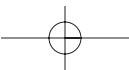
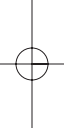
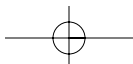
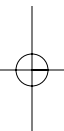
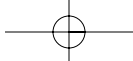


PART ONE

SCHOOL-BASED
PLAY ASSESSMENT





CHAPTER 1

Using Play Therapy Assessment in an Elementary and Intermediate School Setting

MARY MAY SCHMIDT

SCHOOL-BASED ASSESSMENT, whether time-limited for a specific purpose or ongoing, is an inescapable feature of education. Assessment occurs daily in the classroom as children work through the curriculum. Teachers monitor growth using multidimensional curriculum tools such as Rubrics to measure acquisition of readiness skills and, then, the academic skills themselves. When learning is not occurring at the rate hoped for, staff teams, often called child study teams, meet to suggest and design individualized remediation models. Sometimes, the interference with learning is related to social-emotional-behavioral problems of the target child, the child in the classroom setting, and/or the child in the family, but the tools of play therapy can be more informative than those of just social-emotional adjustment. The principles and techniques of play assessment are widely applicable and developmentally appropriate to use to observe this child in the elementary classroom or on the playground. Play assessment can assist the child study team in developing recommendations for remediation, or for more formal processes such as developing a functional behavioral assessment and a behavior intervention plan, a school intervention plan (now called Academic Intervention Services), a Section 504 plan, or for developing a Committee on Special Education (CSE) individualized education plan. The focus of this chapter is on using

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a play assessment process for the CSE because these evaluations are the most comprehensive of the school-based assessments. Later, the chapter addresses some ongoing assessment issues.

EVALUATIONS

An evaluation through the CSE is multifaceted. It includes ability measures, achievement measures, a review of the child's academic history, information about the child's health and physical development, a social history interview with the parents, other evaluations as related to the referring question or expanded evaluations raised by observations during testing, a classroom observation, and an assessment of the child's social and emotional functioning. Play can be used as a primary source of information in two areas of the CSE evaluation: the classroom observation and the social-emotional assessment. Play also can provide insight into how the child applies native abilities from a developmental point of view.

The team approach is important from the play assessor's point of view (this may be a school counselor or school psychologist) because the play assessor can get feedback from and make recommendations to involved staff and parents, which puts these adults in the roles of cotherapists. As a result, these adults feel supported and willing to try something new. For example, a simple system-level intervention might be to reconceptualize the behavior of a child who is "testing the waters." Rather than the behavior's being a challenge to the educator's or parent's authority, the behavior may actually be functioning as a means of finding out what is constant from an object relations point of view. Such a reconceptualization views the child's behavior as trying to connect with what is dependable rather than as trying to challenge and disconnect from what is antagonistic to the child's felt needs.

FORMAL ASSESSMENT

Public schools are obligated to provide a free and appropriate education to all children. When parents and teachers have been steadily communicating about a child's strengths and weaknesses, there should be no surprise when the issue of assessment is raised. Sometimes, there is resistance to assessment, particularly social-emotional assessment, which may make parents feel insecure in their parenting. Assessment, then, needs to be as comprehensive as possible, working to identify the presenting problem, the salient problem, the plan or method, and the measurement criteria. Formal assessment implies a time-limited task. Play

therapy itself is process-oriented and assessment within the therapy is ongoing. Both must be developmentally appropriate.

FORMAL AND INFORMAL OBSERVATIONS OF PLAY IN NATURALISTIC SETTINGS

Sometimes I go into a classroom or go out to the playground with no particular agenda but to observe play. This refreshes my skills in distinguishing between normal and at-risk children, and I become a familiar and approachable person in the classroom landscape. At a later time in the school year, I may need to target a child in that classroom. If so, I want all the children to behave within typical patterns and not put on party manners for the unknown adult in the room.

I tend to use a combination of play observations in naturalistic settings (classroom and playground): formal schedules, informal multiple-observer type, and informal single-observer type. For formal observations, I sometimes refer to an exhaustive compilation of play diagnostics titled *Play Diagnosis and Assessment* (Schaefer, Gitlin, & Sandgrund, 1991). When parents deny that their child has social-emotional needs, a formal schedule is used because of its research base and objectivity.

Also highly persuasive is the use of multiple observers who have documented behaviors over a relatively long period of time. Multiple observers might include the classroom teacher, a remedial teacher, a speech therapist, and any other professional staff member who works with the child. The single observation is limited in its usefulness because it tends to be a "slice of life" that may not be representative of the total range of behavior to be observed.

Observations of play in naturalistic settings focus on how the child interacts with the environment and things in the environment, with other children (same age, younger or older; same or different gender), and with adults in the environment. Broad-spectrum questions to keep in mind include the following: How intense is the play? Is there repetition compulsion? Is play focused around a theme or is it random or listless? How much confidence and mastery is exhibited? Is the child tentative and observing? Does the child seek eye contact with any particular person for acknowledgment, approval, or permission? What affect dominates the play? How interactive is the play?

DEVELOPMENTAL FACTORS

The developmental perspective cannot be ignored when observing a child, particularly for the purposes of assessment. The observation

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should be able to comment on five areas of development: cognitive, language, self-control/regulation, relationships, and self-concept/emotions.

Cognitive Skills

Young school-age children (ages 4 to 6, kindergarten and first grade) lack the cognitive ability to distinguish between thoughts and actions. Repetition of a thought may create a memory or an intention that has no truth but that confuses, even terrifies, the child. To complicate the problem, the child may not be able to express or modulate his or her reactions. The child may not be able to distinguish that personal needs (social, emotional, and physical) are separate from those of the family's or of the play group to which the child temporarily belongs. For example, the observer might note that the child developed a game involving others but only partly explained the rules. As the game proceeds, a second child does something "wrong" and is criticized harshly. The child who invented the game did not distinguish between thoughts and verbal explanation; the child assumed that the other child thought as he or she thought and understood as he or she understood. The resulting confusion and anger may end the game and negatively impact the potential or intention for future play with that other child. These younger children think simplistically and concretely. They are not expected to be able to plan out a whole game, but to get it started. Categorizing toys is likely to be controlled by a single criterion such as size, color, or type. Similarly, linear thinking, hierarchical thinking, and cause and effect will also be simple and concrete.

Older children (ages 7 to 10, grades 2 through 5) will exhibit more complex schemata in their play, and their games are likely to be planned out to some degree of agreed-upon ending. They will use multiple criteria in their thinking and shift their organization consciously when the original game plan isn't working.

Language Skills

The language skills of children ages 4 to 6 or 7 to 10 are closely tied to their cognitive development. Younger children use concrete vocabulary and simple sentence structures and are fascinated with prereading language skills such as rhyming words and rhythmic patterns. Pointing and touch counting can amplify their play intentions when vocabulary isn't developed enough to meet the play's need. Candyland is a popular game with small children because they can master its cognitive and language demands. Older children are able to be more flexible in their use of language. They can understand the concept of multiple meanings, use some of the tools of supralinguistics (inference, irony, and figurative language),

and integrate language more fluidly. They might integrate a variety of levels of play such as the physical rhythm of many children chanting rhymes or songs while playing an elimination competition of jump rope, hopscotch, or Mother May I? The play observer should note the language content and structure of the child being observed: Is the language similar to or different from the other children in this play group, or have these children gravitated toward each other because their ability to communicate and get along is equal but their ages or genders are dissimilar? If there are other play groups of the same membership nearby, is the child in the observed group the same as or different from the children in the second group?

Sometimes, a child's language seems to exceed expectations based on age and on what is known about cognitive ability. Such a child may be parroting the prose of adults and appear to have advanced language skills but actually have only masked weak skills. The observer should listen for quality of content, not quantity. Some speech and language therapists call this phenomenon "cocktail chatter."

Self-Control

Another area to be observed in the assessment process is the child's ability to exercise self-control. For younger children, self-control may be achieved by discovering the behaviors that please adults and performing those behaviors. Smiling and using good manners receive adult approval and reinforce behaviors that conform to expectations for self-control. Self-control is not a given for a child with no preschool experience who now enters kindergarten, or for a child with a brittle temperament. Internalized self-control seen in older children requires patience for successive approximations, the ability to tolerate mistakes in oneself and in others, and the ability to detach and observe the self. These complex skills are life-long learning skills that older children are developing but have rarely mastered. Children are aided in acquiring these skills by the structures of the environment: classroom routines, teacher intervention, limited resources in the environment that require sharing and turn taking, and so on. The observer looks for ways that the child demonstrates social problem-solving skills: Does the child share, take turns, negotiate a win-win situation, set personal goals, and act assertively when being bullied? Is the child careful in choosing words? Is the child intrusive, egocentric, and quick to throw a tantrum? Is the child fearful and insecure in his or her abilities to self-regulate? If so, the child may be the bully or may retreat into solitude. Either role would protect the child from being discovered.

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Relationships

Related to issues of self-control are the issues of relationships. Children in both elementary and intermediate grades tend to gravitate toward children of the same gender. Children of the same gender are a mirror and a measuring stick for self-concept. Children form friendships and experiment with likes and dislikes. Their personalities expand with a growing sense of humor and wider interests. Younger children may identify a few friends, some absolute likes and dislikes, or a magnanimous love of all living things. Older children identify loyalties to best friends and begin to differentiate among friends based on common interests. Some friendships may be tied to settings or activities such as Little League or Cub Scouts. The observer will need to identify at least the important relationships that a child has. Are the relationships two-way and equally respectful relationships, or is there a greater need/dependency felt by one of the children in the relationship? If so, what is the role of the target child? Does the target child repeat a pattern in other relationships? What if the child gravitates toward relationships with children of the opposite gender or of another age group or of another qualifier? If these differences exclude other relationships, the observer would need to generate a hypothesis about the link. Perhaps the child is attracted to children of similar cognitive or language abilities, similar abilities to self-regulate, or similar levels of self-concept. Precocious attractions to friends of the opposite gender may reflect a familial dynamic for which the friendship is intended to compensate.

During the social history phase of the CSE evaluation, parents can provide information on the social functioning of the child within the family and within the community. If the child's social functioning is deteriorated in one or more of the three primary environments—home, school, or community—the interview needs to discern possible triggers and interventions parents have identified as successful.

Self-Concept and Emotion

Finally, the observer must consider issues of self-concept and of emotion. Self-concept and emotional development for younger and older children are intimately tied to self-control and self-regulation. Younger children depend more on externally imposed controls; older children are learning to internalize those controls and experiment with their own. When a child gains control over strong and frightening impulses, he or she gains in self-esteem. A child with a healthy self-concept is able to risk, to initiate, to have considered opinions, to enjoy the company of others, to take in alternative points of view, to laugh at himself or herself, to expect to be

respected, to use appropriate means to express negative emotion, and so on. Such a child is able to identify a self-regulated state as a happy one. Does the child being observed have these qualities?

Observations in naturalistic settings should address all five of these areas for young children and older children. Each of the areas interacts dynamically with the others, and, to complicate the observation for evaluation, the naturalistic setting, whether it is the classroom or the playground, changes rapidly. Different chunks of time during the observation may involve a different constellation of actors within the observation, thus affecting dynamics but enriching the total observation.

USE OF RECORDS

Another source of observations coming out of naturalistic settings is discipline records. Discipline records presuppose that behaviors are negative. Most children do not behave so far from expectations that they have discipline records. But, when such records exist, it is appropriate to include discipline reports as part of the multiple-observer method of gathering information. An analysis of these records hopes to quantify and qualify answers to these questions: What is the behavior? What are the triggers? Are triggers related to the time of day or to the degree of structure and adult supervision? Is behavior recent and time-limited, or is behavior cyclical or over long periods of time? What function does the behavior serve for the child? The benefit of these records is that they broaden the scope of multiple observers. There is also a problem with weighting discipline records. The degree of objectivity in the record is an unknown; often, they are written in the heat of the moment, when the staff member or bus driver expects behavioral conformity (a behavioral product) rather than teaching in a child-centered way to achieve internalized behaviors (a behavior process). On the other hand, discipline records do help to establish a longitudinal scope and clues to possible interventions.

FORMAL AND INFORMAL OBSERVATIONS OF PLAY IN THE PLAYROOM

Observations of play in the playroom are more controlled than in the classroom or on the playground. These sessions are individual as opposed to whole group and combine directive (formal) and nondirective (informal) play. In the playroom, the same developmental considerations apply as in naturalistic settings. When play is nondirective, the therapist

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can trust that the child will gravitate toward materials that are developmentally appropriate to express the needs of the child. When play is directive, the play therapist must choose developmentally appropriate materials, and the materials themselves are likely to have structure, such as games.

Here, choices as to whether to use both directive and nondirective play or which to choose as a starting point depends on what you already know or hypothesize about the child. Generally, I allow the child to explore the playroom first; there are games, toys, art supplies, and a sand tray with a generous supply of miniatures.

Some children can initiate their own play; others are tentative and seek some direction. Some children invite the play therapist to join in, and some do not. When play is nondirective and the therapist is not invited to join the child, the therapist must be especially careful about arriving at any hypothesis too soon. The relationship between the child and the therapist is just beginning, and trust has not been established. Multiple observations over time increase the probability of accurate assessment, whereas initial play may be guarded and stereotypical or may be testing the therapist and the setting. Drawing any hypothesis based on one nondirective play observation risks too many confounds. But, for CSE evaluations, time is an important factor, as there are established time limits for the CSE process. It may not be possible to use a nondirective approach. Competing with time constraints, it has also been my experience that children with deeper needs who are not willing or able to directly verbalize those needs are drawn to nondirective materials in the playroom, especially the sand tray.

Children do not need much introduction to sandplay. They take to it quite naturally because of its familiarity, and this tool provides projective material at least as rich as projective drawing techniques, which require the directive to draw. (The same child might be somewhat guarded if asked to draw a house, a tree, and a person; the context would seem artificial.)

I recently used the sand tray technique with a 6-year-old girl who was caught between angry parents in a four-year-long custody battle. Both her needs and her distrust were great. Her first attempt in the sand was a single line of animals, domesticated and wild, all facing her from the back of the sand tray. The animals were not perfectly divided by type, but the effort to do so was clear. Something about the lineup did not please her, so she scooped them all up and buried them in a common grave, brushed off her hands, and stomped out. Subsequent sand trays also included burying and unburying, with a general lack of organizing principles and a final common grave. As she became more trusting, she added subvocalizations that indicated her frustration and disgust and, finally, vocalizations of her

confusion and distrust. During this period, to test my sincerity with her, she asked me to engage in a guessing game about which animal was buried or where. She always controlled the length of time she was willing to stay in my office and I allowed her that control.

Directive play in assessment often includes the use of games that have rules to follow or the use of projectives with game-like attributes. A popular nontherapeutic game such as Connect Four is useful in assessing a child's ability to plan, anticipate, learn from experience, handle frustration, mediate social anxiety through the practice of game-controlled interaction, and so on. I sometimes end a testing session with a few rounds of Connect Four. The child feels rewarded for good effort, and I get to see how the child applies his or her abilities across the developmental schemata.

Play dovetails very nicely with formal social-emotional assessment tools, especially in poverty of expression versus richness of expression, themes, and developmentally appropriate tasks. The Story Telling Card Game, a game developed by Dr. Richard Gardner (1988), is similar to the Children's Thematic Apperception Test. The game-like qualities include a spinner that lands on a space that asks the child to choose a setting card from a list of three, dice that indicate the number of people that can be chosen for the story, and chips that can be lost or accumulated.

Several years ago, I used this game to assess an 8-year-old boy whom I thought I knew quite well but who often surprised me. By the time of his CSE evaluation, he had alienated every child in his class, had pressured speech with a great deal of interesting content, behaved impulsively and sometimes angrily, but sometimes had satisfying conversations with adults and clearly sought that attention. Self-concept scales did not show at-risk or significant perceptions about himself. Ability and achievement testing showed him to be above average, but formal testing could not have tapped the creativity that I was about to observe. We had played several rounds of the Story Telling Game when he selected a setting card picturing a stage. He rolled a high number on the dice, but he negotiated the chance to use all the people in the game. He put all of the children on the stage and all of the adults in the audience. He said that "this was a National Geographic Special Performance at the famous Ford Theater." Then he spontaneously created and acted out a song and dance number. Not only had he integrated high levels of all the developmental issues, but he also intimidated the seriousness of adults failing to pay attention to children. "President Lincoln was shot at the Ford Theater," he said at the end.

For the most part, play therapy observations dovetail very nicely with formal projective tools and self-concept rating scales used as part of the holistic evaluation for the CSE. In the above example, play surpassed those instruments in getting to the heart of this child's need.

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ONGOING ASSESSMENT

About eight years ago, I developed a checklist (see Figure 1.1) of desired behaviors (constructs) to help me track the themes that the children within a group were processing at any given time in the school year. The checklist spanned cognitive, behavioral, and emotional constructs. I checked off constructs as they were incorporated into each session. For instance, did we focus on social problem solving? The accompanying notes would address who initiated the topic, what comments were made and by whom. The checklist helped flesh out my notes, enabling me to focus more on dynamics within the group and on individual development than on topics raised spontaneously by the children. At the end of the year, each child was given a blank checklist and asked to check off each topic/behavior that they recalled addressing in counseling during the year, and check each one again if they tried to practice that behavior outside counseling. One year, a highly involved boy reviewed the list and said, "Mrs. Schmidt, you don't have anything about alcohol and drug abuse. We talked about that a lot." From then on, that boy's suggestion has appeared on the checklist, giving him parenthetical credit.

I compiled the student data collected from this checklist for three consecutive years. Granted, a posttest-only design given to children struggling with a host of developmental issues has more confounds than can be counted, but it is important to note that all constructs, measured in percentiles, grew consistently in years two and three as compared to the baseline year and the previous year. In other words, children reported greater and greater awareness of their own self-concept as measured by the cognitive, behavioral, and emotional constructs on the checklist, both in their self-concept in the group and in their efforts to generalize those constructs outside the group. If program success can be measured from the child's point of view, this technique has given me some important insights.

CRITERIA FOR DETERMINING INDIVIDUAL OR GROUP TREATMENT

Once the formal assessment is completed and goals are identified, how will treatment be expressed? Most children have social and emotional needs that are best served in a group setting. The group functions as a microcosm of family and social relationships. As group cohesion increases, children can safely experiment with social skills that they then take back with them into the settings where problems had originated and into new settings, too.

Check all that apply to *you*.

Place a second check next to the skills you tried outside group.

This year, I learned about

- Controlling stress.
- Taking turns.
- Finding someone to help me.
- Apologizing.
- Being responsible for my words and actions.
- Making the best possible choices.
- Helping friends do the right thing.
- Listening.
- Finding more than one way to look at and solve a problem.
- Staying out of my parents' problems.
- Cooperating.
- Not giving up.
- Saying comforting things to a sad friend.
- Being loyal.
- Trying something new.
- Good sportsmanship.
- Drug and alcohol education (Thor's contribution*).

This year, I feel

- More trust.
- Better about myself.
- Less lonely.
- Respected by my group members.
- Less hurt by teasing.
- More patient.
- Capable.
- Less afraid.
- More tolerant of people I don't like.

I can name _____ different feelings and emotions.

My group was (too big, too small, just right) for me.

*Written parental consent received to use this student's name.

Figure 1.1 Student Evaluation of Counseling.

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Groups are organized around my philosophy that elementary-age children need to develop friendships with others of the same age and gender. Age and gender are important aspects of self-concept. In addition, from a child's point of view, most problems "feel" about the same: lonely, sad, confusing, and the like. From a feeling perspective, empathy is learned, practiced, and valued as a means of understanding the self and others. Many diverse counseling goals across group members can be reached through such mutual understanding.

The difficult aspects of working with a group are the speed at which children interact and alter their relationships and their beliefs. For each child and for each dyad in the group, the multidimensional developmental model needs to be tracked. The checklist helps make tracking more efficient. For example, in a kindergarten boys group, I have used a game that emphasizes social problem-solving skills. I give the player one chip for each solution to a problem. When that player has exhausted his repertoire, I give other players a chance to make suggestions that have not yet been given, and they too can earn chips. This particular group consisted of a boy with Attention-Deficit/Hyperactivity Disorder (ADHD) and at least average ability and many socioeconomic advantages, a developmentally delayed boy, and an angry boy with probably average ability. The angry boy could generate a single and passive solution: "Tell a grown-up." The boy with ADHD could also generate only simple solutions to social problems. The developmentally delayed boy did an excellent job generating solutions that he could initiate. This example illustrates the need to be sensitive to all developmental factors because all aspects of development are not necessarily evenly developed within a given child. In this case, each boy became aware of a shift in each other's status. An equalizing effect had taken place. Subsequent sessions with this group showed increased camaraderie and increased tolerance for frustration.

When individual counseling is appropriate, it may be a precursor to readying a child to join an established group or to support a child who has needs beyond the scope of the group. A multiply traumatized child would need individual counseling as an adjunct to group counseling or as a sole service. The child always chooses the mode of expression: directive play, nondirective play, with or without talk therapy.

CORRECTIVE EMOTIONAL EXPERIENCES

Corrective emotional experiences are experiences that work to undo wounding and build self-concept. They are immediately recognized by the child, who flushes with pleasure. Because of the immediacy of the experience, the insight need not be overanalyzed, only acknowledged

(perhaps by a shared smile) and referenced in the notes. Over the course of a school year, the experiences for that child may require repetition and/or stepwise growth.

Moral development, which depends on emotional development, and emotional competencies, like any other developmental competency, may be delayed due to intrusive and traumatic events or repeated events that distort a child's worldview. If a child's sense of security and attachment are disrupted, the child's ability to trust in the self will be affected and thus, so will his or her ability to trust others, develop social relationships, and so on. In addition, medical problems such as ADHD can interfere with emotional development because the child is unable to tune into the verbal and nonverbal cues of communication. More than any other aspect of a child's educational program, play therapy must be especially sensitive to this developmental need. Assessment and programming for emotional development lay the foundation for moral development.

SUMMARY

Play is tightly tied to developmental theories for assessment and to the projective hypothesis for insight and applied to the uniqueness of the child. It is a very effective modality for time-limited assessment and for ongoing or process-oriented assessment for individuals and groups. It fits very naturally into the school setting. The corrective emotional experiences that are born of the process help children learn to accept and tolerate each other's differences, recognize the universality of their own experiences, develop friendships, manage stress, and prepare for life. These are experiences of guided hope expressed in laughter.

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- Gardner, R. (1988). *The story telling card game*. Cresskill, NJ: Creative Therapeutics.
- Schaefer, C., Gitlin, K., & Sandgrund, A. (1991). *Play diagnosis and assessment*. New York: Wiley.

GAME SOURCES

- Childsworld Childsplay, 135 Dupont Street, P. O. Box 760, Plainview, NY 11803-0760, 800-962-1141, www.childsworld.com.
- WPS Creative Therapy Store, 12031 Wilshire Boulevard, Los Angeles, CA 90025-1251, 800-648-8857.