

Creative Family Therapy Techniques: Play and Art-Based Activities to Assess and Treat Families

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One of the common challenges in family therapy is the discomfort that many therapists have about working with children. Therapists may be anxious about involving children in family sessions because they fear children will be non-communicative or disruptive. Integrating engaging and developmentally appropriate techniques into family sessions can help to involve children and can prevent disruptive behavior. This article presents innovative assessment and treatment activities for use in child-focused family therapy.

THE RATIONALE FOR CONDUCTING THERAPY WITH ALL FAMILY MEMBERS

The family systems perspective contends that the most effective way to work with individuals is in the context of their families. In their groundbreaking book, *The Family Crucible* (1978), Napier and Whitaker wrote, “Working directly with the totality of the forces that influence the individual is such a logical idea that it is hard to deny its validity” (p. 59). Ackerman (1970) advocated for the participation of children in family sessions. Keith and Whitaker (1981) indicated that “families change less and more slowly when children are not part of the therapy” (p. 244). Involving all the children in the family therapy provides the therapist with a more accurate assessment of dynamics, interactional patterns, roles, and rules. Including all the children in family sessions, rather than just the identified patient (I.P.) removes the focus away from the I.P., and highlights the notion that it is a family interactional problem, rather than the fault of the I.P. (Taibbi, 2007). Moreover, children contribute unique ideas to family sessions.

THE USE OF ART AND PLAY-BASED ACTIVITIES IN FAMILY THERAPY

There are several compelling reasons for using art and play when working with children in the context of the family. Eliana Gil, one of the pioneers of family play therapy, emphasizes that “play techniques can engage parents and children in enhanced communication, understanding, and emotional relatedness, and can assist clinicians in their important work, and thus should be considered a viable and pivotal part of the family therapy work” (1994, p. 42). Similarly, Bailey and Sori (2000) aptly put it, “Family play therapy moves treatment from the intellectual, cerebral, abstract world familiar to adults, to the world of imagination, spontaneity, metaphor, and creativity that is familiar to children” (p. 488). Family play therapy “lives in the twilight zone between cognition and emotion, where the defenses are not on the alert” (Ariel, 2005, p. 7).

Art therapy is also an effective technique with families because “it bypasses those censors that families may have adeptly construed. A family that did not know how to

express feelings directly may find a way to do so when given an opportunity to draw or paint” (Klorer, 2006, p. 115). When family members engage in an arts or play-based therapeutic activity, they often express thoughts and feelings that they otherwise may not feel comfortable expressing through traditional family talk therapy. Art and play-based activities can unlock a deeper level of communication.

Play and arts therapies differ from traditional “talk therapy” in that they engage emotions in a direct and physical way, generate creative energy as a healing force, and creatively enable clients to express their problems and conflicts (Malchiodi, 2005).

ENGAGING THE FAMILY IN PLAY AND ART ACTIVITIES

Parents may have difficulty understanding the rationale and effectiveness of using play and art techniques in family therapy sessions. They may view games, drawings, and puppets merely as sources of entertainment for children. Parents may also feel uncomfortable, embarrassed, or silly participating in playful family therapy. It is helpful to meet with parents prior to the first family session to explain the value of using play and art activities in family therapy and to help them embrace this approach. Wark (2003) outlines the following instructions for the parent session:

1. Inform parents that play and art activities are a part of your family therapy approach. Give examples of the techniques that are usually incorporated into sessions, such as games, drawings, and puppets. Ask the parents for their reaction to this method of working. If the parents express doubt or discomfort with this approach, normalize their feelings.
2. Ask the parents for their image and expectations of therapy, i.e., “What are your ideas of how therapy should be conducted with families? What do you think would help your children feel comfortable in therapy? Do you think it will be easy or difficult for your children to talk directly and openly about their thoughts and feelings? Do you think your children will be able to sit still during the entire session? What would help your children participate in the sessions?”
3. Explain some of the key benefits of using play and art techniques in family therapy: (a) children enjoy games, drawing, and using puppets, therefore they will feel comfortable with a play-based approach; (b) since children communicate through play, they will be able to express themselves more easily than traditional “talk therapy”; (c) since play and art activities are active in nature, children’s attention is more likely to be captivated and sustained for the duration of the session; and (d) research shows that play helps children develop cognitive, affective, and sensorimotor skills (Singer, 1996).

When introducing play and art interventions into family sessions, “it is helpful to begin with activities that guarantee success; these tasks should be easy and should not require an explicit finished product. In addition, if the family members are asked to work as a group or in pairs, they may feel less conscious of their own contribution” (Revell, 1997).

INTERVENTIONS

Techniques that are fun and engaging help to minimize resistance and involve the family in therapy. *Colored Candy Go Around* (Arnell, 2010) is a creative and playful activity to use with families in initial sessions. Small colored candies are needed for this activity, such as Skittles or M & M's. Distribute seven candies to each family member. Have each member sort their candy by color with instructions not to eat them. Ask one member to pick a color and tell how many they have (i.e., two greens). Ask them to give two responses to the following questions:

Green: Words to describe your family

Purple: Ways your family has fun

Orange: Things you would like to improve about family

Red: Things you worry about

Yellow: Favorite memories with family

After one person has answered a question, have them choose the next person to answer the same question based on the number of candies that person has. Candies can only be eaten after a question is answered. Open the floor for discussion after each person has responded to all questions. Possible discussion questions are as follows:

1. What did you learn?
2. What was the most surprising thing you learned about someone else?
3. How will you work towards making changes/improvements?

This activity facilitates open communication and provides insight into individual and family dynamics. A variation is to use colored beads or Lego® rather than candy.

A systemic assessment is critical as it provides the therapist with a thorough understanding of the way the family system works so that an appropriate treatment plan can be developed and implemented. *The Family Gift* (Lowenstein, 2006b) is an art-based family assessment activity. Provide the family with a variety of art supplies and a gift bag. Explain the activity as follows: "This activity is called *The Family Gift*. Create a gift for your family using any of the supplies provided. It should be a gift that everyone in the family wants. It can only be one gift, and you must all agree what the gift should be, and how it might be used in your family. Once you have created your gift, place it in the gift bag. You have 30 minutes to decide and create your gift."

Once the family has created the gift, ask the following questions:

1. Describe your gift
2. Tell how you each felt as you were creating your gift
3. Who made the decisions? For example, who decided what the gift should be?
4. Were two or more people in your family able to work well together?
5. Did anyone cause any difficulties or disagreements, and if so, how was this handled?

6. Is there anything about the way you did the activity that reminds you of how things work in your family at home?
7. How can the gift help your family? What else can help your family?

This assessment activity provides a window for the therapist to observe process and content within family interactions. Process information relates to how the family interacts, the verbal and nonverbal expressions, and stylistic idiosyncrasies. Content information focuses on what is being said, including the symbolic meaning conveyed through the metaphor. It also includes the actual product created by the family (Gil & Sobol, 2000; Sori, 2006).

In addition to observing the process and content that evolves during this activity, the therapist should also observe nonverbal cues, such as facial expressions, tones of voice, energy level, amount of enjoyment, and degree of engagement (Sori, 2006).

Another art-based family assessment activity is *Boat-Storm-Lighthouse* (Post Sprunk, 2010a). Explain to family members that they are to fill a poster board with one drawing of a boat, a storm, and a lighthouse. They are to complete the task silently. Upon completion, ask each to write a story about what he/she thinks happened before, during, and after the storm. A young child can quietly dictate a story to the therapist. After each person shares his/her story, the therapist guides the family in a discussion involving fears, rescue, danger, and how to access family support when needed. The therapist may help the family experience the process by exploring the following:

1. What do you think it would have been like to be in the boat with your family during the storm?
2. Who would have been most helpful to you during the storm?
3. Can you name three feelings you might have had during the worst part of the storm?
4. If you believed that a rescue would occur, how did you think it would happen?
5. In what ways could you have asked for help?

This drawing activity provides a glimpse into each family member's inner world, including traits, attitudes, behaviors, and personality strengths and weaknesses. More specifically, the drawing enables the therapist, as well as the family members, to learn such things as who tends to be optimistic and upbeat or who might be more pessimistic or morbid. It also uncovers the ability to mobilize inner resources and access external support when faced with danger and conflict.

Therapeutic techniques that involve children or the entire family can be challenging, particularly if the therapist relies on the usual modus operandi of therapy—talk. The *First Session Family Card Game* (adapted from Lowenstein, 2010) provides a means by which talk is integrated into an engaging game. A standard 52-card deck is used for this activity. Introduce the activity by stating, “We are going to play a game that will help me get to know your family.” The rules are explained as follows:

“Take turns picking the top card from the deck of cards. If you get a card with an even number, pick a card from the question card pile and answer the question. If you get a card with an odd number, pick a card from the question card pile and ask someone in your family to answer the question. If you pick an ace, ask someone in your family for a hug. If you pick a Jack, Queen or King, you get to pick something from the surprise bag. At the end of the game, everyone who played gets to pick something from the surprise bag.”

The question cards have been specifically designed to facilitate joining and to help the family identify treatment goals. Examples of questions for the *First Session Family Card Game* include:

1. True or False: When families seek therapy they often feel nervous, embarrassed, and/or overwhelmed.
2. Fill in the blank: A good therapist is someone who...
3. What would need to happen in the session today to make you feel like it was worthwhile coming?
4. What do you think needs to change in your family?
5. True or False: Everyone in our family plays a part in making it better.
6. How will you feel if your family gets the help you need?

During the game, there is ample opportunity to observe family dynamics, which further assists in treatment planning. Added elements of the game include hugs to encourage nurturing interactions in the family, and a surprise bag filled with small treats to further engage the clients.

The game can be repeated in the last session (thereby called the *Last Session Family Card Game*, Lowenstein, 2010) with questions focused on reviewing therapeutic gains. Examples of questions for the *Last Session Family Card Game* include:

1. What is a positive change someone in your family has made during your time in therapy?
2. What is your family able to do better now?
3. Tell about something you have learned about someone in your family during your time in therapy.
4. Tell about a skill you learned in therapy that you can use to deal with problems that arise in the future.
5. What advice would you give to another family who are experiencing a similar problem that brought you to therapy?
6. Families often teach therapists valuable lessons. Ask your therapist to tell something your family has taught him/her.

Additional questions for the two above versions of the game can be found in Lowenstein (2010). The game can be modified for specific target populations. For example, below are some sample questions from the bereavement version (Lowenstein, 2006a):

1. Tell three feelings you have had since your loved one died.
2. Describe a grieving ritual or custom your family followed when your loved one died.
3. Share a favorite memory of the person who died.
4. Can you wish someone dead and then they will die?
5. What do you believe happens to people after they die?
6. What has helped you the most since your loved one died?

Another playful intervention for family sessions is *Toss the Ball* (Post Sprunk, 2010b). Explain that for five minutes family members will take turns gently tossing the ball to other family members. As they toss the ball to someone they are to say something *nice* to that family member. The pattern is repeated for five minutes and/or until every person has heard at least two nice things about themselves.

Ask each person to describe their experience of what other family members said that was nice to them. For example, ask:

1. What was it like to say nice things to everyone?
2. How did you feel when another member in your family said something nice to you?
3. Did you receive any unexpected comments?

After processing, start the game again, however, this time ask them to say something they would *enjoy doing* (but are not currently doing) with the person to whom they throw the ball. Allow this to continue for five minutes, followed by processing the experience.

The third component of the game involves what is said when one catches the ball. The person who catches the ball is instructed to say something they would *like to change* about themselves and what prevents their ability to make that change. Allow time for the family to process and develop strategies for change. Possible discussion questions include:

1. List two things that would serve as aids to making the change that you would like to make.
2. On a scale of 1 to 10, how important is this change to you? To others in your family?
3. In what ways would your family life be improved after these changes were made?

Lastly, when one tosses the ball to another, the recipient shares an idea about what they could do to *improve family life*. After five minutes, encourage the family to consider all the suggestions and decide how and if these suggestions can be incorporated into their family life.

This activity begins with playful positive interactions that foster family cohesiveness. In addition, expressing nice things directly to each other offers the potential of establishing an increased level of emotional intimacy and a change in communication style. The game

asks that participants share activities they would enjoy doing with each other, which could provide even more opportunities for positive family interactions.

The second half of the game focuses on change for improving family life. The therapist must carefully guide the family in a discussion about how changes could be made and the advantages of making these changes. During the discussion of changes the family works together as a problem-solving team with common goals. The game is engaging and exciting and as such, it is a helpful intervention in child-focused family therapy.

The genogram is a technique that provides a graphic picture of the family history. It reveals the family's basic structure and demographics (McGoldrick, Gerson, and Petry, 2008). Through symbols, it offers a picture of three generations. Names, dates of marriage, divorce, death, and other relevant facts are included in the genogram. Gil (2006) developed the *Play Genogram* in which the child uses miniature objects to depict his/her view of family members. The *Family Strengths Genogram* (Cavett, 2010) is a modification of Gil's *Play Genogram*. The therapist explains the concept of genograms to the family, and assists them in drawing their own genogram on a large sheet of paper. After the genogram is drawn, the family is introduced to an array of miniature objects or magazine pictures. The family is asked to pick a miniature object (or magazine picture) for each person on the genogram that represents that person's positive attributes or "something that everyone likes about them or something he/she is good at." The family must decide together on one object for each person on the genogram. (If they do not agree, the therapist can encourage negotiation.) The miniature object or picture is placed on the paper where that person is represented with either a circle or a square. The following process questions may be used with adaptations for the developmental stage of the child:

1. Describe the miniature objects/pictures chosen to represent the strengths of each person on the genogram.
2. Do all your family members have some positive characteristics?
3. Do you tend to focus more on the strengths or weaknesses of others in your family?
4. What would change in your family if you focused more on the strengths of individual family members?

The *Family Strength Genogram* challenges the family to focus on the positive qualities within their family. This can create a positive shift for the family and help to create a more positive atmosphere.

Rap can be used as a means to engage and treat families (Sori, in press, 2008). The *Rappin' Family Puppet Interview* developed by Sori (2010) is based on the *Family Puppet Interview* (FPI) initially created by Irwin and Malloy (1974), and then modified by Gil (1994). First ask each person to select a puppet. Then instruct the family as follows:

“As a family you are to make up a story that has a beginning, a middle, and an end, but it cannot be a story you already know, like *Cinderella* or *Toy Story*. You are going to write your story as a Rap, practice it, and then have your puppets perform the rap for me.”

The therapist observes how the family organizes around the task, their level of engagement and enjoyment, how decisions are made, their patterns of communication, structural issues (such as coalitions, enmeshment, disengagement, etc.), who dominates and who is left out, as well as if a leader emerges, and how the rap is written and by whom (see Gil & Sobol, 2000).

When the family performs the rap, the therapist should note any differences between how the activity was rehearsed and how it was performed (Gil & Sobol, 2000). The activity should first be processed by “staying in the metaphor” (Sori, 2006). For example, the clinician may ask the mother’s lamb puppet what it is like to have a bumblebee for a son, or how a monkey and an octopus play together when one lives in the trees and the other lives in the ocean. Questions should be formulated that are specific to the family and the story, including how the puppets overcame adversity, worked together, and what strengths each puppet possessed. (See Gil, 1994; Gil & Sobol, 2000 for more suggestions on questions to process the FPI.)

The use of puppets has unique evocative qualities that can be beneficial in family sessions (Ross, 2000). Sculpting has been used by family therapists as an effective intervention (Duhl, Kantor, & Duhl, 1973; Satir, 1972). Combining play-based techniques like puppets with a dynamic intervention such as family sculpting can provide a potentially powerful option in family work (Haslam, 2010).

The *Family Sculpting with Puppets* activity (Haslam, 2010) helps family members express their feelings and perceptions in a creative, multi-sensory and symbolic way. The therapist explains to the family members the nature of the exercise, which is similar to the way that Satir (1972) set up her family sculpting. For example, say:

“I would like each person to take turns and pick a puppet that represents each member of your family, even if those members are not here, and place the puppet somewhere in this room. Puppets can be close together or far apart; some can be high or low, out in the open or hidden. Place the puppets in ways that show what things feel like in your family.”

After each person has sculpted the puppets, gather more information by asking questions such as:

1. What can you tell me about this scene you have created with these puppets?
2. What sort of feelings exists between them? Are any of them friends? Or do some fight? Are any scared of each other? Do any of them feel lonely or left out?

Possible ways of discussing therapist hypotheses about these observations with older members, or to stimulate reflective responses from the family, may include:

- 1) I wonder what you thought about. . .
- 2) One thing I thought was interesting was when. . .
- 3) How are the puppet sculpture and the way you did the activity like your family in real life?

The discussion should remain explorative and supportive so that it bolsters a positive experience for the family.

Healing Animals (Lowenstein, 2010) is a drawing activity appropriate for the ending phase of therapy. The aim is to help the family explore the changes they have made over the course of treatment and to create a new awareness of how they have overcome adversity. Provide each family member with a sheet of paper and a variety of drawing materials. Ask them to get into a relaxed position and to close their eyes. Then say, “Imagine a family of animals...this animal family has been through great hardship...take some time to imagine what it is like to be this animal family...when you are ready you can open your eyes and draw this *wounded* animal family.”

Once the drawings are complete, ask the family members to close their eyes again. Say, “Imagine this same family of animals...this animal family has survived something very difficult...they are strong...take some time to imagine what it is like to be this animal family...when you are ready you can open your eyes and draw this *healing* animal family.”

After the members have finished drawing their two animal families, display all the pictures, ideally by taping them to a wall. Invite the family to discuss their images. For example, ask:

1. What similarities/differences exist among the drawings?
2. What three words best describe the wounded animal families?
3. What three words best describe the healing animal families?
4. What helped the animal families overcome their hardships?
5. What important life lessons have the animal families learned?
6. How will the animals use their strength to overcome hardships in the future?
7. What do your drawings reveal about your family life?

The process questions focus on growth, strength, and survival, as these are important themes to highlight in the termination stage of therapy. Through this intervention, the family is provided with the message that they have survived hardship and they can utilize this strength to get through difficult times in the future. This gives the family a sense of validation and hope.

CONCLUSION

This article described a number of play oriented techniques for use in child-focused family therapy. These play and art-based approaches provide families the opportunity to laugh, create, work as a team, learn more about each other, explore thoughts and feelings, and have a different relational experience of each other. This has the potential to increase emotional intimacy. This increased emotional intimacy is the support that offers family members a secure base from which to grow.

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