

Go PLAY!

Advocating for the Integration of Play Therapy in the School Setting

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CLINICAL

EDITOR'S COMMENTS:

School-based play therapists can become SB-RPTs and advocate for more free play and for play therapy in the school setting.

Many of us remember our parents telling us to “Go PLAY!” These two words were an indicator to children to stay outside until the street lights came on. Although those days are long gone, they are not forgotten. Today, “Go PLAY!” is still a directive and a cheer. However, access to unstructured play settings for children continues to decline. “Outside” can be filled with concerns of stranger danger, gun violence, drugs, and a lost sense of community, while “inside” can be inundated with televisions, tablets, and electronic gaming devices. As a result, some children are losing the art of how to truly play. We discuss the significance of unstructured play, explore play regulation in the school setting, reinforce the need for more School Based-Registered Play Therapists (SB-RPT), and identify ways that school counselors can engage in play advocacy to enhance the holistic growth of children.

Significance of Unstructured Play

Article 31 of the Convention on the Rights of the Child states that children have the right “to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts” (United Nations, Office of the High Commissioner, 1990, p. 9). Thus, caregivers who prioritize nurturing children’s unstructured play endorse children’s rights. However, children increasingly play in isolated situations with few peer interactions. Despite having a desire to go outside, they may be unwittingly trapped by a lack of social skills needed to engage in healthy friendships, or they may see fewer children outside with whom to interact due to an increase in screenplay activities (e.g., gaming, tablet use). The staggering loss of a sense of community, exemplified by not knowing who one’s neighbors are, may make parents feel hesitant to endorse outside play (Farahani, 2016). Residually, remaining indoors may perpetuate a lack of trust in others and further isolation.

Yet, children tend to be most happy when they are connected to others and playing freely. For children, play is learning in action, and free play is an important part of their lives. Unstructured play allows children to explore, create, imagine, and grow intellectually, as well as emotionally and socially (Brown, 2010; Elkind, 2007; Rhea & Rivchun, 2018; Schaefer

& Drewes, 2014). Free play enhances children’s knowledge of the world, themselves, and others and teaches them how to socialize, cooperate, negotiate, choose, and build competence. Thus, unstructured play needs to become a conditioned priority for children’s developmental, mental, emotional, and social growth.

Play Regulation in the School Setting

Children are increasingly diagnosed with mental health issues that impact their academic abilities. According to the Centers for Disease Control and Prevention (CDC, 2013), millions of American children three to seventeen years of age struggle with disorders related to trauma, depression, anxiety, addiction, autism, and attention deficit hyperactivity disorder (ADHD). Because children spend a majority of their time awake in the school setting, attending to their emotional and mental health needs in school is of paramount importance.

Play prepares children for learning and can offset and counterbalance mental health challenges that children present in the school setting.

In the 1960s, play therapy was introduced in the school setting to enhance children’s intellectual, emotional, physical, and social development (Landreth, 2012). In light of its contributions to academic excellence, it is paradoxical that play is being devalued constantly and is being stripped out of the school setting continually. Play prepares children for learning and can offset and counterbalance mental health challenges that children present in the school setting. According to Landreth (2012), a major objective of play and play therapy is to “help children get ready to profit from the learning experiences offered” (p. 35). Essentially, play is preparation for cognitive development and academic success.

Despite the benefits of unstructured play, the few play opportunities that may exist in some schools are often regulated. Children love recess,

which is a form of learning that is child-driven, full of self-expression, and a release from sensory dysregulation and emotional overload. In the school setting, children may have no or only one short recess, may have limits on what and with whom they may play, may be contained within a small space, may not be allowed to run freely, and may be confined to playground equipment without access to traditional toys (e.g., hula hoops, balls, jump ropes, dolls). Further exacerbating the problem, there also has been an increase in screen time in schools (e.g., testing, homework assignments) that results in fewer opportunities for human-to-human interactions and social and emotional growth. After recognizing these negative impacts, a few schools reintroduced unstructured play times throughout the school day and reported children's improved focus, compliance, and test scores and fewer disciplinary issues (Pawlowski, 2016). Thus, by promoting and integrating unregulated play back into the school setting, children are afforded more opportunities to focus, to explain to the world how they feel, to develop and nurture friendships, and to excel academically.

Credentialed Play Therapists in Elementary Schools

In January 2016, the Association for Play Therapy introduced an opportunity for school counselors to become registered play therapists via the SB-RPT credential. Thus, school counselors have the opportunity to pursue specialized training in this child-friendly and developmentally and culturally appropriate modality that can be integrated into the school setting to meet the growing demand of children's mental health challenges. The CDC (2013) posited that children with mental health concerns who do not receive early diagnosis and treatment

often experience increased problems at home, in school, and in social situations in the long term. Additionally, with the occurrence of devastating school events (e.g., bullying, child suicides, natural disasters, and school shootings) and a lower-than-recommended ratio of school counselors to children, stress continues to accumulate in the school setting. Thus, school counselors have a significant intervention role and need to be prepared and trained to effectively respond to children's growing needs.

Because early intervention is critical, every elementary school could benefit from having at least one school counselor who is credentialed as a play therapist to serve on the "front lines" for children who experience situations that impact them personally, socially, and academically. School counselors work within a system, helping children, parents, teachers, and staff who may feel baffled and overwhelmed regarding academic concerns and emotional or mental health challenges. In addition to this large task, some school counselors may be inappropriately tasked with state testing, record keeping, classroom scheduling, or attendance verification (American School Counselor Association, ASCA, 2012). ASCA (2012) recommended that school counselors spend 80 percent of their time working directly with students or indirectly on the students' behalf. SB-RPTs balance their multiple roles within the school setting, are equipped to manage student crises, and prioritize attending to children's mental health concerns until they are able to transfer them for more long-term therapeutic care, if needed.

ASCA (2012) purported that counselors should provide services for all students. Children need to play, release stress and anger, build healthy peer relationships, feel a sense of safety, experience academic competence, and simply be children. Thus, SB-RPTs can serve as the bridge that connects children to play and play to academic success by helping children through play counseling.

Play Advocacy

There are four prioritized things that counselors can do to advocate for play in the school setting. First, SB-RPTs may advocate to school administrators and state legislators for the return of unstructured play experiences to the schedule and for play counseling as a mental health intervention modality in the school setting. School boards need to consider the key role that play activity has in children's development and to understand the value that play therapy brings to the educational process. Several researchers have demonstrated that play therapy assists children by reducing attention-deficit/hyperactivity disorder symptoms and aggression and by increasing social and emotional competency, positive behaviors, academic performance, and self-concept (Bratton, Ray, Rhine, & Jones, 2005; Van Horne, Post, & Phipps, 2018).

Second, it can benefit school counselors to familiarize themselves with the impact of adverse childhood experiences (e.g., Felitti et al., 1998) so they can enhance the school system's awareness of these factors and provide early intervention. School counselors can be the driving force behind implementing universal screeners that help to identify emotional problems potentially due to trauma or other adverse experiences.

Shen (2010) advocated for using well-designed measures, such as the University of California at Los Angeles's Post-Traumatic Stress Disorder Reaction Index (UCLA PTSD-RI; e.g., Steinberg, Brymer, Decker, & Pynoos, 2004) and the Children's Depression Inventory (CDI; Kovacs, 1992), as the key to effectively identifying children at risk and in severe need of intervention. Once students are identified as at-risk, school counselors can provide initial interventions prior to referring to outside sources for longer-term care. School counselors can recommend changes in the classroom to help accommodate any academic or behavioral issues that result from trauma, and they can intervene in role-appropriate ways (e.g., Brown, Brack, & Mullis, 2008). Those who are aware of and provide early intervention become leaders of advocacy for children who need it most.

Third, SB-RPTs can conduct trainings and provide oversight to parents and paraprofessionals (e.g., teachers, mentors) who wish to support a healthy school environment focused on child mental health and wellness, as researchers have demonstrated the effectiveness of child-centered systemic approaches (Bratton et al., 2005). Last, SB-RPTs may find it necessary to prioritize grant writing to fund play therapy furnishings and supplies to provide effective play activities that address children's holistic needs. With such advocacy methods, students can feel better supported in the school setting. In essence, credentialed play therapists can be invaluable resources who use their voices as advocates for children and on behalf of the profession.

Conclusion

In a world where neighbors do not know each other and screenplay abounds, unstructured play allows children to feel free, build a sense of self, learn about others, and develop the best versions of themselves. How society allows children to play today determines their academic, physical, social, intellectual, and emotional progress for tomorrow. Children deserve and have a right to play, and school-based play therapists provide a safe space to bring hope and healing into their lives. In essence, schools may cultivate children's holistic growth by allowing and advocating for the use of both unstructured and therapeutic play opportunities for children within their setting. Schools may also encourage their school counselors to become SB-RPTs and systematically aid families by bridging the mental health needs of children and the community in the school setting.

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