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ADVOCACY FOR VULNERABLE CHILDREN

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Mental Health Professionals Applying the Therapeutic Power of Play



Comments by Clinical Editor

Authors share play-based activities in developing social skills with special needs students.

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Utilizing Short-Term Play Therapy
Interventions to Develop Social Skills in
**SPECIAL NEEDS
STUDENTS**

A free and appropriate education, as legally defined, has led many schools to strongly emphasize academic achievement, at the expense of effective social-skills training. Attention to social issues is usually limited to teachable moments, despite its critical role in education. "Perhaps most importantly, and often overlooked, is the fact that SEL programs are rarely integrated into classrooms and schools in ways that are meaningful, sustained, and embedded in the day-to-day interactions of students, educators, and school staff" (Jones & Bouffard, 2012, p. 3). Children who are unable to read social cues, respond in typical ways to others, maintain topic consistency in a conversation, look at the faces of others during social interactions, initiate contact, and indicate interest in others, are at risk for social exclusion. Social development begins during infancy and is effected by infants' growing ability to understand social behavior based on their perceptions of parental facial expressions (Beauchamp & Anderson, 2010). Increasing complexity of social experiences and widening interpersonal relationships throughout childhood requires the development of perspective taking abilities (Beauchamp & Anderson, 2010; National Association of School Psychologists, 2002). Coplan (2000) suggested that preschool experience with classmates sets the stage for interactions and future social development outside of the home. Despite these opportunities, children with anomalies in specific brain regions, Autism Spectrum Disorder (ASD), and executive functioning deficits may lack ability to understand and appropriately respond to verbal and nonverbal expressions of social communication (Beauchamp & Anderson, 2010), adding that deficits in social skills are seen with higher frequency in students receiving special education services and/or additional academic support.

Theoretical Basis for Treatment Modality

To address social-skills deficits, practitioners in schools and clinical settings have often considered play strategies or interventions (Landreth, 2002), allowing the practitioner to experience and understand how children deal with the world (Bratton, Ray, & Landreth, 2008) and to connect with them on developmental and emotional levels.

According to Landreth (2002), play was first used in elementary school counseling programs in the 1960s, benefitting children in their "intellectual, emotional, physical, and social development by providing adequate learning opportunities" (p. 36). Ray (2011) argued for the use of play therapy interventions in schools, citing the importance of the "relationship between children's emotional and academic health" (p. 203) and suggested using play in group settings,

introducing a level of freedom and experimentation while promoting communication among one another.

School based-play therapy interventions have been documented for children receiving special education services. Fall, Navelski, and Welch (2002) studied the relationship between child-centered play therapy and "self-efficacy, classroom behaviors, social problems, and anxiety" (p. 91) in children with speech/language impairments or learning disabilities. Study results were unable to demonstrate statistically significant findings for the effect of non-directive child-centered play interventions, although a decrease in self-efficacy for children with disabilities was noted by professionals and felt to be the consequence of their increased awareness of being different (Fall et al., 2002).



“Play therapy strategies, which place fewer language demands than cognitive behavioral interventions, were determined to be the most appropriate counseling modality.”

Danger and Landreth (2005) explored group play therapy effectiveness with pre-kindergarten and kindergarten students presenting with speech/language delays. They noted improved receptive and expressive language skills and increased fund of vocabulary, likely due to verbal expression promoted during play (Danger & Landreth, 2005). Bouillion (2005) found additional support for the use of nondirective play in preschools with children exhibiting delays in speech and language. Pre- and post-tests showed that children involved in group play had "significantly higher scores" in "fluency and articulation" (Bouillion, 2005, p. 215).

Finally, Owen-DeSchryver, Carr, Cale, and Blakeley-Smith (2008) conducted a study using combined cognitive behavioral and play therapy techniques. They researched the effect of trained peer interactions on students with ASD and social deficits and found that students with ASD engaging in social interactions with trained peers were more likely to reciprocate play interactions (Owen-DeSchryver et al., 2008).

Rationale

According to the National Center for Educational Statistics (NCES, 2011), students with a Learning Disability account for the highest prevalence of children with disabilities (38%); however, rates for children with Speech or Language Impairments receiving services rank next at 22% (p. 166). Five percent of students currently receiving special education services are Students with Autism and 10% are Students with Other Health Impairment (NCES, 2011, p. 32). Given the growing incidence of children receiving services through Individuals with Disabilities Education Act (IDEA), Section 504, and Academic Interventional Support, referral rates for in-school counseling have swelled.

The exploratory interventions presented here were used with a "Friendship Group" of four 2nd grade boys with social difficulties. Play therapy strategies, which place fewer language demands than cognitive-behavioral interventions, were determined to be the most appropriate counseling modality to use with the group, especially when considering intellectual, social, and language delays.

Methods

Participants

Participants included second grade male students with Individualized Education Plans (IEPs) ($n = 4$) in a public elementary school. Each child had a special education classification according to IDEA; one with Autism, two with Speech/Language Impairments, and one with Other Health Impairment. All were in an integrated, co-teaching collaborative class with related services in speech/language therapy and counseling. Three boys received occupational therapy; one received English as Second Language (ESL) support and two had paraprofessional support. All four students had small group counseling once or twice per six-day cycle with IEP social-emotional goals focused on increasing verbal and non-verbal interactions, learning to share/compromise, working cooperatively with peers, and developing of pro-social skills.

This "Friendship Group" met 30 minutes once a week during the students' lunch period and was co-led by a female licensed psychologist and Registered Therapist-Supervisor with 35 years experience and a female, first-year psychology doctoral student. Weekly routine included eating lunch while being introduced to the intervention, engaging in the intervention, and ending with free play.

Materials and Procedures

Investigators assessed short-term play interventions on benefits of social skills with special education students in a group setting and evaluated whether activities with reduced verbal demands affected student engagement during those activities. Six short-term play interventions were selected and adapted from Kaduson and Schaefer's (2003) 101 Favorite Play Therapy Techniques: Volume III. Activities included Group Drawing (Albaum, 2003), Sand Painting (Filley, 2003), Creating a New Story with the Sandtray (Sweeney, 2003), Shapes and Directions (Picard, 2003), My Brain (Fortier, 2003), and The Talking Stick Totem: A Family Play Therapy Technique for Teaching Listening, Witnessing, and Speaking the Truth (Hickey, 2003). Language and format adjustments were made, and only readily accessible school supplies were used,

sometimes substituting for other materials. Data gathered during this investigation was anecdotal. Levels of cooperation and involvement were documented for each intervention in notes and photographs over an eight-week period.

Results and Discussion

The researchers recognize that educating students in the least restrictive environment translates into increased diversity within school populations. The rise in students with Autism and communication differences requires that school



Sand Painting (Filley, 2003)



Creating a New Story with the Sandtray (Sweeney, 2003)

counselors meet the needs of a changing enrollment, especially those students with multiple deficits.

Study results suggested that interventions with fewer verbal demands and more sensori-motor involvement produced increased interaction and spontaneous language and role experimentation such that the frequency of unsolicited comments increased and the boys spoke to each other without adult prompts. When provided with the opportunity to use imagination and creativity in play, group members used words to describe what they were doing. For example, sand play elicited the greatest spontaneous vocalizations, ranging from car sounds and the trumpeting announcements of superheroes to conversations between toy figurines. Members demonstrated a willingness to explore the opportunities that sand offered and eight weeks later, two boys requested sand again. Activities encouraging all participants to be involved simultaneously yielded the highest levels of cooperation and involvement compared with individual activities requiring waiting and turn taking.

Many of the interventions selected from Kaduson and Schaefer's (2003) 101 Favorite Play Therapy Techniques: Volume III were originally developed for use in clinical settings. Although most had a verbal component, activities were chosen for inclusion because their motor components appeared engaging. Whenever the original cognitive and linguistic demands of the interventions were expected to pose difficulty for the group, they were simplified, repeated, or demonstrated.

In reviewing the activities introduced over the eight-week period, each intervention held value. The group drawing technique introduced the boys to each other using a safe, nonthreatening activity. The talking stick established rules for social mores, including when to speak, listen, and take a turn. The intervention series "Creating a New Story with the Sandtray," was thought most applicable during the working

phase of treatment. Whereas some of the interventions were easily adapted for this group, others were not. "My Brain," an excellent tool for some populations, required abstract reasoning and expressive skills that were not well suited for these children with developmental delays.

Limitations and Future Directions

As with all studies, the present investigation encountered some limitations. Because this case study did not use an experimental design, findings must be interpreted with

caution. Researchers launched the study as an exploratory venture to identify viable strategies to engage and improve the social skills of students with multiple functional delays, particularly since earlier sessions of child-centered counseling tended to reinforce rather than reduce idiosyncratic play patterns. Researchers suggested that additional studies be conducted using experimental or quasi-experimental designs, with short-term play therapy interventions under various conditions.

The sample size used in this study was very small ($n = 4$) and utilized an existing group sharing similar characteristics and a common lunch period, where interventions were applied only once a week for 30 minutes according to IEP directives. Data gathered during this investigation was anecdotal, with attempts

to capture the sessions using still photographs. This method of data collection is appropriate for use with case studies and for keeping notes on the progress of treatment; however, it is understandably subjective. Although the limitations of this study are consistent with those of most play therapy intervention studies in the literature (Bratton et al., 2008), the findings of this study and its experimental design could be enhanced with structured observations, objective methods of data collection, or random selection and assignment of individuals to groups. As the field of evidence-based play interventions grows, researchers and



Talking Stick Totem: A Family Play Therapy Technique for Teaching Listening, Witnessing, and Speaking the Truth (Hickey, 2003)



Creating a New Story with the Sandtray (Sweeney, 2003)

practitioners alike are strongly encouraged to continue to conduct studies and promote empirically based techniques.

Conclusion

The present study suggests that school personnel be responsive to the needs of a changing population and exercise flexibility and creativity during the planning, instruction, and intervention stages of treatment. Recognizing that children with disabilities may exhibit idiosyncratic responses to therapeutic interventions, therapists are encouraged to collect data and monitor progress systematically in order to be most effective.

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