“Serve and Return” Interactions: Play Therapy with Babies

Janeece Warfield, Psy.D. (janeece.warfield@wright.edu)
Tatum Sirch, Psy.D. (tatum.shroyer@wright.edu)
Wright State University School of Professional Psychology
Dayton, Ohio

Quiz

1. True or False: 9.5 to 14.2 percent of children age birth to 5 experience emotional or behavioral disturbance.

2. True or False: Research demonstrates that early prevention and treatment of mental health disorders is much more beneficial and cost-effective early in life.

3. True or False: Preschool expulsion rates are more than three times the expulsion rate of student in kindergarten through 12th grade. True or False

Melmed, 2015
Goals For Today

- Participants will learn Play techniques which foster brain development and enhance relational skills.

Objectives

- Participants will be able to define Serve and Return
- Participants will be able to identify one baby cue
- Participants will be able to describe one of the stages of play
- Participants will be able to demonstrate one component of a Play model which facilitates Serve and Return Interactions
Exercise

• Close your eyes and visualize a play experience that you can remember.
• What were you playing with?
• How old were you?
• Was the activity fun and what stands out about the activity?
• Turn to a person next to you and share your experience.

Play:

• Is natural
• Is lifelong
• Is fun
• Is a learning experience
• Is a place where experiences are shared
• Provides opportunities for make believe.
Play

- Serves as a medium for children’s expression of emotions.

Play

- Builds trust and mastery
- Fosters learning and acceptable behaviors
- Regulates emotions
- Reduces stress
- Encourages open and voluntary communication
- Promotes creative problem-solving
- Elevates spirit

-The Association of Play Therapy
Play Therapy

• Is an approach to counseling young children in which the therapist uses toys, art supplies, games, and other play media to communicate with clients using the language of children.

Play Therapy

is defined as a dynamic interpersonal relationship between a child (or a person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviors) through play, the child’s natural medium of communication, for optimal growth and development to occur.
Curative Factors of Play Therapy

- Relationship building/attachment
- Catharsis/self-expression
- Trauma processing
- Skill building (direct learning, modeling, and reinforcement of healthy behaviors)
- Problem-solving skills development
- Identity development (safe place to develop)
- Positive activities (especially helpful for depression)

Schaefer & Drewes, 2014

Attachment

- Close emotional tie of a child to a parent.
- Permanent neurological change that leads the child to focus on one of few specific caregivers.
- Protection from external threats, and from “internal” threats through helping child regulate feelings and behavior.

Stewart, Wehlan, Gilbert, & Marvin, 2011
**Important Features of Attachment Theory**

- Children are born with the disposition to become attached to their caregivers.
- Children organize their behavior and thinking to maintain these attachments, which are key to their physical and psychological survival.
- Early attachment disturbances occur most often in response to the parent’s inability to meet the child’s needs for comfort, security, affect and behavior regulation, and emotional reassurance.

Stewart, Wehlan, Gilbert, & Marvin, 2011

**Adult Attachment Interview (AAI)**

**Four Attachment Categories.**

- **Autonomous:** The adult values attachment relationships, describes them in a balanced way and as influential. Their discourse is coherent, internally consistent, and non-defensive in nature.
- **Dismissing:** The adult shows memory lapses, minimizes negative aspects and denies personal impact on relationships. Their positive descriptions are often contradicted or unsupported. The discourse is defensive.
- **Preoccupied:** The adult experiences continuing preoccupation with his own parents. The adult has angry or ambivalent representations of the past.
- **Unresolved/Disorganized:** The adult shows trauma resulting from unresolved loss or abuse.

George, Kaplan, & Main, 1984
Exercise

Serve and Return
- Based on Attachment theory
- The Center on the Developing Child out of Harvard coins the term “Serve and Return” which refers to a parent or caregiver being responsive to a child’s verbal cues and actions.
- Serve and return interactions build brain activities.
- [https://www.bing.com/videos/search?q=serve+and+return+interactions&view=detail&mid=3363ECDC33E8339EB71F3363ECDC33E8339EB71F&FORM=VIRE](https://www.bing.com/videos/search?q=serve+and+return+interactions&view=detail&mid=3363ECDC33E8339EB71F3363ECDC33E8339EB71F&FORM=VIRE)
Barack Obama

“The early years in a child’s life – when the human brain is forming – represent a critically important window of opportunity to develop a child’s full potential’.

Brain Circuits and Connections

- The brain has many circuits and connections which are being made into patterns that are reinforced with connections between the brain cells.
- By age 2, the brain is 80% of adult size.
- By the time a child is 3 the brain has formed about 1,000 trillion connections (twice as many as adults).
Major Areas of the Brain
(Freund, NIH)

- **Frontal Lobe**: Self-regulation, problem solving, goal setting, social cognition
- **Occipital Lobe**: Vision and perception
- **Parietal Lobe**: Sensory motor perception, spatial abilities
- **Temporal Lobe**: Hearing, language, memory, social-emotional function
Critical Periods of Brain Development

- **Visual and auditory development** - prime time for child’s capacity for learning to see and hear is from birth to between 4 and 5 years old.

- **Language development** - prime time for child to learn to talk is from birth to 10 years of age.

- **Emotional and social development** - prime time is between birth to 12 years of age.

[https://www.youtube.com/watch?v=apzXGfht0](https://www.youtube.com/watch?v=apzXGfht0)

A Child’s Susceptibility to Stress

- looking at the nature of the stressor, its severity, and duration;
- the child’s achieved developmental level;
- nature of family/community social support;
- history of exposure to violence;
- previous psychic trauma; and
- organization of the child’s personality before the event.

Parson, 1994

Implications of Trauma on Children

Recovery needs to include (Perry & Szalavitz, 2006):
- Rebuilding of trust
- Regaining confidence
- Returning security
- Reconnecting to love

Needs are met through approaches focusing on the relationship between the child and therapist (Benedict, 2006)

C. Meyers, 2010
Brain Game Activity

Serve and Return Interactions Promote:

A child’s emotional development which fosters:

– Self-confidence
– Coping with stress in a healthy way
– Learning the difference between right and wrong
– Developing compassion
– Forming friendships

(http://www.letsgrowkids.org/blog/serve-return-strong-brain-connections)
Developmental Aspects of Play Based on Children’s Ages

Birth–18 Months
Explore and discover their world through sight, sound, touch, taste, and smell.

- Play with bright colored noise makers
- Experiment with nesting cups, activity boxes, stacking rings, large blocks, and shape sorters
- Cloth board books, water play, roll and push-pull toys

18 Months–3 Years
Action is the name of the game in this stage.

- Ride-on toys such as tricycles
- Low climbing toys
- Large balls
- Take-apart toys
- Pop-up toys
- Mid-simple puzzles
- Modeling clay/play dough
- Musical Instruments
- Solitary Play
- Parallel Play
- Associative Play
### Developmental Aspects of Play based on children’s ages

#### 3-6 Years
- **Imagination and interaction play is enhanced during this period**
  - Dramatic play with telephones, kitchen appliances, medical kits, dress-up clothes
  - Finger or hand puppets are good for acting out mastering day-to-day experiences
  - Board games
    - Art materials
    - Jump ropes, tricycles
  - Cooperative Play Stage

#### 6-9 Years
- **Like to challenge themselves during this period**
  - Puzzles
  - Games with strategy, e.g., checkers, pick-up sticks,
  - Craft sets
  - Model airplanes
  - Nature-study-kit

#### 9-14 Years
- **Play is very sophisticated and symbolic at this stage.**
  - Group interaction
  - Organized sports or activities
  - Electronic games
  - Individual interests such as books, music, sewing, etc.
Baby Cues

• Long before children speak they communicate their feelings, needs, and wants through behaviors or “cues”.

• Engagement cues indicate the best times to talk to, teach, and play with your child. The baby is gazing at you with wide, bright eyes, rarely looking away.

• Disengagement cues indicates your child isn’t sure or may need a break. For example, the child may be arching, looking away.
Baby Cues

- Cues can occur in **clusters**, for example, hunger cues (I want to eat). Before a baby eats, they may engage at the beginning in feeding hunger cluster cues such as crying, fussing, hand held together, or sucking on hands, rooting movements.

- Cues of disengagement and engagement can be:
  - **Potent**- strong message
  - **Subtle**- mild message

Baby Cues Exercise
Who are you as a Caregiver/Teacher?

- What is your stimulus value?
- How comfortable are you playing and utilizing your inner child?

How do you promote self-expression, awareness, and growth in infants and preschoolers?

How do you set-up Serve and Return interactions with your child?
Know Thyself
Pipe cleaner Exercise

Playful Intervention Models which Facilitate Serve and Return Interactions

- Circle of Security
- Floor Time
- Theraplay
Circle of Security

- Evidence-based treatment.
- Developed by Cooper, Hoffman, Powell, and Marvin from Marycliff Institute and University of Virginia.
- 20-week group-based intervention designed for high-risk infants, preschoolers, and their parents and uses video-based intervention to strengthen and improve parents’ caregiver ability.
- Based on attachment theory.

Basic Principles of Circle of Security

- Core constructs come from Ainsworth
- Using the circle helps parents and other caregivers to follow children’s relationship needs and how to become more emotionally available to them.
- It looks at parents providing a secure base for their child.
- The circle draws a very clear link between attachment and learning.
Circle of Security Video

- http://www.youtube.com/watch?v=cW2BfxsWguc&NR=1 (shows clip model of circle)

Assessment Procedures

- Pre-dyad assessment of the Ainsworth’s Strange Situation.
- Parent reads books for 5 minutes to child
- Parent instructed to have child clean up room
- Additional assessment measures given
- Intervention goals are derived from the classifications, ratings and clinical observations
Process of Circle of Security

• In the context of the group, parents watch video vignettes of themselves and they track changes in patterns of child-caregiver interaction.

• During the video viewing, parents look for moments in which the parent takes charge, moments when the parent takes the lead, and moments in which parents teach and differentiate specific responses.

Floor Time

• Developed by Dr. Stanley Greenspan.

• A form of play where you spend a set amount of time with the child to follow their lead.

• Facilitates three behaviors:
   – Respect, Availability, and Empathy
Developmental Stages of Floor Time

Stage One - Engagement (0-8 months)
The baby learns to attend and engage.

Implement Floor Time by:
- Following the baby’s lead.
- Exploring the types of senses and movement the baby likes.
- Acknowledging the baby’s sounds and using eye contact to imitate the baby.
- Following the baby’s eyes and making interesting facial expressions.
- Responding to the baby’s gestures.

Developmental Stages of Floor Time

Stage Two - Two-Way Communication (6-18 months)
The infant learns to signal their needs and understand someone else’s.

Implement Floor Time by:
- Tuning into what the child feels at the moment.
- Building on the child’s interests and elaborating on what they’re doing through words and gestures, asking questions about the characters, interjecting feelings e.g., “Oh the dolly looks sad because she spilled her milk.”
- Verbalizing the ideas the child is trying to communicate with words and gestures, e.g., “Oh you want to put your arms through the jacket.”
Developmental Stages of Floor Time

Stage Three - Shared Meaning (18-36 months)
The child learns how their behaviors, sensations and gestures are related to ideas.

Implement Floor Time by:
- Helping child to engage in pretend play to learn about nurturance, assertiveness, and emotions.
- Building on the child’s interests and elaborating on what they’re doing through words and gestures.
- Helping to facilitate cause and effect through intentional communication, e.g., playing peek-a-boo, waving bye-bye.

Stage Four - Emotional Thinking (3 to 5 years)
The child learns how to organize and connect their ideas and experiences.

Implement Floor Time by:
- Helping child to verbalize their ideas and feelings.
- Helping child to elaborate on their feelings, including how their body is feeling.
- Expanding on their pretend play by introducing comments like, “What will happen next?”
- Introducing sharing, waiting, and turn taking.
Theraplay

Builds upon the constructs from the Marschak Interaction Method (MIM).

- Is a structured technique focusing on observing and assessing aspects of the relationship between two individuals.
- Consists of simple tasks designed to elicit a range of behaviors in 4 dimensions.

Components of Theraplay

- **Structure** – caregiver’s ability to set limits and provide an ordered environment.
- **Engagement** – caregiver’s ability to engage child.
- **Nurturance** – caregiver’s ability to meet child’s need for attention, soothing, and care.
- **Challenge** – caregiver’s ability to provide activities that stimulate the child’s developmental level.
Marschak Interaction Method (MIM)

Structured Observational Technique

- Assesses the quality and nature of the parent-child relationship
- Administers a set of 7 to 10 tasks based on the dimensions of Structure, Nurture, Challenge and Engagement
- Tasks can be for infants, children, & adolescents

Sample MIM Tasks

**Infant Tasks:**
- Adult plays familiar game with infant
- Adult tells baby a story beginning, “When you were a brand new baby...”
- Adult mirrors baby’s facial expression

**Preschool Tasks:**
- Adult teaches child something child doesn’t know
- Adult and child engage each other in 3 rounds of thumb wrestling
- Adult tells child to, “Close your eyes and tell me everything in the room.”
Theraplay Core Concepts

- Interactive and relationship-based
- Direct here and now
- Guided by adult
- Responsive, attuned, empathetic and reflective
- Preverbal, social, and right brain development
- Multisensory
- Playful

Session Format

- Assessment- MIM and feedback
- Parent Demonstration Session
  - 4 to 5 sessions therapist with child
  - Check-up, 4 to 6 activities, feed, & closure song
- Therapist, child and parent session - 20 to 25 minutes
- Typically 19 to 28 sessions with four follow-up sessions
Sample Parent Practice Session

• Check-up of what parent brought with them today (warm/cold hands, eye color, strong muscles, etc.)
• Walk together balancing bean bag on head
• Sit down together
• Hand stack
• Paper punch/paper toss
• Special handshake

Theraplay Video

• [https://www.youtube.com/watch?v=t5IoEDHY-Y4](https://www.youtube.com/watch?v=t5IoEDHY-Y4)
Developing Social Relationships through Play
Involves Observing:
- Facial expressions
- Verbal expression
- Gestures
- Style of relating
- Body posture
- Body movement
- Interaction with materials

Making the Most out of Playtime
- Follow child’s lead
- Go slowly
- Read child’s signals
- Be aware of the play space
- Allow repetition
- Look for ways to adapt play activities and materials
Adapting Your Environment

- Model prosocial solutions for children who have difficulty with social problem-solving ideas on their own.

Adapt Your Toys by...

- **Attaching** - Use links, elastic straps, etc., to bring items closer to the child’s reach and grasp.
- **Confining** - Use materials such as hula-hoops, box tops, planter bases to prevent toys from moving too far away from the child to create a barrier/boundary.
- **Simplifying** - Simplify how play materials are presented. Limit the number of choices and pieces, e.g., 1-2 pieces at a time to make play easier. Place toys on contrasting color surface.
Wrap-up

• Review of what was covered
• Questions
• See folks for Part 2 - applications of the techniques discussed

Resources

• K’s Kids - Toy Products which facilitate physical, cognitive, & Social skills http://www.kskids.com/aboutus
• Finger Plays and Songs for Childcare: https://campus.extension.org/mod/data/view.php?id=25&mode=as
crch&username=guest
• Hands-On Activities Database: http://farpoint.fcs.uga.edu/moodle/LADB/?page_id=611
• Story Stretching Ideas: https://campus.extension.org/mod/data/view.php?id=24&mo
de=asearch&username=guest
• Toys “R” Us Toy Guide for Differently-Abled