An Introduction to Therapeutic Work with Preschoolers

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Objectives

- ▶ Discuss Developmental Norms for 2-5-year-old Children
- Discuss Common Intake Concerns with Young Children
- Why Play Therapy? How Does Play Therapy Work?
- Describe Therapeutic Interventions for Young Children
- Discuss the Importance of Caregiver Participation and Ways to Integrate them into Treatment with Young Children

Developmental Norms at 2-Years-Old

Expectations:

- Copies others, especially adults and older children
- Gets excited when with other children
- Shows more and more independence
- Shows defiant behavior (doing what they have been told not to)
- Plays mainly beside other children, but is beginning to include other children, such as in chase games
- Says sentences with 2-4 words
- Follows two-step instructions "Pick up your shoes and put them in the closet."
- Completes sentences and rhymes in familiar books
- Plays simple make-believe games

Developmental Norms at 2-Years-Old

Concerns:

- Is missing milestones
- Doesn't use 2-word phrases (e.g. "drink milk")
- Doesn't know what to do with common things, like a brush, phone, fork, spoon
- Doesn't copy actions and words
- Doesn't follow simple instructions
- Doesn't walk steadily
- Loses skills they once had
- Excessive anxiety, fearfulness, withdrawal
- Severe behavioral difficulties including self and other injurious behavior

Developmental Norms at 3-Years-Old

Expectations:

- Copies adults and friends
- Shows affection for friends without prompting
- Takes turns in games
- Shows concern for a crying friend
- Understands the idea of "mine" and "his" or "hers"
- Shows a wide range of emotions
- Separates easily from mom and dad
- May get upset with major changes in routine
- Dresses and undresses self
- Follows instructions with 2-3 steps
- Talks well enough for strangers to usually understand
- Carries on conversation with 2-3 sentences
- Play make-believe with dolls, animals, and people

Developmental Norms at 3-Years-Old

Concerns:

- Is missing milestones
- Doesn't speak in sentences
- Doesn't understand simple instructions
- Doesn't play pretend or make-believe
- Doesn't want to play with other children or with toys
- Doesn't make eye contact
- Loses skills they once had
- Excessive anxiety, fearfulness, withdrawal
- Severe behavioral difficulties including self and other injurious behavior

Developmental Norms at 4-Years-Old

Expectations:

- Enjoys doing new things
- Plays "Mom" and "Dad"
- Is more and more creative with make-believe play
- Would rather play with other children than by themselves
- Cooperates with other children
- Often can't tell what's real and what's make-believe
- ▶ Talks about what they like and what they are interested in
- Sings a song or says a poem from memory "Itsy Bitsy Spider"
- Tells stories
- Starts to understand time
- Plays board or card games

Developmental Norms at 4-Years-Old

Concerns:

- Is missing milestones
- Shows no interest in interactive games or make-believe
- Ignores other children or doesn't respond to people outside the family
- Resists dressing, sleeping, and using the toilet
- Doesn't follow 3-part commands
- Doesn't use "me" and "you" correctly
- Speaks unclearly
- Loses skills they once had
- Excessive anxiety, fearfulness, withdrawal
- Severe behavioral difficulties including self and other injurious behavior

Developmental Norms at 5-Years-Old

Expectations:

- Wants to please friends
- Wants to be like friends
- More likely to agree with rules
- Likes to sing, dance, and act
- Can tell what's real and what's make-believe
- Shows more independence (walk to neighbor's house alone)
- Is sometimes demanding and sometimes very cooperative
- Speaks very clearly
- Tells a simple story using full sentences
- Uses future tense "Grandma will be here."
- Know about things used every day, like money and food
- Can use the toilet on their own

Developmental Norms at 5-Years-Old

Concerns:

- Is missing milestones
- Doesn't show a wide range of emotions
- ls easily distracted, has trouble focusing on one activity for more than 5min
- Doesn't respond to people, or responds only superficially
- Can't tell what's real and what's make-believe
- Doesn't play a variety of games and activities
- Doesn't use plurals or past tense properly
- Doesn't talk about daily activities or experiences
- Doesn't draw pictures
- Loses skills they once had
- Excessive anxiety, fearfulness, withdrawal
- Severe behavioral difficulties including self and other injurious behavior

Early Childhood Mental Health

- Significant mental health problems can and do occur in young children.
- About 17% of children suffer from a mental disorder in early childhood (up to 6-years-old).
 - ► More than ½ are Severely Affected
- Young children can show clear characteristics of anxiety disorders, ADHD, conduct disorder, mood disorders, PTSD, Autism Spectrum Disorder, attachment disorders, feeding disorders, and psychosis.
- Diagnosis needs to consider what is truly pathological and what is an expression of normality based on the child's current stage of development.
- Are symptoms signs of developmental delays or are they abnormal for any stage of development? (E.g. Self-injurious behavior is always abnormal, while difficulty separating from a parent is normal for younger children.)

Early Childhood Mental Health

- Early experiences shape the architecture of the developing brain and lay the foundations for sound mental health. Disruptions to this process can impair a child's capacities for learning and relating to others, with lifelong implications.
- The interaction between genetic predisposition and sustained, stress-inducing experiences in early life can lay an unstable foundation for mental health that endures into adulthood.
- Toxic stress can damage brain architecture and increase the likelihood that significant mental health problems will emerge either quickly or years later.
- ▶ It's ever to late, but early intervention is better!!!

Common Concerns at Intake

- Showing developmental delays associated with Autism
- Anxiety Impeding Daily Living
 - ► E.g. Only speaking to family members; Not interacting well with peers; Frequent fearfulness; Phobias
- Mood Disturbance
 - ► E.g. Frequently tearful, Withdrawn, Emotionally labile, Meltdowns
- Behavioral Difficulties
 - ► E.g. Hyperactivity, easily distracted, poor impulse-control, low frustration tolerance, severe and/or frequent meltdowns, conduct problems, hurting others, self-injurious behaviors
- Difficulty at preschool
 - ► E.g. Poor social skills, solitary/plays alone, difficulty following rules
- Difficulty with Eating, Toilet Training, Sleep Routine
- ► History of trauma, abuse, neglect, loss, or chronic illness

- "You can discover more about a person in an hour of play than in a year of conversation."
- ~Plato

- "The highest form of research is play."
- ~Albert Einstein

- Most people think of play as spontaneous pleasurable behavior, solely for amusement, YET IT IS FAR MORE THAN THAT.
- Play is central to a child's healthy cognitive, motor, linguistic, emotional, and social development.
- Play is crucial for children's creativity, exploration, physical skills, self-regulation, interpersonal development, and social learning.
- Play is a creative process which enhances every domain of a child's development.
- Children's language development lags behind their cognitive development, so they communicate their awareness of what is happening in their world through their play.
- Play is to a child what verbalization is to the adult. It is a medium for expressing feelings, exploring relationships, describing experiences, disclosing wishes, and self-fulfillment.

- Play Therapy is a type of therapy where therapists allow the clients to play during sessions, rather than simply sitting with clients and asking them questions about their problems.
- Play Therapy lets children sort through complicated feelings and use play to communicate at their own level and pace without feeling interrogated or threatened.
- Emotionally significant experiences can be expressed more comfortably and safely through the symbolic representation the toys provide. The use of toys enable children to transfer anxieties, fears, fantasies, and guilt to objects rather than people.
- Changes what may be unmanageable in reality to manageable situations through symbolic representations, which provides children opportunities for learning to cope.
- Whatever the reason for referral, the therapist has the opportunity to experience and actively deal with that problem in the immediacy of the child experiencing.

- About 80% of young children who receive play therapy show a positive change. Of those who don't some experience an unplanned exit from play therapy.
- > 70% of childhood mental health issues can be solved with early intervention and therapy.
- Play therapy is effective for a wide range of presenting concerns.
 - Psychosocial issues, behavioral problems, family relationship problems, educational issues, disability, chronic illness, trauma, abuse, ADHD, anxiety, stress, depression, grief & loss.
- Play is considered especially important for the healthy development of children who have experienced stressful events or past trauma. Play therapy helps to move traumatic memories and sensations from the nonverbal brain to the frontal lobes.
- Early intervention services, including play therapy, are regularly estimated to provide a far greater return than the initial investment.

- Though a dedicated play therapy room is ideal, it is not necessary to provide effective play therapy services.
 - Can have a bookshelf and/or toy bins in office. I like the Ikea towers for various sized bins.
 - Can make a suitcase/bin with a selection of play therapy items if you don't have dedicated office space.
- ▶ Use a wide variety of expressive tools and toys including art and craft materials, dress-ups/masks, kitchen and toy food, musical instruments, puppets, figurines, toy animals, toy weapons, military characters, toy medical kit, superheroes, books, vehicles, building blocks, dollhouse with family, balloons and balls, sand tray/bean tray, toys for dance and movement, board games.

- Structured Board and Card Games for Preschoolers
 - Don't Break The Ice
 - Cootie
 - Chutes and Ladders
 - Sorry
 - Connect 4
 - Jenga
 - Go Fish
 - Uno
- These games provide the chance to build social skills, frustration tolerance, and executive functioning skills. Particularly useful early on for building rapport. Much easier to talk with young kids while they're playing these games.



- Art Therapy Interventions
 - Origami & Paper Airplanes
 - Family Kinetic Drawing
 - Draw a picture of your family doing an activity together.
 - Draw Your Bad Dream
 - ▶ Draw the scary part of the dream and therapist discusses and validates the fear. Ask child how they would like to destroy the scary part of the dream (rip paper, scribble over, lock box)? Then ask them to draw a happy, peaceful, replacement dream to bring home and hang near bed.
 - Party Hats on Monsters
 - ▶ Draw something that makes them feel happy or safe and discuss. Next, draw something that scares them just a little. Have them change the drawing to make the feared object less scary (shrink, silly hat, superhero turns them good). Discuss how can do this in their head to make things less scary.

Calm Down Bag

- During the session provide the child with a bag that they can decorate (I use small reusable bags and markers). Discuss how the bag will be filled with things to help them calm down when overwhelmed (anger, fear, sadness, etc.). Teach the child coping techniques with each item placed in the bag and encourage them to work with parents to find more things to add.
- Bubble Breaths/Pinwheel Breaths- Teach child to take deep breaths from the stomach and slowly exhale. Explain how helps the body to calm down when angry, nervous, or tense.
- Sensory Objects- Squeeze ball, something soft and comforting
- Art objects- Open expression and structured coloring options (Box of crayons, paper or drawing book, coloring book). Talk about using to express feelings and to distract the brain from being upset.
- Small puzzle
- Fidget Spinner



Puppets

- Symbolic Client
 - Great when starting with frightened clients. Therapist gets out a puppet and identifies it as frightened and has the child help comfort the puppet.
- Externalization Play
 - Use puppet as a character that represents one of child's problems and ask the puppet about the problem without directly addressing the child's fear, by externalizing the problem to the puppet.
- Turtle Technique
 - ▶ Give child a turtle puppet and explain how when the turtle is upset about something it stops, goes into its shell, closes its eyes, and takes three deep breaths. Practice with puppet to build coping skill.
- Role Play
 - Social situations, upcoming stressors (e.g. first day of school).

Worry Can

- Young children often worry about numerous things they keep bottled up inside. These worries can be the root of some of their presenting problems, such as fears, peer conflict, temper tantrums, and separation anxiety. This is an effective method for helping children to identify and then discuss their worries with an adult.
- Materials: A re-closable can (or similar), colored paper, markers, glue, and scissors.
- Make cover for can. Therapist can write "scary things" and child colors it with markers. Then glue around can.
- Have child write/draw their worries on separate pieces of paper, discuss them with the therapist, and then put the strips away in the can.
- Can have an Anger Can or Sad Can etc.
- Can pull strips out in later sessions to work with. Can have child take home and add strips during week when upset and then they can be worked on in the next session.

- It is essential to treat young children's mental health problems within the context of their families, homes, and communities. The emotional well-being of young-children is directly tied to the functioning of their caregivers and the families in which they live.
- At a minimum, the therapist will want to communicate regularly with the child's caretakers with weekly updates and parental-guidance sessions, without the child present, at least every few weeks. This allows the therapist and caregivers to discuss the child's difficulties without them present to develop plans for modifying behavior and solving problems at home, and to monitor the progress of treatment.
- Important to provide caregivers with education about play therapy and how it will help their child, the purpose of interventions, and the support and hope they need.
- Very important not to shame caregivers. Rapport is built by showing empathy for how difficult and stressful parenting is and noting their parenting strengths.

- Therapist has a central role in providing psychoeducation for caregivers.
 - Help them understand what's happening with their child and why?
 - Diagnosis
 - Early childhood development and their child's strengths and weaknesses.
 - Provide education on parenting skills and home interventions.
 - New approaches to discipline.
 - Improving structure at home, routines
 - Modeling Parenting Skills (e.g. how to interact with child during a meltdown)
 - ► Teach skills such as labeling emotions, predicting behaviors, and how to help child better cope with stressors.
 - Provide education and support for community resources.
 - ▶ How to involve preschool, daycare, coaches, etc.
 - ▶ Help set up needed supports for beginning kindergarten.

- Having the caregiver present during play therapy sessions is also an option. (Parent-Child Interaction Therapy (PCIT), Filial Therapy)
- Work together to help adults improve their parenting and language skills and help children learn how to better control emotions.
- Helps to strengthen the bond between parent and child.
- ▶ PCIT has been shown to help children improve self-esteem, experience less anger and frustration, see an improvement in social, organization, and play skills, feel safer and calmer, and communicate more effectively. Parents typically learn consistent, predictable techniques for parenting and may experience greater confidence when dealing with behavioral concerns.
- ► The changes from family play therapy are often positive and longlasting. It strengthens the parent-child relationship directly, and everyone in the family benefits.

- With PCIT, under the guidance of the therapist, the parent plays along with the child and uses the positive reinforcement skills previously taught by the therapist.
- Positive Reinforcement Skills are represented by the acronym PRIDE
 - Praise: The child is praised for good or appropriate behavior.
 - Reflection: The child's words are repeated and expanded upon by parents, which encourages communication.
 - Imitation: Parents teach and show approval by mimicking what their child is doing.
 - Description: Parents describe what the child is doing in order to help their child build vocabulary and show that they (the parents) are paying attention to the child's activities.
 - ▶ Enjoyment: Parents demonstrate enthusiasm for the child's activities.

Conclusions

- ▶ 17% of young children present with mental health concerns
 - ► Half of these are severe!
- ► Research shows about 80% of young children show improvement with play therapy. These interventions are very useful in helping reduce symptoms, improve adaptive and coping skills, and improve parent-child relationships.
- ► The earlier the better for intervention. A lot of neurological development occurs during these critical years, therapy can provide life-long changes.
- Many child therapists don't work with preschool children, it's not too difficult and there is a great need for providers.
- Preschoolers are a lot of fun to work with and it is a very rewarding population. You get to see a lot of growth and change and set children and their families up for success.

References and Resources

- Association for Play Therapy https://www.a4pt.org/
- Centers for Disease Control and Prevention https://www.cdc.gov
- GoodTherapy Types of Therapy https://www.goodtherapy.org
- Harvard University Center on the Developing Child https://developingchild.harvard.edu/
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