When play is mentioned, we usually think about children and can easily understand how using play therapy or play activities with children is both natural and effective.

However, when trying to relate this to youth, adults and/or families, I am often met with a response of disbelief. It is unfortunate that for some reason our culture has relegated play to the young and yet at any age we love to laugh and to have fun. I have found play techniques to be one of the most effective ways of working with any age client and, in particular, have found family work greatly enhanced by utilizing play within the session.

There is a commercial that has been on television recently saying “A family that plays together, stays together”. Although this is a marketing strategy, I do very much believe that this is true, and if you think about many of the families who have mental health issues it certainly seems to be pretty accurate, as many of our families in treatment do not have play time.

Couples often become disconnected when they have children…stress and busyness, two working parents, etc. Family time has become an endangered species, much like the Golden Eagle. Therapy attempts to bring family members together, to help them communicate for effectively, to express their emotions and move toward constructive problem solving, etc. If we can guide families through on this journey and also support them in having fun, in laughing with each other it seems an easy choice to make.

One of my gauges for progress in therapy is the amount of laughter within any session and family reports of just being able to “have fun” with each other.

Many of the games, tools and activities we use with children can be used or adapted for use with families. Some principles to think about include:

1. Use activities/games that all family members over 3 years of age can play or participate in.
2. Use activities/games which can be played within the session time frame and leave time for whatever other business you need to do.
3. Use activities/games initially which move fairly quickly, giving everyone a turn in short order. If turns take too long, or you spend too much time with a specific family member you can loose the “fun” aspect for the others.
4. Position fun activities so that you are ending the session on a “high” or “positive” note.
5. Use activities and games that connect to a family goal.
Activity
What will they say?

The core aspect of this game is for family members to be able to guess what another family member will say in response to a question.

Objectives:
1) For family members to get to know each other better.
2) For family members to develop skill in asking each other questions.
3) To be able to make a point that there are things that are similar between family members and things that are different.
4) To make a point that family members (especially parents) may not know about each other as much as they think.

Instructions:

Create at least 20 questions such as:
1) What is your favorite color?
2) What is your favorite desert?
3) Who do you think gets angry the most in the family?
4) Who cries the most in the family?
5) Who laughs the most in the family?
6) Who watches TV the most in the family?
7) Who gives the most support to you?
8) Who gives mom the most support?
9) What would the family member on your left like to get for their birthday?
10) Who is the best at following the rules?
11) Who sets the most rules?

You can add other questions that you think would fit the family. If you have young children you can add some more basic questions and even separate the cards into two piles. One for young children and the other for the rest of the family.

Choose a game to play that requires family members to take turns. Popular ones include: Jenga™, Kerplunk™, Crocodile Dentist™, or Pop Up Pirate™.

Make sure the game you choose can be played by any of the members who are over 3 and that turns can occur fairly quickly.

Have the family decide who will go first. They might create a rule that youngest goes first, or they might decide to roll a dice and high number goes first, or they can ask you to select a number from one to ten. This is a critical part of the
session as many games fall apart just because there is disagreement about who is first.

The first player picks a Jenga Block successfully, and then picks a question card and reads it aloud (or the therapist reads the question aloud). That player then writes down her/his answer (but does not show the answer to the others.) The other family members each have one turn to guess what that person said (or wrote down).

For example, 9 year old Sarah pulls a Jenga Block out successfully. She then picks a card and it asks, “Who gets mad the most in the family.” You would remind the other members that they are trying to guess what Sarah will answer, not what they think the answer is. Sarah writes her answer but does not show it. The other family members write down their answers and then Sarah is asked what she thinks. “My sister Jan gets made the most”. Mom thought she would say Dad, Dad thought she would say Mom, Jan thought she would say Jan. Jan gets one point. The next family member then takes a turn. You can go until someone gets 5 points, or set a time limit.

This is an example of a game that can elicit much fruitful discussion and produce a number of positive therapeutic outcomes.

When training professionals to use play in families there are several questions which tend to be commonly asked. The following are those common Q & A.

1. When and how do I introduce Play with Families?
   a. The best time is the first time you meet the families. Advice them that you find just talking can get boring and sometimes what is being said gets lost or misunderstood. You like to use fun activities as a part of how you work with families. Each of the activities are not only fun, but help family members to connect and reach the goals that are set.

2. What if they don’t want to play a game?
   a. There are a number of strategies that you can use, including:
      i. Ask the family to play for 5 minutes and if they still don’t want to play you will do something different.
      ii. Explore what is the barrier to this, i.e. they always end up fighting when they play, they don’t like that game, they don’t see how it fits with the problem. Respond to any of their issues helping them to understand how this might be helpful, (for example: I am here to guide the family and help you be successful). Ask for their suggestions of things to play, if they have a favorite game at home or would like to try something different.
3. What if one of the family members doesn’t want to play or continue to play?
   a. Again, there are several strategies that you can consider using:
      i. See if the family members can encourage them to join, making it clear they are an important part of the family.
      ii. Explore what the issue in playing is and address it.
      iii. Ask them to be an observer for the game and to gauge how much fun the family is having on a scale of 1 to 10.
      iv. Give them the role of reading the questions, or rules. Give them a role to play, even though they are not playing.
      v. Have a puppet, or you, pretend to be the family member and play for them. Consult the person from time to time, trying to engage them.

4. What do I do when there are large families (7 or 8 members or more) and turns might take too long.
   a. One effective strategy is to create teams. Buddy up older children or parents with younger children. Make sure, though, that every family member has a chance to take a turn (even if it takes two rounds).

Using play in families is an effective way of helping them develop new skills and to reach the objectives that were set as part of the treatment plan. Puppets, Sand Tray work, Art, make believe, games, play dough, etc. are all wonderful mediums to use with families. Refer to the resources on therapeutic games and activities such as the books written by Liana Lowenstein.

Explore and have fun with families. Ask colleagues what they are using, read literature on family play and family play therapy, think of how you might adapt a technique you are using with a child to be used with a family. Make this a core part of you work with families and you are bound to improve your results.

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