

Learn to Play and Play Research



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SPOT on DD

30th October 2018



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Play Research

Research on effectiveness of Learn to Play Therapy

Research in schools

Research on how play relates to social competence, sensory awareness,
language, narrative language



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Research on effectiveness of Learn to Play Therapy



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What is Learn to Play?

It is a therapy that aims to increase a child's ability to spontaneously initiate their own pretend play

It is built on knowledge of the development of pretend play ability from 12 months to 5 years across the play skills of:

- Sequences of play actions
- Play scripts
- Object substitution
- Doll/teddy play
- Role play
- Social interaction



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General Principles

Start on the child's play level

Repeat play activity (Minimum 3 times >++)

If child not coping either, lower developmental level or remove some of the toys

Allow opportunity for the child to initiate ideas in the play scene.

Work on several skills at once.

Allow for challenge in the activities by introducing an activity from a higher developmental level.



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Neuroplasticity principles

1. focussed attention

2. starting simple = where the child's development is

3. repetition with variation

4. pretend play, language and social skills 'fire together'

5. use of symbols = higher abstract thought

6. play is relevant to a child's daily life = meaningful

7. You play with your child (seeking)

8. Child-initiated

(neuroplastic principles from Diodge, 2010)



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Repetition with variation

Reinforce child's lead,
Simplify play, extends play,
Challenge child by introducing more complex play,
Use environment to build internal skills of child.
Talk about the play while playing,
You are enthusiastic about playing.
Critical in early stages of Learn to Play

KEY skill of the professional

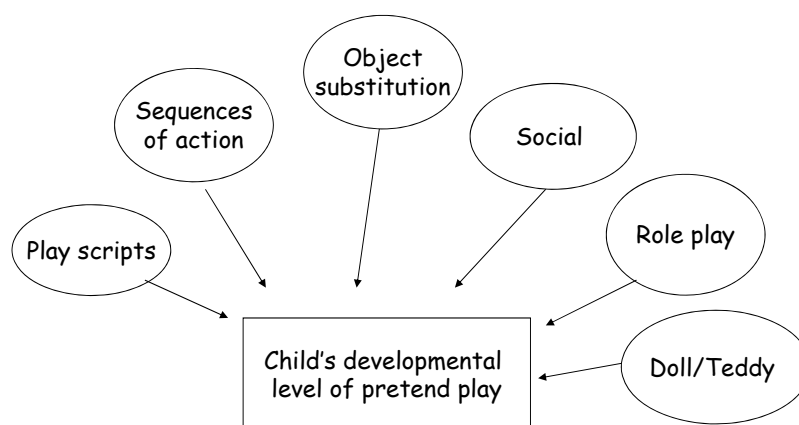


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Establish the child's developmental play age

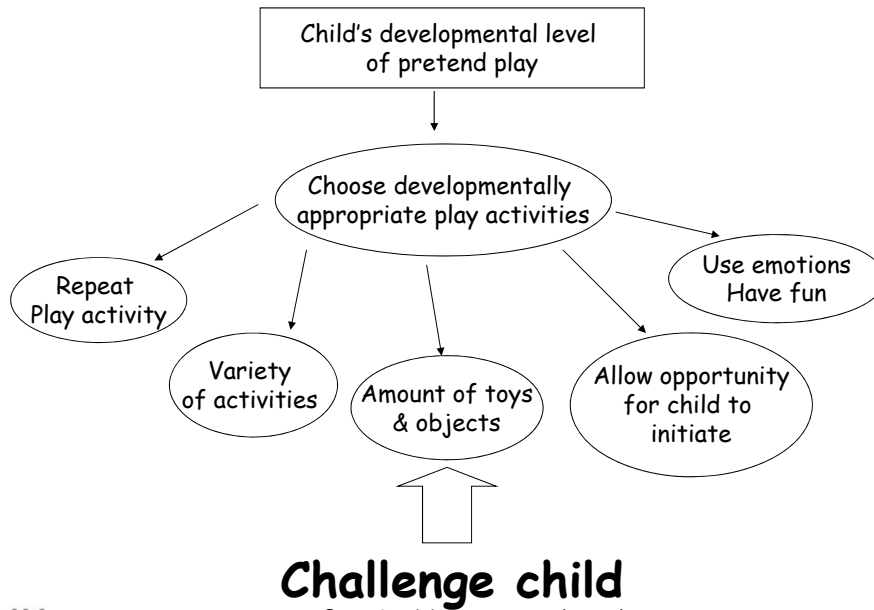


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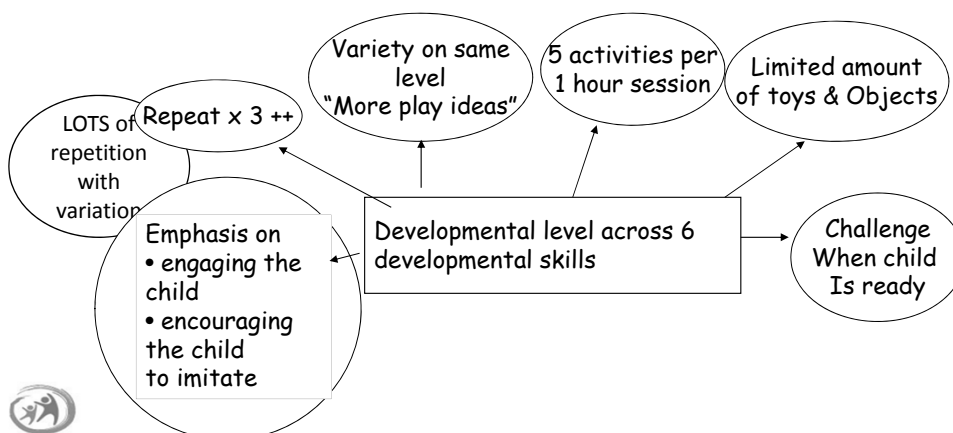
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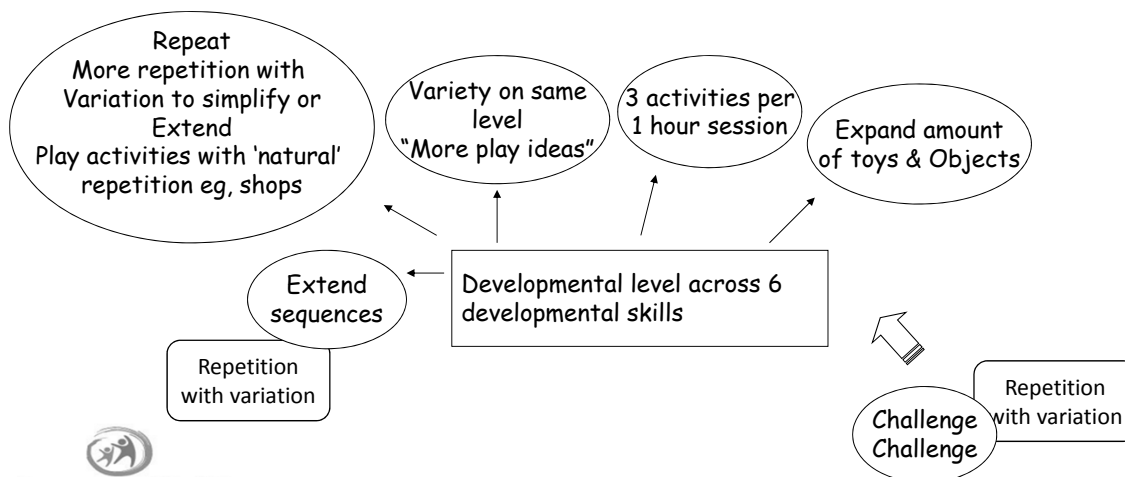
General Overview of Model



Level 1: children with very little play ability



Level 2: starting to understand play



Level 3: knows how to play



Parents

I include parents in the room as part of Learn to Play is modelling for parents how to engage their children in play and how to recognise play in their children.

Parents found that sequences of play actions was the most revolutionary knowledge

Modelling cannot be underestimated

Parents liked that the handouts stepped parents through.

The Parent Learn to Play program for small groups of parents is currently the topic of a PhD



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2006

Multiple case study design

4 children diagnosed with ASD

Offered fortnightly sessions for 3 months

Resulted in 6-7 sessions

Honours student – Siobhan Merchant



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Papers

Analysed for Important Markers in Pretend Play

Stagnitti, K. & Casey, S. (2011). The *Learn to Play* program con bambini con autismo: practical considerations and evidence. *Autismo Oggi*, 20, 8-13. (in Italian)

Analysed for Process of Learn to Play

Stagnitti, K. (2009). The Learn to Play program. In K. Stagnitti & R. Cooper (eds). *Play as therapy: assessment and therapeutic interventions*. Jessica Kingsley Publishers: London.



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Major findings

❖ 3 of the 4 children reached “Freedom in Play” in 7 sessions.

❖ Freedom in Play =

- able to attach emotion and character to the dolls
- showing attention to detail
- being flexible in play
- increasing control of the play
- seeing the potential for the play materials
- Increased use of language.

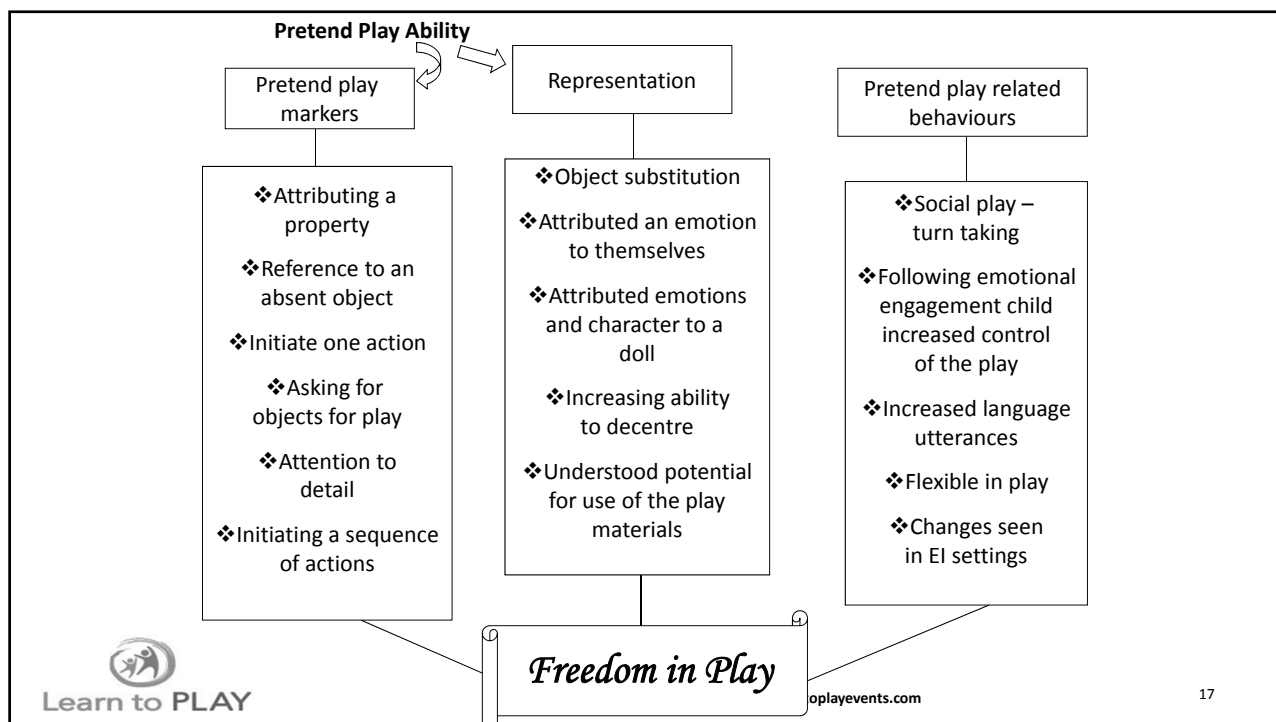
None of the ‘Freedom in Play’ attributes were noted in the first session. Initially, EI workers were pessimistic about any improvements.



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Stagnitti, K., & Pfeifer, L. (2017). Methodological considerations for a directive play therapy approach for children with autism and related disorders. *International Play Therapy Journal*, 26 (3), 160-171.

Argued

RCTs aren't always relevant as a research methodology when you have complex children in therapy.

3 children: Henry, Ben, Nigel

Ben and Noah made huge clinically significant changes

Henry didn't on assessment. However, Henry made huge changes in narrative



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Ben and Nigel

	pre	post	RCI (>1.96 clinically significant)
PEPA conventional	37	68	2.21
PEPA symbolic	40	78	2.45
PEPA combined	77	146	4.42
NOS combined	19	40	1.69
PEPA conventional	27	38	0.79
PEPA symbolic	0	29	1.87
PEPA combined	27	67	2.56
NOS combined	0	2	0.16



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Henry

Very upset that someone else would do the post play assessment (ChIPPA)

Refused to cooperate

However, had big changes socially and in narrative.

(refer to narrative story)



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Ben

Started in March.

By May, Ben was using absent objects in his play, introducing problems in the play and offering solutions to those problems.

For example, he examined the driver's license of the therapist (absent object) and he took on a police role, but a storm came and so he invented wings for the car so it could fly away from danger. His mother reported that by the end of Learn to Play Therapy, her son was the "player" at his local preschool because the other children came to him for play ideas.



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Nigel.

Nigel had no pretend play ability when he began in March.

After seven sessions his mother reported that he had begun to generalize his play across settings to home and was playing at home for 1 h with his sister without adult supervision.

By November, he was playing for 2 h at home without adult supervision.

The following year, Nigel attended a special school for children with intellectual disability and other diagnoses such as autism.

Research in schools

Specialist schools

O'Connor, C. & Stagnitti, K. (2011). Play, Behaviour, Language and Social Skills: The Comparison of a Play and a Non-Play Intervention within a Specialist School Setting. *Research in Developmental Disabilities*, 32, 1205-1211.



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Specialist schools

- Chloe O'Connor's research
- Found children increased in language and social skills over 12 months of program
- Age was not a factor
- Teachers reported decreased behaviour problems, increased language and increased social interactions
- Chloe has identified what is needed to maintain Learn to Play within a school setting and what varies from school to school



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Mainstream Schools

Stagnitti, K., Bailey, A., Hudspeth-Stevenson, E., Reynolds R., & Kidd, E. (2016). An investigation into the effect of play-based instruction on the development of play skills and oral language: A 6-month longitudinal study. *Journal of Early Childhood Research*, 14 (4), 389-406.

Reynolds, E., Stagnitti, K. & Kidd, E. (2011). Play, language and social skills of children aged 4-6 years attending a play based curriculum school and a traditionally structured classroom curriculum school in low socio-economic areas. *Australian Journal of Early Childhood*, 36 (4), 120-130.



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Study

Two schools: one with a play based curriculum and one with traditional curriculum
Children were from poorer areas

All children tested for quality of play and narrative re-tell in February and August

57 children in total



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Play based curriculum




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Traditional Curriculum



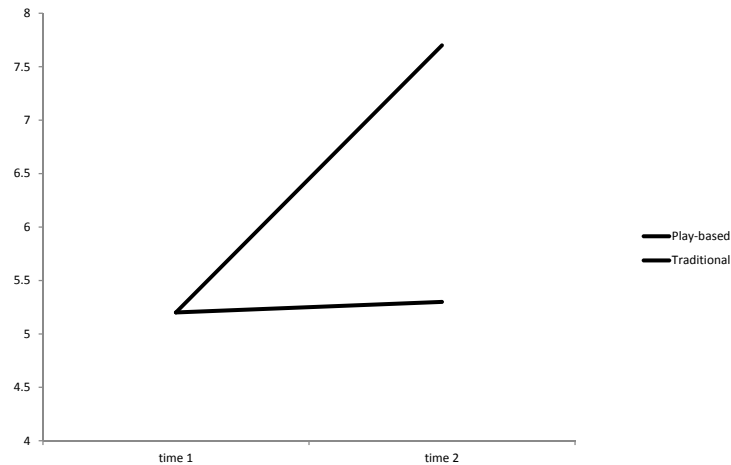

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Comparison of narrative by school



Play based curriculum

Mainstream in a disadvantaged school (writing papers now):

- Children were below the Australian norms for ability to play, language was down
- Teachers put in a play based program, 2 follow up, 72% children have improved in play ability and 78% have improved in language

Identifying children who would benefit from a play-language approach

Children who have poor language

Children who are unorganised

Children whose story comprehension is below their age level

Children who have difficulty understanding the meaning of what they are reading

Children who find it difficult to write a story

Children who give minimal answers to questions on a text

Children who find it difficult to 'predict' what might happen in a story



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Play and social competence



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McAloney, K., & Stagnitti, K. (2009). Pretend Play and Social Play: the concurrent validity of the Child-Initiated Pretend Play Assessment. *International Journal of Play Therapy*, 18 (2), 99-113.

Swindells, D., & Stagnitti, K. (2006). Pretend play and parents' view of social competence: the construct validity of the Child-Initiated Pretend Play Assessment. *Australian Occupational Therapy Journal*, 53, 314-324.

Uren, N., & Stagnitti, K. (2009). Pretend play, social competence and learning in preschool children. *Australian Occupational Therapy Journal*, 56, 33-40.



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PIPPS and the CHIPPA (Uren & Stagnitti, 2009; McAloney & Stagnitti, 2009)

Social interaction is significantly related to elaborate pretend play – particularly conventional play

Social disruption is negatively related to symbolic play – particularly object substitution

Social disconnection is negatively related to elaborate symbolic play



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Play and sensory awareness



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ChIPPA and Sensory Profile Measure

METHOD. 42 typically developing children ages 5–7 yr were assessed with the Child Initiated Pretend

Play Assessment and the Home and Main Classroom forms of the Sensory Processing Measure (SPM).

RESULTS. There were significant relationships between elaborate pretend play and body awareness

($r = .62$, $p < .01$), balance ($r = .42$, $p < .01$), and touch ($r = .47$, $p < .01$).

Object substitution was associated with social participation ($r = .42$, $p < .05$).



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Play and language and narrative



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ChIPPA and SAOLA

Method: Forty-eight children were assessed using the Child-Initiated Pretend Play Assessment when they were aged 4–5 years. Three-to-five years after this assessment their semantic organization and narrative re-telling skills were assessed.

Results: Results indicate that the elaborateness of a child's play and their ability to use symbols was predictive of semantic organization skills.

Use of symbols in play was the strongest play predictor of narrative re-telling skills.

The quality of a pre-school child's ability to elaborate complex sequences in pretend play and use symbols predicted up to 20% of a child's semantic organization and narrative re-telling skills up to 5 years later.



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Thankyou

Question?



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