

FAMILY TIES:

USING FAMILY PLAY THERAPY TO LOOSEN BINDS AND STRENGTHEN BONDS

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Objectives:

1. Participants will be able to define family play therapy.
2. Participants will be able to describe rationale that supports the utilization of family play therapy with children and their families.
3. Participants will be able to describe how to process family play therapy sessions with families.
4. Participants will be able to articulate examples of family play therapy activities.
5. Participants will be able to describe considerations for selecting appropriate family play therapy activities.
6. Participants will be able to identify potential challenges in implementing family play therapy.

NOTES

What is family play therapy?

Family play therapy is a modality in which play therapists utilize the therapeutic powers of play to assess and to strengthen family relationships, thereby promoting individual family member development and wellbeing.

Why use family play therapy?

1. Families influence children. Children influence families.
 - Research supports the relationship between family functioning and individual wellbeing across the lifespan:
 - Infants (Brackbill et al., 1990)
 - Children (Bastiaansen et al., 2005)
 - Adolescents (Paradis et al., 2011)
 - World Mental Health Survey (Kessler et al., 2010)
 - Over 51,000 adults
 - Over 21 countries
 - What was the greatest predictor of whether or not someone experienced a mental health disorder as an adult? Childhood adversities associated with maladaptive family functioning.
 - 93% of play therapists reported believing that "family factors were significantly involved in the development of child-based emotional issues" (Haslam & Harris, 2011, p. 60).
 - 73% of parents seeking play therapy services for their children indicated experiencing family relationship concerns (Tsai & Ray, 2011, p. 105).
2. Families can provide a context that can help us to make sense of individual family member behavior: "All behavior makes sense in context" (Ray & Watzlawick, 2009, p. 186).
3. Because it is inclusive; children and parents can be included in meaningful ways in the therapeutic process
 - 3.5% of the total words spoken in family therapy sessions were spoken by children (Cederborg, 1997).

- Sax (2007) found that parents experiencing mental health issues with their young children reported desiring therapy that
 - provided them with effective helping strategies,
 - meaningfully involved them, and
 - provided them with support.

- 4. Play allows for a broader range of expression than can be communicated in words, providing an opportunity to observe, to assess, and to strengthen family interactions more readily:

“When the therapist asks the family questions, the family members control what they are presenting. In selecting what material to communicate, they frequently try hard to put their best foot forward, as it were. But when the therapist gets the family members to interact with each other, transacting some of the problems that they consider dysfunctional...he unleashes sequences beyond the family's control” (Minuchin & Fishman, 1981, p. 78).

- 5. Because family members share a natural bond with one another that's rich with therapeutic potential, and play can enhance that bond.

- 6. Because family members can reach each other in ways that we cannot.
 1. Research on the effectiveness of
 - i. family therapy: Family therapy was found to be as effective as individual therapy, more efficient, but used five times less (Crane & Payne, 2011).
 - ii. filial play therapy: Parents trained in filial play therapy tend to achieve significant outcomes with their children (even comparatively greater outcomes than play therapists achieve with their clients) (Cornett & Bratton, 2015; Lin & Bratton, 2015)
 - iii. family play therapy: Use of play-based activities 1) increased participation and engagement, (2) strengthened therapeutic alliances with children, and (3) increased positive family interactions.

(Thompson, Bender, Cardosa, & Flynn, 2011; Willis, Walters, & Crane, 2014)

- Caregiver involvement in the therapeutic process has been associated with greater outcomes for children (Richards et al., 2008)
7. Because family-oriented work is supported by “best practice” guidelines
- Play Therapy Best Practices (APT, 2020)
 - Play therapists foster the client's interest and welfare which includes securing and supporting nurturing relationships in the client's life” (p. 2).
 - “Play therapists recognize that clients often have family members and other significant adults who have influence in the client's psychosocial growth and development, and strive to gain understanding of the roles and involvement of these other individuals so that they may provide positive therapeutic support where appropriate” (p. 7).
 - Credentialing Standards (APT, 2020)
 - “APT identifies the following areas of competencies as essential to the competent practice of play therapy, irrespective of theoretical orientation”:
 - “1h. Demonstrate knowledge of family & systemic theories in play therapy” (p. 11)
 - “2c. Apply assessments that highlight various aspects of the child and/or system and the play therapy process (e.g. conceptualization, diagnosis, family dynamics, treatment suitability and effectiveness, termination)” (p. 11)
 - Evidence-Based Practice for Children and Adolescents (APA, 2008)

“Although many psychosocial treatments emphasize the child as an individual, those that include family context and actively engage families in fostering adaptive development represent optimal approaches. Some evidence-based treatment approaches explicitly engage family members and target family change as a necessary outcome. However, even in treatments that lack this explicit focus, it is clear that families are essential partners in clinical engagement of children, support for children who are learning new ways of functioning and coping (e.g., Mendlowitz et al., 1999; Thienemann, Moore, & Tompkins, 2006), and support for sustaining changes after children are no longer receiving care (Hawley & Weisz, 2005)” (APA, 2008, p. 7).

How do I use family play therapy?

Conceptualizing family play therapy

Key family systems concepts

- Enactments (Minuchin & Fishman, 1981)
- Family rules (Jackson, 1965)
- Family roles (Everett, 2000)
- Boundaries (Minuchin, 1974)
- Hierarchy (Minuchin & Fishman, 1981)
- Triangles (Haley, 1967)

Explaining family play therapy to families

- Keep it short.
- Keep it simple.
- Be confident.

- Seek their input. Hear their concerns. Respect their choice.
- Example explanation:
 - “Working with children often means working with families. I imagine these issues have affected your family, and you're probably interested in understanding your child's issues better and learning how to respond in more effective ways. How exactly this work will involve your family is something we will determine over time based on your child's needs. How does that sound to you?”
 - “When I'm working with children and their families, I also usually include play and art activities, because that helps to keep children interested and involved in addressing these concerns and contributing to the solutions. I find that the grown-ups don't mind having a little fun, too. It really can provide a way to bring your family together while you tackle these issues. How does that sound to you?”

Structuring family play therapy activities

Play therapists can consider adjusting the following variables in how they structure and facilitate a particular activity order to accomplish particular therapeutic purposes:

- Prompt
 - More open-ended? (trusting family's creativity and direction)
 - More specified? (trusting therapist's directing and guiding)
- Family involvement
 - Individual activity? (elicits perceptions)
 - Joint activity? (elicits interactions)
- Therapist involvement
 - Assessment? (less involved)

- Intervention? (more involved)

Processing family play therapy activities with families

Questions to guide observations:
(Landgarten, 1994, pp. 222-223)

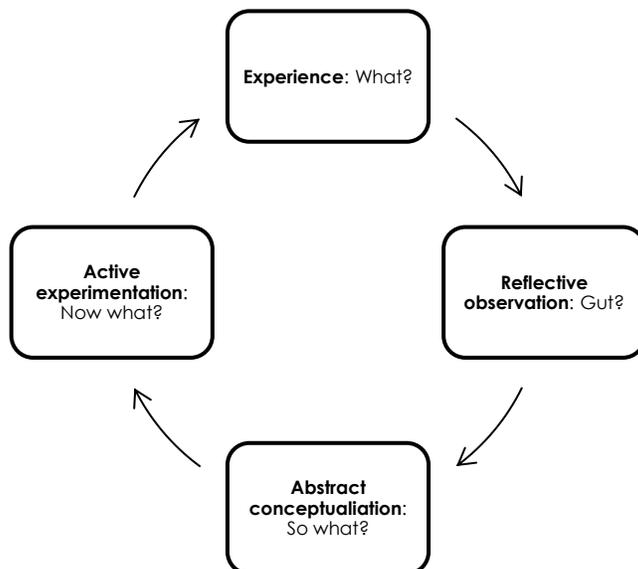
1. "Who initiates, and who ends, the artwork, and in what order did the rest of the family make their contributions?"
2. Which members' suggestions were utilized and which were ignored?
3. Which participants remained in their own space versus those who crossed over?
4. Did anyone 'wipe out' another person by superimposing their image on top of someone else's?
5. Who made friendly contact gestures and who made hostile ones?
6. Did any member send out a 'leave-me-alone' message?
7. Where is each person's contribution (central, end, corner, all over)?
8. How much space did each individual occupy?
9. Who functioned dependently and who independently?
10. Who contributed content that was either provocative or emotionally laden, and how did the rest of the family respond?
11. Did a leader evolve?
12. Who contributed the most and who the least amount of art?
13. Did the interaction take on a structure or was it chaotic?
14. Did the members take turns, work in teams, or work simultaneously?
15. Was the working style concordant or discordant?"

General method for processing

	Processing the Product	Processing the Process
General	1. "Tell me about what you created."	3. "Tell me about what it was like for you to experience this."
Specific	2. "Tell me more about this [pointing to particular area or item]."	4. "Tell me about what it was like for you when [noting something specific you observed]."

General progression of session

Lewinian Experiential Learning Model
(adapted by Kolb, 1984)



On selecting activities

There are a plethora of play-based activities and techniques that can be utilized in the context of working with families. Look into resources in:

- Play therapy/family play therapy
- Sandtray
- Art and expressive therapies
- Experiential/group activities

- Your own creativity!

When selecting techniques, therapists should consider (Sweeney & Shaw, 2016):

- Is this technique developmentally appropriate?
- Does this technique have a theoretical basis?
- Does my use of this technique have specific therapeutic intent?

REMEMBER: The techniques are simply means to ends (e.g., building therapeutic relationships, encouraging expression/understanding, providing context to work towards treatment goals, etc.). Don't get too caught up in them.

Developmental considerations: Keep your "audience" in mind!

Continuum of play therapy activities



More play-based:

- Relies more on the experience, more child-friendly, may engage adults less, more family-led

More talk-based:

- Relies more on abstract thinking, more adult-friendly, may engage children less, more therapist-led

Regarding the use of games in family play therapy (Sweeney & Shaw, 2016):

- Be mindful that many games encourage competition and evaluation, which may undermine efforts to strengthen family relationships.

Potential challenges of family play therapy

- Access to the family
- Motivation/desires of client and family
 - Desire of the family to be involved
 - Desire of the client to involve family
- Clarity in defining "the client" (ACA, 2014, A.6.d, A.8, B.4.b; APT, 2020, B.2)
- Continuity of sessions
- Acceptability of play to family members

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