THE PLAY PRESCRIPTION

Using Play to Support Internalizing Behaviors

Aerial Liese, Phd

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THE PLAY PRESCRIPTION

Using Play to Support Internalizing Behaviors

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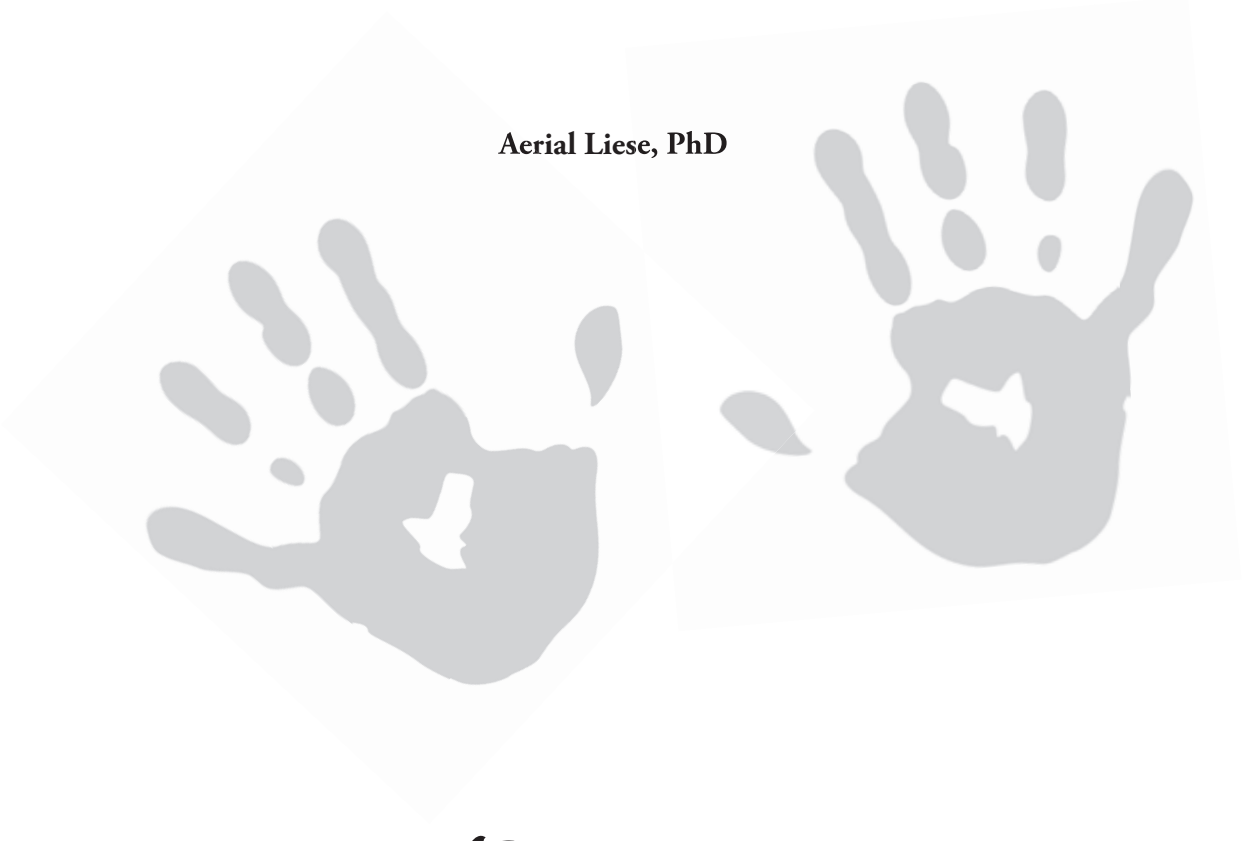

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To my brothers, Bud and Mickey: life's adversity has changed you;
such change permitted what Fred Rogers calls "real strength."

When I was a boy, I used to think that strong meant having big muscles, great physical power; but the longer I live, the more I realize that real strength has much more to do with what is not seen. Real strength has to do with helping others.

Fred Rogers

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Preface

Play is a universal part of childhood that presents itself in myriad ways and connects to a multitude of important learning opportunities. It acts as a natural means of communication for young children, permitting the practice of emotional regulation, socialization, and other essential developmental skills. Attributes such as play's ability to propel a child's creative processes are correlated with strengthening resilience. Play has repeatedly and successfully been used in the early identification, intervention, primary prevention, and support of childhood externalizing and internalizing behaviors. That power is the focus of this book.

At their most basic level, internalizing behaviors are inwardly focused behaviors that reflect a child's negative emotional and psychological state. Unlike externalizing behaviors, which project outwardly toward others and the physical environment, internalizing behaviors are aimed inwardly—toward the self. While externalizing behaviors consist of acting out disruptively, impulsively, defiantly, and aggressively, internalizing behaviors include anxiety, social withdrawal, and depression.

Taking into consideration that internalizing behaviors left untreated in childhood can escalate into adolescence, I believe it is useful to explore internalizing behaviors carefully and individually from externalizing counterparts. Why? To better understand their early development, distinctive characteristics, and core concerns.

Additionally, because internalizing behaviors are directly connected to various negative outcomes and consequences for a child's learning and development, the early identification, inte vention, primary prevention, and support of such behaviors (hereafter EIIPS) are an essential priority in early childhood programs.

Why I Wrote This Book

This book is for early childhood p ofessionals who desire to be better equipped to meet the developmental and mental wellness needs of children experiencing internalizing behaviors. As Dr. Ken Ginsburg, pediatrician and child development researcher at Children's Hospital in Philadelphia, notes, "Play is essential to the social, emotional, cognitive, and physical well-being of children beginning in early childhood" (Milteer et al. 2012, e204). Substantial research has shown that play during the early years of a child's life is necessary if children are to reach their full potential—hence play's significance as a part of a child's day. Yet opportunities for children to play are diminishing, with many schools offering f wer play spaces, less freedom to roam outdoors, and decreasing time for free play (Yogman et al. 2018). This is unfortunate because research reveals that children benefit p ofoundly from daily unstructured playtime.

Harvard Medical School maintains that play is as vital to children as proper sleep and nutrition. Cathy Malchiodi and David Crenshaw assert in their book, *Creative Arts and Play The apy for Attachment Problems*, that substantial positive correlations exist between play and the relief of many behavioral and emotional disorders (2015). Richard Louv, author of the bestselling book *Last Child in the Woods*, contends that for healthy overall development, children require spontaneous play that is free from adult directives and instead enables freedom to explore, create, and instill resilience (2008).

Nevertheless, early childhood educators face a disheartening challenge: children are becoming increasingly play deprived, and this deprivation adversely affects their physical, emotional, and psychological health. This book intends t

- add to the limited literature that is available to early childhood and mental health professionals on the topic of internalizing mental health conditions;
- provide practical, straightforward, yet creative strategies, with play as the cornerstone; and
- make professionals aware of the monumental cathartic effecti eness of play in supporting children to overcome internalizing behaviors.

My hope is that professionals who read this book will be inspired to reclaim play in children's lives to enhance not only their academic experiences but also their mental

wellness, growth, and development—regardless of individual learning style, culture, economic status, or environment.

Inside This Book

The book is divided into ten chapters, which a e grouped into two parts. Part 1 presents the fundamentals of internalizing behaviors and how to identify them in children, while part 2 provides practical information on using play to alleviate these behaviors.

The int oductory pages define the term *internalizing behaviors* in more detail and outline the diffe ences between internalizing and externalizing behaviors and characteristics of both as well as characteristics to consider, such as comorbidity. Terminology specific to the book and its purpose close the int oduction.

Chapter 1 discusses the book's framework, the fi e pillars of addressing internalizing behaviors; how to identify a child's unique formula; obstacles to EIIPS; and the child development models that serve as the book's theoretical road map.

Chapter 2 examines background knowledge important in considering a child's mental wellness, such as adverse childhood experiences (ACEs) and developmental milestones and circumstances.

Chapter 3 looks at topics of attachment and emotional self-regulation and their importance in child development.

Chapters 4 and 5 delve into two of the most common childhood internalizing behaviors—depression and anxiety—and outline their characteristics and action signs. These chapters also discuss social withdrawal, which, unlike dep ession and anxiety, is not a clinically defined diso der in childhood, but rather is viewed as a symptom of the two other conditions. Social withdrawal is also viewed as a catalyst for depression and anxiety that frequently escalates both conditions in severity and leads to associated characteristics, such as peer rejection, bullying, poor self-esteem, and difficultie forming healthy relationships. Although not given its own chapter, social withdrawal is a central and characteristic theme that weaves throughout the text.

The chapters in pa t 2 are organized according to topic. Chapter 6 reviews play's cathartic powers and the use of a prescriptive tool kit and accompanying adaptive tools. Chapter 7 discusses the value of a diverse and integrated play menu and supplies numerous play ideas and strategies. Chapter 8 identifies envi onmental characteristics that promote strong mental wellness in children. Chapter 9 outlines nature's cathartic role in effecti ely addressing internalizing behaviors and how stakeholders can incorporate it into children's play. And chapter 10 focuses on pathways to creativity and self-expression, such as drawing, music and movement, sensory pathways, and more.

Finally, the book offers a set of helpful, reproducible handouts available online. These handouts are practical advice meant to be shared with families and stakeholders working with children experiencing internalizing behaviors. Added resources and references are also given on each handout for further study on the topic. Although at times the ideas overlap for creative and adaptive purposes, they are presented in a concise, easy-to-read format for stakeholders to quickly and simply understand and apply in any environment. The information presented in this book is intended to be pragmatic, adaptable for children in any sphere of influence, and able to support countless conversations with families about their children's mental wellness, overall development, and unique formulas.

How to Get the Most Out of This Book

Through play, children acquire confidence, develop trust, forge friendships, expand language, discover belonging, and learn to regulate emotions. This book supports the philosophy that to address and support childhood internalizing behaviors, a prescription for a return to play is required. But not just any play—the rambunctious and exuberant play that promotes creativity, resilience, and self-control. Play that goes beyond the rigid parameters of organized games. Active play, especially outdoor play—which helps alleviate childhood obesity and social isolation, to which excess screen time is a contributing factor—that shows children it's all right to fall and scrape their knees and not fear failure. Play that teaches children to take chances because in doing so, innovative ideas are sparked. Play that fills a child's tool kit with the healthy techniques and solutions through which children learn to regulate their emotions and handle social conflict

The pages that follow are filled with play theory, background knowledge, activities, ideas, and tips to equip a play tool kit that supports children who are experiencing internalizing behaviors such as depression, anxiety, or social withdrawal. Such a tool kit will provide value over the course of an entire lifetime and is as vital for a child's development as learning the ABCs and 123s. Each part of this book offers useful play strategies and resources to identify the way children learn best and retain information, which will make it much easier to connect them to play's cathartic power. Once this is accomplished, educators can gauge how the child relates best to play and its diverse forms.

Additionally, *The Play Prescription* provides valuable supplemental information to reflect on in boxed form, labeled "Please Consider. . . ." The material within these boxes is meant to enhance concepts and propel further study. It may recommend a

connecting storybook that enhances a concept, a list of culminating activities, a craft idea, or a simple mini-lesson on a particular subject. Anything triggering academic or sensory extensions to play may show up as a "Please Consider" suggestion.

Children are uniquely defined with formulas all their own: individual strengths, personalities, learning styles, cultures, backgrounds, life circumstances, developmental levels, family needs, and patterns of growth, risk, and resilience.

Introduction

Every child is like all *other children,* some *other children,* no *other children.*

—Clyde Kluckhohn and Henry A. Murray, Personality in Nature, Society, and Culture *(1953)*

The mental health needs of US children are growing. In particular, the needs of preschoolers with internalizing mental health behaviors are rising to a crisis level. Presently, one out of every five preschool-aged children meets the criteria for a diagnosable condition. Additionally, effective resources grounded in evidence-based research that inform and support intervention, prevention, and best practices are scarce—as are mental health professionals and educators who specialize in working with young children who struggle with these behaviors (Lipsky 2020). However, many believe, me included, that a return to play can be the antidote to childhood internalizing behaviors.

Like sleep deprivation, play deprivation has adverse consequences. Stuart Brown, MD, founder of the National Institute for Play, and play researcher Dr. Peter Gray

connect childhood internalizing behaviors with play deprivation. Both experts emphasize that childhood mental health issues increase as childhood playtime decreases (Pica 2015). Social functioning, self-control, and other cognitive skills may not mature properly. When children are deprived of their right to play, serious developmental challenges ensue; while the physical effects may be mo e immediately apparent, the psychological problems that result deserve just as much attention, if not more.

A review of more than forty studies illustrated the cathartic power of play and found that it is significantly elated to improved language skills and problem solving, increased creativity, and reduced social and emotional challenges. Moreover, considerable research has illustrated that children who have suffe ed adverse childhood experiences (ACEs) are further at risk of negative psychological outcomes when they lack play during and/or after those experiences (Lipsky 2020; Sahlberg and Doyle 2019).

Because play is a natural means for children to express themselves and communicate their thoughts and feelings (Axline 1947), professionals are turning to multipronged approaches to tap into its cathartic powers, accessing children's inner emotional worlds and catapulting the healing process. Play—infused with pathways to creativity and self-expression, the natural world and its elements and materials, and the use of all a child's senses—is recommended for children experiencing internalizing behaviors.

What Are Internalizing Behaviors?

An internalizing behavior is conduct that reflects a chil 's emotional and psychological state in the form of inwardly directed, overcontrolled actions. Examples include excessive sadness, worry, social isolation, and loss of interest in activities they usually enjoy. These a e a child's way of signaling distress, and confronting the root source of that distress demands immediate attention. If left untreated, an internalizing behavior can significantly impact the trajecto y of a child's development in multiple ways. It jeopardizes the self-confidence and social skills needed to build healthy elationships, compromises early language acquisition, and threatens both the child's health and safety and that of others.

As noted, childhood internalizing behaviors are at an all-time high. Yet relevant behavioral support materials, studies, best practices, and public knowledge continue to lag significantly behind those that focus on externalizing behaviors Whalen et al. 2017). It is imperative that stakeholders thoroughly comprehend their diffe ences. A chart defining and summarizing the ariances between internalizing and externalizing behavior challenges appears on page 3.

Internalizing vs. Externalizing Behaviors

Consider the following scenario: Lacey, age four, is coloring with several of her classmates. Lacey's crayon breaks, and she remains stiffly seated, not attempting to each for or ask for another crayon. Eventually, coloring time ends, and when Lacey's teacher asks her why she didn't finish the coloring page, she begins to quietly pout and ne - vously looks toward the floo , saying nothing. Brody, age fi e, is working at the same small table. When his crayon accidentally breaks, he throws it across the room and grabs a new one out of the hands of the little girl sitting next to him. Lacey displayed an internalizing behavioral response to the broken crayon; Brody, an externalizing one.

Internalizing behaviors are actions that are directed inward, or within the self. Children with internalizing behaviors typically have introverted temperaments, are

Externalizing Behaviors	Internalizing Behaviors
◆ The child deals with p oblems by acting out. Distress is targeted toward others.	◆ The child deals with p oblems internally instead of acting out. Distress is aimed toward the self.
◆ The child experiences high le els of irritability.	◆ The child is withdrawn and not interactive with other children.
◆ The chil 's play is frequently uncooperative and argumentative.	◆ The chil 's play is solitary, and few positive social interactions are attempted.
◆ The child is persistently agg essive (verbally or physically).	◆ The child is unable to stand up for themselves and is overly anxious or apathetic.
◆ The chil 's behaviors are coercive, uncontrolled, impulsive, and at times violent.	◆ The chil 's behaviors are fearful, overcontrolled, and rigid.
◆ The child is p one to temper tantrums.	◆ The child displays ext eme shyness and appears sad and isolated.
◆ The child is dis uptive and noncompliant in class. They often defy the teacher.	◆ The child lacks spontaneity and has poor self-esteem. They often sulk, stare, or are secretive.
◆ The child is unable to consistently follow class rules.	◆ The child has somatic complaints, such as headaches, gastrointestinal discomfort, a poor appetite, or sleepiness.

Figure Intro-1

exceedingly dependent on their caregivers, and are less likely to be identified for a mental or behavioral health screening because they do not create the havoc that frequently characterizes children with externalizing behaviors. Like Lacey, their behavior patterns are more likely to be problems to themselves than to those around them. They commonly experience feelings of loneliness, guilt, insignificance, panic, anxiet , doubt, insecurity, and sadness and are prone to perfectionism. Figure Intro-1 summarizes the diffe ences between internalizing and externalizing behaviors.

Characteristics of Internalizing Behaviors

Preschool-aged children experience intense developmental changes that create brain pathways crucial for development and emotional health. Unfortunately, the onset of an internalizing behavior creates obstacles within these pathways. Early childhood educators play a pivotal role in the identification and p evention of internalizing behaviors. However, identifying children exhibiting internalizing behaviors is often a much larger challenge than identifying those with externalizing behaviors.

Various play strategies are available to help the child, but gaining a comprehensive understanding of a child's condition will allow stakeholders to make the most appropriate decisions regarding intervention. Being able to recognize common characteristics of internalizing behaviors allows educators to intervene early on, thus providing children the help they need in a timely manner.

Prevalence

Years ago, many professionals viewed the idea of preschool-aged children experiencing internalizing behaviors with skepticism. They questioned whether child en could intellectually grasp such intense, grown-up emotions as depression and anxiety. They viewed screenings as too easily misconstrued due to the enormous growth and changes that occur during the preschool years. Some educators and mental health professionals, then and now, have held the widespread belief that children will simply "grow out" of challenges. However, research has shown that internalizing behaviors *do* occur in preschool-aged children (Biddle 2018; Szekely et al. 2018).

Clinical depression and anxiety have been confirmed in child en as young as three, and diagnosis rates are increasing. Studies show that between 4 and 6 percent of preschoolers have serious emotional conditions that warrant intervention. Unfortunately, many of these children are overlooked for support services. Furthermore, research not only confirms the onset and p evalence of internalizing behaviors in preschool-aged children but also substantiates the detrimental effects they ha e on their development (Lipsky 2020; Whalen et al. 2017).

Comorbidities

Studies also emphasize that children with internalizing behaviors often experience comorbidity, or co-occurring conditions. For example, attention deficit hyperactivity disorder (ADHD) commonly co-occurs with childhood depression and anxiety (Lipsky 2020). When it comes to intervention, it is important to consider comorbidities due to the extensive overlap of condition symptoms. For example, features of childhood depression and those of anxiety typically walk hand in hand and frequently cause diagnostic problems. These factors must all be ca efully distinguished from one another.

Similarly, when a child has an outwardly obvious disability, such as cerebral palsy or a vision or hearing challenge, educators have a tendency to focus on that disability. Consequently, the child's emotional needs are unheeded or neglected, leading to additional challenges. This is common when a child with an internalizing behavior also struggles to process sensory input from the environment. It's worth reiteration: stakeholders should have a thorough understanding of the presentation, pervasiveness, and specific patterns of co-occurring conditions associated with internalizing behaviors, including sensory processing disorder (SPD), formerly referred to as sensory integration disorder (SID).

Children who struggle with internalizing behaviors frequently have poor sensory processing abilities, which makes it challenging for them to process incoming information through their senses and influences all domains of their de elopment. Children with SPD may appear irritable, tense, withdrawn, lethargic, or habitually sad (Biel 2017). While SPD can surface independently from other conditions, clinical diagnoses such as depression and anxiety often accompany it, causing unclear overlap and diagnosis challenges. Such challenges make it difficult to distinguish be een SPD and the symptoms of depression or anxiety. If SPD is suspected to be at the root of a child's behaviors, addressing those symptoms first and then seeing what characteristics remain is recommended. For example, a child's characteristics of anxiety amplified y loud noises may disappear when they start to feel more secure in a setting that closely monitors environmental noise (Biel 2017).

Furthermore, children with internalizing behaviors who have experienced adverse childhood experiences (ACEs) frequently struggle with SPD due to suppressed sensory information stored in their bodies that is linked to their painful experiences. For instance, certain sounds and smells can cause intense physical and psychological reactions. Many of these behavioral responses to encoded body sensations are conscious or subconscious effo ts by children to regulate the emotional distress coursing indiscriminately through their systems.

Unless educators are aware of a child's individual sensory processing issues, which are aspects of their unique formula, they may label children as "oppositional," "unmotivated," or "antisocial" (Biel 2017). Chapter 8 discusses the four sensory processing patterns, common characteristics of each style, and strategies to address children's sensory processing diffe ences. For further information, visit Sensory-Processing-Disorder .com or refer to the book *The ut-of-Sync Child* by Carol Kranowitz.

Additional Terminology

The internalizing mental health conditions mentioned in this book a e discussed as classified in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*), published by the American Psychiatric Association. Additional terms that frame the book are used as presented in figu e Intro-2. Additionally, although the book focuses on children with internalizing behaviors such as depression, anxiety, and coexisting conditions such as social withdrawal, the ideas and content are relevant, applicable, and adaptable to any child in need of support for a behavioral or emotional condition. Also, for the sake of expediency, *early identification, inte vention, primary prevention, and support* will be abbreviated throughout as EIIPS.

◆◆◆◆◆

For children who struggle with internalizing behaviors, focused partnerships between families and stakeholders can increase levels of EIIPS and grant them better

Handout 1: Child Temperaments and Goodness of Fit
Handout 2: Child Temperament Scale

www.redleafpress.org/tpp/h-1.pdf

www.redleafpress.org/tpp/h-2.pdf

Effecti e teachers understand that compatibility of children's temperaments with the environment, also known as goodness of fit, is essential for optimal learning. These handouts eview goodness of fit, the th ee most common types of child temperaments, and the use of a child temperament scale to gather information to support individual child temperaments.

Please consider . . .
How the Senses Affect a Child's System

Children who struggle with internalizing behaviors frequently lack the ability to take in information, process that information, and formulate an appropriate response. Such struggles cause social and emotional difficulties through increased anxiety, and motor impairments that result in functional deficits. Know the seven senses that impact a child's system:

Sight: provides visual feedback

Touch: provides tactile feedback

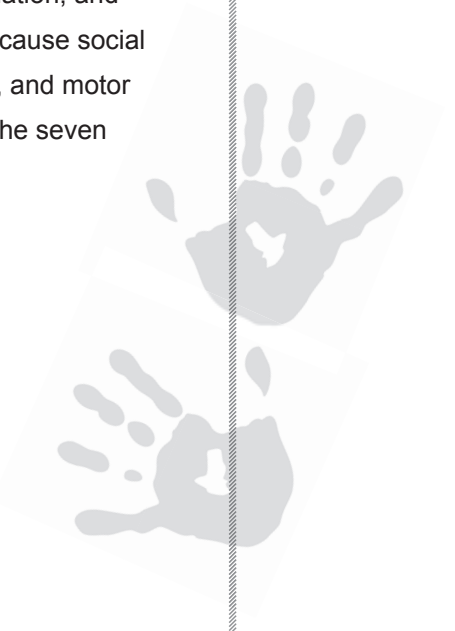
Taste: provides feedback via the palate

Smell: provides feedback through scents

Sound: provides auditory feedback

Vestibular: provides sense of balance

Proprioception: provides feedback about body awareness and the body's position in space



chances at building healthy skills for school success, meaningful relationships, and fulfilling lives.

According to Parents for Children's Mental Health (2013), 70 percent of childhood mental health issues can be solved using EIIPS. Regrettably, children with internalizing behaviors are especially vulnerable, given their frequently overlooked and untreated symptoms. Thus, it is critical that stakeholders endorse early childhood settings and experiences that enforce and overcome common obstacles. Although obstacles are inevitable, solid commitments for change among stakeholders can increase available resources and, therefore, the likelihood of success. Tapping into cathartic play skills is a way for children to learn to organize adverse experiences, process painful emotions at a developmentally appropriate level, and gain a sense of mastery and control over their lives that can help them forge successful peer relationships. Ultimately, resources like this book are meant to spur stakeholders in joining focused partnerships and creating a renewed interest in EIIPS that encourages early childhood environments primed for optimal development using play.

Term	Definition
action signs	Warning signs and risk factors not intended to identify a specific diagnosis per se but to prompt *action*
child	A child between the ages of three to six with an internalizing mental health condition
development	The verall progression of a child's emotional, social, cognitive, and adaptive functioning, unless otherwise specifie
environment	A child's space, furnishings, and tools as well as adults and other children within that space (Mooney 2013)
family involvement	The pa tnering and participation of primary caregivers and family members involved in the child's life. Primary caregivers who raise children include but are not limited to the following: ◆ biological parents ◆ foster parents ◆ grandparents ◆ single parents ◆ stepparents
mental health	Mental health, also referred to as mental wellness, refers to social and emotional competence and development of children, formed within the context of their relationships, particularly their families. It comprises their ability to experience, regulate, and express emotions, to form secure attachments, and to play in their environment.
play	A cathartic function that allows children to ◆ identify, explore, and communicate feelings and thoughts; ◆ adapt socially and thwart emotional challenges; ◆ choose what, how, and how long to explore; ◆ engage in open-ended processes reliant on imagination; ◆ problem solve and strive for process, not product; and ◆ use adaptive play tools and self-expressive modalities, deemed *pathways* in this book

stakeholder	Any early childhood professional who works with children and wants to be better equipped to meet their developmental and mental wellness needs, including but not limited to these: ◆ child care workers ◆ primary caregivers ◆ regular education teachers ◆ special education teachers ◆ pediatricians ◆ mental wellness practitioners ◆ occupational therapists ◆ physical therapists ◆ policy makers ◆ outreach service and community members ◆ administrators
temperament	The way a child organi es, approaches, and determines how to navigate learning and existing within the environment

Figure Intro-2

Part I

Fundamentals of Internalizing Behaviors

A young child's playtime in the natural world serves several significant purposes, especially diverse opportunities for growth in all developmental areas.

1

A Guiding Framework

The predominant emotions of play are interest and joy.

—Peter Gray

Internalizing behaviors affect every aspect of a child's mental wellness and development, including emotional regulation, socialization, and daily executive functioning. When children start to struggle in any of these areas, they are essentially communicating, "I may need support." They are also communicating where their strengths lie, which can be useful in the process. For optimal early identification, intervention, primary prevention, and support (EIIPS), stakeholders require a guiding framework and foundational understanding of how children interact and change, both typically and when under duress, to pick up on their calls for support. Such a guiding framework is built on evidence-based best practices that establish effective interventions—those whose success is supported by numerous research studies grounded in well-designed guiding frameworks. Effective interventions also promote a range of skills.

This chapter p esents a guiding framework for EIIPS as well as practical and evidence-based strategies, resources, and recommendations stakeholders can use to support children in early childhood settings who struggle with internalizing behaviors. Also included is a brief discussion on the need for continuing, consistent communication. The boo 's theoretical road map closes the chapter, guided by three major theories of child development: theory of a prepared environment (Maria Montessori), psychodynamic theory of play (Sigmund Freud), and theory of psychosocial development (Erik Erikson).

The Five Pillars of Addressing Internalizing Behaviors

To ensure that educators' practices effecti ely support children who are experiencing the internalization of mental health behaviors, this book is based around a guiding framework consisting of fi e conceptual pillars.

The first pillar is the idea that early identification is the most effe e component of EIIPS for internalizing behaviors in young children. Stakeholders have an invaluable role in this. By identifying behaviors early, they contribute to a child's protective factors—conditions in children's lives that reduce the risk of an internalizing behavior worsening or even surfacing in the first place. rotective factors include, for example, directing children's families to resources to help them build resilience and learn social and coping skills.

The second pillar is the idea that child en develop sound mental health within the context of secure attachments rooted in healthy and trusting relationships with the people actively engaged in their lives. Children learn to trust when they feel securely connected or attached to their caregiver, but those with internalizing behaviors often lack this sense of security and trust. Stakeholders can shape or reshape a child's view of the world as trusting when they consistently allow children to express their emotions safely and freely.

The thi d pillar is the idea that to effecti ely address internalizing behaviors, a child's environment requires certain essential features that support their needs—for instance, predictability and personalized sensory stimulation. This pillar is useful to stakeholders because although children may resemble one another in age and development, their varied personal attributes influence the way they maneu er through their environment. Stakeholders can support children who struggle with internalizing behaviors by building on these qualities to create an accommodating setting.

The fou th pillar is the idea that children's social and emotional development, referred to as mental wellness in this book, requires the daily and consistent use of a

diverse, individualized play menu. Play is a vital part of the best curricular methods in preschool programs and crucial to a child's brain development, as each developmental domain is not exclusive but influences the others.

The final pillar is the idea that direct individualization of intervention methods coupled with a perceptive understanding of child development and each child's uniqueness leads to success. When stakeholders have a firm grasp on the stages of child development and get to know children and their families individually, they are powerfully equipped to create an environment supportive of EIIPS.

Figure 1-1 visually presents each pillar.

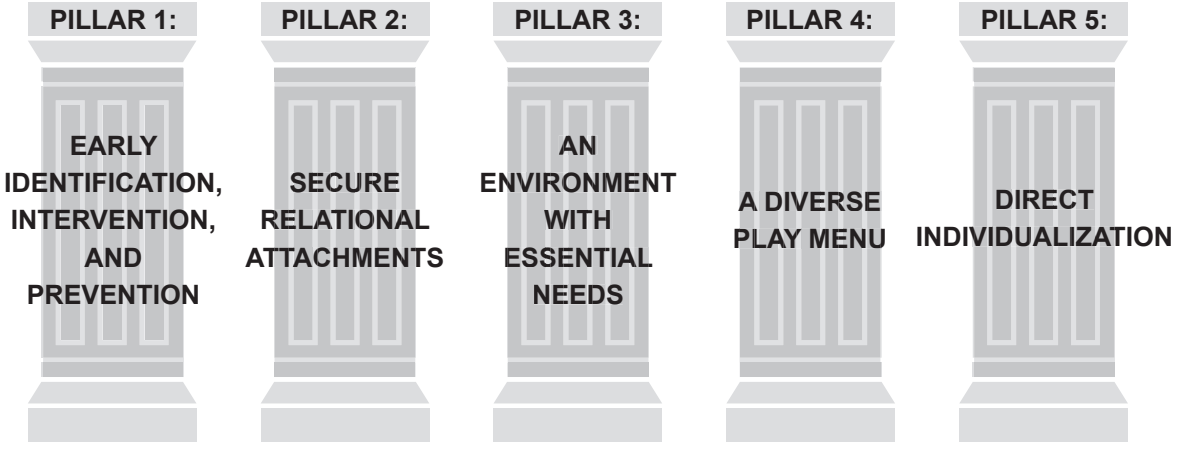


Figure 1-1. The book's framework is structured by five pillars to provide guidance and support for the book's information and strategies.

Pillar 1

Early identification of internalizing behaviors is the most effective intervention, primary prevention, and support method. Consider the following: the first three years of a child's life form a period of extraordinary brain growth and neuroplasticity. Neuroplasticity is the brain's ability to alter states, form new neural connections, and strengthen existing ones. The human brain is most malleable during the early years of life, which means that intervention during this critical period is most successful. Early identification and intervention are intended to capitalize on this window of opportunity to prevent and mitigate internalizing behaviors. Although the window remains open over the course of a child's life, neural connections become increasingly difficult to change as they age—hence the impetus for timely EIIPS.

Methods to underscore this pillar include these:

- Promote protective factors, such as developed language skills, regular physical activity, and safe opportunities, to encourage autonomy using play. Play not

only improves brain plasticity but fuels protective factors (as mentioned above) such as resiliency, which in turn encourages associated skills such as emotional regulation that improve a child's overall well-being.

- Ground early identification methods in cultural and linguistic child centeredness. For example, a child's socialization norms should be considered when designing effecti e family involvement strategies.

Pillar 2

Children develop strong mental health within the context of healthy relationships rooted in secure attachments. Secure attachments form when caregivers are attentive, responsive, and nurturing of children's needs. These attachments instill a sense of trust in children because they believe their caregiver will protect them. Without them, children become vulnerable to emotional and social developmental delays and language impairment. Children are more likely to develop strong mental health when stakeholders collaborate with families to build partnerships grounded in trust, security, safety, and open and effecti e communication. Establishing trust with a child experiencing an internalizing behavior provides a relational bond with limitless cognitive, social, and emotional guiding potential. You will learn more about secure attachments in chapter 3.

Methods to underscore pillar 2 include these:

- Stakeholders should have clarity about their role as an educator and researcher as well as have a firm understanding of child de elopment to ground their thinking. These individuals will be equipped to wo k in the best interests of children with internalizing behaviors and build healthy relationships with children's families.
- Offering wo kshops on the importance of secure attachment and how it shapes a child's brain immediately after birth is an invaluable means of educating families. It also opens up lines of communication with families about how best to support their children.

Pillar 3

To effecti ely address and support internalizing behaviors, essential environmental needs should be integrated into the child's daily routine. Children's environments drastically influence their play and learning. uncan, Martin, and Haughey (2018) write, "The [envi onment] is powerful. Its space has the capacity to regulate children's behavior either positively or negatively. . . . The types of materials in the [environment], including the furniture, and the way they are arranged, influence h w children

act, react, learn and grow" (7). Frequently, when a child is experiencing internalizing behaviors, it reflects a mismatch bet een their personality and setting. Oftentimes their individual needs, learning style, and temperament are compromised in some way, creating conflict. To alleviate such difficulties, ovide an environment that meets children's essential needs. You will learn more about environmental needs in chapter 8.

Methods to underscore pillar 3 include these:

- Smaller play spaces within the overall setting should offer essential elements to . They should include a p edictable sequence (a consistent fl w that the child relies on), and any needed sensory, social, and emotional patterns should be personally prescribed for a child's energy level, mood, and socializing capability.
- A portfolio full of work samples and anecdotal notes for children with concerning behaviors is a useful data collection tool. The po tfolio can support stakeholders in creating specific goals and objecti es that promote child-customized interventions based on daily observations within the environment, peer interactions, and the child's strengths, unique formula, and needs.

Pillar 4

The g owth of children's mental wellness is a process that requires a diverse menu of quality play, permitting cathartic pathways to creativity and self-expression.
For children struggling with internalizing behaviors, a diverse play menu is essential. Quality play involves a whole-child approach, including gross and fine motor skills, senses, emotions, intellect, individuality, and social interaction. Th oughout this book, you will see how play takes on a cathartic purpose—a means through which children learn to identify, communicate, and process their emotions and those of others. It becomes an avenue through which they learn to resolve inner emotional and social conflict, using adapti e play tools to learn healthy emotional regulation and social skills. This notion is framed y the psychodynamic theory of play, proposed by Sigmund Freud, who believed children can express, confront, and conquer fears and anxieties through interactive, creative, and personalized play. Using this approach to channel and convey inner distress, play takes on a form of catharsis and a means of processing and communicating for children. You will learn more about the cathartic powers of play in chapter 6. Chapter 7 considers the importance of a diverse play menu and how to integrate it into a child's environment.

Methods to underscore pillar 4 include these:

- A diverse play menu will look diffe ent in diffe ent early childhood environments because what play looks like differs among child en and their

circumstances. For example, children tend to embed elements of their culture into their play, revealing family beliefs and aspects of their home life and language.

- Stakeholders should regularly self-analyze and reflect on h w they view a diverse play menu. Like children and their families, stakeholders' beliefs, values, and experiences (especially how they played as children) shape the way they present and nurture play.

Pillar 5

Direct and individualized support for a child's internalizing behavior goes hand in hand with a perceptive understanding of a child's unique formula and what is true about child development. Direct individualization considers the ways in which stakeholders individually respond to, interact with, and support children. It explores the uniqueness within children and the personalized modes of learning and playing that are most effecti e for them. It factors in exclusive patterns regarding their abilities and interests and what research states is developmentally appropriate for them. For example, movement is many young children's preferred means for learning—children retain 80 percent of what they experience physically and sensorially. Thus, a chil 's environment and daily routine should reflect this. irect individualization accommodates a child's personal development, referred to as their unique formula. You will learn more about identifying a child's unique formula below.

Methods to underscore pillar 5 include these:

- Communication is key for direct individualization, as conflict can arise bet een stakeholders and families regarding attitudes, beliefs, and approaches toward play, learning, and situating a child's environment.
- To remain sensitive and encouraging to children's personal needs, practice purposeful observation. Jot down notes of children's day-to-day responses to happenings within the setting. Make a habit of having lunch with children among their peers, and take notice of interactions between them. Also, as much as possible, stay knowledgeable about children's individual home situations—for example, be aware if a child's parents are divorced and they alternate weekends with the child.

Identifying a Child's Unique Formula

A conceptual model of mental health and recovery also frames this book and links abstract concepts with specific suppo t strategies. For contextual purposes, I will refer

Please consider . . .
Ways to Let a Child Individually Shine

Children who experience internalizing behaviors frequently struggle with poor self-confidence. There are numerous ways to build children's self-worth and help them realize they were meant to shine:

- Give each child a special week within the school year—preferably the week of their birthday or close to it. Children with summer birthdays can have their special week during the first or last month of the school year.
- Provide a special chair and crown for birthday celebrations. Let the birthday child sit in the chair while everyone else sings "Happy Birthday."
- Give each child a chance to shine by validating accomplishments with detailed encouragement. For example, "Wow! You did that puzzle all by yourself! You didn't give up!"
- Children also get a chance to shine when their work is attractively displayed around the room. Displaying children's work builds confidence and promotes a sense of belonging.

to the model semantically and purposely as "a restorative healing process" rather than a recovery model. A restorative healing process is relevant, practical, and useful for children experiencing internalizing behaviors, because it considers what is in the best interest of the child, according to their unique formula, and enables them to draw upon intrinsic motivation, free choice, and personally directed play to overcome their condition.

Explicitly defined, a child's unique formula is their natural manner and presence—the child's special way of being. It incorporates every individual feature that enables them to fully participate in, play, explore, learn from, and adapt to their surroundings. It consists of all those peculiarities that enable them to stumble upon what Mihaly Csikszentmihalyi calls "flow"—that delightful state of total absorption in an experience in which nothing else seems to matter (2008).

The unique formula involves personal talents, abilities, preferences, and how a child uses and sustains learning, playing, and functioning in the environment. It is

also made up of their everyday experiences, culture, background, life circumstances, temperament, developmental levels, family needs, social and emotional strengths and weaknesses, and patterns of risk and resilience.

For those who work with children and want to be better equipped to meet their developmental needs, being able to recognize unique formulas is essential. Stakeholders who can identify unique formulas can prevent children from being pushed down ill-fitting de elopmental paths and can gain valuable insight into factors that influence the child's behavior. Picking up on a child's unique formula tendencies and cues allows professionals to incorporate into their environment what children need for healthy development. For example, Manuelito, a tactile learner (see sidebar) whose favorite

Handout 3: Multiple Intelligences and Learning Styles

www.redleafpress.org/tpp/h-3.pdf

Using Howard Gardner's multiple intelligences can promote development and nurture a child's unique formula. Ideas to nurture the multiple intelligences are listed on this handout along with a chart presenting each intelligence according to learning style.

color is red, requires additional movement to concentrate during circle time. To meet Manuelito's needs, his teacher lets him bounce on a big red exercise ball toward the back of the room during circle time to help him focus.

Obstacles to Early Intervention and Support

The p eschool years are an enormously complicated and dynamic period that can pose challenges and misunderstandings due to the rapid change underway in every area of a child's development. Consequently, obstacles to EIIPS frequently arise. As mentioned, one common obstacle is lack of training and awareness regarding how to handle internalizing behaviors in children, which unfortunately can cause well-intentioned stakeholders to unintentionally trigger stress reactions that exacerbate conditions in children. The high pe centage of children who have experienced adverse childhood experiences (ACEs) demands that stakeholders have a fundamental understanding of the neurophysiological processes that occur in children who have endured significant stress.

Equipped with this understanding, it is possible to prepare appropriate environments where children feel safe to learn, play, and successfully manage their emotions.

Please consider . . .
Howard Gardner's Multiple Intelligences

Give children opportunities to nurture their uniqueness and express it through special talents and individual abilities. Consider the thoughts of Howard Gardner, who encouraged those who work with children to present information using diverse, multiple intelligences. Gardner refers to an intelligence as a child's individual ability to solve problems and learn (Bowker 2020). Children may have strengths within several intelligences—identifiable by their sensitivity, preference, and usage to retain information. Possibilities include the following:

- linguistic—learning through spoken and written language
- logical-mathematical—learning by reasoning and problem solving
- visual-spatial—learning with images and pictures
- naturalistic—learning via nature, its elements, and exploration within it
- interpersonal—learning by connecting to and with others
- intrapersonal—learning through self-identity and awareness
- musical—learning by musical patterns, rhythms, performances, and expressions
- bodily-kinesthetic/tactile—learning through movement and the use of one's body

These multiple intelligences call attention to the different ways children express themselves. Also important: discovering their true passions is another critical strategy for helping children cope with stress and learn to self-regulate.

However, defining and determining internalizing behaviors is a complex task in and of itself because the form and function of children's behaviors (within the context of their unique formulas) and the way those behaviors are interpreted depends on and is influenced by several variables. These variables include the child's developmental level,

Common Obstacles to EIIPS

Variable	Effect on Behavior
Developmental level	◆ A child's level of development (current, daily functioning) influences the way stakeholders interpret behavior. Pinpointing and describing any developmental delays a child has allows a deeper understanding of questionable behaviors. ◆ A decrease in symptoms is not an adequate measure of cathartic growth. Instead, a suitable measure should be the child's progression as compared to the typical level of development for their age.
Environment	◆ A child's daily environment affects the way a behavior is interp eted. What is appropriate in one setting may be considered inappropriate in another setting. ◆ Unidentified and unmet senso y needs within an environment can cause a child to act out. • For instance, a child sensitive to sound may be unable to concentrate or socialize when there is a high-pitched buzzing caused by faulty equipment in the background.
Family and culture	◆ A child's family and culture influence behavio . ◆ Some children have family cultures that enforce being reserved and silent in public settings, while other families encourage active socialization. ◆ Disproportionately quiet children may not be experiencing an internalizing behavior but rather may be reflecting their family cultu e.
Individuality (unique formula)	◆ In some instances, a child's behaviors are adaptations stemming from their unique formulas, such as background and life circumstances. • A child may "play" aggressively because older siblings model the behavior at home. • A child may express unusual but non-impairing behavior characteristic of their individuality. • A child who loves a specific type of play may become bo ed and unmotivated to interact with peers when placed in a setting that fails to offer this type of pla .
Timing of behavior	◆ The timing of a chil 's behavior can also be an obstacle. • For example, a child's complete withdrawal from activities while at school could be viewed as defiance or dep ession unless one knew the child was being bullied by peers and only trying to avoid anxiety-provoking situations.

Figure 1-2

age, and environment; timing of the behavior; family diversity and culture; and, as just mentioned, stakeholder knowledge, experience, and training.

A child's mental wellness (emotional functioning) should be viewed through a developmental lens. This means that the chil 's developmental level influences what stakeholders in the child's environment deem typical or not typical, appropriate or inappropriate, or acceptable and unacceptable. For example, one typical and commonly accepted preschool-aged behavior that is also frequently misunderstood as an internalizing behavior is how a child reacts when being separated from a caregiver. A diagnosis of separation anxiety disorder (SAD) is given only when the child's anxiety and distress during separation are inappropriate for the child's age and impairs his or her functioning given their developmental level.

Separation anxiety is a usual occurrence at early stages in development that influences a chil 's conduct, but it typically disappears around the age of three. It is imperative that caregivers diffe entiate concerning behaviors from typical childhood developmental behaviors to be sure that a child's behavior is not the result of modifiable delay in de elopment. When stakeholders are clear on the distinction, they are better equipped to work with children's families in pinpointing possible concerns that may require early intervention.

Another notable obstacle is a lack of clear eligibility guidelines, screening tools, communication, and coordination between community diagnostic and intervention services among stakeholders, including screening programs that involve families (Hodgkinson et al. 2017). This obstacle also encompasses a lack of kn wledge, training, and material focused on EIIPS. Level of impairment is a significant factor to consider when referring a child for an evaluation; to warrant referral, the child's behavior must be impairing to the point of impeding their social, emotional, or cognitive development. However, this can be subjective—something that appears problematic to a teacher in one setting may not be deemed so in another setting by a family member.

Furthermore, inconsistency within variables also creates challenges in developing specific criteria and definitions that ad ess EIIPS. To eliminate as many obstacles as possible, when defining and determining a chil 's behavior, the evaluation questions here should be considered in deciding whether a child should be referred for an evaluation:

- How long has the child been experiencing symptoms?
- If symptoms are recent, are there any obvious precipitating factors, such as a recent move or family discord?
- Has there been a sudden change in the child's personality or an abrupt regression in skill level?

- How are the symptoms specifically affecting or impairing the child? t school? At home? Socially with peers?

Sending home a questionnaire for caregivers to fill out is also a way to gather information about a child.

Handout 4: Sample Family Questionnaire

www.redleafpress.org/tpp/h-4.pdf

This example questionnai e encourages caregivers to list and explain in detail information helpful to stakeholders in catering specifically to child en's unique formula.

The Need for Effective Communication

According to the US Department of Health and Human Services Office of isease Prevention and Health Promotion, programs and committees guided by US and worldwide organizations have been established to begin advocating and initiating awareness about escalating childhood mental health concerns. Guiding points for committees such as the Scientific dvisory Board and the Executive Committee of the Grand Challenges in Global Mental Health include creating policy specific to child mental health, reducing inconsistencies within those policies, and using evidenced-based practices to guide them.

As emphasized on pages 177–78, consistent communication among stakeholders that all parties can easily understand—regardless of background, culture, or education—is needed. Unfortunately, communication challenges and inconsistencies remain commonplace in public education, the foster care system, and early childhood programs. This complicates the p ocess of distinguishing characteristic symptoms of internalizing behaviors from typical preschool-aged behaviors (Whitney and Peterson 2019).

The risk factors and warning signs detailed in this book, eferred to as *action signs*, are intended to help stakeholders identify children struggling with internalizing behaviors. These action signs a e not intended to identify a specific diagnosis but rather to signal that *action* is needed. When stakeholders identify multiple characteristics of an internalizing behavior in a child's daily functioning, it is recommended that they act in the child's best interest pertaining to EIIPS. Action signs are invitations from a child for stakeholders to amplify the child's voice. Stakeholders can help children to become

Please consider . . .
The Goal of Mental Wellness Evaluations

The aim of a mental wellness evaluation is to provide an overall snapshot of a child's development to determine what support services are in their best interest. The screening process involves gathering cumulative information about the child from several sources, including the following:

- family interviews
- teacher comments
- observations by peers
- medical records

Notes about how children maneuver through their day and environmental tendencies that stem from their unique formulas are also beneficial. For each child, it is suggested that stakeholders develop a portfolio that includes a variety of items for evaluation purposes, such as these:

- a running log of daily comments, concerns, and quotes from the child
- descriptions of social interactions with peers
- dated work samples, such as artwork

Please keep in mind that evaluations are collective—a single observation or test score should never have the final say for a child's mental wellness evaluation.

Handout 5: Effective Family Communication

www.redleafpress.org/tpp/h-5.pdf

This handout outlines recommendations for stakeholders to practice consistent and effective communication with children and their families to build healthy home-school relationships and promote ongoing family involvements.

autonomous participants in their recovery process and empower them to build confidence, gain competence, and reestablish the lost control that is often observed alongside concerning behaviors.

A Theoretical Road Map

A theory is an organized system of principles and explanations that guide findings and answer questions. Theories on child de elopment describe a lens through which stakeholders understand child growth and development. Stakeholders should familiarize themselves with not only one but several theories of child development and their

Key Theoretical Principles		
Maria Montessori Theory of a Prepared Environment for Play	**Sigmund Freud Psychodynamic Theory of Play**	**Erik Erikson Theory of Psychosocial Development**
◆ Children require an orderly, beautiful, sensorial environment. ◆ The envi onment should be full of many opportunities to move and explore. ◆ Optimal play, emotional stability, and mental focus occur when children are free to pursue their interests. ◆ Play is a child's work. ◆ For the best "work" to occur, the environment must have essential dimensions (see page 28).	◆ Children's early experiences and relationships significantly impact development and behavior. ◆ Children take play seriously and, if allowed, expend lots of energy on it. ◆ Children master skills through play. ◆ Play is a cathartic means of releasing and transferring painful memories and uncomfortable feelings. ◆ Play behavior is symbolic and driven by emotions.	◆ Play is a natural mode of self-healing for children. ◆ Play helps children progress through developmental stages and skill mastery. ◆ Each stage of a child's development has unique needs. ◆ A child's needs must be mastered before moving on to the next stage. ◆ How caregivers respond to a child in each developmental stage determines whether the child succeeds or fails in that stage.

Figure 1-3

concepts in more detail. The rationale: the combination of several perspectives supports understanding: (a) the complex and rapid changes that occur during the preschool years; (b) how internalizing behaviors impact a child's development and mental wellness; and (c) why play, secure attachment, nature, creativity, and self-expression within a prepared environment are critical and cathartic components for working with children struggling with internalizing behaviors.

The information in this book is framed within three major theories of child development: theory of a prepared environment (Maria Montessori), psychodynamic theory of play (Sigmund Freud), and theory of psychosocial development (Erik Erikson). The complexity of children's struggles with internalizing behaviors means stakeholders must understand key concepts and best practices based on knowledge, not assumptions, of how children learn and develop. These three theories provide a road map for the strategies outlined within each of the chapters that follow by drawing on principles of child development. Given this bedrock, it is my hope that the theories and best practices guiding this book will enhance and inform your work with children and support the building of stronger early childhood education programs. Figure 1-3 summarizes the key points of each theory.

Please consider . . .
The "How" and "Why" of Theories

Although EIIPS aspects grounded in theory are important, so too are how and why they are done. Theories of development secure the framework, or the "how" and "why" pieces of supporting a child. Keep in mind when working with children that something that is a preferred strategy for one theory might not be preferred according to another theory. It is also imperative to consider the following:

- Healthy child development is progressive. Children must master one level of development before moving on to the next.
- What is "best" during that level depends on each theory and a child's unique formula.
- Multiple aspects must be factored into the equation (Mooney 2013).

Theory of a Prepared Environment for Play—Maria Montessori

Many early child development theories emphasize the powerful influence of play on a child's development. However, this book uses Maria Montessori's philosophy as a theoretical framework because she considered play "the work of the child" and contended that for ideal development, the environment must include what she called *essential dimensions* for children to do their best work. For example, the environment must allow consistent, creative movement; provide choice; and foster competence and security. These essential dimensions, or essential needs, a e outlined in detail in chapter 8. According to Montessori, a child's development depends heavily on an environment's preparation; she promoted child-centered, sensory-stimulating settings that are aesthetically appealing, methodically arranged, and full of pleasant aromas, rich textures, and interesting sounds. Furnishings and play tools are child-sized to perfectly fit little hands and bodies

In Montessori's view, the educator's primary duties in preparing the environment are (a) to set up an individualized system where children, regardless of physical ability, are free to move about and to and from activities; (b) to emphasize the natural world as an extension of classroom lessons; (c) to provide children with ample time, tools, and choices for deep and uninterrupted exploration of play; and (d) to provide children with a sense of security, communicated by an environment being consistent, structured, and run by routine. Montessori also strongly believed the environment should encourage family involvement, because children are subconsciously taught from their home environment as well.

Psychodynamic Theory of Play—Sigmund Freud

Sigmund Freud also stressed the significance of play on a chil 's mental wellness, emphasized its cathartic value to support and improve a child's emotions, and considered play a useful means of transference. For example, he highlighted that through play, children create safe contexts to confront anxiety-inducing events by transferring passive experiences (quiet time that may involve listening, drawing, or reading) into active ones (movement time that may involve socialization, engagement, or exploration) and permitting inner conflict to be add essed—for example, in a private loft where a child can go to calm down. Transference is discussed further on page 80.

Freud wrote extensively about play's symbolic and unconscious meaning, describing it as a "poetic creation" and postulating two major aspects of play as therapeutic: catharsis and mastery (Kidd n.d.). The *cathartic* element of play represents children's need to escape and process negative feelings that can impede their development. The *mastery* element stems from a child's need to gain emotional control over their life. Eventually, through both elements, the child regains control in play over what they

may have lost control over in real life. Like Montessori's theory, Freud's *psychodynamic theory of play* is a child-centered, verbally expressive approach and is supportive of children who struggle with developmentally appropriate anxiety, depression, and poor social skills (Salcuni et al. 2017).

Psychodynamic refers to a developmentally appropriate, curative means for children to express their emotions and internal struggles (Fernandez and Sugay 2016). Psychodynamic play tools can help anxious children become more trusting and withdrawn children grow more spontaneous and self-satisfied. They e also beneficial for helping children work through poor self-image issues, such as seeing themselves as bad or unworthy—emotions that commonly are at the core of internalizing behaviors (Halfon et al. 2016).

Theory of Psychosocial Development—Erik Erikson

Erik Erikson's work is valuable to early childhood stakeholders because it illustrates how play provides a strong basis for a child's development and mental wellness. Erikson too viewed play as self-curative and as a pathway through which children can cope with emotional difficulties. reud started the discussion about the cathartic value of play, and Erikson continued examining how and why a child can benefit f om it. He furthered Freud's concept of "repetition compulsion"—a continual craving to return to familiarity, regardless of whether the familiar brings comfort or distress—hypothesizing that through play, children unknowingly reenact and reinvent their stressful experiences to understand and master them (Knight 2017).

Moreover, Erikson's *Theo y of Psychosocial Development* considers the impact of external factors such as home life and parenting style on a child's development. Although both Montessori and Freud emphasized developmental stages, Erikson's theory methodically accentuates the fact that children must pass through a series of eight specific and interrelated stages, and that moving from phase to phase is dependent on completion of the prior stage (Knight 2017).

Erikson's stages are significant—pa ticularly the initial stage, categorized as trust versus mistrust. Unsuccessful completion of this first stage of de elopment leaves children insecure and believing they cannot trust their caregiver (or, by extension, the world) to protect them (Erikson 1950). Many internalizing behaviors and associated symptoms, such as social withdrawal, are a child's maladaptive attempts to regain some sense of control and security within their environment.

The eight inter elated stages are termed the *Eight Ages of Man.* The chapters that follow will refer to the first four stages of rikson's theory, presented in figu e 1-4, which comprise the age ranges on which this book focuses. For a detailed explanation of all eight stages, refer to Erikson's seminal book *Childhood and Society*.

Erickson's Stage of Development	Psychosocial Crisis	Approximate Age
I. Infancy	*Trust vs. mistrust:* A child's ability to develop trust depends on the degree of responsive care by caregivers.	0–1 yr.
II. Early Childhood	*Autonomy vs. shame/ doubt:* Children develop autonomy if they can assert their will and independence through making choices.	1–3 yrs.
III. Play Age	*Initiative vs. guilt:* Initiative develops when children initiate activities with direction and purpose.	3–6 yrs.
IV. School Age	*Industry vs. inferiority:* Industry develops as children pursue challenging tasks with eagerness and curiosity.	6–11/12 yrs.

Figure 1-4. Erikson's Psychosocial Theo y of Development—The ight Stages of Man (first four). dapted from Erikson, Erik. 1963. *Childhood and Society.* 2nd ed. New York: Norton.

◆◆◆◆◆

The five pillars of addressing internalizing behaviors presented in this chapter provide a framework for stakeholders to establish best EIIPS practices within their work with children. As discussed, within this framework it is critical to specifically identify children's unique formulas and to take these formulas into account to ensure that each child is served in the way best suited to them. Bear in mind this information, as well as the child development theories of Montessori, Freud, and Erikson, as the rest of part 1 lays out the key foundational information that will allow you to effecti ely harness the cathartic powers of play as an expression of a child's inner world.

Education / Early Childhood / Behavior

RECLAIM PLAY IN CHILDREN'S LIVES

The mental health needs of children are growing. Internalizing mental health behaviors including anxiety, depression, and social withdrawal are at a crisis level. Through play early childhood professionals, parents, and other stakeholders can support children to gain confidence, develop trust, forge friendships, expand language, discover belonging, and learn to regulate their emotions.

In *The Play Prescription*, Dr. Aerial Liese equips stakeholders to meet the mental wellness needs of children presenting symptoms of internalizing behaviors through a range of research-supported interventions and prevention methods. She offers clear descriptions of educational strategies and includes sample handouts to send home to encourage family support and involvement.

By reclaiming play in children's lives, not only are their academic experiences enhanced but their mental wellness, growth, and development too.

"*The Play Prescription* takes one of the most complex issues early childhood teachers face—the battle between theory and practice—and makes it relevant, accessible, and rewarding while emphasizing the value of play and investigative learning."

—Alexis Esslinger, EdS, director of teacher education programs, San Juan College

"*The Play Prescription* is a rich and theoretically sound reference work for the essential role of play in the development of children—not as vacation from learning and not as a reward for other 'productive' endeavors, but as the single most important support for normal child development."

—Dr. George Davis, former vice chair for child psychiatry, University of New Mexico, and director of psychiatric services, New Mexico Department of Children, Youth and Families

Dr. Aerial Liese has a PhD in Special Education and a minor in Mental Health and At-Risk Populations. She teaches for the teacher education program at San Juan College and third grade on a Native American reservation in New Mexico.

"Dr. Liese provides strong research and evidence to support the importance of play. Play is vital in the early years—as important as letter sounds, counting, and word recognition."

—Jerome Boushee, MEd, Principal, Native American reservation in New Mexico

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