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EXECUTIVE INDEX

Child s play: An assessment parameter

We are so used to seeing children and infants play that we tend to overlook its importance. How often do we hear the phrase "It's child's play."? Any busy active baby demonstrates that it is anything but simple and straightforward. Play is the child's daily work and part of their development. While it is easy to understand that children play for pleasure, they may also use play to act out the struggles they face on a daily basis (Winnicott, 1964), and make life real and meaningful. Through play, children can learn to deal with and feel in control of real experiences, fears as well as aggression. There is a great drive to persevere to a real and desired end, to overcome difficulties and to concentrate on the matter in hand. Play is therefore a powerful and expressive tool by which we, as clinicians, can assess, engage, intervene and understand children's daily struggles.

What constitutes play?

Babies come into the world with a general readiness to engage socially (Murray, Andrews, 2001). The baby begins to discover its environment and capabilities by touch, taste, sight, hearing, smell and movement.

Play is not something parents generally need to worry about "learning" or "teaching" their baby. Any interaction between the child and the outside world may be deemed play. A child or baby that is engrossed in something usually gets absorbed intensely in what they are doing. Opportunities for play behaviour enable the child to seek levels of stimulation that lead to cognitive behaviour, or to avoid or cope with unpleasant stressful situations. Play may be as simple as the infant following a mother's face as she turns away to pick something up or reaching out to touch a rattle shown to him/her. Focusing and paying attention to toys and people as well as everyday objects, is the basis of understanding the broader world. Providing an object for the baby's viewing, seeing if he/she can follow it, or reaching out to grasp it, is all play that is aiding the infant's cognition. The infant using his/her voice to babble is "playing" with the sounds he/she produces. Our talking back to him/her, imitating, gives meaning and engages him/her in play.

Play is the infant's tool, and when we relate to the infant with play that is thoughtfully about him/her, the infant has a sense of being "met" and this conveys a message to him/her (Thomson-Salo et al, 1999). Young children may play out their anxiety and new experiences through play. The infant or young child, struggling with unpleasant feeding experiences (e.g. excessive vomiting) may respond by only feeding while distracted by toys, or "switch off" and stare at an object to help him/her "get through" the experience. Alternately they may "play" with the breast or bottle before they settle in to the feed. Expecting them to feed "properly" may impinge on their way of developing confidence about the coming feed. By being in control of what goes in may make it easier to take in more.

Talking about play

The mother / father bring a host of already existing behaviour patterns to their interaction with the child. Their personality, attitudes toward life and the baby, the degree of turmoil in the family life, their health, and expectations

of the infant affect the approach to the infant. The infant's characteristics and individual differences, degree of irritability, responsiveness and habituation (ability to ignore impinging stimuli) will also affect any interaction.

How can we think about play as a way of understanding the struggle for parents and their young infant? When talking with parents who describe a long day of difficulty, asking about what space there is to play, may reveal more of what is contributing to the baby's struggle (as opposed to the parent's). Does the parent try to play? Often the difficulty with feeding / crying / settling to sleep has meant that when the drawn out battle and anxiety is over, there may be little time or inclination for play. On the other hand, ensuring that play is not used as a "trick" may be a beneficial interaction for both parent and baby. Does the baby enjoy it? If the baby is reluctant to interact with the parent, looks away or is late or slow in smiling, then there is little positive feedback for the parent's efforts. We need to be sure we do not only talk about what the parent should be doing.

In assessing the play experience of parent and baby, it is helpful to think about what can inhibit playfulness.

- ***Immobility.*** This may be due to illness or disability. But the child who is always in a stroller may also be unable to "get at" all the stimulating things around, or the infant in a cot cannot get at all the things he/she can see. Without the chance to interact or handle toys, the baby limits their capacity to be absorbed in the outside world.
- ***Dull or repetitive environment.*** If there is nothing in the environment to look at, listen to, manipulate or investigate then the child has nothing to play with or explore. The current trend to remove all stimulation to ensure dropping off to sleep may be counterproductive if there is little for the infant to focus on as he/she tries to regulate their state.

  Parents may also not realise how the infant is developing and still be presenting toys more suitable for a younger baby.
- ***Overstimulating environment.*** On the other hand too much noise, too much handling, too much movement may mean the baby retreats from the world to help down regulate themself, and ignores parents' comfort that may be helpful. He/she may end up being overstimulated, for example rocked vigorously and jiggled to try to "calm down", a contradictory response. He/she then does not engage in play or seek it out when it would be offered and most helpful. Also excessive pain, distress or difficulty accompanying a "normal" event, e.g. feeding, bowel actions, going to sleep, may mean the baby tends to switch off from the distress and in the process not be available to take on the comfort offered.

Parents, overwhelmed with their own emotions, birth trauma, postnatal depression, family health or financial concerns may have little emotional energy for play.

Babies who are very clingy and difficult to settle, may interpret being put down to play, as a signal that the parent is leaving, and cling even harder.

Play as a diagnostic and intervention tool

Talking about play and engaging the baby in playful interaction and talking about the baby's response illustrates that the baby is more than just an expression of the parent. He/she has their own agenda and contributes individual characteristics to any activity. Only by experiencing with the baby can the nature of the play be assessed. It may be through playing with the baby, that one can get a feel for the baby's response to events and share this with the parent. One baby about six months old, to whom I was showing a toy truck, as I talked with her mother about her feeding, just looked at the car, pushed it a little then went back to what she was doing. I said to the mum that she didn't seem to want any help! Mother replied that she felt the baby could get on without her, in fact she felt very cut off and distant emotionally from the baby and 'maybe that's why she doesn't feed very well'. This proved a turning point in understanding what was going on and giving an idea of what approach to take.

Even a one-off different response can change the baby's mindset. If the baby experiences a different response to his/her behaviour, for example stopping the feed when he/she turns away rather than pulling them back to the task, allows them to learn "well I do have some control here, so maybe I don't have to be so forceful."

If we talk about the baby's responsibility in any interaction and not just the parents then we add a wider field of interaction to discuss. We need to become comfortable with engaging the baby and feeling it's OK for parents to just be sitting there because we are busy "working'" with the baby.

Putting it into Practice

The opportunity to use play as a diagnostic as well as an intervention tool can prove helpful one clinical practice. As a Clinical Nurse Consultant in Maternal & Child Health, much of my day-to-day work is with infants with day-to-day problems. Sleeping, feeding, crying and clingy behaviour issues present in a variety of stories.

"Will" represents a compilation of similar stores seen recently.

Will was 11 months old and presented because of clingy and demanding behaviour. He would cry even as his Mum attempted to put him on the floor. As a result he was carried around most of the time, which by 12 months was well past acceptable to the family.

Will was striking in his aversion to strangers and his clinging to his mother, wary and slow to engage, he stayed on Mum's lap with his dummy and when she made a move to put him down he grabbed hold of her- I told her to just wait while we talked for a bit. His sister had made herself at home with the food and tea service and was busy preparing lunch for us. As we talked of how draining this behaviour was for her, he slid down and stood at her knee. He sat down then pulled up on a chair that was near us and lay his head down turned away as though having a nap. I approached him, talked quietly, and stroked his back. He turned his head and looked at me. I then picked up a soft toy and a cloth cube with a bell inside. He looked at the lamb and I said it was sleepy too and laid it beside his head. I very gently banged the cube on the chair in a double rhythm. He smiled at the noise of the bell and I got more vigorous as he "woke" up more. He let me pat his back in time to the bell and laughed. As this went on for a few minutes, I then picked him up and sat him between my knees as I knelt on the floor with him facing mum, away from me. He was looking around, visually checking with Mum, and I talked about what his sister was doing but made no effort to move him. He initiated the move and headed off to her, taking the doll that she had set at the table. He was interested in the food, so I sat him at the table with her and they remained playing there for the rest of the session.

Talking about the problem would not have been as effective. By actually sharing the difficulty from Mum and Will's point of view a broader picture was seen, and a strategy developed. I suggested mum pre-empt his demand for attention, then not let him go till he asked to be put down, to talk about what was going on elsewhere in the room and let him demand involvement. This one off "change" endured, perhaps because as Mum felt there was hope for change, Will coped without needing Mum in this strange situation, and we were able to talk about what this had felt like for Mother as well as Will.

Talking about what play the baby is doing, and using play may broaden our assessment and especially intervention in understanding children's daily struggles.

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Winnicott D.W. **The Child, the Family & the Outside World.** 1964 Penguin Books, p143.

Murray L & Andrews L (2001) **Your Social Baby.** Acer Press Australia, p169.

Thomson-Salo, F., Paul, C., Morgan A., Jones, S., Jordan, B., Meehan, M., Morse, S. & Walker, A. (1999). **'Free to be playful': therapeutic work with infants.** *Infant Observation Journal: The International Journal of Infant Observation and its Applications.* 1999, Vol 3: 47- 62.

Reflection questions:

Please use the following questions to reflect on your current practice as a health promoting nurse in light of this article on play.

1. *When routinely discussing the topic of child s play with parents, do you extend the discussion into the child s perception of and response to the interactions?*
2. *During the next mother s group, look around the room and make a quick mental assessment of how the mother s are interacting with their babies. Is there room here for introducing some of the topics discussed in this article into the mother s group?*
3. *Does your community have playgroups that support and encourage the act of playing? Has your child health services considered forming a playgroup and registering the group with the state association? The child health nurses and allied health staff could then weave the education sessions within the framework of the playgroup sessions, to empower and enhance knowledge and skills.*
4. *Do you discuss the sort of play (ie creative, motor orientated, imaginative) that is suitable for the different ages (infants, toddlers and children)?*
5. *How will parents who did not receive the positive enjoyment of play when they were children be in a position to share their experiences with their own children? How can health professionals support and encourage this parent?*

Useful resources

Scroufe, A (1995) **Emotional Development,** N.Y. Cambridge University Press.
Sameroff, A.J. & Fiese, B.H. (2000) **Models of Development and Developmental Risk** in Handbook of Infant Mental Health (2nd Ed) Zeanah, C. N.Y. Guildford Press.

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