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Commentary

Creating a Child-Centered Playroom for Marshallese Children

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Marshallese American immigration to the United States has been shaped by historical trauma, including the effects of U.S. nuclear testing on their homeland. Once they immigrate to the United States, they experience an increase in mental health issues. To best help Marshallese kindergartners heal, play therapists need a flexible form of treatment to meet their cultural needs. Child-centered approaches are developmentally appropriate ways to be flexible and meet the needs of each child's cultural background. Although these approaches allow flexibility within the playroom to meet children's needs, there is a lack of literature on how to create a culturally inclusive playroom for marginalized children, specifically Marshallese children. This article provides readers with a discussion of historical and current issues for Marshallese individuals in America, suggestions for steps to create a culturally inclusive playroom for Marshallese elementary students, and recommendations for specific toys to use in the playroom.

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The Marshall Islands has a long history of seafaring people with a rich culture rooted in clanship[1]. After nuclear testing on the Marshall Islands, many Marshallese have immigrated to America in search of work, better education, and better healthcare. The Marshallese population in America has grown since the 1980s[2]. There is a lack of research on the Marshallese population and their mental health. McElfish and colleagues[3] called for more research on the mental health issues of Marshallese individuals in America and treatment modalities that can best support them. It would be important to have a flexible treatment modality that can meet the unique needs of the Marshallese population.

Child-centered play therapy (CCPT) is a non-directive form of play therapy that focuses on developing a strong and safe relationship with a child in individual therapy and was expanded to groups with child-centered group play therapy (CCGPT)[4][5]. Both individual and group play therapy formats are centered on the foundation of full acceptance of the participants. The California Evidence-Based Clearinghouse for Child Welfare[6][7] lists both CCPT and CCGPT as being promising evidence-based forms of therapy for children. This suggests their potential effectiveness for Marshallese children. One advantage of using CCPT and CCGPT is the ability to make adaptations to the toys and playroom for different cultures. Play allows for a common language even if the play therapist

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does not speak Marshallese. While there are limited studies on CCPT and CCGPT's impact on marginalized populations, and none specifically on the Marshallese, these approaches offer flexibility that may be useful in culturally adapted therapeutic settings. This conceptual article will focus on creating a culturally inclusive group playroom for children who are Marshallese.

Marshallese

One area in the southern United States has one of the largest numbers of Marshallese people outside of the Marshall Islands in the Pacific Ocean. Between 1946 and 1958, the U.S. conducted 67 atmospheric nuclear tests in the Marshall Islands, which had lasting health and environmental consequences[3][8]. Subsequent research on the Marshallese population has been criticized for ethical concerns regarding informed consent. Later, in 1986, the Compacts of Free Association (COFA) between the United States and the Republic of the Marshall Islands allowed Marshall Islands citizens to come to America in exchange for military control of their region[1][8][9]. The Marshallese people moved to America in search of work and better opportunities for their families. There was a 252% increase in the Marshallese population in one area in the southern United States from 2000 to 2010[3], and now around 30% of a large local corporation's plant is worked by Marshallese[2]. This historical trauma and migration have affected the Marshallese culture in many ways.

The Marshallese tend to have high rates of mental health concerns that go untreated. The Marshallese in one area in the southern United States, when compared to the adult American population, had three times the national rate for major depression, four times the national rate of alcohol disorder, and over two times the national rate for generalized anxiety disorder, and there were high rates of avoiding or not going to services for care[10]. Similarly to the adults, Marshallese children in America also have high rates of mental health concerns. Fitzpatrick and Willis[11] found that 10th- through 12th-grade Marshallese students at a high school in the southern United States had average depressive symptoms on the Center for Epidemiologic Studies Depression Scale that were above clinical criteria. Also, they found that Marshallese high schoolers with poor grades, more exposure to gangs, and depressive risk factors were more depressed, and those with more friends and self-esteem were less depressed. This is likely due in part to the historical trauma they experienced, issues with access to physical and mental health care, lack of mental health literacy (e.g., there is not a word for counseling in Marshallese), and lack of trust in and stigma about the healthcare system.

These mental health concerns were exacerbated by the COVID-19 pandemic, which impacted Marshallese individuals in America disproportionately. They experienced a rapid spread of COVID-19 in the factories where many work and many deaths in their community[12][13][14]. Marshallese children in American schools were often impacted by grief[15], poverty[13], lack of consistent access to transportation, nutritious foods[13], or phones or Internet for telehealth[16]. They often struggled with inattention and depression[17] or anxiety, likely in part from isolation during the pandemic or a lack of predictability in their environments. Cha[15] studied how the COVID-19 pandemic exacerbated mental health and social disparities among US Pacific Islanders, including the Marshallese. They found that over half of the 439 US Pacific Islander participants reported moderate to severe mental distress, less than half had used a mental health provider in the

last year, and they were more likely to feel more marginalized and excluded from society. School-based or school counseling is imperative to meet Marshallese children and families where they are and to help lessen access-to-care issues. To foster an anti-racist community and school system, it is important to support marginalized children with additional resources rather than treat all children the same. In this article, we describe how to create culturally sensitive, child-centered counseling playrooms to support these students' mental health.

Child-Centered Play Therapy

Child-centered play therapy (CCPT) is a developmentally appropriate approach to working with children who are 10 years and younger that has been shown to be effective in schools, clinical settings, and with marginalized populations[18][19][20][21][22]. The Clearinghouse for Child Welfare[6] gave CCPT a medium rating for working with children ages three to 10. CCPT emphasizes the client, the therapeutic relationship, and the creation of a safe environment[4]. There are verbal and non-verbal skills that are used to help create a space where a child feels safe to express themselves through their natural language of play[4][5]. CCPT has been proposed as a culturally inclusive form of treatment for children based on its non-directiveness, flexibility, and relational focus in the playroom[4][5][20][23][24]. Not only is CCPT effective with marginalized children in the US, but it is also effective with marginalized children outside of the United States[21][24][25][26][27][28][29][30][31][32]. One consistent piece across these articles is creating a culturally inclusive playroom where the child feels comfortable and safe to express themselves.

One benefit of using CCPT with marginalized populations is the ability to be flexible and create a playroom that can meet the needs of the child and their culture. An important aspect of CCPT and creating a space of safety is a specifically curated playroom with toys that include real-life toys, acting-out aggressive toys, and toys for creative expression and emotional release[4]. Ray[5] created a protocol when implementing CCPT in a multiculturally sensitive way, and the steps include creating an appropriate playroom, selecting recommended developmentally and culturally appropriate toys, and using verbal and non-verbal skills with the client. CCPT has been shown to be effective in individual treatment[18][22], with marginalized children[21][33], and with children who have experienced adverse childhood experiences and are at risk for complex trauma[33][34][35][36], and has been applied in group settings[37].

Child-Centered Group Play Therapy

Child-centered group play therapy (CCGPT) is a non-directive approach based on the principles and tenets of CCPT in which the children lead[4]. Landreth and Sweeney[38] described it as a journey that provides self-discovery for both children and play therapists. Benefits of CCGPT include improvement in overall social-emotional assets, empathy, and social competence, as well as in relationships and mood[39][40]. The goal of CCGPT is for the child to increase self-confidence, coping skills, and connection with peers and to become more independent[37].

CCGPT is an evidence-based approach, cited by the California Evidence-Based Clearinghouse for Child Welfare[7]. CCGPT is recommended for children ages

three to 10 years old who are experiencing challenges in social, relational, behavioral, or emotional areas. The groups typically consist of three to four participants, which allows children to practice social and coping skills through their natural language of play. Children are provided with a safe, consistent, therapeutic experience with a play therapist who abides by person-centered values and shares unconditional positive regard with the children[5]. In CCGPT, both verbal and non-verbal skills are utilized to create an appealing and non-threatening way for participants to feel safe and connect with one another and the facilitator[37]. Ray and Cheng[37] created a CCGPT protocol that provides guidelines and skills for its implementation, which includes verbal and non-verbal skills. The goal of these skills is to display unconditional positive regard and empathetic understanding for group participants. The focus in CCGPT is on each individual child as a part of the context of others rather than on group member cohesion, aligning with the CCPT approach, which encompasses the belief that the children will connect with each other and self-actualize[37]. The therapist believes in the ability of each child to grow naturally as an individual and thus develop the needed skills to be an effective member of the group in this process.

Although CCGPT is recognized as an evidence-based approach[7], research on its effectiveness with marginalized populations remains limited. There is some literature that supports the use of CCGPT with marginalized populations in and outside of the United States, but more is needed[23][40] [41]. The literature does highlight the flexibility within CCGPT to create a culturally inclusive space for marginalized children. This was one reason CCGPT was chosen as the intervention. Although there is more research to support the use of CCPT with marginalized children, the authors chose to use CCGPT as a way to increase connection with other peers with similar cultural backgrounds.

Since Marshallese individuals in America value community, tend to live in multi-generational homes, and use a collective voice such as “they” and “we”[42], a group mental health approach can be meaningful. Since Marshallese adults in America tend to lack personal and public transportation in the area of our study[42], tend to have language barriers, and tend to have limited mental health service awareness, services provided through a school are vital. O’Connor[43] stated that children must have access to toys that are similar to their cultural and ethnic background. Additionally, Killian and colleagues[44] recommend that play therapists take all cultural considerations into account when working with clients who recently immigrated to America.

There is an increase in the writing about creating culturally inclusive playrooms. While there is guidance for play therapists about general cultural considerations for toys[45] and literature about working with children from Asian cultures[40][41] [46][47], there are no specific recommendations for toys for Marshallese children in America. Additionally, Marshallese individuals in America are a subpopulation of Asians and are labeled Pacific Islanders. There is a need to better understand how to support Marshallese elementary students’ mental health needs, but there is a lack of literature on how to create culturally inclusive spaces specifically for them to heal in a group play setting. This manuscript will discuss the steps in creating a culturally inclusive child-centered playroom for Marshallese children that allows for cultural opportunities to connect.

Child-Centered Playroom

As previously mentioned, CCPT and CCGPT have evidence to support their use with children in schools, clinics, and with marginalized populations[18][21][22]. Having a well-crafted playroom for the child to express themselves is crucial to their healing. Landreth[4] provides recommendations for toys to create a child-centered playroom. For a list of toys recommended by Landreth[4], see Table 1.

Animals	Crayons	Knife
Army soldiers	Cuttable fruit	Medical supplies
Babies	Dinosaurs	Play-Doh
Balls	Dollhouse	Pots, pans, plates, cups
Baton	Dollhouse furniture	Puppet theater
Bendable dollhouse figures	Dress-up	Sandbox
Blankets	Drum	Scissors
Boat	Eight puppets	Seashells
Bop-bag	Groceries	Shark puppet
Car keys	Guitar	Silverware
Cars	Handcuffs	Snakes
Cash register	Handgun	Stuffed dog and cat
Cleaning toys	Insects	Tape
Colored pencils	Kinetic sand	Tools
Construction paper	Kitchen	Two phones
		Wooden blocks

Table 1. Toys in Playroom

Landreth[4]

Although Landreth[4] created a list that covers multiple areas for children to express themselves through play, it is not fully culturally inclusive. Previous literature has suggested that in order to create a culturally inclusive playroom, the play therapist must be flexible about what toys are included in the room[40][41][43][44][47][48]. These playrooms are curated to assist the child in feeling safe to create a cultural opportunity with the play therapist, where the client can share directly about their cultural identity and the play therapist can respond to the opening[49]. It is important to connect with caregivers in the child's life to better understand their cultural needs and to obtain potential toys to be included in the playroom[50]. These are important to the growth of a child and allow for building a stronger rapport between the client and play therapist[49]. Chung et al. [45] found that drums are used across various cultures and emphasized the

importance of dress-up clothes reflecting a child's cultural background. They also highlighted the significance of dolls representing diverse skin tones, cultures, and family structures, as well as puppets that can portray different identities and be used in various ways. Additionally, they discussed the cultural meanings and roles of animals. While Chung et al. [45] provided guidance on creating a multicultural playroom, this article works to provide guidance on how to tailor the playroom materials for Marshallese children in America.

The authors of this article will describe their process for creating a multicultural playroom for Marshallese kindergartners at a Title I school in America. The authors are not Marshallese but worked in a region with a high Marshallese population, where many children lacked access to mental health services outside of school. In order to learn more about creating a culturally inclusive space for Marshallese kindergartners, the authors worked with the school district's Marshallese liaison, had conversations with teachers, school counselors, and school staff, and reviewed online resources to identify appropriate toys. First, the authors contacted the school's dedicated liaison for the Marshallese population. The authors emailed them, discussed what the group was, and requested recommendations on which toys would be important to add. The liaison recommended including toys related to the sea, as well as things like rice for sensory and cooking-related play, and dolls and puppets that looked similar to

Marshallese people and musical instruments. Second, the authors met with the school counselors and had conversations with teachers and staff at the school about recommendations for the playroom. They echoed what the liaison suggested and mentioned that some of the students might be more reserved in the playroom based on their experiences with Marshallese students being more reserved. This provided the authors with invaluable insight into what type of CCPT skills to use and how to conceptualize the students' progress. Third, the authors researched appropriate toys online, and what they found reinforced previous suggestions. Lastly, the authors connected with a local Marshallese organization about what to include in the playroom. The local organization suggested using some of the crafts that the local Marshallese population had made in the playroom and suggested the authors complete a class on Marshallese language and history. For a list of Marshallese-specific toys, see Table 2.

Diverse Wooden Dolls with Varying Skin Color & Hair	Island Dress-Up Clothes	Seashells
Crafts made by local Marshallese population	Parrot Puppet	Stuffed Fish
Drums	Puppets with Varying Skin Tone & Hair	Uncooked Rice
Ukulele	Sailboats	

Table 2. Toys for Marshallese Playroom

After the playroom was prepared, the authors looked for a note template a play

therapist could use to document a potential CCGPT with Marshallese kindergartners in the new playroom. They reviewed the standard child-centered play therapy note[5], which is designed for individuals, and could not find a note template specific to CCGPT. So the authors modified the CCPT note template to include a section where the play therapist can track the group process stages, any cultural opportunities that may occur, and cultural toys that were used. See Appendix A for a copy of the CCGPT note. The authors' experiences in making a CCGPT playroom for Marshallese kindergartners and a CCGPT note template allow them to provide suggestions to other play therapists who wish to work with Marshallese kindergartners.

Implications

This article provides readers with recommendations on how to create a child-centered playroom for use with Marshallese elementary students. There are multiple steps that can be taken to ensure play therapists are creating a culturally inclusive playroom for marginalized children. To create guidance for a culturally inclusive playroom for Marshallese elementary students, the authors connected with the school district's Marshallese liaison, school counselors, teachers, school staff, local Marshallese organizations, and researched appropriate toys online. The authors recommend the following steps for creating a culturally inclusive playroom for Marshallese children.

First, it is imperative for play therapists to examine their own potential biases they might have about Marshallese children. This can be completed in their supervision or with journaling that examines their feelings related to working with Marshallese children. It is recommended to use playful supervision approaches when supervising counselors using play with children to promote a parallel process[51]. Second, the play therapist should explore what local organizations exist and if there is someone within local school districts who has knowledge of the Marshallese culture. There are multiple Marshallese organizations throughout the country in areas where they have been relocated that play therapists can connect with. The play therapist should meet with and discuss the group with the local Marshallese organization to acquire knowledge of the culture and suggestions for toys for the playroom. It is strongly encouraged that play therapists complete similar training with local organizations to have a deeper understanding of the culture. Third, the play therapist should connect with stakeholders who work with Marshallese children in elementary schools. This can be completed by connecting with teachers, school administrators, staff, and school counselors to gain more knowledge about Marshallese children. Fourth, the play therapist must establish a connection with the families of the children they wish to work with in CCPT and CCGPT. There is a lack of trust from the Marshallese population in United States health professionals based on the history related to their relocation to the United States. Establishing this relationship is imperative to keep the child engaged in the therapy. If the parent only speaks Marshallese, work to find an appropriate interpreter who can help you establish a relationship with them. This can help ethically with informed consent and with building relationships. It is important to consider confidentiality and the preexisting relationship the interpreter may have with the parent. This relationship with the parents could be vital to creating a culturally inclusive playroom. The play therapist could ask the parent to provide empty food containers from home that could be used in the playroom to assist them in feeling more comfortable[50]. This could help children feel more

comfortable in the playroom, especially marginalized children. Additionally, play therapists should research and seek out additional training online regarding the Marshallese population. A book that is recommended to read before working with Marshallese children is *For the Good of Mankind: A History of the People of Bikini and Their Islands* by Jack Niedenthal to learn more about the historical context of the Marshallese relocation. Furthermore, play therapists can work to advocate for mental health literacy about what play therapy is and how play is the language of children by showing the *Introducing Andrew* video[52] to school administrators, faculty, and staff, guardians, and local pediatricians who may provide referrals[53][54]. Lastly, play therapists can work to help empower and support Marshallese families by working with school nurses, social workers, school counselors, and school-based counselors to help alleviate barriers to services.

These steps are imperative to better understand Marshallese history and culture, as well as to create a culturally inclusive child-centered playroom for Marshallese children to engage in CCPT and CCGPT. There needs to be quantitative and qualitative research completed on the impact of CCPT and CCGPT with Marshallese children and the process of developing a culturally inclusive playroom for them. The Marshallese population in America is underrepresented in the literature and statistics. They are at higher risk for health-related issues and might not have the resources to engage in preventive health care. Play therapists must understand the historical and cultural issues related to the Marshallese population, specifically children. While the specifics of this article are recommendations for working with the Marshallese population, many of the considerations could be applicable when working with other marginalized individuals.

Appendix A

Documentation of Child-Centered GROUP SESSION
(Completed after the session)

Date: _____ **Students attended:** _____	**Session #** _____ **of** _____ **Estimated Time:**
_____ _____ _____ _____	

doi.org/10.32388/6DQUYQ.2

TOYS/PLAY BEHAVIOR: Circle specific toys used (not category) and give a brief description of play. In the blank, indicate meaningful/sustained with "*", indicate play disruptions as "PD", and therapist-initiated activity as "TH". (Use your own code system for info important to you—e.g., 1st time or discontinued use of toy)

__hammer/log/woodworking

__sandbox/water/sink

__puppets/theater

__kitchen/cooking/food

__easel/chalkboard/paint

__riding car

__bop bag/foam bats/etc.

__bean bag/pillows/sheet/blanket

__dress up: clothes/fabric/shoes/jewelry/hats/masks/wand

__crafts table/clay/markers etc.

__doll house/doll family/bottle/pacifier/baby

__cash register/money/telephone

__medical kit/bandages

__musical instruments

__games/bowling/ring toss/balls

__constructive toy/blocks/barricade

__cars/trucks/bus/emergency vehicles/planes/boats/riding car

__animals: domestic/zoo/alligator/dinosaurs/shark/snake

__soldiers/guns/knife/sword/handcuffs/rope

__sand tray/miniatures

__cultural toys (specify):

_____

__ Other toys (specify):

_____

Activities (Counselor can list playroom toys/games as a checklist)

Student's Behavior and feelings expressed:	Counselor's Reflections:

Problem Solving/Conflicts/Improvement

doi.org/10.32388/6DQUYQ.2

Student's Behavior:	Counselor's Limit:

Limits: Protect Child___, Protect Therapist___, Protect Room/toys___, Structuring___

Play Themes: Underline all that apply, including capitalized words, and describe how the theme was played out through specific play behavior. Circle predominant theme(s):

EXPLORATORY: (not a true theme—rather the way a child gets comfortable with the playroom)
RELATIONSHIP: connecting / trust / approval seeking / manipulative / collaborative / testing limits
POWER / CONTROL:
HELPLESS / INADEQUATE:
AGGRESSION / REVENGE:
SAFETY / SECURITY:
MASTERY: deconstructing / constructive / competency / resolution / integrative
NURTURING: self-care / healing
DEATH / LOSS / GRIEVING:
SEXUALIZED:
OTHER:

Group Stages (check one)

Introductory Stage: ___ (getting oriented, students hold back and express little, finding commonalities, accepting others' beliefs, and agreeing with the counselor)

Working Stage: ___ (pushing limits, students question counselors, counselors reflect group norms, students challenge norms and differentiate roles)

Termination Stage: ___ (students make meaningful connections and discoveries, counselor facilitates closure)

Ending Summary (Note individual behaviors and group dynamics)

Cultural Opportunities:

Counselor reflection notes – Conceptualization from a theoretical perspective

IMPLEMENTATION PROCEDURES*: How did the session work? Changes for next time?*

Signature: _____ Date_____

Signature: _____

Statements and Declarations

Funding

This study was initially planned to involve a five-week intervention of CCGPT with Marshallese kindergarteners at a Title 1 school and data collection. We obtained university IRB approval for this study. However, the data collection and intervention were interrupted by the COVID-19 pandemic, and the intervention

and data collection were incomplete. Due to this, we decided to write a conceptual article, rather than an intervention article, describing how we created a culturally inclusive playroom and our recommendations.

Funding for the initial study was provided by a research grant from the Association for Specialists in Group Work. The funds were spent on purchasing culturally appropriate toys, assessments, and gift cards for teachers to complete assessments and questionnaires; however, the data collection and intervention were incomplete due to the COVID-19 pandemic.

Data Availability

This article is a conceptual and practice-oriented review based on the authors' professional experience. No new data were analyzed for this article. Initially, the authors did plan to complete a CCGPT intervention and data collection, but this was interrupted by the COVID-19 pandemic. Thus, there are no data or data analysis to share.

Author Contributions

MH, TJS, KP: Conceptualization, Writing, Reviewing, and Editing. All authors have read and agreed to the published version of the manuscript.

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