

Play Therapy in US Elementary and Preschools:
 Traditional and New Applications for Counselor and Teacher Use
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With the incidence of violence in US schools increasing teachers and school counselors are being asked to handle violent children often without the resources to intervene successfully (The National Association for the Education of Young Children [NAEYC], 1996). This trend may be due to impaired caregiver-child attachments caused by family neglect and trauma (Perry, 1996). Perry argues this causes areas of the brain related to fight and flight to become over-developed and areas related to empathy and impulse control to remain underdeveloped, leaving the individual less neurologically responsive to later intervention. The NAEYC Position Statement on Violence in the Lives of American Children (1996) documents that 25 percent of children age six and under are living in high risk environments known to produce impaired attachments and later violence. Because many at-risk children never reach the mental health system, school-based services are critical (Goleman, 1995). Educators are overwhelmed with referrals indicating a need to expand service delivery beyond traditional forms of counseling. Feeling this burden, many school counselors, play therapists, and other practitioners are looking for new ways to reach at-risk children in schools.

Research clearly suggests that having a secure attachment with a teacher can partially compensate for an insecure one with a parent (Shore, 1997) and thereby reduce risk. So an alternative, in certain cases, is to train teachers to act as the primary interventionists and counselors as their coaches within a broader intervention system that includes play therapy. This article describes one such school-based intervention system developed by the author called Positive Attachments and Learning to Succeed (PALS) that trains teachers, counselors, play therapists, and administrators to work collaboratively to reach at-risk children early.

The Power of Play, Play Therapy, and Play-Based Interventions

While there are numerous intervention programs many do not begin early enough or employ practices that are developmentally appropriate for young children (Chaloner, 1996, 2002; Goleman, 1995; Shore, 1997). Play is perhaps the most developmentally appropriate and powerful medium for young children to build adult-child attachment relationships, develop cause-effect thinking critical to impulse control, process stressful experiences, and learn social skills (Chaloner, 1996, 2002). The pioneering work of Guerney, Primary Mental Health Project, and researchers studying attachment and brain development provide a rationale for the efficacy of training teachers to act as therapeutic partners with counselors in schools. The methods described here build upon this work, combining a classroom-based framework with traditional play therapy to create a more efficient, developmentally appropriate early intervention system.

Bonding, Boundaries, and Language

Building secure adult-child attachments requires a balance of three key elements: bonding, boundaries, and language. It is their combined effect that facilitates both the establishment of an adult-child attachment and the resulting positive change in behavior. All three elements must be part of the intervention plan and applied equally by age eight to ensure success. Teachers and counselors identify and give “language” to the drivers of misbehavior and themes expressed in play. “Themes” are defined as the feelings, needs, and beliefs children have about themselves and their world that are expressed during play (Chaloner, 1996, 2002). “Drivers” are defined as the feelings, needs, and beliefs that children have which determine the form and function of their behavior and learning problems (Chaloner, 1996, 2002).

“Bonding” is achieved when teachers and counselors use play with at-risk children to develop warm relationships and help them process stress symbolically. Teachers can briefly give language to play while roaming between areas where play has been established as an option. The teacher might say to a child playing with dinosaur miniatures: “The dinosaurs are fighting” (tracking) followed by “The T-rex is angry” or “The momma long neck is scared for her babies”

(feeling themes). The teacher might then say: “You can keep playing and I’ll come back to see what you’re doing.” Then she briefly attends to a second child’s play in that same or another area. After roaming, she returns to attend and give language to the first child’s play again. This might occur three to six times with each at-risk child over a 30-minute period. As an alternative, when teachers cannot provide play in the classroom, counselors can substitute weekly, 30-minute play therapy sessions to fulfill the “bonding and stress reduction” part of the intervention plan.

“Boundaries” are established when adults create meaningful rewards and consequences, and clear rules and instructions. Play centers can provide a developmentally appropriate medium for teaching social skills in the classroom. For example, if a child playing with miniature dinosaurs begins yelling at another child to give him back a dinosaur the teacher levels and gives language to “one driver” before stating the rule, consequence, or offering alternatives. She might say: “You’re mad that Tim won’t give you that dinosaur back” (feeling driver) or “You want that dinosaur so much you’re yelling at Tim to get it” (need driver) or “You think that if you yell at Tim he will give you that dinosaur back” (belief driver). Then she teaches a substitute skill and employs strategies such as stating a rule or offering a consequence. This practice of giving language first to the drivers of behavior problems coupled with teaching substitute social skills can be sandwiched into most teachers’ instructional practices and routines, not just play centers. Adults talk to themselves or others (symbolic thought) about what they feel, need, or believe as well as think of alternatives and consequences (cause-effect thinking) to control their impulses. When teachers model this process by giving language they literally loan their brain’s language and cause-effect thinking centers to the child. This builds connections between the child’s feeling and thinking centers in the brain critical to impulse control. Children then more rapidly learn to control impulses, which reduces counseling and discipline referrals without time-consuming conflict resolution models or another curriculum. Counselors help teachers integrate this process into the classroom as the “boundaries” part of the intervention plan.

Triage in School Settings: Whether to Use Teacher versus Counselor-Based Interventions

In the US 25-percent of students today require either a “focused” or “intermediate” behavioral intervention. When teachers are therapeutic partners triage priorities often change from the traditional “worst case first” to “worst case in the highest risk classroom first.” This means that about three percent of students are served with a “focused” intervention where the counselor provides the “bonding” part of the plan via weekly play therapy. This facilitates the needed bond and gives the child a regular opportunity to process emotional stress. The boundaries part of the plan still needs to be implemented by the teacher with counselor support. Approximately 22 percent of students can be served solely by coaching the remaining teachers to use the “intermediate” interventions of bonding, boundaries, and language described above in their classrooms. The remaining 75 percent of students can be served by teaching social skills and having well-designed discipline procedures in place, the foundation. With such a system in place counselors spend much less of their time providing “focused” interventions, such as play therapy and more of their time coaching teachers to use the classroom-based, “intermediate” interventions described above. This triage strategy can reduce counselor caseloads and discipline referrals by as much as 50% in the author’s experience.

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