PLAYTHERAPY™
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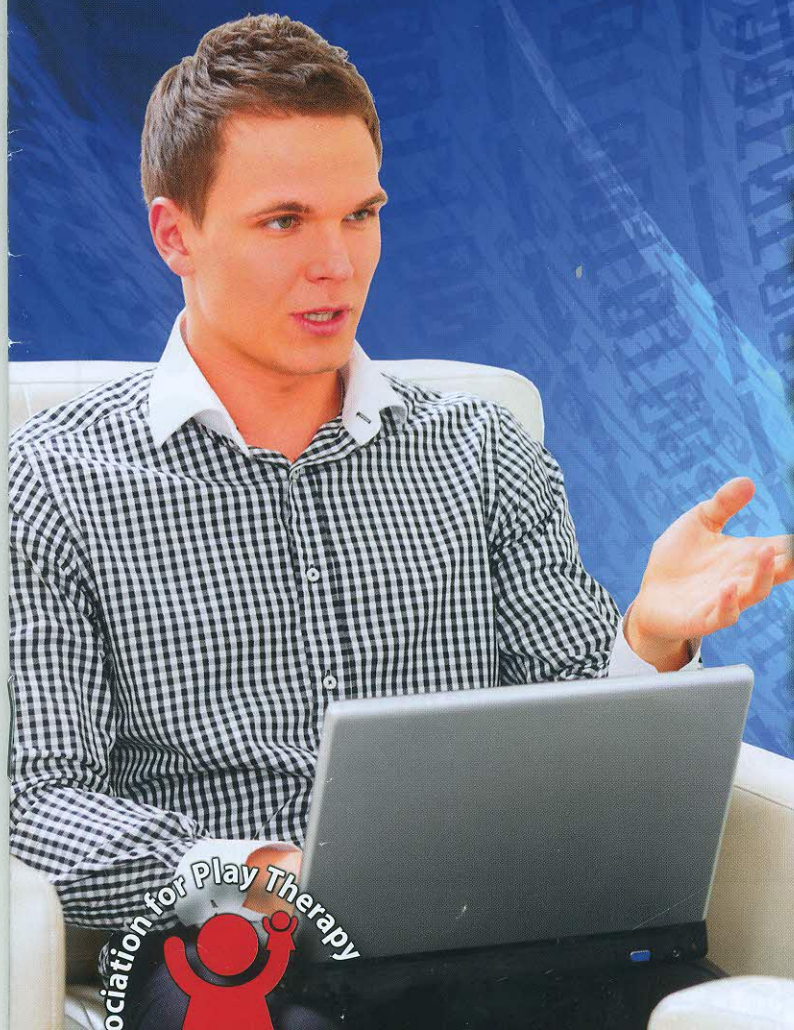
Going Electronic

Should Play Therapists Fear Electronic Medical Records?



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Association for Play Therapy

Comments by Clinical Editor
The authors tackle the obstacles of providing Play Therapy in a school setting with knowledge and passion, and explain how to make it work.

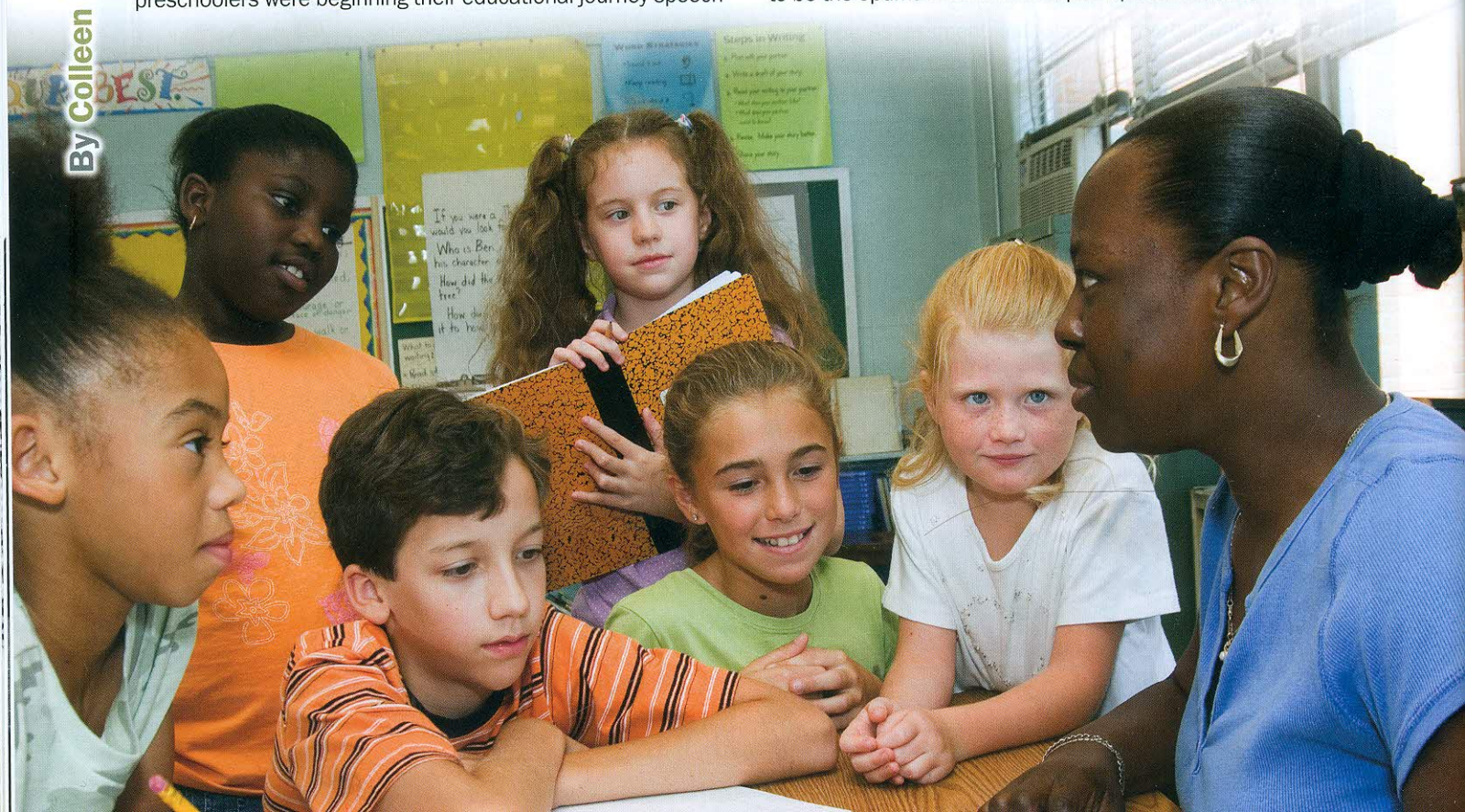
Bringing Play Therapy to School

Our Experience of Bringing Child Centered Play Therapy to At Risk Preschoolers

By Colleen Daly Martinez PhD, LCSW, RPT-S & Patricia Dowd MA

Irvington is a small urban community in Essex County, New Jersey, where its 54,000 residents face all of the challenges of their neighboring urban metropolis, Newark. Irvington's twelve schools, with over 7,000 students, educate a predominantly minority, low socioeconomic and diverse population in a district termed "in need of improvement." Despite the numerous challenges in this inner city environment, the Irvington School District has high expectations for academic achievement for all our students, and we aspire to meet the needs of the whole child in order to maximize each student's potential. With this in mind, our Child Study Teams, during the 2009-2010 school year reported a significant number of preschool children (ages 3-4) with specific identified developmental delays. These preschoolers were beginning their educational journey speech delayed, traumatized, and a majority of them had significant behavioral and emotional issues. It was apparent that there was an urgent need to provide interventions for these children so we could fully address these issues.

Our traditional intervention, providing school based counseling, required students to be verbal participants in their therapy. We realized that with our preschoolers' language delays, traditional talk therapy would not be developmentally appropriate, so an alternative route had to be explored. Our first exposure to the term Play Therapy was in an Individualized Education Plan (IEP) from another school district which prompted us to research this related service. We agreed that the use of tangible manipulatives by a play therapist appeared to be the optimal method to help our preschool children



communicate those feelings, events, and ideations that were beyond their language development. Therefore, a need for Play Therapy for Irvington preschoolers was identified. Being unaware of the Association for Play Therapy's (APT) Find Play Therapists Directory, we used a professional placement agency to find our play therapist, Colleen Martinez. Play Therapy services are funded through our annual Individuals with Disabilities Education Act (IDEA) grant.

When I, Colleen Martinez, first met with Patricia Dowd we discussed Play Therapy and the research documenting its effectiveness (See Bratton, Ray, Rhine and Jones, 2005 and Bratton and Ray, 2000 for reviews). I knew that my repertoire of Cognitive Behavioral Play Therapy, using some non directive skills, but mostly directive interventions, would not be sufficient with the children I was to serve. I needed to learn more about Child Centered Play Therapy (CCPT). The literature confirmed my expectation that CCPT would be the treatment of choice for Irvington's preschool students. A growing body of research suggests that CCPT is an effective means of intervention with diverse populations in a school setting (Garza and Bratton, 2005), with school children exhibiting aggressive behaviors (Schumann, 2004), and with school children with speech difficulties (Danger and Landreth, 2005). Additionally, Blanco and Ray (2011) suggest that CCPT might be designated as a best practice for school counselors based on their findings that eight 30-minute CCPT sessions improved academic functioning with academically at-risk first graders.

"We realized that, with our preschoolers' language delays, traditional talk therapy would not be developmentally appropriate ..."

Some resources that helped me prepare for my new work include Axline's Play Therapy (1969), Landreth's Play Therapy: The Art of the Relationship (2012), and VanFleet's CCPT DVD workshop (2006).

For the past two school years, I have been providing weekly individual 45 minute CCPT sessions to students in their school, during their school day. Students are recommended for Play Therapy by their classroom teachers or other school staff and when deemed appropriate by the IEP Team, Play Therapy is written into their IEP. The service, reviewed annually at the IEP Annual Review meeting, can remain on their IEP throughout their preschool experience so depending on how early they are identified students can receive Play Therapy for as long as two school years. To have an idea of how CCPT has impacted these students, consider a few demonstrative examples (names and identifying information of students have been changed for confidentiality purposes):

Brittany was a 3 year-old girl, a new preschooler, who was described as negative and oppositional in the classroom. She did not speak much, and would frequently tantrum. She appeared to enjoy her first CCPT session, and when the play therapist reported that the time was up for the day, she made a serious, frowning face, and stamped her feet. The play therapist reflected, "You enjoy our time together and it's hard for you to say goodbye." Brittany's face brightened, she ran and gave the therapist a hug and walked back to her classroom easily.

Julian, a 3 and a half year-old boy who rarely spoke in school, and had witnessed the violent injuring of his mother, silently reenacted the same violent dollhouse scene in CCPT sessions for weeks. Over time he became more verbal in describing his play. In one session the mother doll was hurt. Holding the child doll, Julian screamed and cried loudly. According to the teacher, Julian had become more emotionally connected and verbal in the classroom.

Asha, a 4 year-old girl who had speech delays and had been excessively aggressive in school, had played out themes of injury, fear, and anger for months. Later in sessions she was focused on her being in control at all times. In one session the play therapist reflected, "You like to have all of the power." She responded enthusiastically "Yes! I like to have the power! I am powerful now!" According to the teacher and her parents, since her involvement in CCPT sessions Asha became more verbal, and was no more aggressive than her peers.

As a clinician working with children for more than fifteen years, I believe that this type of progress would not have been made with a more verbal based therapy, or even directive Play Therapy. Having spent the past two school years with these youngsters I'm now convinced more than ever that school based CCPT is something that should be as available to children in special education as physical, occupational, and speech therapy.

Pat and I hope that our early report on this new initiative inspires you to work toward bringing this type of program to your community. Consider reaching out to your Child Study Teams and Special Services Departments, and ask if you, too, can bring CCPT to school. In case you do, here are some lessons that I have learned so far in this journey:

Especially when it came to space for my sessions, I had to be flexible. Sometimes I was lucky enough to use the same empty classroom weeks at a time. At some schools the librarian was willing to share her space with me. Other days, when I arrived at a school there would be no space available at all. While sometimes in less than ideal locations, I was almost always able to make sessions happen. One of the most surprising places I had a session was in a classroom's (well lit) coatroom! If I cancelled sessions every time it was hard to find space, I would never see my students.

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I also needed to be very flexible about scheduling. Between academic time, and other services such as Speech, Physical, and Occupational Therapy already being provided, recess, physical education and lunch, it sometimes seemed impossible to make sessions happen. Add to that the occasional assemblies, class trips, fire drills, and absent students, and I could find myself without students to see. If you still use a paper calendar, write everything in pencil, and as soon as you think you have a set schedule, be prepared for everything to change.

CCPT requires a wide variety of toys in the playroom (see Landreth, 2012 for recommendations on toys for a CCPT playroom). Occasionally I work in three schools in the same day. I could not keep up without wheels on my huge duffel bag/ traveling playroom.

Prior to my arrival, few school staff had heard of Play Therapy before. I found that it was helpful to carry a stack of APT's Why Play Therapy brochures with me. I saw each new person that I met as someone that might be an advocate for Play Therapy in the future. I also made my video library available to anyone who wanted to learn more, and a few staff members borrowed videos.

I learned that there are some very important stakeholders when working in schools. These, of course, include principals and teachers. Other staff, including teaching assistants, physical, occupational and speech therapists, librarians, nurses, security officers, and lunch aides are equally important. From permitting me to enter the school on a regular basis, to helping me find space, or sharing their space with me, to preparing a special lunch tray for a student who arrived to lunch late after our session, each of these people is important. It has been very valuable to nurture these relationships.

Occasionally members of the Child Study Team needed updates and progress reports from me. Initially, my clinical summaries didn't meet their needs. After some longer, in person conversations, I understood what they needed, and was able to provide it. I found that they needed to know less about the psychological aspects of what was going on, and more about behavioral change and functioning in the academic setting. Here, again, I learned another lesson. Being a part time, traveling play therapist with no 'home base' meant that I frequently used email and telephone calls to communicate with my colleagues. But at times messages get miscommunicated or misinterpreted. Sometimes having an old fashioned in person conversation was necessary to develop and maintain collaborative relationships.

I also needed to educate some in the schools about the practice of CCPT. The permissiveness of the child centered therapy relationship can cause a few eyebrows to raise in the academically and behaviorally demanding school setting. Rather than feeling defensive or uncomfortable about our philosophical differences, I chose to use this as an opportunity for more outreach. I spoke with my colleagues about the rationale behind and the practices of

CCPT. I frequently recommended the very helpful ACT therapeutic limit setting model that Garry Landreth developed (2002). I have coached teachers and parents on using the ACT model, with much success. Many parents and teachers have been eager to gain feedback and suggestions on working with their students. It's exciting to empower teachers and parents with a new philosophy and set of tools that helps them in their relationships with their youngsters.

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About the Author

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