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Research Article

Play Development in Border Zones: Trauma and Opportunity

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Abstract

This article addresses the impact of a militarized zone of two countries on the play of young children. The United States and Mexico have a dividing wall that thrusts communities into lack of access and movement. The content, frequency, and focus of play are critically influenced by the presence of tense interactions, military restrictions, and lack of access or space of play. The challenges are numerous for communities in global zones of conflict and multinational agendas, but the solutions involve education, commitment, intervention, family involvement, and a community culture that values play. The article addresses the characteristics of trauma in play, as well as the positive solutions to address these concerns.

Key Words

Border zone • Children's play • Trauma

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There are many border zones we see on the news, but rarely do we have opportunities to understand these areas of diversity, intensity and change. International border zones are geographic areas with restrictions and are often militarized around the world. These specific regions may have constructed wire or cement fences, military personnel, and extensive laws limiting the movement of the population. This article speaks to one specific region, the border of the United States and Mexico through the context of children's play. The border zone of the United States and Mexico is poorly understood by many in the United States, but it is a region with significant potential for change. The border zone of the United States and Mexico is a region of 11.8 million people with a diversity of desert terrain, beach, barbed wire, rivers, and expansive rural zones, separating Mexico and the United States from each other. It is a highly militarized zone of inhospitable deserts separating entire communities and dividing families, and has one of the fastest growing populations of young children. The border region is expansive jutting through communities, ranches, and businesses, and impacting the play environments and opportunities for play of children (Isacson & Myer, 2015). The border's total length is 3,145 km (1,954 mi), according to figures given by the International Boundary and Water Commission and is the most frequently crossed international border in the world, with approximately 350 million crossings being made annually. Texas borders four Mexican states, and it is the Rio Grande Valley region of Texas, the southern-most tip of Texas, that is the source of play discussions in this article. (Martinez, 1994; Staudt, Fuentes, & Monsarrez-Fragoso, 2010).

The true border is what humans create upon the concept; it is the fence, the policies, the restriction of movements of goods and people. It is the concrete reality and obstruction of play for many children. I would argue it is the wire and the daily realities of restrictions that mirror the play of children in this region. In any region, close to the international wall that separates the country countries is a zone of prohibited activity, where drug cartel bullets exist and high traffic of security vehicles. (Putel, 2012). And so, the "border" is more than a dividing wall, but an entire region of children whose lives are changed due to the wall and the culture of the wall. The very presence of the border is felt wherever border policies and legislation structure, impact, and transform our lives. The focus is on lower Rio Grande Valley, Texas due to its high number of ports of entries and check points for the families and children.

This article is about how the right to play is systemically challenged because of this physical wall and how play has an important role in the development, growth and education of children in the region. Play is described by many as the work of children (Steglin, Fite, & Wisneski, 2015). It consists of those activities performed for self-amusement that have behavioral, social, and psychomotor rewards. Play is child-directed, and the rewards come from within each individual child. Play is enjoyable and spontaneous and it is how they learn about the world around them. Through play, children learn to communicate joy, sorry, fear, and apprehension. The Center for Disease Control in the United States assumes a preventive stance on this issue and advocates for physical activity, balanced nutrition and more active lifestyles (Learn the Signs: Act Early Campaign, Center for Disease Control, 2014). The physical benefits of active play include large muscle skills as children reach, grasp, crawl, run, climb, skip and balance, and develop hand-eye coordination as the child handles objects in play (Frost, Wortham & Reifel, 2014; Johnson, Christie, & Wardle, 2005). There is no substitute for active physical play and children of all ages need access, time, and safety to engage in play. It is essential for learning that children have oxygenated blood flowing to the brain (Blaydes, 2012). Other research (Wood, 2013) has also described play with imagination and fantasy as the child's natural medium of self-expression and one that gives cues about the child's conscious and unconscious states. For example, in play therapy, clinicians employ various techniques

designed to reveal the child's psychological and social development. However, clinician-directed play therapy is not naturally self-directed play, but play designed by a professional to facilitate understanding of the child and the child's healing process. Specifically, the article shares insights in how critical play is for children who live in regions challenged by violence, change, and instability. (Stirling & Amaya-Jackson, 2008). There has never been a more urgent need to value physical activity and to seriously consider the benefits that it can provide as we examine the lives of vulnerable children. Clearly, the lives of children exposed repeatedly to unpredictability, violence, and change in any geographic region would benefit from play.

Challenges in the Border Region for Children

There are critical health, educational, social, and emotional challenges in the border. There are significant health risks in the border, and in particular the region of the Rio Grande Valley. There are numerous health concerns due to environmental and toxic exposure to pesticides. A second health concern is that the border regions have shown high levels of childhood diabetes, obesity, and poor nutrition. Over 1,741,000 children live in severe poverty making up 25% of the state. Over 43% of children do not have consistent access to food security, and Texas ranks 49th in the nation for children who do not have health care insurance. (Davidson, 2000) The largest portion of this statistics lives in the border region. Economically, there are challenges for the children in the border. For example, Texas has the greatest percentage of children living in poverty with over 350,000 children who live in the Lower Rio Grande Valley (LRGV) 49% of children live below poverty 95% Hispanic. Other challenges are educational concerns. Educationally, for example, in Texas, there are less than 30% of three to four year old children enrolled in pre-kindergarten over the past three years (2015). Similarly, the percentage for Texas young children not attending preschool is over 60%, approximately 475,000 in 2011-2013. These figures are more profound in areas of poverty such as the border zones. The social fabric of the border region reflects extended families, but the challenges of limited early educational experiences impact socialization opportunities. Large populations of young children lack preschool and kindergarten socialization experiences. Young children in the border are more likely to be home with older caregivers rather than socializing or playing with peers in early childhood settings.

In the border region, many emotions are evoked due to the restrictions, separation of families, land and play areas. The region creates emotional challenges because it creates instability, fear, unpredictability, and the possibility of crises. In the LRGV region, there are emotional challenges due to the restrictive nature of the region, and lack of access, as well as increased military. The influx of military has created a sense of fear and uneasiness in the communities surrounding it. For example, approximately 15% of the population has been identified with emotional problems, roughly 917,000 children (Kids Count Data, 2014). This has steadily increased since 2006. According to Kids Count Data for Texas (2015) children ages 2 to 17 with a parent who reports that a doctor has told them their child has autism, developmental delays or anxiety, ADD/ADHD, or behavioral problems (U.S. Department of Health and Human Services, National Survey on Children's Health, 2015). www.cdc.gov/nchs/about/major/slaits/nsch.htm

Children in the Border

What does childhood look like in the border? Childhood is complex in the region because it is impacted by the dynamic and traumatic events of a region that is fraught with high degrees of population mobility, drug traffic, human trafficking, and illegal smuggling of wildlife and merchandise. The region is reflective of drug

cartel, immense immigration, migration, and increasing refugee crises of young children fleeing poverty and violence from Central America. For example, over 43,000 children, in 2014 entered the United States unaccompanied through the borders of Texas. While, the border has a rich cultural history of music, arts, history, education, and traditions, the play of young children in the region typifies patrols, dogs, drug tunnels and dramatization of document checks. Children play what they see and know well. Due to the rich bilingual usage, children engage in Spanish and English during play, but frequently their themes involve the wall, the immigration and customs enforcement (ICE), border patrol, or police. The looming visual presence of the walls can be observed from play grounds, parks, schools, parking lots, daily news. The wall impacts the play of children by its physical presence by dividing communities, parks, safe zones, and is a looming presence where activity is restricted, and where play does not exist close to the wire or the cement structures of the wall.

The Border: Through the Eyes of Children

What does a child see if they live in the border of United States and Mexico? What are they daily observations of “normal life?” How does each distinct region foster the play of young children? The border regions have many similarities, but in the regions of the Lower Rio Grande Valley, Texas, the play of children is critically impacted by a militarization of the community. Throughout the region, there are extensive personnel with uniforms that children and families observe and interact with on a daily basis. These include the community police units, United States Customs and Immigration Enforcement Agents (ICE), Border Patrol, Anti-Smuggling Units, County Police, County Sheriff Units, as well as Texas Rangers. These extensive personnel with uniforms represent potential confusion, stress and trauma. There are various checkpoints and entry areas, which detain families on a daily basis. Typically, the children observe the border protection canine program where family members are detained; there is inspection of documents, tense conversations, and frequent car searches. Certainly, the objectives of border security are apparent to adults, it is not so obvious to young children.

Young children are keenly aware of their environmental surroundings. They seek out spaces that foster play, attachment, and familiarity. While, each entity of different color uniforms is important to the community, they are confusing to young children. These community individuals may appear commonplace to adults. For children, it is another matter. The uniforms, the guns, dogs, and inspections are all possible sources of trauma. Clearly, this unpredictable behavior creates a state of toxic stress. However, many children experience the various entry points in the border of the United States and Mexico in negative ways. There are extensive personnel requesting documents, tense and often time’s intrusive searches, and extensive questions. Along the border, there are various regions called sectors. The Sector of the Rio Grande Valley, Texas has six stations located on the border. The Rio Grande Valley Sector is open continuously 24 hours a day, seven days a week, and is committed to protecting the Nation's borders and certainly not venues of play and impact vast stretches on either side of the national designed zone. Each militarized zone, checkpoint, and zone of security diminishes the land usage of parks, wildlife zones and habitats, and green exploration areas for children. Any region close the border fence prohibits any activity (Brooker & Woodhead, 2013).

The physical and emotional climate of the border zone creates barriers to play through the realities of intense border activity of transportation, immigration mobility, trafficking of humans, drugs and other goods. The sheer presence of military is very imposing for adults, and its impact on children is an inquiry of grave concerns. For many children, these checkpoints are unpredictable, frightening, and create family stress. The checkpoints, dogs,

noise, and vocabulary of the immigration process and military are reflected in the art, dramatic play, vocabulary, and active play themes of the children. Construction play is easily identified as bridges and tunnels for the drug cartel, as easily as paper serves as green cards, visas, work papers, or passports depending on the dramatic play. All of these documents pertaining to access, legal mobility, and freedom of movement.

Sources of Trauma Impacting Play

When a child perceives they have been threatened by a situation they are likely to become traumatized. The children living in the borderlands are exposed to many situations that may lead to traumatic experiences. These include community violence, domestic violence, medical trauma, natural disasters, neglect, physical/verbal/sexual abuse, terrorism, severe grief due to loss of primary caregiver, terrorism, school violence, and refugee and military zone experiences. Childhood trauma results from anything that disrupts a child's sense of safety and security. In Cameron County, Texas we are faced with one of the highest obesity and childhood diabetes rates in the country, one must question how the lack of outdoor play is related to such statistics. If parks and outdoor play spaces are compromised, reduced, and limited, the physical play opportunities are clearly reduced if not eliminated.

The concerns of childhood trauma are for all children in the borderlands regardless of immigrant, migrant and legal status. Many of the same variables impact the entire population of children in the region. Children who have experienced trauma often times live in a state of fear, reduced risk taking, and exploration. This impacts how well the children are able to learn, socialize, and participate as members in their communities such as family, school, and peer groups. There are several reasons why children can become traumatized. These include, but are not limited to, violence, such as witnessing a shooting, watching someone get abused, being abused, a death of a close loved one, abandonment or separation from a parent, a bus or car accident, serious illness, being humiliated or bullying, a natural disaster, and child abuse. Many children who have been traumatized see the world as a frightening and dangerous place. Experiencing trauma in childhood can have a long-lasting effect. When childhood trauma is not addressed the of fear and helplessness carries into adulthood, increasing the risk for further trauma. Adults who understanding the behavioral characteristics that many times accompany trauma can help provide the children the support they need for healing properly.

Behavioral Signs of Trauma in Children

When children first experience trauma, they tend to become easily afraid and panicked. They may cry more than usual, seem sad more often, and become afraid of things they were not afraid of before the event or series of events that were traumatic. Some children may become confused or angry, have trouble sleeping, lose their appetite, and announce they have headaches and stomachaches more frequently. Typically these characteristics are more temporary in nature and gradually decrease as time passes on. As early childhood professionals, we are observers of children. This includes children of the border. As a resident, and child advocate, I have met many children who have ceased wanting to visit grandma or family members because it involves crossing the bridge into Mexico. As one child shares, "Everyone is yelling, and I don't like the dogs" Why do they have to have guns?" The trauma of crossing a bridge has frightened the child, and has unfortunately been evident in nightmares, block play, and paintings. Even after the family decreased the visits, the child still acts out the role of the border patrol and is aggressive in play.

Traumatizing events that occur repeatedly can have long-term effects throughout life. Other traumatic events such as unpredictable detention, long court dates, or increased presence of military inserted into daily life can also impact children negatively for the long-term. These effects can impact behavior, learning, and the play of young children. Some children will find it difficult to make friends, interact with their peers in appropriately socialized ways, become aggressive as a way to deal with their feelings, and different types of mood disorders such as depression, guilt, and anxiety. Children can withdraw from friends and family, leading to greater negative impact later in life. If children are repeatedly exposed to unpredictable and invasive practices, they formulate defenses and protective behaviors (Sieff, 2015).

Posttraumatic stress is the persistent stress after a traumatic experience has ended and yet continues to affect the child's capacity to function healthily. If stress continues over a long period of time the child's neurophysiologic response may remain constantly aroused after the threat has ended. Trauma affects the child's ability to self-regulate physically and emotionally. The continued presence of traumatic experiences for children living on the border, including uncertainty about their future, loss of community, and separation from family, leads to long-term impact when the children are not attended to with intention. Providing play spaces and opportunities for self-directed play can offer significant possibilities for children to heal. (Scaer, 2001).

Children who migrate either unaccompanied by adults or with other people and are away from their home are at a greater risk of abuse, neglect, violence, exploitation, trafficking, and/or forced military recruitment. Many migrant children have witnessed and/or experienced violent acts and have been separated from their families. Children on the border have become pawns in the situation of migration between the United States and countries to the south. Many of the children in the United States do not meet the refugee threshold needed to stay in the United States, however, this does not negate the state of their lives is that of a refugee. Most children from Mexico who are apprehended by United States immigration authorities are deported within 24 hours. However the children from Central American countries are placed in holding facilities to determine their identity. During this time they receive basic care. Neurobiological research has shown that early abuse results in an altered physiological response to stressful stimuli, a response that deleteriously affects the child's subsequent socialization (Stirling & Amaya-Jackson, 2008). For children who systematically observe individuals being searched, dogs circling a car, or trunks begin repeatedly opened with shouting and confusion; a child in the border may be exposed to high levels of stress and trauma.

When children who have experienced trauma do not receive the support for healing, as they mature difficulties in life will continue and many times increase. Difficulties in sleep, anxiety, oppositional behavior, more aggressive and violent behavior, and school failure. During their teens they are more at risk to resort to alcohol and drug use to help them cope with their feelings. While there are many responses to address this trauma, we know the potential for play.

The Importance of Play in the Border

One way young children can deal with their feelings is through play. Adults who understanding the physiologic underpinnings of these challenging behaviors are in unique position to help children and to connect families with community resources that may be available. Beyond identifying children who may be suffering from traumatic experience and connecting with community resource, adults can play a role in support and healing by providing opportunity for directed and non-directed playtime. Non-directive play is a process that

allows children to act out circumstances that are scary, confusing, or bothersome to them. With knowledge about children and trauma, teachers, parents and community members can recognize the traumatized child's behaviors, formulate more effective coping strategies, and mobilize resources such as play to help the child articulate and work through their traumatic experiences.

When families and other caregivers are not provided information and skill development to provide children who experience trauma with the support they need, the children are often identified as “naughty” or ‘misbehaved’ and go unattended or become labeled, leading to increased harmful behavior. Similarly, when communities are unaware of the value and importance of play, there is an important window of opportunity lost in discovering and supporting the needs, development, and interests of the child. The following section speaks to the importance and need for diverse play opportunities in the border (Dreby, 2010).

The play process accepts the child exactly as they are. Children learn the responsibility to make choices, possible consequences, and to initiate change is the child's perception and behavior of and in the world. Play allows the child to lead the way; teachers supporting and scaffolding positive development. Play is a gradual process. Play can excite the child's interests; draw them to connect with others; and challenge their creativity, curiosity and spontaneity (Ginsburg, 2007). Play can help children navigate these events or help provide them a release in processing the event or feeling.

Play Days in the Border Zone

Often in stressful situations, play is not a top priority in the lives of families, and this is often observed in the border regions. This tendency to dismiss play leaves children developmentally deprived, because imaginative and fantasy play allows children to explore their world and express their innermost thoughts and feelings, hopes and fears, likes and dislikes. Play is serious, and it is through play that decisions are made without penalty or fear of failure. Play allows children to gain control of their thoughts, feelings, actions, and helps them achieve self-confidence. Play takes different forms for different children, and families need opportunities through a variety of venues to play.

Within the safety of consistent and safe relationships, play offers the freedom for children to express themselves. This allows the children to integrate different aspects of themselves through discovery. Although the children may continue to struggle with feels of confusion or inadequacy, they develop a better sense of who they are and what their strengths and values are. Children examine issues that trouble them and seek deeper understanding and perhaps resolution through play. Children reveal their inner struggles as they play out stories, generally ending with different and safer endings. Many times, in the play of children suffering from traumatic experiences their play may start as brutal to the characters involved, however, ultimately they are able to develop tolerance and compassion developing conscience.

The response to the toxic climate and challenges to play is a responsive plan of action in the region. In response for the need for play in the region, opportunities and spaces for play are being examined, changed and improved. As a faculty member and play advocate, I had a unique position and opportunity to instigate and provoke the play conversation through the provision of a play agenda. Community play opportunities provided the platform for change in a community where play was so severely needed. Play Day events and community

play days began day movement. The diversity of partners grew to include nutrition experts, farmers markets, pediatricians, recycling plants, and even flea market managers.

Play Education

Another important future direction is a concerted effort in educational programs, community training, or classes in a university setting. Educating the public and teachers in the community of the value of play is critical. Play has been described as a "universal and inalienable right of childhood" (Landreth, 2002, p.10). Adults sometimes refer to play as "child's work" to give some meaning to it, to make a comparison on how play fits into the adult world. However, unlike work for adults, play is intrinsically motivated, and community wide efforts need to clearly support the integration of play options in areas where children are traumatized and stressed. We know that play has value for both children and adults, and according to Piaget (1962), play brings together concrete experiences and abstract thought, and it is the symbolic function of play that is so important. The concrete experience of play helps children in making sense and coming to terms with the complexities of traumatic experiences, such as the lack of security and unpredictability in the region. Particularly important in the border regions, small in the region from tiny events on the University of Texas- Brownsville Campus (now merged and renamed University of Texas-Rio Grande Valley) to much larger venues in neighborhood parks, public zoos, and the Brownsville Children's Museum. The Play Days began with fewer than 20 children, and grew to events exceeding several thousand children at Play Days at the Zoo. My student populations in play courses originally spearheaded play Days. However, over time the play events included early childhood organizations, graduate students, museum coordinators, park and wild life, recycling companies, and parent groups. The play days were cultivated and embedded into other community events such as the Symphony in the Park, Bicycle events, and other sports venues in the community.

Play responds to children's need to have control over in their life, which allows them to feel more secure (Landreth, 2002). Child's natural means of expression is play where as adults naturally process through verbal communication. Therefore, teachers and other adults can provide opportunity and time for children to process their experiences by providing time and space to play (Steglin, Fite, & Wisneski, 2015). Teachers have a unique opportunity to embed play in all learning opportunities. Observation by teachers is a key element for teachers to be able to scaffold children through their learning and healing processes. Fortunately, in many education courses, physical education and psychology courses, there is a section or book chapter on play. It is here, where faculty have the opportunity to expand those concepts of play into experiential learning, service learning opportunities, and collaborate with the community to provide a platform of play for their education students and community children.

Play as an Educational Venue

The two major universities in the region UT-Brownsville, and UT-Pan American which have now merged as one large university the University of Texas-Rio Grande Valley, have responded in systemic ways to promote, foster, and sustain play. There are courses that have integrated the value of play, as well as required courses in play on the undergraduate, graduate and doctoral level programs in Early Childhood Education. These courses have impacted the region through thousands of education candidates in course work, service learning, and early childhood organizations such as the Southmost Association for the Education of Young Children, SMAEYC promoting and advocating for play. As a result, teachers follow the child's lead, entering the world of the child

and joining them in their emotional flow. The teacher, as a guide, can challenge the child to be creative and spontaneous by expanding the action(s) of the child. This can be accomplished in the way the teacher interacts with the child, intentionally stimulating most of the child's senses and motor skills as well as various emotions. However, systemic changes within communities need ownership of many entities many partners to maintain sustainability. This is a challenge where the region is shifting in population. So it through educational measures, and the empowerment of teacher, we turn our sights to change.

The teacher observes and stays focused during playtime. In this way, the teacher can reinforce basic thinking skills, engagement of the child, interaction of the child, and guide symbolic and logical thinking. It is important that teacher understand how to incorporate the integration of senses, emotions, and motor skills. Play expands the cognitive academics of the classroom to a more holistic way of learning and offers an embodied way of working through traumatic experience.

Rarely do teachers concentrate on the lower brain affective regulation or modulation of impulses with their children in their classrooms. The failure of caregivers and teachers sufficiently protecting a child may be seen and felt as betrayal and further contribute to the adverse experience and impact of the trauma. If caregivers and teachers continue to be perceived as a threat or hurtful, the impact of trauma increases. This strongly suggests that caregivers and teachers should be trained in the knowledge and skills of how to integrate techniques into their classrooms that allow children who have experienced trauma opportunity to establish appositive shared emotional human-to-human primary relationship. The secure attachment that can be developed can open up the possibility to help create a safe world. With proper training, caregivers and teachers can look through the trauma lens and more deeply and compassionately understand children's behavior.

With training, teachers can help re-pattern the disorganization in the lower brain centers to increase secure attachment to self, brain development, attunement, nervous system regulation, and the process of healing for the child; all of which impacts the child's ability to participate and learn in school. This process requires the teacher to also know skills on how to regulate themselves, creating a synergy between themselves and the children. This ability to create a synergy with children helps "create connections that are vital for the development of a child's capacity for self-regulation" and learning (Siegel, 2013). Teachers, through training and skilled observations, can utilize play in the classroom supporting changing the child's perceptions of the perceived challenging events experienced. Attunement between teacher and child is essential in order for the disorganization in the lower brain stem to be available for patterning. Teachers model self-regulation to their students as children learn through observation of behavior more so than verbalizing directions. Using mindfulness practices provides non-verbal communication supporting a safe relationship and space to engage in 'mindsight.' This term, coined by Siegel, describe the human capacity to perceive the mind of the self and others. It helps one understand their inner process with more clarity, integrate the brain, which in turn helps our relationships with others and ourselves.

Through this process of play, the teacher supports the child in getting in touch with who they really are, rather than who they think they "should be." This attunement and healthy attachment to one self helps in the healing process of trauma helping to set up safe experiences with one's inner world and having the ability to guide one's own thoughts and feelings. Play, sports and recreation are protective in them and support children's resilience and coping capacities (United Nations High Commissioner for Refugees, 2012).

When teachers have background in training, education or service work focusing on play, they have a deeper understanding of the value and benefits of play in the region. Parents, teachers, physicians, and even children understand the value and importance of play. Play is an important part of the childhood development and it is through play children learn about themselves and others. Extensive research shows that play is complex and is not neatly defined in terms of some single identifying characteristic. Rather, it is defined in terms of a confluence of several characteristics. There are essentially many elements of play that are generally agreed upon. (1) Play is self-chosen and self-directed; (2) Play is activity in which means are more valued than ends; (3) Play has structure, or rules, which are not dictated by physical necessity but emanate from the minds of the players; (4) Play is imaginative, non-literal, mentally removed in some way from “real” or “serious” life; and (5) Play involves an active, alert, but non-stressed frame of mind.

According to many studies (Johnson, Christie, & Wardle, 2005) play is spontaneous and is initiated by the child based on his/her individual need and capability for playing. There are many definitions of play, but we can agree that it is fun, self-chosen and process oriented. Play is considered the language of children, their natural medium, of expressing; it is through play that children try to make sense out of their world (Kottman, 2001). For many children, play is individualized and based on their unique life experiences. It is certain that play is personal, self-chosen, flexible, adaptive, instinctive, and always changing as they grow, mature, and learn. It is through play that children are able to express their imaginations, to develop curiosity, to question, and to test out new ideas (Steglin, Fite, & Wisneski, 2015). Play with imagination and fantasy is the child's natural medium of self-expression and one that gives cues about the child's conscious and unconscious states. In play therapy, clinicians employ various techniques designed to reveal the child's psychological and social development. Clinician-directed play therapy is, therefore, not naturally self-directed play, but play designed by a professional to facilitate understanding of the child and the child's healing process.

Green, Riley, and Hargrove (2012) discuss the critical need for schools and parents to identify and implement strategies that encourage physical activity and diminish childhood obesity. At the elementary school level, both organized sports and physical education can provide play opportunities. In the border region, many schools have limited or cancelled recess for more academic time. When in fact, we know that physical activity is necessary for healthy brain development and emotional development. Children also need this free time and physical activity to form relationships, explore friendships, and learn social skills (Pellegrini & Bjorklund, 1996) and counters sedentary lifestyles and patterns of obesity.

Many recent studies reinforce the value of play on children and adults' cognitive, social-emotional and mental health development. The border zones of the United States and Mexico are clearly regions critically in need of increased attention on the play of young children. If children are exposed repeatedly to stressful events, play opportunities are even more critically needed. During play, self-esteem grows and is nurtured through successful social interactions with peers and adults in play situations elaborates the value of play for age-mixed groups of children that include cognitive, social and emotional benefits. Through various forms of play, which might include dramatic play or imaginary play, children can play out those fears and observations of the region. It is through opportunities for play, that children learn social skills and self-regulation, problem solving and role-playing.

Future Directions & Summary

The border regions in many countries face tremendous challenges as ports of opportunities. In dynamic geographic zones of change, we have important opportunities to protect the most vulnerable children and youth. The US/ MX border has significant potential for change given its economic and educational growth of parks, schools, and expansion of the University of Texas-Rio Grande Valley, it also must continue to be mindful of the need for play and the spaces required for play. Like many border zones, the growth, the migration, the dynamics of illegal trafficking of goods, humans, and drugs impact families, environments, and the healthy futures of thousands of children. It is imperative that we critically consider the development of young children in border regions, and intensive the efforts to provide for education and systematically empower communities to play. Parks, trails, and zones for play are increasing and must continue to expand to ensure that all neighborhoods, and not just a few have access for safe play. The value and need for play in the border region is paramount for maximum cognitive, social, mental and physical development. The richness of the gulf and the bi-national community lend themselves to many opportunities of play through systemic and community knowledge of the importance of play. Traditionally, childhood has been associated with play, and it is certainly vital to the well being, development, growth and learning of children.

Play is an important and vital element of a community, and in particular one that is challenged by stress, militarization, and change. Globally, this region is not unique. Many regions of the world face similar, if not more challenging dynamics of change and violence. The border region is very proud of its heritage, extended family, and culturally rich history, and so the advocacy of play should be part of those healthy community initiatives. In 1990 the United Nations ratified and legally protected child play in the Convention on the Rights of the child, and while our nation of the United States has yet to ratify it, it morally responsible to support the play and rights of young children through planning and action through collaborative, sustainable and multifaceted community approaches in valuing the play of young children.

Future directions for fostering play in the border of the United States and Mexico has tremendous potential in mitigating the many factors of a dynamic bi-national region with extension security concerns. First, future directions must include an analysis of space and opportunities in the region for play. While, there is an increase of community collaboration through playful cities-of Kaboom, community initiatives, their needs to be more diverse strategic partnerships of play that include health, education, social, and parks entities across the region. Second, there is evidence of community wide play days across the Rio Grande Valley, but these must increase across all regions in quality, quantity, and play in nature based zones. Equally, important, is public planning. The public planning of space is an important consideration, which should include experts in early childhood so that the needs of children and families are reflected in the expansion of play areas, community trails, and outdoor classrooms.

Another significant direction for all communities, and in particular where children are exposed to trauma is community education in the area of play. Teacher and parent education about the value of play, and the important inclusion of play being the center of the curriculum in early childhood curriculum. One of the most perplexing challenges confronting teachers in conducting play in their classroom is the need to consistently apply limits in the face of angry, hostile, aggressive, or resistant children. Play is valuable in providing the platform for self-expression and experiences. Play can reveal several different aspects of a child from what the child has

experienced, to reactions the child is having to what was experienced, to the child's feelings about what was experienced. The child can create alternative outcomes, and through directed play can learn how to reduce further trauma in the future by practicing new knowledge and skills through their play. Lastly, through careful observation, teachers can gain a sense of how the child feels about themselves, their self-esteem, strengths, and can use this to become strength based in their teaching/learning practices ([Landreth, 2002](#)).

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