EFFECT OF PLAY THERAPYON SEPARATION ANXIETY PROBLEMAMONG PRIMARY SCHOOL PUPILS IN GWARZO METROPOLIS KANO STATE, NIGERIA

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NOVEMBER, 2016

DECLARATION

I declared that the work in this Thesis entitled**EffectofPlay Therapy On Separation Anxiety Problemamong Primary School Pupils in Gwarzo Metropolis Kano State, Nigeria**has been performed by mein the department of educational psychology and counselling under the supervision of Dr. Mustapha I. Abdullahi and Professor Raliya M. Bello. The information derived from the literature has been duly acknowledgedin the text and a list of references provided. No part of this thesis has previously presented for the application of higher degree.

_____ _____

Zakari Abdullahi Yusuf Date

CERTIFICATION

This Thesis entitled "**Effect of Play Therapy on Separation Anxiety Problem Among Primary School Pupils in Gwarzo Metropolis Kano State, Nigeria''** by Yusuf Zakari ABDULLAHI meets the regulations governing the award of the degree of master in Education (Guidance and counselling) of Ahmadu Bello University, Zaria and is approved for its contribution to knowledge and literacy presentation.

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DEDICATION

This study is dedicated to My Parents and My Late wife Malama Amina Zakariya, who died on 12th September, 2015.

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ABSTRACT

This study examined the effect of play therapy on separation anxiety problem among primary school pupils in Gwarzo metropolis of Kano state, Nigeria. Quasi experimental design involving pre-test post-test and control group was adopted for the study.To achieve this, a sample of 24 pupils out of those identified with separation anxiety problem was used to serve as a treatment and control groups. The treatment group was exposed to the treatment programme using play therapyfor the period of six weeks, while control group did not receive any treatment.The instrument named Eyberg child behavior inventory developed by Eyberg (1990) was used for data collection. Three research questions and three null hypotheses were tested. Both descriptive and inferential statistics were used for the analysis of the data collected from the study. It was revealed that Significant differential effect existed between the separation anxiety of treatment and control group (t= 12.630, p = 0.00) this means that play therapy was effective in reducing the separation anxiety problem, significant differential effect did not exist between the separation anxiety of boys and girls exposed to play therapy (t = 0.103, p =0.919) this means that play therapy was effective for both boys and girls in reducing the separation anxiety problem, and significant differential effect existed between the separation anxiety problem of urban and rural pupils exposed to play therapy (t=2.219, p=0.035) this means that play therapy was effective for urban primary school pupils in reducing the separation anxiety problem among primary pupils than rural counter parts. It was recommended thatSchool counsellors, psychologist should be encouraged to useplay therapy to assist the pupils identified with the separation anxiety problem to reduce the problem.

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OPERATIONAL DEFINITION OF TERMS

For the purpose of this study the following terms have been defined as:

Play therapy: is atechnique designed touse variety of plays aimed at helping pupils to reduce separation anxiety problem.

Separation Anxiety problem(SAP): Fear exhibited by individual pupils of livingwithout parents.

ABBREBIATIONS

SAP	Separation Anxiety Problem
PLTH	Play Therapy
ECBI	Eyberg Child Behavior Inventory

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Separation anxiety is a behavior problem that mostly affects children and adolescents, although some adult can develop the condition, it is an anxiety problem characterized by developmentally inappropriate and excessive anxiety concerning separation from home the individual is attached (American psychiatric Association, 1994).Separation at younger ages indicates the development of a healthy attachment and it should not interfere with normal functioning. In some cases, all pupils feel anxious at time;many pupils for example, show great distress when separated from their parents, some often frightened of strangers, but some their anxiety became severe enough to interfere with the daily activities of childhood or adolescence.Anxious pupils may lose friends and be left behind at social activities; they often experience academic failure and low self-esteem.Pupilswith separation anxiety have intense anxiety about being away from home and caregivers that affect their ability to function academically and socially in school.These pupils may have a great need to stay at home or be close to their parents and when they are together they may cling to parents, refuse to go to school or be afraid to sleep alone, repeated night mares about separation and physical symptoms such as stomachaches, and headaches are also common in pupils with the problem(separation anxiety).

Separation anxiety is one of the emotional problems that may causean obstacle in learning processamong primary school pupilsin Gwarzo metropolis andleaving this anxiety problem untreated during this crucial time (primary school period) can constitute a stumbling block in their learning process,because formal education begins with primary education, which is the foundation of the educational system, as a foundation, its quality will determine the quality of the

rest of educational systems which rest on it. In fact primary education is the substructure upon which other educational levels are erected.In other words, primary stage is the key to the success or failure of the whole education system.Therefore, proper care is required toachieveeducational optimal growth and development.

According to American psychological counselling association (2012) Separation anxiety is a psychological condition in which an individual experiences excessive anxiety regarding separation from home or from people to whom the individual has a strong emotional attachment, example:parent, grandparent and siblings.Moreover, separation anxiety is the inappropriate and excessive display of fear and distress when faced with situations of separation from the home or from the specific attachment figure and it may cause significant negative effects within the child's everyday life.These effects can be seen in areas of social and emotional functioning, family life, physical health and within the academic context. In the academic setting children with separation anxiety face more obstacles in school than those without it (separation anxiety) adjustment and relating school functioning have been found to be much more difficult for anxious children.In some severe forms of the problem (separation anxiety) children may act disruptively in class or may refuse to attend school, altogether it is estimated that nearly 75% children with separation anxiety exhibit some form of school refusal behaviour, this is a serious problem,because as children fall further behind in course work,it becomes increasingly difficult for them to return to school, short–term problems resulting from academic refusal include:poor academic performance or decline in performance,alienation from peers and conflict within the colleagues (Ehrenreich, Santucci &Weinrer 2008).When separation anxiety persist more than one month it could lead to a more serious behaviour problem which might cause a lot of unfavorable conditions to the

sufferer as well` as people around him.Play therapy on the other hand, is defined by the Association for Play therapy (2001) as the: "systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development."

Play therapy is a technique during which the child would be given an opportunity to try and experience development under the most ideal circumstances. Playing is a natural way for children to express themselves, and it will provide them with an opportunity to gradually release suppressed emotions and tensions, disappointments, feeling of insecurity, aggression, and fear of confusion. In other words, Play Therapy uses a variety of play and creative arts techniques to alleviate psychological and emotional conditions in children that are causing behavioural problems and/or are preventing children from realizing their potentials.

The universal importance of play to the natural development and wholeness of children has been underscored by the United Nations' proclamation of play as a universal and inalienable right of childhood (1989). Play is the singular central activity of childhood, occurring at all times and at all places, including the school environment (Landreth, 2012). The play of children can be more fully appreciated when recognized as their natural mode of communication. Children express themselves more directly and fully through the use of self-initiated play. Play can be considered a medium of exchange and restricting children to only verbal expression can create a barrier to effective communication and resolution of childhood issues. Play therapy intervention in the school setting is encouraged to meet a broad range of developmental needs of children including social and emotional needs.

Play Therapy is suitable for children from about 3 to 16 years of age, although it can be adapted for young people in their late teens, and even for adults, including the elderly (O Connor & Schaefer, 1994). In the same vein, Play therapy is used to help both typically and atypically developing children, that is children who have physical and/or learning disabilities.Children with a wide range of mental health and other difficulties may be offered play therapy, including those who: have experienced physical, emotional and sexual abuse, physical and emotional neglect have experienced a single trauma have experienced multiple trauma have witnessed domestic abuse (domestic violence) have parents with physical and/or mental illnesses have parents with physical and or mental disabilities or learning difficulties have had one or more bereavements and/or other significant losses.Many times, play therapy will also result in positive and healthy changes in the child's way of responding to the world and it is a specialized treatment in which therapists watch kids playing and use what they observe to help them deal with emotional, mental, or behavioral issues.

According to Fisher, Himle, and Thyer, (1999) Separation anxiety problem is relatively common and it can have serious repercussions throughout the child's school life. For example, the child out of fear that negative consequences will occur upon separation from the parent, may refused to participate in play activities or even to attend school. Separation anxiety problem also affects family life and parental stress because the child's anxiety may limit the activities of siblings and parents. Going by Fisher, Himle, &Thyer views on separation anxiety problem, the focus of any intervention to reduce separation anxiety problem should be in increasing worthiness and competence. It is in the light of the above, the researcher wants to find out the effect of play therapy on separation anxiety problem among primary schools pupils in Gwarzo metropolis.

1.2 Statement of the Problem

Separation anxiety is noted as one of the earliest occurring of all anxiety behavior problems, and research continuous to explore the implications that early dispositions of separation anxiety in childhood may serve as risk factors for the developmental problemsthroughout the childhood and adulthood. Separation anxiety causes great distress to the pupils and may interfere with their normal school activities, such as: low academic achievement and mal adjustment. other problems include: children refusal to go to school, refuse to participate in both curricular and core curricular activities, complaint of physical sickness, such as headache, stomachache on school days, nausea, vomiting, stomach pain sweating and fear that something terrible will happen to them. Others include: nightmares, somatic complaint, inducing, trembling, bed wetting as well as repeated temper tantrums or pleading. Separation anxiety can really interfere with or restrict a child's normal social activities, he/she can become isolated from peers and have difficulty in developing and maintaining friendships, it can also lead to missing opportunities to learn new activities, school attendance and performance can drop. Many children with separation anxiety appear depressed, withdrawn and apathetic. Furthermore, it is problematic if such childrendo not know how to deal with separation anxiety problem and it is more problematic when such children lack some body that could assist them to know how to solve the problem.

Separation anxiety is a psychological problem which affects some primary school pupils within Gwarzo metropolis and its severity is inappropriate at all level.Therefore, it is important for the teachers and their parents to understand the symptoms,available treatment,options and ways to find help,because of the unique changes and challenges that pupils experience; therefore, leaving this anxiety problem untreated during this crucial time (primary school period) can have a serious consequence on their learning process. In other words, such anxiety problem some

children experienced during primary school life is so disturbing that they compelled to seek professional intervention in order to address the problem. Play therapy is an intervention programme aimed at helping pupil children toreduce psychological and emotional condition in childrenthat are causing behavioral problems and are preventing children from realizing their potentials.Playing is a natural way for children to express themselves and it will provide them with an opportunity to gradually release suppressed emotions and tensions, disappointments, feeling of insecurity, aggression, and fear of confusion.Play therapy intervention in the school setting is encouraged to meet a broad range of developmental needs of children including social and emotional needs. As such this study intended to find out the effect of play therapy onseparation anxiety problemamong primary schools pupils in Gwarzo metropolis.

1.3 Objectives of the Study

The objectives of the study are:

1. To find out the effect of play therapy on separation anxiety problem among primary school pupils in Gwarzo.
2. To find out the differential effect of play therapyon separation anxiety problem betweenboys and girlsprimary school pupils.
3. To find out the differential effect of play therapy on separation anxiety problembetween primary school pupils located in urban and rural areas.

1.4 Research Questions

The study answeredto the following questions:

1. What is theeffect of play therapy on separation anxiety problemamong primary school pupils in Gwarzo?

2. What is thedifferential effect of play therapy on separation anxiety problem between boysand girls primary pupils?
3. What is the differential effect of play therapy on separation anxiety problem between primary school pupils located in urban and rural areas?

1.5 Hypotheses

The following null hypotheses guidedthe study:

1. There is no significant effect of play therapy on separation anxiety problem between the primary school pupils exposed to play therapy and those in control group.
2. There is no significant differential effect of play therapy on separation anxiety problem between boys and girls primary school pupils.
3. There is no significantdifferential effect of play therapy on separation anxiety problem between the primary school pupils located in urban and rural areas.

1.6 Basic Assumptions

The following basic assumptions havebeen made for the study:

1. It is assumed that play therapy may reduce the level of separation anxietyproblem among primary school pupils.

2. It is also assumed that play therapymay have a differential effect on separationanxiety problemamong boys and girlsprimary school pupils.

3. It is assumed that play therapy may have a differential effect on separation anxietyproblem amongprimaryschools located in urban and in rural areas.

1.7 Significance of the Study

It is hoped that the findings of the study would make contributions to knowledge; it will add value to theory building on behavioral management and most importantly using play therapy in assisting the children with separation anxiety problem to be addressed.

The findings of the study would also help teachers in understanding the negative effect of separation anxiety problemon students' Learning processso as to assist the victim pupils to remodel their behavior through the use of play therapy.

To school administrators, the findings would be used in treating separation anxietyproblem among school pupils especially through organizing programs in which play therapy could be used as a tool for reducing the problem.

In relation to the above, the finding of the study would also be of great benefit to the parents in assisting them to guide and enlighten their children about negative effect of separation anxiety problem and its consequenceswithin the children learning process..

Furthermore, Non-GovernmentalOrganization (NGOs) will not be left out of the great benefits of this work because many of the research findings, reports and recommendations are usually implemented by these organizations, such as :World Health Organization (WHO) United nations social cultural organization (UNESCO) United states agency for International Development (USAID) Health Protection Agency (HPA) and others who are seriously concerned about Human Development and they have Counselling section or department will also benefit from the findings of this work when it completed.

Nigeria would also find the finding of this work beneficial because it will create awareness on the negative effect of Separation anxiety problem and how to assist victim child to in making use of play therapy in order to reshape their problem and enhance the situation.

Future researchers could use the findings of this study for further research and it serves as a reference point for counselling programme.

1.8 Scope and Delimitation of the Study

This study was designed to investigate the effect of play therapy on separation anxiety problem among primary one pupils, because they are the one thatexperienced separation anxiety problem especially when they have taken directly from home and admitted to school. Therefore, the scope of the study covers only class one in the public primary schools in Gwarzo Metropolis, which involves boys and girls primary school pupils with different ages and from different back ground, but thestudywas delimited to only play therapy and separation anxiety problem. Two primary schools out of four within Gwarzo metropolis were randomly selected to obtain sample of the study. That is to say that all primary school pupils of other classes and those not within the sampled schools in Gwarzo Local Government area are excluded.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2 .1 Introduction

This chapter presents the conceptual frame work that include the following:concept of play therapy,model of play therapy and behavior problem, influences of gender and behavior problems, concept of separation anxiety problem and the relationship between play therapy andseparation anxiety problem. Theories that support the study, relevance of the theories to the study,empirical/review of related studies and summary of the chapter were also presented.

2.2 Conceptual Frame Work

2.2.1 Concept of Play Therapy

Play therapy has been defined in various ways by many writers; among the following definitions are the following:Play therapy is the dynamic process between child and Play Therapist in which the child explores at his or her own pace and with his or her own agenda those issues, past and current, conscious and unconscious, that is affecting the child's life in the present. The child's inner resources are enabled by the therapeutic alliance to bring about growth and change. Play therapy is child-centred, in which play is the primary medium and speech is the secondary medium. (British Association of Play Therapists, 2008).

The Association for Play Therapy (2001) defines play therapy as the:"systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development."

All the above definitions draw attention to the relationship between therapist and client. Most play therapists, particularly those who follow a child-centred (Landreth, 2002) or non-directive (Wilson & Ryan 2005) model, will not use play in order to "get the child to talk". The play they witness and in which they participate is regarded as communication in its own right.

Play therapy is a technique during which the child would be given an opportunity to try and experience development under the most ideal circumstances. Playing is a natural way for children to express themselves, and it will provide them with an opportunity to gradually release suppressed emotions and tensions, disappointments, feeling of insecurity, aggression, and fear of confusion.

Play Therapy uses a variety of play and creative arts techniques the Play Therapy Tool-Kit (TM) to alleviate chronic, mild and moderate psychological and emotional conditions in children that are causing behavioral problems and/or are preventing children from realizing theirpotentials.

The universal importance of play to the natural development and wholeness of children has been underscored by the United Nations' proclamation of play as a universal and inalienable right of childhood (1989). Play is the singular central activity of childhood, occurring at all times and at all places, including the school environment (Landreth, 2012). The play of children can be more fully appreciated when recognized as their natural mode of communication. Children express themselves more directly and fully through the use of self-initiated play. Play can be considered a medium of exchange and restricting children to only verbal expression can create a barrier to effective communication and resolution of childhood issues. Play therapy and interventions in the school setting are encouraged to meet a broad range of developmental needs of children including social and emotional needs.

The Play Therapist works integratively using a wide range of play and creative arts techniques, mostly responding to the child's wishes. This distinguishes the Play Therapist from more specialized therapists (Art, Music, Drama etc.) The greater depth of skills and experience distinguishes a play therapist from those using therapeutic play skills. The Play Therapist forms a short to medium term therapeutic relationship and often works systemically taking into account and perhaps dealing with the social environment of the clients (peers, siblings, family, school etc.)

Play therapy may be non-directive (where the child decides what to do in a session, within safe boundaries, directive (where the therapist leads the way) or a mixture of the two. Play therapy is particularly effective with children who cannot, or do not want to talk about their problems. Children and young people who can benefit from play therapy.

Play Therapy is suitable for children from about 3 to 16 years of age, although it can be adapted for young people in their late teens, and even for adults, including the elderly (O Connor & Schaefer, 1994). Some play therapists would also be able to give consultations and advice about therapeutic play interventions with babies and very young children (McMahon, 2009). Play therapy is a developmentally sensitive intervention i.e. the therapist will always take into account the chronological age of the patient/client and the actual functioning age or ages. It is common for children to regress in their play to younger stages. The play therapist is alert to this and supports the child in revisiting early experiences through sensory play, symbolic play, and whatever other play opportunities the child chooses spontaneously in the session.

Play therapy is used to help both typically and atypically developing children, that is children who have physical and/or learning disabilities. However, play therapy should not be confused with physical therapies: it is psychotherapeutic in essence.

Children with a wide range of mental health and other difficulties may be offered play therapy, including those who:have experienced physical, emotional and sexual abuse, physical and emotional neglecthave experienced a single traumahave experienced multiple traumahave witnessed domestic abuse (domestic violence)have parents with physical and/or mental illnesseshave parents with physical and/or mental disabilities or learning difficultieshave had one or more bereavements and/or other significant losses.

Play therapy continues to develop in child-centred and other modalities, as a range of effective interventions for helping troubled children and adults. At the heart of "traditional" child-centred play therapy is the child, with his or her unique set of genes, life experiences, thoughts, fantasies, sensory and physical sensations, coping strategies, and ecological niche. All these and more can be expressed in the child's play. In play therapy, the child experiences an adult who aims to enter his world alongside him. The process they share over the weeks, months or years will also be unique. The adults surrounding the child will usually gain more understanding of the child, through the therapist's work. Many times, play therapy will also result in positive and healthy changes in the child's way of responding to the world.

Play therapy is a specialized treatment in which therapists watch kids playing and use what they observe to help them deal with emotional, mental, or behavioral issues. There are several different types of play therapy for children, including child-based, family-based, and group-

based therapy. All three can be done with different levels of therapist participation. Sessions can include a range of activities, which are usually chosen based on the child's age and preferences.

Three Main Types

One of the most common types of play therapy for children is child-based therapy, in which a therapist and a child work alone. This is often used if there is a concern about the parents or abuse in the family, but can also be done simply to make the child feel more comfortable. It can be used to treat behavioral problems, anxiety, Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD),autism, and the effects of abuse.

Another commonly used technique includes the participation of the child's father, mother, siblings, or other family members. This is called family-based therapy or filial therapy, and is often used when children experience severe separation anxiety or when certain kinds of abuse are possible. The therapist may not always be directly involved in filial therapy sessions, but almost always watches them and discusses the positive and negative points with the parents afterwards. This can be as helpful for parents as for children, since they can learn parenting skills and better their relationship with the child. Classic filial therapy focuses on four main areas — structuring, empathic listening, child-centered imaginary play, and limit-setting — but each session is typically tailored to the family's specific needs.

An additional type of play therapy for children is group-based therapy. During these sessions, a large group of children plays together while the therapist watches and sometimes participates. This is meant to help build better social skills and self-esteem. It can also help therapists to treat individual children by letting them observe how the child interacts with others. It's sometimes

used when a child would feel too intimidated to work with a therapist alone, but can also be used as a matter of preference or convenience.

Social Skills Groups and Play Therapy

Gould (as cited in Landreth, 2001) suggested that "all children could benefit from engaging in play therapy as an opportunity to exercise social skills within a controlled setting" (p. 229). Specifically, group play therapy provides an opportunity for children and adolescents to hone new skills, recognize their social competencies, gain peer acceptance, and build and practice self-control (Landreth et al, 2005). In elementary schools, counseling groups are used to help children learn new skills and become aware of their values, priorities, and communities (Gladding, 2011). Small groups give students the opportunity to "explore and work through their social and emotional challenges with others who are experiencing similar feelings" (Campbell & Bowman, 1993, p. 173).

A small group counseling intervention can strengthen the development of social skills (Kayler& Sherman, 2009). Group counseling combined with a CBPT approach is valuable because it allows members to experience a sense of belonging, share common problems, find and provide support, facilitate new learning, help ease internal and external pressures, and offer hope and models for change. Group work is efficient, effective, and multifaceted (Akos&Milsom, 2007), an ideal method to meet the needs of at-risk students. Group counseling allows students to develop and maintain connections to others while exploring factors that influence achievement. ASCA (2012) has endorsed group work as a vital component in a comprehensive school counseling program.

Directive and Non-Directive

Most types of play therapy for children can be done either in a directive or a non-directive manner. The main difference between these is therapist's level of involvement. Both start with the therapist suggesting a general topic or activity, but in directive play therapy, the therapist often asks the child questions throughout the session, encourage him to talk more about certain topics, or participates in activities with the child. In non-directive therapy, the therapist generally just watches the child, and then interprets the results of the activity, like a drawing.

Generally speaking, directive therapy is seen as a Cognitive Behavioral Therapy (CBT), focusing on behaviour and conscious actions, while non-directive therapy is often categorized as a psychodynamic theory. This means that it focuses on unconscious actions and beliefs. Both can be used to treat a variety of conditions, but directive therapy is often used with trauma victims, while non-directive therapy may be used to help with behavioral problems. There's no hard and fast rule though, and both therapies have been shown to be effective with many issues.

Materials and Equipment needed

Many different materials and equipment can be incorporated into play therapy, some more verbal and others more hands-on. Some of them can be put together very easily, transported without any problem and set up or taken down quickly. In other words, the programme can be conducted with local materials and hand made products. such as: Paper, marker, cardboards,skipping rope, pick-up-stick, balloons, dice, poker chips, bubbles, scissors, mirror pictures of large variety of animals, clay, puppets, basket, crayons, coloured, pencils, paint, chalk, easy reading books, table, chairsetc.

2.2.2 Model of Play Therapy and Behavior Problem

How to apply play therapy and why the therapy is effective. The play therapy change model appears below:

The therapist initially establishes rapport through generic techniques normally used in counselling such as eye contact, open body language, warm private setting, equality of status and proximity.

Sessions can include a range of activities, which are usually chosen based on the child's age and preferences.During these sessions, a large group of children plays together while the therapist watches and sometimes participates. This is meant to help build better social skills and self-esteem. It can also help therapists to treat individual children by letting them observe how the child interacts with others. It's sometimes used when a child would feel too intimidated to work with a therapist alone, but can also be used as a matter of preference or convenience.

Play therapist may introduce specific activities that would help children address their difficulties, these activities would be presented at age appropriate levels. Withyoungerchildren the activities usually would likely focus mostly on pretend play activities while for older children workbooks and written exercises could be used as well. The therapist will always take into account the chronological age of the patient/client and the actual functioning age or ages. It is common for children to regress in their play to younger stages. The play therapist is alert to this and supports the child in revisiting early experiences through sensory play, symbolic play, and whatever other play opportunities the child chooses spontaneously in the session.

Play therapist may also identify self-critical and self-defeating thoughts children sometimes have. Any misunderstandings that children may have can then be corrected and information can be provided that will help them to develop more adaptive perspectives about a particular situation. In other words, the play therapist can then help to correct faulty beliefs and help to eliminate feeling of guilt by encouraging more positive thoughts.

Moreover, Most of the techniques in play therapy are delivered by modeling; for example, using a puppet, doll, or stuffed animal to demonstrate the appropriate social skills to children. Several other examples of modeling with puppets can include shaping/positive reinforcement during the social skills group, therefore this could be used as well.(Knell, 2009).

Play therapist can also use Coping Self-Statements to assist the children to remodel their behavior, becausethe way in which children interpret events, and not the events themselves, affects their ability to cope and function effectively, both socially and academically. Children's perception of events can negatively influence their social skill development (Knell, 2009). Negative thoughts lead to negative self-statements, which can lead to poor decision making and interactions with peers and adults.

Play therapist may also teach children certain skills to help manage difficult feelings deep breathing, relaxation exercises and mental imagery is some of the ways that play therapy can help children learn important self –soothing skills.

The therapist may use the stories to convey a message indirectly, with the hope that the students will learn something through the main character(s) in the book. Children's literature is rich with stories of amazing characters that have successfully coped with problems such as aggression,

bullying, anger, and friendship. Bibliotherapy is used to provide a story telling approach for children in a group setting. Children's stories have an abundance of messages regarding specific problems or traumatic events such as divorce, death, or moving (Knell, 2009).

The therapist may use Behavioral rehearsal to help children master difficult situations by utilizing appropriate social skills. By rehearsing, new more functional behaviors are observed and practiced by the students. The goal of behavioral rehearsal is for students to recognize and modify social skills deficiencies and ways of responding by role playing a variety of alternative responses. Behavioral rehearsal, school counselors can provide immediate, concrete feedback, followed by continued rehearsal of problem situations (Knell, 2009).

In the same vein, Behavioral contingencies can be used by therapist to provide rewards in the group setting for acquiring new skills. For example, therapist can ask the students in the group to pick three rewards they would like to earn during the group. Once the students have mastered the skills, rewards will be given. A chart can be displayed during the group that would indicate the social skills that need to be mastered with each student's name by the specific skills and the rewards once the students master the specific skills. Examples of rewards include: stickers, homework passes, line leaders, and star group members.

During play therapy, the therapist may deal with a child's inappropriate behaviors by setting limits and enforcing consequences in such a way that it is up to the child to make the right behavioral choice to avoid the consequences. In simple term during play therapy, children are given the opportunity to make decisions and choices for themselves, thus enabling them to take control of the environment and to responsibility for their actions. In this way, the child is encouraged to develop an internal self-control.

Therapist also commonly encourages children to use puppets or toys that represent themselves to talk, since they often find it easier to face uncomfortable topics if they can distance themselves. Another technique that might be used to help an anxious child is blowing bubbles. In this activity, the therapist and the child blow bubbles together, and the child learns to take deep, slow breaths just as if he were blowing a big bubble when he feels anxious.

Additionally, the therapist works with the teachers to encourage the continued progress of all group members in implementing appropriate social skills to increase academic, social, and emotional growth in the school environment.

Finally, there is no definitive roster of activities that therapists can choose from, and some design their own techniques. All activities are generally tailored to suit the child in the session.

2.2.3 Concept of Separation Anxiety Problem

Separation anxiety problem has been defined in various ways by various writers; among the following definitions are the following:

Separation anxiety problem refers typically to younger children who are unwilling to separate frommajor attachment figures (e.g. parents,Grandparents or older siblings). Separation anxiety problem refers typically to younger children who are unwilling to separate from majorattachment figures. It is also characterized by developmentally in appropriate and excessive anxiety concerning separation fromhome or from those to whom the individual is attached. (American psychiatric Association.1994, p.75) Children who experienced Separation anxiety problemare significantly distressed by separation from an attachment figure, usually a parent and seek to avoid separation at all costs. Research suggests that 3.5% to 4.1% of children may develop

separation anxiety problem. (Benjamin, Costello & Warren, 1990; Schniering, Hudson &Rapee,(2000).

Eric (2005) Opined that sometimes children and teens become frightened of leaving their parent (s). they may worry that something bad might happen , worry about being separated from those they are close to; scared to go to sleep without parent nearby, overtly upset while away from someone they are close to and feel sick being separated from those they close to.

Furthermore, Separation anxiety is an anxiety problem in which the individual experiences excessive anxiety concerning separation from home or from those to whom the person is strongly emotionally attached to (Shear et al 2006; Silove et al, 2010). Similarly, Separation anxiety problem also means persistence of normal developmental stage that many children experience when separated from their primary caregiver (usually mother).

Separation anxiety problem can also be described as serious emotional problem characterized by extreme distress when a child is away from the primary caregiver, children with Separation anxiety problem have separation worries that are excessive and much greater than peers, and these worries can overwhelm a child and may appear to be irrational, they experience symptoms of anxiety problem between 6 and 11years of age, and in extreme cases the anxiety may extend in to teen years.

The main differences between healthy Separation anxiety (SA) and separation anxiety problem are intensity of the child's fears, and whether that fears keep him/her from normal activities, children with separation anxiety problem may become agitated at just the thought of being separated and may complain of sickness to avoid playing with friends or attending school when symptoms are extreme enough, these anxieties can add up to a disorder.

Although separation anxiety problem is relatively common, it can have serious repercussions throughout the child's life. For example, the child out of fear that negative consequences will occur upon separation from the parent, may refused to participate in play activities or even to attend school. Separation anxiety problem also affects family life and parental stress because the child's anxiety may limit the activities of siblings and parents.(Fisher, Himle, &Thyer,1999) Some kids however, experience separation anxiety that don't go away, even with a parents best efforts. These children experience a continuation or reoccurrence of separation anxiety during their elementary or beyond. If separation anxiety is exceed enough to interfere with normal activities like school and friendships and lasts for month rather than days, it may be a sign of larger problems.

According to American psychological association separation anxiety problem is the inappropriate and excessive display of fear and distress when faced with situations of separation from the home or from a specific attachment figure. In other words, it is a psychological condition in which an individual experiences excessive anxiety regarding separation from home or from people to whom the individual has a strong emotional attachment e.g. parent, grand parent, siblings. The anxiety that is expressed is categorized as being a typical of the expected developmental level and age, the severity of the symptoms ranges from anticipatory uneasiness to full-blown anxiety about separation. Separation anxiety problem may cause significant negative effects within the child's everyday life as well.

Some of the symptoms of separation anxiety problem on children are as follows:

Excessive worry about potential harm toward oneself (e.g. getting sick at school) The child also avoid activities that may result in separation from parent, night mares and somatic

complaints are common, others include: inducing trembling, headache, stomach ache, nausea, vomiting, stomach pain and sweating. Moreover, other symptoms include the following:

Worries and fear, children with separation anxiety problem feel constantly worried or fearful about separation manychildren areoverwhelmed with one or more of the following: Fear that something terrible will happen to a love one, the most common fear a child with separation anxiety disorder experiences is the worry that harm will come to a loved one in the child's absence. For example, the child may constantly worry about a parent becoming sick or getting hurt.

Refusals and Sickness separation anxiety problem can get in the way of children normal activities: Refuse to go to school. A child with separation anxiety problem may have an unreasonable fear of school and will do almost anything to stay home .

Display reluctance to go to sleep. Separation anxiety disorder may make these children insomniacs, either because of the fear of being alone or due to night mares about separation.

Complain of physical sickness like a headache or stomachache. At the time of separation or before children with separation disorder often complain they feel ill. Fear of separation can also cause anxiety-related behaviors such as clinging to parents, extreme and severe crying, refusal to do things that require separation, physical illness, such as headaches or vomiting, violent, emotional temper tantrums, refuse to go to school, poor school performance, failure to interact in a healthy manner with other children, refusing to sleep alone, nightmares. Separation anxiety problem is characterized by developmentally in appropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached. Children who experience separation anxiety problem are significantly distressed by separation from an

attachment figure, usually a parent seek to avoid separation at all cost. Research suggests that 3.5% to 4.1% of children may develop separation anxiety problem. Although separation anxiety is relatively common, it can be serious repercussions throughout thechild life. For example, the child out fear that negative consequences will occur upon separation from the parent, may refuse to participate in play activities or even to attend school. Separation anxiety problem also affect family life and parental stress because the child's anxiety may limit the activity of siblings and parents (Fischer, Himle & Thyer, 1999).

2.2.4Relationship between Play Therapyand Separation Anxiety Problem.

There is a relationship or connection between Separation Anxiety Problem in children and Play therapy. Because play therapy is a Cognitive Behavioral Therapy Techniques used to treat behavioral problems and schoolanxiety, such as: test anxiety, math phobia, school refusal Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD),autism, and the effects of abuse. Therefore, Separation anxiety problem is an offshoot of school anxiety that can be described as a psychological or emotional problem characterized by extreme distress when a child is away from the primary caregiver, which could be addressed by applying play therapy. Play Therapy uses a variety of play and creative arts techniques to alleviate chronic, mild and moderate psychological and emotional conditions in children that are causing behavioral problems and/or are preventing children from realizing their potentials. Therefore,among the primary goals of play therapy is to restore a child's functioning to a developmentally appropriate level (Allan, 1988). Others include: To assist the therapists to facilitate children's dynamic inner and outer struggles by supporting their heroic self-efforts in healing through symbolic play (Allan, 1988). In Conclusion Throughout the clinical play therapy is the process of bringing the unconscious to the conscious,

and by connecting the inner world to the outer world in a nonjudgmental therapeutic relationship; children's self-healing archetypes activate (Thompson & Allan, 1987).

In other words, there are two major treatment approaches for children with separation anxiety problem, psychotherapy and medication. Thus,Psychotherapy is a treatment approach that may focus only on the child through such approaches as cognitive behavioral therapy, play therapy and group therapy or on the family such as family therapy.

In clinical case study (2003) explores a somewhat neglected but important intersection between behavior therapy and attachment theory in treatment of separation anxiety problem, and it suggests that cognitive behavior therapy (CBT) techniques are efficacious for treating anxiety problems, such as separation anxiety problem in youth.

2.3Theoretical Frame Work

Various theories have been propounded to explain play therapy.Some of the theories are:

2.3.1 Cognitive Behavioral Play Therapy

Cognitive behavior therapy (CBT) is a structured, goal-oriented therapy with a strong rationale for its use with children and adolescents (Knell, 2009). The focus of CBT is deficits or distortions in thinking, which are postulated to interfere with appropriate social skills. Increasingly, CBT interventions are being adapted for delivery to groups of children and adolescents in the school setting (Flanagan, Allen, & Henry, 2010). CBT used with children and adolescents in the group setting can have beneficial effects such as peer modeling, interpersonal learning, or group cohesiveness (Yalom, 2005). Several global goals exist for CBT interventions in relation to social skills. These goals may include increasing the student's ability to express feelings, decreasing maladaptive thoughts and perceptions, increasing adaptive and realistic

assessment of relationships, increasing positive self-talk, and increasing appropriate use of problem-solving skills (Kottman, 2011). CBT can be an integral piece for improving students' social skills in a group counseling setting.

Cognitive behavioral play therapy (CBPT) is a theoretical framework based on cognitive behavioral principles and integrates these principles in a developmentally appropriate manner (Knell, 2009). CBPT incorporates cognitive and behavioral interventions within a play therapy paradigm.Cognitive behavioral play therapy integrates ideas from behavior therapy, cognitive therapy, and cognitive behavioral therapy, which was the impetus for formulating the concepts and theoretical basis for Cognitive behavioral play therapy. Play activities and verbal and nonverbal forms of communication are used to resolve problems. Some global goals in addition to the individual goals of each student, the general goal for the student is to increase the ability to cope with problem situations and stressors, master difficult tasks, decrease faulty thinking patterns, and/or assist in achieving developmental milestones that have been delayed for some reason.Cognitive behavioral play therapy places a very strong emphasis on the student's involvement in the process of developing appropriate social skills. According to Knell (2009).AlthoughCognitive behavioral play therapy is very different from traditional play therapy approaches, the development of the relationship and communication patterns established through play are important tenets of this approach. Cognitive behavioral play therapy establishes concrete, objective goals, and movement towards these goals is an important part of the group process. The process of Cognitive behavioral play therapy, promotes collaboration between parties as the students and the school counselor work together to select the Play materials and activities.

Techniques used in Cognitive Behavioral Play Therapy

There are various techniques used in Cognitive behavioral play therapy, some of them are as follows:

Behavioral Rehearsal

Behavioral rehearsal provides an opportunity for school counselors to help children master difficult situations by utilizing appropriate social skills. By rehearsing, new more functional behaviors are observed and practiced by the students. The goal of behavioral rehearsal is for students to recognize and modify social skills deficiencies and ways of responding by role playing a variety of alternative responses. Behavioral rehearsal, school counselors can provide immediate, concrete feedback, followed by continued rehearsal of problem situations (Knell, 2009).

Behavioral Contingencies

Behavioral contingencies can be used by school counselors to provide rewards in the group setting for acquiring new skills. For example, school counselors can ask the students in the group to pick three rewards they would like to earn during the group. Once the students have mastered the skills, rewards will be given. A chart can be displayed during the group that would indicate the social skills that need to be mastered with each student's name by the specific skills and the rewards once the students master the specific skills. Examples of rewards include: stickers, homework passes, line leaders, and star group members.

Coping Self-Statements

The way in which children interpret events, and not the events themselves, affects their ability to cope and function effectively, both socially and academically. Children's perception of events can negatively influence their social skill development (Knell, 2009). Negative thoughts lead to negative self-statements, which can lead to poor decision making and interactions with peers and adults. For example, a child who predicts no one will want to play hide and seek with her at recess, supported by her negative self-statements, "I cannot run very well or hide as well as my friends." This negative self-talk can lead to poor social interactions and hinder the development of social skills. School counselors can work with students in the group setting to teach them coping self-statements. Students need to learn simple statements about themselves, such as, "I can hide as well as my peers." These positive affirmations can be written down during the group, and the students can apply these affirmations to learning the different social skills.

Bibliotherapy

Bibliotherapy is used to provide a story telling approach for children in a group setting. Children's stories have an abundance of messages regarding specific problems or traumatic events such as divorce, death, or moving (Knell, 2009). School counselors may use these stories to convey a message indirectly, with the hope that the students will learn something through the main character(s) in the book. Children's literature is rich with stories of amazing characters that have successfully coped with problems such as aggression, bullying, anger, and friendship.

CBPT techniques provide an excellent intervention for school counselors to utilize in small groups with children needing to develop, remediate, or enhance their social skills. CBPT provides the opportunity for children to experience positive social skills in the presence of their

peers through modeling, rehearsing, or learning from fictional characters in a story. This ongoing support and encouragement can be invaluable, especially for children who are struggling socially and academically. School counselors should make every effort to incorporate an intervention of this type into their comprehensive school counseling programs. The following is an example of a social skills group that exemplifies the effectiveness of using CBPT techniques with children in a group setting.

Emergence of Play Therapy as a Therapeutic Modality

Play therapy began to emerge in the first half of the 20th century as therapists and theorists such as Anna Freud, Margaret Lowenfeld and Melanie Klein developed their ideas about how to gain insight into a child's inner emotional world through play. But it was the work of Virginia Axline (1989) that saw child-centred play therapy emerged as a new modality distinct from that of the existing child psychotherapies. Axline drew on the work of Carl Rogers' (1951) client-centred therapy; formulating eight principles that are remain at the heart of child-centred play therapies today. Her book "Dibs: In Search of Self" (1964) is still widely read. Modern child-centred play therapy draws on research and theory in other relevant fields and has its own theoretical framework and research base. Because play therapy takes a developmental perspective it is especially important that practitioners are familiar with theoretical frameworks based on research in both typical and atypical child development. The classic theories of Piaget, Erikson and Vyogtski underpin the work of the therapist. Attachment theory is also of prime importance and can provide a basis for understanding not only the origins of the child's current difficulties but also his current presenting problems. Attachment theory was first developed by Bowlby (1973, 1979, 1980, and 1982). Although a wealth of research and literature has followed his original work, his writings still have much to say. Others have built on his work and developed their own

models of how attachment relationships influence the ways in which people respond to each other throughout life, not just in infancy. Crittenden's (2003 Crittenden and Claussen) Dynamic Maturational Model, and Heard and Lake's (1997) theory of companionable caregiving are two distinctive examples of theoretical attachment frameworks upon which a Play Therapist might draw in her work with children and their parents/caregivers. It is also important to keep abreast of research in fields such as neuroscience and sensory integration, in order to understand the neurodevelopmental and physiological bases of human behaviour (Cozolino 2006; Gerhardt 2004).

2.3.2 Filial Play Therapy

One of the best-researched child-centred modalities is Filial Play Therapy, also called Filial Therapy Guerney(1964) Guerney(2003) VanFleet (2005) which can be used with single families or groups. Landreth and Bratton (2006) have developed a 10 week model for group interventions based on Filial Therapy called Child-Parent Relationship Therapy (CPR-T). Filial Therapy is a very flexible modality. The parent conducts the play sessions instead of the therapist. The role of the therapist is part Play Therapist, part trainer/coach and part clinical supervisor. After a careful assessment of the family, often using play-based methods, the Play Therapist trains the parents/caregivers in the basic skills for conducting a short child-centred play session with the child. If possible every child in the home has a "special time" once a week, which may or may not be a filial play session. Filial Therapy has the potential to become a whole family intervention, but even when it is not, it often brings great benefit to the troubled child-parent relationship. The child, who may have already seen several professionals, does not have to form yet another relationship but can work directly with one of the most important people in his life.

The parent/carer brings his or her own expert knowledge of the child to the play sessions and can sometimes provide more direct insight into the play than the therapist. The therapist has the advantage of seeing parent-child interactions directly. In her feedback to parents the therapist is able to give encouragement mixed with a little direction to improve the skill levels. Parent and therapist can reflect together on emerging themes in the child's play.

2.3.3 JungianPlay Therapy

Jungian play therapy promotes psychical healing by emphasizing the salience of the positive therapeutic dyad and encouraging the emergence of the self-healing archetype that is embedded within children's psyches (Allan, 1988). Once the self-healing archetype unfolds within the therapeutic container children will play out themes significant to their inner struggles (Thompson & Allan, 1987) By reconciling polarities that surface within the playroom, Jungian play therapists facilitate children's inner healing by working through complexes centering on internal struggles, which may include the dichotomies of good and evil, shame and pride, and condemnation and redemption (Kalsched, 1996).

Jungian Play Therapy Rationale

With its origins in psychoanalytic theory Jungian play therapy focuses on the psyche's role in personality development. Jung (1963) explained that the evolving nature of the collective unconscious, with its archetypal manifestations, influences the process of individuation. Individuation characterizes a progression from psychic fragmentation toward wholeness—the acknowledgement and reconciliation of opposites (Jung, 1964).

Jungian theory describes the instinctive yearnings in humans as archetypal remnants that are motivated by a psycho spiritual proclivity for growth and soulful evolution. Jung (1959) believed humans have a capacity for conscious self-growth through innate symbols, or archetypes.

Allan (1988) stated the self-healing archetype is an innate symbol that promotes psycho spiritual healing by recognizing and achieving a balanced intra psychic communication between the ego and the self.

Jungian play therapy is a spiritualized approach to counseling children and emphasizes symbolic meaning (Jung, 1959). Jung believed that children contain a transcendent function—an innate striving for wholeness and personality integration that occurs by symbolic identification (Jung, 1963). Symbols are produced unconsciously and appear most commonly in dreams, artwork, and fantasies. Jungians grasp children's symbols only in the context of the macro system in which they are contained (Allan, 1988).

Allan and Bertoi (1992) stated that one reason Jungian therapy is appropriate and efficacious as a treatment modality when counseling elementary schoolchildren affected by sexual abuse is because of the specialized communication that occurs between therapists and clients.

Allan (1988) described children's understanding of the world through visual and symbolic methods. Children express their perceptions of the world most easily through graphic representations, such as picture drawings or symbolic play under metaphorical guises (Allan, 1988; Allan &Bertoi, 1992; Landreth, 2002; Oaklander, 1978).

According to Piaget (1962), the symbolic function of play with elementary children bridges the gap between concrete experience and abstract thought most efficiently Jungian therapists utilize different symbolic interventions, such as spontaneous drawings, to engage children in expressing wishes and repressed or unconscious emotions (Allan,1988).

Role of the Jungian Play Therapist

The therapist's role is an observer-participant, utilizing nondirective or semi directive techniques that harness children's creativity in spontaneous drawings to bolster their available ego-energies

(Allan &Bertoi, 1992). Jungians utilize art interpretation and analysis of transference to assess the archetypal or symbolic complexes within which children are operating (Jung, 1959). Jungian therapists facilitate children's discovery and integration of the dark side of their personality, the shadow, in an effort to maintain psychic equilibrium and promote psychological health (Allan, 1988).

Goals of Therapy

One of the primary goals of Jungian play therapy is to restore a child's functioning to a developmentally appropriate level (Allan, 1988).

The spontaneous drawing technique became a significant component of Jana's therapeutic journey because it partially assisted her in restoring hope to her insecure outlook on life, following the feelings of uncertainty from the sexual violation that she experienced. Jana conveyed her unconscious or tacit psychic longings through 77spontaneous drawings in a warm, therapeutic relationship, and her self-healing archetype emerged.

After contemplating the images, Jana internalized feelings of security and contentment, previously obliterated by the sexual abuse she experienced. Jana commented, "When I don't feel good, I can think about the sun, because that makes me happy." Once Jana internalized positive effects of her world as stable, and connected those internalizations to her outer world, Jana's school grades began to show improvement.

After approximately 6 months of therapy, Jana's mother reported an elevation in Jana's socialization evidenced by an increased level of peer interaction in school and at home.

A second goal of Jungian play therapy is for therapists to facilitate children's dynamic inner and outer struggles by supporting their heroic self-efforts in healing through symbolic play (Allan, 1988).

Conclusion Throughout the clinical play therapy process of bringing the unconscious to the conscious, and by connecting the inner world to the outer world in a nonjudgmental therapeutic relationship, children's self-healing archetypes activates.(Thompson & Allan, 1987).

2.3.4Piaget's Theory of Cognitive Development.

Piaget's theory of cognitive development is a comprehensive theory about the nature and development of human intelligence. It was first developed by a Swiss developmental psychologist, Jean Piaget (1896-1980) Piaget believed that one's childhood plays a vital and active role to the growth of intelligence, and that the child learns through doing and actively exploring. The theory of intellectual development focuses on perception, adaptation and manipulation of the environment around them.it is primarily known as developmental stage theory, but, in fact, deals with the nature of knowledge itself and how humans come gradually to acquire, construct, and use it. To Piaget, cognitive development was a progressive reorganization of mental processes resulting from biological maturation and environmental experience. Accordingly, he believed that children construct and understanding of the world around them, then experience discrepancies between what they already know and what they discover in their environment. Moreover, Piaget claimed that development is at the center of the human organism, and language is contingent on knowledge and understanding acquired through cognitive development. Piaget's earlier work received the greatest attention. Many parents have been encouraged to provide a rich, supportive environment for their child's natural propensity to grow and learn. Child-centered classrooms and ''open education'' are direct applications of Piaget's views.

Piaget is known for studying the cognitive development in children. He studied his own three children and their intellectual development and came up with a theory that describes the stages children pass through during development.

Piaget's Human Developmental Stages

1. The first stage of cognitive development is sensory-motor also known as infantry stage, age (0-2 years).This means intelligence is present; more activity but no symbols; knowledge is based on experiences/interactions ; mobility allows child to learn new things ; some language skills are developed at the end of this stage. The goal is to developed object permanence; achieves basic understanding of causality, time, and space.

2. Pre-operational Stage also known as Toddler and Early Childhood (2-7 years). At this stage symbols or language skills are present: memory and imagination are developed; nonreversible and non-logical thinking; shows intuitive problem solving; begins to see relationships; grasps concept of conservation of numbers; egocentric thinking predominates.

3. Concrete Operational stage Elementary and Early Adolescence (7-12years). Symbols or language skills are present; memory and imagination are developed; nonreversible and non-logical thinking; shows intuitive problem solving; begins to see relationships; grasps concept of conservation of numbers: egocentric thinking predominates.

4. Concrete Operational Stage Elementary and Early Adolescence (7-12 years). Logical and systematic form of intelligence; manipulation of symbols related to concrete objects; thinking is now characterized by reversibility and the ability to take the role of another; grasps concepts of the conservation of mass, length, weight, and volume: operational thinking predominates nonreversible and egocentric thinking.

5. Formal Operational Stage. Adolescence and Adulthood (12 years and on). Logical use of symbols related to abstract concepts; Acquires flexibility in thinking s as well as well as the capacities for abstract thinking and mental hypothesis testing; can consider possible alternatives in complex reasoning and problem solving.It could be noted from Piaget's theory that children's first few years of life are crucial to the development of language and social skills.

2.3.5 Attachment Theory by John Bowlby (1958).

Attachment theory provides an explanation of how the parent–child relationship emerges and influence subsequent development. Attachment is a deep and ending emotional bond that connects one person to another across time and space. Attachment does not have to be reciprocal one person may have an attachment with an individual which is not shared. Attachment is characterized by specific behaviors in children, such as seeking proximity with the attachment figure when upset or threatened. Attachment behavior in adult towards child includes responding sensitivity and appropriately to the child's needs. Such behavior appears universal across cultures. Attachment theory inpsychology originates with the seminalwork of John Bowlby (1958).

Attachment is the strong emotional bond that develops between infant and caregiver, providing the infant with emotional security. By the second half of the first year, infants have become attached to familiar people who have responded to their need for physical care and stimulation. How this attachment develops has been a topic of intense theoretical debate. Theories that attempt to explain attachment are abundant but scientifically verifiable explanations have been elusive. How does attachment develop and which factors affect it? Is attachment security a stable

factor? How is attachment security measured? These are all questions of great theoretical and practical interest that can be answered from diverse perspectives.

Bowlby (1969) who first applied this idea to the infant-caregiver bond was inspired by Lorenz's (1952) studies of imprinting in baby geese. He believed that the human baby, like the young of most animal species, is equipped with a set of built-in behaviors that helps keep the parent nearby, increasing the chances that the infant will be protected from danger. Contact with the parent also ensures that the baby will be fed, but Bowlby was careful to point out that feeding is not the basis of attachment. According to Bowlby, the infant's relationship to the parent begins as a set of innate signals that call the adult to the baby's side. As time passes, a true affectionate bond develops, which is supported by new cognitive and emotional capacities as well as a history of consistent, sensitive, responsive care by the parent. Out of this experience, children form an enduring affectional bond with their caregivers that enable them to use this attachment figure as a secure base across time and distance. The inner representation of this parent-child bond becomes an important part of personality. It serves as an internal working model, or set of expectations about the availability of attachment figures, the likelihood of receiving support from them during times of stress, and the interaction with those figures. This image becomes the basis for all future close relationships during infancy, childhood, adolescence, and adult life.

In the 1930s John Bowlby worked as a psychiatrist in child Guidance clinic in London, where he treated many emotionally disturbed children. This experience led him to consider the importance of the child’s relationship with their mother in terms of their social, emotional and cognitive development. Specifically, it shaped his belief about the link between early infant separations with their mother and later maladjustment, and led

Bowlby to formulate his attachment theory. John Bowlby, working alongside James Robertson (1952) Observed that children experience intense distress when separated from their mothers. Even when such children was fed by other caregivers this diminish the child's anxiety. These findings contradicted the dominant behavioral theory of attachment (Dollard and Millar,1950) which was shown to underestimate the child's bond with their mother.

The behavioral theory of attachment stated that the child becomes attached to the mother because she fed the infant. Bowlby defined as a lasting psychological collectedness between human beings. (1969, p194) Bowlby (1958) proposed that attachment can be understood within an evolutionary context in that the care giver provides safely and security for infant. Attachment is adaptive as it enhances the infant chance of survival. This is illustrated in the work of Lorenz (1935) and Harlow (1958). According to Bowlby infant have a universal need to seek close proximity with their caregiver when under stress or threatened (prior and Glasser, 2006). Most researchers believe that attachment develops through a series of stages.

2.4 Relevance of the Theories to the Study

In respect of the theories cited above, it can be deduced from the theory that Cognitive behavioral therapy (CBT) focuses on helping a child become aware of distorted thought patterns, attitudes and beliefs, that negatively influencereactions and behaviors. The therapist teaches the child how to replacethose negative thoughts and behaviors with more positive thoughts and appropriate ways to respond while Jungian play therapy focuses on healing the psyche through the relationship of the child and therapist, then the therapist interprets theresult to determine what the child has unconsciously repressed and helps the child to work through the repressed issues.

Other theories include filial therapy, where the parents are present in the sessions and learn basic therapeutic play skills, the role of the therapist is part play therapist, part trainer/ coach and part clinical supervisor.It could be noted from Piaget's theory that children's first few years of life are crucial to the development of language and social skills.Attachment theory on the other hand, provides an explanation of how the parent–child relationship emerges and influence subsequent development. Attachment is a deep and ending emotional bond that connects one person to another across time and space.The theory believed that the human baby, like the young of most animal species, is equipped with a set of built-in behaviors that helps keep the parent nearby, increasing the chances that the infant will be protected from danger. Contact with the parent also ensures that the baby will be fed;this becomes the basis for all future close relationships during infancy, childhood, adolescence, as well as adult life and it shaped the belief about the link between early infant separations with their mother and later maladjustment.

2.5 Empirical /Review of PreviousStudies

Related studies on play therapyand children's behavioral problem revealedthat much is yet to be done in this area, but the empirical studies presents some few research findings from similar studies from different researchers.

Ray, Bratton, Rhine and Jones (2001) meta-analytic review encompasses 94 experimental play therapy studies carried out over six decades. It revealed a large positive effect, specifically 0.73 for the general play therapies and 1.06 for the filial therapies.

Bennet, Wood and Rogers (1997)have suggested using "treatment by play therapy" instead of Freudian phrase "treatment by talking" especially when we are concerned with children's treatment. Revised approaches toward psychoanalysis of children have been used a lot. Some

therapists investigate children's psychological life rather than using other approaches. Girolametto et al., believes that playing is considered children's secret language and they can express their experiences and emotions in a natural and self-treatment way through playing.Boulanger (1992) in a research investigated the effect of group play therapy to find a solution for social skill problems of five year-old boys. Group members, in addition to communicative problems with children of the same age, had attention deficit hyper activity disorder (ADHD), intensive anxiety disorder, and childhood avoidance disorder. Result obtained from the research showed that there was a salient improvement in solving social skill problems after treatment.

Ray and Bratton(2001) studied the effect of play therapy on treatment of children with conduct disorder. Ninety six researches were studied and results showed that using techniques of play therapy in most cases could have positive effect on treatment of these disorders.

Daly and Grieger (2002) in a case study reported the process of treatment period of a 4 year-old child with opposite defiant disorder. Patient's behaviour improved considerably after usual sessions of treatment with planning a time for playing with his mother. They believe that some children may respond to unstructured play sessions in which they are able to express their emotions and have some control on their interaction with adults.

Jager and Ryan (2007) in a research compared the effect of play therapy in treatment of anxiety disorder and worries with skill learning and miniature learning treatments. Children in experimental group who received play therapy, showed better results in reduction of symptoms of anxiety disorder and worries.

Yousefi-Louyeh (2007) in a research studied the effect of story therapy on reduction of emotional problems in children. Results showed that story therapy was effective for reducing emotional problems of these children.

Alizadeh (2008) in a research investigated the effect of play therapy on reduction of children's aggression in girls aged 9 to 11; and he found that play therapy was effective in reducing the level of aggression in examinees.

Ahmadi (1995) studied the effect of intensive play therapy on reduction of children aggression. Out comes showed that play therapy had positive effect on examinees. Baedi in a research investigated the effects of cognitive-behavioral therapy on reduction of aggression in children with behavioral disorders. Results showed that cognitive-behavioral therapy reduced aggressive behaviors of this group,his research also demonstrates the desirable effect of cognitive-behavioural play therapy on reduction of ODD in children with oppositional defiant disorder, and it also emphasizes the effectiveness of cognitive-behavioural play therapy on reduction of emotional and behavioural problems of these children.

Ashrafi-Pouri (2007) in a research studied the effect of story-therapy in reduction of symptoms of Opposite Deviant Disorder in children. Results showed that story therapy in groups reduced the symptoms of oppositional defiant disorder of the examinees. Out comes shows the applicability of story therapy in the treatment of conduct problems in children.

Umar(2009) investigated the influence of stress, anxietyand mental health on effective learning, he observed that learning is cognitive process and its effectiveness depends largely on different aspects of child’s life be it psychological, social , economic, and mental health status, which is

prerequisitefor learning to be effective. And that in consideration of the bi directional path that exists between psychological disorders, stress, anxiety and so on that influence child's functioning and mental health status on one hand and child's mental health status affect learning on the other.

Kathleen, Sally, Barton-Arwood, Ron and Joseph (2007) investigated academic performance of students with emotional and behavioural disorders served in a self- contained setting. This study describes the academic, social and behavioural performance of elementary and secondary students with emotional and behavioural disorders (EBD) receiving services in a self- contained school for students with serious behaviour problems, with an emphasis on how school adjustment and problem behaviour patterns predict academic performance. Results revealed that elementary and secondary group scores were well below the 25^{th} percentile on reading, math and written expression measures. Further, a seven variable model representing academic, social and behavioural domains was able to differentiate between age groups explaining 54% of the variance and correctly classifying 78.26% (n =18) of the elementary students and 84.21 % (n =16) of the secondary students.

According to Bullis and Yovanoff, (2006), Walker, Ramsey and Gresham (2004) given between 2% and 20% of the school -age populationis likely to have mental health disorders, and they have further argued that men and women with the disorder both have trouble with social skills, however, Autism is about four times more common in males than it is in females. Explanations for disparity include the presence of a number of risk gens on the X chromosome and that girls may have a higher genetic threshold for autism than boys do. Autism symptoms also vary between girls and boys. In particular, girls with autism who have intellectually disabilities tend to

be more severely affected than boys. However, diagnostics tests miss many girls on the higher functioning end of the autism spectrum. Studies also often exclude girls so differences in autism.

Furthermore, Girls with Attention deficit hyperactivity disorder (ADHD) were more likely than boys to have the predominantly inattentive type of Attention deficit hyperactivity disorder, less likely to have a learning disability and less likely to manifest problems in school or in their spare time. In addition, girls with ADHD were at less risk for comorbid major depression, conduct disorder and oppositional defiant disorder than boys with Attention deficit hyperactivity disorder (ADHD).

A study conducted by Bello and Abdullahi (2008) on gender difference in mental health problems of students in higher institutions of learning in Nigeria. Three hundred and three (303) students consisting of one hundred and eighty seven (187) males and one hundred and sixteen (116) female were randomly selected from six tertiary institutions in Kano and Kaduna States. A questionnaire tertiary institutions Mental Health Scale (TISMS) designed by researchers was used for data collection in the study. Three research questions and hypotheses were formulated to guide the conduct of the study. In dependent t- test was used to test the significant difference between males and females in all the problem areas at .05 level of significance. The findings indicated a significant difference in the general mental health problems means scores of the male and respondents.

Cotton, Weight, Harris, John and Mc Gorry (2006) investigated influence of gender on mental health literacy in young Australians. Computer – assisted telephone interviewing was employed to conduct a cross-sectional structured interview focusing on young people's awareness of depression and psychosis. The aim of the study was to determine the effects of gender on mental health literacy in young people between 12 and 25 years of age. The sample comprised 1207

young Australians (539 males and 668 females) between the ages of 12-25 recruited from two metropolitan and regional areas within Victoria. Six hundred and six respondents were presented a depression vignette and 601 were presented a psychosis vignette. It was found that female respondents (60.7%) were significantly more likely to correctly identify depression in the vignette as compared to male respondents (34.5%). No significant gender differences were noted for the psychosis vignette. Males were less significantly likely to endorse seeing a doctor or psychologist/counsellor for the treatment of psychosis. Males were also significantly more likely than females to endorse alcohol as a way of dealing with depression and antibiotics as useful for dealing with psychosis. This supported by Daniel, Ezra and Justine (2009) that female students are more likely to experience symptoms of mental health problems of interest (depression, anxiety and eating disorders) in relation to lower CGPA.

Bowon (1990) report a significantly higher prevalence of Separation anxiety problem (SAP) in girls than boys, in the New Zealand study on over representation of females was noted among the preadolescent children with (Separation anxiety problem) (Anderson 1987). Also higher rates in females than in females were observed among high school students with separation anxiety problem in Lewiston and colleagues (1993) study. It should be noted however, that there are no reported gender differences in symptomatology (Last 1987). A study including pre-school 4-year children showed no gender differences for separation anxiety problem at any level of impairment, and race or ethnicity differences were not significant, gender differences have not been observed. Although girls do present more often with anxiety disorder in general.

Sanavie (1986) reported that girls have both total scores and number of fears which are significantly than those of boys. It was also observed that fears tend to increase in both

sexes in late adolescence. This implies that girls are more predisposed to various anxieties than boys. It is presumed that a much higher percentage of children suffer from a small amount of separation anxiety and are not actually diagnosed, multiple studies have found higher rate of Separation anxiety problemin girls Than in boys and that paternal absence may increase the chances of Separation anxiety problemin girls. (Cronk, Slutke, Madden 2004).

Generally, considering the results obtained from these researches, it can be claimed that play therapy is effective in reducing oppositional defiant disorder in children. Findings of these researchessupport that of other studies on effectiveness of play therapy in reduction of behavioural disorder in children. Therefore, using this technique is effective in reduction of behavioural disorders of these children.

2.6Summary

This literature review contained works of other authors on play therapyand separation anxiety problem as well as various theories of play therapy.Based on the review of related literature the researcher discovered that separation anxietyis one of the problem, which if not treated could lead to so many problems that will affect the pupils' school life and their learning process. It was also discovered that many factors contributedto separation anxiety problem and realized that teachers, parents, counselors have different vital roles to play in solving the problem. Furthermore, suitable theories related to the studies were also discussed in support of the study. From the review of related literature it was also discovered that play therapy was used by many researchers and was found to be effective in addressing various emotional problems like communicative problems with children of the same age, Attention deficit hyper activity disorder (ADHD), Intensive anxiety disorder,Childhood avoidance disorder,Oppositional defiant disorder in children, school refusal, test anxietyand Children's aggression, but not so much has been done

on separation anxiety problem, general anxiety disorder, impulsivity and activity disorder which are the common among the psychological problems.The researcher on the other hand used play therapy on separation anxiety problem among primary one pupils with the intention to help pupils with separation anxiety problem to compete with their peers socially and academically. This is by considering the finding of some researchers that separation anxiety problem in children affects their learning process.

CHAPTER THREE

METHODOLOGY

3 .1Introduction

This chapter presents a description of research design, population, sample size, sampling technique, instrumentation, validity, reliability, procedure for data collection, procedure for data analysis as well as treatment procedure.

3.2 Research Design

The design adopted for this study isQuasiexperimental involving pre-test,post-test control group design.The rationalebehind using thisdesign agrees with Kolo (2003)that Quasi-experimental design involves the manipulationof one or more independent variables but there is no random assignment to conditions. The reasons for the choice of this design is to enable the researcher to collect and appropriately analyze and describe differences between variables of the study.

3.3 Population

The population of this study comprised of Primary pupils of Gwarzo metropolis which include male and female as well as urban and rural pupils with different ages and different background. Gwarzo Metropolis has a total of about 161 primary schools divided in to 14 educational zones, which consist of 85,549 pupils. Thus, the study involves primary one of public/Government schools in Gwarzo metropolis, with 12,694 Pupils. (State Universal

Education Board SUBEB Gwarzo Branch 2015). Therefore, the total number of pupils identified with separation anxiety problem in this study is one hundred and six (106)as shown in the table 3.1 and the selection of the subjects was done based on the pre-test scores on the pupils Eyberg child behavior inventory (ECBI). Those who scored higher marks were selected

Table 3.1 Population

S/N	Schools	Male	Female	Total
1	Sabuwar Unguwa	15	12	27
2	Shehu Abdulwahab	8	10	18
3	Tsohon Garu	16	20	36
4	Model primary school	12	13	25
Grand Total		**51**	**55**	**106**

3.4 Sampleand Sampling Technique

From the population, a sample of twenty four pupils was selected (12 males and12 females). A total of twelve 12 primary pupils (6males and 6 females)with separation anxiety problem served as the treatment group while the remaining twelve 12 (6males and 6 females) served as control group from the selected schools. This is because the researcher used group counselling for the treatment exercise and according to Egbochuku (2008) there is no consensus as for the number of people appropriate to participate in group counselling. However, fifteen and above will be too large for adequate interaction, a minimum of four clients may be appropriate. Kolo also states that (2003), group counselling members could vary as between 3 and 12 persons.

3.5 Instrumentation

The instrumentadapted for data collection is Eyberg child behavior inventory (ECBI) developed by Eyberg (1990). The instrument is divided in to two sections, section A and B. Section A deals with Bio data of the respondents such as: name, school, class, year, age, sex, location and date, while section B consistsof 36 items (series of phrases) that describe children's behavior. Please (1) circle the number describing how often the behavior currently occurs with your child. The items were scored on a four scale: always, often, sometimes and never / seldom.

3.5.1 ScoringProcedure of the Instrument

The Eyberg child behavior inventory (ECBI) has the intensity score which is the total frequency of occurrence for the36 behaviors. The highest score is 252 and the lowest score is 36.Those with higher scores suggesting the need for treatment.

The items instruments were measured on four (4) scales as follows:

Always = 7 and 6

Often = 5 and 4

Sometimes = 3 and 2

Never and seldom = 1

Those who scored above 127denote severe separation anxiety problem; scores between 85-126 indicate moderate separation anxiety problem and scores from84 indicate mild separation anxiety problem.

Psychometric Properties of the Instrument

The instrument named Eyberg Child behavior inventory (ECBI)adopted from Burns andPatterson (1990) has been used by many researchers with reliable validation and reliability

procedure. From the data collected from Burns and Patterson (1990) 0.80 was got for internal consistency of reliability.

3.5.2Validity of the Instrument

Content and face validity of the instrument were established with the help of the researcher's supervisors and other lecturers in the Department ofEducational Psychology and Counselling, AhmaduBelloUniversity, Zaria. They assessed and found it suitable for measuring the separation anxiety problem.

3.5.3Pilot Testing

Pilot test was conducted by the researcher at Dakwara primary school after the interval of two weeks. Scores obtained from the respondents were analyzed to determine the reliability coefficient of the instrument using Pearson product moment correlation coefficient.

3.5.4Reliability

As regards the reliability of the instrument, Burns and Patterson (1990) reported 0.80 reliability coefficient for their scale. To obtain the reliability of the instrument for the purpose of this study, a pilot study was conducted by the researcher. The instrument was administered to 24 pupils of Dakwara primary school.The result obtained was 0.79 which shows that the instrument is reliable enough for the purpose of this study.

3.6 Procedure for Data Collection

The researcher obtained a letter of introduction from the Department of Educational psychology and counselling, Faculty of Education,Ahmadu Bello University, Zaria which enabledhim to receive approval for data collection and treatment of the pupils with separation anxiety

problemfrom the management of the selected schools. The researcher introduced himself and presented the letter to the head masters in order to get access to teachers and pupils to administer the instrument (ECBI).The instrument was distributed to the pupils with help of theirteachers under researcher's supervision. After completion, the researcherretrieved the completed instrument from the pupils for scoring. The scored instrument served as the data used in this study. These were done intwo phases. In the first phase, the data were collected from the treatment group and the control group before the treatment (pretest) by administering (ECBI) to the pupils before the treatment starts. While the second phase of data collection was done after the treatment by re- administering (ECBI) to the subjects of both the control and treatment group to see the effect.

3.7 Procedure for Data Analysis

The data collected during this study were computed using both descriptive and inferential statistics, with the aid of some experts in the field of data analysis. Descriptive statistics such asMean and Standard deviation were used in answering the research questions,while independent t–test was usedfortesting the hypotheses. This is because t- test is appropriate for ascertaining or determining the significance difference between means of samples with equal size. To ascertain the level of retention or rejection of hypotheses, the alpha value 0.05 was adopted.

3.8 Treatment Procedure

3.8.1 Placebo Treatment (Control Group)

3.8.2 Play Therapy (Treatment Group)

The purpose of this therapy is to help pupils to overcome separation anxiety problem. The training lasted for eight treatment sessions. The content of the programme in sessions was as follows:

1. Introduction about the concept of separation anxiety problem;the importance of the play therapy for pupils
2. The comparison between health separation anxiety and separation anxiety problem
3. Exposure to play therapy(Endurance race)
4. Exposure to play therapy(fill in the basket)
5. Exposure to play therapy(Inspiration game)
6. How to be positive to our selves
7. How to manage separation from home to school
8. Role plays (see appendix iii)

CHAPTERFOUR

RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the demographic data of the subjects, answer to the research questions, hypotheses testing and discussion of results. The research questions were answered using mean and standard deviation and the null hypotheses were tested using t-test. The basis for the acceptance or rejection of the hypothesis was 0.05 level of significance.Frequencies and percentages were used to present the demographic data from the subjects.

4.2.1 Demographic Data of the Respondents

Table 4.1 Distribution of subjects in the treatment and control groups, by gender and location of schools.

Groups	**Frequencies**	**Percentage (%)**
Play therapy (training)	12	50
Control	12	50
Total	24	100
Male	12	50
Female	12	50
Total	24	100
Urban	12	50
Rural	12	50
Total	24	100

The table above revealed the distribution of subjects in the treatment and control groups. Twenty four subjects were used for the study, it shows that12(50%)of the subjects were used as the treatment group while 12 (50%) of the subjects also served as the control group. It is also shows that Out of these, a total of 12 representing 50.0% are male pupils and the rest 12 representing 50.0% are female primary school pupils. Similarly, the table above revealed the distribution of respondents by their Location of schools, a total of 12 of the subjects representing 50.0% are from urban schools whilethe rest 12 also representing 50.0% are from rural primary schools within the sample area. This shows that equal number of urban and rural primary schools pupils were used for this study.

4.3Answering the Research Questions

Research Question One: What is the effect of play therapy on separation anxiety problem among primary school pupils?

Table 4.2 Mean scores and standard deviation of the subjects in the treatment and control groups

Groups	**N**	**Mean**	**Std. dev.**
Control	12	115.6333	16.5101
Treatment	12	70.6000	13.4999

Table 4.2shows that pupils exposed to the treatment had lower mean scores of 70.6000and standard deviation of 13.4999, while those in control group had higher mean scores of 115.6333 and standard deviation of 16.5101. This implies that those in the treatment group had lower mean scores than those in the control group.Therefore, play therapy was effective in reducing separation anxiety among primary school pupils.

Research Question Two What is the differentialeffect of play therapy on separation anxiety problem between Boys and Girls primary school pupils?

Table 4.3 Mean scores and standard deviation of boys and girls pupils in the treatment group

Gender	N	Mean	Std. dev.
Male	6	70.3889	10.7327
Female	6	70.9167	17.3857

Table 4.3 above shows the mean scores of boys and girls involved in the treatment group. The result shows that boys pupils had mean scores of 70.3889 and standard deviation of 10.7327 while on the other hand girls had mean scores of 70.9167and standard deviation of 17.3857. This shows that both boys and girls primary pupils exposed to play therapy had almost similar mean scores. This indicated that play therapy was effective in reducing the separation anxiety problem among boys and girls primary school pupils.

Research Question Three: What is the differential effect of play therapy on separation anxietyproblem betweenprimary school pupils located in urban and rural areas?

Table 4.4 Mean scores and standard deviation of the subjectslocated in urban andrural areas

Location of schools	N	Mean	S td. Dev.
Urban	6	65.4667	12.6257
Rural	6	75.7333	12.7137

Table 4.4 above shows that the mean scores of both urban and rural involved in the treatment group, the result indicates that urban pupils had mean scores of 65.4667 and a standard deviation of 12.6257, while on the other hand, rural pupils had mean scores of 75.7333 and standard deviation of 12.7137 which shows that primary school pupils located in urban areas had lower mean scores than those pupilslocated in rural areas. Thus, play therapy was effective in reducing the separation anxiety problem among primary school pupils located in urban area than their rural counter parts.

4.4 Test of Hypotheses

Hypothesis One: There is no significant effect of play therapy on separation anxiety problem among primary school pupils.

Table 4.5t- test analysis oneffect of play therapy on separation anxietyproblem between treatment and control groups.

Groups	N	Mean	Std Dev.	t-cal	df	p
Control	12	115.6333	16.5101			
				12.630	23	0.000
Treatment	12	70.6000	13.4999			

Significant at p<0.05

The analysis on the above table shows that p-value of 0.000is less than alpha value of 0.5, while calculated t-value is 12.630 at df = 23. This implies that those in in the treatment group had lower mean scores than those in the control group. It shows that play therapy is effective in reducing the level of separation anxiety among primary school pupils. Therefore, the null hypothesis which states that there is no significant effect of play therapy on separation anxiety problem among primary school pupils is hereby rejected.

Hypothesis Two: There is no significant effect of play therapy on separation anxiety problem between boys and girls primary school pupils exposed to play therapy.

Table 4.6 t-test analysis on effect of play therapy on separation anxiety problem between boys and girls primary school pupils.

Variable	N	Mean	Std. dev.	t-cal	df	p
Boys	6	70.3889	10.7327			
				0.103	11	0.919
Girls	6	70.9167	17.3857			

Not significantat p < 0.05

Table 4.6 above shows that the p-value of 0.919 is greater than the alpha value of 0.05, while the calculated t-valueis 0.103 at df 11. This shows that both boys and girls primary pupils exposed to play therapy had almost similar mean scores after the completion of the treatment.This shows that play therapy is effective for both boys and girls pupils.Therefore, the null hypothesis which states that there is no significant differentialeffect of play therapy on separation anxiety problem among boys and girls primary school pupilsis hereby retained.

Hypothesis Three: There is no significant differentialeffect of play therapy on separation anxiety problem between primary school pupilslocated in urban and rural areas.

Table 4.7 t-test analysis on differential effect of play therapy on separation anxiety problem betweenthe primary school pupils located in urban and rural areas.

Location of schools	N	Mean	S td. Dev.	t-cal	df	p
Urban	6	65.4667	12.6257			
				2.219	11	0.035
Rural	6	75.7333	12.7137			

Significant at P<0.05

The result of the above table shows that p-value 0.035 is lessthan the alpha value of 0.05, while the calculated t-value is 2.219 atdf=11. This shows that primary school pupils located in urban areas had lower mean scores than those located in rural areas.This shows that play therapy was effective in reducing the separation anxiety problem among primary pupils located in urban areasthan their rural counter parts. Consequently, the null hypothesis which states there is no significant differential effect of play therapy on separation anxiety problem among primary school pupils located in urban and rural areasis hereby rejected.

4.5Summary of Major Findings

The followings are the summary of the major findings of the study:

1. Significant effect existed between the separation anxiety of treatment and control group (t= 12.630, p = 0.00). This means that play therapy was effective in reducing the separation anxiety problem
2. Significant differential effect did not exist between the separation anxiety of boys and girls (t = 0.103, p =0.919) This means that play therapy was effective for both boys and girls in reducing the separation anxiety problem
3. Significant differential effect existed between the separation anxiety problem of urban and rural pupils(t=2.219, p=0.035). This means that play therapy was effective for urban primary school pupils in reducing the separation anxiety problem among primary pupils than their rural counter parts.

4.6 Discussion of the Findings

The findings of this study revealed thatthere is significant differential effect of separation anxiety problem of primary school pupils exposed to play therapy (treatment group) and those that were not(control group). The null hypothesis is therefore rejected.This showed those subjects who were exposed to play therapy reduced the separation anxiety problem than those who were not exposed to it. This happened because the subjects in the treatment group were exposed to play therapy while those in control group were not, which shows that the therapy was relevant and effective in reducing the problem. (Separation anxiety problem)

The findings of this study is in accordance with the finding of Ray, Bratton, Rhine and Jones (2001)which revealed a large positive effect, specifically 0.73 for the general play therapies and 1.06 for the filial therapies. Meta-analytic review encompasses 94 experimental play therapy studies carried out over six decades. The finding of the study conducted by Boulanger (1992) also revealed the effect of group play therapy to find a solution for social skill problems of five year-old boys. Group members, in addition to communicative problems with children of the same age, had attention deficit hyper activity disorder (ADHD), intensive anxiety disorder, and childhood avoidance disorder. Result obtained from the research showed that there was a salient improvement in solving social skill problems after treatment.

A studied conducted by Ray and Bratton (2001) confirmed the effect of play therapy on treatment of children with conduct disorder. Ninety six researches were studied and results showed that using techniques of play therapy in most cases could have positive effect on treatment of these disorders. While Daly and Grieger (2002) in a case study reported the process of treatment period of a 4 year-old child with Opposite Deviant Disorder. Patient's behaviour improved considerably after usual sessions of treatment with planning a time for playing with his

mother. They believe that some children may respond to unstructured play sessions in which they are able to express their emotions and have some control on their interaction with adults.

The finding of Jager and Ryan (2007) also revealed the effect of play therapy in treatment of anxiety disorder and worries with skill learning and miniature learning treatments. Children in experimental group who received play therapy, showed better results in reduction of symptoms of anxiety disorder and worries. Alizadeh (2008)found that play therapy was effective in reducing the level of aggression in examinees in a research investigated the effect of play therapy on reduction of children's aggression in girls aged 9 to 11. Similarly theOutcomes of Ahmadi (1995) showed that play therapy had positive effect on examinees.Where he studied the effect of intensive play therapy on reduction of children aggression. Baedi (2001) in his research also demonstrated the desirable effect of cognitive-behavioural play therapy on reduction of Opposite Deviant Disorder in children with oppositional defiant disorder, and it also emphasizes the effectiveness of cognitive-behavioural play therapy on reduction of emotional and behavioural problems.

The findings of the study also showed that differential effect did not exist between the separation anxiety of boys and girls primary pupils exposed to play therapy after the completion of the treatment. This implies that play therapy was effective for both boys and girls pupils in reduction separation anxiety problem among primary school pupils in the treatment group. This shows thatthe therapy was effective in reducing the separation anxiety problem of both boys and girls pupils.

The above findings is in line with the finding of Last (1987) which revealed that there is no report on gender differences for separation anxiety problem at any level of impairment and race or ethnicity

differences were not significant, gender differences have not been observed.While on the other hand, the findings of (Bowon, 1990) disagree with him which reported a significantly higher prevalence of Separation anxiety problem (SAP) in girls than boys, in the New Zealand study on over representation of females was noted among the preadolescent children with (Separation anxiety problem) (Anderson, 1987). This inconformity with the study conducted byLewiston (1993) which reporthigher rates in females than in males were observed among high school students with separation anxiety problem.

The research conducted by Sanavie (1986) reported thatgirls are more predisposed to various anxieties than boys girls have both total scores and number of fears which are significantly than those of boys. It was also observed that fears tend to increase in both sexes in late adolescence. This implies that girls are more predisposed to various anxieties than boys. It is presumed that a much higher percentage of children suffer from a small amount of separation anxiety and are not actually diagnosed, multiple studies have found higher rate of Separation anxiety problem in girls than in boys and that paternal absence may increase the chances of Separation anxiety problem in girls. (Cronk, Slutke, Madden 2004) Cotton, Weight, Harris, John & Mc Gorry (2006) investigated influence of gender on mental health literacy in young Australians, andit was found that female respondents (60.7%) were significantly more likely to correctly identify depression in the vignette as compared to male respondents (34.5%). No significant gender differences were noted for the psychosis vignette. Males were less significantly likely to endorse seeing a doctor or psychologist /counsellor for the treatment of psychosis. Males were also significantly more likely than females to endorse alcohol as a way of dealing with depression and antibiotics as useful for dealing with psychosis. This supported by Daniel, Ezra and Justine (2009) that female students are more likely to experience symptoms of mental health problems of interest (depression, anxiety and eating disorders) in relation to

lower CGPA. The findings of the study revealedthatsignificant differential effect existed between the separation anxiety problem of urban and rural pupils exposed to play therapy.Thus,the null hypothesis was also rejected. This indicated that pupils from urban schools had reduced their separation anxiety \problem than their rural counterparts after they were exposed to play therapy.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the study, conclusion, recommendations and suggestions for further studies.

5.2Summary

The study was carried out to find out the effect of play therapy on separation anxiety problem among primary school pupils in Gwarzo metropolis of Kano state.Three objectives,three research questions and three null hypotheses wereformulated. In doing this, various several materials were consulted and various concept and relevant theories were discussed.The quasi experimental was adopted for the study, two primary schools were selected (Shehu Abdulwahab special primary school, Gwarzo model primary school) to obtain the samples who served as the treatment and control group. In each school, twelve pupils were selected using pretest scores of the instrument adapted for data collection (Eyberg child behavior inventory) Therefore, twenty four pupils were constituted the sample population of the study, and a total of eight (8) weeks were used for the treatment.The sampled respondents were 24 pupils who served as treatment and control group. To achieve these bio datavariables were presented in frequencies and percentages distribution. The research questions were answered by means of descriptive analysis using the mean, standard deviations and standard errors. The research hypotheses were tested at 0.05 using the inferential statistics of independent t- test statistics. In other words, data collected from the subject were

analyzed using statistical package for social sciences (SPSS) and it was discovered from the major findings of the study that:

1. Significanteffect of separation anxiety of pupils existed between the treatment and control groupas a result of treatment.

2. Significant differential effect did not exist between the separation anxiety problem of boys and girls.

3. Significant differential effect existed between the separation anxiety problem of urban and rural pupils.

5.3Conclusions

From the outcomes of the study, the following conclusions can be deduced:

From the outcomes of this study, the use of play therapy in assisting pupils to reduce or palliate theseparation of anxiety problemhas been successful. The study concluded that the play therapy was relevant and effective in reducing primary school pupils' separation anxiety problem, and that the play therapy could be used to reduce separation anxiety of both boys and girls primary school pupils, and it was also concluded that play therapy was effective on urban pupils in reducing the separation anxiety problem among primary school pupils.

5.4 Recommendations

In line with the outcome of the study, the following recommendations are hereby put forward:

1. School counsellors, psychologist should be encouraged use to play therapyin order to assist the pupils identified with the separation anxiety problem.
2. The play therapy is not genderdependent; therefore both boys and girls should be actively involved in the programme (play therapy) in order to reduce the separation anxiety problem.
3. During playtherapymore emphasis/ attention should be paidto primary school pupils located in rural areas than their urban counter parts. Therefore location factorshould beconsidered in using play therapy to reduce separation anxiety among primary school pupils.

5.5Suggestions for Further Studies

This study is limited to find out the effect of play therapy on separation anxiety problem among primary school pupils in Gwarzo metropolis, therefore further studies should be carried out on relevant area such as:

1. Effect of play therapy on conduct disorder problem among primary school pupils.
2. Also relevant study should be conducted to investigate the effect of another therapy or counselling technique on separation anxiety problem among primary school pupils.

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APPENDIX1

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELLING
FACULTY OF EDUCATION,
AHMADU BELLO UNIVERSITY, ZARIA

Our Ref: _____

Date: 08/09/2015

GWARZO MODEL
PRIMARY SCHOOL.

Dear Sir,

STUDENTS' FIELD RESEARCH

The Department of Educational Psychology and Counselling, Ahmadu Bello University, Zaria requires each student working for a Degree to complete a research project/ Thesis/Dissertation. They are therefore required to collect data for the research studies.

Most of them will need to be allowed access to certain relevant documents and some valuable information which you may have.

Please accord them all the necessary assistance.

TOPIC OF RESEARCH:
EFFECTS OF PLAY THERAPY ON SEPARATION ANXIETY DISORDER AMONG PRIMARY SCHOOL PUPILS IN GWARZO METROPOLIS KANO STATE.

Thank you for your continued cooperation.

Yours Sincerely,

Research Adviser

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELLING
FACULTY OF EDUCATION,
AHMADU BELLO UNIVERSITY, ZARIA

Our Ref: _____

Date: 08/09/2015

SHEHU ABDULWAHAB
SPECIAL PRIMARY SCHOOL
GWARZO

Dear Sir,

STUDENTS' FIELD RESEARCH

The Department of Educational Psychology and Counselling, Ahmadu Bello University, Zaria requires each student working for a Degree to complete a research project/ Thesis/Dissertation. They are therefore required to collect data for the research studies.

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Thank you for your continued cooperation.

Yours Sincerely,

Research Adviser

APPENDIX1I

Eyberg Child Behavior Inventory (ECBI)

Section A

Bio Data

Instruction; (Please tick one answer only)

Name----------Date……

Class…… Age……..Sex……..M…….F……..

State…….Urban ( ) or Rural ( )……

Separate from parent ( ) / Living with parent ( )

1. Read all the statements 1-36 carefully that describe your behavior, please (1) circle the number describing how often the behavior currently occurs with your child.

Make sure all the statements 1-36 are answered.

Rate:

7 = always

6 =”

5 = often

4 = ’’

3 = Sometimes

2 = ’’

1 = Never / seldom

Section B

How often does this occur with your child?

	Never Seldom Sometimes Often Always							
1	Excessive anxiety about number of events when separated	1	2	3	4	5	6	7
2	Excessive worry about a number of activities when separated	1	2	3	4	5	6	7
3	Being easily fatigued when separated	1	2	3	4	5	6	7
4	Being irritable when separated	1	2	3	4	5	6	7
5	Refuses to do chores when asked	1	2	3	4	5	6	7
6	Fails to finish school tasks or projects	1	2	3	4	5	6	7
7	Refuses to go to school	1	2	3	4	5	6	7
8	Does not obey school rules	1	2	3	4	5	6	7
9	Refuses to obey until threatened with punishment	1	2	3	4	5	6	7
10	Acts defiant when told to do something	1	2	3	4	5	6	7
11	Argues with parents or teachers about schoolrules	1	2	3	4	5	6	7
12	Gets angry when doesn't get own way	1	2	3	4	5	6	7
13	Being afraid of in crowded places like school	1	2	3	4	5	6	7
14	Feels afraid when talking in front of the class	1	2	3	4	5	6	7

15	Gets bothered by bad or silly thoughts/pictures	1	2	3	4	5	6	7
16	Cries easily when separated	1	2	3	4	5	6	7
17	Yells or screams when separated	1	2	3	4	5	6	7
18	Hits parents/teachers when separated	1	2	3	4	5	6	7
19	Destroys toys and other projects	1	2	3	4	5	6	7
20	careless with toys and other objects	1	2	3	4	5	6	7
21	Complains of feeling agitated when separated	1	2	3	4	5	6	7
22	Feels afraid in the morning when going to school	1	2	3	4	5	6	7
23	Teases or provokes other children	1	2	3	4	5	6	7
24	Verbally fights with friends own age	1	2	3	4	5	6	7
25	Verbally fights with sisters and brothers	1	2	3	4	5	6	7
26	Physically fights with friends own age	1	2	3	4	5	6	7
27	Physically fights with sisters brothers	1	2	3	4	5	6	7
28	Constantly seeks attention	11	2	3	4	5	6	7
29	Worries that something bad will happen to him	1	2	3	4	5	6	7
30	easily distracted when separated	1	2	3	4	5	6	7
31	Has short attention span	1	2	3	4	5	6	7
32	Worries that he will do bad at school	1	2	3	4	5	6	7
33	Has difficulty entertaining self alone	1	2	3	4	5	6	7
34	Has difficulty concentrating on one thing	1	2	3	4	5	6	7
35	Is over active or restless when separated	1	2	3	4	5	6	7
36	Complains of feeling afraid	1	2	3	4	5	6	7

APPENDIX III

PLAY THERAPY TREATMENT PACKAGE

The treatment procedure was divided in to eight (8) different Sessions. The objectives of this was to produce effective behavior change through the reduction of separation anxiety problem in the participants and to enable them adjust positively to family, school and societal demands in order to benefit maximally from the training given to them.

Session 1: week 1: Establishing the relationship:

1. During this session, the subjects (treatment group) were taken to the assigned place for the training (class room)
2. They were welcomed to the training programme.
3. They were informed about the purpose of the programme like helping them to overcome separation anxiety problem they are facing and perform excellently.
4. The researcher introduced himself to the subjects by telling them his name, the school he came from, discipline and all that might interest them.
5. The subjects also introduced themselves individually, by telling their names, class, location and a brief history of what they want to be after graduation.
6. The researcher appreciated for their participation and assured them confidentially throughout the programme.

Session 2 week 2the nature and purpose of the training:

1. The subjects were informed that the programme would be run through the period of eight (8) weeks involving eight (8) sessions.
2. Brief explanation was made on the terms anxiety, separation anxiety problem.

3. The researcher then explained what it meant by separation anxiety problem, symptoms like: fear, worried of being separated, fear of the new and unfamiliar, lack of self-confidence, feelings of inadequacy and fear of or hostility toward others.

Session 3 week 3 Understanding the main behavior:

1. The subjects were welcomed and explanation was given on the comparison between healthy separation and separation anxiety.
2. They were taught about the play therapy.

Session 4 week 4 Exposure play therapy (endurance race)

The researcher introduced the game called 'Endurance Race' which is going to help us learn how to express our feelings appropriately in class and on the playground." Each team has to run around a course of 150m from a given starting point. Each team member tries to run around the course as often as possible in some minutes. The start command is set for all teams at the same time by blowing a whistle. Each member of the team starts with one card (ball, piece of paper, cork or similar) which he or she has to take back to his or her team after each completion of a round on the course and before starting again he she takes a new card or similar and so on. After some minutes the last minuets is announced by another blow of a whistle or by starting pistol, after 8 minutes the completion of the run is indicated by a final signal. For efficient organization of the event two assistants are required. They are responsible for designating the starting line, as well as for dealing, collecting and counting the cards. They also must record the scores on the event card. In addition, a starter is required for time keeping and giving the other signals (last minute and final signal). Researcher

thanked the pupils for coming and reminded them about next meeting and solicited for cooperation.

Session 5 week 5 Exposure to play therapy (fill in the basket)

The researcher greeted and welcomed the pupils to another session, and introduced the game for the week. “This week weare going to learn how to make fill in the Basket brief description:

Three participants stand parallel to the starting point each participant hold one ball on his hand out of four balls before him. The start command is set for all the three teams at the same time by blowing a whistle each member of a team starts with one ball which he has to take in to his own basket, and quickly return to his starting point, and repeat the procedure for three times. The same procedure should be repeated till completions of the game (ten rounds) for efficient organization of the event two assistants are required. They are responsible for designating the starting line, as well as for dealing, collecting and counting the scores. They must also record the scores on the event card. Then the researcher moved ahead the session by investigating child’s interaction on the school premises which will help to overcome the separation anxiety problem among pupils. Such as:

To investigate the relationship with his colleagues, teachers and other school personnel and assist him to develop better school living.

To investigate his style of carrying out school activities i.e. Does he participate in school curricular activities? Does he participate in core curricular activities? Does he obey schools rules and regulations? Then the Researcher thanked the pupils for coming and reminded them about next meeting and solicited for cooperation.

Session 6 week 6 How to be positive to our selves

The researcher began the session by reviewing the skills that have been discussed over the past sessions. The goal of this session is to help the pupils replace negative self-defeating behaviors by utilizing coping self-statements, the researcher said, “Today we are going to learn how to be positive about ourselves and present a positive self-imageby using coping self-statements, as well as being optimistic about school. Such as: “I know I can make it”, “it is easy for me”, I will pass”, or “I know I can get good result”, “the school is easy” etc.

Sometimes we think negative things about ourselves. So we are going to learn how to change the negative thinking to positive behaviors that can be used in the classroom and on the playground.” Each group member is asked to draw a self-portrait on one side of the paper. The researcher provided directions, “Please draw on one side of the paper what you see when you look in the mirror. Turn your paper over, and draw how you believe your friends, teachers, and family members see you. What do they see in the mirror?” Once the group members have completed their drawings, the researcher asked each group member to share their pictures and discussed the differences and similarities between their pictures. The researcher asked the group members conceptualize how their perception is usually very different from how others perceive them. The researcher stated, “These perceptions can interfere with our ability to learn and make friends, how do you think your pictures will influence your behavior in class and with your friends on the playground?”Researcher thanked the students for their patience and solicited for their maximum cooperation in the next meeting.

Session 7 week 7 Exposure to play therapy (Inspiration Game)

The researcher greeted and welcomed the pupils to another session, and introduced the game for the week.Our game for this session is called Inspiration Game, brief description: The pupils were divided into four (4) groups (six pupils each). A group leader should be selected among each group, and asked each group leader to select one toy out of the toys that are provided (in the box) then he /she stood before the class and identify the name and uses of the toy and the remaining pupils were watching, clapping and laughing. After that the group leader should come back to his group and continue playing with the toy. The researcher and one assistant are required for the event (watching and supervising the game). Materials needed (Toys). Helicopter, Jet, Gun, Car, Horse, Camera Motor bike, etc.The goal of the activity is to help the pupils to replace negative self-defeating behaviors by utilizing coping self-statements, and to learn how to be positive about ourselves and present a positive self-image."

The researcher said, "Each of you is invited to share your part of the colleague and discussed the pictures of thetoys that are representative of you." Each group member discussed why certain toys were chosen and how they work to create a positive self-image, the researcher end the session by asking the members to share one positive thought they have about the session and the researcher thanked the pupils for their patience and solicited for their maximum cooperation in the next meeting.

Session 8 week 8 How to manage separation from home to school

The researcher began the final session by thanking members for their active participation and for adhering to the group rules for the past 7 weeks, and he announced that the today's focus is on

stressful situations like separating from home to school, switching to schools, loss of loved one, change in environment and its management, the researcher, asked the group, “What is separation? What happened when you feel separated?” he talked to the group about how separation can interfere with being productive in the classroom and on the playground. The purpose of the activity is to assist the group members in dealing positively with separation anxiety problem. “Our activity for this session is called ‘Welcome to My World.’ I am passing out a piece of paper and markers. You noticed a big circle on your paper. Please write your name and the word ‘world’ at the top.”(and the researcher helped them to do so)The group members divided their paper into four quadrants and labeled them North, South, East, and West. Members draw in each specific quadrant a source of separation for them at home, in school, with their friends, and alone. The researcher models for the group members some separation reduction activities like breathing exercises and then encouraged each group member to share their four quadrants. He and the group members discuss strategies for managing separation using positive self-coping statements, as well as how to apply these strategies to the different environments.

The researcher, expressed gratitude for the work done, participation and sacrifice, and prayed that what has been learnt would be used, and closed the session by asking each member to reflect upon one skill that they have learned and utilized in the classroom or on the playground.

Review of previous activities, re-administration of instrument, and formal closure of the programme.

1. The previous activities were reviewed.
2. Various questions were asked on the previous activities and the subjects answered.

3. The subjects were all appreciated including the school authority.
4. They were finally informed of the closure of the programme formally.
5. Instrument was re-administered to the subjects.

APPENDIX IV

Pilot Testing Reliability Result

VPre -test and post- test reliability using PPMC

Raw scores of the two sets of tests for determining the coefficient of reliability of the test instrument

S/NO	X	Y	X^2	Y^2	XY
1	20	23	400	529	460
2	18	18	324	324	324
3	21	22	441	484	462
4	19	23	361	529	437
5	20	28	400	784	560
6	18	28	324	784	504
7	18	26	324	676	468
8	25	26	625	676	650
9	17	23	289	529	391
10	22	27	484	729	594
11	19	26	361	676	494
12	23	32	529	1024	736
13	22	31	484	961	682
14	20	24	400	576	480
15	20	27	400	729	540
N=15	**∑X=1607**	**∑Y=782**	**∑X2=**175193	**∑Y2=**43002	**∑XY =83818**

Note: x and y are first and second tests scores

(Statistics for finding reliability)

Pearson Product Moment Correlation computed for the Reliability index for the instrument used in the pilot study of the research.

The formula for Pearson Product Moment Correlation is given below:

$$R = \frac{N(\sum xy) - (x)\sum Y}{((N(X^2) - (NY^2) - (Y)^2)}$$

N=Number of respondents

X is test scores at pre- test

Y is test scores at post- test

∑x is scores at pretest is summed

∑y is scores at Post test is summed

$\sum x^2$ is scores at pre-test is squared and summed

$\sum Y^2$ isscores atpost-test is squared and summed

(∑x) 2 is scores at pre- test is summed and squared

(∑Y) 2 is scores at post- test is summed and squared

Where:

∑X=1607 **∑Y=782** **∑X2=**175193 **∑Y2=**43002 **∑XY =83818**
N=12

Pearson Product Moment Correlation formula is:

$$r = \frac{N(\sum xy) - \sum (x)\sum Y}{((N(\sum X^2) - (N*\sum Y^2) - (\sum Y)^2}$$

$$= \frac{12*183818 - 1607*782}{12*(175193)^2 - 15*43002(782)^2}$$

=.79

r=.79

APPENDIX V

T-Test

Group Statistics

	Sex	N	Mean	Std. Deviation	Std. Error Mean
SE-Scores	Boys	6	70.3889	10.7327	2.5297
	Girls	6	70.9167	17.3857	5.0188

Independent samples test

	Levene's test for equal of variance		t-test for equality of means						
	F	Sig	T	d f	Sig 2(tailed)	Mean difference	Std error difference	95% confidence interval of difference	
								lower	Upper
Equal variance assumed	3.143	0.87	-103	11	919	-5.2778	11.01401	-- 11.01401	9.95845
SE-Scores Equal variance not assumed			-0.94	16.606	926	-5.62035	- 12.40716	- 12.40716	11.35160

T-TEST GROUPS=LOCATION (1 2)

T-Test

Group Statistics

	SCHOOL LOCATION	N	Mean	Std. Deviation	Std. Error Mean
SE Scores	URBAN	6	65.4667	12.6257	3.2599
	RURAL	6	75.7333	12.7137	3.2826

Independent samples test

	Levene's test for equal of variance		t-test for equality of means						
	F	Sig	T	d f	Sig 2(tailed)	Mean difference	Std error difference	95% confidence interval of difference	
								lower	upper
Equal variance assumed	0.13	-911	-2.219	11	035	-10.2666	4.62636	-19.7443	-79000
SE-Scores Equal variance not assumed			-2.219	27.999	035	-10.2666	4.62636	-19.7433	-78998

T-Test

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
SE - Scores	Control	115.6333	12	16.5101	3.0143
	Exp	72.6000	12	13.4999	2.4647

Paired Samples Test

	Paired differences						d f	Sig (2-tailed)
	Mean	S t d deviation	S t d error mean	95% confidence interval of the difference				
				Lower	Upper			
Treatment Control	45.03333	19.52979	3.56564	37.74079	52.32588	12.630	23	0.00

s