

**THE EFFECT OF GROUP COGNITIVE BEHAVIOR PLAY
THERAPY PROGRAM ON SELF-CONTROL
AMONG LATE CHILDHOOD**



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I had read that the best way to learn is to discover by their own, but sometimes, especially in the first or hard time guidance is necessary for being as a scaffold to move learner progressively toward stronger understanding and eventually able in independence. I truly believe in this concept because of doing this thesis and receiving a great supervision from my major advisor, Assoc.Prof.Thienchai Ngamthipwatthana, who always listens and asks many valuable questions which guide me to discover a way to construct a building by my own not just in academic but also in personal life. However, while constructing I was not sure which way to move on, I was curious and doubtful in my own ability, but after I consulted and received the group therapy supervision with my co-advisor, Asst.Prof.Tikumporn Hosiri, all the curious was replaced with confident and fun. Despite sometimes I had trouble with construction, I still able to manage it on schedule because of guidance from my advisors and Assoc.Prof.Sucheera Phatharayuttawat, who serves as construction manager, provided great guidance to fix it. All three grateful advisors made my time with thesis precious.

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THE EFFECT OF GROUP COGNITIVE BEHAVIOR PLAY THERAPY PROGRAM ON SELF-CONTROL AMONG LATE CHILDHOOD

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ABSTRACT

The objective of this studying was to develop and evaluate the effectiveness of group cognitive behavior play therapy program on self-control among late childhood in foster care. The 12 boys with age 8-10 years at Mahamek Home for Boys attended the 40-50 minutes group session twice a week for 7 consecutive weeks. The effectiveness of the program was evaluated by using externalizing domain in Thai Youth Checklist (TYC) and Self-Control Skill in 5 Situations Test. Descriptive statistic, Wilcoxon Signed Ranks Test, and qualitative analysis were used in data analysis. Results revealed increment in mean score of Self-Control in 5 Situations Test with p-value at .267, related to decrement in mean score of overall externalizing behavior problem in TYC with p-value at .086. Examined score in sub-domain of TYC found statistically decreased in aggression sub-domain with p-value at .028 and decreased in externalizing and impulsivity with p-value at .257 and .146, but found slightly increased in immaturity sub-domain with p-value at .892.

The results conclude that the program is effective in fostering self-control skill especially in aggressive domain among foster child with age 8-10 years old. However, this program is needed to be developed by including caretaker in group session for enhancing the program effectiveness. To diminish the limitation of this study, investigating in controlled experimental design and long-term effectiveness should be done in further research.

KEY WORDS: SELF-CONTROL/ GROUP COGNITIVE BEHAVIOR PLAY THERAPY/ LATE-CHILDHOOD/ FOSTER CHILD

111 pages

ผลของ โปรแกรมกลุ่มการเล่นบำบัดชนิดปรับความคิดและพฤติกรรมต่อความสามารถในการควบคุมตนเองของเด็กตอนปลาย

THE EFFECT OF GROUP COGNITIVE BEHAVIOR PLAY THERAY PROGRAM ON SELF-CONTROL AMONG LATE CHILDHOOD

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บทคัดย่อ

การศึกษานี้มีวัตถุประสงค์เพื่อพัฒนาและประเมินประสิทธิภาพของ โปรแกรมกลุ่มการเล่นบำบัดชนิดปรับความคิดและพฤติกรรมต่อความสามารถในการควบคุมตนเองของเด็กตอนปลายในสถานสงเคราะห์ โปรแกรมประกอบด้วยกิจกรรมรายบุคคลก่อน 1 ครั้งและกิจกรรมกลุ่ม 14 ครั้ง ดำเนินกิจกรรมกลุ่มครั้งละ 40-50 นาที สัปดาห์ละ 2 ครั้งทำต่อเนื่อง 7 สัปดาห์ กับเด็กชายอายุ 8-10 ปีในสถานสงเคราะห์เด็กชายบ้านมหาเมฆ ประเมินการเปลี่ยนแปลงทางพฤติกรรมก่อนและหลังเข้าร่วมโปรแกรมกลุ่มจากแบบสำรวจพฤติกรรมเด็ก (TYC) ด้านปัญหาพฤติกรรมการแสดงออก และแบบประเมินความสามารถในการควบคุมตนเองชนิดสถานการณ์ โดยใช้ descriptive statistic, Wilcoxon sign rank test และ qualitative analysis ผลการวิจัยพบการเพิ่มขึ้นของค่าเฉลี่ยคะแนนจากแบบประเมินความสามารถในการควบคุมตนเองชนิดสถานการณ์ (p-value = .267) สอดคล้องกับการลดลงของปัญหาพฤติกรรมแสดงออกจากแบบประเมิน TYC (p-value = .086) และเมื่อพิจารณาด้านย่อยของแบบประเมิน TYC พบการลดลงอย่างมีนัยสำคัญทางสถิติในด้านพฤติกรรมก้าวร้าว (p-value = .028) เช่นเดียวกับด้านปัญหาพฤติกรรมเกรและด้านหุนหันผ่นแค้นที่ลดลง (p-value = .257 และ .146) แต่ทั้งนี้พบการเพิ่มขึ้นเล็กน้อยในปัญหาพฤติกรรมด้านเด็กกว่าวัย (p-value = .892)

จากผลการศึกษานี้สามารถสรุปได้ว่า โปรแกรมที่พัฒนาขึ้นนี้สามารถเพิ่มความสามารถในการควบคุมตนเอง และลดปัญหาพฤติกรรมการแสดงออกได้โดยเฉพาะพฤติกรรมก้าวร้าวในเด็กชายอายุ 8-10 ปีในสถานสงเคราะห์ได้ อย่างไรก็ตามโปรแกรมครั้งนี้ยังจำเป็นต้องได้รับการพัฒนาต่อ พิจารณานำผู้ปกครองเข้าร่วมในกลุ่มบำบัดเป็นข้อเสนอแนะสำหรับการวิจัยต่อไปเพื่อเพิ่มประสิทธิภาพของโปรแกรม และควรศึกษาประสิทธิภาพของโปรแกรมในระยะยาวเพิ่มเติม

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CHAPTER I

INTRODUCTION

Background and Significance of the Study

Nowadays, there are many social problems and many of those come from impulsive decision for instance, conflicts which end up with excessively aggression, getting involved with drug dealer just to get money faster and get what they want easier. This kind of decision is based on emotional more than thought, desire in short term gain but lack of thinking about effect in long-term, therefore if they stop and think before action, can regulate their own emotion and able to manage their frustration, they should have a better decision and that should be reduce this kind of social problem too.

Self-control is ability to regulate own thought and emotional and able to inhibit their inappropriate behavior even confront with any situation. Self-control has a positive correlation with academic achievement, social skill and can predict future success ⁽¹⁾, one who has self-control skill can control their own to achieve goal, they can tolerate to urge or stimulate from others, on the contrary, the one who has less ability to control their own will be easily distracted, impulsive, inability to wait and difficult to deal with frustration. This leads to academic problems and social problems such as violence, delinquency or drugs ⁽¹⁻⁵⁾.

Self-control is learned behavior, which can promote by learning process. The first place to create this skill is family; child learns to regulate own emotion by emotional supporting from parent, realize that emotion doesn't stay forever, it can be decreased by some technique and apply parent's technique into own, this is a process of modeling, besides of these, child develop his behavior by reinforcement, child learns consequence of action from the response of parent. Then child brings this expectation to create internal standard of behavior. ^(4, 6) This reflects that if the child has inappropriate modeling or reinforcement it can leads to inappropriate behavior. There is a prior study found that a child who come from lack of warmth and love

family tends to lack of self-control and has high tendencies to become delinquent child. ⁽⁶⁾ Fortunately, self-control is learned behavior; it can be adopted by learning process from other society such as school, peers and teachers, who reflect child's behavior. Behavior adjustment will occur when the outcome doesn't match with child internal standard then child will adjust his behavior and learn new outcome, if he appreciate with that outcome he will continue perform that behavior, it means he has created new internal standard. ⁽⁶⁾

Therefore if a child who comes from lack of warmth and love family or maladaptive society has changed his society to more adaptive one, he has a chance to adjust behavior. Foster home, a residence serve for children who are neglected, abused or has an unaffordable family, is one of those suitable place for behavior adjusting because foster care system provides basic needs, education, mental health care and recreation, so child has fulfill the basic needs and has a safe place to learn. Mahamek Home for Boys is one of those foster homes, which provides for boys' age 5 to 18. This place arranges residence by gathers all ages in 1 house and provides education in formal system⁽⁷⁾ so boys have a chance to involve with more society and it is valuable for behavior adjustment.

Self-control is skill that improves by ages. Child learns more about self-control when he learns more about connection of action and outcome. However, child should not learn by his own because he may not know what is right or wrong and it is time consuming for trials and errors, he needs scaffolding for guidance and learn some skill, Besides of cumulative behavior, self-control is involved with cognitive development, child must be able to understand the consequence of action and outcome, able to remember what behavior lead to reward or punishment and making decision by thought which collected from former experience. The appropriate age for improving self-control is late childhood because cognitive development is in concrete operational stage. In this period child is capable of logical thinking about concrete world he has experienced, can consider the perspective of others in making decision, less egocentric, and take more responsibility for own actions and can negotiate with others to define and create rules for social interactions. ⁽⁶⁾ Thus researcher interests to develop scaffolding to enhance self-control skill for boys in Mahamek Home for Boys who is 8-10 years old.

Cognitive behavior therapy or CBT is a psychotherapy technique which is designed for modification thought and behavior, there are prior studies found that CBT can enhance self-control skill in children ^(2, 8)and effective in various pathology for teenage and adulthood; including aggressive behavior in teenage, which is one of problem caused by lacking self-control ability.⁽⁹⁾ However cognitive of 8-10 years old children have not fully developed, they cannot understand things clearly in abstract but capable in concrete, thereby using CBT in 8-10 years old children have to adapt for suitable with child's development. Play is a child's language and easily use as medium to child, moreover learning through play is concrete; child has directed experience while playing. So adapting play with therapy is interesting technique for apply in children.

Cognitive behavior play therapy or CBPT has been developed by Knell in 1998, she applied play technique with cognitive behavior therapy by using toys and play as a medium to child's thought and reflect child's behavior. In this technique child learns the connection of thought emotions and behavior, which is a core of CBT, and learns CBT technique such as labeling feelings, coping skill via play. Learning through play is fun, enjoyable and understandable in concretes. Moreover, play with other kids is an opportunity for child to learn about consequence of his own action from other members or from therapist who provide feedbacks and guidance, or seeing consequence of other member's action as a modeling. After a child get feedbacks from direct or indirect he tends to reevaluate his action and alter behavior to be more appropriate. According to Piaget, who mentioned that developing of self-control behavior should develop by own experience.⁽¹⁰⁻¹²⁾

All the mentioned above inspired me to study and develop group cognitive behavior play therapy program to enhance self-control among late-childhood. If the studying successful it can serve as a prototype program for improve self-control in children. The researcher expected that this program can serve as prototype program for enhance self-control skill in foster children.

Objective of the Study

To develop and evaluate the efficacy of group cognitive behavior play therapy program on self-control in late childhood. Comparison between pre and post-intervention

Hypothesis of the study

The means score of self-control skill will be improved after participation.

Definition of Terms

1. Self-control is an ability to regulate own emotions, thought and able to inhibit their inappropriate behavior even confront any situations. Evaluation from externalizing behavior problems domain form Thai Youth Checklist (TYC); translated and developed by Suwanlert s. et al, 1989⁽¹³⁾, and Self-Control Skill in 5 Situational Test which had been developed by researcher and validated by 3 experts.

2. Cognitive Behavior Group Play Therapy Program is a program which had been developed by researchers based on theory and techniques from Cognitive behavior play therapy, Group play therapy, self-control development, and late-childhood development. It had been validated by 3 experts. The program emphasis on learning and practicing in emotional awareness, thought awareness, problem-solving skill and learn the consequence of behavior by reinforcement; collected 5 stars for reward, receiving a yellow card for caution and a red card for punishment by taking out a star. And also assigning homework for generalization learned from program to real life. This program consists of 1 individual session and 14 group sessions, conduct in 40-50 minutes, twice a week. The program was organized in 3 phases.

1. The initial phase aimed to create a relationship between group members, provided educate about CBT model, and self-observing of emotions, thought and behavior through play activities and guidance. This phase consists of one individual session and group session number 1-5.

2. The middle phase consists of 2 sub-phases. The first one target on teaching self-control techniques and facilitated participants to use these techniques in play activities. The second, targeted on apply learning and practicing techniques and received feedbacks form therapist and other members. This phase consists of the 6th – 11th group session.

3. Terminate phase aimed to summarize, feedback program and discussed the changing of their own and others behaviour. This phase also provides times for farewell. It consists of the 13th-14th group session.

3. Late childhood is boys with age from 7-11 years old but for this study is the child at Mahamek Home for boy with age from 8-10 through study period.

Outcome and Benefits

1. Participants learn and improve self-control skill
2. If the study successful, this program can serve as a prototype program for improve self-control in foster care for late-childhood and can be adapted to other group cognitive behavior therapy for late childhood.

CHAPTER II

LITERATURES REVIEW

In the Studying of the effect of group cognitive behavior play therapy program on self-control among late childhood, researcher reviewed related literature cover in these following topics:

Self-control

- Definition of self-control
- Psychological theory about self-control
 - Psychoanalytic theory
 - Behavior theory
 - Social learning theory
 - Cognitive development theory
 - Information processing theory

Effect of nurturing on self-control

Development of self-control

Learning and cognitive process of late childhood

- Playing and development

Cognitive Behavior Therapy

Cognitive Behavior Play Therapy

- Play therapy

Group therapy

- Cognitive Behavior Group therapy
- Group Play Therapy

Cognitive Behavior Group Play Therapy Program on Self-control

Conceptual framework

Self-control skill

Self-control has been defined in many names which are self-change (Schmidt, 1976), self-Management (Stuart, 1977), self-Modification (Watson & Tharp, 1977), Self-regulation (Schwartz & Shapiro, 1976), Self-Administered Behavioral Therapy (Wheeler, 1976; Williams & Long, 1975). All of these explain that self-control behavior will occur when one chooses a goal, and then he will direct his own behavior to accomplish that goal.⁽³⁾ A goal could be anything such as doing homework, weight loss, or doing something in time. There are many definition of self-control for instance:

Bandura (1977) defined self-control as an ability to regulate own thought emotions feelings and behavior for accomplishing his goal, even confront with difficult situations. ^{cite in (14)}

Cormier & Cormier (1979) described self-control as processes which have been used for adapting one's behavior from inappropriate to be more appropriate and the one will specify targeted behavior and process by his own. ^{cite in (15)}

Rosenbaum (1980) described self-control as ability to replace inappropriate behavior with more appropriate one which is reasonable and need patient for getting desired result or avoiding undesired along with be able to create suitable atmosphere to support goaled behavior even confront with difficult situations. ^{cite in (15)}

Sappington (1989) defined self-control as ability to do what he believe that he should do and inhibit from the thing he believe he should not. ^{cite in (16)}

Aiemsupasit (1983) described self-control as appropriate behavior response to stimulus, without being controlled or influenced by environment but occur with his desired by choosing a goal and a process to get it.⁽³⁾

Punpong (2012) defined self-control as ability to regulate own behavior to inhibit inappropriate behavior and replace with reasonable and appropriate behavior even confront any situations.⁽¹⁵⁾

For this study the researcher defined self-control as ability to regulate own emotions, thoughts, and able to inhibit their inappropriate behavior even confront any situations.

Self-control skill had been studied in 1950, started with interesting question which are “why someone is able to control his own even confront with extremely difficult situation while some cannot?” In that time “willpower” had been used to explain this question; the one, who has greater willpower, will be able to control his own. However this explanation has limitation to apply in further studies, because if someone fails, it just means that he has less willpower. This does not lead to truly understanding the root of that failure thus, the problem may still exist. (Mahoney & Therosen, 1974) ^{cite in.(3)} Another reason was the factors of willpower development is too wide to specifically identify, therefor explanation of self-control with willpower is not being interest in this time.

Self-control had been systematic studied in 1970, started with behaviorist who explained self-control with reinforcement. In this study, the researcher reviewed the 5 relevant theories consists of psychoanalytic perspective, behavioral perspective, social learning perspective, cognitive-development perspective, and information processing perspective.

Psychoanalytic perspective

Sigmund Freud (1937) explained structure of mind into 3 parts which are id, ego, and superego. The id is a primitive drive contains with aggressive and sexual drive, most of id was stored in unconscious mind, but if we release these drives out without controlling, it could easily leads to behavior problems like aggression. Superego, the moral part of mind, take role in inhibit inappropriate behavior, it was collected from social learning then the one will know what should and should not do, and these lead to controlling own behavior. However, sometime id and superego are conflicted, the third part of mind; the ego takes role to transform drives to appropriateness behavior and be accord with moral or social acceptance, and this is called self-control. ^(6, 17)

Therefore, in psychoanalytic perspective, development of ego is development of self-control. Mature ego must be able in dealing with intrinsic desire and adapt to appropriate and social accepted behavior. Ego and superego can be developed by nurture. Thus, it could mean that inadequate of nurturing will affect to self-control skill. ⁽⁶⁾

Behavioral perspective

The operant conditioning theories (B.F. Skinner, 1974) can use to explanation of self-control as learned behavior, the one learn to control his own by learning from the consequence of behavior. Self-control skill is ability to use appropriate strategies and control the behavior to obtain desired outcome. The desired outcome and strategies to obtain it are valued and developed by teaching and experiences. Environment is an important factor in valuing the reward which effect to increase tendencies to control behavior for obtaining those valued goal, for instance experiences of receiving approval may increase interesting in receiving that reward, same as social norm, parents' nurture, tuition by teachers, acceptance from peers or even indirect experiences which learn from other's experiences or media are also affect in valuing the rewards. However, It is not just the value which can be learned from social but also strategies which model the appropriateness strategies to receive a desired goal.^(6, 16, 18, 19)

Thus, Self-control can be fostered by learning to assess the value in variety of rewards, choose appropriate goal, try various strategies, then he will find the effective strategies by learning form the outcome of the strategies he used. If desired outcome is followed that behavior will continually perform and will diminish if experience with undesired outcome.⁽⁶⁾ Hence, it could be said that self-control can be enhanced by experiences.

Social learning perspective

Social learning perspective likes a combination of two aforementioned theories. This believes that behavior is regulated internally by drives and habits and externally by reward contingencies of environment. This perspective emphasis on observational learning with self-evaluation, Bundura (1997) suggested that individual gain information about which behavior are rewarded and valued in the environment and which are not by observing his own and other's behaviors and evaluating their effects. This evaluate bring to expectancies in outcome of specific behaviors and create internal standard of behavior for performing these behavior again when he is in the same situation with former experiences and use this standards to regulate his own behavior and evaluate its effectiveness. Moreover, regulation of behavior involve with

believing in own ability, the one who believe that everything happen come from his own ability (internal locus of control) will has higher self-control skill than the one who believe that a thing occurs because of external factor like destiny (external locus of control) and this type of person may less try to control to his own behavior because he lack of seeing the consequence of his own behavior.^(6, 17, 20)

From this perspective, development of self-control requires development of believing in ability to control and appropriateness of expectancies for the outcomes of behavior.

Cognitive development perspective

This is another perspective that focuses the role of social in shaping self-control. Vygotsky (1978) viewed self-control skill as innate behavior, which improve by ages when has more interaction with others. The modification of behavior will occur if new experience conflict with former expectation or beliefs. Same as Piaget (1952) who explained that belief will be stronger if new information match with extrinsic one, this call assimilation process, but will be alter if mismatch with prior belief, this process call accommodation, and this process create new set of thinking.

Moreover, this learning process involve with cognitive development. At the age of 7, also called concrete operational stage, is appropriate age to improve self-control skill because in this period child thinking is less centers on his own aspect, able to remember and mentally reverse thinking and able to consider in other's perspective and also responsible for his own actions. However, child may not able fluent in thinking independently. They still need assisting from adult for providing prompts, clue, modeling, question, strategies and support task that child cannot accomplish independently in the zone that met his development, assistance will come to foster a child to reach a next level of development. Vygotsky name this zone as Zone of Proximal Development (ZPD)

Therefore, development of self-control in this perspective involve with cognitive development same as guidance form adult to enhance ability to think and discover the appropriate behavior which is the consequence of cognitive shaped from social interaction.

Information processing perspective

This perspective is another perspective that view self-control as innate behavior which be improved by learning, evaluation, and decide to perform that behavior. In this perspective emphasis on information process, start with attention, perception, memory and these three lead to action. When action is performing, feedback process will be followed and if it is a negative feedback behavior adaptation may occur. Nonetheless, all of this process will not be occur if one does not attend to the stimuli. But if attend it can lead to interpretation and specific though on that stimuli and can provoke specific feeling on it.⁽⁶⁾

Child cognitive developments also affect to information processing, Maturation, brain development and experience affect to ability to encode, organize information, retrieve in memory, develop complex strategies to process the information, problem solving, make a plan for action, able to monitor the outcome of action and able to modify the strategies. These skill develop during 6-7 years old, hence children with this period are doing better in controlling attention, memory and able to make use of feedback process to improve their performance.⁽⁶⁾

For that reason, self-control involve with brain maturation, and attention to stimuli, ability to think, evaluation, developing strategies, and modifying a better strategies when receive feedback.

From 5 perspectives mentioned above can conclude that self-control is innate behavior. It use in controlling drive, which is sexual drive and aggressive drive as explained from Freud. And can be developed by learning process from social, which provide nurture, tuition, reinforcement, modeling, feedback and these experiences from social can help individual to create internal standard of behavior. This internal standard of behavior can be alter to be more appropriate by feedback and reinforcement which is not match which prior belief or expectation. However, this leaning process and adaptation involve with cognitive development, the child will able to learn and perform better in concrete operational stage and be better with receiving guidance.

All of this may answer the question mentioned above; “why someone is able to control his own even confront with extremely difficult situation while some cannot?” This may be a cause of development, and experiences such as nurture,

different reinforcement, valuing of behavior or reward which are defined by different social norm. All of this shapes our behavior. Moreover, it may be a consequence of chance in receiving guidance, modeling and interactions with others, which provide a chance to reevaluate belief and behavior. Therefore it could be said that society that we grow up play a crucial part in developing of self-control and that society is family.

Effect of nurturing on self-control

As aforementioned self-control skill is innate behavior that child use in control basic drive, therefore experience in the first period of life also affect to this skill. Olson, Bates, & Baies (1990) ^{(cite in (21))} found that secure and attachment in 0-3 years can predict self-control behavior of 6 years old children, according with studying in Thai by Suwantat et al (1990) which found that love, support, trust and secure are important factors in developing self-control skill in children⁽¹⁷⁾. This may be a cause of strong attachment can support secure feeling of children and when child feel safe, he can learn better including awareness of thought and feeling, and this lead to development in social skill. Contradictory with poor attachment child who has limit in learning because he may preoccupy with surviving ⁽²¹⁾. There is a former study found that maltreatment or neglect child has a high risk in poor self-control skill. Their parents have less aware in feeling, needs of children or may aware but response inadequately, they may ignore to help their child in understanding emotion, thought, and behavior. Moreover they may not create a safe atmosphere for child, left child facing with negative stimuli alone, which provoke a negative emotion for instance, stress or fear⁽²¹⁾. These nurturing have negative impact to a child because understanding in consequence of situation, emotions and behavior are still limit with development stage. Hence, lacking in response of parent not just lead to negative feeling but also a chance in understanding of feeling and behavior.

Neglected child with limit in understanding his own emotions may also has limit in controlling behavior, and when he facing with trigger situation he may response with frustrate behavior. Calkins & Johnson (1998) ^{(cite in (21))} studied behavior of 18 months children which be raised in different parenting style found that a child who receive guidance from parent perform better in distraction on unreachable toy.

Differing with neglected child, who manifest with aggression, frustration and others behavior problem. This can explain by 5 psychology perspective mentioned above which is neglected child may not be taught to understand in emotion, has less emotional management technique and he may overwhelm with anxious when confront with frustration situation. Moreover, he may misinterpret stimuli with his inappropriate belief and response with behavior problem. This reflects that maltreatment child is a risk population in low self-control skill. Nonetheless as aforementioned self-control is learned behavior, is can improve by age and experience with more interactions with various society. Hence, it could be said that if a child who grow up in maladaptive society moves to more adaptive one, his self-control skill may be developed. Moving to foster care may be a chance to this development.

Foster child

Foster care is a providing safe place for neglected, abused, poverty or offender child. There are a former study found that foster children suffer with physical and mental problems, and delay development. This because of poor attachment in the first period of life affects in long term. This also found that insecure attachment with caregiver impacts on short attention span, hyperactivity, impulsivity, apathy, sleep disorder, poor academic performance, high risk to be unemployed and involve with crimes⁽²²⁾.

Neglected or abused child still be major problems in Thailand. The data collected from 2012-2015 showed that there were 1738 inborn children be taken care by foster system, and 465 children of those were neglected⁽²³⁾. When they grow up, they will be transferred from babies home to home for boy or girl for receiving an education in government system, development of life and social skill, and preparing for living in real society. Mahamek Home for boys is a foster care for 6-18 boys, who are maltreatment, neglect, poverty, or parents cannot take care of children such as imprisoned. The foster care provides basic need to children, which is shelter, food, medical treatment, education, and also recreation⁽⁷⁾. Moreover, children have more chance in participate with others, join more society, foster care and school. Hence, it may be a good chance to learn consequence of behavior and alter to more adaptive one. Nevertheless, foster children still face with physical and mental health problems

for instance, hygiene, accident, violence and addiction problems. These problem may be a cause of lack of knowledge, awareness, skill, discipline, and may be a cause of limitation of caregiver.^(24, 25) Therefore, enhancing problem awareness, skills for this risk child may reduce problem of this risk children. From this reason, the researcher interested to be a guide for fostering self-control skill in foster children.

Development of self-control

As said self-control skill is innate behavior, which needs to be developed by age and experiences. From the 5 psychological perspective mentioned above can conclude development of self-control skill as following table.

Table 2.1: Source and development of control skill classified by psychological perspective⁽⁶⁾

Theory	Source of self-regulation	Causes of development of self-regulation
Psycho-Analytic	Ego deal with conflicting inner forces (id and superego) cope with the environment and seek competence efficacy	Growth of ego strength from successful interaction with the environment and accompanying growth of self- esteem and self-confident
Behavioral	<ul style="list-style-type: none"> - Learned contingencies of reinforcement - learned ability to wait for delayed reinforcement -learned self-instruction strategies 	Training in <ul style="list-style-type: none"> - experiencing delay reinforcement - giving self- reinforcement for delaying reinforcement - giving self-instruction - giving self- reinforcement for trying and for success
Social cognitive	Perceive ability to control event in the environment	Experience of control Attribution of control to own actions and competence

Table 2.1: Source and development of control skill classified by psychological perspective (cont.)

Theory	Source of self-regulation	Causes of development of self-regulation
Social learning	<ul style="list-style-type: none"> - Internalized performance standards (internalize representations of what constitute component or effective behavior) - self- evaluation leading to self-reward 	Learning performance standard from: <ul style="list-style-type: none"> - own performance and outcomes (reinforcement or punishment) - observing others and the outcome of their behavior -Experiencing and observing reinforcement for self-regulated
Vygotskian	Innate curiosity and interest in independence	Private speech (internalized language that guides action and thought)
Piajetian	<ul style="list-style-type: none"> -Equilibration- cognitive need to restore mental balance by resolving mental conflict -Interest in exploring and creating interesting effects in the environment 	Cognitive development- increasing cognitive understanding of physical and social environment and development of logical thinking (allowing increasingly adaptive and effective thinking and interactions with people and objects in the environment)

From the table can conclude that self-control skill develop with cognitive development and can be developed by learning form receiving consequence of own behavior in various situation and society, from both direct and indirect experience, and use the experiences to alter his belief, thought and behavior. Corresponding with Rosenbaum’s concept of self-control development (1983,1990) ^{(cite in (19))} mentioned that self-control skill is learned behavior, and explained self-control with the word “learned resourcefulness”, consist with 3 skill; self-control skill, problem solving skill, and self-efficacy. All three skills are developed with social interactions, observing from modeling, and experiences. In this concept explain these 3 skills as following

Self-control skill is ability in emotion awareness, and able to manage properly. This skill can be developed by learning from real life situation.

Problem solving skill is ability to identify problem, realize cause of the problem, able to find alternative solution, able to evaluate outcomes and able to choose appropriate one.

Self-efficacy skill is belief in oneself ability in thinking and controlling his own thought and behavior to achieve desire goal.

The entire mentioned above imply that beside of immature cognitive development, lacking of experience and appropriate learning. Poor self-control skill also relates with lacking of cognitive skills which are cognitive deficiencies and cognitive distortion. Cognitive deficiencies is lacking in appropriate thinking which decrease ability in solving problem and life management. Cognitive distortions refer to bias thought which create from inappropriate belief. Both cognitive skills affect to behavior problems but impulsive behavior, which is one of major problem in lacking of self-control skill, is higher relate with cognitive deficiencies. ⁽⁸⁾

Beside of those aforementioned, Fage, Long, and Stevens (1975) ^{(cite in (2))} explained 8 skills affect to self-control which are;

1. Ability to select and attend to relevant stimuli
2. Ability to remember those stimuli
3. Ability to sequence stimuli or events as well as the ability to predict a logical sequence
4. Ability to anticipate the consequence of one's own or another's actions
5. Ability to appreciate one's own or another's feelings
6. Ability to manage one's frustration regardless to its origins
7. Ability to inhibit one's tendency toward action, especially to delay one's initial response by at least a few second
8. Ability to relax with only s minimum of external assistance or cueing.

All of the reviewed literatures are confirm that self-control skill is learned behavior. Adult should provide aids for children to aware his own emotions and use this awareness as internal cue for inhibiting or delay initial response, think before action, and able to claim themselves down from overwhelming emotions. This process may prevent children from inappropriate behaviors. There is prior study found that poor self-control skill

person has high tendency in response with emotions, with intention to eliminate negative emotion rather than find out appropriate solution or evaluate consequence of behavior, moreover, he may perceive things with bias. Dodge (1981), Salaby and Guerre (1988) examine information processing of children found errors in perception process of children with externalize behavior problems for instance, the child who is failed because be stumbled leg by friend may injure his friend without asking for reason or look at it as inattention, he response for just release emotions without thinking of consequence. ^(2, 14, 15) Therefore, problem solving skill, anticipate consequence of behavior, emotion management are another factors that need to be facilitated.

Development of self-control has been described by many authors. Hatachanok Punpong (2012)⁽¹⁵⁾ collected and conclude self-control development concept of Kanfer (1975), O'leary, Dubey (1979), and Rodenbaum & Drabman(1979) as following;

1. Learning to control new target (desired) behavior should start with be controlled by others (external control), for instance, using reinforcement techniques. However, external control should be reduced if desirable behavior is learned. Reducing process is a chance for individual to alter behavior by his own.
2. Modeling is another way to learn and imitate desired behavior by observing consequence of model's behavior, evaluate and choose to perform the one which match with desired outcome.
3. After behaviors are learned, individual should adapted learned behavior in his real life situation and learn adapt techniques for controlling one's own behavior to achieve desired goal
4. Self-reinforcement is another factor that prolong self-control behavior even confront frustrate situation.

All the mentioned showed that reinforcement is important factor for behavior modification, not only just learn appropriate behavior but also effect to creating of internal standard of behavior which using in controlling behavior. In the following topic, researcher reviewed literature about reinforcement with relate to this research consisted of operant conditioning and social cognitive theory.

Operant conditioning

B.F. Skinner, The pioneer of operant conditioning viewed behavior as changeable by reinforcement. Reinforcers are used in enhancing behavior. It can be defined in 2 types; primary and secondary reinforcers. Primary reinforcers are biological reinforcers such as food. Secondary reinforcers are social reinforcers such as compliments. Reinforcement is also classified by positive and negative, both used in enhancing behavior but different in methodology. Positive is giving a desired reward to motivate in behavior that desired behavior, while negative is performing desired behavior to avoid negative reinforcement. Individuals will transfer learned reinforcers to other similar situations like children transfer behavior at home to school.⁽²⁶⁾

Social cognitive theory

This theory had been developed by Albert Bandura. In this theory, belief that behavior adaptation may be assessed not only by performance but also by knowledge acquisition and individual process is another influence factor in behavior adaptation, can be explained by the following figure.

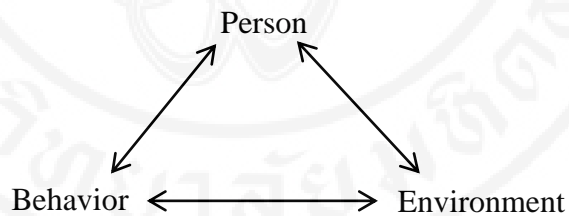


Figure 2.1: Interactions of behavior, environment and individual characteristics

This can explain that individual (person domain) which consists of thought, emotions, belief, and expectation, is affected and is affected by environment factors which provide tuition, modeling and feedback to one's behavior and all received experiences may alter belief, expectation or others in person domain. When a new set of thinking occurs it means that behavior is altered.⁽²⁶⁾

As seen by two theories mentioned above, reinforcement serves as a key for behavior modification. Bandura explains the role of reinforcement as a thing that shapes one's behavior and guides the way to perform appropriate behavior in future situations by former experiences and motivates to perform behavior based on expectation to receive former desired outcomes.⁽²⁶⁾

In summary, self-control skills can be developed by learn consequence of his own and other's behavior, anticipate consequence and alter belief to more appropriate base on experience he gets. As same as skills which are emotional awareness, problem solving skill and emotional management also need to be trained. School-age is appropriate period to develop self-control skill because of development of cognitive skill, however in this age still has limitation in abstract thinking. Child in this age may unable to think like adulthood, thus program development for this age group should be adapt to suitable with child cognitive development and learning style.

Learning and cognitive process of late childhood

Cognitive development of late childhood is in concrete operational stage, according to Piaget's cognitive development theory. Child in this age able to reevaluate thought, less egocentric and able to think of other's perspective, child also feel free on his action and learn to responsible to its. However Vygotsky viewed that child is still unable to learn independently, they need advice, modeling, and right question to guide his behavior, enhance understanding before able in independently. In this process of learning Piaget mentioned that child should learn by exploring, discovering and developing new knowledge by his own. Piaget's learning theory pointed that individual learn by existing experience and perform behavior according to prior belief, this process call assimilation process. New behavior or thinking pattern will occur if new experience conflict with existing belief, this process call accommodation, and when this process occur it means individual has learned something new and could lead to behavior adaptation. School age children can learn better with guidance, and it will be better if start learning new skill which match with his current ability, appropriate guidance support enhancing existing skill to more advance, Vygotsky named this learning process as zone of proximal development or ZPD. He divided learning area in 3 periods; consist of 1.) Giving education and basic skills 2.) Practicing skill, consist of practicing with guidance and practicing by independent and 3.) Applying learned and practiced skills to real life situations.⁽⁶⁾

Beside of learning theories mentioned above, other literature showed that ability in learning and understanding new things of children with this age improve by

experiences and it will be better if he acquire experience in various situations. Another influence on learning is emotion. Child's learning process will be blocked or be less effective if child is in highly stressing situations⁽⁹⁾. Parents or caretaker also be an influence factor on child learning process, because they can guide, be a model and reflect or enhance child understanding of new knowledge.

All mentioned above can conclude that development learning program for school age children should develop in concrete activity, not provoke high stress and providing feedback, guidance from adults. Playing may the appropriate tools for learning in school age children. Children with this age love to play and able to play in both younger like dramatic play and teenage play like game with rules. Moreover they interest to receive acceptance from friends, able to think in other perspective, learn consequence of their behavior by feedback form friends and this is a great chance to discover and alter behavior by their own. Play is fun, enjoyable and able to understand in concrete and provide direct experience via play, the more they involve with activity the more chance he has leaned. However attention span of children still limited, development of activity should design in short but high participation activity.^(27, 28)

Playing and child development

Playing is essential activity for human development. In childhood we exploring and make understanding many things by using play activities. Ross & Kay (1980) found that playing involve with our life since we are 22 months. Playing in late childhood will be more complex, most of it is group play and games with rules. Children with this age gain more benefit by play, playing assist developing of thought, emotions and social skill ^(28, 29)

Development of thought: Cognitive development of late childhood is in concrete operation stage. In this stage child is able in conservative thinking, sequencing, and classification. This means child is able to compare information and reevaluate his perception. However, understanding of children in this age still limit in concrete terms, they are not fluent understanding in abstract like teenage or adulthood. Thus, playing can serve as a medium from abstract to concrete and child also can practice skills via play and develop child thinking ability.

Development of emotions: Children in this age have more complex emotions, which developed by learning from younger age. Expression of emotions also develop by ages and experiences, children learn consequence of emotion expression by feedback from friends and alter it if performed behavior is unaccepted by friends or relevant person. Playing provide a great chance to learn consequence of emotion expression because negative emotion may be urged while playing, hence child may ventilate their emotion frustration with behavior, then opportunity to learn consequence of emotion expression is followed.

Development of social skills: An Acceptance form friend is important factors for late childhood. They love to be a part of group, and they tend to perform their own behavior according to group's value. Beside of matching with child's development playing in group format also provide chance to gain indirect experiences by observing others' behavior and its consequence. Moreover group playing has rule to follow, thus it is a chance to practice discipline and behavior regulation. Therefore, group playing serve as simulate world for children to prepare themselves in real world situations.

From the mentioned above showed that children can develop self-control skill by learning consequence of their own behavior, learning techniques to manage frustration feelings, and learning to solve problems with appropriate assistance in guiding them to aware of their own thought, emotions, physical changing, and behavior. Learning by practicing and discovering by their own experience may enhance effectiveness, therefore group cognitive behavior play therapy program may be an appropriate therapy design for developing self-control skill in late childhood.

Cognitive Behavior Therapy (CBT)

Cognitive behavior therapy is a psychotherapy technique which is designed for modification of thought, emotion and behavior. CBT has been developed by Arron T. Beck (1976). In this theory view problems itself is not a problem, but is thinking about problem, valuing, and response to that situation according to one's own thought. It can explain by CBT model, which emphasis on connection between

1.) Thoughts and beliefs 2.) Feelings-emotions and physical sensation 3.) Behaviors. All three (Thought-Feelings-Behaviors) impact to each other like this following figure;

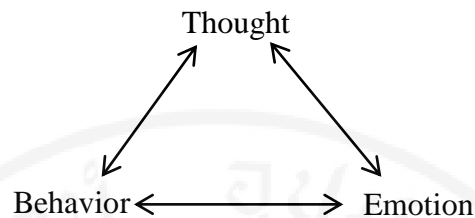


Figure 2.2: Cognitive Behavior Therapy Model⁽³⁰⁾

1.) Thought and beliefs: Thinking process consists of 3 parts, which is automatic thought, assumption or rules for living, and core belief. Core belief is a core of everyday thought, which effect on assumption and automatic thought. Core belief is developed by experiences from childhood experiences, thus the one who grow up with maladaptive society has higher chance to develop negative core belief which is a basement of negative automatic thought (NAT) and lead to distress.

2.) Feelings- emotions and physical sensation: is consequence of thought. Nonetheless, most people are less aware in connection between thinking feeling and physical sensation. Enhancing awareness in this connection may use as tool for observing behavior changed.

3.) Behaviors: is individual's action when facing with situation. When people act for reliving frustration feeling or physical arousal, it easily leads to behavior problem, both externalizing like aggression and internalizing problem like repression.

CBT theory believe that problem come from pattern of thinking which was misshaped by negative experience. There is a prior study fund that poor attachment, maltreatment, or overcriticize child has a higher chance to develop maladaptive thinking. The one who has maladaptive thought tend to misinterpret stimuli, or neglect to notice some information which makes them lack of adequate information to make judgment. Can be explained in this following diagram;

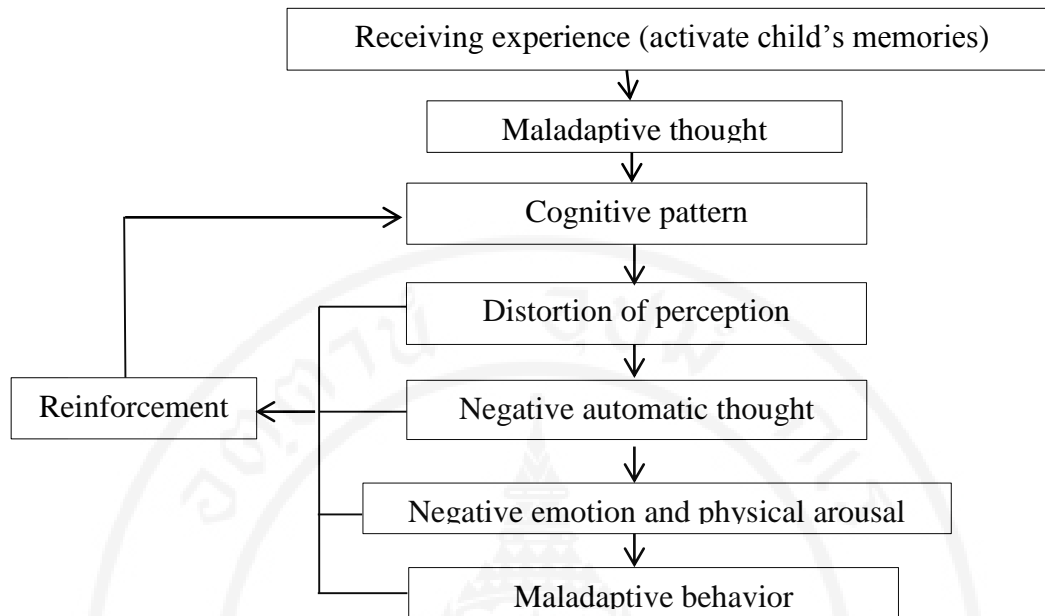


Figure 2.3:Maladaptive information processing process⁽³¹⁾

From information process and entire mentioned above can conclude that adaptation of behavior can occur by altering of thinking. This maladaptive thought can be altered by learn to aware of emotion, physical arousal and thinking. And learn to anticipate consequence of behavior by reinforcement and alter pattern of thought by feedback he gets. CBT techniques also provide techniques to help children to solve problems and create assumption and provide chance to prove that assumption and discover his own misconception of thought by their own. CBT is a effective in treatment various pathology in adolescent and adulthood and also effective with children, however cognitive development of children still not mature, child still has limitation in abstract thinking hence, using CBT with children have to adapt for suitable with cognitive development of children. As said before playing is a child language and easily use as medium to child, moreover they gain direct experience while playing. Therefore adapting play with CBT is an interesting technique for applying with children.

Cognitive Behavior Play Therapy

Cognitive behavior play therapy or CBPT has been developed by Knell in 1998, she applies play technique with cognitive behaviour therapy by using toys and play as a medium to child's thought and reflect child's behaviour. In this technique, a child has learned the connection of emotions thought and behavior, learn CBT technique such as labeling feelings, coping skill via play. Learning through play is fun, understandable in concrete. Moreover, play with others is an opportunity for a child to learn about the consequence of his own action from other members' response or from a therapist who provides feedbacks and modeling. After a child receives direct or indirect feedbacks which not matched with his prior belief, he tends to reevaluate his action and alter behavior to be more appropriate ^(12, 32-34)

Play Therapy

Play therapy is first mentioned by Hermine Hug-hellmu in 1921 and becoming an essential tool for using in psychotherapy for children after that. Playing can be used as tools for create therapeutic relationship with children, and easily to be used as ventilation of child's emotions, which sometime child himself do not realize that, child express his emotion, behavior problem, maladaptive thought, coping skill while playing more than talking, thus it is easier for therapist to observing behavior and making therapy via playing technique. Landreth (1991) found that playing is effective communication for children with age 3-12 years old. Studies from Normandeau and Guay (1998); Johnson et al (1999); Lindsey and colwell (2003) and Chinekesh (2014) reviewed that playing is benefit on emotional learning, both in his own and others' emotions, and benefit on learning of self-control. Furthermore, child has opportunity to gain direct or indirect experience while playing and receive guidance from therapist who provide question, behavior feedback for assist a child to change inappropriate thought, emotions and behavior and therapist also reduce obstacle while learning. ^(12, 29, 35)

Schaefer (1993) and Schaefer and Drewes(2009) ^{(cite in (36))} described benefits of playing in 8 areas which are;

1.) Communications: Playing is a basic communication for everyone, it has no limitation in language or ages, thus playing is appropriate tools for one who still has limitation in language and abstract thinking skill like children. Thus, playing is an appropriate tool to be used as medium between therapist and children. Therapist is able to understand children's thought or behavior problems while they are playing and also able to evaluate child development through playing activities.

2.) Emotion regulations: Playing provides chance to learn and has direct experience about emotions such as emotions awareness, expression of emotions, and consequence of that expression. The more experiences they get enhances emotion regulation abilities. Moreover playing is fun enjoyable and children always gain positive feeling via play. Thus they can learn to use positive feeling to distract from negative one.

3.) Social skill development: Playing with others can enhance positive feeling between players and provide a chance in learning consequence of their own and other's action and this is effect on development of social skill.

4.) Moral development: Most of playing activities has rules to follow, it is a chance for children to learn consequence of follow and not follow rules. And this can serve as foundation in moral judgment and social skill.

5.) Stress reduction: Playing is a simulate word to children. They may feel anxious or stress while playing, thus learning to cope this feeling in various situations help children ready in challenging with more situation in daily life.

6.) Ego development: While playing children can establish self-efficacy feeling and sense of internal locus of control. This helps children to develop their ego strength.

7.) Life planning: Playing is simulation of real life situation. Many things which happen in playing activities are never happen before. Therefore playing is a chance for practicing skills to dealing with unexpected situation and can be apply in their daily life.

8.) Self-understanding: Playing provide chance in self-exploring such as better understanding in their own need or limitation and increase understanding in their own self.

From these eight benefits, playing is appropriate tool to be used in therapy.

Russ (2004) ^{(cite in (12))} suggested therapeutic factors of playing as following;

1. Enhancing ability to understand and solve problems
2. Enhancing flexible solving problems skill
3. Developing thinking skill
4. Learning to choose alternative way to deal with daily life situation
5. Learning and receiving positive experience
6. Enhancing ability in emotional awareness both in positive and negative feeling
7. Enhancing ability to understand other's emotion and perspective
8. Improving adaptation skill.

All of this can conclude that playing can serve an important role in therapy for instance, creating relationship, learning their own behavior and other's behavior via playing activities. Playing with friends is match with child development which is valuing on social acceptance. Moreover it also provides a chance to improve self-control skill by feedback, reinforcement and indirect experiences which is received from friends. Therefore group play therapy is use in this study.

Group therapy

Group therapy is psychotherapy technique which involve with two or more client and 1 or 2 therapists who facilitate learning and changing of client. In this technique, relationship between group members is important facilitate factor in changing. Group members will create ultimate goal which want to change and develop together and help each other to accomplish goal via group activities. Doing activities together in group format, client can learn each other's problems and may realize that they are not only one to face this problem. When clients feel they are not alone it facilitate to share story, opinion and this is chance to learn about oneself and others' problem. Group serve as imitate world for members to learn new skills from activities or other members and practicing skills before utilize it in real world. ^(19, 36-38) Yalom and Leszcz (2005) ^{(cite in (36))} mentioned therapeutic factors of group therapy in this 10 following factors;

1.) Instillation of hope: means awaking in clients both in ability to changes and expectation that the therapeutic process will be successful. Interacting with other's member who have develop a larger skill set, group members can see possibilities for their own future, which is a strong encouragement to begin and continue therapy.

2.) Universality: the concept: means that group members come to realize that they are not alone in their problems or concerns. Group therapy is particularly suited to introducing clients to others who are going through similar situations or experiencing comparable symptoms. While some cultures encourage the idea of uniqueness, this can be a very lonely concept for people with psychological distress.

3.) Imparting information: group therapy allows client to receive information from both peers and group leaders about their symptom, diagnoses, and coping skills. Group leaders may choose to give specific advice to peers. Clients are then able to alleviate their irrational fears, replace misconceptions with appropriate knowledge or learn new skills.

4.) Altruism: the process of giving help and support while receiving the same is important to the therapeutic impact of group therapy. While this concept is specifically outlined in some group therapy settings. Many groups encourage altruism through the simple interactions of group members.

5.) Corrective recapitulation of the primary group: group therapy model includes group therapist and group members. This encourages many of the interactions inherent in the primary family group. This, for many clients, has not been the most supportive environment. Therapists are often seen as parental figures while peers can take the roles of siblings or other relatives. Within the group setting, many relationship dynamics can play out in a corrective manner, such as parent-child interactions, siblings, conflict, and expression of intimate feelings in a supportive-environment.

6.) Vicarious learning: client can improve their own social skill by observing and imitating behavior of other and therapist in group. They can observe the way each other dealing with similar problem and apply in their own problem. Imitative behavior also allows a person to try variety of approaches to life and determine both what does and does not work.

7.) Interpersonal learning: Clients usually perform their patterns of interpersonal interactions within group setting. This allows other member to give

feedback as to problematic patterns of interactions and client can learn and practice new skills in group.

8.) Group cohesiveness: Therapeutic bonds among groups members help maintain motivation to persevere in the hard work of psychotherapy.

9.) Catharsis: group therapy provides opportunity to release negative emotions within a supportive setting. They can feel free to talk about their problems and generally let go of feelings.

10) Existential factor: is a process of recognizing that there is something that could not control like death. Having a group in which others are dealing with similar factors and learning that one has ability to take ultimate responsibility for his or her own life and situations can be very powerful.

All these 10 factors facilitate changing in participants from group, same as cognitive behavior group therapy which these 10 factors also occur in group.

Group Cognitive Behavior therapy

Cognitive behavior therapy believes that behavior problems come from irrational thought. Practicing CBT allow chance for participant to explore their thought, proof their thought and evaluate the worth of continue using same perspective of thinking and alter thinking to more appropriate. Reevaluation of thought in group format can enhance ability to understand their irrational thought, by feedback from group which serves as evidence to poof their irrational thought for instance, one may fear to talk in public because he may believe that no one will listen to him, but when participate in group therapy, he may realize that his belief is irrational and reshape it. Group cohesiveness and task focus are important therapeutic factors in cognitive behavior group therapy, because group cohesiveness enhances motivation of participants and crate sense of belongings which positive effect on participation rate, skills learning and motivation for change. Therapist can provide changing in group process by facilitate group atmosphere and create group activities for explore problems, view of problems and discussion about problems together. Group learning can help participants to reevaluate their view point and learn new perspective form others members and this can reduce negative beliefs and increase positive experience which can leads to positive changing in thought and behavior ⁽³⁹⁾

Meichenbaum ^{(cite in (40))} suggested the process of change from group cognitive behavior therapy as following;

1.) Self – observation: this is beginning for change. Start with facilitate participants to aware of their own thought, emotions, physical sensation and behavior. Activities and interaction in this phase emphasis on self-observation, for facilitate participant to realize behavior response pattern which may be a cause of problem through diverse perspective and emerge of new perspective of behavior.

2.) Learning new skill: in this phase emphasis on teaching new skills, and facilitate participant in practicing learned skills, and evaluate changing of their own behavior and consequence of its. And this evaluation assist stable of change.

3.) Starting new internal dialogue: This is consequence of self-observing and evaluation in consequence of behavior, which assist individual changing in thought, belief and behavior.

Group Play Therapy

Process of group therapy in children also are the same as mentioned above but different in medium which use in group, talking may appropriate tools for reflect thought of adulthood but for children may be playing. Playing provide safe zone for children to express feelings and behavior and learn consequence of their own or other's behavior. This chance increase self-understanding, development of appropriate behavior, learning new skills and utilize to real world situation.^(38, 41) Sweeney (1997) & Sweeney and Homeyer (1999) ^{(cite in(38))} stated benefit of group play therapy as following;

1.) Group play therapy motivates children to participate in therapy sessions and facilitate learning in group process. Furthermore, therapist can evaluate changing of participants 'behavior.

2.) Group play therapy provide chance to explore, make understanding and expression of intrapsychic conflict or interpersonal conflict between children and therapist and between members.

3.) Group play therapy provide chance to participate in various activities, discovering alternative way to response in situations by direct experience from play

activities or indirect experience by observing and learning emotional expression, behavior response and coping of others members.

4.) Group play therapy provide chance to explore and learn more about self by receiving response from group members and evaluate their own behavior with received response.

5.) Group play therapy serves as virtual world for children. Group is a safe place to learn and practice skills in situations which similar to real world. Thus group play therapy assists children to be ready for real world.

From aforementioned benefits of group playing can apply to develop self-control skill in children by social learning. Playing in group format has defined rule and propose goal. This rule help children in learning and practicing about social skill, adaptation, emotional management, control their own behavior response when facing with undesired situations. Moreover playing gives enjoyment, fun, positive feeling, experience and provide an opportunity to learn and practice new skill through plying activities. This all has positive effect on children's attention, participation, learning and memorizing about things he has learned.^(6, 36) The former study of Bundon & Schaefer (2006) ^{(cite in (36))} about group play therapy on self-control skill in children found that group play therapy can fostering social skill in children, and qualitative analysis found that children are happy, joy and fun with activities and after finish the program they told other friends who did not participant in group play therapy about things they have leaned and how fun they are. These can reflect that learning through playing facilitates memorizing and maintaining learned skills and behaviors. From entire mentioned above, researcher interested to develop group cognitive behavior play therapy program to enhance self-control skill for late childhood.

Group Cognitive Behavior Play Therapy Program on Self-control

Psychotherapy techniques which use in this study base on cognitive behavior play therapy consist of following techniques;

1.) Education around CBT model: emotions, physical sensation and behavior and realizing the consequence of CBT model. This learning facilitate participant to observe their own pattern of behavior and alter behavior by their own.

Play activities which appropriate with children in this age like feeling charades, feeling word games ⁽⁴²⁾, these two activities assign children to express emotional accord with giving situation card and other members have to guess what emotion which friends are feeling and why guessing that feeling. These activities can help children to realize the connection between emotion and behavior. This activities has been apply and used in initial phase of Coping Cat program (Kendall and Treadwell, 2007) which is a CBPT program to reduce anxiety in children⁽⁴³⁾

2.) Cognitive intervention: is cognitive skill training consists of problem solving skill and self-instruction.

Problem solving skill: is an important skill for managing problem. Velting et al (2004) ^{(cite in (11))} suggested 5 steps of problem solving consist of 1.) Problems identifying 2.) Evaluation of alternative way in solving problem 3.) Evaluate the consequences of each ways. 4.) Choose the way to solve problem 5.) Evaluate the consequence of action. Play activity that may facilitate late childhood to understand problem solving in concrete such as problem Solving Techniques: Hand-ling the decision making process (Judith D. Bertoia,2010) ^{(cite in (42))}.This activity helps children make decision of their own problem by using their own hand for a model. Children are asked to describe a problem and write it on the center of the drawn hand. After that children and therapist are discuss possible option to response in this situation and write it on each finger and discuss about possible consequence of each option and write it beside each finger. Then, eliminate option (fingers) which follow by many negative outcomes to narrows choice and choose the most desirable option. On this technique child can learns a technique for considering several possibilities and for making a decision based on logical and emotional options. There are study found that using problem-solving technique can reduce stress and aggressive behavior.^(30, 40)

Self-instruction: is a self-talk technique which uses for regulation one's behavior. This technique accord with Vygotsky's leaning theory (1962) which mentioned that language and though is connected, facilitate children to speak their thought before action can help them to see the connection of thought and action.^(2, 44) furthermore, self-instruction can serve as self-reinforcement and motivate children to continue doing hard work or can be applying in hard time. This technique is applied in many self-control development programs.^(2, 45) In this technique, children are asked to

speak out loud about their plan before doing that plan in various activities which can support children to apply in their daily life.

3.) Behavior modification: are techniques which use for diminish undesired behavior and enhance and maintaining desired behavior. Techniques which apply in this program consist of reinforcement techniques and relaxation techniques.

Reinforcement technique: is a technique which use for modification of behavior by controlling consequence of behavior, giving reward or positive reinforcement to desired behavior and giving negative reinforcement or punishment to undesired behavior, then children can learn what behavior lead to reward or punishment and choose to perform their own behavior according to experience they received. ^(11, 26) O'cornor (1991) and Murray (2002) mentioned about reinforcement in group therapy with children, they suggested using immediate reinforcement in the first period and changing to intermittent later. For undesired behavior should caution with word in the first time that behavior occurs, for the second time can use time-out technique and providing a time and guidance for that child to evaluate his behavior and reevaluate option to response in that problems. When children are claim down and found better solution to cope with problem, they are allowed to back in group. Punishment by taken out point will be used if children act undesired behavior for the third time. ^(4, 46)

Relaxation technique: is technique that helps individual replaces inappropriate response to trigger situation with more appropriate and less harm behavior. This emphasis on clam their own emotions and reduce physical tension can practice by deep breathing, muscle relaxation, imagination. Relaxation techniques play activity for children such as rock- feature game⁽⁴²⁾ This activity emphasis on muscle relaxation, muscle tension like a rock and release for a feature, then children can learn the different of their own physical sensation and can use a intenal cues to assess emotional changing.

There are many play activities which can be apply for self-control development as following illustration;

1.) Beat the clock (Shaprio,1981) ^{(cite in (2))} : is a activity which emphasis on track focus. Children are given 3 tokens and assigned work in the first of activity, they are took out 1 token if distract from assigned work for 10 seconds or over. If children

can stay on task without any distraction they will receive bonus token which need to collect to last session and trade a bigger reward. After the game is over, it is a time for group discussion, children are asked to reflect feeling, behavior or anything that happens in activity and reflect to children's problem in daily life and utilize the thing has learned from activity to real life situations.

2.) The stop and think game: a game to improve impulse responding (Kendall and Braswell,1985) ^{(cite in (2))} : is an activity that emphasis on practicing self-instruction skill to accomplish assigned work. In this activity children also learn about task definition, generation of alternatives, selection of the best alternative, and evaluation of performance. In the first period in activity children are assigned to speak their thought out loud and develop to think without speak it out later with assistance from therapist who serve as model for children. Children will earn token if they can use self-instruction while solving problem.

3.) The stacking block game: a game to improve self-monitoring of behavior (Panniaqua,1992) ^{(cite in (2))} : is activity which emphasis on controlling impulsive behavior and facilitate children to realize consequence of behavior by using Janga tower game. In this game, children have to plan to move out one block for each turn and will lose if collapse the tower. While playing children are assigned to explain their plan into word before pulling a block, they will receive 1 token if follow self-instruction.

These 3 illustration activities are activities that apply of thought, emotional and behavior and facilitate children to realize consequence of their own behavior. Children can learn, practice and develop skill through play activities. And from entire reviewed literatures, researcher developed group cognitive behavior play therapy by reviewed activities, selected and applied play activities to self-control development and development of late childhood which found that attention span of children with this age is between 20-40 minutes ⁽³⁸⁾. And when considering about effective duration of cognitive behavior therapy found effective duration is in 10-20 sessions and has times for practice learned skill in daily life but not too separate because it may effect on leaning. Suitable of group members is in 6-12 members. ⁽³⁰⁾ Thus, for this studying researcher conducted the research with following conceptual framework with 12 boys

who is in age between 8-10 years old, they would attend 40-50 minutes per session, twice a week for 7 consecutive weeks.

Conceptual framework

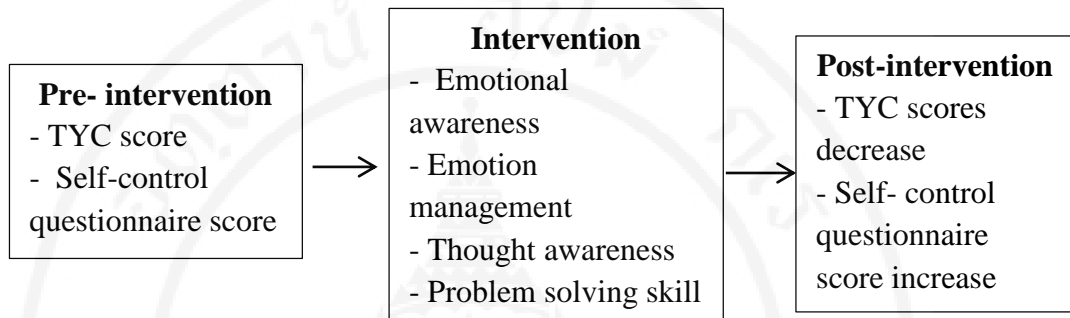


Figure 2.4: Conceptual Framework

CHAPTER III

MATERIALS AND METHODS

This study was designed in quasi-experimental research for evaluated the efficacy of group cognitive behavioral play therapy program on self-control among late childhood in foster care according to these following procedures.

Pre- Experiment	Experiment	Post- Experiment
Q ₁	X	Q ₂

Q₁ = Refer to self-control score in pre-experiment

X =Refer to group cognitive behavior play therapy program

Q₂ = Refer to self-control score in post-experiment

Research site

This studying was conducted at Mahamek Home for Boys, a foster care under department of children and Youth, Ministry of Social Development and Human Security, which provides basic need such as shelter, food, medical treatment, education, and recreation for boys with age 6-18 years old who are maltreatment, neglect, poverty, or parents cannot take care of children such as imprisoned. This foster care also provides activities for children development for instance sport training, knowledge development facilitation like library and computers, social welfare like counseling for children who has problem in adaptation, social skill, or other problems. Children who has family are allowed to visit home in school vacation.⁽⁷⁾ Daily routines of children in this foster care are waking up at the morning, taking shower, washing clothes, having breakfast, cleaning room and then go to school in working day, for some weekend they go outside for activities such as museum, park, and some weekend they have activities with donators in foster care. In free time children always watch

television, play sport and take a nap. From all above can see that children in this foster care do not have any psychology interventions, thus this place is suitable to be a research site for this studying.

Population

Population of this studying was boys with age from 8-10 years old at Mahamek Home for Boys. The population was 32 person, the researcher recruited participants form this population by the following inclusion and exclusion criteria;

Inclusion criteria

1. Age from 8-10 years old through studying period
2. Had higher score in TYC externalizing domain than the population's average score
3. Was not currently receiving other intervention.
4. Willing to join the study.

Exclusion criteria

1. Subject has cognitive deficit disorder.
2. Subject has other serious mental or physical disorder which effects on learning from the program.
3. Participated in program less than 80%

Participants

Participants in this study were 12 boys with age from 8-10 years old in Mahamek Home for Boys, who had the characteristic match with inclusion criteria. This number according to Marvin E. Shaw McGraw-Hill (1971) who explained that group should have member at least 10 people but not exceed to 13 people, for thoroughly participate in the activities.⁽⁴⁷⁾ Sampling is followed by the following procedures.

1. Researcher contact officers in Mahamek Home for Boys to recruit subject who is 8-10 years old ($N = 31$) with externalizing problem domain in Thai Youth Checklist (TYC) by asking subject's caretaker evaluated their behavior.
2. Calculating of mean score and standard deviation from TYC, subject who has higher score than mean will be recruited, after that researcher will contact with staff in Mahamek Home for Boys for collecting subject's personal history and include or exclude subject by criteria.
3. Sampling subject by convenience randomization.
4. Arrangement meeting with chosen participants to inform about the project and ask for willingness to join the program.
5. Random sequence of participants to participate in individual session by convenience random sampling.
6. Participants join group cognitive behavior play therapy twice a week for 7 consecutive weeks.

Research Instruments

Data collection instruments

Thai Youth Checklist (TYC) had been translated and developed by Suwannalert, s. et, al; 1989 from Child Behavior Checklist: CBCL (Achenbach, 1971) which is standard psychological instrument for screening and classify emotional and behavioral problem in normal child and adolescent and useful for research, prevention and clinical work. The test has 2 form, parent form and teacher form, and classified behavior problem by ages and gender in 2 domains, internalizing problems and externalizing problems. Psychometric property test-retest reliability is .81, and inter-rater reliability is .91.⁽¹³⁾

For this studying, researcher asked main caregivers of each participant to evaluate externalizing behavior problem in pre and post intervention by using externalizing behavior problems domains, parents form. This form has 4 sub-domain which are aggressive, delinquency, hyperactive-impulsive, and immaturity domain. (Sample was given below) Evaluation of behavior problems by sum score of total score and sub domain score follow by manual of Thai Youth Checklist, higher score

refer to higher behavior problems. Researcher evaluate behavior changings of participants by comparing mean score in pre and post intervention by using descriptive statistic and Wilcoxon sign rank test. The sample of TYC is presented as following content.

For this following content refer to a child's behavior. Please make a circle around number that match with your child in a prior month. Circle number 2 if your child always does that behavior, Circle number 1 if sometime your child does that behavior, and Circle number 0 if your child never does that behavior.

Table 3.1: Example of Thai Youth Checklist

Never	Sometime	Always
0	1	2
(A) 0 1 2	Bully others	0 1 2 destroy other's stuff
(B) 0 1 2	steal things in house	0 1 2 skip a class without necessary reason
(C) 0 1 2	over talking	0 1 2 unable to stay quiet
(D) 0 1 2	over dependent	0 1 2 crying too much

A = Aggression

B = Delinquency

C = Hyperactive-Impulsive-social problems

D = Immaturity

Self-Control Skill in 5 Situational Test was developed by authors for this study. The developmental process of the program was;

1. Researcher reviewed related literatures about self-control skill, late childhood development and former self-control skill questionnaire. ^(1, 15)
2. Researcher developed self-control skill questionnaire with pictorial design and asked 3 experts to validate the instrument.
3. Researcher revised the instrument by experts' suggestion.
4. Researcher applied the instrument in research project.

This test consists of 5 open-ended questions asking about tendencies of behavior that may act if participants are in these given situations. For instance, if you

plan to have lunch at your favorite store but it has a very long queue, what will you do? Interpretation is score 1 if the answer reflects to responsibility to duty, able to inhibit inappropriate behavior, able to refuse temptation from others which may lead to negative impact on him and choose to perform an behavior that along with moral and social norm even confront any situations, score 0 if the answer is opposite. Higher score reflect to high self-control skill. Wilcoxon Sign Rank Test and qualitative analysis were used in evaluating behavior change in pre and post-intervention. The sample of this test is presented as following content.

The questionnaire consists of 5 items. Please read these following situations and tell me what you will do if you are in these situations. It has no right or wrong answer, you can tell me anything as you think.



Figure 3.1: Example of Self-control in 5 situations test
 Mungkud plans to play a game with friends after class today, but he is on cleaning duty today. If you were Mungkud, what will you do???

If I were Mungkud, I will.....

Intervention instruments

Group Cognitive Behavior Play Therapy Program had been developed by researchers and validated by 3 experts. This program had been developed in group play activities based on theory and techniques from Cognitive behavior play therapy, Group play therapy, self-control development, and late-childhood development. The program consists of 1 individual session and 14 group sessions, group sessions was

conducted 40-50 minutes per session, twice a week for 7 consecutive weeks. The developmental process of the program was;

1. The researcher reviewed literatures about cognitive behavior play therapy, group play therapy, self-control skill development and activities, and late childhood development^(2, 4, 38, 42, 44, 45, 48-50)

2. The researcher selected the activities and adapted to the program.

3. The researcher developed the program and asked 3 experts for validated and revised by suggestion of experts.

4. The researcher conduct program with participants followed by structure of the program as following table;

Table 3.2: structure of the program

Task	session														
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Introduction															
Education around CBT model															
Middle stage -cognitive intervention -behavior intervention															
Terminate stage															

The program was organized in 3 phase which are initial phase, middle phase, and terminal phase. Each phase has purposely objective and playing activities to assist each objective. The program activities was shown in table 3.

1. The initial phase aim to create a relationship between group members, provided educate about CBT model, and self-observing of emotions, thought and behavior through play activities and guidance. This phase consists of one individual session and group session number 1-5.

2. The middle phase consists of 2 sub-phases. The first one target on teaching self-control techniques and facilitated participants to use these techniques in

play activities. The second, targeted on apply learning and practicing techniques and received feedbacks form therapist and others members. This phase consists of the 6th – 11th group session.

3. Terminal phase aim to summarize, feedback program and discussed the changing of their own and others behavior. This phase also provides times for farewell. This phase consists of the 13th-14th group session.

Table 3.3: program activities

Phase/ session	Goal	Activity	
Initial	0	Enhancing relationship and explanation of activity	Drawing, playing individual game and making time chain in individual session
	1	Enhancing relationship and emotional observation	Clay work and emotional face
	2	Learning the consequence of emotional and physiological changing	Roleplay with emotional guessing game
	3	Learning the consequence of thought and emotional	Situational and thought bubble drawing
	4	Applying CBT model to self-observation and exploring consequence of behavior	Balloon blowing till it burst
	5	Applying CBT model to self-observation and use internal cues as a sign to control own behavior	Balloon blowing till it big but not burst
Middle	6	Teaching technique and giving an opportunity to dealing with emotional arousal	Control land: Do not smile and laugh game
	7	Teaching problem-solving technique	Catch the dragon’s head and tail game

Table 3.3: program activities (cont.)

Phase/ session		Goal	Activity
	8	Learning to stop before action by using technique for clam down emotional and use problem-solving technique	Janga tower game with "stop-think-act" technique.
Middle	9	Applying technique in frustration situation I	Traffic treasure game: follow the traffic light while crossing intersection to collect the treasure
	10	Applying technique in frustration situation II	Tower building while facing with distraction situation
	11	Applying technique in frustration situation III	Bingo game while facing with waiting and frustration situation
	12	Applying technique in frustration situation IV	Roleplay
Terminal	13	Reviewing and conclusion	Board game
	14	Feedback, self-change observation and terminate	Feedback activity, giving reward and goodbye letter.

The researcher designed and conducted each session followed by structure of cognitive behaviour therapy as these 3 phases below;

Opening phase: this is the first period which children show up in activity room. Each child may have different emotions before come to activity room due to different situation they participated before. Therefore, Mood Check is used in this phase for help children to aware of their own emotions and provided opportunities to share stories. In this phase children also has a chance to reviewed assigned homework and learned techniques and prepare themselves to learn and practicing more skills in group session. This phase was conducted around 10 minutes with instructional media like feeling face and mood temperature for enhance understanding of children.

Middle phase: In this phase children learned and practiced skills as describe in table 3. While participation in activities, children are facilitated to practice emotional, thought and physical changing awareness and learn consequence of behavior by using token economies techniques. Moreover children are asked to

evaluate these three while doing activities and after. This phase was conducted in 20 minutes.

Ending phase: this phase is a conclusion of learned skills. Assigning homework and providing time to practice homework in session for checking understanding of children. This phase also provides time for feedbacks, both from researcher and children, researcher gave feedback to children by using reinforcement techniques (collect 5 stars to trade with snack in each session and collected star for bigger prize in final session) children gave feedback about activity, what they like or dislike and discussion about cause of those feeling. This phase was conducted around 10 minutes. Researcher also used time chain activity for protecting negative feeling, which may occur during termination.

Studying process

In this study, the researcher divided the process in to 3 phases as following,

Pre-intervention phase

1. The researcher reviewed related literatures, developed the program and Self-Control questionnaire and asked 3 experts to validate the research instruments.
2. The researcher asked permission to conduct a research in human form Siriraj IRB.
3. After received a permission form IRB. The researcher asked a permission to conduct a research in Mahamek Home for Boys.
4. After received permission. The researcher asked the caretakers who has a child with age from 8-10 years old under care to evaluate the child's externalizing behavior problems by Thai Youth Checklist (TYC).
5. The researcher calculated the mean score of externalizing behavior problems, boys who have higher score than average score of population will be recruited.
6. The researcher requested the personal information of boys who have higher score than average score from the officers of Mahamek Home for Boys, to selected participants by inclusion and exclusion criteria.

7. If participants that have been selected are more than 12, the researcher will random by purposive sampling.

8. The researcher created a meeting with participants and their caretakers to inform the research project, ask for willingness to join the program, sign the inform consent and appoint for next activity.

9. The researcher conducted an individual session with participants for create relationship, participants' preparation, and collect data of Self-control Skill in 5 Situational Test in pre-intervention process. The order of participation in this session was random by convenience random sampling.

Intervention process

1. The researcher conducted the group therapy program 14 session, twice a week, 40-50 minutes per session.

2. The researcher evaluated and concluded the feedback and the feeling of participants toward the program by note taking.

3. In the final session, the researcher asked the participants to summarize what he has learned from the program and collected data of post-intervention with Self-Control Skill in 5 Situational Test obtained data by participants and asking participants' caretaker for evaluate behavior change with TYC.

Post-intervention process

The researcher analyzed the collected data.

Data Analysis

1. Analyzing demographic data by mean and percentage

2. Comparison of mean score in pre and post-intervention of TYC and Self-Control Skill in 5 Situational Test by using Wilcoxon Sign Rank Test.

3. Describe subjects answer from Self-control test, self-evaluate of change and evaluate of other member's change from activities by using qualitative analysis.

CHAPTER IV

RESEARCH RESULT

This study was designed in quasi experiment research, only one group pretest-posttest design for evaluate the effectiveness of group cognitive behavior play therapy program on self-control skill in 8-10 years old foster children. The research result was presented as following topics.

1. Demographic data of population and participants.
2. The effect of program on self-control.
 - 2.1 Result from Thai Youth Checklist (TYC)
 - 2.2 Result from Self-control skill in 5 Situations Test

Demographic data of populations and participants

1. Demographic data of populations

The research population was 32 boys with age eight to ten years old who lives in Mahamek Home for Boys during collecting data period. Categorizing by age found 12 boys with age eight years old (37.5%) 14 boys with nine years old (43.8%) and 5 boys are 10 years old (15.6 %). All boys study in a public school 1 boy studies in grade one (3.1%), 12 boys in grade two (37.5%), 8 boys in grade three (25%) 7 boys in grade four (21.9%) and 2 boys study in grade 6 (6.3%). Mahamek Home for Boys provides a residence classify by age group, 8-10 boys in a same or closely age group are brought together in one residence. There are 5 residences that match with research target population. For protect the participants information, I would like to use a code instead of the residence's name. The research population in residence A was boys (21.9%), residence B 8 boys (25%) , residence C 8 boys (25%) and residence D 8 boys (25%). There was 1 missing data therefore; the population in this study was 31 boys.

The selection of populations was conducted by asking populations' caretakers to evaluate their externalizing behavior problems with Thai Youth Checklist (TYC) and calculate the mean score of population and random 12 boys from anyone who had higher score than mean. For included a high risk boy to program. From the result found mean score was 17, hence 12 boys who had higher score than 17 were participants in this study.

2. Demographic data of participants

The research participants were 12 eight to ten years boys in Mahamek Home for Boys who had higher score than means of populations from Externalizing domains in Thai Youth Checklist. General information of participants was presents in table 3.

Table 4.1: general information of participants

ID	Age	Class	The reason of fostering	years in	Group participation	house	noted
1	10	Grade 6	Parenting divorce, unable to take care	7	9/14	A	Excluded
2	10	Grade 6	Poverty	6	9/14	A	Excluded
3	9	Grade 2	Parent in prisoner,	2	13/14	B	
4	9	Grade 2	had been abused	2	12/14	B	
5	10	Grade 3	Not specified	N/A	12/14	B	
6	8	Grade 1	Parented are alcoholic,	1	12/14	B	
7	8	Grade 2	Parent in prisoner	4	12/14	C	Excluded
8	8	Grade 2	Poverty	2	14/14	C	
9	8	Grade 2	Poverty	8	13/14	C	
10	8	Grade 2	Unable to take care	8	13/14	D	
11	9	Grade 3	abandoned	2	13/14	D	
12	9	Grade 3	Poverty	2	11/14	B	

From the table 3 can see that 5 participants were 8 years old, 4 participants were 9 years and 3 were 10 years old. Classification by school class showed one participant was in grade 1, six participants were in grade 2, three were in grade 3 and two were in grade 6. 2 participants came from resident A, 5 from resident B, 3 from resident C and 2 from resident D. Nevertheless most of participants could not join all the program due to extra activities from foster care. 2 participants (NO.1 and NO.2) were excluded due to participation in program less than 80% and 1 participant (NO. 7) was excluded because could not collect data in post intervention period. Thereby, number of participants in this study was 9 boys.

Effect of the program on self-control.

1. Result from Thai Youth Checklist (TYC)

Evaluation of behavior change by participants' caretaker before and after intervention from externalizing behavior problems domain consist of 4 sub-domains which is immaturity, delinquency, hyperactive impulsivity, and aggressive. The behavior problems score were showed as following table.

Table 4.2: TYC score in pre and post intervention

ID	Immaturity		delinquency		impulsivity		aggressive		total	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
1 (exclude)	5	3	1	2	4	6	13	9	20	19
2 (exclude)	2	2	4	3	5	5	13	10	23	20
3	9	9	10	5	12	9	20	11	45	31
4	8	5	5	2	9	6	25	10	41	21
5	2	2	3	2	7	7	12	9	22	19
6	3	1	4	2	6	4	17	10	26	16
7 (exclude)	3	4	4	2	6	8	12	13	23	25
8	4	7	5	10	11	9	24	28	40	51
9	3	4	5	2	7	7	15	12	27	23
10	4	4	4	3	7	6	14	10	27	22
11	3	5	2	1	1	3	15	8	21	16
12	5	5	1	3	4	5	13	9	19	20

Noted: not include data of participant number 1, 2 and 7 in statistical analysis.

Table 4.3: Comparison mean score of TYC in pre and post- intervention

Domain	Time	N	Mean	S.D.	Z ^a	p-value
Immaturity	Pretest	9	4.56	2.40	.136	.892
	posttest	9	4.67	2.39		
Delinquency	Pretest	9	4.33	2.55	-1.132	.257
	posttest	9	3.33	2.73		
Impulsive	Pretest	9	7.11	3.37	-1.452	.146
	posttest	9	6.22	2.05		
Aggressive	Pretest	9	17.22	4.73	-2.203	.028*
	posttest	9	11.89	6.15		
Total	Pretest	9	29.78	9.65	-1.719	.086
	posttest	9	24.33	10.95		

a. Wilcoxon Signed Ranks Test

*p < .05

The result from table 4 and 5 showed decreasing in overall externalizing behavior problems ($Z = -1.719$) and also decreased in delinquency, impulsivity, and aggression sub-domains ($Z = -1.132, -1.452, \text{ and } -2.203$) But, found increasing in immaturity problem sub-domain ($Z = .136$). Only aggression sub-domain was statistically changed ($p < .05$).

2. Result from Self Skill in 5 Situation Test

This test is a semi structure self-report form, asking what behavior will be manifest if they are in that situation. The situations reflected in 5 domains which are working, temptation, emotions, relationship, and moral. Participants' answer and scoring was presented in following table.

Table 4.4: Participants’ answer and score of Self-Control Skill in 5 Situation Test pre and post- intervention

ID	Pretest		Posttest	
01	1.) Finish cleaning first, ask friend to wait. Have a plenty time to play	1	1.) say sorry to friend and tell him I am on duty today	1
	2.) Do homework first, toy can wait	1	2.) Play later, do homework first	1
	3.) Punch him, then tell a teacher	0	3.) I feel angry then walk out	1
	4.) I feel okay, it is my bad if I didn’t lost it, a friend would not yell at me like this.	1	4.) Tell friend I will buy it back then walk away	1
	5.) Sit while waiting till a queue is short then go on queue.	1	5.) Continually on line, not break it.	1
	score	4	score	5
02	1.) Finish cleaning before play	1	1.) Finish cleaning before play	1
	2.) Tell friend I am doing my homework, will catch you up when I am finish.	1	2.) finish homework first , play later	1
	3.) I feel mad, I will insult and punch him	0	3.) Tell a teacher, tell friend to draw my work back.	1
	4.) walk away and tell I will buy it back	1	4.) say sorry and find it back	1
	5.) stay in line, not jump the line	1	5.) Continually on line	1
	score	4	score	5
03	1.) finish cleaning with hurry and go play	1	1.) finish cleaning then play	1
	2.) doing homework first, then play	1	2.) doing homework first, then play	1
	3.) punch him	0	3.) Stop a friend from erasing than draw again.	1
	4.) buy it back	1	4.) buy a new one and give him back	1
	5.) pay money to anyone in front of me, for jumping the line	0	5.) pay money to anyone in front of me, asking for jumping the if refuse I will break the line	0
	score	3	score	4
04	1.) rubbish still there I will clean it after play	0	1.) finish cleaning before play	1
	2.) doing homework first, then play	1	2.) doing homework first, then play	1
	3.) talk nicely with friend	1	3.) tell friend not to erase it and draw again	1
	4.) buy it back	1	4.) buy it back	1
	5.) change the restaurant	1	5.) eat somewhere else	1
	score	4	score	5

Table 4.4: Participants' answer and score of Self-Control Skill in 5 Situation Test pre and post- intervention (cont.)

ID	Pretest		Posttest	
05	1.) not on duty today	0	1.) finish cleaning before play	1
	2.) do not do homework	0	2.) doing homework first, then play	1
	3.) punch him	0	3.) draw again	1
	4.) buy it back	1	4.) buy it back	1
	5.) pay a money and ask for jump the queue	0	5.) waiting till my queue	1
		score	1	score
06	1.) Finish cleaning before play	1	1.) Finish cleaning before play	1
	2.) doing homework first, then play	1	2.) finish homework first , play later	1
	3.) tell a teacher, I was drawing but he erase it out.	1	3.) I feel angry, and then tell a teacher.	1
	4.) find it back	1	4.) find it back, tell a friend it was an accident	1
	5.) wait till the line is short then go on queue	1	5.) find other place to eat, waiting is waste my time	1
		score	5	score
07	1.) finish cleaning with hurry and go play	1	Unable to collected data because participant had been adopted in last 2 session	
	2.) doing homework first, then play	1		
	3.) tell a teacher	1		
	4.) say sorry, we may stop fighting	1		
	5.) continually on queue	1		
		score		5
08	1.) finish clearing first, then go play	1	1.) finish cleaning before play	1
	2.) finish homework as teacher assignment first, play after	1	2.) doing teacher assignment first	1
	3.) inhibit friend from erasing	1	3.) tell friend not to erase it and draw again	1
	4.) find it back	1	4.) buy it back	1
	5.) queue up	1	5.) eat somewhere else	1
		score	5	score
09	1.) do my duty first	1	1.) finish cleaning before play	1
	2.) tell a friend " I cannot play today"	1	2.) doing homework first, then play	1
	3.) tell a teacher	1	3.) tell a teacher	1
	4.) say sorry to that friend	1	4.) find the toy back	1
	5.) wait till my turn	1	5.) stay on queue	1
		score	5	score

Table 4.4: Participants’ answer and score of Self-Control Skill in 5 Situation Test pre and post- intervention (cont.)

ID	Pretest		Posttest	
10	1.) do my duty first	1	1.) finish cleaning before play	1
	2.) finish homework first	1	2.) doing homework first, then play	1
	3.) tell a teacher	1	3.) draw again and tell a teacher	1
	4.) say sorry and buy it back	1	4.) buy it back and say sorry	1
	5.) stay on queue	1	5.) keep claim and on queue	1
	score	5	score	5
11	1.) Finish cleaning before play	1	1.) Finish cleaning before play	1
	2.) doing homework first, then play	1	2.) finish homework first , play later	1
	3.) draw again at somewhere else	1	3.) draw somewhere else	1
	4.) buy it back and say sorry	1	4.) buy it back	1
	5.) stay on queue	1	5.) still waiting	1
	score	5	score	5
12	1.) Finish cleaning before play	1	1.) Finish cleaning before play	1
	2.) doing homework first, then play	1	2.) finish homework first , play later	1
	3.) draw again at somewhere else	1	3.) draw somewhere else	1
	4.) buy it back and say sorry	1	4.) buy it back	1
	5.) stay on queue	1	5.) still waiting	1
	score	5	score	5

The table 6 showed the changing of participants’ answer. The most of it were changed in more appropriateness especially in emotional domain (item no.3), there were 4 participants answer aggressive behavior tendencies like, “*punch him*” “*dam him*” before participation but had no answer of aggressive behavior tendencies after. However, still found answer which show lacking self-control like, “*ask a friend who already in queue to buy it for me*” “*I will be on duty tomorrow, and go play today*” “*pay money to anyone in front of me, asking for jumping the if refuse I will break the line*”

Table 4.5: Comparison mean score from Self-Control Skill in 5 Situational test in pre and post- intervention

Comparison	n	Mean	S.D.	Z ^a	P-value
Pretest	9	4.11	1.364	-1.134	.257
Posttest	9	4.67	.707		

a. Wilcoxon Signed Ranks Test

The table 7 showed increasing of means score of Self-Control in 5 Situational Test from 4.11 at pre-test to 4.67 at post-test with p.-value at .257

CHAPTER V

DISCUSSION, CONCLUSION AND RECOMMENDATION

This research was designed in quasi experiment research, one group pretest-posttest design for evaluating the effectiveness of group cognitive behavior play therapy program on self-control among late childhood. The program consist of 1 individual session and 14 group sessions, the group session was conduct in 40-50 minutes per session, twice a week for 7 consecutive weeks. The researcher expected improvement of self-control skill, assessed by using Self-Control Skill in 5 Situational and externalizing domain in Thai Youth Checklist Test. The result was an expectation, as can be seen by increasing in mean score of self-control skill in 5 situations test ($Z = 1.134$; $P = .257$) related with decrement in mean score of externalizing behavior problems domain in TYC ($Z = -2.203$; $P = .086$), especially in aggressive subdomain which found statistically decreased ($Z = .136$; $P = .028$) also found decreasing but not statistically significant in impulsivity and delinquency subdomain ($Z = -1.452$; $P = .146$; $Z = -1.132$; $P = .257$), but found slightly increasing in immaturity subdomain ($Z = .136$; $P = .892$) The positive changing in quantitative results is congruent with qualitative data analysis which reflexed by behavior and response of participants in group activities, worksheet, and interviewing by researcher assistance. The quantitative result found that participants had more awareness of their own emotions, thought and behavior, be able to understand the connection of CBT model, and be able to apply learned skills and techniques to daily life. For instance participants number 5 who reflected that *“I used to say bad word to people around me when I felt angry in the past but I seldom do it now. Instead of saying bad word I count 1-10, think of other things to calm myself down”* According with behavior observation in group therapy which found that this participant could stop inappropriate behavior easily when received a caution from therapist, same as other participants which found that they had changed their behavior response in more appropriateness for instance expressing angry feeling in word rather than fighting, distract themselves by leaving out of

frustration situation rather than getting involve, and increasing of asking for help rather than express their frustration with inappropriate behavior like saying bad word as they usually did before.

The positive changing result especially in aggressive domain of this studying is congruent with other previous studies which found that group cognitive behavior therapy is effective in reducing aggressive behavior in primary and secondary school student^(40, 51, 52) and street girl who have to do a work for living their life⁽⁵³⁾. The study of Ghodousi, et al (2017) also found that group cognitive behavior play therapy is effective treatment in reducing delinquency and externalizing behavior problems⁽⁵³⁾. As the same with the study of Sotthiyapai (2002) which found effectiveness in enhancing self-control skill among juvenile delinquents with Amphetamine use⁽¹⁹⁾. And congruent with the previous meta-analysis study which also found that CBT is effective treatment in reducing externalizing behavior problems in children who had been diagnosed with externalizing disorder ($d = -0.52$; moderate effect size)⁽⁵⁴⁾. All of these congruent result can conclude that group cognitive behavior therapy is effective treatment in enhancing self-control skill and reducing externalizing behavior problems.

This effectiveness might be an effect of cognitive behavior therapy techniques, which emphasis on understanding and practicing in emotional awareness, thought awareness, physical changing awareness and understanding connection of these changing with behavior⁽³⁰⁾. There is study found that the one who has good awareness about his own emotions is able to use more appropriate emotional management techniques than the one has less emotional awareness⁽⁵⁵⁾. This may because less emotional awareness person tends to response on situations with confused emotional and this can lead to behavior problems⁽⁵⁶⁾. Zeman, et al. (2002) investigated about emotional awareness and emotional regulation strategies of student in fifth grade revealed that emotional awareness is a predictive factor of internalizing behavior problems but not for externalizing behavior problem. For externalizing behavior problems they found that coping with anger feeling and inappropriate expression of sad feeling are predictive factors⁽⁵⁷⁾. This founding is congruent with Fine, et al (2004) who found that perception bias can predict aggressive behavior⁽⁵⁸⁾ and the study by Martin, et al (2010) which found higher rate in externalizing behavior problems on

children who has perception inaccuracy of sadness emotions. Inaccuracy of sadness perception may occur in children who have losing experiences, they tend to decrease sadness perception for protecting themselves from this undesired feeling. This may protect them from repeating feeling of loss and sadness but this also lead them to externalizing behavior problems because this children may not know the way to express their sadness appropriately⁽⁵⁶⁾. Behavior of participants in this studying is in the same direction with all studies mentioned above. Participants were able to identify their feelings. Anger was the most report feeling and always follows by aggressive behavior, for instance saying bad words, destroying staff, and getting in to fight when they were bullied by friends even slightly thing or by accident. Also found that participants were never mentioned to sadness throughout the program even some activity may cause feeling sad such as were not be chosen to do extra activity or friend did not invite him to join a team. They always response to this situations by leaving group activities and when researcher asked them about why leaving the group, what happen none of them mentioned to sadness feeling, most of them were angry, some were anxious and some answer this question with silent.

Therefore, the initial phase of program in this studying which was designed based on Meichenbaum's changing process in group cognitive behavior therapy which emphasis on self-observing, teaching and practicing emotional management techniques, problem solving skill and modifying their own behavior by received experiences in group therapy⁽⁵⁹⁾ might effect to positive changing in this research participants. Participants received modeling and feedback of their behavior by researchers and other members though group playing activities, and received facilitating to evaluate and express their emotion by using instructional media like feeling faces and mood temperature, moreover they were facilitated to generalize learned skill to daily life by assigning homework. These activities might be other things that support leaning and changing in positive way of research participants. As can be seen by feedback of participant number 1 and 2, who might absent in many session in middle phase but participate completely in initial phase, they said that *"I was so poor, it means I has no feeling at all so it bad, but it better now. I know my mood so I can regulate it"* and another one said *"I used to be frustrate easily, but now I know how to manage it, it help me manage my emotions better especially when I get*

into fight” This result is congruent with Samarnmit (2003), who also developed group cognitive behavior therapy based on Meichenbaum’s process, found that group cognitive behavior therapy is effective in reducing aggressive behavior of high school student⁽⁴⁰⁾. From this congruent result can imply that the program can develop emotional awareness and understanding in participants. There are former research found that emotional awareness can reduce physical arousal when facing with frustration situations, and enhance opportunity to learn about that situation which be benefit to cognitive reappraisal. ⁽⁶⁰⁻⁶³⁾ Thus, developing of emotional awareness in research participants might effect to positive changing result.

Furthermore, as mention earlier, children with externalizing behavior problems may lack of coping skill to deal with anger feelings. Therefore, learning and practicing in middle phase of the program about physical arousal management, emotional management and problem solving skill might reduce their weakness and enhance ability to deal with frustration. Supporting by previous group psychotherapy program (Coping Power Program) which have similar techniques with this studying and found effective in reducing aggressive behavior in middle and high school student⁽⁶⁴⁻⁶⁶⁾ transitional period between primary and secondary school⁽⁶⁷⁾. As these congruent results, it could be imply that using techniques in this studying can use to foster adaptive behavior in children.

Although, the using techniques in this studying were similar with other prior effective programs ^(51, 53, 68) but this program seem to have less effective due to insignificant result. It could be imply that this program may have some limitation to apply in the research population, which were 8-10 years old boys at foster care. Thus, in the following contents, I would discuss about the appropriateness and inappropriateness of this program by quantitative and combining with qualitative data for maximizes understanding. The sequencing of the following discussion was ordered by teaching techniques in the program.

Physical arousal management and emotional awareness were first two teaching techniques in the program. Physical arousal like, changing of hearth rate, changing of breathing level, or muscle tension, may occur for preparing oneself to flight or fight when facing with challenge situation⁽³⁰⁾. Cummings, et al (1989) ^{(cite in (69))} found that higher physical arousal increase tendency of inappropriateness behavior

response. And sometime they response with lack of awareness, they just want to release their physical arousal. Therefore practicing to decrease physical arousal might prevent them from aggressive or other maladaptive behaviors. Lopatac, et al (2003) did a research to support this idea and found that muscle relaxation can reduce aggressive behavior effectively with emotional and behavior problem children⁽⁶⁹⁾. Therefore it was possible that teaching physical arousal management techniques in the program might be benefit with participants' behavior developments. It could be seen from behavior observation of participants in group activities. It revealed that they were able to understand the consequence of emotional changing and physical arousal like *"I breath is shorter"* *"I'm clenching my hand"* *"my leg is shaking"* *"my shoulder is pain"* when I felt angry. They also understood and applied emotional management and physical arousal management techniques into their life. For instance participant number 6 said *"when I'm angry I breathe in and out, I am cooling down from red change to orange, yellow and green"* Despite participants might understand the consequence of emotional management and emotional changing but still found limitation in applying learned techniques in real frustration situations. This might be a cause of inadequate practice in these techniques because they may not able to apply leaned skill in their daily life unless getting familiar with it⁽³⁰⁾. This founding is congruent with study of Lopatac, et al (2003) which found increasing of aggressive behavior in 3 months follow up after receiving muscle relaxation training program⁽⁶⁹⁾. Thus, this inadequate practicing might effect to research result which found behavior changing less than expected.

Distraction, cognitive-reappraisal, and problem solving were next using techniques and applying these three with stop-think-act activities in 6th – 12th group sessions. Distraction was the first techniques that used in the middle phase. This technique is easily to use with less effort and effect rapidly on reducing undesired emotions⁽⁷⁰⁻⁷²⁾. The research participants also easily applied distraction techniques to calm themselves down. As could be seen from behavior observation, especially in session 6 which emphasis on teaching and practicing distraction technique, showed that they were understand and able to use this technique to calm themselves down from emotion arousal situation in activity like turn their face out of trigger, sing a song, count 1-10, and think of other things. They also be able to apply distraction in

their daily life as could be seen by feedback of participant number 5; he said “I used to say bad words to people around me when I got angry in the past but I seldom do it now instead of saying bad words, I count 1-10, think of other things to calm myself down. Therefore it could be said that distraction is an effective technique to calm down emotions. This effectiveness may be because when a person distracts themselves out of triggers, they stop thinking of that negative trigger and this can stop the cycle of negative emotion, reduce physical arousal and prevent them from negative behavior also. Besides stopping the negative cycle, distraction also provides spare time to think about solutions, consequences of responses and delay behavior responses, which found that delay responses can reduce behavior problems^(63, 72, 73). Therefore understanding and being able to apply distraction techniques in participants might help them to delay their responses and it might have an effect on reducing externalizing behavior problem results. Even so, there are studies that found that if only a distraction technique is used for dealing with frustration situations, it may lead to negative consequences in the long term because the person will lack understanding of those emotions and lack the skill to deal with them appropriately, then they tend to repeat negative feelings every time when they face up with triggers^(30, 62, 70). As this consequence, cognitive reappraisal and problem solving techniques were two other techniques which were applied in this program.

These two techniques match with the problem of lack of self-control in a person which found that they tend to have cognitive distortions and cognitive deficiencies⁽⁷⁴⁻⁷⁶⁾. Cognitive reappraisal is a technique that is used for altering thinking perspectives or the meaning of trigger situations for reducing emotion levels⁽⁷⁰⁾. McRae, et al (2009) studied about reappraisal techniques and found that using reappraisal techniques reduce the reporting rate of negative emotions⁽⁷⁷⁾. Consistent with the telling of the research participants, for instance participant number 2 who told about using this technique while friends mimicked his mother he said “*maybe they did not mention to my mom, it may be others one who has the same name with my mom*” and when the researcher asked about feelings and what happened after thinking like this he replied “*I did not say any bad words to them, we had no fight and I just left from that*” However, this technique was not effective with all participants, some of them still could not explore their thoughts. As the same with problem solving techniques, which were taught and practiced in reasoning thinking, evaluation of alternative ways to respond with situations and thinking about

consequence of their choice^(27, 30), from this studying found that participant with age 10 years old (participants number 1,2 and 5) were able to learn, discuss and do worksheet in cognitive reappraisal and problem solving technique better than the younger participants, the younger always said *"I don't know"* *"I have no idea"* when asking about their thinking. However if younger participant received intimately advice or had modeling and have a spare time to think, they could learn and practice these 2 techniques better, for instance participant number 6 (8 year old) said *"maybe he didn't mean to do that"* researcher asked more about feeling after thinking like this he said *"calm down slowly"* The difference between age of ability in applying these 2 techniques may be a cause of cognitive development of children. Concrete operational stage development will develop around 7 years old. In this period children are able to understand the consequence of action and outcome and be able to remember consequence of it and able to evaluate their choice of behavior according to experience they got and this development is important in fostering of self-control skills.⁽⁷⁰⁾ Therefore, it was possible that less development of younger participants effect to less ability in leaning and utilizing these 2 techniques than older participants. This founding is congruent with previous study of DeCicco, et al (2014) which found that effectiveness of cognitive reappraisal techniques is increased by age⁽⁷⁸⁾ and the prior meta-analysis support that CBT has more effective when apply with older children than younger⁽⁷⁶⁾. However, when considering the research founding, which mentioned earlier that 8 years old participants were able to understand these 2 techniques when received guidance, with other prior study which found that 8 years old children are able to understand the connection of cognitive reappraisal and changing of emotional ^(79, 80) It is possible that if the duration in training of these 2 techniques is extended, participants may learn and apply these better.

Therefore, limitation in utilizing these 2 techniques might reduce the program effectiveness. Previous meta-analysis study found that problem-solving technique is one of the factors to increase effect size of the anger management program. It may because problem solving technique help individual to evaluate the outcome of response behavior⁽⁷⁶⁾, and this evaluation is important factor for controlling oneself behavior⁽⁷²⁾. This evaluation can inhibit oneself from inappropriate behavior, and can alter to more appropriate behavior by the outcome he has leaned

which may effect to adaptation of inappropriate cycle of thinking, expectation of outcome to be more appropriateness and altering of behavior as a consequence^(30, 59). In this studying participants learned and received direct and indirect outcome of their behavior by using reinforcement techniques with group play activities.

Token economy technique was a reinforcement technique which be used in this studying. Participant would receive a good boy star with social reward like compliment when he followed the group rule and instruction of each activity. They were asked to collect 5 stars in every session for trading with snack and 1 bigger star at the end of each session, and they had to collected bigger star until the end of the program for trading for bigger reward which were given to the only one highest score boy. In this studying also use negative reinforcement to diminish undesired behavior by giving yellow card for caution, red care would be given when he do undesired behavior twice and one good boy star would be taken out. There are studies found that reinforcement will be more effective if person can remember condition of reinforcement, receive reinforce immediately after doing reinforced behavior, and the effective may increase if a thing to use as reinforcer is matched with need of revive, most of is a thing which they are lacking, contradictory it may be reduce if receiver do not need that thing anymore because they may feel enough of that things, this is a deprivation and satiation effect⁽⁸¹⁻⁸³⁾. From this reason it was possible that giving snack as a reinforcer might has reduce effectiveness of reinforcement techniques because participants always got a lot of snacks from donators, and they might did not want any more snack especially participant number 8 who said that *"I don't want a star, I already got snack, I don't want to join program it is not fun"* this participant want to play at a play zone at research room more than participate in program he said *"doing this (throw the toy house up and down) is fun"* However, there is 1 participant (number 3) who showed desired in receiving snacks, he always disappointed when he did not receive snacks. I demonstrated behavior of these 2 participants because it was interesting when comparing of their score from TYC which found increasing in externalizing behavior problem (+9 points) in participant number 8 but decreased 14 points in participant number 3. This founding was congruent with principles of reinforcement techniques which the effective will increased if reinforcer is matched with receiver's need⁽⁸³⁾.

Social reinforcement might be effective reinforcer more than snacks. From behavior observation found that, all participants need attention from researcher, this can reflect from increasing in duration in participation when received attention from researcher and telling of participant number 6; he said *"I want attention from you more than star"* and the reason of participant number 8 who denial to join the program he told the foster care's officer that *"she don't love me, she didn't give me a star"* This can reflect that intimate attention or love could be serve as effective reinforcer for the research populations because it might be deprivation effect as mentioned earlier⁽⁸³⁾. Foster children tend to lack of fulfillment in love and belonging, which is basic need for everyone, because they had to separate from their parents since childhood⁽⁸⁴⁾. From this consequence it would be possible that the number of group member of this studying which was 12 might not suitable to apply in this population because researcher could not give thoroughly attention to all participants, and when comparing number of group member of this studying with other study, with found statistically significant in reducing externalizing behavior problem on street girl⁽⁵³⁾, found that the number of group member in the mentioned studies is 7 person less than this studying. Thus reducing group member may enhance effectiveness of reinforcement technique which may enhance the effectiveness of the program as a consequence.

The aforementioned can support by quantitative result which showed decrement in externalizing behavior problems score of participant who received attention from researcher more than other. For instance, 10 points decrement in participant number 6, who always follow the group rule and instruction of researcher more than others, and 20 points decrement in participant number 4, who always did other activities in group sessions at the first period but when he more participated in program after had leaned the condition of reinforcement. Contradictory with participant number 8, who might also want attention from researcher but he did not do any desired behavior for it, hence he did not receive any reward and attention from researcher and this might be a cause of extinction burst which mean increasing of undesired or externalizing behavior for requesting attention from researcher⁽⁸³⁾, like 9 points increment in this participant. For the slightly decreasing of externalizing behavior problem in other participants (except participant number 12) might because they did not received reinforcer that match with their need, for instance, play zone

time which found that participant number 7 and 11 enjoy with playing in that zone and toys, they can participate in program and perform desire behavior better when follow by allowing to play in play zone. Unfortunately, this condition were applied in program only in few time because participant always play with aggressiveness and that make toys broken, moreover it had high tendencies to get an accident, and hard to control time which had limited. Thus, this reinforcer was limited to apply in this program and this might effect to slightly changing in these group of participants because they did not receive reinforcer that match with their needs. However each participant has different need thus, it would be benefit if researcher had known individual's need before starting program because can apply its as effective reinforcer. Therefore, lacking of adequate participant's information and had only one pre group assessment and preparation session for finding suitable reinforcement for each participant might effect to changing that less than expectation. Therefore adding interviewing from caretaker, pre-group assessment and more preparation session for trying suitable reinforcement with each participant may be benefit for choosing more appropriateness reinforcer which may increase the effectiveness of the program.

Despite participants were asked to choose the winner reward for final session by their own, which was definitely match with their need but this still ineffective in applying with research participant. They interested in collecting big star in first period of the program and less interested in the middle phase, some participant did not want collect a big star anymore same as the interesting in group activity which is also reduce in the middle phase. It could be reflect from telling of participant number 6; he said "*collecting star give me nothing*" This founding might because they had to wait for long before getting desired reward, and this waiting might be too long for them. Children in this age may have some limitation to dealing with waiting situations. There is study found that cognitive skill, like self-statement, can prolong waiting and control oneself to ultimate goal ⁽⁸³⁾ . Therefore, limitation in applying thinking skill in the participants, as mentioned earlier, might reduce their ability to wait and reduce effectiveness of waiting reinforcement.

Furthermore, considering participants' behavior with their need found that participant number 6, the first one who always followed instruction and received a star and researcher's attention by contingent reinforcement. Meanwhile other participants

received attention from researcher when they were playing in other zone for asking them to join the program and giving them a star when they desire to participate in group, for participants who already participate in group would be received second star for reward. Thus, it was possible more attention and reinforcement that were gave to other participant for asking them to join the program while they were playing or when they were doing some undesired behavior might increase their immaturity behavior ($Z = .136$; $P = .892$) by noncontingent reinforcement. Doing this might have negative effect to participant who already has highly intend in participation in program, like participant number 6, receiving star might be satiation effect to him, like mentioned earlier receiving star has no meaning for him in middle phase of program. Therefore changing interval in giving reinforcement from immediately to intermittent maybe suitable with this participant, but not for other participant who still need immediate reward. Thus using reinforcement technique in group format which has differences of needs, cognitive development, and severity of behavior problems or other factors might be a limitation of this studying. Therefore screening participant to be more homogenous group may increase smoothness in applying reinforcement and leading the group.

Although some participants did not receive reinforcement that matches with his need, but they still could learn by experience he received from other member's response and researcher who provide guidance and feedback in playing activities. Children are not only observing of their own thought, feeling, behavior, and its outcome but also have opportunity in observing others' behavior and its feedback. Then they can use these direct and indirect experiences to alter their behavior, having chance for trying new behavior and learns its consequence, which effect to adapting their thinking, expectation of outcome and behavior ^(6, 38, 44). As could be seen from behavior changing of participant number 4, who had highest decrease in externalizing behavior problem score (- 20 points).

Playing is fun, enjoyable, relaxing, and familiar activity for children. Children may express themselves freely while playing. This is a great opportunity for therapist in observing behavior problem of children. Moreover therapist can help children to explore their thought, emotions, and behavior that occur while playing and asking question, giving feedback to help children learn and discover the appropriate

behavior by themselves and trying new coping strategies with receive and practiced in playing activities^(29, 35, 38, 53). There are many prior studies found that play based cognitive behavior therapy^(51, 53) or others play therapy techniques like child-centered play therapy^(85, 86) can reduce externalizing behavior problems effectively. As the same with this studying which found that playing help participant learn easier. For instance, the second session, which emphasis on learning the consequence of emotions and physiological changing by using role play with emotional guessing activities. Participants were asked question like “*why do you think he feel like that?*” after guess the feeling for helping them realize the connections of feeling and physical response. The answer of this question such as “*he is smiling*”, “*he is yelling*”, and “*looking from his face it looks unhappy*” this can reflect that participant understood the consequence of feeling and physical changing. This could be support by worksheet which showed that they draw a face match with their feeling (attached in appendix).

Beside of the mentioned above, playing may provoke some frustration in children such as when they do not receive a thing they want or have to wait for their turn, thus it is good chance for them to learn and try coping strategies. This could be seen from the 10th session which emphasis on applying techniques in frustration situation by playing Junga tower game while facing with distraction situation. Participants were divided into 2 groups and asked to pull one block out of the tower, if it collapses that team would be lose, the group which highest score in 3 time playing is the winner. Observing participant’s behavior in this session found that they were interested in playing this game in the first round but some participant like participant number 5 got angry when his group lost, and he intentionally made his group lost in second round which made other member displeased then he left the group. After the session end researcher talked to this participant about why he did like that, he told that “*I was angry at friend he make me lose then I make my team lose too*” researcher asked about consequence of doing like that he replied “*I was still lose*” and when researcher asked about another solution he could replied that “*doing over, start form count 1-10, think of other happiness moment to control my own emotion*” These could be reflect that leaning by playing with guidance, feedback and question from researchers and other members, both in happiness or unhappiness moment can facilitate participant to observe themselves, altering their perspective, trying new

strategies, learning the outcome of new behavior and altering their behavior to be more appropriateness and they might generalize their learning from group play therapy into their daily life.

Assigning homework is another techniques which be used to generate learned techniques from group therapy into daily life. There is former meta-analysis study found that assigning homework has more effective outcome when comparing with the program which not assign⁽⁷⁶⁾. Participants in this studying were asked to do one worksheet a day, before assigning homework they had practiced the same worksheet in group session for checking their understanding with facilitated from researcher and team. From this assignment found that participants had more cooperate in worksheet of session 1-3 than the rest. This might because worksheet from the 4th session to 14th had more complicated and had to describe with long word, but the first 3 worksheet design to fill just emotion, thought and situation which can be wrote in short word. This might possible that not fluent in writing skill in the research participant might effect to cooperate in worksheet assignment. However, this incorporate of doing homework might also because they still unable to apply problem-solving technique alone, they need guidance for it. Hence, it was possible that if they receive more guidance from caregiver, they can cooperate in homework assignment better. Caregiver is the best one who can support this, there are study found that including parents in program can enhance effectiveness in reducing externalizing behavior problems of children because parents can facilitate children to use learned techniques in daily life and giving reinforce for trained behavior which support generalize and maintenance of desired behavior^(54, 67, 81). Therefore lacking of well cooperate with caretaker in this studying might be another limitation and effect to reduce the effectiveness of the program.

Another factor that might effect to reducing program effectiveness could be competitive activity. It could be seen from participant's behaviors which tend to leave group immediately when he was displeased, like participant number 5 mentioned earlier. Despite they had learned from feedback or reinforcement after doing that behavior but they did not learned from activities which many of that teaching them about controlling impulsive behavior. Thus lacking in participate in the program might effect to insignificant reducing in impulsivity domain ($Z = -1.4522$; $P = .146$) and

delinquency domain ($Z = -1.132$; $P = .257$) but significant reducing in aggressive domain ($Z = -2.203$; $P = .028$). This might be because participant express aggressive behavior more than the other, therefore they had more chance to learn the consequence of aggressive behavior by direct and indirect reinforcement from the program. This could lead to cognitive and behavior adaptation by accommodation process which would be occurred when new experiences conflict with existing belief⁽²⁷⁾. Thus, others behavior problems which less demonstrated in the group might affect to the learning from this process and as mentioned above they were not thoroughly participate in program. From this reason could probably lead to non-statistically changed.

As aforementioned competitive activity was a factor that made participants leave activity. This was possible that competitive activity was not suitable with the research population which was foster children. There are study found that person who has insecure or poor attachment experience may easily to feel pressured and eager to do anything because they do not want to be disregarded which effect to leaning ability like lacking of attention, concentration, problem-solving because they tend to preoccupied with fulfillment of their need like a acceptance, attention and belongings^(21, 81, 87, 88). This supported by study of Hernricha (2014) which found that even in normal group like student in normal school can also be distracted from paying attention in classroom by peers group acceptance, which is competition in social⁽⁸⁹⁾. Therefore for using competitive activity in this research participants might distract them from main activity, reduce participation rate, and reduce leaning ability from program. Thus, replacing competitive with cooperative activity might be benefit for improving the program, as previous study which found that cooperative playing activities can enhance participation in classroom of student who has academic and behavior problems⁽⁹⁰⁾

Another worth noting topic is fulfillment of needs. As mentioned earlier, children who grown up with lack of fulfillment of need tends to preoccupied with it which effect to cognitive loading and reduce ability to using thinking ability^(72, 88). Thus, fulfillment of need may increase ability to learn, as could be seen by decrement of externalizing behavior problem score of participant number 3, 4, and 6 who received desired reinforcement and supported by previous studies which found that

person can lean better if they had fulfill their need^(5, 88). Thus fulfillment of need is another topic should be concern before conducting therapy in this population.

Beside of all the mentioned above, the reason that this studying have less effective than previous other studies which found significant decreasing in externalizing behavior problem^(40, 51, 54, 67) might because of difference in characteristic of participants. Participant in this studying was 8-10 years old children in foster care, difference from others studies which was student in school or children who been diagnosed with externalizing disorder and had no report of separating from parents and no report of starvation or abused like this research participant. This difference background of participants might make effect to difference result.

Nonetheless, there is prior study which found significant decreasing in externalizing behavior problem of children who had to work for their life⁽⁵³⁾ while this studying found tend to decrease but not reach significant level. This difference result might because of participant in this study were boys but in the mentioned study were girls, this support by meta-analysis study which found that the effect size of program with girls or mix gender is higher than boy only⁽⁷⁶⁾. Moreover it could be a reason of severalty of participants problems which found higher effect size in participant with moderate severity ($d= 0.80$) more than high severity ($d= 0.59$) or low severity (0.57)⁽⁷⁶⁾. The founding in this studying is congruent with this study. From the externalizing behavior problem score of participants found most decreasing in participant number 4 (- 20 points) and participant number 3 (- 14 points) who had highest severity before participate in program (45 points and 41 points). Most increasing appeared in participant number 8 (+ 9 points) who also had high score of behavior problem before (40 points) but seldom participated in program. Found slightly changing (+1 to - 10; mean = -4.3) in others participants who had behavior problems score before participation in program between 19-27 points. It was interesting that increasing one point found in the less severity problem boy (participant number 12; 19 points).

Assessment and responder were another worth noting. Two assessment were used in this study, consisted of Thai Youth Checklist (TYC) obtaining data from foster home's caretakers and self-control skill in 5 situations test which is semi-structure open-end question form. The insignificant in externalizing behavior domain from TYC might because difference role of responder effect to behavior observation.

According with previous meta-analysis study which found that parents tend to report larger improvement in externalizing symptom than teacher. This might because interaction between child and parents has higher intensity than teacher, and parents usual concern in their child's problem more than teacher. This might lead to higher improvement report⁽⁵⁴⁾. Responder of this studying was not parents or teacher but was a foster home caretaker who has 8-12 children under care. This number might be too many for interaction with each participant and might effect to report of behavior changing. However the significant decreasing in aggressive domain might because aggressiveness is easier to notice and receive complaints from others and item in this domain is higher than other domain thus caretaker has more chance in notice and report changing of aggressive behavior.

Self-control skill in 5 situation test also found no statistically significant change. This test might have limitation in quantitative analysis because it had only 5 items and it had to admit that it might be a limitation of simulate situation which used as questions were not complicate or participants has no problem inn this kind of situation as shown by mean score in pre-intervention ($\bar{x} = 4.11$), which is very close to full score (max. = 5). Nevertheless, this assessment is useful for reflecting participants thinking style, coping strategies and tend to perform behavior. Thus, therapist or caregiver can apply this test for making understand of children thought, talking to children for helping them changing their behavior. However, this assessment will be more benefit if using question that match with problem of children.

The entire mentioned above can be conclude that the developed program can enhance emotional awareness, understanding the connection between though, emotions, physical changing, and behavior. Moreover participants had learned and practice emotional management techniques like muscle relaxation, distraction, cognitive reappraisal, problem-solving techniques in group activities and generalize learned techniques to daily life by assigning homework and discuss in next session. They also had learned the consequence of behavior by direct or indirect experience which received in group session. This could lead to decrease of externalizing behavior problems of boys in foster care.

However, the insignificant result of this studying could be a reason of characteristic of research participants which were foster boy with age 8-10 years old

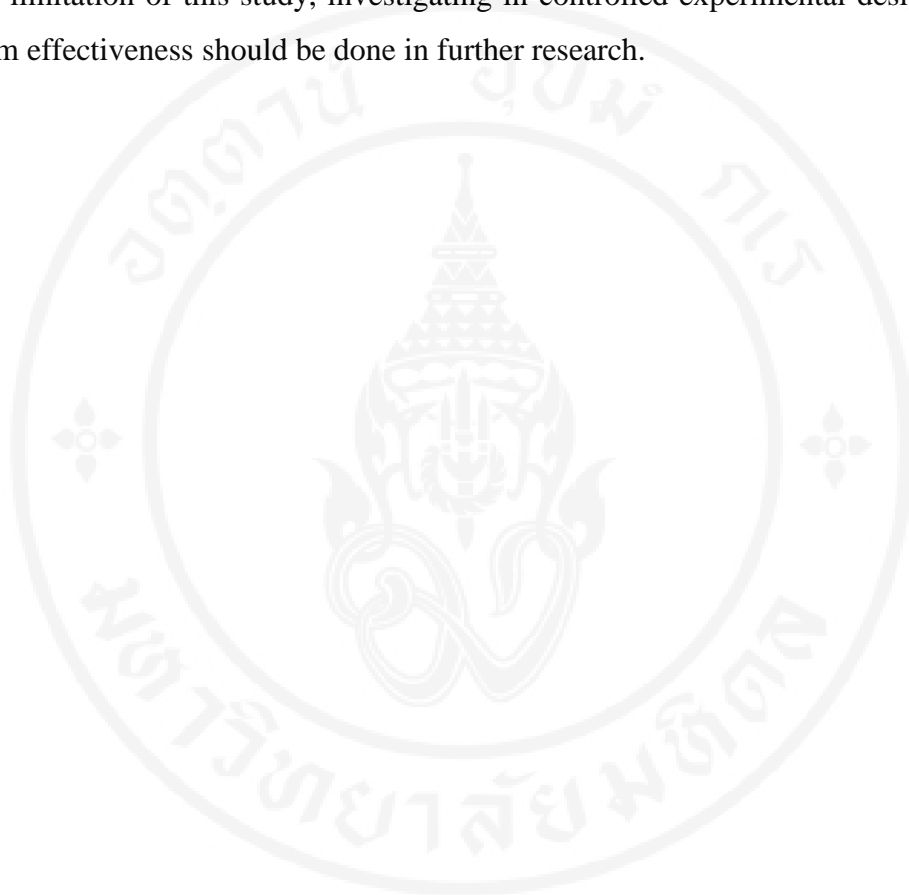
and tend to lack of fulfillment of basic need especially in love and belonging. Thus the competitive activity in this studying might enhance comfortable feeling in this population which effect to learning ability. Moreover researcher could not fulfill all participant needs, and choosing less effective reinforcer due to inadequate participant's information. Moreover participants in this studying were too difference in needs, severity of problem, and cognitive development, thus participant may gain benefit from the program unequally and it might reduce program effectiveness.

Furthermore this studying also has limitation in discontinuous participation because participant has many extra activities from the foster care. Limitation of activity room which was a library with many distraction things for instance, toy, play zone, books, and chair with wheels. These limitations might effect to participant's learning and concentration in group activities. Same as the corporation in doing homework which could be promoted by assistance from caretaker, but this studying lack of cooperate with caretaker thus it would be another limitation which effect to reduce the effectiveness of the program. Another limitation was this study was investigated in only one group pretest-posttest design without follow up session. This could be a limitation to certainly conclude that the behavior changing which had been occurred in participants was the effect of the program because it might affect by other external factors. And it could be a limitation to identify the long-term effectiveness of the program.

All the founding suggest that if interesting in utilizing this program should had pre-group assessment and more preparation sessions for selecting group member to be more homogenous group, and choosing reinforcement techniques and activity to be more suitable with participants. In preparation session group leader can also provide fulfillment of need to participant which help them more ready to learn in group activities. For the activities should replace competitive activities with corporative activities. Group leader should aware of noncontingent reinforcement, and can use more modeling from group member who already perform desired behavior, when participant get enough understand the condition of reinforcement should change to intermittent interval for maintain desired behavior. However if use extinction reinforcement techniques should aware of participant's injure and it would be better if had co-leader for protecting them from injure. Moreover practicing learned skills in

various situations help them to generalize and maintain desired behavior and children in this age still need guidance, thus including caretaker in program maybe benefit.

Nevertheless this program need to be developed, including caretaker in group session is suggested for enhancing the program effectiveness. And to diminish the limitation of this study, investigating in controlled experimental design and long-term effectiveness should be done in further research.



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APPENDIX A

SELF-CONTROL SKILL IN 5 SITUATION TEST

แบบประเมินแนวโน้มการแสดงออกทางพฤติกรรม

แบบสอบถามฉบับนี้สร้างขึ้นเพื่อรวบรวมข้อมูลเกี่ยวกับ “แนวโน้มการแสดงออกทางพฤติกรรม” ที่ขอความร่วมมือจากน้องตอบแบบสอบถามตามความเป็นจริง แบบสอบถามประกอบด้วย 2 ตอนคือ 1.) ข้อมูลส่วนตัว และ 2.) แบบสอบถามแนวโน้มการแสดงออกทางพฤติกรรมโดยข้อมูลทุกอย่างจะถูกเก็บเป็นความลับและจะนำมาวิเคราะห์เป็นภาพรวมเพื่อศึกษาผลของโปรแกรมกลุ่มการเล่นบำบัดในงานวิจัยครั้งนี้และเป็นประโยชน์ต่อการนำโปรแกรมกลุ่มไปใช้ต่อไป

1. ข้อมูลส่วนตัว

คำชี้แจง : ขอให้น้องทำเครื่องหมาย ✓ ลงในช่อง ที่ข้อมูลตรงกับตัวน้อง

ผมอายุ 8 ปี 9 ปี 10 ปี

เรียนอยู่ชั้น ป.1 ป.2 ป.3 ป. 4 อื่นๆ ระบุ.....

2. แบบสอบถามแนวโน้มการแสดงออกทางพฤติกรรม

คำชี้แจง : แบบสอบถามชุดนี้ประกอบด้วยคำถาม 5 ข้อ ลักษณะเป็นเหตุการณ์สมมุติ ขอให้น้องตั้งใจอ่านหรือฟังเหตุการณ์ที่มีมาให้ และตอบพฤติกรรมที่น้องคิดว่าจะทำหากอยู่ในสถานการณ์นั้นๆ 1 การกระทำ ไม่มีคำตอบที่ถูกหรือผิดขอให้น้องตอบสิ่งที่เป็นตัวตนของน้องมากที่สุดได้เลย

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ถ้าน้องเข้าใจแล้ว เรามาเริ่มทำแบบสอบถามกันเลย

1.



มั่งคุดนัดกับเพื่อนว่าจะไปเล่นด้วยกันหลังเลิกเรียน
 แต่วันนี้มั่งคุดเป็นเวรทำความสะอาด
 หากน้องเป็นมั่งคุดจะทำอย่างไร ?????
 ถ้าผมเป็นมั่งคุด ผมจะ

2.



ต้นกล้าสัญญากับคุณครูว่าจะทำงานให้เสร็จภายในวันนี้
 แต่มีเพื่อนมาชวนไปเล่นของเล่นใหม่ที่ต้นกล้าอยากเล่นมานาน
 หากน้องเป็นต้นกล้าจะทำอย่างไร ?????
 ถ้าผมเป็นต้นกล้า ผมจะ

3.



ระหว่างที่ทะเลกำลังวาดรูปลงในงานกลุ่ม
มีเพื่อนมาลบรูปที่ทะเลตั้งใจวาดออก
หากน้องเป็นทะเลจะทำอย่างไร ????

ถ้าผมเป็นทะเล ผมจะ

4.



กะหล่ำบังเอิญทำของเล่นของเพื่อนหาย
และถูกเพื่อนต่อว่าอย่างรุนแรง กะหล่ำรู้สึกโกรธมาก
หากน้องเป็นกะหล่ำจะทำอย่างไร ????

ถ้าผมเป็นกะหล่ำ ผมจะ

5.



ต้นหอมตั้งใจจะไปกินอาหารร้านโปรด
 แต่พอไปถึงร้านอาหารมีแถวต่อไว้มาก
 หากน้องเป็นต้นหอมจะอย่างไร??
 ถ้าผมเป็นต้นหอม ผมจะ

ขอขอบคุณน้องๆ ที่ให้ความร่วมมือ 😊

APPENDIX B

GROUP THERAPY PROGRAM

โปรแกรมกลุ่มการเล่นบำบัด

โปรแกรมกลุ่มบำบัดนี้พัฒนาขึ้นตามแนวคิดของการบำบัดรูปแบบปรับความคิดและพฤติกรรม หรือ Cognitive Behavior Therapy (CBT) สำหรับโปรแกรมที่พัฒนาขึ้น ประกอบด้วย 1 individual session ทำกิจกรรมเดี่ยว (session 0) 1 ครั้ง และ 14 group session ทำกิจกรรมสัปดาห์ละ 2 ครั้ง และไปงานสำหรับแต่ละ session โดยไปงานนี้จะให้เด็กทำใน session และนำกลับไปทำเป็นการบ้าน ทั้งนี้เพื่อเด็กจะได้ทบทวนตนเอง และทิ้งช่วงเวลาแต่ไม่ห่างเกินไปเพราะอาจทำให้เด็กลืมทักษะที่ได้เรียนรู้ไปได้ โปรแกรมกลุ่มนี้ได้แบ่งช่วงกลุ่มเป็น 3 ช่วงตามหลักการของ CBT และได้รับการตรวจสอบความเหมาะสมจากผู้เชี่ยวชาญเป็นที่เรียบร้อยแล้ว โดยมีโครงสร้างกิจกรรมกลุ่มดังนี้

Phase/Session		เป้าหมาย	กิจกรรม
initial	1	ทำความเข้าใจที่แจ่มชัด และเรียนรู้เกี่ยวกับอารมณ์เบื้องต้น	ใบหน้าอารมณ์
	2	เรียนรู้เกี่ยวกับอารมณ์และความสัมพันธ์อื่นๆ	การ์ดอารมณ์
	3	เรียนรู้เกี่ยวกับความคิด และความสัมพันธ์อื่นๆ	จับอารมณ์และเขียนความคิด
	4	เรียนรู้เกี่ยวกับการประยุกต์ใช้หลักการ CBT กับผลลัพธ์	เป่าลูกโป่งให้แตก
	5	เรียนรู้เกี่ยวกับการประยุกต์ใช้หลักการ CBT กับผลลัพธ์	เป่าลูกโป่งให้ใหญ่แต่ไม่แตก
middle	6	เรียนรู้การจัดการกับอารมณ์	กิจกรรมคุมอารมณ์
	7	เรียนรู้ทักษะการแก้ปัญหา	กิจกรรมหัวทางมังกร
	8	ประยุกต์ทักษะร่วมกับการใช้ self-instruction	กิจกรรมตีกล่อม
	9	ประยุกต์ทักษะร่วมกับเรียนรู้การหยุดคิดก่อนตอบสนอง	กิจกรรมสี่แยก
	10	ประยุกต์ทักษะ ฝึกจัดการกับ frustration , distraction	กิจกรรมต่อหอคอย
	11	ประยุกต์ทักษะ ฝึกจัดการกับการรอคอย และ frustration	กิจกรรมการรอคอย
	12	ประยุกต์ทักษะ ฝึกการแสดงออก	บทบาทสมมุติ
Terminate	13	ทบทวนสิ่งที่ได้เรียนรู้	บอร์ดเกม
	14	เพื่อจบการบำบัด และให้ได้เรียนรู้ความสำเร็จของตนเอง	ประเมินตนเองเพื่อนก่อนหลัง

Session 0

เป็น individual session เพื่อประเมินเด็กเบื้องต้นด้วยแบบประเมินความสามารถในการควบคุมตนเองชนิดสถานการณ์รูปแบบภาพประกอบ เพื่อเก็บเป็นข้อมูลก่อนการทดลอง และสร้างความสัมพันธ์ระหว่างเด็กและผู้บำบัด และเตรียมความพร้อมเด็กก่อนเข้าร่วมกิจกรรมกลุ่ม ซึ่งจะมีประโยชน์ต่อการเตรียมกลุ่ม และมีประโยชน์ต่อการลดความตื่นกลัวของเด็กเมื่อเข้าร่วมกลุ่มด้วย

- เป้าหมาย :**
1. เพื่อสำรวจปัญหาทางพฤติกรรมของเด็กในมุมมองของเด็กเองเป็นรายบุคคล
 2. เพื่อสร้างความสัมพันธ์ระหว่างเด็กและผู้นำกลุ่ม
 3. เพื่อสร้างความคุ้นชินให้กับเด็กและเตรียมความพร้อมสู่การเข้าร่วมกลุ่มบำบัด

ระยะเวลา : 30 นาที

PHASE / เวลา	กิจกรรม
opening 5 min.	ผู้วิจัยกล่าวทักทายเด็กที่เข้ามาในห้อง แนะนำตัวซึ่งกันและกันเบื้องต้น จากนั้นนำเข้าสู่กิจกรรม “นี่แหละตัวหนู”
Middle 10-15 min	<p>กิจกรรมนี้แหละตัวหนู</p> <p>ให้วาดรูปตัวเอง โดยผู้วิจัยร่วมวาดด้วย จากนั้นจะแลกเปลี่ยนคำถามกัน เริ่มแรกอาจจะเป็นคำถามทั่วไปก่อน เช่น ชอบกินอะไร ชอบสีอะไรเพื่อทำความรู้จัก</p> <ul style="list-style-type: none"> - จากนั้นจะถามถึงปัญหาทางพฤติกรรม เช่น หนูเคยโกรธหรือไม่ โกรธเรื่องอะไร และเวลาโกรธแสดงออกอย่างไร ซึ่งถ้าเด็กไม่รับรู้พฤติกรรมที่มีปัญหาของตนเองจะทำให้เด็กเห็นว่าเป็นเรื่องทั่วไปที่สามารถเกิดได้ผ่านไบบงานเด็กชายนิดหน่อย - ให้เด็กทำแบบประเมินการควบคุมตนเองชนิดสถานการณ์ 5 ข้อ เพื่อเก็บข้อมูลระยะก่อนการทดลอง - จากนั้นชี้แจงวัตถุประสงค์ คือ เพื่อเรียนรู้และพัฒนาพฤติกรรมของตนเองและชวนเด็กทำกิจกรรม Paper Chain
Ending 5-10 min	<p>Paper Chain</p> <p>ให้เด็กนับกระดาษสีมาจำนวน 15 แผ่นและเอามาพันติดกันเป็นโซ่ นับจำนวนโซ่ร่วมกับเด็ก และชี้แจงรายละเอียดของกิจกรรม เช่น จำนวนครั้ง เข้าร่วมกับใครบ้าง กิจกรรมที่จะต้องเจอให้ token และชื่นชมในพฤติกรรมที่ดีของเด็ก นับเวลาการเข้าร่วมครั้งต่อไป และให้เด็กดึง paper chain ออก 1 ข้อ และเน้นย้ำว่าเราจะมาเจอกันอีก 14 ครั้ง(ตามจำนวนข้อกระดาษที่เหลือ)</p>

Session 1

เด็กจะสามารถเรียนรู้ได้ดีและเปิดเผยตัวเองออกมาได้ดีในบรรยากาศที่รู้สึกปลอดภัย ดังนั้นการสร้างความสัมพันธ์ที่ดีกับสมาชิกกลุ่มคนอื่นๆ และรู้สึกว่าตัวเองเป็นส่วนหนึ่งของกลุ่ม จึงเป็นสิ่งที่ช่วยพัฒนาการเรียนรู้ในกลุ่มได้ดี นอกจากนี้ตามโครงสร้างการบำบัดด้วย CBT ครั้งแรกๆคือการสำรวจตนเอง และการที่จะควบคุมตนเองได้ดีจำเป็นต้องตระหนักถึงการเปลี่ยนแปลงของตนเองด้วย ดังนั้นการสำรวจอารมณ์ตนเอง จึงเป็นสิ่งแรกๆที่จะสร้างให้เกิดในกิจกรรมกลุ่มนี้

- เป้าหมาย :**
1. เพื่อสร้างความสัมพันธ์ระหว่างสมาชิกในกลุ่ม
 2. เพื่อกำหนดข้อตกลงการเข้าร่วมกลุ่ม
 3. เพื่อเรียนรู้อารมณ์และฝึกสำรวจอารมณ์ของตนเอง

ระยะเวลา : 45 นาที

PHASE / เวลา	กิจกรรม
opening 5-10 min.	<p>-ผู้วิจัยกล่าวทักทายสมาชิกและให้สมาชิกแนะนำตนเองเบื้องต้น เป็นชื่อและท่าทางประกอบเพื่อความสนุกสนาน</p> <p>- ทบทวนรายละเอียดของการเข้าร่วมกิจกรรมว่าจะได้เจอกับอะไรบ้าง เช่น กิจกรรมทำร่วมกับเพื่อน, กิจกรรม token</p> <p>- กำหนดกติการ่วมกัน โดยกติกาพื้นฐานคือ 1.)หลีกเลี่ยงการทำร้ายตนเองหรือผู้อื่น 2.)หลีกเลี่ยงการใช้คำพูดที่ทำให้คนอื่นไม่สบายใจ 3.)หลีกเลี่ยงการทำลายข้าวของทั้งของตนเองและผู้อื่น และจะให้เด็กร่วมกำหนดกติการ่วมกันด้วย โดยจะยกตัวอย่างพฤติกรรมร่วมด้วยเพื่อความเข้าใจของเด็ก อธิบายสิ่งที่เกิดขึ้นเมื่อทำผิดกติกา เช่น หากน้องทำผิดกติกาจะได้รับคำเตือนก่อน และถ้ายังผิดต่อไปจะรีบเรียครูรางวัลที่ให้ไป และถามความเห็นเด็กเกี่ยวกับกติการ่วมกัน ทบทวนอีกครั้งและนำเข้าสู่กิจกรรมป็นดิน</p>
Middle 10-15 min	<p>กิจกรรมป็นดิน (จากเดิมเป็นวาดรูป หลักการกิจกรรม สรุปลักษณะเหมือนเดิมค่ะ)</p> <p>ตอนแรกจะให้นึกสิ่งที่ตนเองต้องการป็น 1 อย่าง และจะให้จำนวนดินน้ำมันจำนวนคนละเท่ากัน (จำนวนไม่มาก) โดยมีกติกาคือ จะให้ช่วยกันต่อเติมดินน้ำมันให้เป็นรูปภาพอะไรก็ได้ 1 รูปร่วมกัน ตามลำดับก่อนหลังที่จับได้ โดยมีเวลาให้คนละ 30 วินาที และหลีกเลี่ยงการทำลายสิ่งที่เพื่อนคนก่อนหน้าเราสร้างสรรค์ไว้ หลังจากทำเสร็จทุกคนจะถามความคิดเห็นต่อรูปที่ป็น ว่าคืออะไร ตอนแรกคิดว่าว่าจะป็นอะไร และพอไม่ได้ป็นอย่างที่ตัวเองต้องการหรือเพื่อนคนหลังจากเราไม่ได้ป็นแบบที่ตนเองต้องการแล้วรู้สึกอย่างไร สรุปลักษณะโดยเน้นไปที่การอยู่ร่วมกัน มีความเห็นความต้องการที่หลากหลาย และในหลายๆครั้งเราไม่ได้สิ่งที่เราต้องการ และอาจจะนำมาสู่อารมณ์ที่เกิดขึ้นในตัวเรา อย่างเช่นตอนที่ทำกิจกรรมนี้ ใครมีอารมณ์อะไรบ้าง</p>

PHASE / เวลา	กิจกรรม
Middle (ต่อ)	<p>กิจกรรมใบหน้าอารมณ์</p> <p>มีอารมณ์พื้นฐานให้เด็ก ได้แก่ โกรธ สุข กลัว เศร้า ถามเด็กว่าใครรู้สึกอย่างไรบ้าง หรือมีอารมณ์อื่นเพิ่มเติม แลกเปลี่ยนอารมณ์ที่เกิดขึ้น ว่าเกิดขึ้นตอนไหนของกิจกรรม ระหว่างนี้ ให้วาดรูปใบหน้าอารมณ์ ตนเอง อารมณ์ที่เกิดขึ้นระหว่างกิจกรรม 1 อารมณ์ ลง worksheet จากนั้นถามเด็กว่าเคยเกิดอารมณ์นี้ตอนไหนบ้างในชีวิตประจำวัน และให้แลกเปลี่ยนเพิ่มเติมเล็กน้อย</p>
Ending 5-10 min	<p>มอบหมายการบ้าน และให้เด็กสรุปสิ่งที่ได้เรียนรู้ในวันนี้ และfeedback กิจกรรม ชอบหรือไม่ชอบอะไรเล็กน้อย ทำกิจกรรมชิงโชคกระดาษพร้อมกันและนัดหมายครั้งต่อไป</p>

Session 2

การเรียนรู้เรื่องอารมณ์เป็นพื้นฐานหนึ่งของการสำรวจการเปลี่ยนแปลงของตนเอง โดยถ้าหากเด็กรู้จักอารมณ์ ที่สำรวจอารมณ์ที่เกิดขึ้นกับตนเองได้ จะช่วยให้เด็กนำการตระหนักรู้นี้เพื่อใช้เป็นสัญญาณในการเรียนรู้ที่จะควบคุมตนเองต่อไป นอกจากนี้การที่เด็กได้เรียนรู้เกี่ยวกับความสัมพันธ์ระหว่างอารมณ์และการแสดงออก การแสดงออกของตนเองและสิ่งทีคนอื่นรับรู้ รวมถึงเห็นสิ่งที่แตกต่างจากตน จะช่วยให้เด็กประเมินการแสดงออกของตนเองและนำไปสู่การปรับเปลี่ยนการแสดงออกของตนเองให้มีความเหมาะสมมากขึ้นได้

เป้าหมาย : เพื่อเรียนรู้ที่มาของอารมณ์และฝึกการแสดงออกทางอารมณ์ของตน

ระยะเวลา : 45 นาที

PHASE / เวลา	กิจกรรม
opening 5-10 min.	<p>-ผู้วิจัยกล่าวทักทายสมาชิก และถามสมาชิกว่าวันนี้รู้สึกอย่างไรบ้าง (ตามอารมณ์ที่เรียนรู้ไปใน session ที่แล้ว)</p> <p>กิจกรรม Mood board ให้เด็กเอากระดาษที่เป็นสัญลักษณ์ของแต่ละคนไปแปะลงตารางอารมณ์ตามอารมณ์ที่ตนรู้สึกตอนนี้</p> <p>-ทบทวนสิ่งที่เกิดขึ้นใน session ที่แล้ว เน้นทบทวนกติกา และอารมณ์ที่ได้เรียนรู้</p> <p>- ส่งการบ้าน แลกเปลี่ยนเล็กน้อย (ในกรณีที่เด็กไม่ทำมาจะถามเหตุผล และให้ metaphor เรื่องการฝึกกีฬา และให้เด็กทำในชั่วโมงตอนนั้นเลย พร้อมให้คำชื่นชมที่ยังมาเข้าร่วมกิจกรรม)</p> <p>- นำเข้าสู่กิจกรรม การ์ดอารมณ์ โดยถามถึงเหตุการณ์ที่ทำให้เกิดอารมณ์นั้น</p>
Middle 10-15 min	<p>กิจกรรมการ์ดอารมณ์</p> <p>ให้เด็กจับฉลากสถานการณ์เช่น “หากเพื่อนทำของเล่นชิ้นโปรดของหนูพังหนูจะรู้สึกอย่างไร” และให้เด็กที่จับฉลากแสดงอารมณ์ที่ตนรู้สึกมาโดยห้ามพูดอารมณ์นั้นออกมา และให้เพื่อนทายอารมณ์ จากนั้นถามคนที่ทายถูกว่าเพราะอะไรถึงรู้ว่าเพื่อนมีอารมณ์อะไรอยู่ สลับกันทำงานครบทุกคน โดยผู้วิจัยจะสรุปให้เห็นถึงความสัมพันธ์ของเหตุการณ์ อารมณ์และการแสดงออก เช่น น้ำเสียง สีหน้า</p> <p>กิจกรรมใบหน้าอารมณ์</p> <p>ให้เด็กสำรวจอารมณ์ตนเองที่เกิดขึ้นในกิจกรรมนี้ว่ารู้สึกอะไร และความรูสึกนั้นเกิดขึ้นตอนไหน ให้บันทึกลง worksheet: เหตุการณ์และอารมณ์ และถามเพิ่มถึงเหตุการณ์ในชีวิตประจำวัน</p>
Ending 5-10 min	<p>มอบหมายการบ้าน และให้เด็กสรุปสิ่งที่ได้เรียนรู้ในวันนี้ และfeedback กิจกรรม ชอบหรือไม่ชอบอะไรเล็กน้อย ทำกิจกรรมดีง โข้กระดาษพร้อมกันและนัดหมายครั้งต่อไป (เหมือนเดิมทุก session)</p>

Session 3

เมื่อเด็กได้เรียนรู้ความสัมพันธ์ระหว่างความคิด อารมณ์ จะช่วยเป็นพื้นฐานต่อการให้ความสำคัญกับความคิดได้มากขึ้น โดยพบว่าเด็กที่มีความสามารถในการควบคุมตนเองต่ำ จะตอบสนองโดยอารมณ์มากกว่าการหยุดและคิดก่อนตอบสนองและเด็กบางคนยังมีความคิดที่ไม่เหมาะสมด้วย ดังนั้นการที่ทำให้เด็กเห็นความสัมพันธ์นี้ออกจากจะช่วยให้เด็กได้สำรวจตนเองแล้ว ยังช่วยให้เด็กเห็นความสำคัญของความคิดได้ ซึ่งเป็นฐานต่อกิจกรรมต่อไป

เป้าหมาย : เพื่อเรียนรู้ความสัมพันธ์ระหว่างความคิด อารมณ์ และการแสดงออกทางพฤติกรรม

ระยะเวลา : 45 นาที

PHASE / เวลา	กิจกรรม
opening 5-10 min.	<ul style="list-style-type: none"> - ผู้วิจัยกล่าวทักทายสมาชิก และถามสมาชิกว่าวันนี้รู้สึกอย่างไรบ้าง และทำกิจกรรม Mood Board - ทบทวนสิ่งที่ได้เรียนรู้ใน session ที่แล้ว - ส่งการบ้าน แลกเปลี่ยนเล็กน้อย - นำเข้าสู่กิจกรรม ความคิด โดยยกตัวอย่างเหตุการณ์ที่น่าจะกระตุ้นความรู้สึกที่แตกต่างกันและถามความรู้สึกเด็กและชี้ให้เห็นว่าสถานการณ์ที่เหมือนกันนำมาสู่ความรู้สึกที่แตกต่างกันได้ สาเหตุว่าเป็นเพราะอะไร
Middle 10-15 min	<p>กิจกรรมความคิด</p> <p>อ่านสถานการณ์ให้เด็กฟัง หนูไปเยี่ยมของเล่นของเพื่อนมาเล่น แล้วทำหาย เพื่อนคนนั้นรู้มาต่อว่าหนูอย่างรุนแรง หนูจะรู้สึกอย่างไร ระหว่าง โกรธ กับ เสียใจ จากนั้นแบ่งเด็กเป็น 2 กลุ่มตามอารมณ์ที่รู้สึก และถามเด็กเพิ่มเติมถึง มีความคิดอย่างไรบ้างเมื่อโดนต่อว่า จากนั้นนำความคิดของ 2 กลุ่มมาเปรียบเทียบกัน ทำให้เห็นว่าความคิดที่แตกต่างกันมีส่วนทำให้อารมณ์ที่เกิดขึ้นต่างกัน และทำกิจกรรมอีกรอบหนึ่งโดยให้เด็กเล่าเหตุการณ์ในชีวิตประจำวันและถามเพื่อนว่า ถ้าเจออย่างนี้จะรู้สึกอย่างไร ทำเหมือนเดิมอีกรอบ</p> <p>กิจกรรมไบนารีอารมณ์</p> <p>ให้เด็กสำรวจตนเองว่าในกิจกรรมวันนี้ตนเองรู้สึกอย่างไร มีความรู้สึกอย่างนั้นเกิดขึ้นตอนไหนและเพราะอะไรถึงเกิดความรู้สึกนี้ ทำลง worksheet : สถานการณ์ อารมณ์ ความคิด</p>
Ending 5-10 min	<p>มอบหมายการบ้าน และให้เด็กสรุปสิ่งที่ได้เรียนรู้ในวันนี้ และ feedback กิจกรรม ชอบหรือไม่ชอบอะไรเล็กน้อย ทำกิจกรรมชิงโชคกระดาษพร้อมกันและนัดหมายครั้งต่อไป</p>

Session 4

เด็กที่มีปัญหาเรื่องการควบคุมตนเองมักจะแสดงออกทางพฤติกรรมตามอารมณ์ ซึ่งหลายๆครั้งมักจะทำให้เกิดผลเสียตามมา ดังนั้นการฝึกให้เด็กได้เรียนรู้ถึงผลของอารมณ์ ความคิด ที่มีต่อการแสดงออกของเขา อย่างเป็นรูปธรรมจะช่วยให้เด็กเข้าใจและสามารถนำไปใช้เพื่อการควบคุมตนเองได้

เป้าหมาย : เพื่อเรียนรู้ความสัมพันธ์ระหว่างความคิด อารมณ์ และการแสดงออกทางพฤติกรรม

ระยะเวลา : 45 นาที

PHASE / เวลา	กิจกรรม
Opening 5-10 min.	<ul style="list-style-type: none"> -ผู้วิจัยกล่าวทักทายสมาชิก และถามสมาชิกว่าวันนี้รู้สึกอย่างไรบ้าง และทำกิจกรรม Mood Board - ทบทวนสิ่งที่ได้เรียนรู้ใน session ที่แล้ว - ส่งการบ้าน แลกเปลี่ยนเล็กน้อย - นำเข้าสู่กิจกรรม เป่าลูกโป่ง
Middle 10-15 min	<p>กิจกรรมเป่าลูกโป่ง (Q3)</p> <ul style="list-style-type: none"> -ก่อนเริ่มเป่าสอนเรื่อง Relaxation : deep breathing โดยใช้การเป่าลูกโป่งเป็นสื่อประกอบเพื่อให้เด็กเข้าใจง่ายขึ้น -กติกาคือ แข่งกันเป่าลูกโป่ง ใครเป่าแตกก่อนเป็นผู้ชนะ แบ่งกลุ่มเด็กเป็น 2 กลุ่มให้ทำงานร่วมกัน โดยให้บอกว่า 1.)ใช้เทคนิคอะไรในการเป่าลูกโป่งให้แตก 2.) ระหว่างเป่ามีความรู้สึกอะไร 3.) ระหว่างทำกิจกรรมมีความคิดอะไรบ้าง 4.) ความรู้สึกนั้นเกิดขึ้นตอนไหนบ้าง 5.) หายไปตอนไหนหรือเปล่า จากนั้นแลกเปลี่ยนกัน 2 กลุ่ม และสรุปให้เด็กเห็นถึงความสัมพันธ์ของความคิดอารมณ์และผลลัพธ์ที่ออกมาคือลูกโป่งที่แตกเร็วหรือช้า และความรู้สึกที่ตามมาหลังจากลูกโป่งแตก - เปรียบเทียบลูกโป่งเป็นอารมณ์ที่เกิดขึ้นในชีวิตประจำวัน เช่น มีเพื่อนมาแกล้งน้อยหน้า น้อยหน้าโกรธมาก โกรธมากขึ้นเรื่อย (ตรงนี้จะทำลูกโป่งใหญ่ขึ้นให้เด็กเห็นด้วย) ตอนนี้น้อยหน้าอาจจะคิดว่า (ถามให้เด็กตอบ ซึ่งถ้าเป็นความคิดแง่ลบลูกโป่งก็จะใหญ่ขึ้นอีก) จนในที่สุดน้อยหน้าทนไม่ไหวแล้วความโกรธนี้ ต่อว่าเพื่อนกลับไปอย่างรุนแรง (ลูกโป่งแตก) และผลลัพธ์จะเป็นอย่างไร (เศษลูกโป่ง) และให้เด็กประเมินผลลัพธ์ที่เกิดขึ้น จากนั้นให้เด็กแลกเปลี่ยนเหตุการณ์ที่เจอในชีวิตประจำวัน ให้เด็กบันทึกเหตุการณ์ที่ตนเองเจอลง worksheet
Ending 5-10 min	<p>มอบหมายการบ้าน และให้เด็กสรุปสิ่งที่ได้เรียนรู้ในวันนี้ และfeedback กิจกรรม ชอบหรือไม่ ชอบอะไรเล็กน้อย ทำกิจกรรมดีใจกระดาษพร้อมกันและนัดหมายครั้งต่อไป</p>

Session 5

เมื่อเด็กได้เรียนรู้ เห็นถึงความสัมพันธ์ของความคิด อารมณ์และพฤติกรรม รวมถึงผลที่ตามมาแล้ว นั้น การได้ลองใช้การสำรวจและการตระหนักรู้ของตนเองเพื่อใช้ในการหยุดการตอบสนองทางพฤติกรรม น่าจะเป็นสิ่งที่เด็กเข้าใจและสามารถนำไปประยุกต์ใช้ในชีวิตประจำวันได้

เป้าหมาย : เพื่อเรียนรู้ความสัมพันธ์ระหว่างความคิด อารมณ์ และการแสดงออกทางพฤติกรรม

ระยะเวลา : 45 นาที

PHASE / เวลา	กิจกรรม
opening 5-10 min.	<ul style="list-style-type: none"> -ผู้วิจัยกล่าวทักทายสมาชิก และถามสมาชิกว่าวันนี้รู้สึกอย่างไรบ้าง และทำกิจกรรม Mood Board - ทบทวนสิ่งที่ได้เรียนรู้ใน session ที่แล้ว - ส่งการบ้าน แลกเปลี่ยนเล็กน้อย - นำเข้าสู่กิจกรรม เป่าลูกโป่งใบใหญ่
Middle 10-15 min	<p>กิจกรรมเป่าลูกโป่งใบใหญ่</p> <ul style="list-style-type: none"> -ก่อนเริ่มเป่าทบทวน Relaxation : deep breathing -กติกาคือ แข่งเป่าลูกโป่งให้ใหญ่ที่สุด ใครใหญ่สุดจะเป็นผู้ชนะ โดยทุกคนจะมีลูกโป่งให้คนละ 1 ใบ (ถ้าแตกจะไม่ได้รับลูกโป่งใบใหม่ และจะแพ้ในเกมไป) เมื่อเป่าเสร็จจะถามว่า รู้ได้อย่างไรว่าควรหยุดเป่าลูกโป่งแล้ว โดยจะเน้นไปที่ความคิด ความรู้สึกของเด็กระหว่างเป่า และตอนที่หยุดเป่า จากนั้นสรุปให้เห็นว่าสามารถใช้การตระหนักรู้อะไรบ้าง เช่น ความรู้สึกต่อลูกโป่ง แน่นหรือยังมีที่เหลือ ความรู้สึกที่อาจจะเริ่มกลัว ความคิดที่เปลี่ยนแปลงไปจากตอนเป่าแรกๆ ให้เด็กสำรวจผ่าน worksheet - เปรียบเทียบเป็นเหตุการณ์ในชีวิตประจำวัน มีเพื่อนมาแกล้งน้อยหน้า น้อยหน้าไม่พอใจมาก เลยอยากจะทำเพื่อนคนนั้นกลับไปอย่างรุนแรง ถามเด็กว่าสามารถใช้อะไรได้บ้างเพื่อหยุดการตอบสนองนั้น (เหตุการณ์เดียวกับ session ที่แล้ว) - สอน muscle relaxation เพื่อให้รู้เกี่ยวกับการเปลี่ยนแปลงทางร่างกาย เปรียบเทียบกับลูกโป่งตอนแน่น กับร่างกายเกร็ง - ตระหนักถึงความคิดและอารมณ์ที่เกิดขึ้น - ถามเด็กว่าจะทำอย่างไรเพื่อไม่ให้ทำพฤติกรรมนั้นดี (ถามเด็กปลายเปิด เพื่อประเมินทางเลือกของเด็ก) - สรุปทางเลือกของเด็กๆ โดยสรุปใน form เดียวกับ worksheet
Ending 5-10 min	<p>มอบหมายการบ้าน และให้เด็กสรุปสิ่งที่ได้เรียนรู้ในวันนี้ และfeedback กิจกรรม ชอบหรือไม่ ชอบอะไรเล็กน้อย ทำกิจกรรมดึงโซ่กระดาษพร้อมกันและนัดหมายครั้งต่อไป</p>

Session 6

เด็กที่มีปัญหาในการควบคุมตนเองมักมีปัญหาในการปลดปล่อยอารมณ์ที่ไม่เหมาะสมนัก โดยเด็กมักจะเลือกที่จะแสดง อารมณ์ออกไปเลยมากกว่าที่จะปรับการแสดงออกทางอารมณ์ให้เหมาะสมมากขึ้น ดังนั้นการสอนเทคนิคในการจัดการกับอารมณ์จึงเป็นสิ่งที่ช่วยให้เด็กนำไปปรับใช้ในชีวิตประจำวันให้มีการแสดงออกที่เหมาะสมมากขึ้นได้

เป้าหมาย : เพื่อเรียนรู้เทคนิคการจัดการกับอารมณ์

ระยะเวลา : 45 นาที

PHASE / เวลา	กิจกรรม
Opening 5-10 min.	<ul style="list-style-type: none"> - ผู้วิจัยกล่าวทักทายสมาชิก และถามสมาชิกว่าวันนี้รู้สึกอย่างไรบ้าง และทำกิจกรรม Mood Board - ทบทวนสิ่งที่ได้เรียนรู้ใน session ที่แล้วรวมถึง relaxation - ส่งการบ้าน แลกเปลี่ยนเล็กน้อย - นำเข้าสู่กิจกรรม คุมอารมณ์
Middle 10-15 min	<p>กิจกรรม คุมอารมณ์</p> <ul style="list-style-type: none"> - กติกาคือจะแบ่งเด็กเป็น 2 กลุ่ม กติกากลุ่มแรกคือ ห้ามยิ้มหรือหัวเราะจนกว่าจะหมดเวลา ใครหัวเราะหรือยิ้มก่อนจะถูกออกจากเกม กติกากลุ่มที่สองคือจะต้องทำอะไรก็ได้เพื่อให้เพื่อนอีกกลุ่มหนึ่งยิ้มหรือหัวเราะ แต่ห้าม โดนตัว จากนั้นสลับกลุ่ม (เล่นครั้งละ 2 นาที) - จากนั้นให้เด็กประเมินความสามารถตนเองในการจัดการอารมณ์ในกิจกรรม และสอนเทคนิค distraction เช่น นับ 1- 10 , นึกเรื่องอื่น deep breathing - และให้เด็กลองทำอีกรอบ แบ่งเป็น 2 กลุ่มตามเดิม จากนั้นถามเทคนิคที่ใช้และประเมินความแตกต่างระหว่างครั้งแรกและครั้งที่ 2 - ประเมินอารมณ์ การเปลี่ยนแปลงและเทคนิคที่ใช้ส่ง Worksheet จากนั้นเชื่อมโยงถึงเหตุการณ์ในชีวิตประจำวัน สถานการณ์ที่ทำให้เกิดอารมณ์และสามารถใช้เทคนิคที่เรียนรู้ในวันนี้ไปจัดการได้ สรุปใน form เดียวกับ worksheet
Ending 5-10 min	<p>มอบหมายการบ้าน และให้เด็กสรุปสิ่งที่ได้เรียนรู้ในวันนี้ และfeedback กิจกรรม ชอบหรือไม่ชอบอะไรเล็กน้อย ทำกิจกรรมชิงโชคกระดาษพร้อมกันและนัดหมายครั้งต่อไป</p>

Session 7

ทักษะการแก้ปัญหาเป็นทักษะหนึ่งที่จะช่วยให้เด็กตอบสนองทางพฤติกรรม ได้อย่างเหมาะสมมากขึ้น โดยทำได้โดยฝึกให้เด็กระบุปัญหา มองหาทางเลือกในการแก้ปัญหา ประเมินข้อดีข้อเสียของแต่ละทางเลือก เลือกทางเลือกที่เหมาะสม และประเมินผลลัพธ์การแสดงออกของทางเลือกที่เลือกกระทำ

เป้าหมาย : เพื่อเรียนรู้และฝึกฝนเทคนิคการแก้ปัญหา

ระยะเวลา : 45 นาที

PHASE / เวลา	กิจกรรม
opening 5-10 min.	<ul style="list-style-type: none"> - ผู้วิจัยกล่าวทักทายสมาชิก และถามสมาชิกว่าวันนี้รู้สึกอย่างไรบ้าง และทำกิจกรรม Mood Board - ทบทวนสิ่งที่ได้เรียนรู้ใน session ที่แล้ว - ส่งการบ้าน แลกเปลี่ยนเล็กน้อย - นำเข้าสู่กิจกรรม หัวหามังกร
Middle 10-15 min	<p>กิจกรรม หัวหามังกร</p> <ul style="list-style-type: none"> - มังกรจะประกอบไปด้วย หัวมังกร 1 คน (อยู่หัวแถว) หางมังกร 1 คน (อยู่ท้ายแถว) และเด็กที่เหลือจะเป็นลำตัวมังกร โดยเด็กจะต่อแถวเป็นแถวตอนลึก กติกาคือเด็กที่เป็นหัวมังกรจะต้องไล่จับหางมังกร หางมังกรจะต้องหนีหัวมังกร หัวจะชนะหากจับหางมังกรได้ก่อนหมดเวลา หางจะชนะถ้าหากหนีหัวมังกรได้จนหมดเวลา และถ้ามังกรตัวแตกเกมจะจบลง โดยครั้งแรกจะเล่นแบบไม่ได้วางแผนก่อน (เล่น 3 นาที) - หลังจากนั้นให้เด็กนั่งลงตามแถวที่เล่นเกม และถามความรู้สึกของเด็ก จากนั้นจะสอนเรื่องการแก้ปัญหา โดยขั้นแรกจะให้ระบุปัญหาให้ได้ก่อน เช่น จะช่วยใครดี ประเมินทางเลือกคือ ช่วยหัว หรือช่วยหาง และประเมินผลดีผลเสียของทางเลือกทั้งสองทางจากสถานการณ์ของตนเอง ซึ่งในที่นี้คือตำแหน่งที่เด็กอยู่ และเลือกทางเลือกไหน ทำลง worksheet - ให้เด็กลองเล่นใหม่จากทางเลือกที่ตนเลือกและประเมินผลลัพธ์ เปรียบเทียบครั้งแรกกับครั้งที่สอง ถ้าเวลาเหลือจะเล่นครั้งที่ 3 - สรุปเชื่อมโยงกับเหตุการณ์ในชีวิตประจำวัน และให้ลองคิดหาทางเลือก ตาม form worksheet
Ending 5-10 min	<p>มอบหมายการบ้าน และให้เด็กสรุปสิ่งที่ได้เรียนรู้ในวันนี้ และ feedback กิจกรรม ชอบหรือไม่ ชอบอะไรเล็กน้อย ทำกิจกรรมมดไขว่กระดาษพร้อมกันและนัดหมายครั้งต่อไป</p>

Session 8

การใช้คำพูดกับตนเองเป็นเทคนิคหนึ่งที่สามารถนำไปใช้เพื่อช่วยให้เห็นความสัมพันธ์ระหว่างความคิดและการกระทำได้มากขึ้น นอกจากนี้การใช้คำพูดเชิงบวกเมื่อเผชิญกับสถานการณ์ยากลำบากยังเป็นการเสริมแรงทางบวกให้ตนเองได้ด้วย ดังนั้นการฝึกการพูดกับตนเองร่วมกับการหยุดคิด แก้ปัญหา จึงเป็นสิ่งที่ช่วยในเรื่องการควบคุมตนเองได้

เป้าหมาย : เพื่อเรียนรู้และฝึกฝนทักษะ self-instruction ร่วมกับทบทวนเทคนิคที่ได้เรียนรู้ไป

ระยะเวลา : 45 นาที

PHASE / เวลา	กิจกรรม
opening 5-10 min.	<ul style="list-style-type: none"> - ผู้วิจัยกล่าวทักทายสมาชิก และถามสมาชิกว่าวันนี้รู้สึกอย่างไรบ้าง และทำกิจกรรม Mood Board - ทบทวนสิ่งที่ได้เรียนรู้ใน session ก่อนหน้า เรื่องการจัดการอารมณ์ หยุดคิดก่อนตอบสนอง การแก้ปัญหา - ส่งการบ้าน แลกเปลี่ยนเล็กน้อย - นำเข้าสู่กิจกรรม ตีกล่ม
Middle 10-15 min	<p>กิจกรรม ตีกล่ม</p> <ul style="list-style-type: none"> - มีบล็อกริ่ไม้ตั้งอยู่และให้ไปเด็กผลัดกัน ไปดึงบล็อกออกทีละ 1 บล็อกและไปวางต่อข้างบนโดยใครทำ ตีกล่มคนนั้นแพ้ ให้เด็กเล่น 2 รอบ รอบแรกเล่นแบบธรรมดา โดยเมื่อเล่นเสร็จจะให้เด็กประเมินความรู้สึกของตนเองเล็กน้อย และให้เล่นอีกรอบ โดยจะสอนเทคนิค self-instruction ก่อน กติการอบที่สองคือจะให้สำรวจอารมณ์ตนเอง และบอกแผนการของตนเอง โดยจะแบ่งให้เด็กสำรวจตนเอง 4 อย่าง ได้แก่ 1.) ตอนนี้รู้สึกอะไร 2.) วางแผนว่าจะดึงบล็อกไหนออก 3.) คาดว่าผลลัพธ์จะเป็นอย่างไร 4.) เมื่อดึงเสร็จแล้วเป็น/ ไม่เป็นตามแผนรู้สึกอย่างไร - จากนั้นให้เด็กสำรวจอารมณ์ ความคิดที่เกิดขึ้นในกิจกรรมลง worksheet และเชื่อมโยงไปเหตุการณ์ในชีวิตประจำวัน เช่น ระหว่างที่กำลังทำการบ้านอย่างตั้งใจ มีเพื่อนมาชวนไปเล่น เด็กๆอาจจะประเมินทางเลือก ผลลัพธ์และใช้คำพูดบอกกับตนเอง เช่น เราจะทำการบ้านให้เสร็จ เพื่อชกุงตนเองให้กลับมาทำงานได้ (สรุปใน form เดียวกับ worksheet)
Ending 5-10 min	<p>มอบหมายการบ้าน และให้เด็กสรุปสิ่งที่ได้เรียนรู้ในวันนี้ และ feedback กิจกรรม ชอบหรือไม่ชอบอะไรเล็กน้อย ทำกิจกรรมติง โง่กระดาศพร้อมกันและนัดหมายครั้งต่อไป</p>

Session 9

จากหลักการเรียนรู้ที่เด็กจะคงการเรียนรู้ได้ดีหากได้นำทักษะที่เรียนรู้มาฝึกฝนในสถานการณ์อื่นๆเพิ่มเติม การสร้างกิจกรรมเพื่อให้เด็กได้มีโอกาสฝึกฝนทักษะเหล่านั้นจึงเป็นสิ่งที่ช่วยคงทบทวนพฤติกรรมและช่วยให้เด็กขยายการเรียนรู้ไปสู่สถานการณ์อื่นๆได้ง่ายขึ้น ซึ่งเด็กที่มีความสามารถในการควบคุมตนเองต่ำจะตอบสนองอย่างหุนหันผ่นแค้น โดยจะหยุดคิดก่อนตอบสนองน้อย การสร้างสถานการณ์จำลองที่กระตุ้นให้เด็กได้หยุดคิดก่อนตอบสนองและเห็นผลลัพธ์ของการตอบสนองอย่างหุนหันผ่นแค้น น่าจะเป็นสิ่งที่ช่วยให้เด็กเรียนรู้การควบคุมตนเองได้ดีขึ้น

เป้าหมาย : เพื่อฝึกฝนการควบคุมตนเองด้วยทักษะที่เรียนรู้ไป

ระยะเวลา : 45 นาที

PHASE / เวลา	กิจกรรม
opening 5-10 min.	<p>-ผู้วิจัยกล่าวทักทายสมาชิก และถามสมาชิกว่าวันนี้รู้สึกอย่างไรบ้าง และทำกิจกรรม Mood Board</p> <p>- ทบทวนสิ่งที่ได้เรียนรู้ใน session ที่แล้ว</p> <p>- ส่งการบ้าน แลกเปลี่ยนเล็กน้อย</p> <p>- นำเข้าสู่กิจกรรม สี่แยกจรรยา</p>
Middle 10-15 min	<p>กิจกรรมจรรยา</p> <p>- ตอนแรกเด็กจะจับฉลากสีประจำของตนเอง แต่ละคนจะได้สีแตกต่างกัน และให้เด็กไปยืนอยู่ตรงที่มีสีของตนเอง ซึ่งจะแบ่งเป็น 2 ด้าน จะเล่น 2 รอบ</p> <p>- รอบแรก กติกาเกมนี้คือให้เด็กข้ามฟากไปเพื่อหาเหรียญที่ตรงกับสีของตนเอง โดยการข้ามฟาก 1 ครั้งจะหยิบได้เพียง 1 เหรียญเท่านั้น และเมื่อหยิบมาจะต้องเอาใส่ในถ้วยที่มีสีตรงกับตนเอง ใครได้เหรียญมากที่สุดคนนั้นจะเป็นผู้ชนะ สำหรับการข้ามฟากจะอนุญาตให้ข้ามเมื่อเห็นสัญญาณไฟเขียว (จะข้ามก็รอบก็ได้ถ้ายังไม่เห็นเห็นสัญญาณไฟแดง) และต้องหยุดเมื่อเป็นสัญญาณสีแดง การให้สัญญาณจะให้เป็น 3 สีได้แก่ แดง = หยุด เหลือง = เตรียมตัวไปหรือเตรียมตัวหยุด และเขียว = ไป ทุกครั้งที่เปลี่ยนสัญญาณจะมีเสียงนกหวีดควบคุมด้วย</p> <p>- เมื่อเล่นรอบแรกเสร็จจะถามความรู้สึกที่เกิดขึ้น และสิ่งที่เกิดขึ้น ในกิจกรรม โดยจะเน้นไปที่ความวุ่นวาย</p> <p>- รอบสองกติกาโดยรวมเหมือนกับรอบแรก เพิ่มตรงสัญญาณสีแดง = หยุด และให้ใช้เทคนิคที่เรียนรู้ไปเพื่อผ่อนคลายและเตรียมความพร้อม สีเหลือง = เลือกว่าตนเองจะเดินไปทางไหนและต้องไปยืนอยู่ตรงทางที่ถูกศรกำกับ สีเขียว = ไป เมื่อเล่นเสร็จสอบถามความรู้สึกและสิ่งที่แตกต่างจากครั้งแรก</p> <p>- สรุปให้เด็กเห็นถึงผลของการหยุดสำรวจ คิดประเมินก่อนการกระทำให้ลองทำลง worksheet</p>

PHASE / เวลา	กิจกรรม
Ending 5-10 min	มอบหมายการบ้าน และให้เด็กสรุปสิ่งที่ได้เรียนรู้ในวันนี้ และfeedback กิจกรรม ชอบหรือไม่ ชอบอะไรเล็กน้อย ทำกิจกรรมดีงใช้กระดาษพร้อมกันและนัดหมายครั้งต่อไป



Session 10

จากหลักการเรียนรู้ที่เด็กจะลงมือเรียนรู้ได้ดีหากได้นำทักษะที่เรียนรู้มาฝึกฝนในสถานการณ์อื่นๆเพิ่มเติม การสร้างกิจกรรมเพื่อให้เด็กได้มีโอกาสฝึกฝนทักษะเหล่านั้นจึงเป็นสิ่งที่ช่วยคงทบทวนพฤติกรรมและช่วยให้เด็กขยายการเรียนรู้ไปสู่สถานการณ์อื่นๆได้ง่ายขึ้น ซึ่งเด็กที่มีความสามารถในการควบคุมตนเองต่ำจะเปลี่ยนแปลงความสนใจได้ง่ายและอดทนต่อความคับข้องใจต่ำ การสร้างสถานการณ์จำลองที่กระตุ้นให้เด็กได้พบเจอกับเหตุการณ์ดังกล่าวน่าจะเป็นสิ่งที่ช่วยขยายการเรียนรู้ได้ดีขึ้น

เป้าหมาย : เพื่อฝึกฝนการควบคุมตนเองด้วยทักษะที่เรียนรู้ไป

ระยะเวลา : 45 นาที

PHASE / เวลา	กิจกรรม
opening 5-10 min.	<ul style="list-style-type: none"> - ผู้วิจัยกล่าวทักทายสมาชิก และถามสมาชิกว่าวันนี้รู้สึกอย่างไรบ้าง และทำกิจกรรม Mood Board - ทบทวนสิ่งที่ได้เรียนรู้ใน session ก่อนหน้า เรื่องการจัดการอารมณ์ หุุดคิดก่อนตอบสนอง การแก้ปัญหา - ส่งการบ้าน แลกเปลี่ยนเล็กน้อย - นำเข้าสู่กิจกรรม ต่อหอคอย
Middle 10-15 min	<p>กิจกรรม ต่อหอคอย</p> <ul style="list-style-type: none"> - กติกาคือ ให้แข่งกันต่อบล็อกไม้ให้สูงที่สุด ใครสูงสุดเป็นผู้ชนะ โดยแต่ละคนจะได้บล็อกไม้และเวลาเท่ากันคือ 8 นาที ใครต่อแล้วล้มจะถูกปรับบล็อกไม้ไป 1 ชั้น และต่อใหม่โดยไม่ต่อเวลาให้ โดยระหว่างต่อผู้ช่วยวิจัยจะแกล้งสร้างสถานการณ์เพื่อเบี่ยงเบนความสนใจของเด็ก เช่นคุยเสียงดัง เปิดการ์ตูน แกล้งทำบล็อกไม้หล่น - เมื่อหมดเวลาให้เด็กสำรวจอารมณ์ตนเอง และแลกเปลี่ยนเทคนิคที่ใช้ในการควบคุมตนเอง เพื่อให้จดจ่ออยู่กับงานได้ และถ้าจัดการไม่ได้เป็นเพราะอะไร ตรงไหนที่เป็นปัญหา และคิดว่ามีวิธีไหนที่จะจัดการได้ดีขึ้นบ้าง สรุปลง worksheet - เชื่อมโยงกับเหตุการณ์ในชีวิตประจำวัน เหตุการณ์มากระตุ้น ทำให้เกิดอารมณ์ ใช้เทคนิคอะไรได้บ้างเพื่อหยุดอารมณ์และคงให้เราทำสิ่งที่เราทำอยู่ได้
Ending 5-10 min	<p>มอบหมายการบ้าน และให้เด็กสรุปสิ่งที่ได้เรียนรู้ในวันนี้ และfeedback กิจกรรม ชอบหรือไม่ ชอบอะไรเล็กน้อย ทำกิจกรรมดีใจกระตือรือร้นพร้อมกันและนัดหมายครั้งต่อไป</p>

Session 11

จากหลักการเรียนรู้ที่เด็กจะคงการเรียนรู้ได้ดีหากได้นำทักษะที่เรียนรู้มาฝึกฝนในสถานการณ์อื่นๆเพิ่มเติม การสร้างกิจกรรมเพื่อให้เด็กได้มีโอกาสฝึกฝนทักษะเหล่านั้นจึงเป็นสิ่งที่ช่วยคงทนพฤติกรรมและช่วยให้เด็กขยายการเรียนรู้ไปสู่สถานการณ์อื่นๆได้ง่ายขึ้น ซึ่งเด็กที่มีความสามารถในการควบคุมตนเองต่ำจะอดทนต่อภาวะคับข้องใจและสามารถอดทนรอคอยต่ำ การสร้างสถานการณ์จำลองที่กระตุ้นให้เด็กได้พบเจอกับเหตุการณ์ดังกล่าวน่าจะเป็นสิ่งที่ช่วยขยายการเรียนรู้ได้ดีขึ้น

เป้าหมาย : เพื่อฝึกฝนการควบคุมตนเองด้วยทักษะที่เรียนรู้ไป

ระยะเวลา : 45 นาที

PHASE / เวลา	กิจกรรม
opening 5-10 min.	<ul style="list-style-type: none"> - ผู้วิจัยกล่าวทักทายสมาชิก และถามสมาชิกว่าวันนี้รู้สึกอย่างไรบ้าง และทำกิจกรรม Mood Board - ทบทวนสิ่งที่ได้เรียนรู้ใน session ก่อนหน้า - ส่งการบ้าน แลกเปลี่ยนเล็กน้อย - นำเข้าสู่กิจกรรม BINGO
Middle 10-15 min	<p>กิจกรรม BINGO</p> <ul style="list-style-type: none"> - ทดึกคือทุกคนจะได้รับกระดานที่มีหมายเลขแตกต่างกันผู้วิจัยจะเป็นผู้จับฉลากหมายเลขและใครที่มีเลขตรงกันจะได้ เหรียญไปวาง ใครได้ครบ 5 ตัวเรียงตามแนวตั้ง นอน ทแยงก่อนผู้นั้นจะเป็นผู้ชนะ - เมื่อเด็กทำเสร็จหรือเมื่อหมดเวลาจะให้สำรวจอารมณ์ ความรู้สึกของตนเองที่เกิดในกิจกรรม และวิธีที่ใช้จัดการกับความทุกข์ที่เกิดขึ้น (ทำลง worksheet) - เชื่อมโยงประสบการณ์ทางอารมณ์ที่เกิดขึ้นใน session กับชีวิตประจำวัน และให้เด็กแลกเปลี่ยนวิธีจัดการกับความทุกข์ที่เกิดขึ้น
Ending 5-10 min	<p>มอบหมายการบ้าน แลให้เด็กสรุปสิ่งที่ได้เรียนรู้ในวันนี้ และfeedback กิจกรรม ชอบหรือไม่ ชอบอะไรเล็กน้อย ทำกิจกรรมดีใจอะไรพร้อมกันและนัดหมายครั้งต่อไป</p>

Session 12

จากหลักการเรียนรู้ที่เด็กจะคงการเรียนรู้ได้ดีหากได้นำทักษะที่เรียนรู้มาฝึกฝนในสถานการณ์อื่นๆเพิ่มเติม การฝึกซ้อมการแสดงออกในสถานการณ์จำลองที่อาจจะสามารถพบเจอได้ในชีวิตประจำวัน และได้เรียนรู้การแสดงออกของผู้อื่นและได้รับข้อมูลย้อนกลับจากการแสดงออกของตนเองจึงเป็นสิ่งที่ช่วยพัฒนาและปรับปรุงการแสดงออกของตนเองได้เหมาะสมมากขึ้น

เป้าหมาย : เพื่อฝึกฝนการควบคุมตนเองด้วยทักษะที่เรียนรู้ไป

ระยะเวลา : 45 นาที

PHASE / เวลา	กิจกรรม
opening 5-10 min.	<ul style="list-style-type: none"> - ผู้วิจัยกล่าวทักทายสมาชิก และถามสมาชิกว่าวันนี้รู้สึกอย่างไรบ้าง และทำกิจกรรม Mood Board - ทบทวนสิ่งที่ได้เรียนรู้ใน session ก่อนหน้า - ส่งกรบ้าน แลกเปลี่ยนเล็กน้อย - นำเข้าสู่กิจกรรม บทบาทสมมุติ
Middle 10-15 min	<p>กิจกรรม บทบาทสมมุติ</p> <ul style="list-style-type: none"> - กติกาคือให้เด็กแบ่งกลุ่ม กลุ่มละ 3 คน 4 กลุ่ม และจะมีสถานการณ์สมมุติแจกเป็นกลุ่ม และเป็นรายบุคคล โดยจะต้องจับฉลากตัวละครอีกที โดยทุกคนจะรู้แค่บทบาทของตัวเองเท่านั้น ให้เด็กคิดแก้ปัญหาที่เกิดขึ้น และแสดงบทบาทสมมุติให้เพื่อนดู โดยกติกาในการแสดงคือจะต้องทำอะไรก็ได้ให้เพื่อนที่ชมรู้ว่าแสดงอารมณ์อะไรอยู่ และแสดงออกต่อเหตุการณ์นี้อย่างไร หลังจากแสดงเสร็จถามเด็กที่เป็นผู้ชมถึงทางเลือกในการแสดงออกอย่างอื่นหรือไม่ แลกเปลี่ยนกัน (และจะสอดแทรกทบทวนทักษะการแก้ปัญหาเข้าไปด้วย) ทำจนครบทุกคน - เชื่อมโยงกับการแสดงออกในชีวิตประจำวัน ลง worksheet - จากนั้นให้เด็กสำรวจอารมณ์ ความรู้สึกของตนเองในกิจกรรม
Ending 5-10 min	<p>มอบหมายกรบ้าน และให้เด็กสรุปสิ่งที่ได้เรียนรู้ในวันนี้ และfeedback กิจกรรม ชอบหรือไม่ ชอบอะไรเล็กน้อย ทำกิจกรรมดีใจกระดาษพร้อมกันและนัดหมายครั้งต่อไป</p>

Session 13

การทบทวนสิ่งที่ได้เรียนรู้ก่อนจบกิจกรรมอีกครั้งเป็นสิ่งที่ช่วยให้เด็กได้เห็นภาพรวมของสิ่งที่ได้เรียนรู้ไปทั้งหมดและอาจส่งผลให้เข้าใจสิ่งที่เรียนรู้ไปมากขึ้นได้ ซึ่งการเข้าใจจะส่งผลดีต่อการนำไปใช้ในระยะเวลายาวได้

เป้าหมาย : เพื่อทบทวนสิ่งที่ได้เรียนรู้ไปในกิจกรรม

ระยะเวลา : 45 นาที

PHASE / เวลา	กิจกรรม
opening 5-10 min.	<ul style="list-style-type: none"> - ผู้วิจัยกล่าวทักทายสมาชิก และถามสมาชิกว่าวันนี้รู้สึกอย่างไรบ้าง และทำกิจกรรม Mood Board - ทบทวนสิ่งที่ได้เรียนรู้ใน session ก่อนหน้า - ส่งการบ้าน แลกเปลี่ยนเล็กน้อย - บอกกับเด็กเรื่องเวลาที่เหลือ และนำเข้าสู่กิจกรรม สิ่งที่ได้เรียนรู้
Middle 10-15 min	<p>กิจกรรม สิ่งที่ได้เรียนรู้</p> <ul style="list-style-type: none"> - กติกาคือมีเกมกระดานให้เด็กเล่น ทอยลูกเต๋า เดินตามแต้ม และทำกิจกรรมตามที่จุดที่ไปหยุด โดยจะให้เด็กจับคู่เล่นเพื่อแลกเปลี่ยนมุมมองความคิดเห็นกันได้ สำหรับกิจกรรมบนกระดาน จะมี 3 ช่วง ได้แก่ 1.) ดินแดนอารมณ์ 2.) ดินแดนผ่อนคลาย 4.) ดินแดนความคิด 1.) ดินแดนอารมณ์: แต่ละช่องจะมีใบหน้าอารมณ์อยู่เช่น โกรธ ดีใจ เศร้า พอไปยืนอยู่จะต้องเปิดการ์ดอารมณ์ ซึ่งจะมีคำถามเกี่ยวกับอารมณ์อยู่ เช่น หนูรู้สึก.....ตอนไหน ถ้าหนูรู้สึก.....จะเป็นอย่างไร และจะมีช่องพิเศษให้สำรวจอารมณ์ตนเอง 3.) ดินแดนผ่อนคลาย : แต่ละช่องจะมีเทคนิคการผ่อนคลายให้เด็กทำ เช่น หายใจแบบลึก ใช้จินตนาการ นับ1-10 และสลับกับช่องว่างและให้จับการ์ดสถานการณ์อ่านสถานการณ์และใช้เทคนิคตามที่ยืนอยู่หรือถ้าเป็นช่องว่างจะให้ใช้เทคนิคอะไรก็ได้ของเด็กและให้สำรวจความรู้สึกหลังจากใช้เทคนิคการผ่อนคลายไป 4.) ดินแดนความคิด : ให้เด็กจับการ์ดสถานการณ์ขึ้นมา และให้ใช้เทคนิคการแก้ปัญหาที่สอนไป - เมื่อเด็กเข้าเส้นชัยทุกคู่แล้ว ให้เด็กสำรวจความรู้สึกตนเอง ประเมินว่าตรงไหนที่เป็นเรื่องยากสำหรับตนเอง ต้องการคำแนะนำอีก ให้เด็กประเมินการนำเอาเทคนิคเหล่านี้ไปใช้ในชีวิตประจำวัน ในช่วงไหนบ้าง สนับสนุนการนำไปใช้ต่อไป เขียนลง form worksheet
Ending 5-10 min	<p>มอบหมายการบ้าน และให้เด็กสรุปสิ่งที่ได้เรียนรู้ในวันนี้ และfeedback กิจกรรม ชอบหรือไม่ ชอบอะไรเล็กน้อย ทำกิจกรรมชิงโชคกระดาษพร้อมกันและนัดหมายครั้งต่อไป</p>

Session 14

การที่เด็กสำรวจเห็นการเปลี่ยนแปลงของตนเอง และได้รับการเสริมแรงทางบวกกับพฤติกรรมใหม่ที่เกิดขึ้นเป็นสิ่งที่จะช่วยให้อุบัติการณ์ที่เรียนรู้ใหม่ต่อไปได้ ยิ่งโดยเฉพาะถ้าหากเด็กสามารถให้การเสริมแรงทางบวกต่อพฤติกรรมของตนเองได้ จะทำให้พฤติกรรมที่เรียนรู้คงทนมากขึ้น นั่นคือเด็กจะต้องเห็นความสำเร็จของการเปลี่ยนแปลงว่าตนเองเป็นผู้กระทำด้วยตนเองได้

เป้าหมาย : 1. เพื่อจบการบำบัด

2. เพื่อให้เด็กประเมินและมองเห็นการเปลี่ยนแปลงของตนเอง

ระยะเวลา : 45 นาที

PHASE / เวลา	กิจกรรม
opening 5-10 min.	<ul style="list-style-type: none"> - ผู้วิจัยกล่าวทักทายสมาชิก บอกว่าวันนี้เป็นครั้งสุดท้ายที่เจอกัน และถามสมาชิกว่าวันนี้รู้สึกอย่างไรบ้าง และทำกิจกรรม Mood Board - ทบทวนสิ่งที่ได้เรียนรู้ใน session ก่อนหน้า - ส่งการบ้าน แลกเปลี่ยนเล็กน้อย - นำเข้าสู่กิจกรรม นี้แหละตัวผมที่เปลี่ยนแปลงไป
Middle 10-15 min	<p>กิจกรรม นี้แหละตัวผมที่เปลี่ยนแปลงไป</p> <ul style="list-style-type: none"> - กติกาคือให้เด็กสำรวจตนเองและวาดรูปตนเองในช่อง ก่อนหน้าและตอนนี้มีอะไรที่เปลี่ยนแปลงไปบ้าง โดยให้เปรียบเทียบสิ่งที่เปลี่ยนแปลงทางอารมณ์ การแสดงออก "เมื่อก่อนเวลาหนูรู้สึกไม่พอใจเป็นอย่างไร และตอนนี้เวลาที่ไม่พอใจเป็นอย่างไร และมีด้านอื่นๆ ที่เปลี่ยนแปลงไปบ้างไหม อย่างไรบ้างจะ (แบ่งเป็นด้านการเรียน อารมณ์ สัมพันธภาพกับคนอื่น)" จากนั้นให้เขียนจดหมายให้เพื่อนว่าเห็นการเปลี่ยนแปลงอะไรในตัวเพื่อนบ้าง โดยจะมีรายชื่อเด็กและช่องว่างให้เด็กเติมความคิดเห็นลงไป เมื่อทำเสร็จจะให้เด็กผลัดกันเล่ามุมมองของตนต่อการเปลี่ยนแปลงที่เกิดขึ้นของตนเอง และเปิดโอกาสให้เพื่อนๆ บอกสิ่งที่มองเห็นการเปลี่ยนแปลงของเพื่อน และแสดงความรู้สึกต่อการเปลี่ยนแปลงที่เกิดขึ้น ทำจนครบทุกคน - ผู้วิจัยสรุปในภาพรวม ชื่นชมเด็กและสนับสนุนการเอาเทคนิคไปใช้ในชีวิตประจำวันต่อไป และผู้วิจัยจะให้ feedback การเปลี่ยนแปลงที่สังเกตได้ของเด็กแต่ละคน - แจกรางวัลตาม token ที่สะสมได้ โดยที่ 1-3 จะได้รับรางวัลพิเศษ คนอื่นๆ จะได้รับสติ๊กเกอร์ 1 ก้อน
Ending 5-10 min	<p>ให้เด็กสำรวจความรู้สึกตนเองอีกรอบหลังจากกิจกรรม และทบทวนการจัดการกับอารมณ์ที่เกิดขึ้นตอนนั้น (หากเป็นอารมณ์ทางลบ)</p> <ul style="list-style-type: none"> - ทำกิจกรรมดึงโซ่กระดาษอันสุดท้ายพร้อมกันเป็นการปิดกิจกรรม

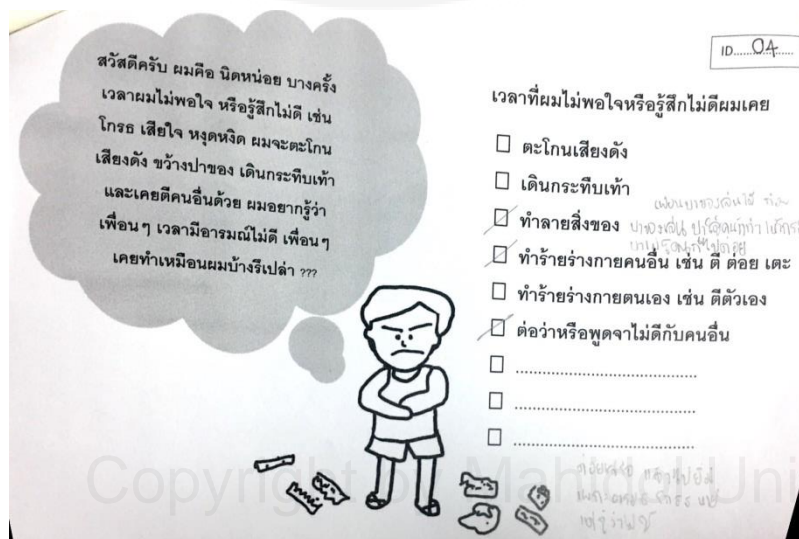
APPENDIX C

MATERIALS IN PROGRAM AND SAMPLE OF PARTICIPANT'S WORK

Session 0 (individual session)



ตัวอย่างรูปภาพเกี่ยวกับตนเอง

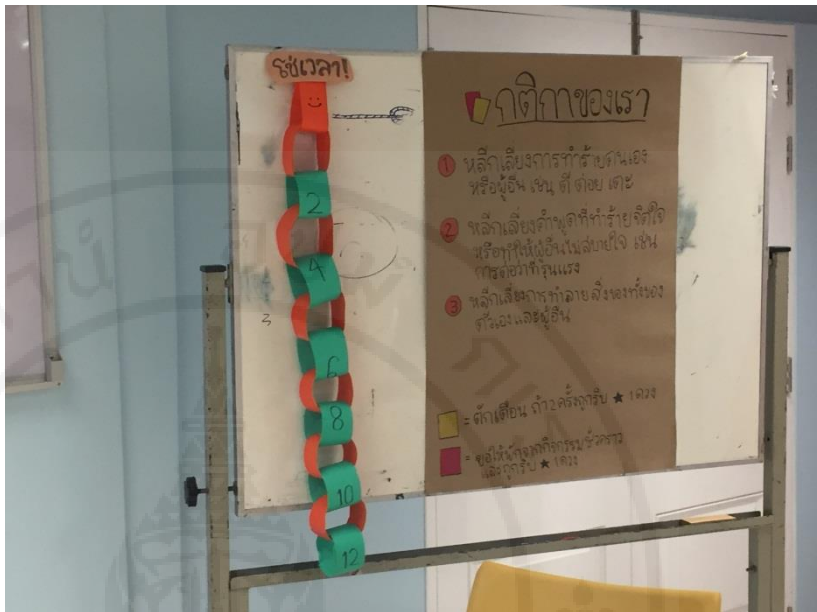


ตัวอย่างใบงานและคำตอบของกลุ่มตัวอย่าง

สื่อที่ใช้โดยรวมในกิจกรรมกลุ่ม



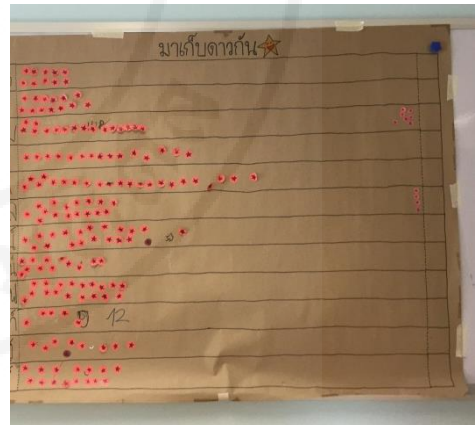
ปรอทอารมณ์



โซ่เวลาและกระดานกติกา



ใบหน้าอารมณ์



ตารางสะสมดาว

สื่อและตัวอย่างผลงานของกลุ่มตัวอย่างในแต่ละ session



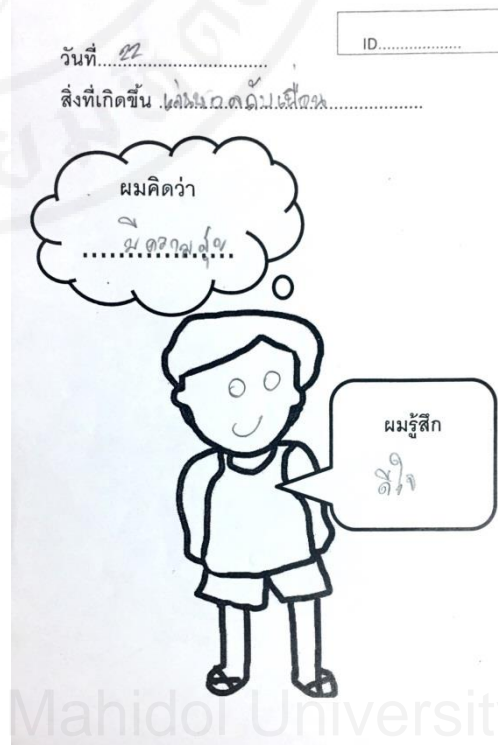
กิจกรรม session 1 : ปั้นดินน้ำมันร่วมกันในกลุ่ม



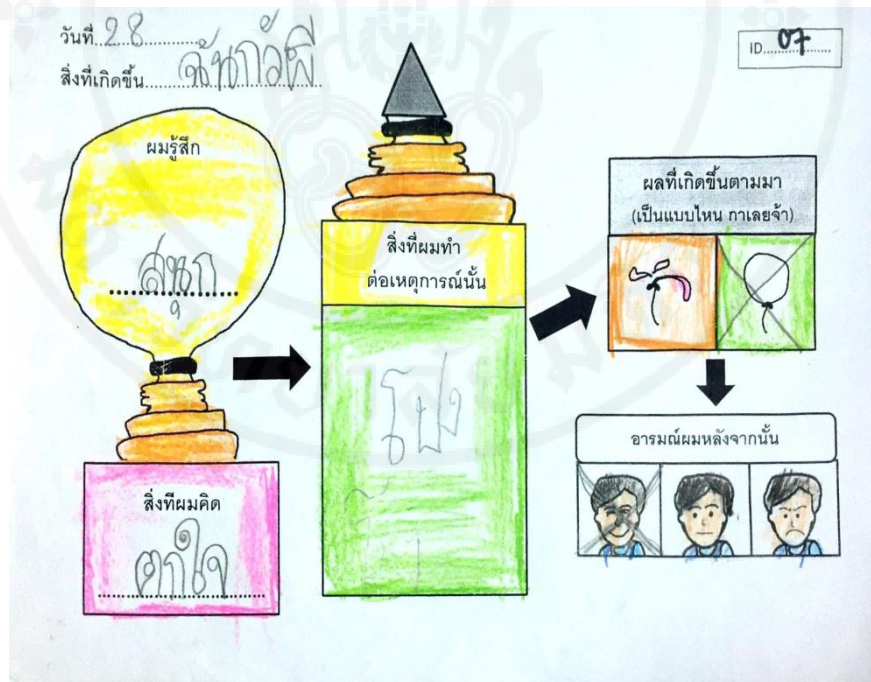
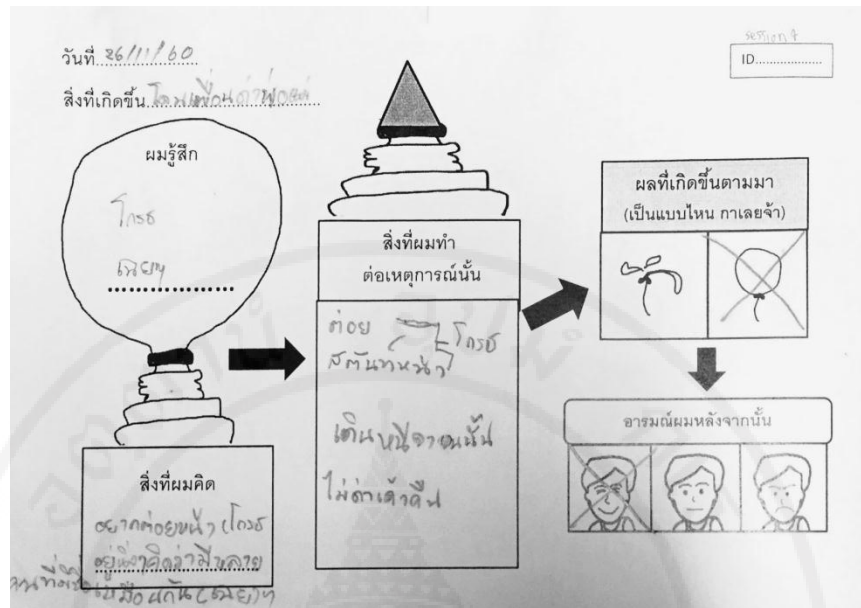
ตัวอย่างใบงาน session 1 และลักษณะคำตอบ



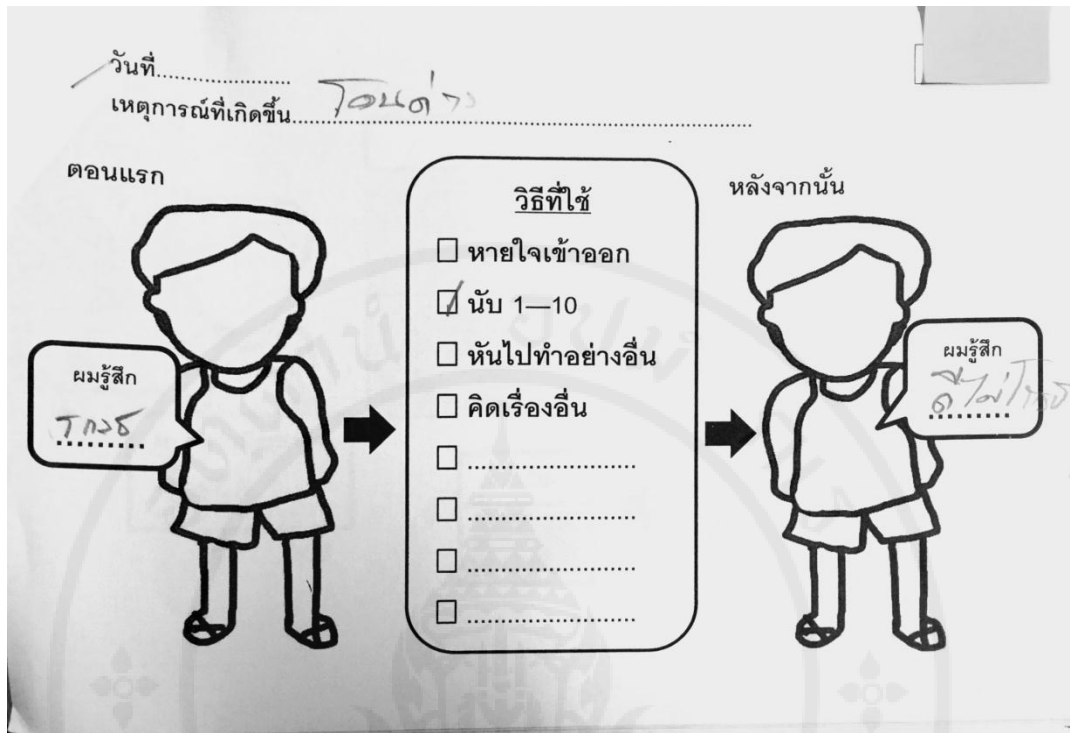
ตัวอย่างใบงาน session 2 และลักษณะคำตอบ



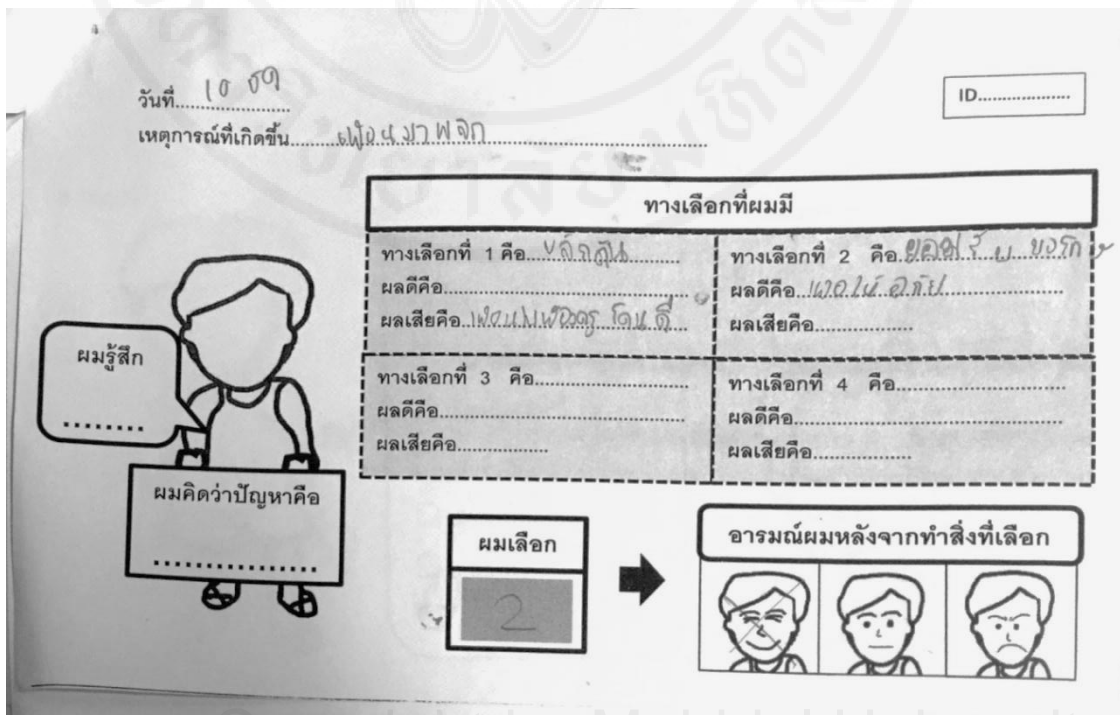
ตัวอย่างใบงาน session 3 และลักษณะคำตอบ



ตัวอย่างใบงาน session 4,5 และลักษณะคำตอบ



ตัวอย่างใบงาน session 6 และลักษณะคำตอบ

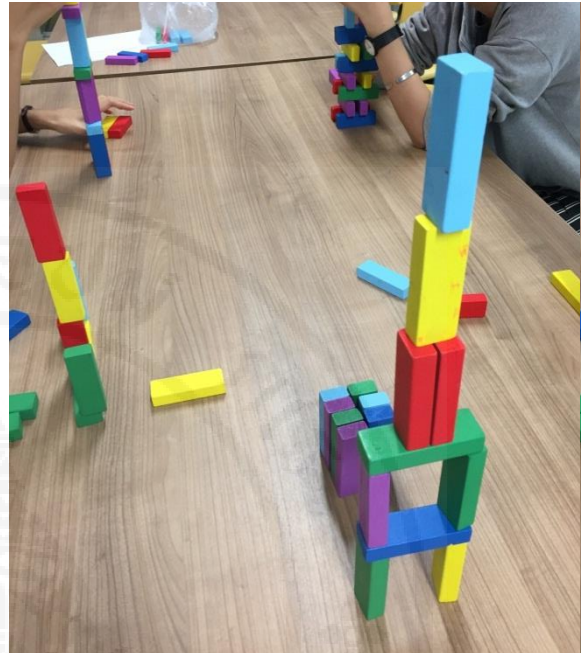


ตัวอย่างใบงาน session 7,8 และลักษณะคำตอบ

ID.....

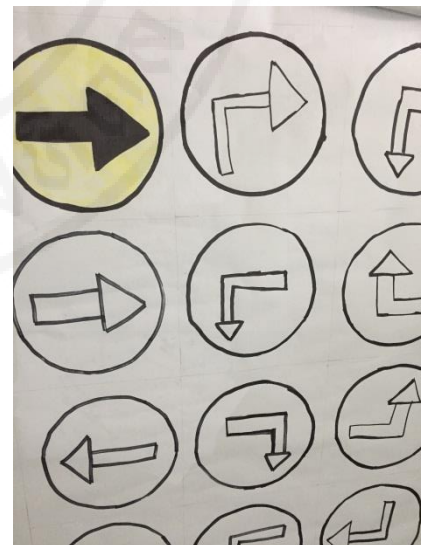
วันที่ 16 ตุลาคม 2564
เหตุการณ์ที่เกิดขึ้น หนึ่งพ่อท้อ

ผมสำรวจตนเองพบว่า ผมคิดว่า... และผมรู้สึก...	หยุด สำรวจและผ่อนคลาย	วิธีที่ผมใช้เพื่อ ผ่อนคลายคือ
ทางเลือก ทางที่ 1 คือ ข้อดีคือ ข้อเสียคือ	คิด พบปัญหาคือ	ทางเลือก ทางที่ 2 คือ ข้อดีคือ ข้อเสียคือ
ผลที่เกิดขึ้นหลังจากที่ผมทำคือ	ทำ ทางเลือกที่	ความรู้สึกหลังจากนั้นคือ

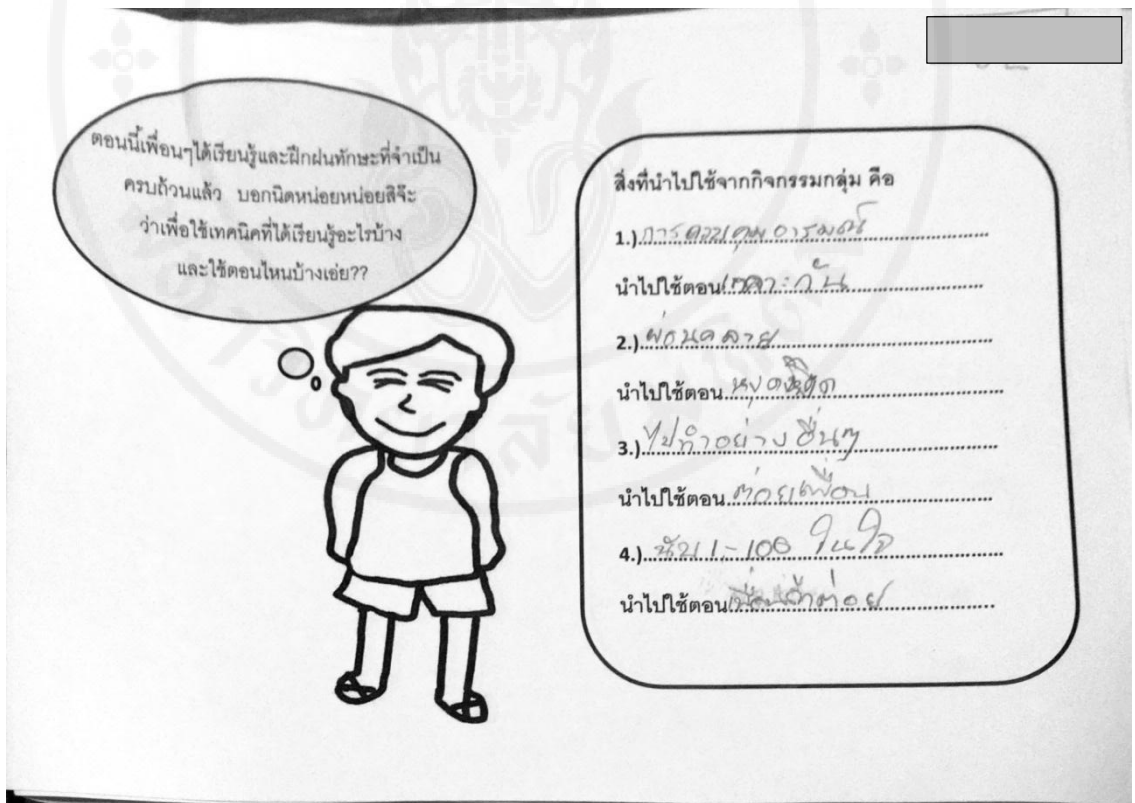
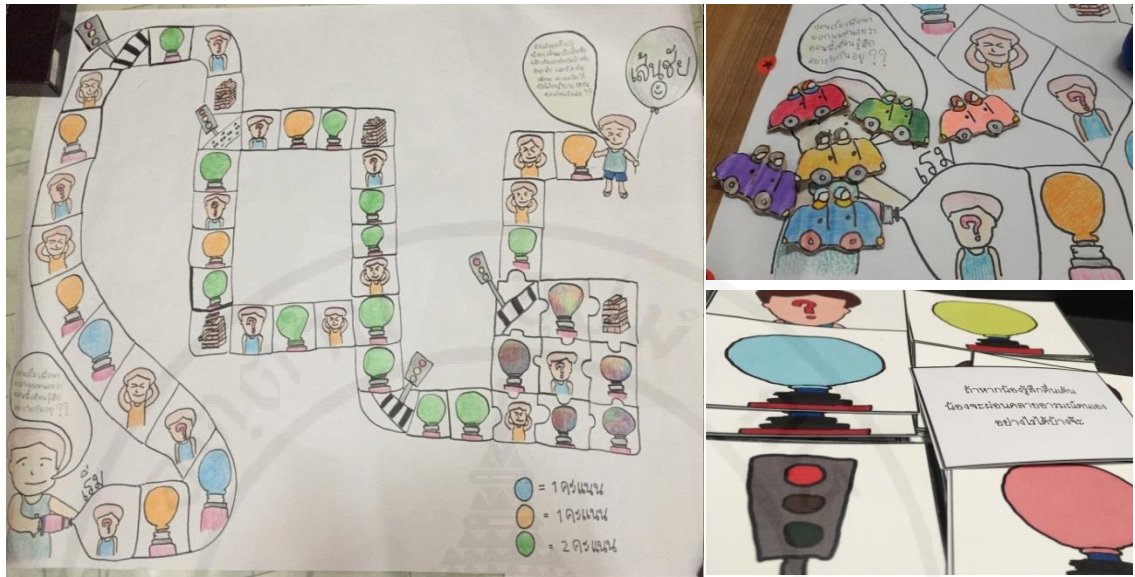


ตัวอย่างใบงาน session 9-12 และลักษณะคำตอบ

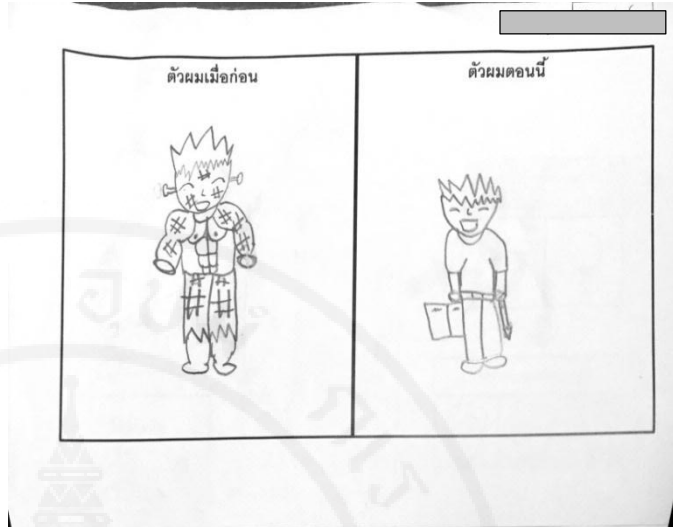
กิจกรรมครั้งที่ 10 ต่อหอคอย



สื่อประกอบกิจกรรม session 9-12



สื่อประกอบกิจกรรม ตัวอย่างใบงาน session 13 และลักษณะคำตอบ



สื่อประกอบกิจกรรม ตัวอย่างใบงาน session 14 และลักษณะคำตอบ

BIOGRAPHY

NAME	Miss Yanisa Kiattisirichai
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INSTITUTION ATTENDED	Srinakharinwirot University, 2011-2015; Bachelor of Science (Psychology) Mahidol University, 2015-2018; Master of Science (Clinical Psychology)
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AWARD RECEIVED	The Honorary presentation award for M.Sc. student (clinical & Social Science Research)
PRESENTATION	Siriraj Graduate Research forum 2018