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CHAPTER 6

Therapeutic Technique: The Tools of Preschools That Heal

LESLEY KOPLOW

TEACHERS AND CLINICIANS who are committed to acknowledging the meaning in children's behaviors face the task of adhering to their psychological principles while managing groups of very difficult children. Therapeutic techniques can be employed not only by individual therapists who are working with children on a deep level but also by teachers and other clinicians who are working on developmental and socialization issues within the group setting. Therapeutic techniques are available to all staff members who work in preschools that heal for use at appropriate moments. These are moments when traditional management strategies and intervention models fall short of what is meaningful for emotionally fragile children.

The therapeutic techniques suggested in this chapter will give the early childhood professional a repertoire of responses that can be used to address emotional and social issues expressed on verbal and nonverbal levels. The techniques will help the teacher or clinician to act effectively and attend to the emotional lives of children within the therapeutic milieu.

THERAPEUTIC LANGUAGE

Therapeutic language is a main vehicle for setting the emotional tone in a therapeutic milieu. Therapeutic language is distinctive in many ways: It is clear, spoken with genuine affect, and does not convey moral judgment. Therapeutic language is spoken with real communicative intent. It is not an exercise in politeness or a

request for performance, but a dialogue of meaningful expression. While teachers and clinicians using therapeutic language may want to question a child or group of children during conversations, therapeutic dialogues do not consist of a series of questions from adult to child. Rather, questions are used in conversation as they would be in typical verbal exchanges between adults; one person asks something of the other in order to obtain the other's perspective or needed information.

The examples of therapeutic language in Figure 6.1 may serve to clarify its purpose and demonstrate its use. The examples are juxtaposed with more typical language patterns of preschool personnel in order to contrast therapeutic and traditional language modalities.

Therapeutic language requires fewer questions as initiators of conversation, relying instead on the adult's use of observational comments to help children make emotional and conceptual connections.

REFLECTIVE TECHNIQUE: LANGUAGE AND STORY

Therapeutic language is partially informed by client-centered psychotherapy approaches, which advocate the use of reflective techniques to help clients clarify and connect to their own thoughts and feelings. Reflective techniques can be employed with children on verbal as well as nonverbal levels.

Verbal reflections can range from literal repetition of what the child has said to more selective reflections of content or affect. For example, a child huddles in the cubbies outside of the classroom, refusing to enter. When the teacher tries to coax him in, he says, "I don't want to come to school." They have the following interaction:

TEACHER (*regards child empathically*): Sounds like you didn't want to come to school today.
CHILD: Ana didn't go to school!
TEACHER: Oh! Ana stayed home with Mommy?
CHILD (*nods*): I want to stay with Mommy, too. (*He sounds angry.*)
TEACHER: Ana stayed home and you had to come to school. You sound angry about that. Do you want to write a letter to Mommy to tell her how you feel?
(*The child nods, takes teacher's hand, and enters the room.*)

In this instance, the use of reflective technique helps both teacher and child to clarify the situation at hand. The teacher uses both literal reflection and selective reflection of affect to intervene effectively. The reader will note how readily the child was able to give salient information even though, or perhaps because, the teacher does not demand answers from the child.

FIGURE 6.1 Examples of Therapeutic Language

Situation	*Traditional Response*	*Therapeutic Response*
1. One child intentionally hurts another.	"No, Samuel! That's not nice! Why did you do that?"	"No hitting, Samuel. If you're angry at Donna, use words."
2. Child abruptly pinches the teacher.	"Marie! Don't do that! Don't you want to be Ms. Lillian's friend?"	"Ouch! That hurts me. It's not O.K. to pinch. If you're angry, tell me."
3. Several children playing in the sandbox have arranged various colored cups in one corner of the box.	"Oh look! What color cups did you use for your design?" *Children's response:* "Red, blue, yellow..."	"Oh look! You put all different color cups together in the corner." *Children's response:* "That's the fort. Now the bad guys can't come in."
4. Teacher is handing out cookies at snack.	"Miguel, if you want a cookie, say 'please'!"	"Miguel, here's your cookie. Do you want juice?"
If child remains unresponsive to the above:	"Oh well, I guess you don't want any snack today!"	"If you decide you want a cookie, I'll leave it right here for you."
5. Child has wet her pants and is crying. She has never done this before in school.	"Oh Mandy! You know how to use the bathroom! Next time, be a big girl!"	"It's alright Mandy. Kids forget sometimes. Let's go get dry clothes for you."
Mandy's crying escalates as the teacher proceeds to change her.	"Let's sing the new song we learned in circle today."	"Are you worried about what Auntie will say?"
6. One child is left waiting for her bus at the end of the morning. The teacher is waiting with her. The child says, "I'm not coming to school tomorrow!"	"Sure you are! Tomorrow is only Wednesday! Do you know what day comes after Wednesday?"	"Maybe you're worried about being left in school, because it's taking the bus a long time to come."
7. Child has put a large puzzle together independently.	"Good boy!"	"Hey look! You know how to put the whole thing together!"
8. Child is taking playdough from the table and putting it on the rug.	"Why did you put that playdough on the floor?"	"Ronnie, no playdough on the floor. The children might step on it."
9. Child is intent on painting every available space of his piece of easel paper.	"Why don't you start with a new piece of paper, Tyrone? You'll have more room."	"It looks like you really want to cover up all the spaces on your paper!"
10. Children are taking small dolls from the dollhouse and putting them into the back of a play garbage truck.	"Why are you putting those babies in the garbage truck? Don't you want them in the house and cook them a nice dinner?"	"Oh no! The babies are getting thrown into the garbage? Maybe they're crying!"

Another example of reflective technique is demonstrated in the following interaction with a parent who has come in upset. The assistant summons the teacher from the supply closet, as a mother is demanding to know her child's whereabouts and is speaking in a loud and angry voice.

TEACHER: Good morning.
PARENT: Good morning. I would like to know why my daughter came home yesterday with paint all over her clothes.
TEACHER: Well, we did some painting yesterday . . .
PARENT: Well, I can't afford to be letting her ruin her clothes every time you do an art project! It's not like I'm in any position to keep expanding her wardrobe!
TEACHER: You sound really upset. I guess you're thinking that if it happened one time, it can happen again.
PARENT: She might want to paint every day!
TEACHER: She might. Do you have any old shirts that you could send in so that she could put them over her outfits? We do have smocks for the children, but they don't cover their sleeves.
PARENT: Well, I do have some clothes my sister gave me, but they look so raggedy! I don't like to send her to school looking like that!
TEACHER: You like her to look nice when she comes to school. How about if you keep dressing her the way you have been, but send the old clothes to cover her outfits when she paints. Then we just have to figure out how to deal with outdoor playtime! That's when the kids really get dirty!
PARENT: Oh Lord! I guess it doesn't pay to get her too dressed up, does it?

In this interaction, the teacher reflects both affect and content to create a greater degree of receptivity to her suggestions and to help the parent to come to some conclusions about the problem on her own.

Many reflective techniques used with young children are nonverbal. The use of *bibliotherapy* materials in early childhood programs recognizes the power of reflective technique. Bibliotherapy is the classroom use of books with stories that reflect a range of cultural issues, developmental concerns, life experiences, and emotional dilemmas. Reading a book about comings and goings to a group of children experiencing separation anxiety acknowledges the children's concerns as part of human experience. Reading a book about what makes kids feel afraid may be soothing to a group that has just been badly startled by a noise coming from outdoor construction and may promote a more organized behavioral response to the feelings of fear.

While use of available children's literature can be an effective means of reflecting and addressing children's issues, teachers and therapists may want to make books for children in order to address the particulars of their unique issues and

circumstances. For example, there are many books about the responses of children to the birth of a sibling. However, when a teacher in a therapeutic nursery became pregnant, the staff decided to make a book that would reflect the issues that faced the children who would be affected by her pregnancy. Using photographs, drawings, and cutouts from magazines as illustrations, they made a book to address the children's concerns as a group.

When a foster child in a preadoptive home was suddenly prevented from visiting her biological mother due to the legal termination of her mother's maternal rights, her teacher and therapist made a book for her about the confusing changes that were occurring.

As young children cannot rely on language alone to clarify abstract and complex issues, reflective techniques that include a visual representation of the content are often highly effective. Books can be made that reflect affective events as well as experiential ones. Teachers may want to identify common issues that the children in their class are concerned with and make books about those issues. Curriculums about affects can be augmented with teacher-made books about things that make the children feel afraid, angry, sad, or worried.

Teachers and clinicians who are interested in employing this therapeutic technique may use the following guidelines in creating their own books:

1. Define the parameters of your topic. Don't include extraneous material.
2. Assess the developmental and language levels of your audience, and reflect that level in your choice of words, storyline, and pictures.
3. Make sure that illustrations or photographs correspond to the content of the page.
4. Use illustrations that reflect personal features of the children's physicality, affects, environment, and cultural identity. Avoid drawing stick people, which may give children confusing feedback about body image.
5. Make sure content reflects or addresses children's developmental reality, experiential reality, or both.
6. Include only one photo or illustration per page to ensure that the group focuses on the desired content.
7. Use oaktag instead of paper to increase durability of the books. Cover the oaktag with clear contact paper or laminate it to prevent tearing or water damage.
8. Secure the pages with notebook rings or large paper fasteners.

Books made by teachers and clinicians can be read to groups as well as individuals; read-alouds should be followed by an open-ended invitation to discuss the content of the story. Teachers can ask the children what they thought about the story or what the story reminded them of. The teacher mentioned earlier read the story about her pregnancy during circle time. When she finished, she left time for the children to respond and followed this with an activity that allowed children to work on their feelings about the subject (see Chapter 9). The

teacher then gave the book to the play therapist treating a child who seemed very concerned about the pregnancy topic. The use of the book in the individual session then yielded further information about the meaning of the experience for this particular child.

It is good practice to invite children to make their own books that hold symbols about experiences that are meaningful to them. When teachers allow children to tell their own stories through dictation, drawing, drama, and other ways of creating narrative, they are engaging in a powerful form of intervention. By facilitating this form of self-expression, the teacher is providing the child with a variety of symbolic opportunities to communicate his emotional and actual experience as well as stimulating brain functions that support memory and higher-level thinking (Siegel, 1999). Teachers can also model and invite storytelling about experiences that have affective significance. Studies have shown that young children who have had opportunites to co-construct narratives with their attachment figures are more capable of regulating their emotions and their behaviors (Oppenheim, Nir, Warren, & Emde, 1997).

Finally, the use of mirrors in the early childhood classroom may be considered a form of reflective technique. It is important for young children to learn about themselves and to get feedback about their physical presence, affects, and actions. Mirror play allows children to gather that feedback, both independently as they regard their images changed by the donning of dress-up clothes, or as initiated by the teacher who holds the screaming child before the mirror to remind her that she is still whole.

Techniques That Invite Expression

Teachers often worry that extending open-ended invitations for self-expression will result in anxious, explosive behavior on the part of emotionally troubled children. Learning specific techniques that invite self-expression within a structured context may allow staff to feel more confident about working within this emotional territory.

Opportunities for symbolic play, drawing, painting, and playdough or clay use must be built into the curriculum in preschools that heal. These same activities can also be used to facilitate children's expression regarding particular issues or anxiety-provoking events. While this concept underlies the method of curriculum development advocated in Chapter 9, it is the combined use of therapeutic language, curricular activity, and therapeutic technique that constitutes an integrative force for emotionally fragile children.

Spontaneous drawings are highly valued and well protected in preschools that heal. Teachers may ask the child if there is a story to go with the drawing and write the story down exactly as dictated. She may then mount the drawing or help the child place it in a folder of drawings that he has made. Often, consistent themes will emerge as children draw over time. Staff may learn to recognize the meaning

of the metaphors as they become familiar with a child and her concerns. A 4-year-old boy who frequently became lost in fantasy and seemed to be in his own world often drew elaborate under-the-sea drawings, rendering the features of this "other world" in great detail. Other times, metaphors may be unclear to the teacher or clinician. The following exchange, which occurred just after the child had drawn and dictated a story about a mountain—his sixth mountain story that week—helped the teacher to get more information about a child's representation:

TEACHER: You like to draw about mountains.
CHILD: I like a lot of mountains.
TEACHER: Can you tell me more about that?
CHILD: Because when the water's all gone, then you have to go to the mountain so more snow can melt.

There are a number of ways the teacher can chose to respond to this. A teacher in a preschool that heals would go beyond the scientific concepts expressed in the child's comment and assume that it had some particular relevance to him. She might simply acknowledge his comment, reflect the concern about the water being all gone, reflect the positive features of the mountain as a resource, or simply make a mental note of the dialogue in case the child decides to elaborate at a future time. The issues that the child raises can be followed up in more depth if the opportunity arises, but the initial dialogue is valuable whether or not this occurs. The teacher's invitation to elaborate communicates her conviction that the child's expressions are meaningful and important, whether the meaning remains private or is shared. The context of the comment will help the teacher or clinician to understand its relevance. For instance, those close to the child might feel that the metaphor had a distinct message if the child were in the process of being weaned from the breast, was watching an infant sibling begin to nurse, or had suddenly been left in the care of his grandmother due to a serious maternal illness.

By providing children with the tools for self-expression and inviting elaboration, teachers and therapists convey their willingness to listen and to "hold" the child's metaphoric explorations while they are in process, allowing the child to return to these inventions of the mind at intervals to further develop and articulate feelings and thoughts.

Containing Techniques

Allowing emotional life a place in the preschool classroom will feel unsafe to children unless they are secure in the knowledge that the environment is strong enough to contain their feelings. Certainly, the process of addressing emotional issues will feel overwhelming and dangerous to the staff themselves if they feel at a loss to contain emotional responses or to manage emotionally charged behavior.

There are several features of the preschool milieu that serve containing functions. The first is the implementation of stable daily routines. Preschools that heal should take care to protect the children's rights to experience school as a dependable environment. Playtimes, snacktimes, meeting times, and so forth should always occur in spite of an individual child's inability to comply or in spite of a group's disruptive behavior. While preschools that heal are responsive to the individual child's distress and leave room for the expression of inner life in the curriculum, children need to know that the school structures are strong enough to survive their outbursts. Teachers can empathize with the child's distress about some aspects of the routine, but the routine itself should be carried out.

Clinicians who work with children individually should adhere to their treatment schedules and help children anticipate their sessions by using picture charts and other learning aids. While some children are too young to understand the days of the week and cannot organize themselves according to the calendar, if therapists are consistent these children will begin to feel the rhythm of their session patterns. This will help the child to feel more organized and less anxious.

While children need to know that they are not going to destroy the fabric of the school routine, they must also be sure that their relationships with significant adults at school are strong enough to survive angry interactions and tumultuous feelings. Children are ultimately reassured by the adult's ability to be firm and containing as long as the adult is not punitive and does not disconnect from the child in response to difficult behavior. For example, a little boy suddenly decides he had forgotten to paint during playtime and jumps up from the lunch table to retrieve paints from the closet. The teacher tells him that he can paint again tomorrow. The child becomes agitated and begins to pound and kick the latched closet door. The teacher tells him that she knows he is angry but he needs to stop as he is in danger of hurting himself and damaging the door. He is also disrupting the group, which is eating lunch. The child continues to pound and kick. The teacher comes from behind him and holds him, wrapping her arms around his hands and thus immobilizing him.

CHILD: Let go of me! You're hurting me!

TEACHER: I'm not hurting you. I'm holding you. I can't let you pound and kick the door. That's not safe.

CHILD: Let me go!

TEACHER: When you can stop pounding, I'll be able to let you go. Right now I need to hold you.

(*The child attempts to extricate himself, but the teacher's hold is firm. He eventually begins to sob, stops resisting the hold, and turns to cling to the teacher, who provides comfort at that point.*)

TEACHER: It's hard for you at the end of the day. Maybe we can think of a way to make it easier.

(*The little boy leans against the teacher, taking a deep breath, recovering.*)

The teacher's use of a holding technique involved holding the child by sitting or standing behind him and helping to contain his aggression. This helped to facilitate the expression of emotion that was being masked by the boy's driven behavior. The teacher's words were clarifying and supportive and announced her intention to stay with the child through his struggle. If the child's behavior warranted removal from the group because it was too disruptive and was taking a long time to resolve, the teacher or assistant involved with the child during the altercation would have accompanied him into the hallway or other containing space and stayed with him throughout the process.

A teacher who wants to communicate her ability to contain a child should avoid threats to reduce contact with him. For instance, telling the child that he will have to stay at home gives him the message that indeed the teacher is not strong enough to survive his difficult behavior, which he may be likely to escalate in order to test her commitment. Teachers may need to give the following message to difficult children again and again: "I know you're angry with me right now, but I won't let you hurt me. I'm still going to be your teacher, even if you get angry."

Modifying Behavior Modification

Many programs use behavior modification techniques both to motivate learning and to extinguish negative behaviors in preschool children. Programs that routinely use rewards or reinforcers to motivate learning should beware. Evidence shows that continual use of external rewards may interfere with the intrinsic motivation that underlies successful learning in early childhood (Greenspan & Wieder, 2006; Katz, 1985). Children who organize themselves around earning rewards may become less involved in the actual learning activities and processes. Programs that routinely use behavior modification techniques to extinguish negative behaviors may neglect to address the source of the difficulties and may find that the child finds another undesirable means of expressing his or her distress after the target behavior has been extinguished.

Behavioral techniques are sometimes useful in preschools that heal, but they are generally considered ancillary to more developmentally salient approaches. A language therapist may implement a sticker reward system to entice reticent children to participate in language-based activities so that they will ultimately experience themselves as achieving mastery through the treatment process. Once the children can participate in the treatment activities and express pride in their accomplishments, the stickers may be eliminated or used as part of a language routine instead of a reward.

Children who continually hurt others and subsequently disconnect from their aggressive behavior may be good candidates for a "modified" behavior modification program. The goal of this particular system is to increase the child's awareness of her hurtful behavior as well as increasing her awareness of her own socially

appropriate behavior. The system involves obtaining a small notebook for the child who is hurting others in which each of her classmates' names are listed. Following periods of the day when the child is at risk for hurting, a teacher takes the child aside and together they recall whether the child has hurt any of her classmates during that period. The child involved must consider each classmate individually and recall her interactions with that classmate. If the child has not been aggressive toward the child being considered, she can put a sticker next to that child's name. If the teacher and child recall that the child involved hurt someone on the list, the teacher explains that because of the hurtful behavior, they cannot put a sticker next to that child's name. A reward can be given either at school or at home if the aggressive child refrains from hurting all of her peers during the schoolday. However, the process of recalling the behaviors and acknowledging her aggressive actions is the essence of the intervention.

Sticker books may help teachers perceive patterns in children's behaviors over time as they look back at a week's worth of stickers. They may then make the child aware of the patterns and offer her alternatives to striking out. For instance, a teacher might say, "Every day, right before cleanup time, you hurt somebody. Today, when it's almost time to cleanup, I'm going to come and find you. Maybe I can help you so you don't hurt anyone." She may have a dialogue with a child such as this one:

TEACHER: Whenever you play near Rhonda, you scratch her.
CHILD: Rhonda took my Barney.
TEACHER: You can tell Rhonda you don't like that, but it's not okay to scratch even if Rhonda takes Barney. Remember, if you scratch, you have to stop playing and leave the classroom. Maybe if you feel like scratching Rhonda, you can say, "Jill! Help me!" and I'll come to help. Can you remember?

The Art of Interpreting

Educational staff members may shy away from using interpretations as a therapeutic technique, feeling that interpreting is the province of the mental health professional. While mental health clinicians are certainly more familiar with the art of interpreting, other psychoeducational staff members may find it to be a useful tool in their intervention repertoires. Indeed, if interpreting is seen primarily as a vehicle for accessing unconscious material, it may be an intimidating prospect for the early childhood educator. Use of interpretations to address deep psychosexual conflicts is clearly the domain of the psychotherapist. However, there are other ways to use interpretations that are appropriate and effective outside of the individual session (Ivey & Authier, 1978). Interpretations are used by teachers and other early childhood staff as a way of reframing the child's experience, a

way of increasing the child's insight about his behavior, and a way of elaborating social-emotional cause and effect (Greenspan & Wieder, 2006).

Often interpretations are useful when a child or group of children is highly anxious about an event or an activity but cannot articulate the source of the anxiety. For example, a teacher who was out sick for some time noticed that some of the children who had been the closest to her prior to her absence were maintaining their distance and acting wild and silly when she approached them. She decided to interpret their behavior in light of her absence, saying the following:

TEACHER: I wonder if you got worried when I was sick for so many days. Maybe you thought I wasn't coming back. Now I *am* back, but it's hard for you to come to me. You run around the room when I come to talk to you.
CHILD 1 (*is silent for a moment*): The caterpillars were worried they wouldn't get no food!
TEACHER: Oh! That must have been scary for them!
CHILD 2: My mommy said the doctor wouldn't let you come to school. I'm gonna punch him and throw him in the garbage!
TEACHER: You sound pretty angry about that! Maybe some of the kids thought I stayed home because I didn't want to come to school. Maybe they felt like I was throwing the whole class in the garbage!
CHILD 2: Cocoa [class rabbit] went in the garbage yesterday! (*other children giggle*)
TEACHER: How about if you guys draw me a picture about the things that I missed when I was sick.

The teacher's timely use of interpretative technique helped her to reconnect to the children, whereas reprimanding them for their wild behavior would have reinforced their feelings of rejection.

Another example of a teacher's use of interpretation helped ameliorate a child's difficulties with lunchtime. He had been refusing juice and then grabbing other children's juice and dumping it on the table. Although he had been punished for this behavior several times, he would repeat it if he got the opportunity. This caused havoc, of course, as the other child involved would scream in protest and the spilled juice made a mess on the table.

TEACHER (*takes child out to the hallway*): I don't think you like it when anyone has something to drink. You never want to drink in school, and you don't let the other kids drink either. It seems like when the kids have something to drink, you get angry.
CHILD: I don't get angry, my mommy does. My brother says Mommy's angry because she drinks. That's why she hit me.

The teacher chose to relate this incident to the child's therapist so that she could help him sort out the issue and look more closely at the family situation. Soon he stopped dumping the other kids' drinks and began to drink some water at snacktime.

Interpretations can be offered to children, but never imposed. If interpretations are imposed, children who are not ready to become conscious of the issue at hand may become more defensive and less receptive to intervention.

This distinction makes it important to be aware of the manner in which the interpretation is delivered. When offering an interpretation, the early childhood professional can use several constellations that leave the child room to consider the material presented. Interpretations can be preceded by phrases such as: "Maybe . . ." "I wonder if . . ." "That makes me think about . . ." "Sometimes children . . ." or "It sounds like . . ." These phrases frame the interpretation as something children can either accept, ignore, alter, or elaborate on. The teacher or clinician's voice tone should be genuine, gentle, and supportive. If children reject, deny, or ignore the interpretation, the professional involved can simply stop using the technique or reflect the child's emotional response. She might say, "You don't think so" or "You don't like that idea. Do you have another idea about what happened?"

THE TEACHER'S "PURPLE CRAYON"

For years, children have been intrigued by the story of *Harold and the Purple Crayon* (Johnson, 1955), in which a boy's drawings bring his fantasies to life. While early childhood professionals allow children to represent their fantasies by offering opportunities for them to draw, paint, and sculpt, preschools that heal also train teachers and clinicians to use drawings as an intervention technique when children seem detached from or muddled about their own real and emotional experiences.

For instance, a child may throw a tantrum when he discovers another boy wearing a hat similar to one he has at home. He may become convinced that the other child has somehow acquired his prized possession. The teacher attempts to explain the situation, but the child is too upset to listen and can only be contained and comforted during the tantrum. He shouts at the teacher, whom he perceives as depriving him in the moment. Later, when the tantrum is over, the teacher may invite the child to sit down with her.

TEACHER: Let's make a picture about what happened when you were worried about your hat.
CHILD: I was crying.
TEACHER: Yes. Here, I'll make you crying on the floor, and this is me sitting next to you.
CHILD (*regards with interest*): Make my Mickey Mouse shirt. Now make my pockets.

TEACHER: Okay. Now, look, I'll make Jeremy with an angry face. He was mad because you were trying to take his hat. Look! This is what I was thinking when you were too upset to listen. I was thinking, "This looks just like your hat that you have at home. When you go home, you will see the hat in the closet, and then you will know that there can be two hats." Let's make a picture of the one on Jeremy's head and the one in the closet in your house.
CHILD: Make my house with my own hat inside. Now make me a happy face.
TEACHER: Okay.
CHILD: Tomorrow I'll bring my hat to school.
TEACHER: You can bring it tomorrow so we can see the two hats together. Maybe you'll be able to remember about the two hats, even when it's home and you can't see it.
CHILD: Even in my house.

The teacher's drawing allowed her to bring up the upsetting issue apart from the context of the actual event so that the child could reflect on his perceptions and emotional reactions and take in the adult's intervention while in a more receptive state.

In another situation, the teacher used drawing to help a child connect to emotional responses that had previously seemed difficult for her to access. This little girl became sullen and withdrawn each day when it was time for outdoor play. The teacher managed to coax the child into the play yard, but she would stand silent and motionless in front of the door until it was time to go back inside. One day, the teacher brought paper and crayons to the yard and drew a picture of the girl standing in front of the door looking unhappy. She included details of the child's clothing, hairstyle, and affects. The child looked at the drawing process out of the corner of her eye. She was given the drawing to hold, and she eagerly took it.

The next day the teacher offered to draw again, making a similar drawing and asking the child for input.

TEACHER: Should I make anything else in the picture today?
CHILD (*whispering*): Keys.
TEACHER: Who should have the keys?
CHILD: Me.
TEACHER: Okay. (*draws the child with keys*) There. Now you have keys. Are you worried about not being able to get back inside?
CHILD (*bursts into tears*): If I don't have no keys, I can't find my mommy!
TEACHER (*offering her lap, which the girl accepts*): Oh. You were really worried about Mommy not knowing where to find you when we're outside. Let's write that right here on the picture.

This exchange helped the teacher to understand why outdoor playtime was troubling her student and then allowed her to address the child's separation anxieties, both by getting her a set of play keys to carry outside and by giving the child's mother a tour of the play yard in the child's presence. These measures gave her the security she needed to run and play with the other children during outdoor playtime.

Early childhood professionals may have concerns about using drawing techniques, fearing that they will inhibit the children's own artistic expression, as children may feel that they are unable to produce adequate representations in comparison with the adult model. Indeed, teachers and clinicians who use drawing techniques must be specific with children about when and where adults draw. Adults should avoid drawing directly on a child's paper. Adults should never instruct children in drawing technique or content, as this makes the diagnostic value of children's productions invalid. Children's own spontaneous drawings should be highly valued and well cared for, and children should be invited to articulate their metaphors as they see them. Captions and dictations should be recorded exactly as the child offers them. When used carefully, drawing technique can offer children a model for symbolizing both internal and experiential reality, and can invite instead of inhibit spontaneous expression.

Drawing techniques are valuable for the individual therapist as well as for the classroom teacher. The treatment of preschool children demands that the clinician be creative about the ways of making interventions meaningful to young children. Clinicians who rely solely on verbal modalities may be missing opportunities for deeper communication with children whose capacity for processing abstractions may need help to emerge more fully.

CONCLUSION

The early childhood professional who develops her repertoire of therapeutic techniques will feel more empowered in the presence of emotionally needy children. Children who are fortunate enough to be educated and cared for by staff members comfortable with therapeutic techniques will have many opportunities to process and integrate their experiences throughout the schoolday. They may ultimately become familiar with the techniques themselves and associate relief with selected interventions.

A 4-year-old sat looking sadly out the window following a play session in which he was told of his therapist's coming vacation. His teacher wondered aloud if he might be feeling sad about the therapist being gone for a while. "Say more about that," the child responds with interest.

A 3-year-old girl who had been attacking her teacher during an outburst approached her later in the morning, holding a box of crayons. "Draw me upset," she requested.

These children have learned a most powerful lesson. They have learned that behavior is meaningful and that they can rely on adults in the preschool setting to help them find meaning in their interactions and activities. Therapeutic techniques can assist them in their process of self-discovery.

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