

Supporting Children at Developmental Risk with Symbolic Play: A Case Study

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Abstract

It is known that early childhood is one of the most important periods for the development of children. In this period, it is very important to follow all developmental areas of children and to intervene early when a negative situation is noticed in terms of development. In this process, while the applications for children with typical development continue, the applications with children at developmental risk should be adapted without leaving the natural environment. One of the approaches frequently used as early intervention is play-based interventions. As a result of detailed evaluation of children at developmental risk, it is possible to determine the most appropriate intervention for their needs. The aim of this study is to discuss the effectiveness of symbolic play on a child at developmental risk. This research was conducted as a qualitative case study. Data were collected via child observation and researcher field notes, additionally, data regarding the child's development were collected using the Gazi Early Childhood Assessment Tool (GEÇDA) both before and after the intervention. In the case discussed in this study, a male case who was at developmental risk at the age of 22 months and showed positive results in terms of developmental, especially social-emotional, cognitive and language development after being followed up with symbolic play was transferred.

Keywords: Children at developmental risk; Early intervention; Symbolic play; Family involvement.

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Gelişimsel Risk Altındaki Çocukların Sembolik Oyunla Desteklenmesi: Bir Vaka Çalışması

Öz

Erken çocukluk döneminin çocukların gelişimi açısından en önemli dönemlerden biri olduğu bilinmektedir. Bu dönemde çocukların tüm gelişim alanlarının takip edilmesi ve gelişim açısından olumsuz bir durum fark edildiğinde erken müdahale edilmesi oldukça önemlidir. Bu süreçte tipik gelişim gösteren çocuklara yönelik uygulamalar devam ederken, gelişimsel risk altındaki çocuklara yönelik uygulamaların da doğal ortamdan ayrılmadan uyarlanması gerekmektedir. Erken müdahale olarak sıklıkla kullanılan yaklaşımlardan biri de oyun dayalı uygulamalardır. Gelişimsel risk altındaki çocukların detaylı değerlendirmesi sonucunda, ihtiyaçlarına en uygun müdahalenin belirlenmesi mümkündür. Bu çalışmanın amacı, gelişimsel risk altındaki bir çocukta sembolik oyunun etkinliğini tartışmaktır. Bu araştırma nitel durum çalışması ile yapılmıştır. Veriler, çocuk gözlemi ve araştırmacı alan notları yoluyla toplanmıştır; ek olarak, müdahaleden önce ve sonra çocuğun gelişimi ile ilgili veriler Gazi Erken Çocukluk Değerlendirme Aracı (GEÇDA) kullanılarak toplanmıştır. Bu çalışmada ele alınan gelişimsel risk altında olan 22 aylık erkek vakanın, sembolik oyun müdahalesi doğrultusunda sosyal-duygusal, bilişsel ve dil gelişimi açısından olumlu sonuçlar elde edildiği tespit edilmiştir.

Anahtar Kelimeler: Gelişimsel risk altındaki çocuklar; Erken müdahale; Sembolik oyun; Aile katılımı.

Introduction

Early childhood is known as a process in which children progress rapidly in areas of development such as physical, cognitive, communication, and social-emotional (Carson, at al., 2015, Tayler and Sebastian-Galles, 2007; Timmons, at al., 2012). In this process, it is seen that children with typical development show similar characteristics in their developmental stages. While there is consistency in the development trajectory followed by children with typical development at this age; In some case, we may encounter mild or sometimes severe delays that prevent their development (Sameroff and Fiese, 2000). While the developmental risks we observe in early childhood in some children occur in a single developmental area (e.g., physical development, socio-emotional development); in other children we see this developmental risk in several developmental areas (e.g., cognitive, and physical, cognitive, physical, and socio-emotional). When we examine the characteristics of the devel-

opmental delays that we encounter most frequently in early childhood; we observe limitations in socialization, language and communication skills, and problems in interacting in play and activities (Domitrovich, Cortes and Greenberg, 2007). Early intervention in the development of young children at risk is important in terms of supporting the development of these children (Adamson, Bakeman and Deckner, 2004). When the research is examined, one of the most frequently used methods to support development areas in the early period is Symbolic Play (Lillard, et al. 2013; Weisberg, 2015).

Symbolic play is generally known as interaction interventions between the child and the playmate. Depending on the needs of children, interventions are used to strengthen social participation and provide them with insufficient skills (Uren and Stagnitti, 2009). Intervention specialists who will work with children are responsible for first revealing the characteristics and risk situations of children, and then revealing the children's interests, communicative competencies and play participation levels (Gutstein, Burgess and Montfort, 2007). They use natural consequences (rewards/reinforcement) to encourage children's participation in activities and skill development, while using clear and developmentally appropriate cues (antecedents) to reveal their behaviour to children. It is important to select interventions based on the characteristics and needs of the children (Pokorski, Barton and Ledford, 2016). It is necessary to choose games that support language, social-emotional development and play skills of children who have insufficient communication (Hobson, Lee and Hobson, 2008). It has been seen that it is more effective to include (interspersed) the skills teaching of children whose development is at risk throughout the interaction rather than teaching them separately and explicitly. Of course, this varies depending on the characteristics of the children and the complexity of the skill we will teach. When we look at the methods used for children at developmental risk, we see that there is play-based learning (Lillard, et al, 2013; Uren and Stagnitti, 2009).

Play is an integral part of child development. Children learn social skills such as sharing, cooperation and interaction, and taking turns through play (Cheah, Nelson and Rubin, 2001). It is possible for children to acquire social skills such as social language, self-perception and establishing friendships in the process of playing games with their peers (Adamson, Bakeman and Deckner, 2004). Play promotes cognitive and physical enrichment, emotional growth and affects personality development (Klingberg, 2014). It provides a way to

explore various social roles and rules and supports children in gaining problem-solving skills. Creativity and imagination are supported through play. While being a part of the play is enjoyable, creative, and socially easy for typically developing children, it is more difficult for children at risk. Many children at developmental risk do not play in a way that is beneficial to their development (Warreyn, Van der Paelt and Roeyers, 2014). Skill deficiencies and problem behaviors often prevent these children from playing meaningfully. When it comes to Early intervention, it is very important to consider families as a part of the intervention and to include family members during the intervention. Observation by the families during the interventions with children, observation and feedback by the experts while the families are performing the applications will help the families to trust themselves and to choose the games they play with the children correctly. Based on this, including families in interventions with children at this age and educating them will help children easily overcome the next stages (Ekici, Bıçakçı, Gürkan, Unay and Tatlı, 2019; Billeci, et al., 2016; Oono, Honey and McConachie, 2013). As a result, learning through play, which is so important in children's developmental areas, should be a goal for early intervention. In this case report, we aim to discuss the effectiveness of symbolic play on a child at developmental risk.

Method

A case study is a detailed and in-depth examination of a specific subject, situation, event, or individual. It is a research method often used in various fields such as psychology, sociology, business, medicine, and education to gain a comprehensive understanding of a particular case or instance (Priya, 2021). Case studies can be qualitative or quantitative in nature, depending on the research goals and methodologies. This research was conducted with qualitative case study. The qualitative method involves gathering information to collect detailed examples of individuals' rich experiences, aiming to determine the meanings behind these experiences (Powers, Elliott and Funderburg, 1987). Researchers employ qualitative case studies to explore, elucidate, or narrate the events or experiences pertaining to a phenomenon, with the aim of comprehending the situation or event from the participant's viewpoint (Stake, 1995; Yin, 1994, 2009). Miles and Huberman (1994) contended that the case, as a unit of analysis, could center around an individual, an institution, a process within an organization, a group of individuals with shared experiences, or a community. In this study, the case is a child at developmental risk. In the

current study, this approach has been utilized to explore and describe the effectiveness of a play-based educational intervention provided in the natural environment for a child at risk. Therefore, the study design was deemed appropriate because detailed, rich qualitative data from a case study allows for the exploration of the complexities of real-life situations, which may not be fully captured by quantitative research methods such as experimental or correlational studies (Rashid, Rashid, Warraich, Sabir, and Waseem, 2019). Data were collected via child observation and researcher field notes, additionally, data regarding the child's development were collected using the Gazi Early Childhood Assessment Tool (GEÇDA) both before and after the intervention.

Gazi Early Childhood Assessment Tool (GEÇDA) - GEÇDA is a developmental assessment tool developed with the aim of comprehensively evaluating the development of children aged 0-72 months, identifying various developmental domains, and diagnosing potential developmental risks in children. GEÇDA's content has been meticulously adhered to the environmental and application conditions, and it has been conducted and scored using the material set specified in the handbook (Temel, Ersoy, Avcı and Turla, 2005). The test consists of four subtests aiming to measure psychomotor, cognitive, language development, and socio-emotional development, 249 items in total. It is administered through observing the child during developmental play and is used with a standardized material set and handbook. Items that cannot be observed during the administration are evaluated by asking questions to the child's parents, guardians, or accompanying relatives. Items in the developmental tool are indicated by the letter (A). After administering each item, if the child succeeds in that item, it should be evaluated as "1"; otherwise, if the child fails, it should be evaluated as "0". At the end of the administration, items attempted before the month in which the assessment started should also be considered as successfully completed and scored as "1". After the scoring process is completed, the scores obtained from each developmental domain (subtest) are summed to obtain the raw scores for these four subtests. Subsequently, the scores are plotted on the graphs provided in the final section of the handbook, determining the developmental level of the child within the specified boundaries for each developmental domain. In this manner, the cases are categorized as "lower limit," "average," and "upper limit" (Temel et al., 2005). The GEÇDA practitioner certificate was obtained by the researcher for the use of GEÇDA information and assessment forms.

Case Presentation

The information about the child was obtained from the meeting with the family. The male case, who was born with a normal spontaneous delivery after an uneventful pregnancy, as the youngest child of two children of undergraduate parents. The parents, being working parents, hired a babysitter to take care of the child when the child was 16 months old. It is stated that the babysitter had no experience in child education and that there were no complaints from the family regarding the child. When the child refused to eat, the family tried to feed the child by calling them on the phone and showing them various children's videos upon returning from work. They also mentioned that they preferred to keep the phone or television on because the child cried a lot when they tried to turn it off. However, they stated that despite the passage of time, the child did not show any progress and encountered more problematic behaviors. For this reason, they first sought counseling when the child was 22 months old, citing "limited eye contact, difficulty in communication, and problem behavior" as the complaints. It was stated that he walked at the age of 9 months, while using meaningful words such as "mama, come, give" during this period, he experienced a decrease in his words and eye contact when he was 20 months old.

In his history, it was learned that he was very restless in his infancy, then he played symbolic games alone, saw intense screens, had weak parental interaction, responded to her attempts to interact with crying, and had behaviours such as aimless wandering and running. During observation, it is seen that his interaction is very limited, he avoids making eye contact, he lines up objects, he walks on tiptoe, and he exhibits repetitive behaviours such as flapping wings.

Neurodevelopmental level was evaluated with Gazi Early Childhood Assessment Tool (GEÇDA). According to the evaluation, motor development and cognitive development are appropriate for the age level, physical development is above the age (25-30 months), cognitive development (22-24 months), social and emotional development (13-15 months) and language development (12 months) it was determined that he developed under his age in his fields.

In the first phase, the case was followed for 6 months with the risk of development. In this process, the case started in kindergarten, but the teacher in the nursery states that the child especially avoids interactive play, is always

on the move in the classroom, especially turning around and flapping his hands when excited, having difficulty sitting at the table at mealtimes and not returning to his name. Before starting the practice with the child, the family and the child's playing process were examined and feedback was given to the family for the play process. In addition, the family was asked to observe during the practice and to participate in the play after a week of intensive training.

With the symbolic play application, first, a one-week, 40-minute process was passed with the child. In this process, games such as driving a car, feeding a baby, and preparing food were played primarily as symbolic play with the child. One session of game-playing, which will be in the form of two times a week, was applied to the case. On other days, the process of playing games with children was examined and feedback was given to the family.

Since the child's age is young, the play process was carried out in the child's home environment. Before the application process started, the child's home environment and the toys he played were examined. The toys to be used in the symbolic play process were selected and new toys were provided according to the needs. After the child's play process was evaluated, the symbolic play process was designed and the toys to be used in this process were selected. The playing process is designed to take 40 minutes a day. The playing process is designed to consist of three stages.

In the first stage, the practitioner tries to involve the child in the game, in the second stage, the child was made to show interest in the toys in the hands of the practitioner, and in the final stage, the process ended with the child starting to play together as part of the game that the practitioner started.

The choice of games and toys varies depending on the child's development level and interest, in this case example, it was observed that the child especially liked animals and played with them even if it was meaningless. Before choosing games and toys, it is very important to make a list of toys that children like, to observe the playing times and the way they play. Example of the game process Table 1.

Table 1. Example of the play process

Day	Symbolic Play	Toys	Persons	Process
1 st Day	Zoo	Blocks and animals	Practitioner and child	The game is started with the animals that the child likes to play with, blocks are added during the game process, and it makes a zoo where the children can house the animals.
2 nd Day	Zoo and food	Blocks and animals and plastic fruits and vegetables	Practitioner and child	Animals in the zoo get hungry and we prepare fruits and vegetables, feed the animals, and give them water because they are thirsty.
3 rd Day	Zoo and eating and bathing	Blocks and animals and plastic fruit and vegetables and bath toys	Practitioner and child The family observes	Animals in the zoo get hungry and need to clean them after feeding fruits and vegetables and try to clean them with water and other materials.
4 th Day	Zoo and eating and bathing and baby	Blocks and animals and plastic fruit and vegetables and bath toys and baby	Practitioner and child and mother	Animals in the zoo get hungry and we feed them fruits and vegetables, then move on to not cleaning them, a doll is included in the game, the doll feeds and cleans the animals in the game.
5 th Day	Feeding and bathing the baby	Doll and plastic fruit and vegetables and bath toys	Practitioner and child and mother and father	The baby's hungry stomach is filled, food is prepared for the baby, the baby is cleaned, and when the baby is sleepy, she puts her to sleep while singing.

In the other weeks, the practitioner gradually transfers the game to the family. The family continues to play symbolic by increasing the variety of toys.

After three months of follow-up; At the age of 25 months, the repeated GEÇDA assessment showed improvement, especially in terms of cognitive, social and emotional development. It was observed that the case showed an increase in gestures and facial expressions, eye contact, was more successful

in maintaining joint attention, and accordingly, there were improvements in the play process. The adaptation of the case to the nursery was completed at the end of the 3rd month. It was reported that there were improvements in following the instructions and participating in the activities in the classroom environment.

After a one-year follow-up period, psychomotor development, cognitive development, emotional development, and language development were determined to be appropriate for the age level, according to the repeated GEÇDA when the child was 34 months old. It was observed that the tendency to play alone, toe walking, flapping wings, meaningless wandering and running behaviours, which were previously observed in the child with a developmental risk, completely disappeared. In this process, progress has been seen in language development such as giving information about himself, giving information about the people around him, asking questions and playing games aloud. An informed consent form was obtained from the child's parent, stating that the child's data would be used for case presentation.

Discussion and Conclusions

Following the development process of children in early childhood and providing support for their need's means eliminating situations that may pose a developmental risk for children (Copple and Bredekamp, 2009). Depending on the age of the children, the content of the selected interventions also changes, it is seen that play-based interventions are preferred to support the children that are at developmental risk in the early period (Cheah, Nelson and Rubin, 2001). It is emphasized that play-based interventions are very important for children, especially in terms of cognitive, social-emotional and language development, which support children in different developmental areas (Bierman, Mathis and Domitrovich, 2018; Klingberg, 2014; Urena and Stagnitti, 2009). It is also very important that they can support children, as games are a familiar method for their families as well. Another point we need to consider here is to evaluate the readiness of the families for the game and to provide them with the observation opportunities, education, and feedback they need accordingly (Ekici, at al., 2020; Ekici, at al. 2019; Ginsburg, 2007). Considering that play is one of the methods that children can easily adapt to, choosing games that can support children's development will support children in terms of development. Playing symbolic games with children at develop-

mental risk will enable them to reveal the continuities that are in the narrowness of their knowledge. The fact that symbolic play is close to reality will help children and families not have any difficulties while playing these games (Sherratt, 2002; Adamson, Bakeman and Deckner, 2004).

When we look at the studies on play-based therapy, we see that children at risk have improvements, especially in terms of interaction. It is thought that symbolic play may have a protective effect not only for children at risk, but also for children with signs of autism (Francis, Karantanos, Al-Ozairi and AlKhadhari, 2021; Williams, Reddy and Costall, 2001). When we look at the features of play-based applications, we can see that they can be realized at a lower cost. Another important feature is that children can play games in natural environments and families can be a part of these games (Weitlauf, et al., 2014).

Early intervention programs developed by experts for children at risk have been found to be effective on developmental risks in children, even though their application intensities are different. It has been observed that the acquired skills are transferred to children at a later age (Pickles, et al., 2016). However, it is necessary to determine the intensity of the selected intervention programs depending on the needs of the children and to continue the family support. If the intensity of the intervention is not determined correctly, we can see that children have difficulties in transferring skills in late childhood. This will allow children to experience difficulties in different skills at other stages. Another point to be noted is that we must determine the interventions that children need correctly, we can say that symbolic play-based interventions will not be appropriate for every child, so children should be evaluated in detail. For example, it is not possible to support interaction (social-emotional development, language development) by using only symbolic play for a four-year-old child with signs of autism or diagnosed with intellectual disability (Kelly-Vance and Ryalls, 2008).

The presented case was only supported by symbolic play, families were also included in the process, and the game was ensured to be played as shown by the expert. It has been observed that the child at risk, on the other hand, gets rid of the features that seem to be risky at the end of one year, adapts to his peers in terms of development and progresses especially in terms of social development and language development.

This study shows how important it is to determine the importance of

play, especially for early age children, especially for children at risk, and to include families in the play process. Additionally, emphasis is placed on the importance of assessing children developmentally at an early age and making decisions about interventions based on the assessment results. However, due to the focus on a single case, it may be insufficient in terms of generalization, and it is recommended that future studies involve a larger sample of children, utilize different developmental tools, and explore symbolic play further.

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