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A Glimpse into Co-Occupations: Parent/Caregiver’s Support of Young Children’s Playfulness Scale

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ABSTRACT
Cooperative play between parents/caregivers and children is a positive and significant contributor to the development of children’s emotional, social, and cognitive skills and may set the stage for the formation of co-occupations. This article discusses the rationale for the development of Parent/Caregiver’s Support of Young Children’s Playfulness (PSYCP), an assessment that is based on children’s play and playfulness, adult’s playfulness, and parent–child interaction. The use of the PSYCP to assess co-occupations will allow therapists to identify the specific behaviors that either hinder or support playfulness and mutual play.

KEYWORDS
Playfulness; co-occupations; parent–child interaction; assessment

Introduction
Theoreticians and clinicians have proposed that a child’s environment nurtures or restricts a cycle of learning and development. One might view the parent/caregiver–child relationship as an essential aspect of the child’s environment, which influences the development of the child’s play functioning and emotional well-being (Cooper, 2000; Winnicott, 1995, 1999). Moreover, cooperative play between parents/caregivers and children is a positive and significant component in the development of the emotional, social, and cognitive aspects of the child and may set the ground for the formation of co-occupations: child’s play functioning and parent/caregiver–child relations (Posatery-Burke, Schaa, & Lomba-Hall, 2008). It is assumed that time spent engaging in co-occupations with a responsive caregiver may be a developmental asset, whereas time missed in these experiences may be a detriment (Daunhauer & Cermak, 2008). Moreover, the family-centered legislation directs therapists to see the child as part of a family unit, thus occupational therapists should have assessment tools that will direct them in evaluating co-occupations.

Occupational therapists who work with young children should acknowledge the importance of children’s relationships with their primary caregivers. As young children’s central occupation is play, typically with their mothers,
occupational therapists are required to adopt a family perspective in order to provide up-to-date best practice in relation to co-occupations. Therapists, who employ such a perspective when conducting interventions with young children, should explore the family’s values, goals, and aspirations as well as relevant environments. Without fully exploring these avenues, the therapists may have created an intervention plan in a vacuum.

**Objective**

We searched the literature for an evaluation tool that assesses co-occupations, or more specifically, parent’s support for his/her child’s playfulness. However, currently, there are no assessment tools that can assist occupational therapists in exploring child’s and parent/caregiver’s most vital co-occupations, which manifests through joint play. This article will provide its readers with the rationale for such an assessment and the literature that it is based upon. Further avenues for research and implications for practice will be discussed.

**Adult’s playfulness**

Playfulness has been defined as “the predisposition to frame (or reframe) a situation in such a way as to provide oneself (and possibly others) with amusement, humor, and/or entertainment” (Barnett, 2007, p. 955) and may reflect as a way of thinking (Guitard, Ferland, & Dutil, 2005). Most of the studies relating to the construct of playfulness were done with children; adult’s playfulness has gained relatively less attention by researchers. Barnett (2007) reported the following as characteristics of playful people: who are active, adventurous, cheerful, energetic, friendly, funny, happy, humorous, impulsive, outgoing, sociable, spontaneous, and unpredictable. She noted their tendency to clown and joke or tease. These descriptors clustered into four types of playful young adults: “gregarious,” “uninhibited,” “comedic,” and “dynamic” (Barnett, 2007).

Gordon (2014) built on research in attachment theory that correlates secure attachment in infancy with adult’s wellbeing to demonstrate how playfulness might be a lifelong outcome of secure attachment and a primary factor in wellbeing among adults. With playfulness, difficult situations are perceived as challenges to be faced, occasions to learn, and possibilities to increase one’s competence and skills. Consequently, mistakes are no longer considered failures but rather opportunities to learn and to grow (Proyer, 2012). Further support of the possible adaptive function that playfulness may serve in adulthood is found in Magnuson and Barnett’s (2013) cross-sectional study. Playful individuals were found to possess lower levels of perceived stress than their less playful counterparts, and more frequently utilized adaptive, stressor-focused coping strategies and were less likely to employ negative, avoidant, and escape-oriented strategies.
The importance of play for the child’s development

Play constitutes a central and fundamental area of occupation in the lives of children and significantly contributes to their development (Kjorstad, O’Hare, Soseman, Spellman, & Thomas, 2005; Sigafoos, Roberts-Pennell, & Graves, 1999). Through play, children develop sensory, motor, cognitive, language-related, emotional, and social behaviors by way of an experimental process of exploratory-pleasurable learning. In addition, play enables the development of adaptive behaviors (Saunders, Sayer, & Goodale, 1999) and future roles for adult life (Knox & Mailloux, 1997; Parham & Primeau, 2008; Reilly, 1974; Stagnitti, Unsworth, & Rodger, 2000). Researchers, policymakers, and practitioners generally agree that play facilitates school readiness, literacy development, and self-regulation (Lifter, Foster-Sanda, Arzamarski, Briesch, & McClure, 2011). Thus, clinicians should be as concerned when a child cannot play as expected as when the child declines to eat or sleep (Swinth & Tanta, 2008).

Parent/caregiver–child play is an enjoyable activity shared by a parent/caregiver and his/her child that facilitates the child’s opportunity to choose, lead, and/or initiate play, while the parent/caregiver responds accordingly or initiates play. Through this activity, children may express and process emotional, physical, and cognitive needs while using objects or toys in a variety of ways according to their ability. Therefore, parent/caregiver–child play is important to the child’s development in a wide range of areas. It changes according to the child’s developmental stage, environment or the culture in which it occurs (Weintraub & Waldman-Levi, 2009).

Play in infancy relies on the parental capacity to attribute meaning to the baby’s feeling states and is therefore “highly dependent on there being a mother or mother-figure prepared to participate and to give back what is handed out” (Winnicott on p. 350 of Desmarais, 2006). According to Winnicott (1995, 1999), who addressed the mother figure in his writings, play may occur when the baby or the child feels emotionally safe. This sense of safety is gradually developed along with the mother’s ability to allow her baby to be separated from her in the near environment. The separation process occurs gradually, and mutually, in a space that is referred to by Winnicott, as “the secure space” (Winnicott, 1995; 1999). These psychodynamic insights into the emergence of dyadic play set the ground for the concept of co-occupations. Keren, Feldman, Namdari-Weinbaum, Spitzer, and Tyano (2005) and Lindsey and Mize (2000) claimed that cooperative play between mothers and their children is a positive and significant component in the development of the emotional, social, and cognitive aspects of the child. Keren et al. (2005) found in their research that the child’s symbolic level was predicted by parental creative/facilitating play in the dyadic context. Therefore, they have highlighted the importance of the mother–child relationship for promoting the child’s symbolic capacity.
With regard to mutual play between mother and child, Feldman and Eidelman (2005) stated that the child’s part in the interaction manifests through his/her social involvement with his/her parent/mother. A child’s involvement includes child-driven behaviors that affect the parent, such as the initiation of interactive bids, positive affect, vocalization, alertness, and child-led interactions. After the age of 12-months, two additional child-driven behaviors are observed: symbolic-creative play and competent use of the environment (Feldman & Eidelman, 2005; Feldman, Keren, Gross-Rozval, & Tyano, 2004). Nakano, Kondo-Ikemura, and Kusanagi (2007) examined the relationships between infants’ sensitivity to mothers’ contingent and non-contingent expressive behaviors, and individual differences in mothers’ habitual playfulness. The main findings showed that during “actual” interaction sessions, mothers’ playfulness scores significantly correlated with their infants’ gaze at them, but in “recorded” sessions, in which the infant watched the mother’s previous behavior, this relationship was not found. These findings further support infants’ need of mutual playful and contingent interaction in order to react to their mothers. Thus, as many play theoreticians and therapists would assert, without playful interactions, developmental processes may be hindered (FitzMedrud, 2008).

An in-depth rationale for the potential consequences of mother–child play may be found in Desmarais’s (2006) work, who claimed that during mutual play the child experiences being seen, heard, and understood by his/her mother. From the mother’s perspective, her child’s symbolic play may provide an insight into his/her feeling states that are otherwise not verbally or directly communicated by the child. Optimally, the child’s expressions are received and shared by the mother who frames them with her empathy, attention, and acknowledgement, consequently validating her child’s feelings and communication bids. Where mothers are unable to support children in this way, play may be excessively constrained by parental reinforcements and inhibitions mediated by fantasies, expectations, and inner conflicts (Brazelton & Cramer, 1991). According to the findings of Aoki, Zeanah, Scott-Heller, and Bakshi (2002), infants who were able to take on new challenges enthusiastically (such as attempting to solve problems) but at the same time, were able to accept help without conflict when help was needed, had achieved a balance between independence and dependence. This is considered as the most salient index of child’s mental health according to both separation–individuation and attachment theories. In contrast, infants who had problematic relationships with their mothers early in the rapprochement phase and early in the goal-corrected partnership demonstrated more sad or anxious moods, withdrawn behavior, and less satisfying interactions with their mothers later in these same developmental phases (Aoki et al., 2002). Thus, there is a benefit in fostering co-occupations in a clinically-supportive environment (Waldman-Levi, 2012; Waldman-Levi & Weintraub, 2015).
In summary, occupational therapists have realized that multiple interrelated factors determine occupational performance (Law, Polatajko, Pollock, Mccoll, Carswell, & Baptiste, 1994). The Person-Environment-Occupation (PEO) model (Law, Cooper, Strong, Stewart, Rigby, & Letts, 1996) posits that the outcome of an activity is directly related to an individuals’ skills, abilities, and interests; the supportiveness of the environment; and the nature of the activity. This model provides an excellent framework for assessment and intervention by providing a reminder to consider all three aspects. Despite this reminder, occupational therapists often have difficulty fully envisioning the effect of the environment on performance (Law et al., 1996), and no existing assessment enables them to do so explicitly (Bundy, Waugh, & Brentnall, 2009). Moreover, no assessment exclusively addresses co-occupations, and the effect of social environment on the child is rarely considered.

**Parent’s support of young children’s playfulness scale**

For the purpose of examining co-occupations or more accurately, a parent/caregiver’s supportive presence for his/her child’s playfulness, a new assessment tool was developed; the Parent/Caregiver’s Support of Young Children’s Playfulness Scale (PSYCP; Waldman-Levi & Bundy, 2014). This assessment tool is driven by an extensive literature review regarding child’s play and playfulness (Skard & Bundy, 2008), adult’s playfulness (Barnett, 2007; Proyer, 2012; Shen, Chick, & Zinn, 2014), and mother–child interaction and play (Waldman-Levi, 2012; Waldman-Levi & Weintraub, 2015; Weintraub & Waldman-Levi, 2009, 2014). In addition, well-established assessments served as inspiration, such as the Test of Playfulness (ToP; Brentnall, Bundy, & ScottKay, 2008); the Test of Environmental Supportiveness (TOES; Skard & Bundy, 2008); and the Coding Behavioral System (CIB; Feldman & Eidelman, 2005; Feldman & Klein, 2003; Feldman et al., 2004).

The PSYCP is a criterion-referenced observation tool for use with infants, toddlers, and children aged 6 months to 6 years. Scores are based on a 15-minute observation in a familiar play setting (Skard & Bundy, 2008). The PSYCP views playfulness as a relatively stable personality characteristic that is influenced by the environment and expressed in involvement in play activity with one’s child (as well as in other activity). The PSYCP comprises 24 items, each of which is scored from 0 (low) to 3 (high) on two scales. The first scale reflects the quality of the behavior observed; ratings are assigned and interpreted as shown in the examples provided in Table 1. The second scale reflects the proportion of time/frequency that the behavior occurred. It is recommended that the examiner videotape the play interaction for later scoring using the detailed guidelines provided in the manual.

As mentioned above, the PSYCP is based on extensive and varied literature regarding children’s and adults’ playfulness and interaction. Thus, PSYCP
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<th>Item description</th>
<th>Quality scale</th>
<th>Frequency scale</th>
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<tr>
<td>1. Parent supports child’s modifications or his/her need in modifying the activity/ies in order to maintain the challenge or make it more fun. The activity evolves in some way; however, modifications can be small or subtle. Generally, children enjoy an increase in the challenge or complexity of the activity; however, some children must make a task easier in order to succeed at it. Your impression is based on the parent’s ability to support the child’s need in amount and type of modifications in order to keep him/her interested.</td>
<td>0 (low)—parent does not seem aware of his/her child’s need in modifying activity/ies. 1 (mild)—parent does not detect the right time for modifications to suit with the child’s needs and preferences. The child becomes disinterested or frustrated. 2 (moderate)—parent can identify opportunities for modifications, however, these occur infrequently or do not come easily, or do not always match with the child’s preferences or needs. 3 (high)—parent spontaneously and seemingly effortlessly supports several modifications the child made, or helps him/her with modifying activities, if needed.</td>
<td>The proportion of time the parent supports modifications in activity/ies to maintain challenge or to make it more fun. Amount of time that the behavior is observed within the free play: 0—10% or less 1—10–50% 2—50–90% 3—90% and above.</td>
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<td>2. Parent supports the child in interacting with objects during play.</td>
<td>0 (low)—parent is not aware of the child’s need in interaction with objects. 1 (mild)—parent interferes when the child is engaged in any interaction with objects. 2 (moderate)—parent seems to be aware of the need to support the child’s interaction with objects during play; however, sometimes his/her actions do not match with the child’s interests or are not sufficiently attuned. 3 (high)—parent continuously supports interaction with objects in various ways that matches with the child’s need and preferences.</td>
<td>The proportion of time in which parent supports the child in interacting with objects during play; amount of time that the behavior is observed within the free play: 0—10% or less 1—10–50% 2—50–90% 3—90% and above.</td>
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items were driven based on several conceptualizations and research findings, such as (a) the conceptual model of the ToP—in which the child’s playfulness is perceived as a reflection of the following components: motivation, sense of control, freedom from the constrains of reality, and framing the ability to express, receive and respond to cues (Bundy, 2003); (b) the effect of the environment on performance- in that the parent serves as a secure, receptive, and modeling figure for his/her child during mutual engagement in play (Law et al., 1996; Winnicott, 1995; 1999); and (c) in mutual play between mother/caregiver and child both affect each other’s behavior thus promoting the child’s play functioning as well as the interaction quality (Waldman-Levi & Weintraub, 2014).

**Discussion**

This article presents a new scale for assessing co-occupations in general, and in particular, the parent’s support for his/her child’s playfulness. Theoreticians and clinicians have proposed that a child’s environment nurtures or restricts the cycle of learning and development. One might view the parent/caregiver–child relationship as an essential aspect of the child’s environment, which influences the development of the child’s play functioning (Cooper, 2000; Winnicott, 1995, 1999). Cooperative play between parents/mothers and children was found to be a positive and significant component in the child’s emotional, social, and cognitive aspects of development, thus it may set the ground for the formation of co-occupations: child’s play functioning and parent/caregiver–child relations (Posatery-Burke, Schaaf, & Lomba-Hall, 2008). Occupational therapists who work with young children should acknowledge the importance of children’s vital relationships with their primary caregivers. As young children’s central occupation is play, typically with their parents/mothers, occupational therapists are required to adopt a family perspective in order to provide up-to-date best practice in relation to co-occupations. However, currently, there are no assessment tools that can assist occupational therapists in exploring the child’s and his/her parent/caregiver’s most vital co-occupations, which manifests through joint play.

The literature on the relationships of children and their parents stressed the importance of mutual play (Waldman-Levi & Weintraub, 2014; Weintraub & Waldman-Levi, 2009) in which the child’s part in the interaction is manifested by his/her social involvement with parent/caregiver (Feldman & Eidelman, 2005; Feldman & Klein, 2003). Keren et al. (2005) reported that the child’s symbolic level was predicted by parental creative/facilitating play in the dyadic context. One might assume that mutual play, or co-occupations, are not only based on the interaction quality but also on the parent’s playfulness. Several researchers have described an adult’s playfulness as possessing the characteristics of being active, adventurous, cheerful, clowning around, energetic,
friendly, funny, happy, humorous, impulsive, joking/teasing, outgoing, sociable, spontaneous, and unpredictable (Barnett, 2007). When it comes to mutual play with one’s child these playfulness characteristics may conflict with the child’s need for support in mutual play. However, Proyer (2012) and Magnuson and Barnett (2013) found that an adult’s playfulness is manifested in adaptive qualities as well. Among the adaptive qualities that they found were the ability to perceive difficult situations as challenges to be addressed, occasions to learn, possibilities to increase one’s competence and skills, and more frequent use of stressor-focused coping strategies.

The PSYCP (Waldman-Levi & Bundy, 2014) evaluate co-occupations from the parent’s perspective and can contribute to the assessment of co-occupations coupled with the ToP (Skard & Bundy, 2008), as well as through interviews. This assessment tool is based on an extensive literature review of children’s play and playfulness (Skard & Bundy, 2008), adult’s playfulness (Barnett, 2007; Proyer, 2012; Shen, Chick, & Zinn, 2014), and mother–child interaction and play (Waldman-Levi, 2012; Waldman-Levi & Weintraub, 2014; Weintraub & Waldman-Levi, 2009). In addition, well-established assessments served as inspiration, such as ToP (Brentnall et al., 2008); the TOES (Skard & Bundy, 2008); and the CIB (Feldman & Eidelman, 2005; Feldman & Klein, 2003; Feldman et al., 2004). The PSYCP is comprised of 24 items and each is rated on two scales, the quality of the behavior observed scale and the proportion of time scale. All items were developed with regard to creating a subtle balance between the parent’s being playful, yet sensitive to his/her child’s needs, which results in supporting the child’s playfulness. Upon administration, the intervening occupational therapist will be able to assess the extent of the support the parent’s behavior provides for the child’s playfulness. More specifically, with the use of the PSYCP, occupational therapists will be able to pinpoint the specific behaviors that either hinder or support the child’s motivation, engagement, social, and communication bids in mutual play interaction. Currently, the PSYCP will undergo a series of validity and reliability tests with various populations, such as typically developing children, children diagnosed on the autism spectrum aiming to develop a well-established measure for both clinical and research use.

Occupational therapists are encouraged to employ up-to-date best practice that relates to a child’s deficits in central occupations. Current trends within the discipline of occupational therapy state that a child’s occupational performance should be seen in the context of the environment. Families, and parents in particular, serve as their child’s support base for development and maturation (Waldman-Levi, 2012; Waldman-Levi & Weintraub, 2014; Weintraub & Waldman-Levi, 2009; Winnicott, 1995, 1999), thus their behaviors should be taken into consideration throughout the intervention process. In situations in which the intervening occupational therapist suspects that deficits in co-occupations exist, an assessment such as the PSYCP may be beneficial as an innovative, broad, and literature-based observation.
References


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