

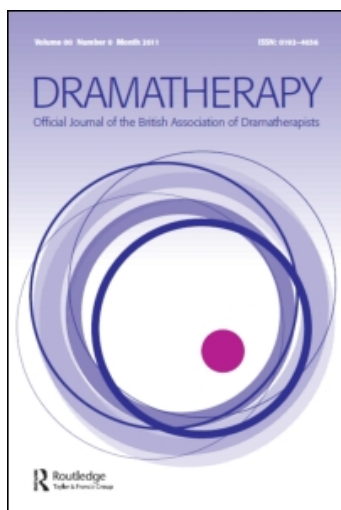
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Play and story attachment assessment (PASAA)

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CLINICAL COMMENT

Play and story attachment assessment (PASAA)

Sue Jennings*

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Introduction

Increasingly dramatherapists and others are being asked to demonstrate the effectiveness of their work, and produce outcome measurements for their practice. In many situations it will influence the employment of the individual and also the 'model of practice' in relation to scarce resources. Descriptive measures are no longer considered scientific enough or subject to rigorous independent clinical trials.

I have long used the EPR developmental paradigm both as a model of practice (Jennings 1990 onwards), and more recently (Jennings 1998, 1999 onwards) as a means of observation and assessment. Over the years it has been refined in relation to more detailed stages and activities. However, it lacked the finer detail when applied with children and teenagers with more complex needs. With my own focus developing in work with pregnant women, and mothers of new-born babies I was increasingly looking at the time of pre-birth and post-birth, in relation to attachment and playfulness. This is the background to the emergence of the PASAA technique.

The application of PASAA involves observation, information gathering, discursive questionnaires and story sharing. PASAA mainly focuses on attachment-based 'Neuro-Dramatic-Play' in order to determine attachment needs that could be addressed through dramatherapy or play therapy.

The PASAA explores a child's capacity to be playful, to use their imagination and to enter into role-play, in order to understand their early attachment experience. This usually needs interactive assessment. Factual information about age, gender and ethnic background may be available in existing records, but can be elaborated where there is a willingness for families to engage with the assessment process. The PASAA needs as much information as possible from before the child's birth, the early hours, days, weeks and months. Erickson (1950, 1963) stated the crucial first stage is 'Hope: Trust versus Mistrust 0–1 year', in his of eight stages of psychosocial development.

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Neuro-dramatic-play

Neuro-Dramatic-Play has three main components which are: Sensory Play, Rhythmic Play and Dramatic Play, all underpinned by repetitive and ritualistic stories. We can observe all these forms of play and story during pregnancy and after the baby is born. There is a continuum that develops from playful pregnancy, to playful consonance to playful echo to playful mimicry (Jennings 2010); this continuum is usually completed within the first three months, and consolidated by 12 months. Most infants pass through the stages of sensory, rhythmic and dramatic play within the family that provides positive attachment (Bowlby 1979) and secure parenting.

Neuro-Dramatic-Play integrates our greater understanding of the complexity of early brain development, contemporary thinking on childhood attachment, and the emergence of Dramatherapy (and Play Therapy) as a primary intervention with children and young teenagers, who have emotional and behavioural difficulties. It is also influenced by the more recent synthesis that both nature and nurture are necessary for healthy child development. Contemporary neuroscientists point out that nature and nurture are two aspects of the same development, and that one relies on the other (LeDoux 1998).

The PASA assessment comes in three parts:

- Part (1) Events and information remembered by the participant, parents, friends and relatives (Figure 3).
- Part (2) Responses to sensory, musical and play materials (sensory, rhythmic and dramatic play; Figure 4).
- Part (3) Responses to storytelling: Story Sharing and Story building (Figure 5).

Part (1) Events and information remembered by the participant, parents, grandparents and other relatives and significant friends

This must be conducted within professional ethical guidelines and with permissions. It tries to discover the stories told about the individual during their early life, as well as those they tell about themselves.

Material is elicited through prompts if necessary such as ‘Do you remember when?’ (Simon was born, Mary became so angry); ‘What was it like for you when?’ (Carrie went into hospital, John was always clingy); people will respond if they can tell their story and do not feel blamed or shamed. With children it can be a game of ‘Lets remember’ (when you came to your new home, when mummy was ill). Children and young teenagers can usually recall some things that have been said about their early life: ‘my mum never wanted a baby’ (or baby boy or girl); ‘she said she had a hard time with me’; or see Walsh (2010) where Mikey Walsh

describes how his grandmother said that he looked like a pig when he was born, and kept re-telling it to the whole family.

Parents may be willing to give information and caution needs to be exercised with possibly biased information from other relatives. Useful information includes, (see recording sheets): wanted/difficult pregnancy; post-partum depression; breast-feeding; sleep patterns; perceived 'difficulties' (e.g. always crying); support from partner/friends/relatives; economic difficulties; early return to work; other carers; developmental milestones (physical, social); playfulness and story-telling (details if possible); mother's own emotional and physical well-being. The sheet at the end of this article can be used as an *aide memoire*, to be filled in after the discussion. However, there are usually other issues that a person may want to share with you. Usually people do not mind you taking notes if you explain that it is to get the bigger picture. Some of this information may overlap with Part 3, as people are encouraged to tell their stories as well as listen to others.

Part (2) The child's or teenager's responses to a selection of sensory and playful equipment in the play and drama room

This records the range of responses to the play materials that will include: bubbles, dough, baby cream, snacks, drums, puppets and more; these are filled in on a pie chart to see where the child is playing developmentally.

The play and drama room create a varied sensory ambience with shaving foam, bubbles, hand cream, finger paint, clay; velvet, canvas, corduroy, pan scrubbers, stiff brushes; a sand tray and small toys; coloured balls, rainbows; essential oil smells; bells, drums, pipes; savoury and sweet snacks and fresh/dried fruit; stones, shells, crystals, rings, beads; paints, coloured pens, paper; glue and collage materials (such as coloured paper, fabric scraps, assorted magazines); a varied selection of puppets; a selection of caps, hats, cloaks, wings, wafty material; props such as magic wands, mobile phones, cameras, purses, bags, wallets.

If the individual or group is attracted to, and wants to play with, stuff in the room, track the materials they respond to and whether they play alone or invite you to play with them; do they sustain their play or move onto different materials?

Are they mainly engaged in sensory play or rhythmic play or dramatic play? Do they play alone or with others? (with you or with members of a group). How do they play with the materials? For example, do they show a brief interest or a cursory dabbling and flicking? When recording your observations, be aware of the *quality* of the playing: is it messy and beyond the borders? Does it show perseverance and determination? Is it inventive and creative? Record these impressions on your recording sheet.

It is important to keep a record of the materials in your room and to be aware of the contrast between different items. In the recording sheets the materials are grouped in clusters, according to 'like to like'. *Cross out on the lists any that you do have and add any that you feel are significant* (Sheet B).

Part (3) The child's responses and involvement in story sharing (stories shared by therapist and participant)

This records the child's responses to the sharing of a story that has attachment themes, and the themes of their stories when responding to a stimulus for developing a new story. Attention is paid to the dominant characters and their qualities as well as the overall themes of the stories.

The story aspect of PASAA allows participants to respond to stories that have attachment and resilience themes (for example 'The Child Who Disappeared' (Jennings 2010), 'Tara, the Mermaid's Journey', 'Pele and the Volcanoes' (Jennings 2004), 'The Falcon Feathered Cloak' (Jennings 2005)). These stories (or similar ones) can be shared, and then drawn or dramatised or discussed. Participants may offer their own stories that can be an existing story or a story they create. All these activities come under the heading of Story Sharing.

You will be observing the child's attention to the story and any interest or identification with the themes; curiosity and questions and any links expressed with their own lives. Observations are also recorded of the way the child makes use of the story for painting or dramatisation. Record your observations on the recording sheet for Part 3. Use a rating scale of 0–5 to indicate the child's level of involvement when 1 = no interest/indifference, 2 = occasional attention, 3 = attention for significant time/vocal comments, 4 = involvement in the story, 5 = involvement and vocal comments on the story.

Part (3a) The child's responses to StoryBuilding (initial stimulus and 'what happened then')

The StoryBuilding technique can be used with all age groups and can lead into art and drama activities. It encourages the development of narratives from a variety of stimuli, and for assessment purposes the interest is in both the participant's capacity for storytelling (imagination and linking), and the themes of the stories in relation to: attachment, loss, trust, feelings (including extremes), hope and change. There are several ways into the stories and the therapist can doubtless create other ideas:

- (1) Use simple word or phrase association to create a joint story with the participant.
- (2) Suggest that a story could be told from a diverse collection of picture postcards that depict relationships, generations, isolated children, barren and fertile landscapes, tame and fierce animals, soft toys.
- (3) Put several contrasting objects on a tray and invite the participant to make up a story that includes them all (for example, a pair of spectacles, a key and some kind of certificate; or an airmail letter, a ring and a hairbrush). You can help move the story on so that it does not feel like a test: What happened next? Was anyone else there? How were they feeling? When are they running?

Processing PASAA

Processing the information

When all the observations have been logged, it is now possible to see patterns in all three stages of the assessment. You may or may not have gathered information, observations and stories in all parts of the assessment; some parts you may feel more at ease with than others; relatives may not be available or willing to talk to you; children may refuse invitations to play or tell stories. However, it is likely you will have some information and it is important to assemble it and first of all look for patterns. For example are there repeated patterns of (1) abandonment, rejection, disempowerment; is there (2) violence, bullying, and rage (or other extremes of feelings); are there obsessive behaviours about (3) food, drink, drugs, theft; are there themes of (4) abuse, cruelty, sexualised behaviour; are there positive feelings of (5) love, affection, kindness; is there any (6) hope, courage, empathy; is there expression of (7) positive attachment, empathy, relationships; is there demonstration of (8) creativity, imagination, humour.

What is the balance between the different themes and materials from Part 2 and 3? You may reflect on this by observing the *intensity* or the *frequency* or the *pre-occupation* with some themes rather than others. You can time the different modes or themes so that you can work out a percentage and enter it into a pie chart. (See figures 1 and 2 which illustrate this very point).

Work out the proportion of the themes 1–8, some of them may not feature at all. Create a colour-coded pie-chart that shows a balance of the themes. The following is an example of a typical chart from an eight-year-old boy on a dramatherapy programme.

If possible, it is desirable to have more than one observer and to compare observations afterwards; it is also possible that another person could look at the themes of the stories, for example.

An example of practice (no defining detail)

A dramatherapy project took place during the summer holidays for a group of children aged between seven and 11 years who were either excluded or at risk of being excluded. They were referred by teachers and social workers, parental permission was obtained and the children came from 0930 to 1530 daily, and were provided with lunch. There were nine children in the project, two girls and seven boys, although one boy dropped out through parental misinformation. The 11 staff (two men, nine women, included dramatherapists, play therapists, learning mentors and a psychology student), meant that each child had an adult partner throughout, and there were two people who could ‘hold’ the overview, and see to emergencies. Supervision was provided daily.

The time was structured around EPR, starting with movement and sensory play in the morning, finger painting and modelling in the later morning, sensory room and feedback in the afternoon, finishing with rhythmic play before going home.

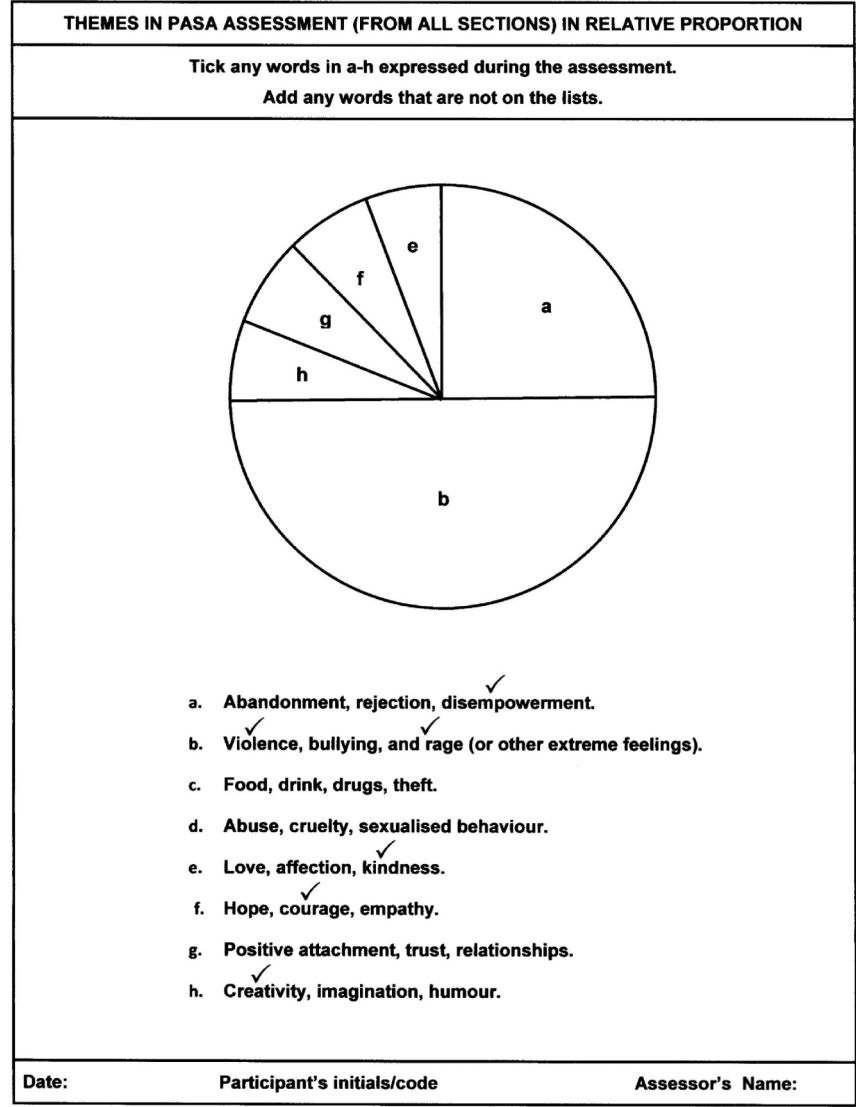


Figure 1. Themes in PASA assessment (from all sections) in relative proportion.

It was expected that the group would move through the EPR stages so that by the last two days they would be playing roles, developing scenes and creating masks. However no group members were able to move beyond the Projective Stage, and there was a predominance of sensory and messy play (this project is written up in Johnson, Pendzik and Snow, 2011). None of the participants were able to take on

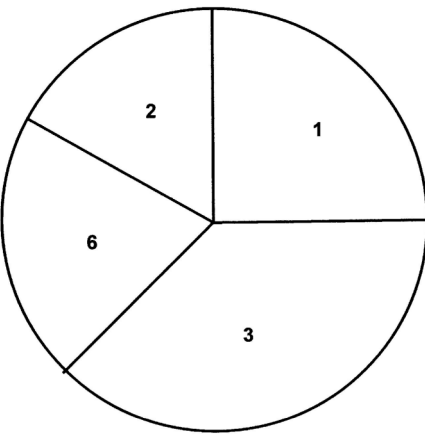
PASA ASSESSMENT OF MATERIALS USED		
Remember to delete below any materials you do not have available, and add any that you have that are not on the lists.		
		
<ul style="list-style-type: none"> * (1) Sensory play: shaving foam, bubbles, hand cream, essential oils. * (2) Nurture: snacks, drinks, fruit, feeding bottle, soft blanket. * (3) Messy play: finger paint, clay, sand and water. * (4) Textures: velvet, canvas, corduroy, pan-scrubbers, stiff brushes. * (5) Rhythmic play: Bells, drums, pipes, clackers, shared drum. ** (6) Sand play: sand tray, small toys, shells, stones, crystals. ** (7) Art play: beads, paints, coloured pens, paper, collage (magazines). *** (8) Dramatic play (i): Large and small puppets, both animals and humans. *** (9) Dramatic play (ii): Caps, hats cloaks, wings, magic wands, 'phones, purses, bags. 		
*Embodiment **Projection ***Role		
Date:	Participant's initials/code	Assessor's Name:

Figure 2. PASA assessment of materials used.

Part 1	
PASAA: INFORMATION FROM PARTICIPANT, RELATIVES AND FRIENDS	
(Please fill in one form for each respondent.)	
	Information for PASA
1. Difficult/wanted pregnancy.	
2. Post-partum depression/medication.	
3. Breast feeding/sleep patterns.	
4. Perceived 'difficulties' (crying?)	
5. Support from partner/parents/relatives/friends.	
6. Economic difficulties.	
7. Early return to work.	
8. Other carers.	
9. Developmental milestones (physical/social).	
10. Playfulness and storytelling.	
11. Mother's emotional and physical well-being.	
12. Mother's resilience/copying.	
Other issues.	
Date:	Number of discussions:
Therapists name:	
Name of respondent and relationship to participant:	

Figure 3. Part 1: Events and information remembered by the participant, parents, friends and relatives.

Part 2		
PASA ASSESSMENT: SENSORY, RHYTHMIC AND DRAMATIC PLAY		
Choice of play materials.	Quality and style of play.	Solitary play or partner play,
Section One: Sensory Play		
Section Two: Rhythmic Play		
Section Three: Dramatic Play		
Other observations:		
Date: Participant's initials/code Assessor's Name: Continue overleaf:		

Figure 4. Part 2: Responses to sensory, musical and play materials (sensory, rhythmic and dramatic play).

Part 3		
PASA ASSESSMENT: RESPONSES TO STORY SHARING		
1 = no interest/indifference, 2 = occasional attention, 3 = attention for significant time/vocal comments 4 = involvement in the story, 5 = involvement and vocal comments on the story		
Story or stories used; Themes expressed.	Level of attention/involvement (Scale 0 – 5 as above)	Themes explored through dance, art, drama, music, sandplay, other.
Any other comments:		
Date:	Name or Code of Participant:	Name of Assessor:

Figure 5. Part 3: Responses to storytelling: story sharing and story building.

Part 3(a) PASA ASSESSMENT OF STORY BUILDING			
Story method explored:			
Summary of story:			
Were prompts needed?			
Was it a shared story?			
Dominant themes (describe):			
Dominant feelings:	loss <input type="checkbox"/> fear <input type="checkbox"/> abandonment <input type="checkbox"/> neglect <input type="checkbox"/> rejection <input type="checkbox"/> anger <input type="checkbox"/> violence <input type="checkbox"/> cruelty <input type="checkbox"/> despair <input type="checkbox"/> blame <input type="checkbox"/>	affection <input type="checkbox"/> hope <input type="checkbox"/> change <input type="checkbox"/> trust <input type="checkbox"/> optimism <input type="checkbox"/> friendship <input type="checkbox"/> justice <input type="checkbox"/> resolution <input type="checkbox"/> forgiveness <input type="checkbox"/> patience <input type="checkbox"/>	
Quality of characters (please tick):	courage <input type="checkbox"/> cruelty <input type="checkbox"/> affection <input type="checkbox"/>	leadership <input type="checkbox"/> violence <input type="checkbox"/> sympathy <input type="checkbox"/>	desperation <input type="checkbox"/> apathy <input type="checkbox"/> fairness <input type="checkbox"/> empathy <input type="checkbox"/> sadness <input type="checkbox"/> injustice <input type="checkbox"/>
Was there a sense of good triumphing over evil: Please describe the ending of the story. Describe overleaf if the story shows strong resilience or see 'Drama and Story Resilience Assessment' (DASRA (Jennings 2011)).			
Date:	Participant's initials or code:	Name of Assessor:	

Figure 6. PASA assessment of StoryBuilding.

roles, despite the support of their adult partner, and indeed their behaviour changed rapidly when there was no Embodiment Play or Projective Play.

By using the PASA Assessment, together with a re-classifying of the presenting play with Neuro-Dramatic-Play rather than Embodiment-Projection-Role, we observed some interesting results:

- (1) For the whole group, none of the children were able to enter the role stage.
- (2) For the whole group if there was no Embodiment or Projective play, they acted out their everyday destructive or isolated roles.
- (3) Most of the group had a preference for sensory play (especially massage and messy play) and rhythmic play using a very large drum.
- (4) One individual showed that he had overriding themes of violence and aggression which he expressed by stabbing clay and drawing very violent stories. He responded to nurture through massage and fleecy blanket but at times needed two adults to contain him, and his repertoire of swear words was surprising for a seven-year old. His overall PASAA score was 75–25% as he was able to show concern for his peers and show trust in a peer-partner to balance him.
- (5) At the end of the programme this boy showed some positive changes: he showed courage in the risk exercises; sustain his frustration when creating a model; create one positive picture of his own self-portrait. This was through working with intensive NDP rather than expecting developmental EPR.

All the staff who were involved in observation and processing said that there was a consensus that the children were all functioning emotionally at two to three years. Therefore we could understand, that it was not they would not play roles, they could not play roles.

(For more information on PASAA, and copies of blank charts that may be photocopied, please email drsuejennings@gmail.com. The EPRA assessment is in preparation for January 2011. The PASAA-EPRA training programme will be announced in April 2011.)

Notes on contributor

Sue Jennings, PhD, is a Dramatherapist, Play Therapist, Actor and Storyteller. She is currently completing a new book on Neuro-Dramatic-Play for Parents (Jessica Kingsley), and Anger Management for Teachers and Therapists (Hinton House). Sue is continuing her work in Romania with the Railway Boys Project, and training Romanian Play and Dramatherapists and Supervisors. She has retired from most of her clinical work and spends balmy days with her husband Peter whom she has recently married.

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