and accelerate the child's efforts to overcome conflicts and find compromise solutions to pave the way for the treatment and improvement of children's problems according to Evidence discussed sand play therapy is an effective method of intervention that is well suited to the needs of children and its application prevents the escalation and continuation of future problems. Conducting this research, like other researches, included limitations such as: lack of follow-up of effectiveness in the long term and the statistical population being limited to the city of Tehran. Therefore, it is recommended to evaluate this research in larger groups in future studies so that the validity of this method can be met with more certainty. Finally, to all the parents and loved ones who helped us in conducting this research.

Resources

1. Aj, Arman, Kohsarian, Khadija, Farrokhzadeh, Fereshte and Ishani, Farzad (2015). Strategies to increase the social skills of students. The 2nd international research conference in engineering, science and technology. https://civilica.com/doc/557612

2. Babaei et al. (2013). Studying the effectiveness of group play therapy with guidance on behavioral disorders of elementary school students, Journal of New Educational Ideas and Psychology, Al-Zahra University (S), Volume 7, Number 1, Spring 2019

3. Butcher James, Manika Susan, Holly Jill (2008). Psychopathology, volume two). Translation: Seyyed Mohammadi, Yahya. Tehran: Arsbaran Pourafkari Nosrat (1373) comprehensive dictionary of psychiatric psychology. Tehran: Contemporary Culture.

4. Panishtegar, Saif et al. (2008). Prediction of attachment disorder in elementary school children based on their parents' attachment style. Psychological studies of the Faculty of Educational Sciences and Psychology of Al-Zahra University (S). Volume 2, numbers 1 and 2, spring and summer 2015.

5. Imami citizen, Shirin (1390). Prediction of child's attachment style based on the factors of maternal behavior and child's behavior and the effectiveness of maternal behavioral cognitive training on child's insecure attachment style. Ph.D. thesis in the field of psychology, University of Isfahan

6. Johnson, Susan, Valerie Wiffen (2007). Attachment processes translated by Fatemeh Bahrami and others. Tehran: Danje.

7. Hossein Chari, Massoud and Delavarpour, Mohammad Agha. (2015). "Do shy people lack communication skills?", Iranian Psychologists Quarterly, third year, vol. 10, pp. 123-135.

8. Hossein Khanzadeh Firouzjah, Abbas Ali, Mullally, Gita and Nemati, Shahrouz (2008). Prevalence of behavioral problems among elementary school students in Tehran. Research in the field of exceptional children, 9(3), 223-238.

9. Khazai, natural. Kharai, Mohammad Mahdi. Khazai, Masoumeh. (2018). Prevalence of behavioral problems in children of Birjand city, Birjand Journal of Medical Sciences, 12(1, 2), 79-85. 16)

10. Zare, Ahmadi (2008). The effectiveness of cognitive behavioral play therapy in reducing children's behavioral problems. Journal of applied psychology, period, first, number 3, spring 1386.

11. Qasimzadeh, Sogand and Hashemi, Maryam (2015). The effectiveness of family-oriented interventions on the clinical symptoms of children with oppositional defiant disorder (ODD). Empowering Exceptional Children Quarterly, 7(20), 187-201.

12. Kehrizi, S; Moradi, A; Momeni, Kh. (2014). The effectiveness of sand play therapy on reducing behavioral disorders of preschool children. Journal of Clinical Psychology and Counseling Research.

13. Landerth, Gary (2013). Game therapy, the art of communication, translated by: Davrpanah, Farozandeh. Tehran: Rushd Publications.

14. Mohammad Ismail, Elaha (2012). Play therapy theories, methods and applications of Balbani. Tehran: Danje.

15. Nasrasafhani, Ahmad Reza; Fatehizadeh, Maryam and Fathi, Fatemeh. (2018). "The position of social skills needed by students in the general textbooks of secondary school", Daneshvar Behavat, 11th year, new period, vol. 9, pp. 49-64.

16. Bagbay, M & ,.park. T. (2018). Child behavior problems and parental mental health as correlates of stress in mothers and fathers of children with Autism. Journal of Intellect Disability Research, 47(4), 37-231 .

17. Eisenberg, N., Gershoff, E.T., Fabes, R. A., shepard, S. A., Cumberland, A. J., Losoya, S.H & ,.Murphy, B. C. (2001). Mother's emotional expressivity and children's behavior problems and social competence: Mediation through children's

18. Gilbert, P. (2009). Introducing compassion-focused therapy. Advances in Psychiatric Treatment. 15, 199-209.

19. Krischer,M. Smolka,B. Voigt,B. Lehmkuhl,G. Flechtner,H. Sebastian Franke,S. Martin Hellmich,M. (2019).Effects of long-term psychodynamic psychotherapy on life quality in mentally disturbed children. Psychother Res., 27:1-9. Doi: 10.1080/10503307.2019.1695169

20. Lee YJ. (2013). A Study of the Sand play Therapy Case of a 9-Year-Old Girl Seen from Mahler's Ego Developmental Viewpoint. Symbols and Sand play Therapy. 4(1),21-34.

21. Richards, D. Pillay, J. Fritz, E. (2012). The use of sand tray techniques by school counsellors to assist children with emotional and behavioural problems. The Arts in Psychotherapy, 39(5): 367-373.