



Treating Children Impacted by Fetal Alcohol Spectrum Disorder (FASD) with Play Therapy

Kristy Donaldson Ph.D., LPC-S, RPT-S, CHST

Play Therapy: An Introduction

Play therapy has strong benefits for many children. The therapeutic value of play knows no boundaries culturally, diagnostically, or linguistically. Gary Landreth has been widely referenced for his statement “toys are children’s words and play their language.” Based on clinical experience, I am able to see a child’s play as one of the most important and advantageous opportunities they have every day. During play, a child is able to make their own decisions and experience more natural consequences for their decisions. These decisions allow their horizons to broaden and thinking to expand and become more abstract. Whether a child has words or the ability to express themselves verbally is not a requirement of play. The power lies within the child, and when provided an opportunity to promote playfulness, oftentimes, the end result is connectedness. Through play, a child begins to learn trust, positive coping strategies, and the ability to express their feelings. As such, play therapy may be a powerful therapeutic approach to consider using with children impacted by fetal alcohol spectrum disorder (FASD).

Fetal Alcohol Spectrum Disorder and Play Therapy

FASD can result in a host of deficits and impairments, including impulsivity and emotional dysregulation. Play therapy provides a realm to safely allow a child to connect with an adult. Play therapy encourages the social-emotional development of a child as they learn empathy, cooperation, and how to negotiate their environment. During play, the child with FASD is able to use their curiosity to pursue skills important to their developing mind. As a result of maternal alcohol use during the fetal stages of development, parts of the brain can become underdeveloped. Play therapy allows therapist to engage with children impacted by prenatal alcohol exposure at the lowest point of their brain nearest the brain stem. Allowing for the brain to begin growing and developing positive neural paths through playful interactions. Some beneficial therapeutic play activities to use with FASD children are highlighted below.

PEEK-A-BOO:

Using a light blanket over the top of the head and gently pulling off while softly exclaiming with a joyful face “peek-a-boo” is delightful to children. The use of this game shows children playfully I am hiding and now I am here with intentions of repeating the connection.

PIGGY TOES:

Taking the shoes off and playing this little piggy went to the market while tugging gently on each toe and using different voices for each piggy is a wonderful connecting activity. For children who have overly sensitive feet or seem to not draw enjoyment from too much touch in this area, the therapist can point and gingerly touch the tip of the child’s toe.

WRAPPING THE CHILD VOLUNTARILY IN A BLANKET:

Spread a blanket on the ground and ask the child if they would like to be wrapped up. If they so choose to participate, have the child get on one end and roll up in the blanket. Then, either unroll them by slowly pulling on the open edge until the child is able to completely unroll. Or while still rolled up, two therapists or a therapist and parent can hold each end and gently swing back and forth with a short distance from the floor, then set back down and unroll.

COTTON BALLS:

With younger, developing children, a therapist can use cotton balls to gently rub over their face and arms while smiling and cooing with them. This is a great activity to also encourage parental participation with the child during therapy and at home.

BUBBLES:

Blow bubbles and have the child try to catch them in their hand without popping. Some children enjoy trying to open their mouths and catch a bubble or allow it to balance on the tip of their nose.

LARGE FOAM PADS/MATS:

Have the child lay in the middle of the mat and fold over the edges to meet like a turnover, applying pressure to the child as though contents inside the turnover. After 30 seconds, release the edges and give them a chance to ask for more and repeat, never holding for more than 30-45 second intervals unless the child is heavily sensory-seeking.

Conclusion

Any form of play will provide connectedness and opportunities to build trust with a child impacted by FASD. It is important to developmentally consider the level of the child and think about beginning infant/toddler type games that are typical of adults who desire interaction with them. Soft voices so as not to startle the child should be used with joyful tones. Happy, smiling facial features create a relaxed tone. Be sure to look the child in their eyes and promote connection from therapist to child. Remember appropriate touch, soft expressions, and tonality speak volumes to the lower brain. Employing these methods will ensure an opportunity to create a beautiful therapeutic alliance.

Author Biography:

Kristy Donaldson Ph.D., LPC-S, RPT-S, CHST, owns Premier Neurofeedback & Counseling Services in Waco, Texas. Kristy earned a Bachelor of Science in Education in 2001 from Baylor University, Masters of Education in Counseling Psychology with professional licensure tract in 2007, and her Doctorate of Philosophy in Forensic Psychology from Walden University in 2017.

Kristy is a licensed professional counselor supervisor, registered play therapist supervisor, and certified humanistic sand therapist. She uses a noninvasive, nonlinear Neurofeedback to help clients of all ages remedy divergences in their brain. Additionally, Kristy is an animal-assisted counselor ambassador and brings her 3-year-old Great Pyrenees pup, Willow, to the clinic daily to work with individuals and families to achieve their goals.