Current Canadian Clinical Concepts

Through play a child explores, manipulates, organizes and learns to control and interact with his/her environment. The responsiveness of the environment determines the quality of stimulation and the child's general development. A child's disability, whether linguistic or physical in nature, results in a difference in the quantity and quality of stimulation from the natural environment. The use of play as a treatment technique for such disabilities is explored from two perspectives. The first perspective involves training parents to more effectively stimulate their preschool language delayed children through the use of play strategies (Parent Group). The second perspective deals with training young physically handicapped children in a "School Hospital" setting to interact with their peers and to exercise greater control of their environment (Kindergarten Play Group). Various interactive strategies such as following the child's lead, commenting on experiences, or waiting for a verbal or physical response, and various physical strategies such as modelling exploration or use of a toy are emphasized.

Comments, suggestions and contributed articles should be sent to the Co-ordinator:

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PLAY AS AN INTERDISCIPLINARY TREATMENT TOOL

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The provision of appropriate toys, the use of play materials in a variety of ways, and the quality of the parent-child relationship have been found to be important factors facilitating the child's language, motor, and cognitive development (Yarrow et al., 1972; Wulbert et al., 1975; Elardo et al., 1977).

A child's disability, whether linguistic or physical in nature, results in a difference in the quantity and quality of stimulation from the natural environment. Language delayed children and physically-handicapped children are less responsive and initiate interactions less frequently than the normal child (Spock, 1961; LeGay Brereton, 1972; Seitz and Reidell, 1974; Buscaglia, 1975; Siegel and van der Spuy, 1978; Craig, 1980). Their parents respond by being directive, taking control of the child's environment, and anticipating their needs (Spock, 1961; Wulbert et al, 1975; Buscaglia, 1975; Siegel and van der Spuy, 1978; Harris, 1978).

Play as an interdisciplinary treatment tool can be viewed from two perspectives. The first perspective deals with training parents to stimulate their preschool language delayed children and the second with training physically-handicapped kindergarten children to interact and to exercise greater control of their environment.

PARENT GROUP

The Parent Group Program was added to an existing Language Stimulation Program for 2 and 3 year old children.

Goals of the Parent Group included:

1) training parents to use play strategies to stimulate their children's development and
2) training parents to select and use appropriate play materials.

Three parent groups and two practice sessions emphasized the importance of play to general development, toy selection and use, and parent-child interaction strategies. Visual aids, role-playing, and problem-solving tasks clarified what aspects of sensory, motor, language, social and imaginative skills can be stimulated through the use of specific toys.

Selected interactive and physical strategies were emphasized in the parent training program and in the physically-handicapped children's group. Interactive strategies emphasized social skills and relating to the inanimate environment.

1) Following the child's lead involves joining the child's play at his/her interest, activity, or verbal level (Hubbel, 1977; Horstmeier and MacDonald, 1978).
2) Commenting on the child's and the adult's present experiences or the use of parallel and self talk encourages exploration, while commands, questions, and interruptions limit play and language use (Hubbell, 1977).
3) The complexity of language used should be consistent with the child's linguistic maturity. Simple, short, repetitious, and concrete language is used with language learning children. (Snow, 1972; Seitz and Riedell, 1974; Seitz and Stewart, 1975).
4) Waiting for the child's response encourages the child to initiate a physical or verbal interaction or turn (Horstmeier and MacDonald, 1978; MacDonald, 1981).
5) Rewarding the child's exploration and play may encourage creativity (Horstmeier and MacDonald, 1978), improve attention, and increase his/her interest in learning.

Physical strategies were used to promote mastery of motor patterns necessary for manipulating toys and promoting co-ordinated movement.

1) Appropriate selection of toys includes consideration of the child's physical and mental capabilities, his/her age and the variety of uses of the toy.
2) Modelling exploration and alternative or appropriate uses of a toy adds to the child's play experiences (Cratty, 1973; Carr, 1980; Horstmeier and MacDonald, 1978).
3) Helping the child through the movement patterns manually gives him/her extra sensory information to aid in learning a skill (Cratty, 1973; Evans, 1977).
4) Teaching a skill by breaking it down into smaller parts often makes a complex skill easier to learn (Carr, 1977; Cratty, 1973; Evans, 1977).
5) Physical placement of a toy for an infant or a handicapped child can encourage exploration and development of different movement patterns such as reaching and grasping (Banus, 1971).

Strategies which appeared to be most useful for these parents included the interactive strategies and modelling uses of a toy. Although the majority of the parents acquired the above strategies, following the child's lead and waiting for a response were behaviours with longer acquisition times.

KINDERGARTEN PLAY GROUP

Some initial maladaptive behaviours which the physically handicapped kindergarten children demonstrated included:

1) primarily child-adult interactions or dependency with limited peer interaction occurring; 2) the use of a passive communication pattern involving responding to questions mostly; 3) a lack of response to others including withdrawal and poor eye contact, and 4) egocentricity including aggressive behaviour and difficulties sharing. Immature play behaviours included: (1) frequent onlooker behaviour and solitary play, which are immature play types involving limited interaction; (2) limited physical manipulation of objects especially when adult help

wasn't available; (3) a lack of creativity including rigid, stereotypic, perseverative, or repetitive uses of toys and (4) a short duration of play.

The disciplines of occupational therapy (O.T.), speech pathology (S.P.) and social work (S.W.) with two therapists alternating between groups were involved with 13 kindergarten children aged 5 to 6 years.

Goals of the kindergarten group were to:

1) encourage choice making and independence.
2) increase non-verbal and verbal peer interactions.
3) promote creative use of play materials.

Group structure included free play time, a circle time or life skill practice time and a fine motor activity. Adult models for choice-making, turn-taking, appropriate non-verbal and verbal interactions, and creative play were initially used and faded out. Real life situations, speaker-listener games, and co-operative projects were used to encourage peer interaction.

Significant gains made have included an increase in co-operative and creative play, increasing realization of ways to compensate for their disabilities by involving other children, and most importantly, increased independence.

CONCLUSION

When a child has a disability, society tends to react by taking control of the child's environment. In the case of the physically handicapped or language delayed child, parents tend to interact less, impose constraints, anticipate the child's needs and limit learning experiences. The end result is a lack of stimulation which may lead to social isolation and the child's lack of motivation to achieve (Spock, 1961; Pinkerton, 1970).

In order to integrate a child's learning through play, an interdisciplinary approach which emphasizes treatment of the whole child is advocated.

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Bulletin Board

* Are you working as a speech pathologist or audiologist on a reserve and/or with native children?

Helena Kisilevsky would like to contact others who are working with native children to exchange ideas, clinical observations and concerns.

If you would like to participate in and/or contribute to this exchange please write to her:

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