Play Therapy with Preschoolers Using the Ecosystemic Model

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Case Example

The following case example is from the Building Blocks Program, an intensive, in-home mental health intervention program for children, birth to five, and their families. Children can be referred through the county mental health department by a number of sources including parents, pediatricians, preschool teachers, or social workers. Assessments and interventions are provided by a clinical team consisting of a bachelors level counselor and a masters level clinician, with additional support from clinical psychologists, child psychiatrists, and an occupational therapy consultant as needed.

Most services -- intake to discharge -- are provided in the family's home. In order to protect the privacy of the children and families we serve, what follows is a case example that is actually a composite of several cases. Although this example blends the experiences and challenges of several young children, the mix of symptoms and concerns is not unusual.

Identifying Information/Presenting Problem

In Ecosystem Play Therapy, we try to gather information on the presenting problem from as many perspectives as possible, including from the child. In the following case, the child's grandmother and the child were informants.

> Germayne is a 4-year-old African American boy referred by his grandmother, Ms. Anderson, because he has become aggressive with his younger brother and sister. His social worker is concerned that Germayne may be "too much for his grandmother to handle," and recommended to Ms. Anderson that she call us. Ms. Anderson reports that Germayne has difficulty settling down and that he overreacts to minor frustrations. She adds that he is not aggressive at preschool; in fact, his teachers describe him as withdrawn. Germayne does not want to talk about fighting with his siblings, but he guardedly tells us that sometimes he "just gets mad."

Intake/Assessment

Our initial clinical interview is organized around strengths and challenges, development, relationships, and the greater ecosystems surrounding the child and family, including a comprehensive developmental ecosystemic history. The quality of the parent-child relationship is central when working with preschoolers, either because it is the focus of treatment or because it is a resource for the child that can facilitate treatment. Because development is so important when working with young children, our initial assessments often include a developmental screening or more formal developmental assessment, depending on the structure of our setting and available resources.

> At our request Ms. Anderson describes Germayne's strengths: Germayne is a loving child who likes to help around the house; he cares deeply about his brother and sister and sticks up for them with other children in the neighborhood; and he is a good artist.

Ms. Anderson adds that she loves Germayne very much and that she will always take care of him.

Ms. Anderson tells us that she doesn't know everything about Germayne's early years, because she was only involved "now and again," but from what she knows, it appears that his birth was medically unremarkable and that he met developmental milestones when expected. She reports that he was a quiet child who "watched more than he talked," but there were no concerns. Germayne started Head Start preschool when he was 3, and Ms. Anderson reports that he does well there, although she thinks he must be a bit shy, based on what his teachers tell her.

When we start to ask Ms. Anderson about Germayne's parents, his relationships with them, and how he came to live with her, Ms. Anderson asks if she can speak privately. To accommodate this request, our counselor invites Germayne to play with her in another room. During this time, the counselor completes a brief play interview/mental status and assessment of Germayne's representational play abilities (Westby, 2000).

The counselor notes that Germayne is an attractive, engaging child of average build who is cautious initially (as would be expected on a first visit), but after warming up, engages easily in play. He doesn't speak much and his articulation is poor when he does speak, often requiring the counselor to ask Germayne to repeat himself. Initially, he seems eager to be understood and repeats himself several times, but after a while, Germayne simply shakes his head and continues playing. As would be expected for his age, Germayne's pretend play is complex, logically connected, and sequenced.

Because Germayne's history suggests that he does not manage frustration well, and because the counselor has not yet established a strong rapport, she introduces only minor frustration into the play interview (in the form of limit setting). Germayne accepts these limits with little resistance.

Once Germayne is out of hearing range, Ms. Anderson indicates that she has cared for Germayne and his siblings for almost 2 years. For most of that time, Germayne's father, her son, has lived with them. Germayne's mother is in jail for selling drugs, but although Germayne witnessed his mother's arrest over a year ago, Ms. Anderson is clear that his mother's incarceration "is not discussed in front of the children." They have been told simply, "Your mother loves you, but she is away and can not take care of you." Germayne's father is also "away" at times (not for trouble with the law, we are assured), but he currently holds a "good job" and lives with the children and their grandmother.

Ms. Anderson reports that she loves her grandchildren and would do anything for them, but she has felt more and more isolated from her friends lately. She used to attend church services regularly, but lately Germayne's fighting has made attendance difficult. She doesn't have time to see her friends from work anymore, having cut back on her hours to look after her grandchildren. Now she feels the strain both socially and financially.

Over the next few weeks, we continue our assessment, asking follow up questions to our initial interview, talking to and requesting records from others who are involved with Germayne (with his grandmother's permission), and completing additional assessments. Birth and medical records are unremarkable except for reference to recurrent ear infections. Germayne's teachers report that he has few problems with other children at school, but they are concerned with his apparent lack of interest in making friends. They see Germayne as unhappy and withdrawn.

A standardized developmental assessment reveals that Germayne's nonverbal skills are average relative to other children his age; however his verbal abilities are below average. More specifically, his receptive language (his ability to understand

others) is average, but his expressive language (his ability to tell others what he needs and wants) and his articulation are more than a year delayed.

A MIM with Germayne and his grandmother suggests that Ms. Anderson and Germayne share a generally pleasant relationship. Ms. Anderson's directions are clear, but at times, Germayne just looks away, seeming not to hear her. Germayne also appears distracted and disengaged when Ms. Anderson tries to teach him new things or to otherwise challenge him. Ms. Anderson appears uncomfortable when Germayne ignores her, and rather than challenge him further, she appears to give up, and she too withdraws.

Treatment Planning

During assessment, we begin to develop a "shared view" with families. We begin to understand the family's story through what they tell us, through records we may get from other agencies, and through our more formal assessment tools. We make hypotheses about what is behind behavior and we test these out. By the end of our assessment, we have some ideas about what may be creating distress for the child and family and we begin to develop a treatment plan with them.

With Germayne, we start with several hypotheses. Developmentally, we are worried about Germayne's expressive language difficulties, knowing that they can interfere with social problem solving and lead to frustration and aggression. Within his family, we wonder about Germayne's aggression towards his younger brother and sister. Is he competing with them for his grandmother's attention? Or is the aggression a byproduct of his reactivity and low frustration tolerance, possibly a result of his language delays?

We also wonder how Germayne makes sense of his mother's absence. Developmentally, he is likely to have an egocentric explanation, one that is not being challenged by any adults because the issue is "not discussed in front of the children." We question how much Germayne overhears of what is "not being discussed" in front of him.

Finally, within Germayne's ecosystem, we are concerned by his teacher's description of him as "sad and withdrawn." We wonder if Germayne has developed the skills to engage and play with other children, if his language delay is interfering with his social development, or if he has the social skills, but emotionally doesn't have the energy to use them. We are also concerned by Ms. Anderson's increasing isolation. Since caring for her grandchildren, she has lost several strong community supports.

Our treatment plan begins in the home using family play therapy with Germayne, his siblings, and Ms. Anderson. Our first goal is skills-oriented: to strengthen Germayne's problem solving and play skills with his siblings. Our second goal is "fun-oriented:" to address the developing emotional distance between Germayne and his grandmother.

Because Ms. Anderson identified Germayne's fighting as her primary concern, we want to reinforce Ms. Anderson's confidence in her ability to respond effectively and consistently to Germayne's aggression. Our MIM also indicated, however, that Germayne and his grandmother are beginning to disengage from each other. To prevent this, we want to reintroduce fun (enjoyment/engagement) into their relationship.

We also recommend that Ms. Anderson attend a 'Grandparents Raising Their Grandchildren' group for additional emotional and social support, and we support her in getting back to church. Finally, we request an IEP through Germayne's school district and advocate for speech/language services to address his articulation and expressive language difficulties.

Treatment process

As mentioned earlier, our choice of complementary treatment modalities is carefully considered. The "right" approach is one that fits the family and the therapist, addresses the concerns identified by both, and provides a "port of entry," an avenue through which the therapist can enter the clinical (family) system to effect change (Lieberman, Silverman, & Pawl, 2000).

Based on Ms. Anderson's assessment of the problem (i.e., Germayne's fighting), we start intervention using a social learning, skills-building approach in family play therapy with Germayne, his grandmother, and his siblings. Working from the hypothesis that Germayne has not developed the skills he needs to play cooperatively with his brother and sister, we practice "playing nicely" and reinforce the skills needed to initiate and sustain play. This includes inviting someone to play, negotiating who goes first, and choosing a game that both children enjoy. These skills are taught and practiced both before and during games, in an energetic and fun manner.

We also support Ms. Anderson as the adult who determines the rules and sets the limits. We complement this approach by using highly-engaging, fun activities (many of which are drawn from Theraplay®) that draw Germayne and his grandmother together in touch, eye contact, and laughter.

As family play therapy sessions progress, we notice that Germayne is more attentive to his grandmother and she to him. They seem to enjoy and seek each other out more. Germayne's relationship with his siblings, however, remains a challenge. We observe that Germayne has the skills to play nicely with his brother and sister, but he can't use them when frustrated, and he gets frustrated very easily. We also notice that almost all of his free play is about good guys and bad guys and going to jail. In fact, at times it looks as though his fighting with his siblings is actually part of his imaginative play.

With these observations, we return to Ms. Anderson to talk more about her decision to not discuss with the children the arrest and incarceration of their mother. We talk about typical development and about the need of most children to make sense of what is happening around them. We talk about how children believe that everything happens for them and because of them. We suggest that Germayne may have made up a story about his mother's absence, that his story may not be accurate, and that his story may worry him. We ask permission to talk to Germayne about his story and to correct any misunderstandings, explaining that this would mean giving Germayne more details about his mother's absence. Ms. Anderson cautiously agrees and together we decide what words we will both use when talking about Germayne's mother.

Because Germayne's family has had a rule about not discussing his mother, we believe that Germayne will be more comfortable starting to talk about her in individual play therapy, so we shift our plan. During one of our in-home family play therapy sessions, Ms. Anderson introduces the idea of individual play therapy to Germayne, telling him that it will be a special time for him to talk about things that worry him, even things that are not normally talked about at home (like how come his mother does not live with them). We talk about the meeting at the special playroom in our office next week.

The next session is in the office. We stage the playroom with the toys that Germayne will need to "talk" about his mother because, at his age, he will need concrete prompts to remind him of why we are here. Developmentally, we provide toys that will allow for both role play (e.g., police hat and gun, handcuffs) and symbolic play (e.g.,

good guy/bad guy action figures, family dolls). Germayne starts with the symbolic play, acting out the good guy/bad guy play we have seen in his play with his siblings.

As individual play therapy progresses, Germayne's play become focused on bad people going to jail and never getting out. We carefully (and in consultation with Ms. Anderson) choose the words that we use to overlay our interpretation of Germayne's play. In response to Germayne's play activities and his occasional questions, we talk about people who break the law, what "the law" is, how "being bad" and "making mistakes" is different from breaking the law, and how children do not go to jail when they are bad or when they make mistakes.

We also talk about mommies who don't live at home, remembering what mommies look like when you don't see them for a long time, how mommies can remember what their children look like, and how mommies can love their children from far away. Finally, we talk about sad and mad (this, usually during art activities).

Initially, the "talking" belongs exclusively to the therapist, who comments on Germayne's generally silent play. Over time, however, Germayne begins to narrate his own play, allowing us greater insight into his concerns and his misconceptions.

Ending Treatment

As with any therapeutic process, children and families have a way of telling us that therapy is no longer necessary. Treatment draws to a close when the child and family's distress has abated and when development in back on track.

We hear from Ms. Anderson that Germayne is asking her questions about his mother at home. She is recognizing the phrases that we have agreed to use in discussing Germayne's mother, as he occasionally walks up to her and says "sometimes mommies have to go to jail because they broke a law" or "mommies love kids even when they're far away."

When she reports to us that she is feeling more comfortable answering these questions concretely, we invite her to participate in Germayne's individual play therapy. In session, we begin to step back in order to facilitate Germayne's confidence in his grandmother's ability to care for him in yet another way. Ms. Anderson slowly takes over the role of correcting Germayne's misperceptions about his mother and going to jail. At home, she agrees to put a picture of Germayne's mother in his room so that he can remember what she looks like.

Germayne's play in therapy shifts again, and he becomes less interested in bad guys and jail. Instead he wants to draw and paint, but no themes are readily apparent. It appears to us that he is now able to use his grandmother to make sense of his mother's absence, so we end the dyadic session and return to the home. A handful of sessions confirm that Germayne is playing well with his brother and sister. Pointing this out, we ask Ms. Anderson if she thinks Germayne will be successful at church again and she delightedly states that she thinks he will be "just fine."

By this time, the school district has completed its speech/language assessment and determines Germayne is eligible for services. His articulation improves almost immediately. As we end our services, Germayne still shows delays in expressive language, but he seems to be catching up. His teachers note more participation in preschool, which is helped by finding a best friend. Ms. Anderson is attending church services regularly again. She continues to participate in the Grandparents group.

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