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Bridging Play and Social Interaction in Young Children with Language Delays

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Abstract

Children tend to develop skills in specific trajectories that have been heavily researched and theorized. However, some children exhibit delays in their development which then might have effects on other skills and areas of development. This paper will outline the typical developmental stages that children go through in terms of their physical, cognitive, social-emotional, language and play development. It will also detail a child's development of play skills and how other areas of development, with special focus on social-emotional and language development, contribute to acquisition of play skills and, alternatively, how play development often contributes to progression of development in other areas. The paper will then describe interventions, and specific techniques derived from these interventions, that are used in working with groups of children with language delays where the main goal is to facilitate social interaction and play between children. Finally, implications of the research on child development, developmental delays, and the importance of play for this population will be addressed, ending with the argument that child-directed free play should not be disregarded and instead should be reintegrated back into schools.

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In general, children tend to acquire skills and abilities in certain trajectories. Studied by multiple theorists and researchers throughout the years, many theories exist that detail the complex processes that take place as children develop (e.g., Piaget, 1964; Vygotsky,1978). However, the research and theories do not adequately explain all children. Children who have a developmental delay or a diagnosis might have a different developmental trajectory and gain skills in a different order or at a different time than their typically developing peers (Frost, Wortham, & Reifel, 2012). The same can be said for play skills; the ability to engage in complex forms of play develops in certain steps and generally correspond to certain ages, leading to the possibility that some children might exhibit delays in acquiring play skills (Parten, 1932).

Children with a delay in one developmental area might also have challenges in other developmental areas. Theorists and researchers have postulated how distinct developmental areas are interrelated with development in one area influencing other areas (Frost et al., 2012). For example, children with a delay in language development might also have social challenges as they might have difficulties communicating and having a conversation with peers. Researchers have investigated whether language delays might also impact how able a child is to engage in various types of play as engaging in play often requires many skills (Quinn & Rubin, 1984). For example, to have a successful play scenario with a peer, a child must possess both the abilities of participating in a symbolic play scenario, as well as capabilities to maintain a reciprocal social interaction, which starts with a child's ability to acknowledge the presence of others in the room/play scenario. Children with developmental delays might have difficulty "recognizing" the other child in the room, and it might take

some encouragement and direction for the child to understand this, as well as understand that the other child has different thoughts, feelings, and wants that the other child contributes to the interaction. At my social work internship this year at a special education elementary school, I observed first-hand the development of skills in all the developmental areas. In addition, specific to the school in which I was placed, I observed how a child's developmental delays and challenges affect his or her abilities and capacities to engage with their peers through play and communication.

This paper will begin by detailing a child's development and how a child's development in one area is often related to the acquisition of skills in another developmental area. The paper will outline the typical developmental stages that children go through in terms of their physical, cognitive, social-emotional, language and play development. It will also detail a child's development of play skills and how other areas of development contribute to acquisition of play skills and, alternatively, how play development often contributes to progression of development in other areas (Frost et al., 2012).

This paper will then address interventions that were used with the population at my internship to best address the school's goals while also keeping in mind the students' development and individual strengths and differences. In this, I will discuss specific techniques derived from these interventions that I utilized to strengthen a child's play skills while also fostering communication between children. I will reflect on the benefits and the difficulties that I faced when using these techniques and how the techniques contributed to enhanced moments of interaction between the children. Finally, the paper will end with a discussion on how the research on child development and my personal experiences at my

internship have influenced how I view the value of play in regard to development, especially when considering children with developmental delays.

My Internship: The X School

This year, I was placed at The X School, an elementary school located in a large city. The school was founded 30 years ago and serves as a special education school through the Department of Education for children who present with language-based learning difficulties. While the children might have other challenges that are considered and addressed within the school setting, language difficulties that affect how the child learns are the primary criteria for acceptance into the school. While a diagnosis is not a requirement for the school, some of the children do have diagnoses of autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), or anxiety disorders, among others.

The X School functions under the tenet that challenges in a child's language development do not exist independently and instead affect other areas of the child's development. The school takes a holistic approach to the child where all areas of the child's development are nurtured to better address the needs of the whole child as well as needs in each area of development. Children at the school receive speech/language therapy, occupational therapy, and social work counseling and engage in specialty classes of music and drama, yoga, art, gym, and technology as well as their core subject classes of math, reading, social studies, science, and writing.

I was an intern in the social work department where the main goal was addressing and serving the social-emotional needs of the children; this was accomplished through individual and group counseling as well as class-wide social-emotional skills training. While I had two

clients who I saw for individual weekly counseling sessions, a majority of my work was facilitating what The X School called “socialization groups” in which the focus was to enhance the children’s play and social skills as well as their ability to communicate with their peers through play. I acted as a facilitator between the children, who are typically seen in socialization groups of two or three, providing them with models of interaction and fostering their communication and play skills. The ultimate goal was to have the children be more aware of their peers as well as be able to maintain consistent and sustained social interaction with a peer or peers which involved having the children go from parallel to collaborative, imaginative play while also simultaneously exploring the themes of their play.

In this role, it was valuable to have a knowledge of how children typically develop, especially in terms of language and social-emotional skills, as this information informed the expectations that I had of the children, especially when considering that all the children that I worked with had delays in language development and potential challenges in other developmental areas.

Physical Development

In his work, Gallahue (1993) proposed a set of phases that a child typically goes through when developing physically. According to Gallahue (1993), physical skills develop in a specific trajectory, but phases can overlap where two types of movement can be present at the same time in the child. The first type of movement is the “reflexive movement phase” where, during the first year of life, an infant engages in reflexive movements, like sucking, grasping, and rooting. Basic motor movements like reaching, grasping and releasing objects, sitting, standing, and walking are present during the next stage, the “rudimentary movement phase.” A child then begins to refine his or her basic motor movements during the

"fundamental movement phase" from approximately two- to seven-years old. During this phase, a child develops an increased control over both fine- and gross-motor movements. While fine-motor skills involve movement of hands and fingers, gross-motor skills involve movements using the entire body that potentially require balance, movement, and strength (Frost et al., 2012). These skills are first learned individually, but as the child ages and refines these skills, he or she is able to combine two or more skills to create planned movement. Finally, the "specialized movement phase" emerges around the age of seven-years old and continues into later years. The child is able to coordinate complex movements as well as exhibit developing perceptual motor skills. These skills involve the ability to combine senses and motor skills to interact with the environment and an awareness of his or her body in space (Gallahue, 1993).

Cognitive Development

Piaget's Theory of Cognitive Development

One developmental psychologist that significantly contributed to the theory of how children acquire cognitive skills was Jean Piaget. The theorist asserted that children take an active role in understanding their world and constructing knowledge and develop cognitive skills through a set of stages where one stage of skills is accomplished before the child enters the next stage (Piaget, 1964). Each stage can be viewed as a different "lens" for a child to use to think about and understand the world, and, in each stage, a child acquires a new "way" to construct knowledge (Santrock, 2004). Piaget's theory of cognitive development is comprised of four stages. In each stage, there are abilities that are achieved that allow the child to move onto the next stage; the stages typically coincide with specific chronological ages.

Typically for the first two years of life, infants and toddlers rely on a combination of sensory experiences and motor actions to construct knowledge of their world, contributing to the first stage's name of the "sensorimotor stage." A common cognitive struggle of this stage is object permanence, or the understanding that objects continue to exist even when the object can no longer be seen (Santrock, 2004). This ability is seen when toddlers begin looking for a hidden object where they last saw it as this shows that they can keep a mental representation of the object within their minds and use this representation to seek out the object. Children tend to remain in the sensorimotor stage until the age of two when children will then often begin to construct knowledge through a preoperational lens.

Preoperational stage thinking is characterized by a child's emerging reasoning and ability to "hold" objects and events mentally; this stage also corresponds to a child beginning to write and draw as he or she begins to represent the physical world with words and images (Piaget, 1964). The name of the stage, "preoperational," indicates that children of this stage cannot fully perform "operations," or mental actions or problem-solving without a physical means of solving a problem (Piaget, 1964). Additionally, the child's understanding is restricted by his or her perceptions, mostly by what can be seen at that particular moment (Piaget, 1964). Because children of this stage understand their world by what can be seen, they struggle with conservation, or the understanding that the amount of something remains the same despite if the container which holds it changes (Santrock, 2004). For example, if liquid is poured from one container to another container with different dimensions, the amount of liquid does not change; however, children of this stage will typically say that there is more or less liquid after the change of container.

Another challenge of the preoperational stage is egocentrism or a child's inability to consider or understand the points of view of others, meaning that a child of this stage will assume that another child or adult has the same feeling and/or thoughts as he or she does (Frost et al., 2012). Children of this stage struggle to distinguish their own perspective from someone else's and tend to project his or her own feelings, thoughts, or perspectives onto another. Egocentrism might also be seen when a child becomes frustrated with a peer or adult for not understanding him or her as the child assumes that the peer or adult has the exact same information and thinking as they do. Overcoming this challenge tends to be related to coinciding development of the child's theory of mind or the awareness that another individual might have different mental processes, thoughts, beliefs, feelings, and knowledge than that individual (Santrock, 2004). Theory of mind development will be discussed in a later section.

According to Piaget, the preoperational stage typically lasts until around seven-years old; at this time, a child's thinking begins to change from thinking constrained to strictly perceptions to more intuitive thinking that does not necessarily require a child to physically see or perceive the situation (Piaget, 1964). Labelled the "concrete operations stage," this stage is characterized by more organized thinking than is present in the previous stage (Piaget, 1964). In this stage, the child is more able to plan and problem solve as a result of his or her enhanced memory; the child can also better focus and concentrate despite potential distractions that might exist (Frost et al., 2012). In addition, children at this stage acquire two more skills. Decentration is the ability to focus or keep in mind more than one attribute or aspect of an object at a time; unlike the earlier stage of preoperational stage, children in the concrete operations stage can now "conserve" and understand that the dimensions of a

container do not change the amount of matter that exists (Frost et al., 2012). The other new ability, reversibility, is the process of first working through a series of mental actions and then, in his or her mind, reversing the process to end up at the beginning of the problem (Frost et al., 2012). In this stage, the child is often no longer limited by what he or she can perceive and instead and can use more mental operations to reach a conclusion.

Piaget asserted that children enter the final stage, the formal operations stage, around 11- to 15-years old (Santrock, 2004). Children in this stage do not need the "concrete anchors" of tangible perception and physical means of previous stages; instead, children are able to think abstractly and logically and engage in more verbal problem-solving (Piaget, 1964). Additionally, individuals who have mastered the formal operations stage can partake in hypothetical-deductive reasoning. In this, the individual is presented with a problem and can develop potential hypotheses to solve the problem; he or she can then "systematically deduce," or conclude, which of the hypotheses can best address and solve the given problem (Piaget, 1964). In contrast, children who are in earlier stages of cognitive development who are presented with the same problem typically try to solve the problem using trial-and-error without methodical techniques and deduction. Achieving formal operations and this lens of understanding the world is not guaranteed; some individuals never reach the final stage of cognitive thought and do not acquire full formal operational thinking (Santrock, 2004).

Vygotsky's Sociocultural Cognitive Theory

Like Piaget, Vygotsky asserted that children actively construct knowledge to best understand their world. However, unlike Piaget, Vygotsky emphasized the impact that social interaction and culture has on a child's construction of knowledge and developing cognitive skills (Vygotsky, 1978). Vygotsky purported that the specifics of the child's culture influence

how children learn and his or her development of memory, attention, and reasoning. Additionally, the construction of knowledge is collaborative and is accomplished through interactions with the culture and more-skilled adults and peers within the child's culture. In Vygotsky's sociocultural cognitive theory, constructing and amassing this knowledge is achieved by "scaffolding" the child's learning, keeping in mind the child's "zone of proximal development" (Berk & Winsler, 1995). A more-skilled adult or peer supports a child through tasks that the child cannot accomplish alone but can with assistance; by engaging in this, the child's cognitive development progresses, and the child acquires knowledge and an understanding of the world through this type of social interaction.

Theory of Mind Development

As previously described, theory of mind is an individual's awareness that another person might have different mental processes, thoughts, beliefs, feelings, and knowledge than them (Santrock, 2004). Like other cognitive capabilities, a child starts to develop skills related to theory of mind during infancy when an infant begins to mirror his or her caregiver's expressions. Typically developing infants strive to engage in joint attention with the caregiver, desiring to share with the caregiver what he or she is seeing or otherwise experiencing as the caregiver makes similar attempts to draw the infant's attention to his or her experiences (Westby & Robinson, 2014). At the same time, infants and toddlers are developing a sense of self, differentiating themselves from others which then gives rise to the emerging awareness that others might have different experiences, perceptions, desires, emotions, and intentions (Westby & Robinson, 2014). Children, as they age and develop more advanced cognitive techniques, can then begin to apply that knowledge to reflect on what other individuals might be thinking or feeling. Some researchers assert that theory of

mind is even needed to better grasp concepts like the differentiation between "real" and "pretend"; sarcasm; lies; figurative language; and social mores. Therefore, these researchers purport that theory of mind continues to develop well into middle to late childhood and into adolescence as children are confronted with these socially nuanced situations (Westby & Robinson, 2014).

Social-Emotional Development

Social-emotional development is comprised of a set of capacities that contribute to a child's abilities to understand and express emotions as well as develop relationships with others. The development of these capacities begins in infancy and have significant implications for future development and a child's functioning within a school environment.

The First Relationship

The first relationship an infant has in life is one with his or her primary caregiver, often the mother. In the first year of life, an infant is dependent on his or her primary caregiver for many basic needs including feeding, changing, bathing, and comfort, among other necessities; this reliance on the caregiver for survival is the driving force behind the infant's attachment to the primary caregiver (Bowlby, 1969). Researchers have indicated that social-emotional development is heavily influenced by this attachment; in particular, if the primary caregiver provides appropriate, predictable, and attuned responses to the infant's needs, the infant is likely to develop a secure attachment to the primary caregiver which then increases the likelihood that the child will have healthy social-emotional development and healthy future relationships with others (Ainsworth & Bell, 1970). Through the relationship with the caregiver, the infant learns a variety of skills which contribute to the child's sense of well-being and future successes in peer relationships.

Social Referencing

One skill that is typically acquired through the relationship with the primary caregiver is social referencing. Social referencing is the ability to "read" emotional cues in others to help determine what the child's emotional response should be (Walden, 1991). This skill is first seen in infants and toddlers in response to their primary caregiver. When faced with a novel or distressing situation, like a stranger, a young child will often "check in" with the primary caregiver by observing how the primary caregiver is responding to the situation which will then determine how the child responds (Walden, 1991). If the caregiver appears scared or distressed, the young child will often respond similarly; alternatively, if the primary caregiver appears relaxed and not fearful for the child, the young child is likely to remain calm and continue exploring the environment. The early capacity for social referencing has important implications for later relationships with peers and a child's subsequent emotional intelligence.

Emotional Intelligence/Competence

An infant begins expressing his or her feelings almost instantly. Through crying and smiling, an infant is communicating with the caregiver how he or she feels and relies on the caregiver to interpret these emotions and respond accordingly; the infant tends to lack an understanding of the emotional reactions (Saarni, 1997). However, as the infant progresses to a toddler and then preschool-age, he or she begins to develop an enhanced understanding of a variety of emotions and an ability to talk about them. They tend to have a grasp on the "vocabulary of emotions" and a basic understanding of emotional cause and effect- that an event resulted in an emotion and that certain events tend to result in certain emotions (Saarni, 1997). Children of this age also begin to experiment using these emotion labels in everyday

occurrences and in play, giving labels to how characters in a play narrative are feeling and "acting out" feelings (Santrock, 2004).

The child's ability to reflect on and talk about emotions typically continues to enhance as the child moves into elementary school years; they can typically explore more complex feelings, like shame and pride, and are better able to understand that more than one feeling can emerge in response to a single event (Saarni, 1997). Additionally, their ability to tolerate more challenging emotions, like anger, is strengthened as are the coping skills to regulate or "hold back" these emotions (Saarni, 1997). At this age, children also become more aware of the societal pressure to control, or regulate, emotions; parents and teachers also help this awareness, remaining sensitive to children's feelings and needs (Santrock, 2004).

Emotion Regulation

Emotion regulation refers to an individual's ability to contain his or her feelings, keeping in mind the context in which he or she is, and the ability to voice his or her feelings instead of merely "acting" on the feeling (Dunn & Brown, 1991). Like other skills, children develop emotion regulation over time and in a series of steps or stages. Infants start out regulated by "external" sources in the form of caregivers who soothe the infant when he or she is upset and then provide cues to the infant of how to interpret the distressing event and respond accordingly (Santrock, 2004). For example, an infant learning how to walk might fall and begin crying. The primary caregiver might then approach the infant, pick him or her up, and say "it's okay; you're okay." This is a cue for the infant that the primary caregiver defines this event as "okay" and not an event that requires a strong emotional reaction**.** When the caregiver responds to the child's distress and comforts him or her, the child is learning

skills to "cope with" and regulate his or her own emotional responses. Infants and toddlers also employ various self-soothing skills, including thumb-sucking, withdrawing from situations, and distracting themselves to decrease the arousal from the distressing situation (Santrock, 2004).

As the child ages and accumulates knowledge of stimuli and skills, emotion regulation becomes more "self-initiated" where the child can control his or her emotion reactions by understanding and taking in the context of the events. The child also has amassed coping skills for when an event results in distress, evolving from the self-soothing skills that they employed in infancy. Another coping skill of young children is language; as children age, they typically acquire language to describe how they are feeling and what has upset them which then helps adults better understand and meet what the child needs in that situation (Dunn & Brown, 1991).

While children tend to better regulate their emotions as they age, a resurgence in difficulty coping and regulating emotions occurs in adolescence, a consequence of biological and hormonal changes (Dunn & Brown, 1991).

A child's ability to regulate his or her emotions not only contributes to a child's progressing social-emotional development, but the skills also benefit the child's relationships with peers (Santrock, 2004). As children begin to have a better grasp on their own emotions, they typically begin to seek to understand others' emotions, especially their peers', and use the knowledge of their own emotions and times when they felt certain ways to better understand the emotions of others (Dunn & Brown, 1991). This quest is the beginning stages of exhibiting empathy.

Empathy

Defined as the capacity to react to another's feelings with a similar emotional response, empathy is first seen in infancy when an infant becomes distressed in response to the distress of a primary caregiver or another individual (Hoffman, 2000). Researchers have also observed infants exhibiting discomfort at another infant's or child's distress, indicating the emerging capacity to respond to one's feelings with a similar emotional response (Hoffman, 2000). These empathic skills become more enhanced through the continued relationship with the primary caregiver in the first year of life (Jenkinson, 2001). Exhibiting empathy toward others involves a multitude of capabilities, including an ability to take the perspective of another, viewing the other as "distinct" from self, and conceptualizing that another individual might have different feelings related to an event (theory of mind); these capacities are honed through the relationship with the primary caregiver as well as those with the child's external world and his or her peers (Hoffman, 2000).

Peer Relationships

As previously described, an infant's relationship with his or her primary caregiver is the cornerstone of an infant's existence in the first year. After the first year, the child then often "branches" out from this bond to other relationships with adults and peers. Young children typically have an innate desire to relate to others and to initiate and maintain social relationships with their peers. Children appear to take enjoyment from their peers, forming friendships and bonds with them which only strengthen as children develop theory of mind, empathy, emotion regulation, and other social-emotional capacities (Santrock, 2004). In addition, childhood friendships serve multiple functions for the developing child including providing the child a sense of companionship, in terms of a warm and trusting bond, and ego support, in terms of support and encouragement that contribute to feelings of skill

competency for the child (Santrock, 2004). Interactions and relationships between peers contribute to general mental well-being of the individual child.

Language Development

Even before children say their first word, children are communicating. Starting practically from birth, infants use cooing, fussing, crying, and laughing to communicate with their primary caregivers what they need or want, whether it be to be picked up, to be fed, or to be changed (Frost et al., 2012). Within a few months, caregivers are able to discriminate between different sounds that the infant makes to convey their needs. Squeals, croons, and vowel sounds are soon added to an infant's language repertoire. Then, around the age of six-months old, infants begin to babble, or utter strings of repetitive syllables, as well as use gestures, such as pointing, to communicate (Frost et al., 2012). Around this age, infants also begin to recognize words that are commonly heard in their environment, such as "mommy" and "daddy" (Brooks & Kempe, 2012).

As the child nears his or her first birthday, language skills only improve. The child can comprehend simple words and typically will say his or her first world around 12- to 13-months old (Frost et al., 2012). Children of this age engage in holophrastic speech, or saying one word to convey a full idea or complete thought, due to their limited expressive language abilities (Brooks & Kempe, 2012). At this stage of language development, children's receptive vocabulary (what they understand) is significantly larger than their expressive vocabulary (what they can say) (Brooks & Kempe, 2012). However, researchers report that toddlers and young children are motivated to increase their expressive language as they recognize the "power" of expressive language and its ability to be used to express internalized ideas, wants, and needs more effectively and completely than simple sounds or

babbling (Jenkinson, 2001). Children go through the next year learning new words, expanding their vocabulary, and beginning to learn basic grammar rules; by 24-months old, children typically have a 200-word vocabulary and speak in two-word phrases or sentences, referred to as telegraphic speech (Frost et al., 2012).

Researchers have indicated that, between the ages of two- to six-years old, a young child might learn up to 20 new words a day and around 10,000 words over this four-year time period (Frost et al., 2012). At the same time as this vocabulary "explosion," a child's grammar and pragmatic language skills are also developing. Pragmatic language is defined as the "rules" that need to be followed in order to carry out a conversation. Some of these rules can include: listening to the other person and what they are talking about; asking appropriate questions in response to person; gestures; and eye contact with the other person (Frost et al., 2012). These advances in expressive, receptive, and pragmatic language continue as the child enters kindergarten and elementary school where formal lessons target language skills and seek to enhance children's language abilities; children's language only continues to develop as they are exposed to more language, more opportunities to learn, and more adults scaffolding their language learning (Frost et al., 2012).

Play Development

Many theorists view play as a significant means for development. However, some theorists have conflicting ideas about how children develop play skills, in what order or rate children acquire these skills, and what "play" looks like at each age in young children. I have selected only a few of these theorists and their theories to describe below.

Parten and the Stages to "Social" Play

To Parten (1932), the ultimate goal of play is learning how to relate to others and developing socially; according to the theorist, children often go through six stages of play to accomplish this. The stages vary in amount of participation that children have in relation to their peers during play. The first stage, unoccupied play, involves more observation than actual participation in play. Around the age of two-years old, children often "play" with toys with no apparent intentions or goals motivating the play; instead, the child is engaging in movements viewed as random or sporadic and interact with toys by moving them or parts of the toy. The child is also not interacting with peers during this type of play. The next stage is solitary play which involves more intention on the part of the individual child when playing with toys. However, solitary play involves no peer interaction (Parten, 1932).

A young child's awareness of peers increases, but only slightly, in the next stage. In parallel play, children are engaged in similar activities in close proximity to one another, but there is often no intentional interaction or acknowledgement of the other's play. The next stage, associative play, marks a child's first steps into social interactions during play. In this play, children begin to exchange play ideas and materials, engaging in similar play together. The final stage of Parten's theory of play development is cooperative play which often begins to emerge around five-years old. In this stage, children are able and want to participate in play with their peers and engage in intentional verbal and social interaction. A sense of organization also begins to emerge in play, with common goals for dramatic play being shared between the children; this play is also seen when children cooperatively play a game together (Parten, 1932).

Smilansky: Four Types of Play

In contrast, Smilansky reported that young children are capable of a variety of play and alternate between four types of play from a very young age; the complexity of the play itself increases as the child ages and acquires more social, cognitive, and language skills. The four types of play described by Smilansky are: functional play; constructive play; dramatic/pretend play; and games with rules. According to Smilansky, the first type of play, functional play, is considered physical and repetitive in nature and involves using toys, action, and language in the same way over and over; this play involves physical movement and sensorimotor emphasis (Frost et al., 2012). The second type of play is constructive play. As the name suggests, constructive play, also known as conditional play, involves constructing and building with various play materials. Constructive play is more complex than functional play as it adds in a need for planning and using creativity (Frost et al., 2012). The third type of play described by Smilansky is "game-playing with rules," or engaging in any type of game with peers. This type of play requires not only social interaction but also the ability to accept and follow rules as well as control impulses and behaviors (Frost et al., 2012).

Finally, Smilansky describes dramatic/pretend play; this type of play is more complex than functional or constructive play as it requires a level of social interaction and is viewed as the most mature type of play. Rudimentary pretend play often emerges around the age of two-years old when the child begins imitating a situation that he or she has observed, like a mother feeding a baby (Frost et al., 2012). This ability for imitation then slowly transforms into a child's ability to pretend to be in a particular situation that he or she has not seen in real life but has imagined like magical or fantasy situations (Jenkinson, 2001). As the child's social skills develop, their capacity for collaborative play increases, and the child becomes

less focused on the objects or toys and more on the other individuals in the play, focusing on the interactions and the relationships. Smilansky proposed that a child has achieved the most complex form of dramatic play when he or she is able to engage in this play with other children and exhibit flexibility in role-playing, being able to play a variety of roles within play scenarios; Smilansky called this achievement "sociodramatic play" (Frost et al., 2012).

Vygotsky

In his work and theory, Vygotsky placed a high emphasis on the importance of play for children in terms of their development. Based on his observations of play, Vygotsky asserted that play is an "essential agent in the maturation process of the child," particularly between the ages of two- to six-years old (Jenkinson, 2001, pp. 15). The theorist described that children begin engaging in fantasy place when they are toddlers and continue throughout childhood; however, as the child ages, he or she often replaces time spent engaging in fantasy play with game-playing which still has beneficial implications to a child's development of play skills and their capacities for self-control and restraint, two important features of play according to Vygotsky (Frost et al., 2012). Vygotsky also asserted that all children's play, no matter how rudimentary or fantastical the play, is governed by rules, or a set of expectations related to how the play narrative will unfold (Frost et al., 2012). The rules of early fantasy play then allow a child to later engage in play with more complex and strict rules like playing a game; this ability to follow rules can then be applied to non-play situations, and the child can begin to understand the rationale and follow societal rules and expectations (Frost et al., 2012).

Developmental Interactions with Play Development

Areas of a child's development do not progress independently; instead, developmental areas appear to be interrelated, and progress in one area tends to lead to progress in another. In particular, researchers have found associations between developmental areas and a child's development of play skills. In addition, the relationship between delays in one area of development and how the development of play skills is impacted has also been investigated.

Physical Development

Physical development and a child's ability to accomplish basic physical tasks is important when considering a child's ability to engage in play and acquire play skills. In particular, physical movement, both fine- and gross-motor, are necessary in many play scenarios whether building with blocks alone or engaging in imaginative play with a group of peers. As fine- and gross-motor abilities increase, a child's play skills also tend to increase (Frost et al., 2012). While research on the potential for a causal link between physical skills and play skills is not definitive to date, researchers agree that these sets of skills are related as motor skills have important implications for a child's ability to engage in play that involves physical movements and skills related to progressing physical development (Frost et al., 2012).

Cognitive Development

Researchers have suggested that play is influential in the development of cognitive skills. Enhanced play skills have been found to enhance a child's cognitive development with many researchers asserting that engaging in play is influential in the development of cognitive skills and vice versa (Frost et al., 2012). For example, researchers have found a positive correlation between the amount of time that a preschooler engages in sociodramatic

play and the child's intellectual development (Frost et al., 2012). In addition, an association has also been found between engaging in pretend play and higher scores on tests of imagination and creativity (Frost et al., 2012). The development of play skills and the access to opportunities to apply these skills have been found to not only be influential for strengthening "traditional" cognitive skills, like those related to academics, but for enhancing cognitive skills related to other facets of intelligence like creativity.

Piaget also emphasized the role that play has on strengthening cognitive development. According to Piaget, play provides opportunities for children to "practice" certain cognitive skills and competencies, like conversation and reversibility, in a more relaxed environment where pressures are much less than those in an academic setting (Santrock, 2004). However, at the same time as play can further a child's cognitive progress, a child's current cognitive capacities can also "constrain" the way that he or she plays (Santrock, 2004). In Piaget's view and theory of cognitive development, children process their world based on the specific cognitive skills that they possess in a given stage; therefore, a child's understanding of the world and what they play can be viewed as "limited" by the cognitive capabilities that the child has not yet achieved.

Social-Emotional Development

While some people might claim that free, child-directed play is just "fun" for children and does not have a developmental purpose, researchers have asserted that play allows for strengthening social-emotional skills and abilities (Jenkinson, 2001). In general, play prepares a child for "the game of life." Play is a safe environment where children are able to make sense of the world around them by imitating and practicing particular roles or skills that they have observed within their environment (Jenkinson, 2001). In pretend play, young

children tend to “take on” roles that they have seen before, such as a mother, a baby, a doctor, etc. By embodying these roles, the child is seeking to understand the world and to what he or she is exposed, trying to understand what is required of these particular roles.

Within play, children can also “work out” many feelings including those of anxiety, worry, fear, and anger (Jenkinson, 2001). While play is often viewed as energetic and positive in nature, play can also be a “medium for dealing with emotional conflict and uncertainties about the world” (Jenkinson, 2001, pp. 37). For example, aggressive play under the watchful eye of adults can be seen as a “safety valve” against potentially dangerous adult drives. In addition, more difficult feelings can be normalized within play, allowing a child to feel okay experiencing and expressing heavy emotional content (Jenkinson, 2001). During play, children can also practice skills and situations that cause them worry or anxiety until the child masters the skill or a reduction of the feeling associated with the situation occurs.

In addition, Vygotsky asserted that children can learn self-control and restraint through play. According to Vygotsky, the ever-present rules of play allow for children to practice following rules in the contained environment of play and learn to delay gratification which children can then transfer to other contexts and following societal rules (Frost et al., 2012). Through play, children are able to “practice” desiring to have or do something and learning to control or channel these desires in a safe environment. This ability can then be applied to outside of play. In general, play allows for children to gain an enhanced self-awareness and allow them to explore various feelings, mental states, as well as external roles and situations (Jenkinson, 2001).

Furthermore, as a child engages in more instances of collaborative play with peers, children are learning and acquiring a multitude of social skills including compromise, turn

taking, and social problem-solving (Jenkinson, 2001). Additionally, through engaging in play and honing play and social skills, a child is developing a sense of social competence, or an ability to relate to others by using social information appropriately to effectively display favorable social behaviors when engaging and communicating with peers (Frost et al., 2012). A positive association exists between acquiring imaginative play skills and developing an enhanced social competence as well as stronger interpersonal and intrapersonal skills (Jenkinson, 2001). Imaginative play gives children the opportunity to play different roles and begin to understand various feelings that are involved in being this role, allowing for children to gather social information and skills needed to interact with others. Associations also exist between play skills and an enhanced sensitivity toward others and their feelings as well as a growing capacity for empathy (Jenkinson, 2001). The more space and time that children have to develop and apply imaginative play skills, the more space and time they have to develop empathy for various roles and individuals as well as hone skills necessary to effectively interact with their peers.

Language Development

Researchers have indicated that language and play development are also closely related (Frost et al., 2012). Language skills typically enhance a child's play experience and his or her ability to engage in complex levels of play. Language is often used in play between children as a way or a tool to move the play scenario forward. Children will use language to plan what they are going to play, to carry out the suggested play ideas, and to talk "outside" of the play about the play event that is or has happened (Frost et al., 2012). In addition, as a child gets older, physical toys or props are no longer as necessary to "ground" the play and continue the constructed narrative as typically developing children are more able to be

abstract and can rely on solely dialogue to create and carry out suggested play ideas (Frost et al., 2012). Without the language to communicate about and within the play narrative, the play might become stilted and end sooner than play between children who have the language necessary to continue and add to the play experience. In support of this hypothesis, as described below, researchers have found that children who have diagnosed language delays appear to have similar delays in play development and difficulties engaging in more complex forms of play like pretend play (Frost et al., 2012).

Play in Children with Developmental Delays, including Language Delays and ASD

Researchers have indicated that children who have various developmental delays also have effects to their ability to take part in play. Physically, children who have delays in fine- and/or gross-motor skills or who have sensory difficulties can have challenges engaging in more sensorimotor play due to these physical or sensory constraints (Frost et al., 2012). Furthermore, delays in social or cognitive development can lead to effects to collaborative play as these children might need more assistance initiating and sustaining play with their peers as well as exhibiting appropriate social behaviors during these exchanges. A child's capacity for symbolic play can also be affected by these delays as the child might have more difficulty with less concrete aspects like having one object in play representing another, like using a block as a telephone, which is often a more advanced cognitive skill (Frost et al., 2012). While many of the students at the X School possessed some of these developmental delays, all students did have delays and challenges in language which can affect their abilities to engage in play.

Research on the effects of language delays on play skills has been mixed. Some researchers have indicated that a relationship between a child's development of language and

development of play skills exists, while other researchers claim that they are independent developmental trajectories that are not related and do not influence one another (Frost et al., 2012). Researchers who support the relationship between language and play functioning cite evidence for a relationship linking language delays and delays in sociodramatic play (Frost et al., 2012). While research shows that children with language delays do engage in pretend play, they do so at a less frequent and lower complexity level than children of the same age without language delays (Quinn & Rubin, 1984). Researchers explain that pretend play often requires a certain level of expressive, receptive, and pragmatic language skills that language delays often affect.

As a child becomes older and play becomes more complex and social in nature, language becomes more important for engaging in and sustaining play with peers, and delays in these areas become more evident and hindering (Frost et al., 2012). Researchers have found that children with communication disorders are less likely to respond to peers' interactions and initiations for play; they also are less likely to initiate interaction and play with peers (Guralnick, Conner, Hammond, Gottman, & Kinnish, 1996). When a child has difficulty understanding a peer's request to play due to receptive language challenges or does not have the vocabulary to invite a peer to play and communicate what he or she wants to play, this reduces the likelihood that the child will make attempts to initiate and engage.

Research has also been conducted on how diagnoses, like ASD, can affect the development of play skills, considering children with ASD tend to have delays or difficulties in many developmental areas simultaneously. For example, children with ASD typically have difficulty engaging in symbolic or imaginative play possibly due to difficulties in object representation (Frost et al., 2012). These children often have challenges in the

conceptualization of one object representing another, like a block representing a telephone. As this skill is important in symbolic play, children with ASD tend to remain more "concrete" in their play, having difficulty with symbolic play scenarios and even more so with pretend play with scenarios based off of imagined experiences (Frost et al., 2012). In addition, a behavior common in ASD that often limits a capacity for collaborative pretend play is repetitive and stereotyped behaviors (Frost et al., 2012). Because children with ASD often engage with toys in a repetitive manner and oftentimes not using a toy in the intended way, these children often have difficulty engaging in complex play with toys (Frost et al., 2012). For example, a child with ASD might "play" with a toy truck by spinning its wheels continuously, becoming fixated or perseverating over that motion and not being able to interact with that toy in any other way, such as rolling it on the floor or creating a narrative about the truck by him or herself or with a peer.

Researchers have also indicated that children diagnosed with ASD tend to engage in more parallel play than collaborative play when compared to typically developing peers which is related to the challenges that children with ASD tend to have in initiating and maintaining social interactions (Bauminger et al., 2008). Additionally, children with ASD tend to have difficulties engaging in reciprocal play with peers (Jahr, Eldevik, & Eikeseth, 2000). These challenges could be related to potential lowered receptive or expressive language skills as well as reduced abilities in pragmatic skills like conversational reciprocity, gestures, and eye contact (Frost et al., 2012). Children with ASD might not have the complex language and social skills necessary to initiate and maintain a sustained play interaction with peers.

Considering Development, How Do We Bridge Play Between Children? Practical Application and Interventions

As a social work intern at the X School, I continuously considered the developmental trajectories described above as well as each student's current physical, cognitive, social-emotional, language, and play skills; all children at the X School had language difficulties as well as other potential developmental challenges. Understanding the typical developmental trajectories helped to see when the students were not meeting traditional developmental milestones. This knowledge also informed my work with the children, especially in my role as a socialization group facilitator. The primary focus of the social work department at the X School is the social-emotional development of the students. When working with the children and to best address the social-emotional needs of the children at the X School, while simultaneously keeping in mind their individual developmental limitations, the social work department utilizes techniques derived from two major types of interventions: DIR Floortime and child-directed play therapy.

DIR Floortime

Developed by Stanley Greenspan and Serena Wieder as an intervention for children diagnosed with ASD, DIR Floortime is a comprehensive approach that focuses on the social-emotional development of the child and strives to deepen connections and the relationships between the child and others (Interdisciplinary Council on Development and Learning [ICDL], 2017). Instead of focusing on behaviors and teaching skills in a regimented fashion like in Applied Behavioral Analysis (ABA), clinicians who practice DIR emphasize the importance of understanding the child and building relationships with the child to best enhance the child's social, emotional, and intellectual capacities which ABA tends to

disregard (ICDL, 2017). Furthermore, DIR is not only an intervention that is practiced in sessions with a therapist; DIR was developed as a "way of life" where all adults, especially caregivers, who interact with the child throughout the day are encouraged to keep in mind these techniques and their goals in all interactions with the child (Hess, 2012).

The name of this intervention encapsulates its focuses. DIR is "**D**evelopmental" in nature, emphasizing that a child acquires social, emotional, and intellectual capabilities in stages or milestones of a developmental trajectory with the ultimate end result being the ability to engage in a spontaneous and empathic relationship as well as a set of academic skills (ICDL, 2017). The intervention and the specific techniques also take into account "**I**ndividual differences" of the child that are deemed "biologically based," including sensitives and certain responses to particular stimuli that impact how a child might process or relate to the environment or an individual. Finally, this modality is "**R**elationship-based," paying particular attention to a child's relationships with others, such as parents, caregivers, teachers, and peers, and the effect that these relationships have on a child's development when simultaneously considering the child's individual differences (ICDL, 2017).

In DIR, the therapist begins by "joining" in the child's world, following his or her lead and engaging in activities that the child seems to enjoy. By following the child's lead, the clinician is "meeting the child where they are" while validating the child's interests and experiences (Hess, 2012). In addition, capitalizing on the child's strengths and interests increases the likelihood that the child will become and remain engaged in the process. However, at the same time as the therapist is joining a child in his or her world, the therapist is also simultaneously proceeding to "pull" the child into a shared world and experience between the child and the therapist. The clinician attempts to accomplish this by building on

the child's interests and to what they are naturally drawn (ICDL, 2017). The rationale is for the clinician to be constantly pushing the child up the "developmental ladder," working to achieve certain developmental milestones related to emotional and intellectual capabilities. This approach is similar to Vygotsky's emphasis on scaffolding a child's learning by considering the child's zone of proximal development and presenting the child with tasks just above their current developmental functioning so that the child can progress (Santrock, 2004).

In the work with the child, the DIR therapist strives for "circles of communication," or back-and-forth exchanges between the child and therapist; these exchanges can include verbal exchanges, non-verbal communication, like eye contact or gestures, or even slight movements like passing a toy back and forth (Hess, 2012). Through this process, the child strengthens his or her capacities to attend to a specific task jointly with another individual and relate to another individual through engaging in the back-and-forth exchanges with nonverbal communication, gestures, or spoken language. These exchanges are also broadening the child's social-emotional and intellectual abilities (Hess, 2012). As the child develops these various capabilities, the child slowly begins to build a reciprocal and trusting relationship with the therapist/parent/caregiver and hones his or her abilities to initiate spontaneous interactions, communication, and engagement with another; these skills are ones that are typically challenging for children diagnosed with ASD.

While not all the children at the X School were diagnosed with ASD, the tenets of Floortime were used with all children at the school in their individual and group social work sessions as a way to best address their social-emotional needs and to best foster growth in these areas. DIR-Floortime seeks to enhance relationships which is aligned with the goals of

the social work department at the X School, specifically in the socialization groups. Due to the children's difficulties with expressive, receptive, and/or pragmatic language, the children at the X School typically had difficulties with peer and adult relationships because they might not have had the necessary language abilities, and potential intrinsic motivation, to initiate, engage, and sustain in conversation and/or play with others. The X School seeks to strengthen relationships between peers and utilize techniques of DIR to work toward this goal; the school also utilizes child-directed play therapy for the same means.

Child-Directed Play Therapy

General play therapy works under the tenet that play is a child's primary means of communication and a way to "work through" situations that have occurred in the child's life (Cattanach, 2003). Through play, the child seeks to make complex, potentially scary real-life situations more "manageable," creating a play world to better understand the real world (Cattanach, 2003). Play can also be used to explore the feelings related to these experiences. In play therapy, the therapist first builds a rapport and develops an alliance with the child (Cattanach, 2003). This, combined with the "symbolic distance" that play allows from real-life situations, allows the child to feel safe within the confines of the therapy room to express difficult feelings, thoughts, beliefs, and attitudes related to the experiences (Cattanach, 2003). Within the safe and contained therapeutic environment and "play world," a child can begin to feel in control and a mastery of the event and its corresponding feelings (Cattanach, 2003). The child can repeat the situation and discuss the feelings until he or she feels more comfortable with the situation and can "accept" what occurred.

While play therapy is a useful and effective intervention for children who have experienced trauma, play therapy is also a beneficial tool for children who do not have the

full language skills to express or explore experiences; this was the justification for the use of play therapy techniques with children at the X School, all who have limitations in their language abilities, whether in communicating or in "taking in" language. Children with language delays might lack the complex language skills and nuances potentially needed to "make sense" of their external world.

While there are varieties of play therapy techniques that can be used with children, the X School utilizes techniques of child-directed play therapy to address the needs of the school population. In child-directed play therapy, also referred to as "non-directive play therapy," the child client is the one who primarily guides and decides the agenda, the focus, and the pace of the therapy sessions (Cattanach, 2003). The therapist follows the child's lead and avoids making decisions for the child, not imposing his or her own agenda onto the child, as well as remaining non-judgmental. The therapist participates in the play as the child instructs, and the therapist's role is to "contain" the information that the child is providing and reflect back feelings that the child is expressing in order to give the child better insight into his or her own feelings and interpretations of experiences (Cattanach, 2003).

Other benefits of child-directed play therapy techniques include the ability to empower the child, providing them with a sense of mastery of the experiences and feelings explored. Play therapy also fosters a child's self-exploration and self-discovery (Landreth, 2002). By allowing the child to guide the direction and content of the therapy sessions, the child is able to select experiences that are pressing or important to him or her**.** Additionally, children strengthen the awareness and acceptance of the wide variety of emotions. By expressing and playing out feelings in the presence of a therapist who is tolerating, "holding," and striving to understand these unpleasant feelings, the child learns that all

feelings, even those which are uncomfortable or challenging to express, are acceptable and often unavoidable (Landreth, 2002).

Dyads, triads, and other group sizes where play therapy techniques are used have similar objectives to individual sessions. Therapists facilitating these groups are advised to allow room for the play to unfold naturally instead of seeking to control the situation (Jennings, 2014). Goals specific to play therapy in groups include working on turn taking, sharing, and fostering the imaginative play skills of all members of the group, including negotiating roles in a play narrative (Jennings, 2014). In my work at the X School, additional goals of the dyads and triads included strengthening the children's awareness of their peers in the group as well as enhancing their capacities for reciprocal conversation and imaginative play.

In groups with children who have various developmental challenges, like those at the X School, the therapist might need to be more directly involved in the play and support the children, especially at the beginning of the sessions, as play can often be more stilted and less spontaneous than observed in typically developing children (Jennings, 2014). As the children's abilities to play and socialize increase, the therapist can be more of an observer in the sessions but can also take the opportunities to scaffold the play to further expand the children's play repertories and social capabilities (Jennings, 2014).

Child-directed play therapy techniques for individual and group sessions are used to empower the children and allow them to assert a level of control in these sessions. In general, there are not many areas where a child can exert control. This feeling of lack of control might only be intensified when a child has a developmental delay and struggles with tasks or activities that other children might not. Within child-directed play therapy, these children are

then able to exert a level of control and explore their interests at their own pace and discretion while the therapist, whose title typically connotes more power, can be in the position of less control whose role in these sessions is to "hold" the experiences and feelings that the child is expressing and reflect them back to the child.

In addition, the X School places an emphasis on providing opportunities for the children to play as play can be a means of communication, especially for those children who struggle with expressive language and do not have the intricate language skills needed to communicate complex feelings that the child might be experiencing. Finally, play therapy techniques can be used to enhance children's ability to engage in diverse types of play with which children at the X School tend to have challenges, potentially due to the researched associations between language and play development (Frost et al., 2012). Both DIR Floortime and child-directed play therapy stress the importance of following the child's lead, valuing the journey to understand the child, and building relationships between the therapist and child and peers and child which also aligns with the guiding tenets of the X School.

Application of DIRFloortime and Child-Directed Play Therapy Techniques at the X School

The tenets of DIRFloortime and child-directed play therapy informed and guided the techniques that I used in the socialization groups to bridge engagement, communication, and play between the children. For example, a focus of both DIR-Floortime and child-directed play therapy is the necessity to follow the children's lead. Especially at the beginning of the school year, following the children's lead in the socialization groups was important in developing a rapport with the children. In many modalities of therapeutic interventions, the first few sessions are dedicated to engaging the client/s and developing a relationship so that the client can feel comfortable talking to the therapist as well as with the work that the client

and therapist will be doing. In this rapport-building stage, I was also able to learn about each child's interests which I capitalized on in later sessions when working to bridge play and conversation between the group members.

In addition, following the children's lead gave me opportunities to observe what the children were naturally inclined to do, their strengths, and also gave me insight into what social skills and areas the children would need the most support. For example, some children were more likely to engage with their group members at the beginning of the school year while other children resorted to more parallel play with less acknowledgement of the other group members. Some children, especially those who had been at the X School for a couple years and who had been in socialization groups or classes with the other children in their group this year, might have engaged in more instances of interaction with the other group members, including conversation, or more subtle moments of interaction, like glancing at the other group member's play. At the same time, there were times at the beginning of the school year where the entire 30-minutes of the appointment comprised of the two or three children engaged in separate solitary play with few words spoken between the children, to me, or to themselves. All of these observations were valuable as they allowed me to gauge what the children were naturally interested in and what intervention might be needed in order to achieve more collaborative interactions.

After gathering this information and forming a rapport with the child, I began utilizing many techniques in combination within my role in the socialization groups to work toward the goal of creating and sustaining instances of interaction, play, and/or conversation between the two or more group members. One of the first steps in the process of bridging interaction between the children was to first keep each child "present" in the sessions; one

technique to accomplish this was use of high affect. In many of the groups, the children would become preoccupied with their own play (many times, for obvious reasons- they really liked the play and the play narrative they were creating!). However, this preoccupation became a hindrance when it affected the child's ability to respond to a peer's questions, comments, or invitations for play. Using a high affect was my attempt to "break into" the child's play and keep them in a "shared" world as opposed to a more individual world revolving around their solitary play.

J, a five-year old boy, enjoyed playing with Legos and Lego figures. However, he would become extremely focused on particular aspects of the Legos, including finding a specific color of Lego that he wanted or finding a Lego figure with a specific characteristic (e.g., "arms that did not move"). At these moments, it would appear that J had "zoned out" of the appointment. This preoccupation with the toys often resulted in J not responding to his peer when she talked to him. At these moments, I used a voice with high affect to "break in to" J's play and say, "Oh, it looks like S wants to tell you something." This would often "bring him back to the present" and allowed him to see that S wanted to play with him, tell him something, or ask him a question. If needed, I would then continue to offer added support, in a similar high affect voice, at moments when it would appear that J had again entered a more solitary world with a focus on the Legos.

The use of high affect was also beneficial in attempting to sustain interaction between the children. Sometimes, the group would be playing together, each child contributing to a shared play narrative; however, some children slowly "lost interest" or reverted back to parallel play. At these moments, I would use a high affect voice to "bring them back" to the

appointment. I would often repeat the last narration that the child had done in relation to the play or would comment on something that I was noticing.

M and C, two seven-year old boys, were playing a game of Connect Four during an appointment. In the middle of the game, it began to take longer for each child to take his turn as C began to look around the room, and M became focused on his red game pieces, rolling them back and forth across the table. Since the boys were engaging in two different activities at this moment (C looking around the room, M rolling his game pieces across the table), I chose to ask in a high affect whisper, "Are we still playing the game?" M quickly responded, "Yes. Nobody has won yet." I asked whose turn it was, and C responded that it was his turn. My questions brought M and C back to the shared experience of playing Connect Four, and the boys finished the game and immediately began to play another round.

There were a variety of ways that I would use a high affect to enhance interaction between children. One way of using high affect to my advantage when bridging play between children was during the process of drawing their attention to one another and the play which is not always present initially. This awareness was almost a two-phase process. For the first phase, each child had to realize that he or she was not alone in the room; rather, there was another child or children, and an adult, in the room with him or her. An important part of my work as a facilitator of these socialization groups was to first make the children "aware" of one another as the children might be sitting very close to each other but might appear that they do not even notice each other and that they are present in the same space. The awareness that the two or more children are sharing an experience (being in the same appointment) could then increase the opportunities for joint attention and sharing experiences in play.

Once the children are made more aware of one another's presence, the second phase was to make the children aware of each other's play. At the beginning of the school year, many of the children engaged in more solitary and parallel play than collaborative play. The children were often engaged in play with different toys with different ideas for play in mind, seemingly "unaware" or "uninterested" in each other's play. During this parallel play, different situations might arise: the children played in silence; the children each narrated aloud their play leading to a variety of noise and confusion about each child's play story; or a combination of the two, where one child might narrate their play and the other child sat silently playing with separate toys enacting a completely different play narrative. While the ultimate goal was to have the children play collaboratively using a single play narrative, the first step in any of these aforementioned situations was to make Child #1 aware of Child #2's play and vice versa. To achieve this, I would often direct the attention of one child to the other child's play, actions, or conversation by either commenting on one of the children's play or by directly referencing Child #2 to look at Child's #1's play. This awareness would then increase the likelihood that the children might become interested in each other's play and then want to play together. At this stage, the children sometimes needed help figuring out how to play together, either by combining their play narratives, compromising in play, or creating a new play narrative together.

H, a seven-year old boy, and J, an eight-year old boy, were each playing with toy cars: H was reenacting a race scene from the movie, ***Cars,*** *while J was lining up his cars on the table also for a race. At the beginning of this play, I had suggested that they have one race, but both boys were originally resistant to this idea. H and J began their races with J at the table and H sitting on the floor with his back toward J. However, at one point during the*

race, H's cars "drove past" J's cars on the table, and I said, "Oh look, H's cars are going right past your cars, J! Can your cars see H's cars?" At this, J smiled and said, "Yes! Hi, H's cars!" and began waving. J then asked H if his cars could follow H's cars on the race track, and H agreed. With facilitation, H and J were able to combine their races for the remainder of the appointment.

Another technique that I used in every session was to repeat the children's comments, questions, or narrations. In individual play therapy with a child, narrating play is an important component as it reflects to the child what he or she is displaying or expressing, making it more explicit to the child as he or she might not realize or understand the full "content" they are putting forward; it is also seen as a way to "contain" what the child is presenting, a key purpose of play therapy (Cattanach, 2003). Not only was play narration important for the individual children in the socialization group for these reasons, but it was also important for these groups as a child silently moving toys is often not conducive to social interaction with peers. By repeating narrations within play and comments and questions within conversations, I was attempting to "spark" conversation or interaction between the children, even if the interaction was as subtle as Child #1 looking over at Child #2's play when I repeated a piece of Child #1's play narration.

While some children naturally narrated their play, other children remained silent while they moved the toys around, appearing to enact a story that was playing in their heads but, due to language challenges, the children might not have had the expressive language to put words to their internalized dialogue. If a child was not narrating or was having challenges using language to describe their play, one way that I would facilitate is to comment or narrate what I saw happening in his or her play and the child's actions. By narrating the play, I not

only provided a reflection for the individual child about his or her play, which is a cornerstone of traditional play therapy, but I attempted to bridge the play between the children with hopes of "piquing the interest" of Child #2 about Child #1's play.

J, a five-year old boy, and S, a five-year old girl, were engaged in parallel play; J was silently playing with two toy dinosaurs engaged in a "battle," and S was playing with the dollhouse and doll figures, softly narrating a story about the bedtime routine of the family. At this time in the school year, J often did not say much while playing with toys and gravitated more toward moving the toys around. While they were in close proximity, J and S were not interacting. Seeing this, I said, "Wow, J, it looks like those two dinosaurs are fighting?" J agreed that they were fighting. At hearing this, S looked over at J and exclaimed, "Don't let the scary dinosaurs get my family!" J replied that he could protect the family from the dinosaurs. Together, J and S then began telling a story about how the dinosaurs were mad and fighting each other, and J and S would have to protect S's family from the dinosaurs by leaving the house and "climbing the mountain" (the fireplace in the room) to escape the dinosaurs.

Commenting on the play also had the potential to keep the children interested in the play and keep the play moving forward. For example, a child sometimes suggested an idea for the play but then either did not know how to follow through on this suggestion or how to "add onto" this idea; in these situations, the child had the language to suggest a play idea but might not have had the cognitive schema or play skills to enact the play idea. At these moments, I would then intervene and provided suggestions for the child to continue the play, keeping the play engaging for all group members.

S, an eight-year old girl, exclaimed, "We are having a picnic!" However, after saying this, she began silently drawing. Her peer in the group, E, a seven-year old boy, did not respond to S's exclamation. After seeing that neither S nor E added anything to the play idea and that interaction between the two children was not occurring, I repeated what S suggested ("We are having a picnic?") and then added, "Let's get some food for the picnic! S and E, what food should we get for the picnic?" S and E then took turns suggesting foods that we had to get for our picnic, and we worked to collect it and get it ready.

In contrast, there were times when a child would show an awareness of his or her peer and their play, but interaction between the two group members might have begun as a conversation with me "in the middle." Specifically, there were times when I would become an "in-between" for the children where the children interacted "through" me, e.g., one child asking me to tell the other child something. While this was a step toward interaction between the children, I would try to remove myself from this position by suggesting to Child #1 to tell what he or she told me to Child #2. In this, I listened to what Child #1 wanted to communicate to Child #2, explore or reframe if necessary, and then provided a model of the language that could be used in the direct interaction with the peer.

R, a five-year old girl, and A, a five-year old boy, were playing with two separate toys; R was playing at the table with the PlayDoh, while A was on the office floor, rolling a toy ambulance back and forth on the floor as the ambulance made siren noises. After about two minutes, R turned to me and said, "Ms. M, can you tell A to stop doing that?" I then asked R why she wanted A to stop, and R responded that it was too loud. At this, I suggested to her, "Oh, maybe you can tell A to stop that because it's too loud." R repeated this to A.

With my suggestion, R repeated this to A another time until A looked up at R and then stopped rolling the ambulance on the floor.

Potential Difficulties in Bridging Engagement Between Children

While the examples described above represent the benefits of utilizing DIR Floortime and child-directed play therapy, there were situations when difficulties arose in attempting to bridge play and communication between children using these techniques; these techniques did not work all the time. For example, while using high affect often led to more instances of sustained engagement and interaction between the children, high affect did not guarantee that two children would interact with one another and was not always the most appropriate technique depending on the individual child during a particular appointment. On some days, children were more receptive to my overtures to bridge engagement with their peers than other days when they presented as more "unavailable" and not exhibiting a desire to both engage in play and connect with their peers. One potential reason for the decreased receptiveness to my attempts to bridge engagement was the children were often affected by events that occurred earlier in the day whether in the morning at home or at school. This is often the case with all children, not just those with developmental delays. Children are developing emotion regulation and an ability to understand and reflect on their emotions (Santrock, 2014). This can often then interfere with their ability to engage with their peers as their thoughts of their emotions became almost all-consuming, and they might not have adequate self-soothing skills to "move on" from an emotionally-charged event.

E, a seven-year old girl, arrived at the group one day appearing withdrawn and more quiet than usual. Before the appointment, I had received a phone call from her OT who had reported that E had had a difficult OT appointment earlier in the day. During E's group that

day, E sat on the floor, glancing around at the toys but not reaching for any of them. E's peers asked her what was wrong and tried to initiate conversations about how E was feeling with my facilitation as well. As I did not want to ask E a direct question about her OT appointment in front of the whole group, I tried to facilitate a discussion about how, sometimes, things happen earlier in the day that someone might be still thinking about. However, E was not responsive to this or her peer's attempts to engage in conversation or play and instead told them to leave her alone. During the appointment, I wondered whether E's earlier OT appointment was still on her mind and was compromising her ability to engage with her peers.

Sometimes, a child was resistant to engage with peers not because of feelings or thoughts related to a previous event but because he or she had a specific play scenario in mind and did not want to deviate from this and did not want peers to interfere with this.

M, a seven-year old boy, enjoyed playing chess and took great pleasure in talking about chess and wanted to teach his peer and me how to play. However, C, M's peer in the group, told M that he did not want to play chess during the appointments, and he wanted to do something else. Despite C's protests and my therapeutic support, M was "stuck" on his want to play chess and spent much of this appointment focused on this want and trying to grasp why he could not play individually during a group appointment.

Like in the session with C and M, there were times when some of the children would want to play alone and explicitly asked to do so. One of the children might ask to play alone if there was something that he or she wanted to play that peers did not want to, as was the case with M. At this request, I would tell them that it was a group appointment and that even though it might be hard and frustrating, we had to try to find something to play or talk about

together. I also validated that it is really disappointing to not get to play what you want and frustrating and really hard sometimes to play with friends. If they continued to express that they did not want to play together, I would often try to facilitate a conversation about the feelings related to having to compromise or not being able to play what they wanted to play, trying to incorporate all group members. I stressed the difference between individual and group appointments where individual appointments with their social worker are different because they get to decide what to play or talk about, but in group appointments, the group must try to decide together what to play. My motivation was to try to facilitate a collaborative conversation about how difficult it is to collaborate.

Reflections

After spending a year utilizing this framework of intervention to enhance social interactions between children with language delays, I have a new appreciation for how much work a clinician must put in to work toward this goal. During all appointments, I tried to use a combination of the techniques described above. In some appointments, the children were more responsive to one approach over another. For example, there were appointments when, no matter how much I repeated narrations and comments that the children made, the children remained playing parallel and showed minimal interest, or even awareness, of the other child's presence within the room or his or her play. It often felt like trial and error as there was never one "full-safe" way that would work in every appointment with all children to achieve collaboration between the children. The key was to have more techniques than might be needed in one session so that I could always have different approaches if one or more techniques did not work during that particular session within that particular group dynamic.

In addition, it was hard not to get discouraged in those moments when I would try one or more different approaches to bridge the children's play only to get nowhere, with the children continuing to play parallel, appearing unresponsive to my attempts at getting them to interact with one another. At these times, I would often get frustrated at myself, believing that I was not achieving my goal and feeling like a failure as a social worker. I would observe other social workers at the school who would make it look easy; it appeared that they would effortlessly get two children, each with radically different play narratives, to collaborate in play. I would take mental notes and strive to use the same techniques and wording in future sessions as they did. However, in my next session with the children, I would then try the same approach with a completely different result; the same two children who, for another social worker engaged in collaborative play in the previous session, were resistant to my overtures and continued to play parallel.

After listening to multiple stories of sessions where the children had limited interaction that I attributed to my deficiency as a social worker, my supervisor told me something that would prove to help me through the more difficult appointments- there are socialization groups that go the whole year without engaging in sustained collaborative play or conversation. On days that I became discouraged, I would think back to this discussion and realize that my inability to bridge play between these children in this session was not due to my lack of experience or skills. Instead, other factors might have been in play that inhibited the child's ability to engage in a shared experience with his or her group members that day, whether it be external factors, like a previous emotionally-charged event, or internal factors, like a child's developing theory of mind or social skills. Even if it did not appear so, the children were internalizing my attempts to bridge play between them from the beginning

of the school year and, as they progressed in development and in their relationships with their peers, they were more open and able to initiate, respond, and sustain to interactions with their peers in play and conversation.

I believe that, at the beginning of the school year, I also underestimated the difficulties that can arise for children during interaction and play with their peers, especially when the child has developmental challenges like in language. Interacting with a peer and engaging in play or conversation involves so many steps and capabilities that are often not considered or acknowledged when observing children with their peers. Working with the students this year gave me an enhanced appreciation for the intricate, complex, and interrelated process that is taking place as a child develops and how many skills from all developmental areas a child must possess to sustain an interaction with another individual.

Implications and Recommendations: Schools and Play

In schools today, the common school day is often comprised of structured lessons and preparing for the multiple standardized tests that are required of elementary-school students, even those in kindergarten. With this increased time dedicated to these standardized tests which attempt to gauge a child's academic learning, children do not have much time or access to more play-based activities during the school day. Lack of play in school might be understandable or "excusable" if children were then able to engage in play outside of school. However, children today often have multiple structured and scheduled after-school activities that also cut into the time that children have for free play. Once children have completed these after-school activities, time is often only left for dinner and homework until the child has to go to bed, wake up, and repeat this highly structured schedule the next day.

This emphasis on academic learning, standardized tests, and structured activities outside of school leaves little to no time for free play that is under the control of the child. Researchers have advised that this could be deleterious to children. Without play, children lack an appropriate outlet for their feelings; instead, these feelings can build-up and become unresolved. Researchers have suggested that these unresolved feelings can lead to more aggression, anger, and potential diagnoses of attention deficit-hyperactivity disorder (ADHD), generalized anxiety disorder (GAD), depression, and oppositional defiant disorder (ODD) (Miller & Almon, 2009).

The X School is not immune to the structured school culture and the demands that are placed on schools today. As a school operating under its city's Department of Education, the school is held to some of the same standards as all other public schools, including standardized tests. While the X School does, at surface level, value the importance of play as the school has a social work department whose primary modality is play-based, and other departments like occupational therapy and speech also allocate time in their appointments for play-based activities, the emphasis on allowing time for play and cultivating children's play skills should be applied more throughout the whole school day, including in the classroom. At the X School, all classrooms have time throughout the week for "choice time," during which the child can decide between different activities that they would like to do; play activities like building or board game-playing are often options. While these activities are valuable in terms of a child's development, pretend play with toys are often not options in the classroom, even in the younger grades. Researchers indicate that access to free, unstructured, pretend play has significant benefits to all developmental areas (Frost et al., 2012). While the X School operates as a school for children with language-based learning difficulties, whose

main clientele are children have language delays, the school tries to take a holistic approach to the child, providing services that address all areas of the students' development as the school staff agrees with the research that supports the interrelatedness of developmental areas. Therefore, including more time for free play within the school day, outside of social work appointments, aligns with the driving force of the X School and might even provide a more conducive environment for over-arching developmental gains.

If the X School were to adopt a schedule more dedicated to free play, the staff at the school would need to be trained to best handle this. For many of the children at the X School, play needs to be facilitated and, using a Vygotskian lens, scaffolded by teachers and clinicians. All teachers and clinicians at the X School should be more trained in basic child-directed play therapy and DIR Floortime techniques so that they can utilize them when facilitating play with students; these techniques provide a play environment where the children are leading the play but, at the same time, the teachers and clinicians are providing support to expand the children's play repertoires and their capacity for collaborative play and interaction. Furthermore, I observed this year that, when children had challenges with expressive language, they had difficulty adequately communicating what they wanted to play with their peer, and as a result, the play often became stilted and the children resorted to parallel play where they did not have to communicate their play intentions with one another. A child would have the motivation to play with his or her peer but not the language skills to initiate or sustain the interaction. In these moments, adult facilitation is influential in bridging the interaction between the children.

Concluding Remarks

Free play should be more highly emphasized both inside and outside of school. As researchers have described, free play not benefits a child's development (Jenkinson, 2001; Frost et al., 2012) but also favorably impacts a child's academics, the apparent driving force of schools today (Frost et al., 2012). As children play, they are amassing skills that can be applied to all contexts of their lives, including at school, at home, and within all their interactions. Utilizing the medium of play can both be "fun" and motivating for a child as well as developmentally advantageous.

Especially in the case of children with developmental delays, like those at the X School, play can be used in the development of language skills. As previously described, researchers have suggested links between a child's development of play skills and development of language (Guralnick et al., 1996; Frost et al., 2012). If play is a way for children to acquire language skills, then having opportunities for play during the school day where a therapist can also provide a safe space for self-expression and relationship-building between peers can be beneficial for the acquisition of language skills that can be practiced within these play opportunities. The favorable effects to a child's language development would then have greater implications both in the wider school environment and within the home environment. One of the overarching goals of the X School is to foster the child's development in all developmental areas. Even though all of the students share a commonality of language-based learning difficulties, the X School recognizes that these difficulties have implications for other areas of the children's development, including social development. The school places an importance on the socialization dyads and triads that the social workers and social work interns facilitate because they understand the relationship between fostering

one particular facet of development and enhancing the other interconnected and complementary facets of development.

Today, children's lives are so scheduled and structured that times for children to be "in charge" and be free to explore experiences and feelings are limited. Giving opportunities for children to play within the school day, where they can have access to adults who are knowledgeable about play skills and trained to enhance a child's current play skills and peer collaboration, can have multiple benefits to both the individual child and the school population as a whole. Play provides children opportunities to have a sense of agency, including making decisions about play materials and narratives, in a world that is often out of children's control, especially for those children with developmental delays.

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