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Review

Play-based interventions and resilience in children

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Researchers have long studied the concept of resilience in childhood to better understand why some children thrive despite harsh circumstances whereas others do not. While there is little consensus regarding the definition of resilience or the ability to fully account for successful outcomes in the field, the importance of an individual's ability to positively adapt is clear (Luthar et al., 2000; Masten, 2001). The importance of fostering positive adaptation skills in childhood cannot be overlooked as a form of both prevention and early intervention. An estimated one in ten children suffers from a mental health issue significant enough to impact his or her functioning (Stagman and Cooper, 2010). Traditional talk therapy options are not generally as successful for small children due to their level of verbal and cognitive development (Landreth, 2012). Ginsburg (2011), a well-known American pediatrician posited seven components that help build resilience in children: competence, confidence, connection, character, contribution, coping, and control. Ginsburg's seven-factor model of resilience represents a strength-focused approach to child development, parenting, and intervention designed to foster opportunities and environments in which children can thrive. This article builds on Ginsburg's theoretical framework and suggests strength-based play therapy interventions that may help children to develop these resilience traits.

Key words: Resilience, play therapy, children.

INTRODUCTION

Resilience in childhood can be described as the capacity of some children to thrive by overcoming adversities and resisting negative risk factors or the ability to *bounce back* despite significant negative circumstances in early childhood (Zondella, 2006). This capacity to resist hardships and experience positive outcomes has been studied in children for more than forty years now (Werner and Smith's longitudinal study of Kauai residents [1992]). Various resilience theories have emerged in an attempt to explain risk factors, protective factors, and individual, family, and community characteristics related to resilience (Zolkoski and Bullock, 2012; Masten, 2001). Today this wide body of research informs psychological treatment options for working with children who are at-risk for a myriad of childhood psychological problems (Kottman, 2011).

Today an estimated one in ten children suffers from a mental health issue significant enough to impact his or her functioning (Stagman and Cooper, 2010).Extreme stressors and trauma in childhood can potentially cause

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permanent damage to children's growing and developing brains (Rutter as cited in Zondonella, 2006) increasing the need for costly life-long mental health intervention. Most recently, neurobiological research on the brain has emphasized the importance of building resilience early in childhood before the child's responses become habitual (Rutter as cited in Zondonella, 2006). Thus, the importance of fostering positive adaptation skills in childhood cannot be overlooked as a form of both prevention and early intervention because it is easier to build strong children than to repair broken adults (quote attributed to Frederick Douglass).

Ginsburg, a well-known American pediatrician posited the following seven building blocks of resilience in childhood: competence, confidence, connection, character, contribution, coping, and control (2011). Despite the popularity and wide appeal of Ginsburg's model (McClain, 2007; Easterbrooks et al., 2013), there is no evidence that this seven-component model of resilience has been empirically tested. However, clinical validation of these concepts may not be critical to evaluating the model's usefulness because Ginsburg's Seven C's model is not entirely new nor unique. Ginsburg's Seven C's resiliency model was not designed to offer a definitive approach to resilience but rather to provide an easily understandable composite of many of the components discussed in the larger body of resilience works (Zolkoski and Bullock, 2012; Masten, 2001; Luthar et al., 2000). Ginsburg's work builds on foundational research in resilience and describes how this material can be adapted to fit a variety of prevention, education, and intervention settings (Easterbrooks et al., 2013). Ginsburg's Seven C's model was intended to offer a strength-focused approach to inform practitioners and parents and guide those who have opportunities to interact with children in a variety of everyday settings (Ginsburg, 2011). Ginsburg's seven resilience concepts are interrelated constructs designed to be enhanced through a variety of experiences in childhood - including play and play-based psychotherapeutic interventions (Ginsburg, 2011). This article builds on Ginsburg's commonsensical Seven C's framework and suggests strength-based play therapy interventions that may help in developing resilience in children.

Resilience and play-based interventions for children

A growing body of research has demonstrated that play-based therapeutic interventions are a good therapeutic fit for children with a variety of presenting psychological issues (Bratton et al., 2005). Play has been shown to be a protective factor for children in and of itself (Fromberg and Bergen, 2006) as well as a means of intervention for children who are experiencing stress, trauma, or other childhood problems (Kaduson et al., 1997). Research has demonstrated the utility of play-based therapeutic interventions for a variety of presenting issues (Kottman, 2011) and from a variety of theoretical standpoints (Bratton et al., 2005; Reddy et al., 2005). Today, clinicians successfully work with children along a continuum of play-based therapeutic interventions (LaBauve et al., 2001).

On the non-directive end of the theoretical continuum, child-centered play therapy involves the therapist as a non-directive force in the playroom (Axline, 1989; Landreth, 2012). In child-centered or non-directed play therapy, the child chooses from a plethora of toys in the therapeutic playroom choosing what to play with and how to play because the therapist believes that the child has the innate ability to heal him or herself given a therapeutic relationship with the therapist and time (Axline, 1989; Landreth, 2012). In more directed play-based interventions, such as Gestalt, solution-focused, or cognitive-behavioral interventions (Knell, 1993), the therapist may limit or choose the toys or themes of play to be used for therapeutic gain or the therapist may design specific play-based interventions based on the specific needs of the child (Oaklander, 1988). Play therapy research widely supports the use of non-directive psychological interventions to help children build resilience (Bratton et al., 2005) - but not all children, therapy settings, or clinical needs can be addressed through child-centered play therapy alone (O'Connor and Braverman, 1997; LaBauve et al., 2001; Schaefer and Cangelosi, 1993).

To help clinicians decide how to choose specific play-based interventions to support resilience in child clients, Ginsburg offers the following three fundamental principles of resilience (2011). First, interventions should be *strength-based* or focusing on building or emphasizing strengths of the child; these interventions should be non-shaming (Ginsburg, 2011). Second, resilience interventions should *empower* the child by helping the child recognize what he or she can do by him or herself (Ginsburg, 2011). Finally, resilience interventions should encourage the child to be *creative* and or *self-motivated* (Ginsburg, 2011).

Ginsburg's 7 "C"s of resilience

Ginsburg's seven-factor model of resilience represents a strength-focused approach to child development, parenting, and intervention designed to foster opportunities and environments for children to thrive. Suggestions for specific play-based interventions to enhance each of Ginsburg's components of resilience are described below.

Competence. Competence as a component of resilience is noted in much of the foundational work in resilience (Zolkoski and Bullock, 2012). Competence in childhood can be described as the ability of the child to know how to

handle situations that he or she might encounter on a regular basis effectively (e.g., how to respond when another child teases him or her [Ginsburg, 2011]). Competence is generally acquired through experience as children learn from daily experiences and interactions with others and use this knowledge to inform future interactions. Competence can be gained in a variety of positive and self-esteem building experiences (e.g., excelling at school) but competence is also related to play (Fromberg and Bergen, 2006). As play is the work of childhood (Axline, 1989; Landreth, 2012), being able to experience competency in play-based interactions provides the child with multiple opportunities to build resilience. Generally, play does not rely on intelligence, skill, or resources (Axline, 1989; Landreth, 2012). In play environments, children can build competency when adults stay out of their way and allow time for non-directed play where children can experience their own sense of power and success with toys (Landreth, 2012; Ginsburg, 2011). This hands-off approach to play can empower children by allowing them to make their own decisions about how to play. Specifically, play child-centered therapists with the treatment goal of building competence may want to ensure the play room contains toys that allow for building and construction that allows the child to gain mastery within play. For clinicians who desire a more *directed* approach to building children's competence in play therapy, it may be helpful to teach children new skills or play options (such as showing children how to create animals or shapes from clay or Playdoh® [White, 2006]). Starting with simple shapes or creations and building mastery through accomplishment in play can help empower children in the session and in their interactions with peers (White, 2006). For older children, competency may be gained by therapeutically selecting games with rules that require the child to gain knowledge of the game or develop skill over time (Fromberg and Bergen, 2006).

Confidence. Confidence in childhood is the child's ability to see the best in him or herself (Ginsburg, 2011). This concept of confidence is described by other resilience researchers as a form of social competence or autonomy (Bernard, 1995). Childhood confidence is closely related to competence meaning that children who are able to experience competency in play, school, or interactions with others are more likely to feel confident (Ginsburg, 2011). Within the therapeutic-play environment, children's' confidence can be increased by allowing children time to engage in exploratory play without judgment or pre-conceived bias (Fromberg and Bergen, 2006; Ginsburg, 2011; Landreth, 2012). Therefore, selecting toys or encouraging children to only play with age-appropriate or gender-specific toys would be strongly avoided as this could create shame in a child who did not follow the norm (Fromberg and Bergen, 2006; Axline, 1989; Landreth, 2012). Rather, praising the child's effort and diligence in his or her would be recommended (Landreth, 2012). This method of providing positive strokes to children for their effort instead of the end result or skill empowers children to be creative or imaginative in their play (Fromberg and Bergen, 2006). To build resilience through confidence Ginsburg emphasizes interactions that express to the child the concepts of fairness, integrity, persistence and kindness (McClain, 2007). Therapists who desire a more-directive play intervention to build confidence might request the child create a sandtray or draw a picture of all his or her favorite things; or ask a child to tell the therapist how a particular toy is used (Landreth, 2012).

Connection. Ginsburg's concept of connection is similar to a sense of belonging (2011). Other researchers in resilience describe the importance of connection in terms of family and community support (Baumrind, 1989 as cited in Zolkoski and Bullock, 2012). Connection is the ability for children to feel that they belong and feel safe within their environments (school, home, their neighborhood, etc.) and within the larger world. This sense of connection serves to increase children's experience of security (McClain, 2007). Children who experience positive connections with others and feel safe to express a variety of emotions are able to reinforce their sense of competence in their interactions with others and typically experience better patterns of conflict resolution (Ginsburg, 2011). In today's highly technical world where many children are left to entertain themselves with virtual and technology-based toys, it may be easy to overlook the lack of opportunities children may have to make *real* connections to other children and adults (VanFleet, 2014). Therapists working with children who may be lacking in positive connections may want to prescribe positive family interaction opportunities (VanFleet, 2014) or support positive family rituals (such as daily meals together, one-on-one time with a parent, etc.). Engaging in activities in the play room that emphasize *connections* might include prompts such as the kinetic family drawing prompt; asking children to draw pictures or create sandtrays about their families, friends, or pets; engaging the child in art-based projects to "create a friend" (Darley, 2007) and other play activities to explore friendship; or playing games with rules that encourage positive interaction with play-mates or siblings (Kottman, 2011). Finally, filial play therapy (where parents are taught to play more therapeutically with their children) can be an extremely useful intervention to build rapport and connection within family systems (Landreth, 2012; VanFleet, 2014).

Character. Ginsburg describes the concept of *character* as a form of building resilience to refer to the fundamental sense of right and wrong that children develop (2011). This sense of right and wrong allows children to make better choices and value others around them (Masten, 2001; Luthar et al., 2000). This ability to make better

choices and value others impacts children's interactions with others provides children with an understanding of how their own behavior can impact those around them (Ginsburg, 2011). Character thus serves to positively reinforce children's connections with others because children who treat their peers with dignity and respect and value them tend to make friends more easily and maintain these relationships more effectively (Ginsburg, 2011; Luthar et al., 2000). Activities that may help clinicians focus on building character in childhood, while still allowing therapy to be fun, can include activities such as: catching a child being good (making an effort to point out when children are doing good things); praising efforts the child makes to resolve issues within the play environment (e.g., praising perseverance to solve a puzzle); engaging children in games with rules that require them to wait, take turns, and think about how other players may be impacted by their actions (Landreth, 2012). Ginsburg suggests activities that allow children to build character in peer environments such as group play where children are given the opportunity to see how their behaviors impact others (Ginsburg, 2011; McClain, 2007).

Contribution. Ginsburg describes contribution as it relates to resilience in children as the ability of children to see their own value and value in service - to understand that the world is a better place when they are in it and when they take action(s) to make it a better place (Ginsburg, 2011). Character, as described above, can help inform children about what they have to contribute to others and the world around them; and correspondingly contribution builds character in children (Ginsburg, 2011). When children understand that the world is improved because they are in it and/or because of some action they have taken, they not only improve their sense of self-worth but in contributing to others they are able to strengthen their connection to others, and gain confidence which increases their competence (Easterbrooks et al., 2013; Ginsburg, 2011). Within the therapeutic play environment, counselors can work to convey to children in developmentally appropriate ways that not all children or people have the same resources, freedoms, or security (Ginsburg, 2011; Easterbrooks et al., 2013). This can be accomplished through biblio-therapy or cinematherapy by encouraging children to understand the stories they read or watch at a deeper level (Solomon, 1995). Therapists can also encourage contribution within larger systems (e.g., families or schools) by working with older children to mentor younger children (for example, 8-10 year olds may be capable of writing and enacting a puppet show for younger children with a moral message like listening to your parents [James and Meyer, 1987]). Working within the family system, counselors can encourage positive family interaction time by supporting age-appropriate volunteer opportunities (e.g., such as saving pennies or other small items for a donation, food drive, or other charity event (Kaduson et al., 1997).

Coping. Ginsburg described coping as it relates to building resilience as helping children develop a wide range of positive responses and creative coping methods (Ginsburg, 2011). Other resilience researchers have described this in terms of problem solving skills (Masten, 2001; Zolkoski and Bullock, 2012). Within the non-directive play therapy field, it has long been accepted that allowing children to express a wide range of emotions in play (including anger and aggressive themes) allows children’s creative expression and the permission to work through their stressors within the safe boundaries of the play room (Axline, 1989; Landreth, 2012). Non-directive play therapists might only set limits that anchor the child to reality, and provide for the safety of the child and the therapist (Axline, 1989; Landreth, 2012). Child-centered play is designed to convey the message to the child that the therapist is there, is listening, understands, and cares about the child (Landreth, 2012), thereby focusing on the innate power of the child to play through his or her issues and learn to cope more effectively. Therapists who may desire a more direct method to build coping skills might choose to model appropriate coping mechanisms and creative methods for children when they are under stress, or select books or games that deal with related themes (e.g., stress management, bullying, manners, divorce, or similar themes) to encourage therapeutic discussion about these issues (Oaklander, 1988; O'Connor and Braverman, 1997). Playing games with rules that require patience or waiting for turns may also be useful in building coping skills (Fromberg and Bergen, 2006).

Control. Self-control as a way of building childhood resilience refers to a child's ability to exercise self-control when things do not work out the way the child wants (Ginsburg, 2011). Other researchers in the field of childhood resilience have described this in terms of the child’s ability to emotionally regulate (Buckner et al., 2003 as cited in Zolkoski and Bullock, 2012; Masten, 2001). Being able to adequately exercise self-control can enhance children's connections through more positive relational patterns (Ginsburg, 2011). Additionally, a child's self-control can help the child better utilize copying strategies, leading to less emotional and behavioral outbursts that often get children into trouble. A lack of self-control is often the primary reason children are sent for therapy - parents, teachers, or other adults seek counseling services for children in order to mold or change their negative behavior patterns (Reddy et al., 2005). Having more effective self-control strategies can also open up more choices in the future by not eliminating future options (Ginsburg, 2011). Children's lives today are more hectic and complex than ever (Stagman and Cooper, 2010), and children can face a multitude of stressors even in the best of home and school environments (e.g., challenges with siblings or

friends, or dealing with uncomfortable feelings like feeling tired, anxious, or unsure). To therapeutically address issues related to control, or to help children develop patience, counselors or therapists may choose play-based interventions that emphasize taking turns or waiting (Schaefer and Cangelosi, 1993). This may include age-appropriate board games or cards. Other play-based interventions that emphasize control may include games that require skill development (e.g., building and construction games or toys) or play that involves natural or therapeutically manufactured limits (e.g., sandtray work, puzzles, art projects, or games with time limits). For example, a therapist might as a child to draw a picture using only a limited number of colors, or to build a sandtray based on a particular theme or with limited items (Darley, 2007).

Conclusion

Resilience in childhood encompasses more than just self-esteem or positive mental health (Brooks and Goldstein, n.d.). Resilience requires an ability to adapt to one's environment and bounce back when things become increasingly more challenging (Zondonella, 2006). As play is the language of childhood (Landreth, 2012), it makes sense to use play-based therapeutic interventions to address issues related to resilience in childhood. Ginsburg's seven Cs of resilience model provides play therapists with a framework to incorporate resiliency-based interventions into play therapy. Ginsburg's model of resilience (2011) can help simplify the multitude of information about resilience in childhood and help guide clinicians in choosing play-based interventions to plan directed and non-directed interventions to address a wide variety of childhood issues. There is limited research that conclusively suggests specific toy selection or play specific play-based interventions; however, organizing potential therapeutic play options by broad resilience-based categories or goals helps the clinician better conceptualize how child clients may be helped.

Conflict of Interests

The author has not declared any conflict of interests.

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