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Structured Play Therapy Groups for Preschoolers: Facilitating the Emergence of Social Competence

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ABSTRACT

Over the years, we have developed a working model of Structured Play Therapy Groups for Preschoolers, an innovative treatment approach designed to address the needs of young children ages 3 to 5 struggling to adjust to the social demands of their preschool classrooms. These short-term therapy groups facilitate development of the young child's social competence and capacity to participate effectively in a classroom environment. Although the literature on therapy groups for children suggests that preschoolers are not yet evolved enough developmentally to engage actively in a group process, our experience indicates otherwise. The model of treatment presented here will therefore challenge that contention

with the claim that not only can preschoolers participate in a structured therapy group of peers but they can, by virtue of that very participation, benefit in ways that will prepare them (as they transition from preschool to kindergarten) for the ever-increasing demands of their ever-expanding social milieus.

The concept of Structured Play Therapy Groups for Preschoolers was developed by one of the authors (SS) as an offshoot of her years of intensive therapy work with young children. These groups, which rely on the transformative power of the group process to effect therapeutic change, are specifically designed to address whatever constellation of relational difficulties the preschooler—struggling to adapt to the rules and routines of the preschool classroom—might be experiencing.

Our hypothesis is that the judicious use of Structured Play Therapy Groups can foster cultivation of the young child's budding capacity to participate constructively in a group process—a capacity that will then serve as a building block for the child's ongoing development of more adaptive "patterns of interactive coping" (Tronick & Beeghly, 2011) in ever-widening social environments. These play therapy groups offer a variety of structured activities designed to engage the struggling child in a group process that encourages both conformity to group norms and freedom of self-expression, the integration of which is a lifelong developmental task. A similar dialectic is described by Sander (2008), who writes about the ever-present paradoxical relationship between "being together with" and "being distinct from" and suggests that the ongoing integration of these two polarities will provide, throughout life, the essential conditions for the experience of "connection with" another (p. 167). This same dichotomization is addressed by Winnicott (1958) when he writes, "Thus the basis of the capacity to be alone is a paradox; it is the experience of being alone while someone else is present" (p. 416). With the aforementioned polarities in mind, we designed our Structured Play Therapy Groups to support the child's ongoing negotiation of the tension between attunement to the internal state of others and attunement to one's own.

Along the lines of Beck (1981), we are using the concept of a group process to speak to the emergence, over time, of a continu-

ously evolving organizing structure that not only informs but also is informed by the psychosocial competencies of its members. This group process is a dynamic entity that promotes behavioral change in its members by facilitating first enactment and then resolution of the members' age-appropriate developmental concerns.

Structured Play Therapy Groups afford the opportunity for directive (as opposed to nondirective) play therapy—the directives issued by a therapist who is focused on, and attuned to, the developmental issues around intimacy and autonomy with which preschoolers struggle. In essence, Structured Play Therapy Groups for Preschoolers provide a facilitating environment (Winnicott, 1965) for those young children who, because of maladaptive coping strategies, have not yet developed the capacity to participate seamlessly in the natural ebb and flow of healthy relatedness in the preschool classroom. These nonconforming young children are not able to engage in the mutuality of give-and-take, engaging instead in disruptive behaviors that serve to destabilize the ecology of the entire classroom.

Although we were initially somewhat surprised (because the literature had suggested otherwise), upon further reflection we came to appreciate that even the youngest preschooler has a burgeoning capacity for social competence, defined here as the external manifestation of an ever-evolving internal capacity to be aware of others as distinct from the self, as demonstrated, for example, by the recognition that others have need states separate from one's own. This budding capacity can be capitalized upon by a therapist who is able to provide activities specifically structured to address whatever relational issues are emerging when the preschooler is participating as a member of the group.

Our clinical approach is informed by the theoretical constructs of (a) the therapeutic process as involving an attuned holding environment that facilitates actualization of inherited potential (Winnicott, 1971); (b) the group as a complex adaptive system that evolves through stages over time (Beck, 1981); (c) the group as a self-organizing system out of which recurring themes and patterns emerge in response to regulatory input from the outside (Stark, 1999); (d) the therapeutic usefulness of challenging (when possible) and supporting (when necessary) to provoke fur-

ther development of mental and social capacity—"optimal stress" that prompts adaptive reorganization of the system at ever higher levels of complexity and integration (Stark, 1999); (e) the preschool years as presenting developmental opportunities for advancing the young child's capacity for self-organization and affect regulation (Beebe & Lachmann, 1994; Tronick & Beeghly, 2011); and (f) the dialectical tension that exists within everyone between being in relationship with others and being separate from them (Sander, 2008).

Structured Play Therapy Groups are designed both to promote the emergence of social competence and to foster the successful resolution of age-appropriate concerns. In a later section of this paper, we offer several clinical vignettes to illustrate how the provision of structured activities by a directive, but ever attuned group therapist can advance these therapeutic objectives. Potentially, the young children can emerge from these groups with a newfound sense of themselves as now able to enjoy being an integral and valued member of a group, a social capacity that can be translated from the therapy group itself to the preschool classroom and the larger community beyond.

REVIEW OF LITERATURE ON PLAY THERAPY GROUPS FOR PRESCHOOLERS

For the most part, those who write about the appropriateness and effectiveness of play therapy groups contend that young children ages 3 to 5 have not yet developed the capacity to participate in, or benefit from, a group process. They go on to suggest that these children are therefore too young to be appropriate candidates for inclusion in play therapy groups that rely, for their effectiveness, on the achievement of group cohesion and the capacity of the group members to engage in cooperative play.

In order to support their contention, these observers focus on either such developmental considerations as absence of superego formation, low degree of guilt, weak ego structure, basic narcissism, and diffuse hyperactivity expressed as hostility toward the environment (Slavson, 1999) or short attention span, low level of abstract thinking, difficulties in verbal expression, limited perspective-taking skills, and problems controlling behavior (Shecht-

man, 2006). Along these same lines, Merkin and Brusiloff (1981) explicitly declare that "high level group cohesion is not developmentally possible until age 5" (p. 59) and that, as a result, play therapy groups relying on actual group process for their therapeutic effectiveness are not appropriate vehicles for facilitating therapeutic change in preschoolers.

There are other authors, however, who contend that young children ages 3 to 5, although not initially evolved enough to engage in a group process, are nonetheless excellent candidates for play therapy groups when such groups provide the structure needed, first, to access and, then, to actualize the preschooler's latent ability to develop shared meanings with peers through social play—interpersonal capacity that will ultimately enable the child to derive the benefit of a therapy group that utilizes group process to effect change.

In this latter category are writers who have embraced the compelling idea that a play therapy group can be exceptionally beneficial for a preschooler if the environment of the group is strategically manipulated by a therapist able to offer interventions structured to promote group cohesion. One such strategy, advocated by Trounson-Chaiken (1996), is the gradual replacement (over the course of the group sessions) of toys more appropriate for individual play with toys more appropriate for shared play. Another innovation, proposed by Foulkes and Anthony (1965), makes creative use of a structured environment involving a round table with a communal area of water at the center, surrounded by radiating play spaces separated by low, removable walls. Foulkes and Anthony observed that the preschoolers, given the opportunity to play in their own spaces with their own toys (each child with toys of a different color), initially tended to engage in parallel play. But Foulkes and Anthony discovered that, over time, the children spontaneously began to develop shared symbolic themes in their play (prompting the therapist to remove the walls separating the individual territories) and simultaneously began to use their toys as shared property in the service of communal play—marking the coalescence of the group as a working entity.

In sum, it would seem that if play therapy groups are strategically structured in ways that provide both challenge and support for the preschooler's evolving relational capacities, then group

therapy can function as both an appropriate and an effective vehicle for fostering development of the preschooler's ability to derive pleasure not only from self-directed activities but also from activities involving shared meaning.

THE NATURAL EBB AND FLOW OF A PRESCHOOL CLASSROOM AND THE EMERGENCE OF A DISRUPTIVE SUBGROUP

One of the primary responsibilities of a preschool classroom is to promote development of the young child's capacity to function in a social setting. Certainly the classroom offers ample opportunity for expressive free play; but it does also expect that the young child be able to conform to classroom etiquette.

Let us imagine the felicitous situation of a young child who, upon arriving at school, settles into spending time at the computer—a self-organizing activity that is adaptive both in terms of her own psychology (inasmuch as it serves to facilitate her transitioning from home to school) and in terms of the ecology of the classroom (inasmuch as it fits in seamlessly with the natural ebb and flow of her surrounds). After a while, the teacher reminds the child that the computer is shared property and tells her that she must find another activity so that others can have their turn at the computer. If all goes well, the thwarted child, in response to this challenge, will be able to draw upon her internal resources to help her manage the frustration she feels in response to the teacher's inadvertent derailment of her previously pleasurable and adaptive coping strategy. This internal resourcefulness will enable her, readily enough, to restore her sense of well-being by re-engaging in another, equally satisfying activity, perhaps one that involves several of her classmates.

In fact, in many preschool classrooms, even with their numerous implicit and explicit expectations regarding appropriate classroom etiquette, the ecology of the system will be such that the majority of the children (like the one described above) will be able to use the classroom environment not only to manage dysphoric affects, such as sadness, fear, and anger, that might arise in the context of a classroom environment but also to engage in constructive play, whether with their peers or on their own.

But in other preschool classrooms, there will sometimes emerge, over time, a subgroup of preschoolers who are unable to participate in the natural ebb and flow of the classroom environment and whose behavior instead creates disruption to the "orderedness" of that group process. In other words, not all preschool classrooms will flow smoothly because, for whatever complex mix of reasons, the interface between the ecology of a particular classroom and the psychology of a particular preschooler will be such that there is a mismatch between the expectations and demands of the classroom environment and the capacities and social competencies of the developing child.

More specifically, this mismatch might occur when a child, denied the early experience of ongoing interactive regulation by an attuned and responsive caregiving environment, has not yet evolved the capacity to manage overwhelming arousal and disorganizing affect, in which case she will have difficulty organizing an adaptive response to the challenges posed by the classroom milieu. In other words, because of inadequate "regulatory support" (Beebe & Lachmann, 1994; Tronick & Beeghly, 2011) during her early development, the preschooler, in the face of environmental perturbation, will have limited success with respect to both self-regulation (the capacity to manage arousal and intense affect through reliance on one's own coping strategies) and interactive regulation (the capacity to manage arousal and intense affect through reliance on regulatory interactions with others).

As a result of this lack of fit between the preschooler and his surrounds, the out-of-sync young child, at the mercy of raw and unprocessed feelings aroused by the classroom structure, might act out his unmodulated distress in the form of impulsive and aggressive behaviors disruptive to the natural ebb and flow of the classroom. Imagine the situation of Michael, a 4-year-old preschooler who, ever in search of sensory stimulation, is in perpetual motion—constantly running around the classroom, leaping up onto chairs, jumping off tables, crawling into tight enclosed spaces—behaviors that serve to provide him with the sensory input he so clearly craves. But such negative attention-getting activities dramatically highlight his impaired capacity to utilize either the classroom structure itself or the relationship with his teacher to organize his experience and regulate his energies. Such anoma-

lous behaviors will also disrupt the order of the classroom ecology. In fact, our belief is that when a child lacks the requisite capacity to process and integrate the impact of the classroom's rules, routines, and rituals, the classroom structure itself may come to be experienced by the vulnerable child as traumatizing, effectively transforming a setting designed to support the psychosocial development of its participants into one that disrupts that development and becomes itself an environmental impingement (Winnicott, 1971).

We consider members of this latter subgroup of young children to have a compromised ability to regulate—and, ultimately, to integrate—their sensory and affective experiences (Greenspan, 1992). This internal disorganization manifests externally as a derailed capacity to adapt to the demands of a new environment; and we describe such a young child, whose tendency is to act out his unregulated feelings in the form of maladaptive behaviors disruptive to the group process, as having relational difficulties.

But whatever behavior problems the errant child displays, his provocative enactments will inevitably have a disruptive impact on the entire classroom. In fact, a number of the other preschoolers may find themselves drawn into the force field created by this wayward leader and may themselves then regress, at least temporarily, to somewhat more disorganized, less adaptive behaviors. And, of these, a few—by virtue of their own developmental susceptibilities—may find the dysfunctional dynamic created by this organizing leader to be so compelling and so resonant with their own compromised (even if less obviously so) relational capacities that they will ally, in a more sustained fashion, with the outlier, such that a small group of nonconforming preschoolers will coalesce. In essence, over time, there will emerge a problematic clustering of these young children whose disorganized—and disorganizing—behaviors challenge the natural orderedness of the entire classroom system and its intrinsic rhythms. Because of their compromised ability to manage arousal, attention, and anxiety, these errant children will find themselves resorting to any number of defensive behaviors (e.g., disruptive and impulsive or disengaged and isolative) that will reflect rigid efforts at self-organization but will ultimately prove to be maladaptive and "relationally disconnected" (Stone, 2009).

It is the members of this subgroup of out-of-sync preschoolers that the recruiting therapist will select for inclusion in her Structured Play Therapy Group, a short-term therapy group offering art and play activities designed to meet whatever constellation of relational needs is being manifested by the subset of compromised children in question. As an example of how such a subset might form, consider a preschool classroom predominantly filled with lively and exuberant children who delight in playful and pleasurable exchanges with one another. From out of this group in which high energy is the norm, there might emerge a subgroup of less active and more quiet children who, perhaps overwhelmed by all the activity around them, separate themselves out from the core group of interactive children and, in an effort to self-soothe, resort to occupying themselves with more solitary pursuits. Such children, whose habitual coping strategies are maladaptive in the context of this highly interactive classroom, will benefit from participation in a Structured Play Therapy Group led by a therapist who offers structured activities specifically designed to create a safe and inviting space for children who characteristically withdraw in an effort to self-regulate; such activities will offer these avoidant children the opportunity to engage pleasurably in mutually satisfying group activities that, at the same time, will allow for individual expressiveness.

More generally, the shared relational vulnerabilities of the particular members in the group will then shape the manner in which that Structured Play Therapy Group unfolds; and, in order to address whatever additional developmental susceptibilities subsequently emerge over the course of the eight-week group, the therapist will continue to customize, in an ongoing fashion, the structured activities she is offering in an effort to facilitate a group process that is specifically targeting whatever issues are emerging organically as the group evolves.

INFERRED INTERNAL DYNAMICS VS. OBSERVABLE RELATIONAL DYNAMICS

When children are provided with inadequate regulatory support from their early caregivers, they develop maladaptive coping strategies that will then give rise, in the context of a group (be it

the preschool classroom or the therapy group itself), to dysfunctional patterns of relatedness with their peers. As a result of their poorly organized and age-inappropriate ways of being and relating, these developmentally delayed children will have difficulty interacting successfully with their peers and will therefore be out of sync with the ebb and flow of the ongoing group process.

We hesitate to make inferences about the internal dynamics of these young children both because the time-limited nature of our Structured Play Therapy Groups does not afford us the opportunity to gain an in-depth understanding of the children's inner workings (i.e., their structural conflicts and structural deficits) and because our contact with the children is primarily in the context of their involvement in a group. We are therefore interested not so much in what might be inferred about their internal worlds as in what is actually observable about their evolving patterns of interaction as they become better integrated into the group-as-a-whole. Over the course of the eight weeks, most of the children appear not only to adopt more adaptive coping strategies and more coherent patterns of relatedness but also to develop a more consolidated awareness of self.

Indeed, we have come to believe that the therapeutic action of our Structured Play Therapy Groups involves the provision (in the form of thoughtfully conceived art and play activities designed to organize the child's experience) of regulatory structure in the here and now, perhaps a partial corrective for the inadequate regulatory support received early on by these developmentally vulnerable children. Not only does the finely honed regulatory support offered by these structured therapy groups create the opportunity for a channeling of the child's old, habitual, and rigidified patterns of relatedness into newer, more flexible, and more evolved modes of interacting, but also it allows for the co-creation of new meanings, the co-authoring of new narratives, and a firming up of the self-in-relation. Our emphasis throughout this paper will therefore be simply on the changes that we are able to observe in how the children actually function in the context of an unfolding group process, our ultimate goal being to facilitate the emergence of more robust social competencies and the construction of more functional patterns of relatedness, accompanied by a pleasurable sense of connectedness with one's

peers and the enlivening experience of being an integral and valued member of a group.

THE THERAPEUTIC POWER OF ORGANIZING STRUCTURE

The organizing structure provided by the group process for these issue-specific play therapy groups is at the heart of what will ultimately promote behavioral change in the young child. In order to best foster the preschooler's burgeoning social competence, the therapist will offer strategically constructed directives specifically designed to support maturation of the child's inherited potential. In essence, the therapeutic structure the directive, but ever attuned therapist constructs will function as a temporary scaffold for advancement of the child's psychosocial competencies. Indeed, by way of customized interventions designed to target the themes emerging in the constantly evolving group process, the therapist will be generating an organizing framework that will facilitate both the accessing—and the actualizing—of the preschooler's underdeveloped relational capacities.

As noted above, the therapist customizes her organizing interventions to accommodate the specific needs being expressed by the particular subgroup of preschoolers with whom she is working. Attuned to their developmental vulnerabilities, she carefully selects art and play activities that will afford the children an opportunity symbolically to work through previously unmastered arousal and affective states that were unsuccessfully contained by the child's early caregiving system. By offering an optimal mix of both challenge and support, the group process (facilitated by the therapist) is aimed at prompting—and provoking—the errant preschoolers to begin the process of emerging as more interconnected individuals and more socialized beings in a community of peers.

PRACTICAL ASPECTS OF THE THERAPY GROUPS

Structured Play Therapy Groups are designed for young children ages 3 to 5; the group sessions run for at least eight consecutive weeks and are 30 to 40 minutes in length. Our experience has been that the groups function best with five members whose temperaments and coping strategies are resonant and whose patterns

of social relatedness in their preschool classrooms are therefore similar.

The Four Organizing Structures

In order both to organize the group process and to regulate the flow of the children's energies and attention, the therapist constructs each of the eight group sessions as follows:

1. The Orientation Structure consists of organizing activities structured to facilitate the transitioning from classroom to therapy room. These orienting activities are specifically designed both to acknowledge the individuality of the group members and to underline the fact of their inclusion in a fun group that, admittedly, has expectations.
2. The Round Table Structure supports both individual expressiveness and constructive collaboration through art activities. These art activities (conducted while the children are all seated at a round table in a cozy corner of the therapy room) are strategically chosen not only to foster an inviting space into which the children can, unconsciously and symbolically, deliver whatever might be underlying their maladaptive behaviors but also to highlight the remarkable commonality of themes that will inevitably emerge when a self-organizing group is given this opportunity for self-expressiveness.
3. The Open Space Structure supports both individual expressiveness and constructive collaboration through play activities. These play activities (conducted in the less restrictive open space adjacent to the table) are specifically designed to engage the children in a more embodied manner. These more physical activities, which will both challenge and support the young child's budding capacity to take into consideration alternative perspectives, will offer the child the transformative experience of deriving pleasure not only from having her own needs satisfied but also from participating in mutually satisfying collaborative play with like-minded peers. Even more importantly, the embodied preschooler will be afforded the exhilarating experience of organizing her energies and her rhythms in joyous synchronicity with the heartbeat of a group (Perry, 2006). This enlivening experience of moving in concert with others and of being an integral part of an ensemble will broaden the child's evolving sense of self to include her sense of self in relation to others.
4. The Termination Structure consists of organizing activities structured to facilitate the transitioning from therapy room to classroom.

These termination activities are carefully structured to facilitate a reorienting of the child's energies and attention from fully engaged participation in a therapeutic group process to potentially healthier engagement in the ebb and flow of the preschool classroom and the broader social communities to which the child belongs.

Facilitating Interventions

With it being understood that most of the therapist's directives will be customized to the demands of the particular situation with which she is dealing, we now offer some generic examples of organizing statements the therapist might think to offer in order to facilitate the unfolding of the group process. Please note that the therapist's focus will always be on the provision of organizing structure, structure that will optimize both individual expressiveness and the group process.

The Orientation Phase. The organizing statements offered during the Orientation Phase are designed to reorient the children to a group process that allows—and even invites—the children to deliver whatever matters most to them in the moment and that fosters the emergence of a sense of belonging to a group of like-minded peers.

> "When we get to the group room, the first thing we do is go to the table, get our pictures, and put them up on the wall in order to show that we're here."

> "This is a group about having fun and playing together. But, in order for that to happen, we have to follow the rules. The rules are—be safe, respect feelings, and ask first."

> "Remember, this is our special time to be here with our friends."

> "We're so happy that we get to be a group together and all of us belong."

> "So let's all put our hands together in the middle of the table to make a big hand-sandwich. Now, we count to three—one, two, three, yea! We're all here together!"

The Round Table Phase. The organizing statements offered during the Round Table Phase are designed to encourage the children to tap into their rich imaginations and to participate in sym-

bolic group activities designed to foster the emergence of shared meanings.

"Everyone likes different things on their pizza. Some kids like cheese, but some kids don't. And some kids like pepperoni, but some kids don't. And then some kids even like ice cream on their pizza, but no kids like rocks on their pizza! In here, we all get to like whatever we want—even though it won't all be the same!"

"Sometimes the animals you have made are quiet and want to hide, or hungry and need to eat, or angry and have to jump around. But that's OK, because, in here, when you pretend with your animals, all their feelings are OK."

"Wow, it seems like making these drawings is stirring up all kinds of strong feelings that are going right into our hands and feet, making us want to run around. But, if that happens, kids might start to get hurt. So we need to find another place to put our feelings—so we can all be safe."

"Since you don't want to draw a picture of a monster, you might want to ask your friend to draw one for you."

"Mr. Turtle [a puppet] is hiding in his shell and seems like he won't come out. I think today the teacher got mad at him, and he's feeling really bad. What can we say to Mr. Turtle to make him feel better, so he'll come out and play with us?"

The Open Space Phase. The organizing statements offered during the Open Space Phase are designed to encourage more embodied expression of the children's inner worlds and to promote their more embodied participation in a group process involving repetitive and patterned games (Perry, 2006) and shared symbolic play (Slade, 1994).

"If you don't want to play what the rest of the group is playing, you can sit outside the group quietly and wait—or you can go back to the classroom now."

"Let's form a parade and march together to the beat of this drum."

"When we play Mr. McGregor's Garden and the farmer gets angry and chases his little rabbits, we [rabbits] all have to run around in the same direction, so we won't get hurt."

"Right now we can't play, because three people want the same toy. But only one can have it. So what can we do to solve this problem, so we can start to play and have fun?"

"Bobby has a lot of trouble when he gets upset. He just can't seem to wait for his turn to pick the game we play. Can his friends help him out here?"

"Everyone seems to think that Jane had an interesting idea—pretending to be a baby, instead of having to play the group game. That seems like a really good way to play now. So let's think about what babies do? Should we all pretend to have our bottles? And what can we use for blankets?"

"Everyone gets their own mat, which will be their house. And they get to pick some toys to take to their house. And then, if you want to visit your friend in their house and maybe share toys, you have to knock on their door and ask if you can come in and play."

The Termination Phase. The organizing statements offered during the Termination Phase are designed to support the children as they anticipate transitioning from the smaller, more contained, more manageable therapy group to the larger, more overwhelming, less predictable classroom environment.

"Now we're all going back to sit at the table, have a snack, and get ourselves ready to go back to the classroom."

"Today was another special group time together. And each friend worked hard and did their best to respect feelings and be safe, so we could all have fun."

"Sometimes it's hard for kids to say good-bye, when they have had fun together like this. And even though we wish we could stay longer, the clock is telling us it's time to go. And the clock is the boss now."

"Now we're going to line up at the door, find a partner, hold his hand, and take one deep breath before we go back to the classroom."

"When we go back, we will be quiet like mice and walk with our feet, just one in front of the next, just like this [uses her hands to demonstrate on group table]."

"So when we go back to the classroom, what will the rest of the children be doing? Will they be playing at the sand table, the Lego table, or in dramatic play? And, remember, we get to have our

group time again next week, when we can pretend to be little rabbits again in Mr. McGregor's garden."

"Let's count together and march back to the classroom to the beat of 1, 2, 3..."

ART AND PLAY AS VEHICLES FOR FACILITATING THE EMERGENCE OF SOCIAL COMPETENCE

The therapist's external provision of organizing structure creates a safe space into which the young children can deliver whatever most needs to be delivered, at the same time that this structure affords the containment needed to facilitate mastery of these salient issues. Based on their early experiences of being in relationship with their primary caregivers and the "internal patterns of relational expectation" (Hedges, 2010) that they have developed as a result of those attachments, the issues with which the preschoolers are struggling will involve concerns about what they will encounter in the here and now of the group setting as they navigate the push and pull of their desire for intimacy, on the one hand, and their need for autonomy, on the other—all this in the context of a space that offers the possibility of experiencing something new.

It will be for the directive, but ever responsive therapist to allow the children the freedom to express their most pressing needs (e.g., to be safe, to be recognized and responded to, to be cherished, to be valued) and their deepest fears (e.g., of being rejected, of falling apart, of being isolated, of being overwhelmed, of not belonging). At the same time, she provides the organizing structure needed to engage the young children in the symbolic resolution of their developmental issues, through collaborative art and play activities that allow for displacement of the children's energies and attention from rigid and less evolved coping strategies to complex and more adaptive patterns of behavior. Relevant here is the concept of transforming self-referential "action-oriented modes of experience" (Fonagy, 2006) into the relational capacity to engage in collaborative symbolic play with others—an ongoing dynamic at the heart of our Structured Play Therapy Groups, which rely, for their therapeutic effectiveness,

on the transformative power of carefully directed art and play activities in the context of an evolving group process.

For example, near the beginning of the sixth session, the group therapist introduces an art activity specifically designed to offer the group members an opportunity to create symbolic representations of, first, their fear and, then, its mastery. In order to orient the children to the art activity that she has prepared for them (an activity based on her assessment of this particular group's most salient concerns), the therapist asks them, "Who here is afraid of monsters?" All five children shout out, "I am! I am!" The therapist then remarks, "Even though we know monsters aren't real, they feel so scary sometimes, don't they?" The therapist goes on to ask, "So what do monsters look like?" The children, giddy with nervous excitement, respond, "Scary eyes!" "Sharp teeth!" "Big feet!"

The therapist then offers each member two sheets of construction paper (glued together around the edges), the top sheet of which has a door that has been cut out in such a fashion as to allow for its being either opened or closed. The therapist directs the group members to open their doors so that they can draw a picture of a monster on the bottom sheet of construction paper now exposed. Once this is done, the therapist suggests that, if they want, they can "lock away" their scary monsters behind closed doors.

Four of the five members begin to draw their scary monsters. The fifth member of the group, however, is clearly struggling with his drawing. And so the therapist, noting his difficulty, asks the group "How can we help Zoe?" One of the other members immediately offers to help her draw it—support that eases Zoe's anxiety enough that she can then complete the drawing of her monster on her own.

Now all five members of the group are able symbolically to represent their fears through art. Once their scary monsters are drawn, the children are then able to protect themselves from their depicted fears by closing the doors and securing those doors (with pieces of tape given to them by the therapist for that purpose)—thereby symbolically mastering their fears. All five members take

great delight in yelling, "Go away monsters!" as they continue to seal off their scary creatures with multiple pieces of tape!

This portion of the work completed, the therapist now directs the children's attention to the play area and asks if they would like to play with the fort that she has set up in the adjacent open space. One of the members requests hide-and-seek and, interestingly, adds, "You [the therapist] be the wolf and we'll be the little pigs!" And so the therapist assumes her designated role as a big frightening wolf, while the children, giggling with giddy excitement, seek refuge—together—in the fort. The therapist makes certain not to find them (in their hiding place) until they have signaled their readiness to be found, which they do by making excited little oinks. This play activity (a compelling sequence repeated again and again) offers the children the empowering experience of being able to regulate when they want to be found.

Once the therapist, alerted by their signal, begins to approach their hiding places, the noises the young children produce transition from little peeping noises into more aggressive growling, prompting the therapist, now frightened herself, to run for shelter from the children who have entered into hot pursuit of her. Over and over again, the children have the enjoyable experience, as a unified group, of being able to shift from the more vulnerable position of being the ones frightened to the more empowered position of the ones in control and able to master their fears—a symbolic play sequence that they themselves have had the thrill of being able to structure.

Whether originating from within or as a reaction to the impact of the group process, self-expressiveness becomes a collaborative effort once the charged, unassimilated material that emerges from each of the members has been elaborated in the context of the group-as-a-whole, where it will elicit a resonant chord followed by involvement of the entire group in its processing and resolution. Each child will be afforded the empowering and transformative experience of both shaping the group process and being shaped by that group process.

LIMIT-SETTING AS A VEHICLE FOR FACILITATING THE EMERGENCE OF SOCIAL COMPETENCE

The therapist, through both limit-setting (a form of challenge) and permission-giving (a form of support), puts into place a scaffold specifically designed to provide the impetus needed for development of the preschooler's capacity to survive and, eventually, to thrive in the setting of the therapy group, competencies that will also enable the young child to navigate successfully the social complexities of the larger classroom environment.

The therapist, in order to be optimally effective in providing organizing structure for the group, must maintain a delicate balance between, on the one hand, challenging the members to participate in the group at their highest level of psychosocial functioning, and, on the other hand, supporting the members when they falter (as happens, for example, when one member, in the moment, is struggling to manage the overwhelming array of feelings elicited by the group process). In other words, the therapist challenges whenever possible and supports whenever necessary (Stark, 1999), in order ultimately to facilitate development of the preschooler's social competence and ability to conform to the implicit and explicit expectations intrinsic to successful membership in a group, be it the therapy group itself, the preschool classroom, or the social community beyond—all without sacrificing the child's individual expressiveness.

The directive but ever attuned therapist of a Structured Play Therapy Group must therefore be able not only to provide limits but also to give permission; more specifically, she must not only be comfortable offering a strong therapist presence but also be able to engage playfully with the children as she helps them figure out ways to achieve gratifying compromises between attending to their own compelling needs and becoming aware of alternative realities and the perspectives of others. Further, the therapist must assume an authoritative stance that communicates her confident expectation that the children will be able to adapt to the group rules and routines she is imposing. And, whenever the children appear to be unable to adapt to those rules and rou-

tines, then it is imperative that the therapist be able to provide whatever organizing structure—usually in the form of her directives—the young children might need in order to re-align themselves behaviorally with the group norms.

At the same time, the therapist must also be flexible enough to modify the organizing structure she is providing if she senses that this is what the children most need in the moment. In essence, she must be attuned to the specific relational issues with which the children are struggling moment by moment. Then, she must attend to their fluctuating capacity to tolerate the anxiety they will most certainly experience, at least initially, when the status quo of their dysfunctional social behaviors is challenged by the directives she offers. And, finally, whenever the children begin to disorganize a bit in the face of that challenge, the directive, but ever flexible therapist must be able to lend the children the support they will need in order to reorganize at a higher level of psychosocial competence—so they can remain integral members of a group.

The following is an example of how the therapist can integrate the issues underlying a child's wayward behavior into the ongoing flow of the group, while setting limits on the child's disruptive behavior at the same time. The five group members are seated at the table and engaged in an art activity that involves creating masks by decorating paper plates. Several of the children, stimulated by the creative activity in which they are engaged, begin to produce some grunting sounds as they attempt to personify the animals for which they are creating their masks. One of the children, presumably made anxious by the aggressive growling, suddenly leaps up from the table and runs into the adjacent open area.

Admittedly, if the therapist senses that the child's acting-out behavior is primarily a story about him (and anxiety that has temporarily disorganized him), she could choose to set a limit on the child's disruptive behavior. Perhaps the therapist, in an effort to provide both support and challenge, would then attempt to label what she sensed the child was struggling with so that he could have a vehicle for making meaning of his diffuse and overwhelming anxiety. This thoughtful reflection of his inner state might indeed provide enough containment that the young child would

then be able both to gain better access to his evolving capacity for social competence and to become once again better able to participate in the unfolding group process. The therapist might therefore offer the errant child: "Miguel, just now while you were sitting at the table, some big strong feelings came that went right into your legs and feet so you wanted to get up and run around. But this is a group and we do things together in here. Perhaps you and I together can help you find an animal that will make its own special noises so that we can now rejoin the group and all pretend together."

Alternatively, however, the therapist might sense that the child's acting-out behavior is primarily a story not about him but about the group—and that the child is simply giving expression to an issue germane to all the children. For example, the therapist might hypothesize to herself that perhaps the particular choices of animals (made by this particular group of children) are overstimulating them by tapping into potentially dysregulating aggression, in which case she might decide to use the instigating child as a springboard for rechanneling the attention of the entire group to a more embodied expression of the underlying anxiety, thereby laying the groundwork for its eventual mastery (Perry, 2006). Reaching for her bongo drum, she might then direct all the group members to move from the round table to the open space with the following: "Let's have Miguel start us in an animal parade over here in the play area and we'll all march together, moving our bodies in rhythm with the beat of the music." In essence, the therapist would here be offering all the children an opportunity to participate (as part of a group effort) in a symbolic—and embodied—enactment of the drama unwittingly initiated by the instigating child. Moving their bodies together in this synchronized, rhythmic fashion would then enable all the children to get their energies a little better organized, their sensory needs a little better integrated, and their anxieties a little more constructively channeled. This collaborative play would also allow the young children to experience the joy of being an integral part of a cohesive group that moved together.

More generally, the directive, but ever responsive therapist, by way of limit-setting and permission-giving, creates for the children a protective envelope that provides both definition and

freedom, a structured play space into which they are invited to deliver whatever it is that is most compelling for them in the moment—in other words, whatever it is that they find themselves most needing to deliver in reaction to what is happening in the group (which will, of course, be a story about the intersection of their own dynamics with those of the group).

Limits that are benevolent but also consistent and ultimately organizing will allow for the child's true expression of her frustration in response to being thwarted by the therapist's containment. At the same time, however, these limits will foster the child's development of social competence by offering (1) the experience of having feelings (maladaptive in the context of the group) seen, labeled, and accepted—initially by the therapist and eventually by the group itself; (2) the invitation to redirect thwarted energies to alternative activities that will be both more adaptive (in the context of the group) and ultimately more pleasurable for the now more interactively regulated child; and therefore (3) the opportunity to make more robust the capacity to manage frustration, organize feelings, create a narrative, and have the expectation that needs will indeed be recognized and responded to. In essence, firm but gentle limits that both challenge and support will enable the young child to expand her awareness of self to include an awareness of others, such that she will become better integrated into the ebb and flow of the unfolding group process. The constantly evolving rules and routines constituting this organizing structure—thoughtfully crafted by the adaptive group therapist—will paradoxically function initially to limit each child's freedom but ultimately to expand each child's world.

STAGES OF GROUP DEVELOPMENT:
ANARCHY, MONARCHY, AND DEMOCRACY

Over the years, we have found that as our Structured Play Therapy Groups advance from session 1 to session 8, three fairly well-demarcated stages emerge: (1) anarchy; (2) monarchy; and (3) democracy (Stark, 2007). Whatever the level of psychosocial development of the group members and whatever the particular focus of the group, these three stages almost invariably unfold over the course of the group's eight-week evolution.

Anarchy is the first stage in the developmental progression of the group—a stage of intrinsic disorganization. During this initial stage in the group's development, the individuals in the group are pretty much dancing to the beat of their own drums and do not yet experience themselves as vital "members" of a group.

The therapist, in an effort to facilitate the group's transitioning from this initial stage of discordant rhythms and lack of synchrony to a more resonant state of shared meanings and mutual regulation, strives to provide an organizing frame for the group process—one that will define the group as a cohesive unit. She provides that organizing structure by way of such directive statements as, "In here, we all do the same activities at the same time."

The therapist also orients the children to the concept of the group-as-a-whole by way of art and play activities that allow for individuality but emphasize collaboration. As an example, she directs each child to create her own piece of a pie, pieces that are then added, one by one, to the pie-as-a-whole that is being formed on the wall of the therapy room. Or the therapist directs the children to run around in a circle (all in the same direction), while they pretend to be their favorite animal. Or the therapist focuses the group's attention on the commonality of themes that she senses are emerging in the content of the children's activities: "I wonder who else here misses their Mommy sometimes?"

Monarchy is the second stage in the developmental progression of the group—a stage of imposed organization. The therapist provides this structure in the form of both challenge (through limit-setting) and support (through permission-giving)—an organizing frame that serves as a facilitating environment, a protective envelope that offers "benevolent containment" (Stark, 1994). The therapist, by way of directives that both challenge the children to demonstrate their highest level of social competence and support the children when they falter, is providing a therapeutic container within which the group-as-a-whole is coalescing and out of which a sense of group cohesion is emerging.

Democracy is the third stage in the developmental progression of the group—a stage of mutually negotiated organization. This final stage in the group's evolution is ushered in when the group has become so cohesive that the group-as-a-whole can provide the organizing frame for its own process. During this last stage,

the group members themselves construct a play space that will foster a dynamic balance between individual expressiveness and conformity to group norms and expectations. The hide-and-seek vignette presented earlier, in which the children decide that they want the therapist to play the part of the big bad wolf, offers a good example of the spontaneous unfolding of a democratic group process involving mutually shaped ongoing interactions.

Again, at the heart of the group's progression from anarchy (characterized by disorganization and dysregulation) to democracy (characterized by self-organization and interactive regulation) will be the directive, but ever attuned therapist's external provision of a highly contextualized organizing structure that will support maturation of the child's inherited potential, will foster the expectancy of repair after rupture, and will promote adaptive problem-solving strategies.

CONCLUSION

Our goal for an eight-week-long Structured Play Therapy Group is not specifically to bring about lasting structural change in the preschooler; rather, the organizing structure provided by a thoughtfully conceived Structured Play Therapy Group will afford its members the experience of encountering something new—a growth-promoting experience that may then give rise to new, more positive expectancies; new, more adaptive patterns of behavior; and new, more pleasurable ways of engaging with groups of peers. Our claim is not that these groups have the power to create new and different psychic structure; rather, our hypothesis is that these highly structured therapy groups have the potential to offer the developing child the transformative experience of a new and different pathway towards more adaptive, flexible, evolved, and complex ways of being and relating, that is, towards more robust psychosocial capacity.

Our Structured Play Therapy Groups for Preschoolers were originally conceived as part of a more comprehensive school-based treatment program that included teacher consultation, pair therapy, family therapy, and parent consultation and were specifically designed to advance the child's capacity to function more competently in the preschool classroom setting. When young

children are treated in a community setting (where resources will often be limited), part of the appeal of these time-limited Structured Play Therapy Groups will be their ability to capitalize, in a cost-effective manner, on the transformative power of a strategically structured group process. In essence, these short-term therapy groups offer an effective, pragmatic, and affordable treatment approach that will enable emotionally and behaviorally compromised preschoolers to go out into the world with a much more evolved capacity to integrate themselves effortlessly—and pleasurably—into the natural ebb and flow of the preschool classroom and, more generally, of the community at large.

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