



# Play Strategies for Classroom and Clinic

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# Play Foundations

# Definition and Dimensions of Play



Play is understood to be the “child’s spontaneous and pleasurable actions on objects, others and self, which contributes to the discovery, expression and mastery of physical and social reality, ideas and feelings” (Sheridan, Foley, & Radlinksky, 1995, p.1)

The dimension of spontaneity embraces the qualities of play as intrinsically motivated, self-directed, flexible and unfolding.

- Play skills-the mechanics of play
- Play themes-the content and meaning of play
- The social continuum of play-the relational dimension of play

# Functions of Play



- Tension reduction and pleasure
- Exploration, discovery, stimulation and mastery
- Arousal and regulation-novelty, uncertainty, complexity
- Pleasure and imagery which compensates for felt limitations, anxieties and deprivations-wish fulfillment
- Problem solving , rehearsal and adaptation



# Developmental Progression of Play

# Play Skills



## Sensorimotor play

- Mouth, fingers, vision and the surface of the skin of self and parent: reaching, tasting, touching
- Properties of the body transferred to some soft object pillow, teddy “transitional object” (birth-4M)
- Play material which does not serve as a substitute for the body but rather exploration, discovery, mastery and learning: grasping, inspecting, banging, dropping
- The sequence of sensorimotor learning through play accidental object discovery, repetition, exploration, anticipation of the effects of actions on objects (4-8M)
- Novel imitation, awareness of an independent universe, increased anticipatory behavior, limited understanding of language and the intentional application of known means to new situations (8-12 M)

# Play Skills



## Functional play

- Combination: filling-dumping, opening-shutting, fitting-in, messing
- Movable toys in correspondence to locomotion
- Constructive play: building and destruction in correspondence to ambivalent trends
- Repetition, imitation and ritual
- New means through active trial and error experimentation e.g. tool use (12-18M)
- New means through mental combination e.g. solving simple puzzle by inspection memory and thought (18-24M)

# Play Skills



## Symbolic play

- Body based representation-drinks from empty cup
- Independent representation-feeds doll
- Object substitution-uses block as car/banana as telephone
- Imaginative play- novel combination-pretense beyond personal experience and break with convention on object use, scene or role
- Socio-dramatic play with props, ideas and plots that transcend personal experience or recombine and elaborate personal experience with imagination
- Roles and rules
- Replica building
- Pleasure in the finished product



# Play Themes



- Sensory pleasure and tension reduction
- Getting and taking in
- Alertness and “ableness”
- Resolution of ambivalence
- Aggression expressed in “muscularity”
- Destruction-reparation
- Mastery and autonomy
- Reality and fantasy
- Bodily harm and security
- Consolidation of place-in-the-family, relation to authority and social roles
- Experimentation, problem solving , trying –on new possibilities-an “intermediate space”

# Social Continuum of Play



- Solitary
- Onlooker
- Parallel
- Associative
- Cooperative



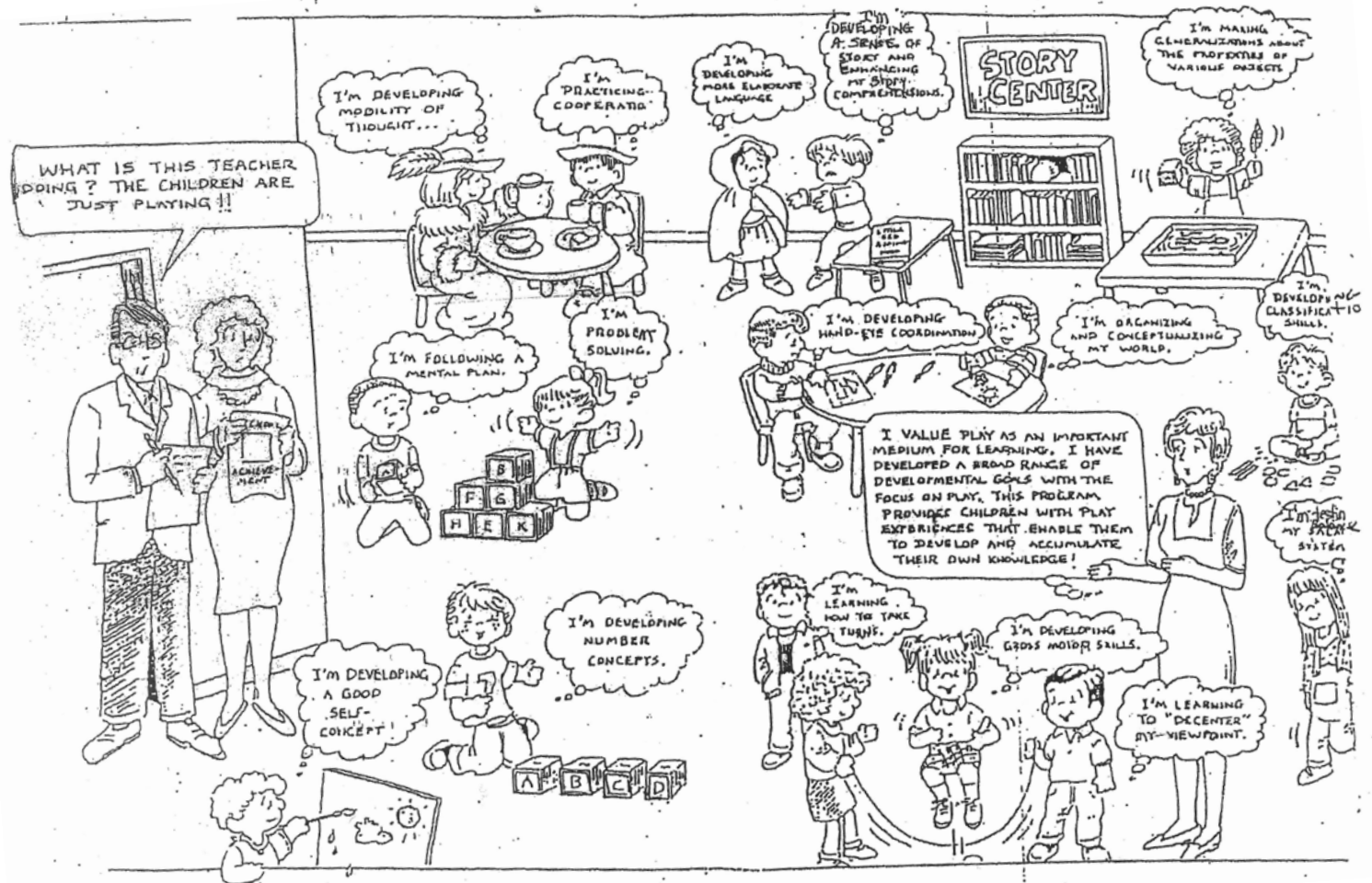
# Play Strategies for the Classroom

# They're only playing!



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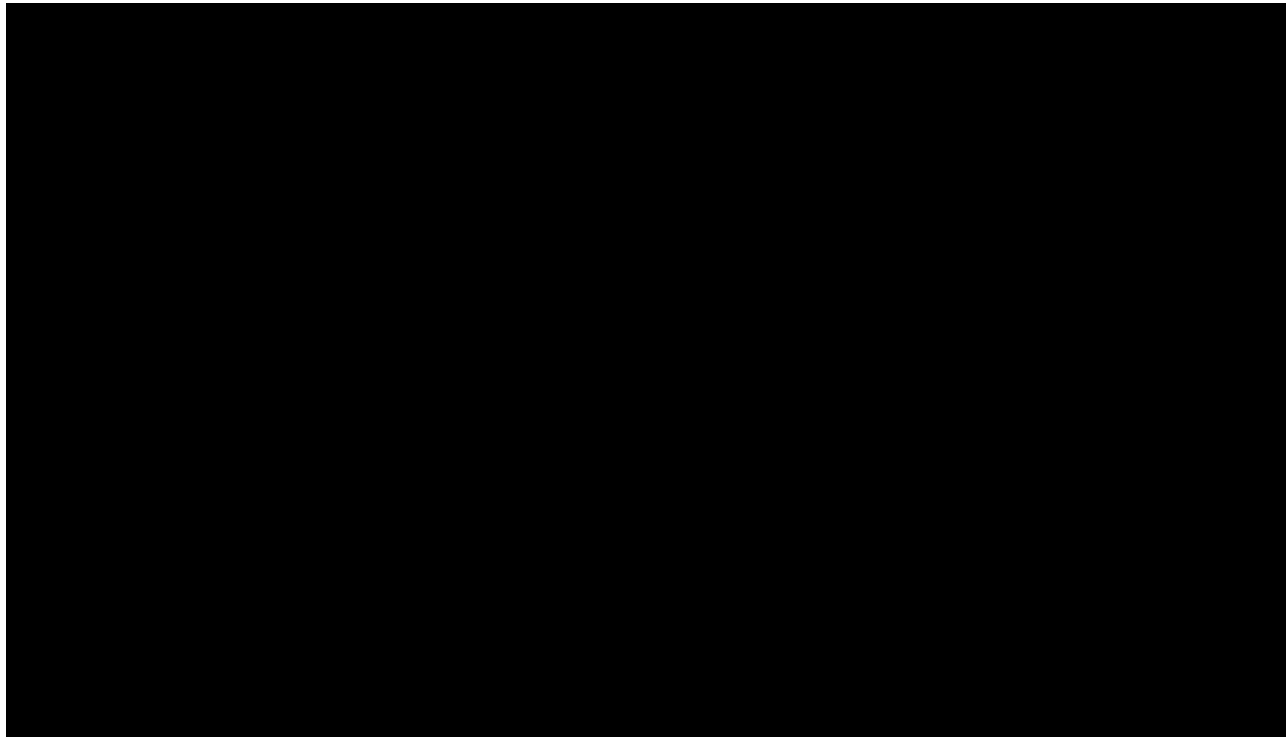


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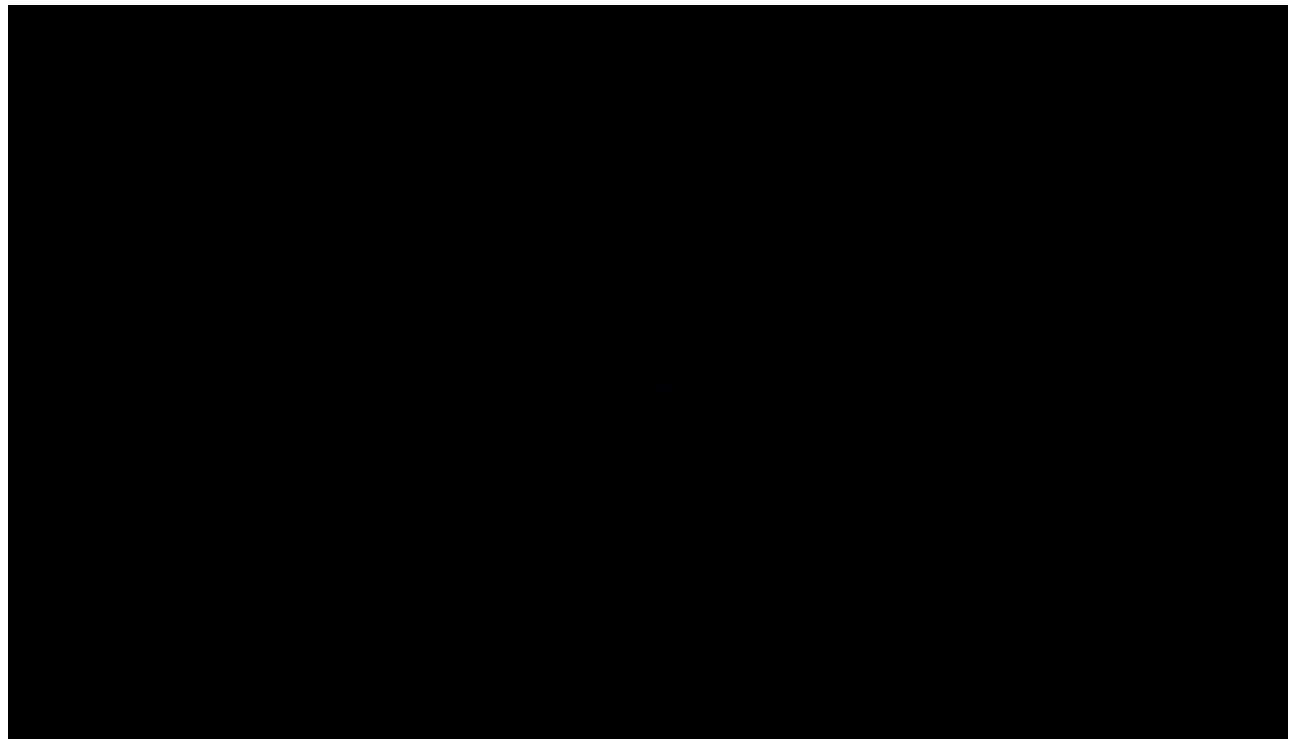


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# Play Materials and Play Space in the Classroom



# Role of the Teacher



*“Free play time is not free time for the teacher!” – G. Foley*

- Set designer
- Expander of play
- Deepener of play
- Challenger
- Clarifier
- Interpreter



# Play as Self-Curative



# Play as Regulation



- Private speech-self-talk
- Pretense imposes control over external stimuli exerting regulated intent over physical/descriptive reality
- Play as regulatory practice
- Novelty and investigation
- Roles and rules



# Common Concerns and Strategies

# Limitations in Play



- **Repetition:** preoccupation
- **Blunted:** little affect or expression
- **Constricted:** narrow range of interest, experimentation or curiosity
- **Delayed:** play skills discrepant from chronological expectations
- **Derailed:** odd or outside the typical and expected developmental patterns of play

# Contributions to Play Limitations



- Intellectual disability
- Neuromotor disorders
- Lack of experience/deprivation
- Sensory/individual profile themes
- Visual-spatial problems
- Tone, posture, planning
- Trauma and emotional conflicts
- Attentional problems

# How to Think about It-What to Do



## Play skills

- Sensory qualities of the classroom
- Attributes of objects-too light, too fuzzy, too small, too complex, adapt materials, etc.
- Expectations too high-backing down, simplify e.g. water demands nothing from the child
- Attributes of the play environment-too busy, too noisy, too close, too many toys- too many choices
- Level of structure-open ended, task analyzed, sequenced
- Language loading-comprehension
- Involve peers-mediate interaction, allow for onlooker learning
- Provide the child with real experiences as a concrete referent for play



# Play Strategies for the Clinic (Play Therapy)

# The Playroom and Play Materials



## The playroom

- A safe haven and secure base
- A microsphere
- A container
- A transitional space
- Quiet spaces, floor spaces, soft enclosed spaces, table top surfaces, chairs
- Shelves with doors, so toys can be selected
- Individual boxes for each child with name to contain a few favorite play things, products, pictures “treasures”

# The Playroom and Play Materials



## The play materials

- Resilient and cleanable surfaces, etc.
- Availability of water
- Child size table chairs
- Gym matt
- Sensory materials (bean bag chair, therapy ball, foam bolsters and large shapes, lycra fabric, large rubber bands for pulling, full length mirror, scooter board, pillows, soft toys, shaving cream, containers of beans, sand/water table, bean bags, soft balls)
- Expressive/ plastic materials: paint, clay [presses, extruders, cookie cutters, rolling pin], crayons, markers, paper of various sizes, (news print, large brown paper that can be rolled out on the floor or tapped to the wall), wooden unit blocks



# The Playroom and Play Materials



## The play materials (cont.)

- Doll house, furniture, kitchen appliances & bathroom fixtures  
family figures
- Dolls, human figures (super heroes, pirates, soldiers), puppets,  
blankets, baby bottle
- Animal figures (domestic, wild, dinosaurs)
- Locomotor toys (trucks, cars, busses)
- Doctor kit
- Filling, dumping, nesting toys
- Bubbles
- Aggressive toys (Inflatable swords, workbench, drum & other  
percussion instruments, inflatable bozo)
- Kitchen, toy food, kitchen utensils, pots/pans

# Introducing Therapist, Treatment and Ground Rules



## Introducing yourself

- “I am someone who helps boys and girls with their worries, feelings and fears and helps them to grow up.”

## Introducing the treatment process and the frame

- This is a place to play and work and talk about your thoughts and feelings and worries.
- It is your time and a place you can do and say things that may not be OK to say and do at other places like home and school.
- I will sometimes make guesses about what I think you might be trying to tell me or what your play is about. I will not always be right about my guesses and you can tell me what you think!

## Ground rules

- You cannot hurt yourself or me.
- You cannot break the toys or spoil the room on purpose.
- We cannot touch one another in places that are private.
- What you say and do in here is only for us and no one else. I will talk with your parents about general things, such as, “he likes to play about hiding and finding and wants to be sure no one will leave him,” but not exactly what you say or do, unless it is to protect you from hurting yourself or others. I will talk with your parents so they can help you with growing up.

# The Working Alliance



“The composite of all the factors that keep the child in treatment and which enable him to remain there during phases of resistance and negative transference” (Sandler, Kennedy & Tyson, 1980, p-53).

## Factors that keep the child motivated for treatment:

- The child’s awareness of challenges, the need to address them and the child’s capacity to tolerate treatment process.
- “I wonder why you think mommy and daddy brought you here to play and work with me?”
- When the symptomatic behavior is manifest: “this is why mommy and daddy brought you here”
- A positive tie to the therapist
- Pleasing the therapist
- Direct or indirect pleasures or gratifications
- Being understood in a unique way
- Finding a balance between work and play- “I think we had enough at that today; let’s play a little now.”
- Therapist as a new object: fully available, respectful, listens, unconditional positive regard
- “You are important and I will listen to what you have to say and be here and pay attention to what you show me in your play.”

# Strategies for Eliciting Material



- Follow the child's lead and intent
- Join the child at the child's level of play-enactment, drawing, dramatization and verbal expression- "play is an in-between stage, falling between enacting without control and putting into words as a precondition for controlling thoughts" (Sandler, Kennedy & Tyson, 1980, p.-121)
- Promote projection-ambiguity is the mother of projection
  - Open ended questions
  - Wondering
  - "Show me"
  - The squiggle game
  - Picking up a toy figure hold it to your ear and say, "she is telling me....." give it to the child and say, "listen carefully, I wonder what she will tell you?"

# Strategies for Eliciting Material



## Managing resistance

“Common to all resistance is the client holding something back or unconsciously wanting to shut something out of awareness” (Sandler, Kennedy & Tyson, 1980, p-58)

- Use of the third person- “many boys and girls.....” ; “ I once knew a child who.....”
- Talking through a toy or puppet
- “Holding” an interpretation, “I know this may make you angry, but.....”; “I am not scolding you, but.....”
- Referring to a “part” of the child- “I think the little boy part of you
- doesn’t like to know about the angry feelings inside.....
- Identifying the resistance- “every time I talk about.....you cover your ears”
- Anticipating resistance- “you didn’t like what I said today and you may say inside, I don’t want to go there and play again or I would rather go outside with my friends to play, but I will be here waiting for you.”

# Strategies for Managing Aggression and Dysregulation



- **Displacement:** “You want to bite me but you can’t. You can bite the pillow and talk about being angry with me.”
- **Identifying the real object of anger:** “It is naughty Mama not your baby sister jane.....”
- **Destruction repair play:** Building and knocking down blocks or destroying clay and rebuilding – “Your angry feeling won’t hurt the blocks or me. We can fix things.”
- **Resistive materials/sensory play:** pounding a work bench, wheel barrow walk, diving into a bean bag chair, rolling out clay, pillow sandwich, cocooning in lycra fabric, obstacle courses, bubbles, shaving cream on a mirror, tug-of-war with rubber bands/bungi cords, building and working in a tent, scooter board play, swinging in a blanket or lycra “hammock”; water, sand, beans.

# Strategies for Managing Aggression and Dysregulation



- **Regulation games:** Simon Says, statues, red light-green light, musical chairs, imitation of postures, start-stop games of all types
- **Restrictions:** “I know you are only trying me out, so tell me what you want to do next”; I know you are trying me out , but I can tell you that I will just have to stop you like Mommy does”; “How far do you want me to let you go? We both know I will have to stop you at some time”; “I know you can be boss of yourself and ..... but if you can’t, then I will have to help you to stop so you are safe and I am safe”

# A Bottom Up Approach to Tantrum Recovery



**Reason/talk**



**Relate**



**Resonate**



**Regulate**



# Strategies for Managing Anxiety and Fear



- **Play Disruption:** The observational unit- “the span between the moment when we observe that the child has turned his attention to a toy, a person or a conversational manner and the moment when we notice that she turns to the next one.”
- **Use of adaptive self-statements:** “Mom and Dad don’t get along, but they both still love me”; Talking through a puppet, “I am scared but the dog won’t hurt me”; “Look at what you did so well today! You kept trying to put those tracks together until you got it, instead of throwing them.”
- **Turning passive to active:** “You be the doctor and do to the bear what the doctor did to you”; “You seem to want to be the boss. You can try that out here and see what it feels like to be the boss of a grown up”; “You can hide and I will try to find YOU!”



“One of the great paradoxes about omnipotence is that we need to feel it early in life, and lose it early in life, in order to achieve a healthy, realistic yet exciting sense of potency later on.”

-Fred Rogers

# Strategies for Managing Anxiety and Fear



- **Behavioral rehearsal:** The therapist may purposefully and systematically have a puppet behave a certain way that is accessible and rewarding to the child (e.g. I can't wait until I feel brave enough to walk to school myself). Two or three puppets are chosen. The therapist or child names them if willing. At least one of the puppets should have a problem similar to the child's (e.g. This puppet gets angry when his Dad drops him off at Mom's house. Sometimes he hits and kicks, because he doesn't want Dad to leave. I wonder if there is any other way he could let Dad know he is angry? Maybe we could try it out.....)
- **Compensation in fantasy:** "Superhero Gadget" (What powers does your gadget have? How would you use it? What is the name of your gadget? Can only you use it, or could others use it as well?); "You be Santa give as much or as little to everyone as you wish."
- **Cognitive reframing:** "Your Dad was very sick. He died because he was sick and couldn't get better not because someone hurt him or had bad thoughts about him"; I know it is hard to sleep alone but I also know you ride horses. If you can be in charge of a big horse I bet you can be in charge of your feelings of being afraid."

# Use of Self



- Therapist as new object /parallel process

“The child must destroy the object in order to use the object.”

-D W Winnicott

“Do unto others what others would do unto others.”

-Jeree Paw

- Reflective function

The capacity to understand and interpret –implicitly or explicitly-one’s own and others’ behavior as an expression of mental states such as feelings, thoughts, fantasies, beliefs and desires (Fonagy, Gergely, Jurist & Target, 2002).

# Use of Self



- Therapist as container  
By tolerating strong feelings without reaction or retaliation the child learns that big feelings will neither damage the child nor the therapist and that they can be managed.

“Your ..... feeling won’t scare me off”

“If it’s mentionable; it’s manageable.”

-Fred Rogers

- Providing a “corrective emotional experience”

# Finding Meaning in Play and Talking Effectively to Children



“Infer from the selective attractions and aversions created by a standard environment”

- Affect-emotional interest in and withdrawal from objects
- Ideation-verbalized content, acted out themes
- Repetition-recurring themes and in what sequence
- Dramatization by interlay of body parts and organ systems
- Arrangements of small objects in such a way that their organization signifies a configuration of conflicting forces in the child's life
- Therapist's impressions, associations and reflections

# Finding Meaning in Play and Talking Effectively to Children



- Staying in the metaphor of the play
- Level of child's language comprehension
- Rate and complexity of therapist's language
- Keep it concrete
- Interpret from the defense to the content or dynamic

# Termination



- Can the child cope on her own?
- Does the child show a reasonable prospect of moving on to the next developmental phase?
- The child's experiences of being abandoned, neglected or separated from the primary attachment figure play an important part in the child's reaction to termination.
- "You will be coming in for four more sessions and then we will be saying good bye. Let's count and mark them on the calendar"; "Let's look at the things in your box and remember together about all we did here, feelings you had, things you learned and how you have grown up"; It seems that you may be a little sad that we won't be meeting together and playing anymore"; "I will miss seeing you, but I will feel happy that you are no longer.....and are growing up so well; You know, your mind is a little like a computer screen and you can bring up pictures and memories of me and what I said in your head when you are missing me and our time playing together."





# Psychodynamic Play Therapy with a Six-Year-Old



# Play Strategies for the Pre-symbolic Child

# DIR<sup>®</sup>/Floortime



- Developmental
- Individual-difference
- Relationship-based

# Foundational Capacities of Development/Functional Emotional Development Levels



<b>Community</b>	<b>Building logical bridges/Ideas Representation/symbolization Problem solving</b>
<b>School</b>	<b>Two way communication Engagement</b>
<b>Family</b>	<b>Regulation and joint attention</b>

Play skills	Preverbal dialogue	Experience	Affect	State	Reflex
Play themes	Vocal synchrony	learning	Object relations	Sensation	Tone
Coping	Intentional reciprocity	Functional	Self	Perception	Stability
adaptations	Shared meaning words	skills	Intentionality	Visual-motor	Movement
(across	Early discourse		Inner life		Motor plan
disciplines)	(SLP)	(Edu.)	(MH)	(OT)	(PT)
			Health		
			Well Being		
			(Medicine)		

Activate Organize Integrate Synthesize

# Floortime Principles



- Follow the child's lead/intention
- Join the child at his level of function and interest-woo the child into the relational world
- Respect and build on the child's intentionality and ideas
- Create a play-based environment
- Expand play schemes, increase the number of "circles of communication", promote continuous flow of affective exchange

# Floortime Principles



- Introduce child to new experiences and play objects-graded exposure
- Model-touch, demonstrate, say
- Provide social and experiential referents-trip to the firehouse, farm, store
- Add novelty, surprise, anticipation
- Use affect
- Challenge by playful obstruction, playing dumb, playful errors
- Attend to level of arousal/regulation –activate, calm, organize, corral, sensory diet
- Elaborate-add a new step, redirect, point out features
- Involve peers-mediate interaction, allow for onlooker learning

# Floortime Principles



- Challenge-playful obstruction, playing dumb, playful errors
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# DIR<sup>®</sup>/Floortime Session with a Child with early Symbolic Development



# Working with the Pre-Symbolic Child



Some children do not present coherent, organized or narrative play

- May be too young
- May not have had exposure to symbolic play materials or to other experiences that support narration or symbolization (ex: being read to)
- May have history of chaotic, traumatic experiences that are disorganizing and dysregulating; child living in a chaotic emotional universe that precludes the development of narration or symbolization

# Development of Symbolic and Narrative Capacities: the Role of Primary Caregivers



- Developmentally, it is some time before young children are able to maintain a sense of people, objects and events in their world and to understand the nature of the relationship between them
- The ability to represent specific experiences in a stable, meaningful fashion develops over time; fluidity and confusion underlies much of their understanding, particularly in regard to complex, emotional events and situations
- Emotion understanding usually develops in the context of the parent-child relationship
- Children learn to represent internal experiences because these experiences are first made real by another's recognition of them
- Role of integrator, synthesizer and translator of child's inner life is first carried out by parents

# Relational Foundations



- Research indicates that the ability to express emotions and the ability to tell a story using symbolic play are related to the quality of the parent-child relationship
- Quality of sharing between mother and child is vital to symbolic development; symbols emerge in the context of shared meaning with an other
- Richness of the symbolic world is tied to mother's ability to help child create meaning within the context of their playing together
- Maternal responsiveness and awareness of one's inner life
- Early designation of baby's feeling states makes them real and coherent for baby
- Later extends to feeling states of others

# Relational Problems



- Parental depression
- Parental preoccupation
- Problems in parental affect regulation
- Extreme fearfulness, vigilance
- Loss of primary caregiver

All detract from parents' capacity to recognize, interpret,  
regulate children's emotional states

Preclude parental capacity to help child organize understanding  
of the interpersonal world

Limited experience with activities and materials that promote  
narration, symbolic representation, pretend play

Child's limited experience knowing that the other is interested  
in his or her emotional experience

# Impact on Child



- Disorganized, non-integrated internal affective experience
- Lack of capacity to organize experience in a coherent way
- No means to create order out of chaos
- Limited emotion understanding
- Lack of experience sharing inner life with others

# Trauma



- Predominance of fear and hypervigilance to danger detracts from higher order cognitive achievements or capacities
- Lack of availability of an emotionally attuned adult adds to child's psychological disorganization
- Likely that history of parent-child relationship did not allow for emotional mirroring, emotion understanding, narrative organization of experiences

# “Simply playing” with a Young Child is Therapeutic



- “With children who cannot play coherently or meaningfully, or who cannot use the symbols of play and language to make sense of their emotional experiences, who cannot create narratives for their experiences, an essential part of the work of treatment is to help them do so” (Slade, 1994).
- “Psychotherapy has to do with two people playing together. The corollary of this is that where playing is not possible then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play” (Winnicott, 1971).
- The process of playing, itself, is consolidating and integrative; it provides children with the resources to make sense of emotional experiences on their own.

# Helping Children Learn to Play



- Develop the tools to make sense of things
- To link experiences together
- Unravel the tangle of feelings and impulses
- Symbolize
- Imagine
- Make meaning
- Discover what they feel, what they want
- Make sense of what others feel, know and believe



# Strategies



- Imitation
- Name (or ask child to name) objects, characters the child has chosen to play with
- Describe action
- Infer state of characters
- Gradually introduce the idea of telling a story with play
- Ask about characters' actions, motivations (what are the ducks doing? Where is the truck going?)
- Ask what might be happening, what characters might be feeling?
- Invite child to link objects and players together
- Attempt to expand and elaborate story line to ultimately create richer make believe world
- Help child know we are there to be told

# Post-Traumatic Play



The demonstration and repetition in children's play of events that have been traumatic for them

Post traumatic play is also an effort to process and manage traumatic memories and, as such, is a phase of trauma treatment

Sometimes, traumatic play is expected, especially when the child's exposure to a traumatic event is the reason for referral

Sometimes traumatic play is not expected but becomes a way to re-construct child's traumatic experience

# Characteristics of Post-traumatic Play



- It is repetitive – both within and across play sessions
- Can be concrete, literal, and represent events as child actually experienced them, or events and experiences can be presented in symbolic way to maintain safe enough distance to play out concerns
- It is often intense and can feel driven
- May be secretive or hidden; kept from adults
- It may disrupt, abruptly
- It is not fun, as most other play is; children seem compelled to do this

# Functions of Post-Traumatic Play



Erikson: Playing out traumas is the most natural self-therapeutic process childhood offers; children will repeat in their play that which has made a great impression on them

- An essential component of trauma recovery; a reparative strategy that usually emerges in the context of an attuned, empathic, supportive relationship

# Functions of Post-Traumatic Play



- Gradual exposure, systematic desensitization
- Play makes the traumatic experience less intense and more manageable
- Creates opportunity to provide information, correct misperceptions, provide narration for confusing events; permits child to make sense of experience
- Permits parent or caregiver to learn of or see child's experience; means of communication
- Helps child re-work difficult experience; allows for introduction of new elements or endings either by child or by adult (greater chance of leading to mastery when child feels in control of outcome of play); cognitive re-appraisal of events

## 2 Types of Traumatic Play



- Dynamic, positive, therapeutic – allows child to modify the negative components of the trauma; play is likely to change over time
- Toxic: when the play becomes stuck, posing danger of re-traumatizing child; repetitive play is unsuccessful in relieving anxiety and fails to help child attain resolution; may need therapist's intervention (breathing, relaxation, bibliotherapy)

# Therapist's Role/Strategies



- Tendency to avoid means therapist has to be more directive, and set the stage more than in other approaches to play therapy
- Still, therapist follows child's pace in the work
- Receptivity to the material and attunedness of relationship provides the context; facilitation, encouragement, help processing
- Include parents in the play; help parent understand meaning of child's play; psycho-education; facilitate conjoint narrative sharing; attachment based work

# Strategies



- Provide/select play materials that permit child to represent traumatic experiences
- Therapeutic stance of openness to material
- Patience with repetition; patience for child's readiness to reveal traumatic memories in play
- Invite/encourage parent to participate actively in child's play and to talk about traumatic event
- Acknowledge child's ambivalent feelings
- Set limits for dangerous behavior but provide alternative means for expressing feelings





# Case Example

# Supporting Parents through Post-Traumatic Play



- Parent delegates play with child to therapist; reluctant or resistant to playing
- Parents are often alarmed and try to inhibit traumatic play; fear of re-traumatization and wish for child to forget traumatic event, or move on
- Convey the reparative aspects of the play
- Help parents process their own traumatic reminders that child's play evokes
- Focus on what is different now and help parent co-create a narrative of trauma and recovery with child
- Parent's recovery from the traumatic event(s) and/or ability to engage with child in a genuine way about the traumatic event is critical to child's outcome

# Using Play to Support the Parent-Child Relationship



- Coaching parents to play with their young children is an important way to support the parent-child relationship
- Parent-child play promotes strong bonds and creates a bank of positive feelings that support compliance and provide balance for times of conflict
- Many evidence-based interventions, including Incredible Years, Parent-Child Interaction Therapy and Barkley's Defiant Child start by "requiring" parent-child play
- Child-focused time, with parent's attention, permits parents to get to know their children in a different way and to provide alternate types of interaction than usual day to day activities may allow

# Incredible Years Play Guidance for Parents



- Follow the child's lead in play
- Pace the play to suit the child
- Be sensitive to child's cues regarding interest/ability
- Avoid power struggles/competition
- Praise and encourage child's ideas and creativity
- Encourage make believe, fantasy and role-playing
- Be an appreciative audience
- Use descriptive commenting (don't ask questions)
- Encourage child's independent problem solving
- Reward quiet play with attention
- Laugh and have fun

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