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Introduction

The importance of play in the lives of children is evident in its pervasiveness in childhood (Lifter, 2000). Play is the child's symbolic language of self-expression. Children play out their experiences and feelings in the most natural, dynamic, and self-healing process in which children can engage (Landreth, 1993). It is generally recognized that a child's play can be a window to understanding a child's experiential and psychological world (Perry & Landreth, 2001). Play can provide the therapist with an insight into how the child applies innate abilities to the world around them from a developmental point of view. Play shows how a child interacts with their environment, with other children, and with adults (Schmidt, 2001). In addition, play offers the therapist a unique psychological tool for viewing the world through the eyes of the child (Perry & Landreth, 2001).

As part of the creative modalities, play therapy offers a therapeutic mode for diagnosis, assessment, and treatment interventions. This chapter will review a number of play assessments. It will look at developmental and diagnostic assessments, measurements of parent-child interaction, as well as instruments for specific concerns.

Transdiscilinary Play-Based Assessment

The Transdisciplinary Play-Based Assessment (TPBA; Linder, 1990, 1993) was developed in response to the need for a more functional and holistic approach to determining a child's level of development, skills, learning style, and interaction patterns. The TPBA evaluates the structured and unstructured play of a child from infancy up through the age of six via systematic observation. Four developmental domains are explored: Cognitive, social-emotional, communication and language, and sensorimotor. The purpose of this instrument is to assist

professionals in the development of a program plan for specific interventions for children in early childhood programs.

The assessment is completed in six phases. During Phase I, the child participates in unstructured play, in which the child leads or initiates play with the examiner. Phase II is a structured play facilitation. Phase III provides the opportunity for the child to interact with a peer. During Phase IV, the child and parent participate in structured and unstructured play. Phase IV also includes situations in which the parent is asked to leave so that separation and reunion behaviors may be observed. Phase V involves structured and unstructured motor play. Phase VI, the final phase, screens for oral motor difficulties and other developmental observations (Linder, 1993).

The TPBA is both a useful observation tool and a dynamic process that can be used to assess a child's various levels of development, determine strengths and weaknesses, identify areas needing intervention, and distinguish learning styles and interaction patterns. The outcomes can assist educators and therapists in ascertaining appropriate targets for interventions and in discovering strategies that are likely to enhance developmental progress. The guidelines may also serve as an observational tool for the purpose on ongoing evaluation of developmental progress (Linder, 2000). While the TPBA identifies areas in need of interventions, it provides little information with regard to intervention suggestions for home and school.

Developmental Play Assessment

The Developmental Play Assessment Instrument (DPA; Lifter et al., 1988) was developed to evaluate the play activities of children with developmental delays and disabilities to assess what the child knows, where he/she is in the process of learning, and what developmental

limits the child currently faces. The DPA is an assessment tool designed to identify developmentally relevant play activities. The play actions that are identified and quantified in the DPA are conceptualized from a cognitive/developmental perspective. It allows for interventions that may facilitate progress in development (Lifter, 2000). A useful tool in the planning of educational and therapeutic interventions, the DPA can also be used for screening and diagnostic purposes. Data gleaned from the DPA may be utilized to foster a play therapy treatment program (Brooke, 2004).

There are three steps in the coding of the child's behavior. First, the play actions of the child are recorded in raw frequencies counts. Second, the play actions are reorganized into categories of activities. From this, the scorer can determine the frequency, and types of activities. Finally, the scorer summarizes the actions according the developmental sequence outlined by the test authors. The results are categorized as follows: Mastery of learning, emerging learning patterns, and absence of play categories. Mastery was operationally defined as the occurrence of at least 10 instances of the categories with at least four different types represented within the 30-minute time period. Emergence was defined as the occurrence of at least four instances of the category with a minimum of two different types presented (Lifter, 2000).

The DPA is useful in the assessment of developmental disabilities, in particular language delays and language disorders, The normative samples consisted of primarily autistic children. Greater research is needed to explore standardization when working with diverse groups. Further, the normative sample size was small. Methods for teaching and implementing interventions are still under research. Additional validity and reliability research is needed on the DPA (Brooke, 2004).

Marshak Interaction Method

The Marshack Interaction Method (MIM; Lindaman, Booth, & Chambers, 2000) is a structured technique for observing and evaluating the nature of the relationship between two individuals. The MIM measures the relationship between an adult and a child to help determine the parent's capacity to protect and care for the child, the child's capacity for forming relationships, and the quality of the adult-child relationship. The MIM has been used in consideration for placement with foster and adoptive parents, as well as reunification with biological parents.

The MIM is made up of a series of simple tasks designed to elicit a range of behaviors in four dimensions (Lindaman, Booth, & Chambers, 2000). The MIM evaluates a parent's capacity for: Structure, setting limits, and providing an appropriately ordered environment; Engagement, engaging the child in interaction while being attuned to the child's state and reactions; Nurture, meeting the child's need for attention, soothing and care; and Challenge, supporting and encouraging the child's efforts to achieve at a developmentally appropriate level.

Concurrently, the MIM assesses the child's ability to respond to the parent's effort within the four dimensions. The MIM generally includes the following four dimensions: Promoting attachment, alerting to environment, guiding purposive behavior, and assisting in overcoming tension. In addition, tasks are divided according to whether they were to be done together or by each person alone and/or whether they are inviting regressive or striving behaviors (Brooke, 2004). The MIM provides the opportunity for observing the strengths of both the adult and the child and their relationship. The MIM can be used as an intervention tool to strengthen familial relationships and to design interventions to meet those needs (Lindaman, Booth, & Chambers, 2000).

The MIM was designed to assess the nature and quality of the adult-child relationship and its strength lies in its detailed procedures for observing the nature and quality of that interaction. Although it has potential as a research tool, the assessment has not been standardized on a normative sample. Research using the MIM has utilized very small, non-diverse samples. Further research is needed to determine the usefulness of the MIM with other populations (Brooke, 2004).

Family Puppet Interview

Puppets have long been recognized as a valuable technique in helping children cope with events in their lives. Woltman (1940) found that puppets were helpful in working with children because they are easy to manipulate, offer richness in symbolism, and provide opportunities for spontaneity. Children project their feelings and displace their conflicts onto puppets (Webb, 1991), thereby allowing clinicians and children to talk about feeling or thoughts that belong to the puppet. As a projective media, puppets offer the universality and ambiguity of many possible identifications. The fantasy material from the child's puppet story can help reveal the child's preoccupations and his or her ways of dealing with them (Irwin, 2000).

Irwin and Shapiro (1975) developed a semi-structured puppet interview for assessments purposes, which includes a rating form to assess the content and dimension of story date with a variety of populations. Irwin (1993) outlines the Puppet Interview Assessment as consisting of a warm-up stage, in which the therapist brings out the puppets and observes the child's reactions, invites the child to select characters for their story; a puppet show, which the child develops without the therapist's participation; and interview with the puppets, in which the therapist asks what and why questions within the realm of the story; and a post interview with the child, in which the child is invited to discuss the story. From the interview, the therapist can derive

diagnostic data regarding the child's defense and coping styles, as well as the child's preoccupations and conflicts (Gil, 1994).

The Family Puppet Interview is a diagnostic technique found to be effective in assessing parent-child, and intrafamily relationships, as well as reciprocal patterns interaction in therapy cases involving a young child (Ross, 2000). The usefulness in using puppets is in its ability to elicit with remarkable facility some of the critical parent and child interaction relationship. A disadvantage to this assessment is that some family members may be resistant to the use of puppets. In addition, as the Family Puppet Interview is a projective assessment, and caution is needed in deciphering the literalness of the play.

Play Therapy Observation Instrument

The Play Therapy Observation Instrument (PTOI), developed by Howe and Silvern (1981) and adopted by Perry (1988-1989) is a rating scale of play therapy behavior. The PTOI provides therapists with a useful and readily usable instrument for codifying behavior during a play therapy session. The PTOI consists of 13 play therapy behaviors indicative of important clinical concepts. These scores form three theoretically meaningful subscales. Which are social inadequacy, emotional discomfort, and use of fantasy (Perry & Landreth, 2001).

The PTOI uses 12-minute segments of videotaped play therapy sessions. The rater reviews a 12-minute segment and then rates the frequency and/or intensity of the child's play behaviors as represented on each subscale. An examination of the ratings of the child's play behaviors provides information for detailed assessment of the child, planning of therapeutic treatment, and prognosis (Perry & Landreth, 2001).

Research has established support for the use of the PTOI as a measure of children's emotional well-being. There are significant differences between well-adjusted children and

maladjusted children in areas of emotional discomfort, social inadequacy, and fantasy play. Greater research is needed to establish the usefulness of the PTOI with diverse populations. Standardization is also needed in the role of the therapist and the physical setting of the playroom. A child-centered approach should be used to minimize intrusion into the child's play and to permit the child to communicate themselves with as little psychodynamic influences as possible.

Play Therapy Screening Instrument for Child Sexual Abuse

Play presents children with a mode of communicating occurrences in their life that are too difficult or scary for them to face. Sexual abuse is on of the most difficult areas for children to communicate. The Play Therapy Screening Instrument for Child Sexual Abuse (PTSI-CSA), based on Homeyer's (1995) research, identifies children who are at high risk of being sexually abused. The PTSI-CSA consists of 15 sexual play behaviors consistent with and highly correlated (Homeyer & Landreth, 1998) with children who have been sexually abused. Each item in the instrument is a specific, spontaneous behavior exhibited by a child in a play therapy session. The PTSI-CSA is to be used when the play therapist begins to question whether the child's play therapy behaviors may reflect sexual abuse.

Primarily designed for use in nondirective play therapy, the PTSI-CSA can be also used to access spontaneous behaviors that are expressed by the child in a more directive play therapy sessions (Hoymeyer, 2001). The PTSI-CSA is an empirically researched screening instrument and is an easy tool for the trained play therapist to utilize in discriminating between sexually abused children and nonsexually abused children in the play therapy setting. Caution does need to be used when interpreting the results to avoid false positive and negative. Additional research is needed to develop norm groups and its usefulness with diverse populations.

Trauma Play Scale

Young children are at a greater risk for traumatic effects because they do not yet have an established sense of self and their coping behaviors are limited. The younger the child, the greater the risk of limiting the child's potential to cope. The recently developed Trauma Play Scale (TPS) measures five areas of a child's play: (1) intense play – extremely focused and absorbed in play that seems to holds specific meaning; (2) repetitive play – returning to specific play behaviors, play sequences or themes that seems to holds specific meaning (often has literal quality); (3) play disruption – sudden shift in play in response to the child's anxiety/discomfort; (4) avoidant play behavior – avoidance of contact with the therapist and apparent lack of capacity to form a trusting relationship; and (5) expression of negative affect – degree to which the child expresses negative affect during segment (Bratton, 2004a). Sessions are videotaped and evaluated by the degree the play behaviors are present during the play sessions.

The research supported four of the subscales of the TPS with the strongest correlation within the expression of negative affect. There was little discrimination between the repetitive play of traumatized children and non-traumatized children. However, the evaluators were blind to the details of the children and their history. The researchers noted while both groups of children engaged in repetitive play, the traumatized children's play had a literal quality (Bratton, 2004b). As the TPS is new; therefore, additional research is needed to establish norm groups and its adaptability to diverse populations.

Conclusion

Play is believed to reflect a child's inner life, developmental level of functioning, and competence abilities (O'Conner & Ammen, 1997). Creative therapists are finding play therapy assessments useful tools for working with children. The assessments reviewed in this chapter

represent only a few of the play therapy assessments available today. Some assessments have provided evidence that they are useful tools when working with specific populations, such as survivors of trauma and sexual abuse.

Play is believed to reflect a child's inner life, developmental level of functioning, and competence abilities (O'Conner & Ammen, 1997). Creative therapists are finding play therapy assessments useful tools for working with children. The assessments reviewed in this chapter represent only a few of the play therapy assessments available today. Instruments like the Transdisciplinary Play-Based Assessment and the Developmental Play Assessment Instrument are well-established indicators of a children's developmental level and needs. The Marshak Interaction Method is structured technique in evaluating parent-child interaction (reviewed in Brooke 2004), while the Family Puppet Interview uses a projective approach. The Play Therapy Observation Instrument looks at the overall emotional well-being of a child. The Play Therapy Screening Instrument for Child Sexual the Abuse and the newly developed Play Trauma Scale measure evaluate for the specific concerns within their titles. The assessments of a child's play opens the window allows the therapist to see the inner child.

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