

Integrating Play Therapy into Family Therapy

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Keith and Whitaker (1981) posited that there are many parallels between the process of play therapy and family therapy, notably, that structure is critical, scope is increased through magic and rituals, play constantly weaves the symbolic and the real, and body language is always implicit. They proposed that play therapy utilizes a “parental surrogate” to help children adjust on biopsychosocial levels to different settings in their world, such as home, school, and playground (Keith & Whitaker, 1981, p. 244). Play therapists are already familiar with how the interplay between symbolic and real is freely exhibited in the child’s self-expression (Landreth, 2012), as well as how structure is crucial to the process in both directive and non-directive approaches. Other concepts from family therapy can also be key to helping play therapists integrate children more fully into the therapy process, and these are described in turn below.

Family routines and rituals practiced throughout the child’s life is displayed in the many forms of play the child has engaged in. “Family routines and the meaning connected to family rituals are associated with variations in socioemotional, language, academic, and social skill development” (Spagnola & Fiese, 2007, p.284). Gentile describes rituals to be a “very conscious reenactment of our experience” that is intimate and experiential for the members playing (Gentile, 2013, p.163). Body language is also imperative for therapists to pay close attention to from children during sessions. A therapist can actually obtain more information from the client’s visual body language than from the verbal element of speech or even from the content of what is being said (Borg, 2015).

There are many ways to incorporate play therapy into a family therapy session. Foremost among them is viewing parents as the experts on their family and encouraging them to share their parental expertise with the professionals (Lund et al., 2002). To open discussion, play therapists may use what they already have in the playroom, such as dolls, puppets, blocks, clay, and games. In family play therapy, the therapist also may ask the child to bring in his or her favorite toy and use techniques to engage the child and parents, such as circular questioning and role playing. Lund et al. (2002) included specific therapeutic techniques for including play in family therapy, notably, art, verbal, storytelling, experiential, and non-directive techniques.

Using art techniques, the therapist can ask the family to draw a family portrait, or a happy time and a sad time. They can construct a genogram. Using verbal techniques Lund et al. (2002) suggested using the narrative approach, circular questioning, and scaling questions to have the family reenact past and present family events. A narrative approach can be utilized to facilitate the telling and reframing of one's story. Integrating a narrative approach into play empowers the child to be able to take charge and initiate the change from a negative to a positive story. This also enables them to explore options for the end of their story and rewrite the story for their future. Circular questioning is an interview technique that enables the child/ family to expand on specific topics, this can also be integrated with play to elaborate on difficult topics (Penn, 1982). Scaling questions are effective ways to assess how a client perceives treatment is going, how close or far a client believes they are to their goal, or to explore what a client expects or wishes to gain from treatment (De Castro, 2008). To modify scaling questions to fit into play, a clinician could ask how the character being used is feeling about therapy on a scale from 1 to 10 for example, 1 being that they do not like coming at all and 10 being that they like coming

and playing with the therapist. These scaling questions can be used towards the beginning of treatment then again in the middle and at the end of treatment to gauge the child/ family's perception of the progress of treatment.

The therapist may ask questions or act as a director. For example, Landgarten (1987) described how a structural family therapist may act as a director, designing tasks that disrupt how the system function, causing the family to rearrange their roles to change unhealthy boundaries that restrict the system.

Using story-telling techniques, families can personify or reframe well-known or more personal stories. By alternating the story teller, mutual story-telling techniques allow families to create alternate endings for a story or event. Using puppets and dolls to present behavioral interactions or enact stories may be effective and less threatening than talking directly about difficult issues and the child's anxiety. Experiential techniques may give the therapist a window into how the family responds to winning, losing, conflict, and teamwork.

Finally, Lund et al. (2002) recommended non-directive techniques to describe what the child is doing and ask questions about the family. Additionally, Landreth (2012) discussed the concept of the *child's hour* where the child can dictate what is said and done for the session. This elicits cooperation because it allows the child to feel in control. Landreth (2012) especially recommended this for children with anxiety.

In sum, the research displays the many positive effects of using play therapy in a family therapy session. Child-focused work IS the responsibility of all clinicians and not just a specialty. Children role in the family and should be included in sessions. Art techniques, psychodrama, and story-telling are all such powerful techniques and can be utilized with an individual child or

entire family. Be creative and do not hesitate to try something new! The clinical implications of this article are to encourage you (the play therapist, marriage and family therapist, psychologist, counselor, social worker, teacher, etc.) to utilize the strategies spoken about above. It is additionally encouraged to explore within your own theoretical orientation and integrate those interventions that have traditionally worked well with your clients while utilizing play techniques.

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