



Using Play Therapy to Improve Children's Social -Emotional Skills in Early Childhood Education Settings



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Today's Agenda

- Present national data on children by SES, gender, and race
- Discuss ACES study and implications
- Share Play Therapy and its benefits in ECE
- Offer strategies for working effectively with young children
- Present research study using Play Therapy in ECE
- Time for sharing questions & comments

Babies and Toddlers in Poverty



Poverty rate is currently **15%** among Caucasian infants and toddlers

- **disproportionately** higher (**42%**) for African American infants and toddlers

(Odem, Pungello, & Gardner -Neblett, 2012)

Implications of Poverty



- experience significant disadvantages across many areas of development, including behavior and academic achievement (Lefmann & Combs -Orme, 2014)
- more likely to exhibit externalizing type behaviors, e.g., physical aggression (Henniger & Luze, 2014)

Gender Matters



Most public preschool children suspended are **boys** :

- boys represent 54% of preschool enrollment
- boys represent 78% of preschool children receiving one or more out -of-school suspensions

(2013-2014 Civil Rights Data Collections; Department of Education, Office of Civil Rights, 2016)

Race Matters



- African American preschool children are **3.6 times as likely** to receive one or more out-of-school suspensions as white preschool children.
- African American children represent 19% of preschool enrollment, but **47%** of preschool children receiving one or more out-of-school suspensions.

(U.S. Department of Education, 2016)

Race Matters



- White children represent 41% of preschool enrollment, but 28% of children receiving one or more out-of-school suspensions.
- African American boys represent 19% of male preschool enrollment, but 45% of preschool children receiving one or more out-of-school suspensions.
- African American girls represent 20% of female preschool enrollment, but 54% of female preschool children receiving one or more out-of-school suspensions.

(U.S. Department of Education, 2016)

ACES and Children

ACEs study (2010) with 2,100 children K-6th grade in Spokane, WA

Trauma **common** in kids lives:

- Divorce
- Homelessness
- witnessing violence
- involvement in child protective services
- family abuse of alcohol or drugs
- family mental illness
- neglect

1 in 3 or 4 children exposed to significant ACEs

ACES and Children



Childhood trauma significantly **predicted academic** and **chronic health issues**

The **more** stressors the students had the **greater** the impact: (3 or more ACEs as compared to no trauma)

- 3Xs rate of academic failure
- 5Xs rate of severe attendance problems
- 6Xs rate of severe behavior problems
- 4Xs rate of poor health

Chronic toxic stress caused by trauma impacts **ability to teach and learn** (brain)

So What Can We Do?

“One of the most critical factors in how children weather exposure to trauma is the presence of at least ONE loving & supportive adult in their life.”





Early Childhood Education

High-quality early childhood education has the greatest positive effect on children:

- from lower socioeconomic status
- who are at risk because of circumstances such as poverty and abuse/ neglect
- with disabilities and special needs

Early Intervention

Positive effects include:

- ★ lower rates of retention
- ★ higher levels of academic achievement
- ★ fewer special education services
- ★ a stronger commitment to graduating from high school

(Stegelin, 2004)



How Relationships Help...



Reduce:

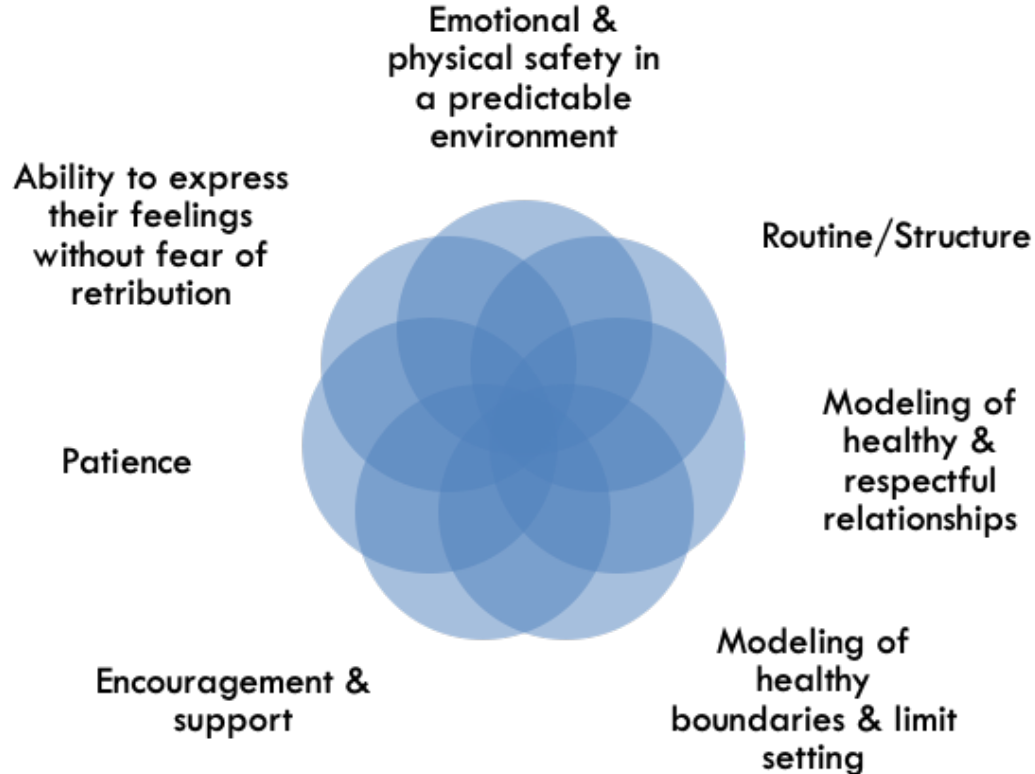
- Student behavioral out-bursts and office referrals
- Absences, detentions, suspensions, and drop-outs
- Student bullying and harassment
- In need for special education services

Improve:

- Academic achievement and test scores
- School climate
- Teacher satisfaction and safety
- Retention of new teachers



Children In The Classroom Need...



What is



*An intervention that allows a child to communicate through their **native language of play** .*

- working within this framework allows a child to communicate at his or her own pace and gain control over feelings and reactions to situations in their lives

Play Therapy Provides...

The focus in therapy is on the **relationship** between the child and the adult.

- * Unconditional positive regard
- * Authentic and genuine
- * Safe, secure environment
- * Way of being “with” vs techniques



In Play Therapy Children Learn...

- to have **self-control**
- to **respect** themselves
- to accept their **feelings**
- to make **choices**
- to assume **responsibility** for self
- to be **creative** and **resourceful** in confronting problems



Play Therapy Communication Skills for the Classroom

- ★ Responding to/Reflecting Feelings
- ★ Returning Responsibility
- ★ Esteem Building
- ★ Limit Setting
- ★ Choice Giving



Feelings



Noting aloud the child's expressed feelings those that are verbally or nonverbally conveyed (symbolically represented in play)

Helps children to put a label on emotions and build SEL vocabulary

- You're disappointed you didn't answer the question correctly
- You get mad when it keeps falling down
- You are proud of the picture you drew

Returning Responsibility

Allows children to:

- Be in control of making choices
- Use their own creativity
- Reinforce that they are capable



You can decide what colors to use

That can be whatever you want it to be (during play)

You can choose what you'd like to do

I bet you can do that (when trying something new)

“If you do for children
what they can do for
themselves, you teach
them that
they are weak.”

- Dr. Garry Landreth



Esteem Building

Emphasizes the *process* and not the product

Does not put a value on it

- You are really working hard on that
- You are trying hard and not giving up
- You put a lot of effort into that
- You know a lot about that
- You made it just how you wanted

At the end, recognize the child's accomplishments: "You did it!"



Praise vs. Encouragement

Praise and encouragement focus on positive behaviors

Praise and encouragement appear to do the same things for the child

However, they are different....why is it important?



Limit Setting - ACT

The steps used in the therapeutic limit -setting process are used to:

- facilitate the process of communicating **understanding and acceptance** of the child's motive
- to make the **limit clear**
- and to **provide acceptable alternative** actions and behaviors
- Demonstrate **respect** = more likely to comply



Steps: ACT

Acknowledge child's feelings, wishes, and wants

“Stephanie, I see you are angry...”

Communicate the limit:

“but I am not for hitting.”

Target acceptable alternatives:

“you can hit the doll and pretend it is me”

Choices



- **Giving children age -appropriate choices empowers children** by allowing them a measure of control over their circumstances.
- **Giving children choices provides opportunities for decision making and problem -solving** . Through practice with choice -making, children learn to accept responsibility for their choices and actions and learn they are able to do so. They learn to weigh decisions based on possible consequences.
- **Giving children choices reduces power struggles** between teacher and child and, importantly, keeps the child -teacher relationship more positive.

Choice - Giving Ideas



If you **choose** to write on the desk again, you **choose** to put the markers away for today.

Child draws on the desk again...

I see you have **chosen** not to use the markers for the rest of today. You can **choose** to put them on my desk or on the shelf.”

He can have the markers again tomorrow - We believe in the child to make the correct choice next time!

Brainstorm Applications

Get into a small group (3 -4 people)

Think of 2 examples of how you or others may be able to use these skills with children at your setting and why use them:

- ★ Reflecting feelings
- ★ Esteem building
- ★ Returning responsibility
- ★ Limit setting
- ★ Choices



Research Study: Background



Private preschool setting in SE funded solely through donations

- economically disadvantaged and under-resourced students
- provide them with a consistent, educational, and nurturing environment for 4 hours daily

Research Study: Participants



- Single case design study
- Purposeful sample of four **at-risk** African American preschool children ages 3 -5
- All of the children were living at the poverty level in households estimated at \$15,000 a year or less

Research Study: Additional Information

1 child lived with both biological parents

1 child had a biological father that was incarcerated at the time of the study

2 children had been involved with child protective services for possible child abuse or neglect and had witnessed violence in the home

2 children did not have a biological father present in their life

3 children participating in the study were also receiving speech therapy

3 children lived with their mother and grandmother

How Did We Know the Children Were At -Risk?



- #1 identify children that would be a **good fit** for this study
- #2 classroom teacher completed an **Early Screening Project (ESP)** screening process - 3 stages of assessment, ranging from teacher rankings to direct observations of behavior
- #3 participants were assessed to be **at extreme risk** for displaying both maladaptive and aggressive behaviors in accordance with the ESP

Addressing Externalizing Behaviors

Adlerian Play Therapy intervention:

Chosen to address the participant's problematic classroom behaviors of calling out and maintaining boundaries

- 7 weeks baseline data collected
- 7 weeks individual therapy
- 7 weeks group therapy



Target Behaviors

Calling Out Behaviors:

Student verbal output directed toward teacher, peers, or self
Verbal responses unrelated to the story.

Maintaining Boundaries Behavior:

Students did not maintain boundaries when:

- any part of their body left their carpet square
- they left the circle area
- any part of their body entered the carpet square area of a peer



Baseline Data



Direct observations

- conducted using a **partial interval data collection** during **circle reading time** at least once per week during each phase of the study

Twenty -five minute observational periods

- conducted using **30 second intervals** by a doctoral student specializing in early childhood special education who was blind to the implementation of the intervention

Inter -observer agreement (IOA) was calculated at **84%**

Did the intervention work? (yes!)

- ★ **individual** Adlerian play therapy resulted in **moderate** effect size gains
- ★ **group** therapy was shown to be **highly effective**

Group (“authentic play within a controlled environment”) benefits:

- motivated to play and be expressive among peers
- counselor can observe interactions between children
- children can learn and practice these new behaviors and skills but counselor can provide immediate feedback

Results

Callouts (overall reduction of 58%)

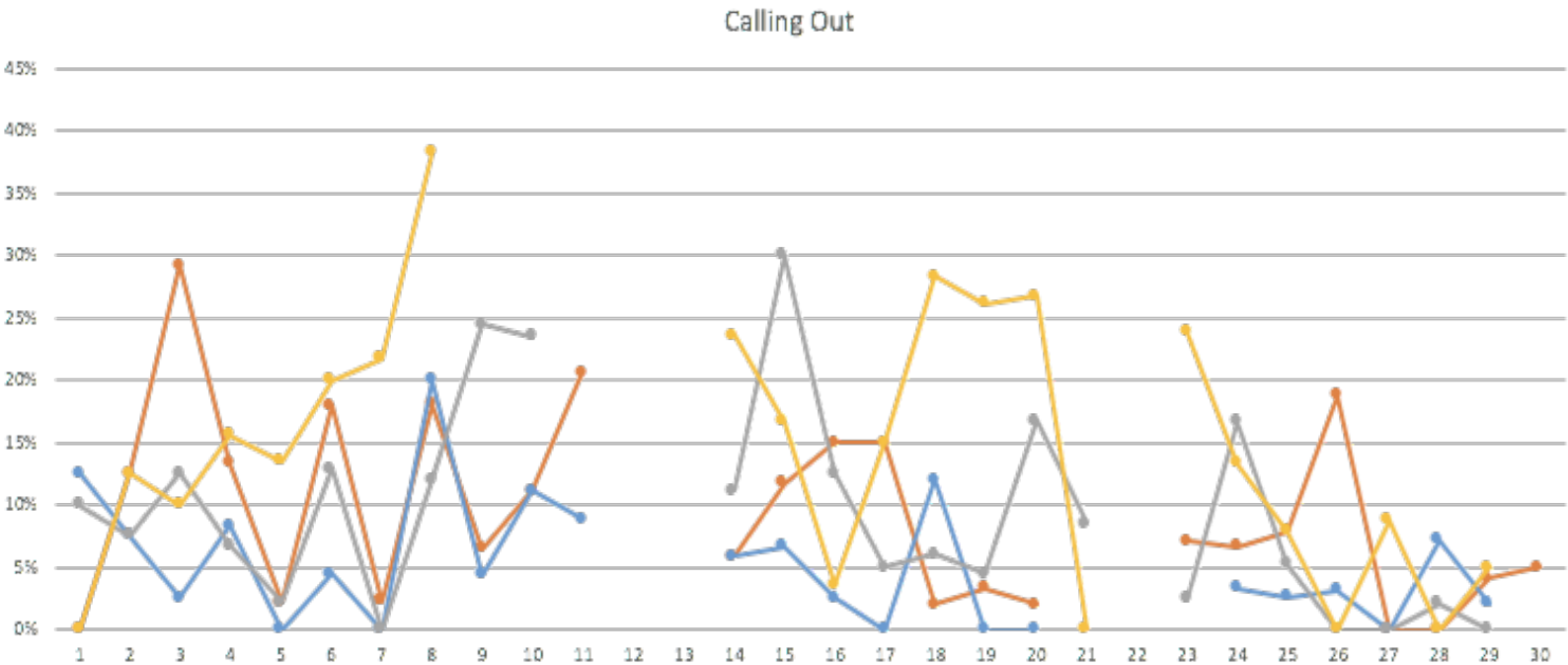
- 12% during baseline
- 10.2% during individual AdPT
- 5% during group AdPT

Maintaining boundaries (overall reduction of 80.7%)

- 15% during baseline
- 9.6% during individual AdPT
- 2.9% during group AdPT



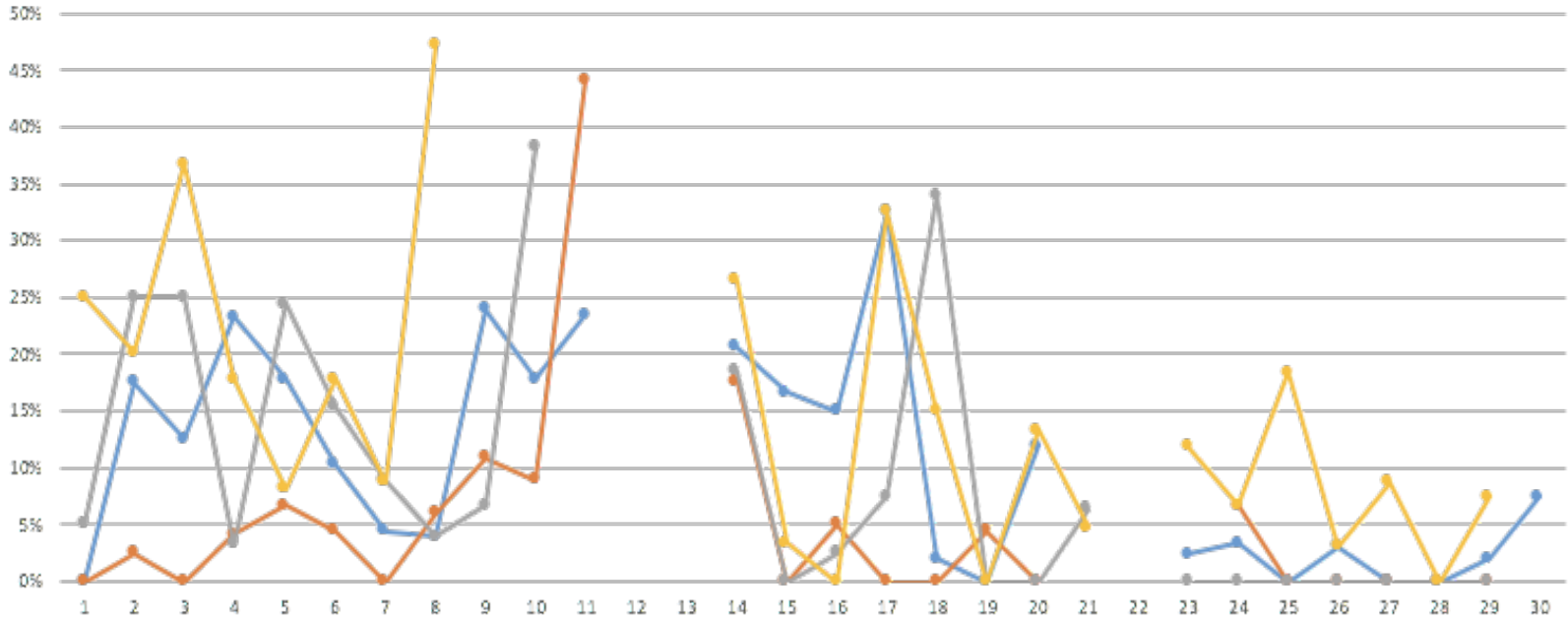
Calling Out Behaviors



Maintaining Boundaries



Maintaining Boundaries



Early Childhood Resources



Infants and Toddlers (Birth -3 years)

CELL: Center for Early Literacy Learning (Puckett Institute)

CSEFEL: Center on the Social and Emotional Foundations for Early Learning

Preschoolers (3-5 years)

DEC: Division for Early Childhood (from CEC)

IRIS: <http://iris.peabody.vanderbilt.edu/>

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Thank you! Questions? Comments?



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