

INTRODUCTION: DEVELOPMENTALLY APPROPRIATE PLAY THERAPY IN MIDDLE CHILDHOOD

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The goal of this book is to enhance the ability of therapists to provide developmentally appropriate play interventions for clients ages 6 to 12 years. Indeed, this is the first book to provide clinicians with information about developmentally sensitive and effective play therapy for children at this age period. In the past, play and play therapy have been associated with early childhood, and much of the literature has focused on the development and application of play therapy for children ages 5 years and younger. Consequently, relatively little attention has been given by therapists and researchers to the play of clients in middle childhood. This period is often known as the “forgotten years” of development because most research has been focused on early childhood development and adolescent growth.

Middle childhood is a very important period in a person’s life as essential skills of adult life begin to be forged—namely, a person’s ability to engage in productive work, develop competencies, and form friendships. In addition, children this age experience major advances in their sense of self, regulation

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of emotions, and self-confidence. They become increasingly independent of their parents and seek close connections with their peers. In addition, rule-governed behaviors and personal achievements resulting from sustained efforts are particularly valued and sought out (Collins, 1984). These qualities form the foundation for continued psychological growth in adolescence and adulthood.

In the middle years, the fantasy play so popular with preschoolers declines, and a work orientation emphasizing intellectual mastery and physical competence replaces fantasy play as a compelling interest (Erikson, 1963). Fantasy play is still engaged in by school-age children, but it is gradually supplanted by the desire to play games and sports. As school-age children become increasingly adept at putting internal states into words—fears, worries, anger, and other feelings—they are better able to delay acting on these feelings (Davies, 1999).

The practice of play therapy with middle childhood clients must address a wide range of developmental issues and a high rate of developmental change (Russ, 2004; Vandermaas-Peeler, 2002). Therapists need an understanding of development to formulate all aspects of treatment: diagnosis, treatment goals, treatment approaches, and outcome.

This introduction provides an overview of the main developmental tasks during middle childhood. These different aspects of a child's development are interrelated, so change in one part will have an effect on the others. The chapter contributors to this book will further explain how knowledge of child development assists clinicians in implementing specific play interventions for elementary school children.

CENTRAL DEVELOPMENTAL TASK

According to Erikson (1963), each of the eight stages of life from infancy through adulthood has a central task that is psychosocial in nature. Serious problems occur when a person doesn't accomplish the task of his or her developmental stage. Erikson stated that the key growth task of school-age children is to develop "industry" (sense of productivity) versus "inferiority" (sense of incompetence). Children this age learn to make things, use tools, and acquire the skills to be a worker and a potential provider. They are motivated to succeed and willing to practice to develop skills. For successful personality development in this stage, children need to experience success in performing tasks. Feelings of inferiority arise when this primary task is not accomplished. Inferiority feelings are reflected in the sad pessimism of children who have little confidence in their ability to do things well. Conversely, psychological strength is obtained when this

central task is completed, which helps school-age children master the rest of Erikson's stages of life.

Many of the favorite play activities of school-age children involve a sustained effort to be productive; examples include constructing objects with blocks, making figures with clay, telling stories, acting out the role of a superhero, solving puzzles, and throwing balls at targets. Successful completion of these challenging activities boosts a feeling of competence, whereas failure results in a feeling of inadequacy. School-age children compare their achievements with that of their peers to determine how competently they are performing. Children with disabilities or severe developmental delays are particularly at risk to develop inferiority feelings and are likely to need adults to scaffold their play, modify the rules of games, and cultivate a unique talent or interest so they can be successful.

MILESTONES IN CHILDREN'S PSYCHOLOGICAL DEVELOPMENT DURING MIDDLE CHILDHOOD

Developmental milestones are age-specific tasks that most children can do at a certain age range. The following sections provide a synopsis of these milestones for children in middle childhood.

Emotional Development

Middle childhood children are continuing to expand their awareness of their internal feelings and the causal connection between thoughts and feelings—for example, thinking about a prior happy experience can make you feel happier, whereas thinking about possible threats and dangers can make you feel fearful. In regard to typical fears of school-age children (Bauer, 1976; Carroll & Ryan-Wenger, 1999), as grade level increases there is a decrease in the frequency of occurrence of fears with imaginary themes (e.g., fear of ghosts and monsters), of bedtime fear (e.g., fear of the dark), and of frightening dreams. There is a corresponding increase in the frequency of realistic fears involving injury and physical danger (e.g., robbers or kidnappers breaking into the house). Such fears are considered an adaptive aspect of development with the primary focus of promoting survival. Fears decline steadily with age, especially for girls, who express more fears than boys throughout childhood and adolescence. Girls are likelier than boys to have trouble expressing anger. Personal relationships are so important to girls that they fear doing or saying anything that might cause a rupture. They imagine that if they express what is really on their mind, their mother or friend will get angry and reject them (Tyson, 1999).

Cognitive Development

According to Piaget (as cited in Phillips, 1969), children at the elementary school level tend to be at the *concrete operational stage* of cognitive development. Accordingly, they are developing the ability to reason logically and organize their thoughts coherently. However, they tend to think in terms of physical, concrete objects rather than hypothetical or abstract ideas, such as love and duty. Their thinking becomes less egocentric, meaning that they are able to think about and understand things from the viewpoint of others. However, they tend to be focused more on the present and less on the future consequences of their actions. Their growing verbal abilities enable them to express their inner feelings, although complex emotions such as guilt or resentment are difficult for them to comprehend (Landreth, Ray, & Bratton, 2009). They are moving away from magical thinking to a more accurate perception of reality and can now distinguish between fantasy and reality.

Their cognitive growth is especially noticeable in their ability to think about solutions and consequences before they react to a problem. Compared with preschool children, school-age children tend to be less easily frustrated, less likely to fly off the handle when things do not go their way, and less aggressive and also more caring about others, more likely to share and take turns, and better able to make friends (Shure, 1994).

Cognitive abilities such as concentration and sustained attention also improve significantly during the middle childhood years. Young elementary school children (ages 6–8) tend to have an attention span of 15 to 30 minutes, whereas older children (ages 9–12) are likely to have attention spans of 30 to 45 minutes. Thus, play therapists usually prepare several play activities to keep children this age engaged during a 50-minute therapy session. Their selective attention is also much better in middle childhood than earlier, meaning that they are capable of tuning out irrelevant distractions in order to pay attention to a task.

Play Development

Piaget (1962) identified three stages in the development of children's play that provide a guide to appropriate materials and activities. Until the age of 2 or 3, children's play is largely *sensory-motor* in nature, whereas *pretend/symbolic* play predominates in preschoolers ages 2 to 5. After age 5, "games with rules," including team games, become the preferred play activity of children, and this preference continues throughout adolescence and adulthood. This shift from egocentric, symbolic play to social play, which requires the players to follow rules and cooperate, illustrates how changes in play development prepare children for the tasks of adulthood.

Moral Development

Children are mainly egocentric in their thinking when they enter middle childhood. During this period they move from a self-centered “What’s in it for me?” attitude (e.g., if you do something for me, I would do something for you) to wanting to gain social approval and conform to the expectations and rules of people close to them. Children this age are also in the process of forming a conscience, which is the depository of all they are learning about their family’s values and standards. Occasionally, this conscience sends them a clear signal when they betray what they know is right. This shift, from doing what’s right because of the presence of an authority figure and fear of punishment to doing what’s right based on internal standards of conduct, is the basis of moral behavior (Schaefer & DiGeronimo, 2000).

Moral principles of right and wrong lead to social rules that shape and guide children’s interactions with others. According to Piaget (1962), when school-age children follow rules while playing interactive games with peers, they learn fairness, justice, and equality. These qualities lay the foundation for ethical thinking and behavior (Damon, 1983). One of the most surprising findings from child development research is that children’s basic notions of morality appear to arise less from adult instruction and more from interactions with peers while playing games. In these interactions, they come to realize they can make their own rules based on principles of reciprocity and fairness.

Social Development

Children in middle childhood have a strong need to be accepted by their peers. They are very aware of themselves and other people as members of a group, and they have a strong need to be accepted by their peers. Thus, an important developmental task for children in middle childhood is to acquire *social competence*, which includes a compilation of desirable social skills that permit them to relate effectively in social situations. Proficiency in conversation, empathy, reciprocity, cooperation, and ability to have fun are skills particularly important for peer acceptance, whereas bossiness, aggressiveness, and teasing are not appreciated by the peer group (Nash, 2014).

In middle childhood, a child’s emotions of pride and guilt become clearly connected with personal responsibility. Pride motivates children to take on further challenges, and guilt prompts them to make amends and strive for self-improvement.

Children this age are also acquiring greater control of their impulses, which reduces emotional reactivity and lability. They continue to develop

the capacity to feel empathy for another's experience or life situation. Their frequent peer interactions tend to foster growth in their emotional maturity.

During middle childhood, the formation of friendships is of great importance to children. A *friendship* is a mutually agreed on relationship in which children like each other's personal qualities and respond to one another's needs, desires, and interests. Once a friendship is formed, trust is a defining feature. As a result, a violation of trust is considered a serious breach of friendship. Friendships remain fairly stable over middle childhood. Friendships tend to be with same-age and same-gender peers (Serbin, Powlishta, Gulko, Martin, & Lockheed, 1993) and are usually based on proximity, common interests, or other perceived commonalities. These preferences are important to consider in the formation of play therapy groups for children this age.

In regard to sex differences, girls tend to have fewer but emotionally closer friends than boys, and they tend to form more exclusive cliques and shifting peer alliances. Boys' play, in contrast, is marked by larger play groups, more competitiveness, rule-governed team play, and a greater preference for outdoor physical activity (Hughes, 2010). Boys have a strict dominance hierarchy composed of rankings that represent the relative power of those in a group hierarchy.

For older school-age children, this is the period to develop "chumships." *Chumship* can be defined as an intimate, one-to-one relationship with a peer of about the same age, interests, and gender. According to Sullivan's (1953) interpersonal theory, children this age, for the first time, can form a close attachment to a same-sex friend—an attachment characterized by intimacy and reciprocity. Having a best friend prevents loneliness while promoting self-worth, social skills, and status. It also prepares children later in life for intimate adult relationships.

USING PLAY THERAPY IN MIDDLE CHILDHOOD

Middle childhood children face a myriad of problems that benefit from the use of play therapy alone or play therapy integrated with more traditional talk therapy (e.g., cognitive-behavioral or traditional counseling). This age group is no stranger to sexual abuse; physical abuse and neglect; parental divorce; death of a parent, grandparent, sibling, teacher, or pet; bullying; loss of friendships; medical issues and surgery; and relocation of the family home, along with additional stressors such as community violence, domestic violence, school shootings, and domestic acts of terrorism. Indeed, this age group is often barraged with stressors that tax their developmental level, physiology, and tenuous coping strategies.

For some children, use of play-based techniques integrated into their treatment help them express and process their fears and anxieties and mitigate their social skill difficulties. For other children, who have past unresolved traumas that trigger horrific images of situations too difficult to express, play therapy can allow for the nonverbal abreaction and catharsis necessary to master traumatic experiences.

Role-playing through puppets can be extremely beneficial in regular therapy as well as play therapy in allowing for the trying on of skills and problem-solving strategies as well as in helping change distortions in thinking about problems and situations. Use of group play therapy allows for a playful, flexible environment in which peers can learn cooperative play while building friendships. The chapters in this book will help clinicians understand how best to integrate play therapy into their work regardless of the type of treatment approach they are using.

PLAN OF THE BOOK

Greater knowledge of the developmental issues facing children in middle childhood will enable child clinicians to create more effective interventions for this age group by informing the choice of treatment goals and strategies. A broad range of play therapy interventions for specific disorders of these children are described in the chapters of this book.

The chapters are divided into four sections based on clinical problem. Part I presents play interventions for internalizing disorders, such as anxieties and fears. The four chapters in this part address trauma from sexual abuse as well as from natural and human-made disasters through use of cognitive-behavioral play therapy and the use of play therapy in overcoming anxiety. Part II presents play interventions for externalizing disorders, with five chapters that address such disruptive behavior problems as aggression and attention-deficit/hyperactivity disorder. Treatment approaches include cognitive-behavioral, Theraplay, narrative therapy, and group play therapy models. Part III presents play interventions to strengthen relationship skills and includes chapters on peer pair counseling and child-parent relationship therapy. Finally, Part IV presents play interventions for autism spectrum disorder. The three chapters in this section cover different levels of functioning in children who are on the spectrum.

The goal throughout this volume is to highlight developmentally appropriate play therapy practice for clients in middle childhood. Each chapter provides practical applications that can be immediately implemented, together with a discussion of the theory and research underlying each approach. Case illustrations are included to bring the information to life. Our plan

throughout is to demonstrate how to think developmentally in play therapy. The editors firmly believe that a consideration of developmental factors is critical to successful psychotherapy with children. *Developmentally appropriate practice* refers to play interventions that are compatible with an individual client's interests, needs, and abilities.

In recent years, the play therapy literature has expanded to include books on how to apply developmentally appropriate play therapy for infants and toddlers (Schaefer, Kelly-Zion, McCormick, & Ohnogi, 2008), preschoolers (Schaefer, 2010), adolescents (Gallo-Lopez & Schaefer, 2005), and adults (Schaefer, 2003). The present volume on children in middle childhood ensures that therapists have detailed clinical guidelines for applying developmentally appropriate play therapy throughout the entire human life cycle. A distinctive feature of play therapy is that it is the only form of psychotherapy that is sensitive to the developmental needs of clients across such a broad age span.

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