

Emotional Regulation Play Therapy for Maltreated Children: A Single Case Study

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Abstract. Aggressive children's behavior can arise from their inability to regulate the emotions that are felt due to the violence they have experienced as one form of maltreatment. This study aims to see how Emotional Regulation Play Therapy affects the behavior of maltreated children. This study was a quasi-experiment with a single-case pre-test and post-test design. The participant of this study was a ten years old boy with physical abuse and neglect history. Emotional Regulation Play Therapy consists of 5 sessions based on emotions regulation development steps by Knell (2009). Emotional regulation ability was measured using the Emotional Regulation Questionnaire for Child and Adolescence (ERQ-CA) developed by Gullone and Taffe (2011). The measurement results show an increase in the ERQ-CA score by 19 points and an increase in the ability to regulate emotion.

Keywords: *Child maltreatment, Emotional Regulation, Play Therapy*

Abstrak. Perilaku anak yang agresif dapat muncul dari ketidakmampuan anak untuk meregulasi emosi yang dirasakan akibat dari kekerasan yang pernah dialami. Penelitian ini bertujuan untuk melihat bagaimana Emotional Regulation Play Therapy mempengaruhi perilaku anak yang mengalami kekerasan. Penelitian ini menggunakan desain single case with pre test dan post test. Partisipan dalam penelitian ini adalah seorang anak laki-laki berusia 10 tahun dengan pengalaman kekerasan fisik dan penelantaran. Emotional Regulation Play Therapy terdiri dari 5 sesi terapi yang disusun berdasarkan tahap perkembangan ketrampilan regulasi emosi yang dikemukakan oleh Knell (2009). Pengukuran kemampuan regulasi emosi dilakukan menggunakan *Emotional Regulation Questionnaire for Child and Adolescence (ERQ-CA)* yang dikembangkan oleh Gullone and Taffe (2011). Hasil pengukuran menunjukkan adanya peningkatan skor ERQ-CA sebesar 19 poin disertai dengan peningkatan kemampuan regulasi emosi yang dijabarkan secara kualitatif.

Kata Kunci: *Kekerasan pada anak, Regulasi Emosi, Terapi bermain*

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Introduction

Data from the World Health Organization (2020) shows that 3 out of 4 children experience maltreatment daily. World Health Consultation on Child Abuse Prevention (1999) states that child abuse or child maltreatment is a form of ill-treatment that may harm a child's health, survival, or development. Wenar and Kerig (2000) explain child maltreatment or child abuse as different types of violence that may affect a child's development differently. Based on Wenar and Kerig (2000), there are five types of child maltreatment: physical, sexual, neglect, emotional, and exposure to domestic violence. Child maltreatment has long-term consequences on various physical, mental, work, and socio-economic aspects in the future of children's life (WHO, 2020).

One of the direct consequences of maltreated children is improper emotional development (Wenar & Kerig, 2000). It is further explained that most children who experience violence tend to have an avoidant attachment style. In early childhood, children who experience violence tend to have a limited ability to understand emotions, and along with age, it will affect a child's emotional regulation skills.

Emotional regulation is how individuals manage their emotional responses to changes around them (Cole & Hall, 2008). Emotional regulation refers to a people's ability to regulate unfavorable emotions and increase favorable emotions (Heinzen, Koehler, Smeets, Hoffer, & Huchzermeier, 2011). Emotion regulation is defined as the capacity to manage one's emotional responses. This includes strategies to increase, maintain, or decrease positive and negative emotions' intensity, duration, and trajectory (Young, Sandman, Craske, 2019). Gross (2015) describes there were two strategies to regulate our

emotions; (1) cognitive reappraisal (an attempt to reinterpret an emotion triggers to change its impact) and (2) expressive suppression (the inhibition of emotional expression so as not to communicate information about one's emotional state).

The inability of maltreated children to regulate their emotions is called emotional dysregulation. Emotional dysregulation is a dysfunctional and maladaptive pattern in regulating emotions. Emotional dysregulation in children can be observed through 4 main characteristics (Cole & Hall, 2008): emotions endure, and regulatory attempts are ineffective, emotions interfere with inappropriate behavior, emotions expressed or experienced are inappropriate context, and emotions either change too abruptly or too slowly.

Therefore an emotional regulation intervention is needed to be taught for maltreated children. Play therapy is a great option when working with children. Play therapy helps children feel safe and fun while unconsciously addressing their psychological problems. Emotional regulation play therapy develops based on Knell's (2009) emotion regulation technique. Knell (2009) stated there are three main steps to developing proper emotion regulation. The first step is to have proper knowledge and understanding of emotion, the second is to identify emotional triggers or events, and the last is to learn a proper coping skill. The researcher then developed these three steps into five Emotional regulation play therapy sessions. This study aimed to understand how Emotional regulation play therapy affects children with maltreatment histories.

Methods

Design

A single case study was conducted to examine the effectiveness of emotional regulation play therapy in improving children's emotional regulation skills. A pre-post-experiment design was used to check the effectiveness of the therapy. There is no control group in this experiment. The selection of one case design with pre and post-test design was chosen due to the limited number of participants who met the criteria.

Participant

One male child (Alan) and a therapist participated in this study. Alan was a ten-year-old boy who had to stay at social care due to neglect by abusive parents. Before coming to social care, Alan stays with her grandfather at the roadside for six months. Both of his parents were separated when Alan was two years old. Alan used to live with his mother from age 6 to 8, but the abuse he got from his stepfather made her mother decide to send him to live with his grandparents. Alan has been staying at social care for six months and often get into a fight with other children. The social worker describes Alan as an aggressive child with an irritable mood. His social skill is good, but he easily gets angry and does not hesitate to punch or kick other kids if they annoy him. Alan has a good cognitive ability. The therapist is a licensed clinical psychologist with experience working with children who are victims of violence.

Measurement

The Emotion Regulation Questionnaire for Children and Adolescents (ERQ-CA) by Gullone and Taffe (2011) was used in this study to measure the

emotional regulation skill of the participant. ERQ-CA consists of 10 items using 1 to 5 on a Likert scale. The Cronbach alpha of this scale was .69-.86. The pre-test and post-test were conducted with six weeks' differences.

Procedure

The intervention was conducted in the social care counseling room once a week. The therapist meets Alan from 4 pm to 5.30 pm. Before the intervention begins, the therapist already meets Alan twice to build rapport. The emotions regulation play therapy was developed based on three emotional regulation development steps by Knell (2009). The researcher then develops these three steps into a five-session program as described below.

Table 1.

Emotional Regulation Play Therapy Session

Session	Session Name	Purpose	Session Description
I	Emotion identification	Emotion introduction Emotions labeling Physical reaction	Using emotional cards to introduce various types of emotions. Using emotional card stories to label the emotion of the events. Using emotional cards to be matched with the physical behavior symptoms.
II	Identify emotional triggers	Emotional event identification	Using sand play to make a story and identify the emotions of the characters from the story Write a letter to share events that triggered specific emotions in Alan's life.
III	Coping skill	Identify problem behavior and	Identify emotions and events that trouble Alan the most (Angry) Learn to find alternative behavior

Session	Session Name	Purpose	Session Description
		alternative behavior	Learn deep breathing techniques using a balloon. Behavior experiment for one week.
IV	Coping skill	Muscle relaxation	Behavior experiment evaluation Learn muscle relaxation using a rubber ball. Behavior experiment or one week again.
V	Evaluation and Termination	Evaluation Relapse Prevention Termination	Discuss behavior experiment Discuss the difficulties that may be faced in the future. Reviews, reinforcements, post-test, and termination.

Result

The pre-test of ERQ-CA (Gullone & Taffe, 2011) was taken three days before the first session. The pre-test result was 23 points, and after attending six meetings with a therapist, the post-test result was 42 points (+19 points). The five sessions therapy plan develop into six meetings because the therapist felt the need to repeat the first session due to the lack of Alan’s ability to recognize emotions. A specific description of each session result is described below.

Table 2.

Therapy Result

Meeting	Session Name	Description
I	Emotion identification	Alan recognizes four basic emotions, namely anger, joy, sadness, and fear, but not disgust emotion. It is still hard for Alan to identify the right emotions for a specific event in the story. Alan has been unable to

Meeting	Session Name	Description
		distinguish experiences that cause angry or sad emotions. Alan has difficulty identifying physical reactions that he feels when feeling angry. Alan expressed his habit of hitting others who annoyed him. Alan willingly wants to learn how to restrain himself.
II (Repeated session 1)	Emotion identification	Alan and the therapist learn again to identify the right emotions for specific events from storytelling. Alan managed to identify the emotions that arise from an event correctly. Alan still cannot identify the physical reaction when he feels angry.
III	Identify emotional triggers	Alan identifies the causes of angry emotions in his own life. Alan identifies his behavior reaction when he feels angry. He tends to hit people who annoy him. Alan also realizes the negative consequences of his behavior. His friends will avoid him. Nonetheless, Alan still believes that annoying people deserve to be hit.
IV	Coping skill	Alan shares stories about past events that make him sad (no visit from grandfather) and fearful (stepfather getting angry). Alan also shared that one of his friends annoys him this week, but he tries not to hit his friends. In the end, he kicks a chair. Alan learns to calm himself by breathing. Alan learns breathing techniques by using a balloon. Alan promises to try to breathe like a balloon (breathing technique) when his friends make him feel angry.
V	Coping skill	Alan shares one experience about getting angry with one Social Worker who forbids him to play. He feels outraged but remembers to squeeze the rubber ball that he always brings everywhere. Alan learns muscle relaxation techniques by using a rubber ball. Alan had no difficulty learning this technique. Alan promised to try to release his anger by

Meeting	Session Name	Description
		holding his rubber ball and practicing breathing like a balloon.
VI	Evaluation and Termination	For two weeks, Alan successfully managed not to vent aggressively when he was feeling angry. The social worker also confirmed this. Alan wants to maintain what he has achieved.

Discussion

The study aimed to understand how emotional regulation play therapy effect child with a maltreatment history. Based on ERQ-CA, after attending six meetings, the client gained 19 points for emotional regulations (pre-post was 23 and post-test was 42). In line with the quantitative result, the client also changes his everyday behavior, especially his aggressive tendency. By the end of therapy, the client can control his aggressive behavior when he feels angry.

Emotional identification sessions help the client be more aware of their daily emotion. The client had to problem identifying the expression of four basic emotions. The client had problems identifying emotional events. He is unable to distinguish between events that cause anger or sadness. After repeated sessions for emotional identification, the client has no difficulty anymore. Wenar and Kerig (2000) explain that children who are neglected tend to be less accurate in discriminating emotions. This condition may result from the limited effective range they had been exposed to from their parent-child relationship.

This therapy program also helps the client to be aware of emotional triggers. This session helps children be more alert to the situation and controls their behavioral reactions to anticipate the triggers. Knell (2009) stated that

children who learn to be more aware of emotional triggers help them regulate their emotions better.

The session about coping skills helps the client control his response when unpredictable situations happen. He learned to do more adaptive behavior when he experienced negative emotions, such as breathing or squeezing a ball. Research shows that children who get coping skills training show a reduced tendency to show aggressive behavior (Lochman & Wells, 2003; Prinz, Blechman, & Dumas, 2010).

Conclusion

Emotional regulation play therapy can improve children's emotional regulation skills. Emotional regulation play therapy helps a child to recognize their emotions and learn to control their behavior, specifically anger. The therapy process is carried out through play, making children feel more comfortable and safe to open up about themselves. Emotional regulation play therapy is still limited to improving the ability to identify physical symptoms from the emotion recognition process. This therapy process focuses too much on specific emotions (anger). Further research should be conducted by focusing more on other emotions.

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