Play and Sensory Integration: another view

Professor Karen Stagnitti
Finland ESIC
2014
Jean Ayres

• Jean Ayres was an expert at child-led play.

• For example, “child’s inner urge for action and growth drives him toward a response (p.256); often the child takes over the direction of the treatment (p.257), child’s response is often characterised by intense emotional involvement and excitement” (p.257).
reason for the child-led therapy

• ‘..the child must organise his own brain’. (Ayres, 1972, p.256)
• Child-led or self-initiated play promotes self-regulation and brings with it a deeper meaningful engagement in the occupation of playing.
• Whitebread et al. (2009) discusses self-directed vs non-self directed
• More effective therapy - you become ‘redundant’ because the child is able to ‘go out’ and live their life
• In therapy, the therapist provides freedom within structure for the child that meets the child’s developmental needs and is the right challenge for the child.
Play and SI

• The type of play often referred to during SI sessions is pretend play

• Evidenced by:
  • Research on language used during SI – symbolic play
  • Bundy gives an example in her chapter ‘Play theory and sensory integration’ when 11 year old Ricky says he ‘wants to ride the bull’.
  • Bull = bolster swing = object substitution = symbol in the play

• Embedded or imposed on the SI therapy are pretend play scenarios
SI and academic ability

• Self-initiated pretend play is linked to language and literacy

• Ayres published a paper in 1972 where she reported statistically significant increases in academic learning.

• Further research on this area has been patchy with mixed results in relation to academic improvements (see May-Benson & Koomar, 2010).

• I would like to pull this apart a little more and explore pretend play.
What is play?

• It’s what you want it to be!

**Definition of play:**
• More internally than externally motivated,
• Transcends reality and reflects reality
• Controlled by the player
• Attention to process than product
• Safe, fun, unpredictable, pleasurable, spontaneous involves non-obligatory active engagement
• Exploratory in nature, involves movement and manipulation in relation to the environment
• All-encompassing activity
• Primary occupation of childhood
• Incorporates motor, sensory, cognitive/perceptual skills
Pretend play

Encompasses symbolic and conventional-imaginative play

Symbolic play:
• Substitution of one object for another
• Attribute a property to an object
• Substitution of a symbolic action to refer to an absent object or action
• → Imposing meaning on unstructured objects

Conventional-imaginative play:
• Child pretends with conventional toys e.g.
  • A truck trailer can be a boat (substitution)
  • A truck can run out of petrol or the doll goes to sleep (attribute of a property)
  • The wave of an arm can represent a doorway (reference to an absent object)
Pretend Play

• Children have sustained non-literal thinking
• Children impose meaning on a situation.
• So other words to describe pretend play are:
  • non-literal, decontextualisation, decentration, representational play, imaginative play, fantasy play, creative play, make-believe play

• Symbols are one of the key factors in engaging pretend play.
Pretend play

• Pretend play begins in the second year of life
• Generally, children can show evidence of pretend play from 12 months of age.
• Children who have high IQs by 6 years of age, begin pretend play by 10 months.

• It is the mature form of play for the pre-schooler (Vygotsky)
Development of pretend play

12 months to 5 years
12-15 months

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<tr>
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<th>Sequences of play action</th>
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<th>Social interaction</th>
<th>Role play</th>
<th>Doll/teddy play</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body: feeds self with empty spoon</td>
<td>Uses real objects</td>
<td>Watches eyes and mouth of speaker, imitates</td>
<td>Imitates actions previously seen</td>
<td>Places doll with head up and feet towards the floor.</td>
<td></td>
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### 13-19 months

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<tr>
<td><strong>13-18 months</strong> Body</td>
<td>Repetitive actions</td>
<td>Real objects</td>
<td>Imitates actions seen before</td>
<td>Feeds doll/partner with empty spoon</td>
<td></td>
</tr>
<tr>
<td><strong>16-19 months</strong> body</td>
<td>Repetitive actions with more than one recipient</td>
<td>Real objects</td>
<td>Imitates actions seen before</td>
<td>Feeds self and doll in any order</td>
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<td>Child sits doll in chair</td>
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<tr>
<td>in and out of the home</td>
<td><strong>simple, logical actions</strong> (combinatorial sequence eg, feed and bath doll)</td>
<td>1 object = 2 functions</td>
<td>Child asks for objects needed in play</td>
<td>imitates others</td>
<td><strong>The doll can do things</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can search, request, materials needed for play – 18-26 months</td>
<td>Agency attribution-adopts character-ic of another (21-30m)</td>
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### 2½ years

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<tr>
<td>personally experience but less frequent life events</td>
<td>Detail logical actions.</td>
<td>1 object = many uses</td>
<td>Parallel play.</td>
<td>Short Doll wakes up, an abstract doll</td>
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Imaginary transformation eg, imaginary cake on plate, imaginary characters.
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<td>Child uses multiple logical play actions</td>
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<td>sequences are pre-planned organised logical and have sub-plots. Complex storylines</td>
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Contribution of pretend play to child development

• Language
• Narrative language
• Social competence
• Problem solving, creativity
• Self-regulation
• Metacognition
Pretend Play and Language

• It is now accepted that pretend play is important as a precursor to language and that pretend play development in the second year of life co-insides with two word utterances.

• Children who engage in pretend play use more language.

• Reading ability has been found to be predicted by a child’s ability to ‘meta play’, that is, children who talk about what they are playing. (Pellegrini & Galda, 1993)

• Pretend play develops before expressive language develops (McCune 1995) and the development of pretend play and expressive language are significantly related.

• It has been suggested that conceptual knowledge was not sufficient for language development but using symbols in play was of primary importance. (Lewis et al., 1992)
Pretend Play and Narrative Development

• Pretend play develops before narrative ability begins
• 2 years – Children can tell a story about themselves. They tell stories before they can read.
• 2-3 years – Children attempt fictional storytelling
• 3 years – Children begin to develop narrative ability
• 3 – 5 years – Children move from description of objects and events, to temporal sequencing of actions relevant to solving a problem, to use of goal-directed actions.
• Preschoolers can tell stories and their storytelling can be enhanced.
• School age – Majority of children possess a basic repertoire of narrative abilities.
• 3rd grade – Children tell complete stories
• 11 or 12 years of age – children reach a peak in their ability to tell oral narratives. The average child has mastered story grammar, so the child has extended beyond storytelling in narrative.
Pretend Play and Narrative Development

• Understanding narrative intrinsically relates to a child’s ability to forward think or ‘predict’ what will happen. That is, children understand what the character’s plans are and what is going to happen.

• Problem solving in the narrative gives children exposure to divergent and convergent problem solving skills.
Comparison of narrative by school

- Play-based
- Traditional
Social competence

Social interaction is significantly related to elaborate pretend play – particularly conventional play

- Social disruption is negatively related to symbolic play – particularly object substitution
- Social disconnection is negatively related to elaborate symbolic play

(Uren & Stagnitti, 2009; McAloney & Stagnitti, 2009)
Emotional understanding

• Pretend play is linked to understanding emotions in others and self

• In pretend play children impose emotions on characters

• Girls learn about emotions through pretence and boys through physical play (Lindsey & Colwell, 2003)

• Goncu and Perone suggest pretend play continues into adulthood and still plays a role in affect regulation
Pretend play and the brain

Evidence for social and emotional understanding and language

Karen Stagnitti (c)  February 2014
Pretend play – brain lights up

- Medial prefrontal cortex (ToMM, mentalising, emotion)
- Temporo-parietal junction
- Inferior frontal gyrus
- Posterior superior temporal sulcus (ToMM, emotional gestures)
- Anterior medial prefrontal cortex
- Temporal poles (ToMM, emotional gestures)
- Amygala
- Right posterior superior temporal sulcus
- Ventrolateral prefrontal areas (narrative)
- Orbitomedial prefrontal cortex (narrative)
- Posterior cingulate (role play, narrative)
- Inferior parietal and dorsolateral frontal (role play, narrative)
Pretend play – overlaps with TOMM (Whitehead et al., 2009)

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Pretend play — overlaps narrative and TOMM

**Ventromedial Prefrontal Areas**
(ToMM and pretend)
Involves thinking about emotional experiences and calms the older part of the brain when child goes into state of alarm.

**Orbitofrontal region** (narrative)
Key role in effective management of strong feelings and inhibiting primitive impulses from lower brain. Helps a child respond sensitively to other people and read social and emotional cues.

**Dorsolateral Prefrontal Region** (role and narrative)
Involved in Thinking, Planning, Reflecting And making choices
Pretend play, ToMM, Response to unfavourable outcomes, Response conflict, Pretend Play, Socialising, Coping with fear, shapes and stores reactions to unexpected events.

Processing sounds, Comprehension of language.

Risk aversion, left important for language, alerted when important cues.
Play and the brain

• Pretend Play

Bruce Perry
• From: Curiosity, Pleasure and Play:
• A Neurodevelopmental Perspective, Bruce Perry, Lea Hogan, Sarah Marlin, 2000; www.ChildTrauma.org
When play is developing in a child in an enriched environment with loving parents who encourage play and give the child varied experiences.

Child is typically developing.
Problem solving (divergent and convergent thinking), logical sequential thought, organisation of thinking, decontextualisation of language, acquisition of language, flexibility and adaptability in thinking, memory, attention, concentration, visualisation, narrative competence. Representational thought evidenced by: object substitution, referring to absent objects, attribution of properties, understanding of social rules, social perceptiveness, understanding role taking, emotional understanding and integration, self-regulation.

Fine and gross motor skills, sensory awareness, coordination of the body, smooth movements, rhythm, pretend play.

Adapt to change, interaction with peers, making friends, fulfilling the child’s main role of player, increased coping skills in life, self-actualisation.

Promotes further skill development.

Repetitive play, stereotyped play, manipulation, low attention, low interest or obsession, short periods of attention, low interest in others or their play, poor fine and gross motor skills, no object substitution, no to little logical sequential actions, high numbers of imitation/none, poor self-regulation, poor understanding of their world.

A child in a chronically abusive environment with non-responsive parents. Also occurs in children with severe developmental issues who may or may not have enriched environments.
ENVIRONMENT

PRETEND PLAY

SENSORY MOTOR PLAY

Sensory integration / SENSORY MOTOR PROCESSING

Play is repetitive, manipulation, exploration, better with adult structure, poor self-initiation, no object substitution, no ability to see the imposed meaning on the play. Usually associated with restricted social interaction, poorer language, poorer problem solving, and self-regulation.

During SI sessions the child is literal in response to suggestions the equipment could be something else. Play scenarios are met with blank stares. May put on a dress-up but no development of character or role. May engage with a group but do not suggest pretend play ideas.
Extreme environmental deprivation, child requires lot of sensory motor play, building to pretend play. SMP difficulties as well as motor.

Child dips in and out of pretend play. Pretend play is challenging.
Child develops pretend play ability while still experiencing SI/ sensory motor processing difficulties. Child will move into sensory motor play when pretend play becomes too challenging, especially if the therapist does not reduce the pretend play challenge. Pretend play is integrating the child’s system the deeper the child experiences the flow in pretend play.

In SI session this child will understand the swing is a bull – and may even extend to a space ship (for example). More competence socially and will develop self-regulation more quickly.

?? Are children who have profile of sensory craving poor players with logical sequential actions and poor object substitution? So if you build the pretend play ability does sensory craving decreases?
Supportive, safe Environment.
Social
Physical
Toys and play materials

Meaningful occupation of play

Participating and belonging and contributing to meaningful interactions within their environment

Logical sequences of play, object substitution, understanding context, narrative understanding, problem solving, scripts reflect life as well as fictional stories, can enter the play, can follow the flow of the play, attention, focus, can take on a role, can de-centre from self, negotiate, cooperate, flexible, adaptable

Therapist accepts the child for who they are. Therapeutic environment is safe and fun. Therapist responds to child: starts where child is, focussed attention, starts with repetition with variation, models play, reinforces child’s lead, simplifies play, extends play, challenges child by introducing more complex play, uses environment to build internal skills of child. Therapist models and explains play to parents, talks about the play while playing, therapist is enthusiastic about playing. While therapist has play goal in mind, process is for child to self-initiate play.
Effective treatment:
1. Are there basic ingredients that contribute to effective Intervention?
2. If yes, then on this common base are imposed specific skills/treatments?

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Meaningful occupation of play

Participating and belonging and contributing to meaningful interactions within their environment = life is good

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thankyou
references