

**Favorite Therapeutic Activities for  
Children, Adolescents, and Families:  
Practitioners Share Their  
Most Effective Interventions**

**Edited by  
Liana Lowenstein, MSW**



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**Correspondence regarding this book can be sent to:**

Champion Press

PO Box 91012, 2901 Bayview Avenue, Toronto, Ontario, Canada M2K 1H0

Telephone: (416) 575-7836 Fax: (416) 756-7201

Email: [liana@globalserve.net](mailto:liana@globalserve.net)

Web: [www.lianalowenstein.com](http://www.lianalowenstein.com)

# CONTRIBUTORS

**Shlomo Ariel, PhD**

Ramat Gan, Israel

Email: [wbshrink@gmail.com](mailto:wbshrink@gmail.com)

Web: <http://sites.google.com/site/drshlomoariel>

**Katherine Arkell, MSW, LCSW**

Bentonville, Arizona, USA

Email: [katherinea@vistahealthservices.com](mailto:katherinea@vistahealthservices.com)

**Rinda Blom, PhD**

Free State, South-Africa

Email: [rindablom@ananzi.co.za](mailto:rindablom@ananzi.co.za)

Website: [www.redshoecentre.com](http://www.redshoecentre.com)

**Donicka Budd, CYW**

Toronto, Ontario, Canada

Email: [dbudd25@hotmail.com](mailto:dbudd25@hotmail.com)

Website: [www.donickabudd.com](http://www.donickabudd.com)

**Felicia Carroll, M.Ed., MA**

Solvang, California, USA

Email: [Fcarroll@west.net](mailto:Fcarroll@west.net)

Webpage: [www.feliciacarroll.com](http://www.feliciacarroll.com)

**Angela M. Cavett, PhD, LP, RPT-S**

West Fargo, North Dakota, USA

Email: [acavett@koamentalhealth.com](mailto:acavett@koamentalhealth.com)

Web: [www.childpsychologicalservices.com](http://www.childpsychologicalservices.com)

**Jodi Crane, PhD, NCC, LPCC, RPT-S**

Columbia Kentucky, USA

Email: [cranejo@lindsey.edu](mailto:cranejo@lindsey.edu)

Website: [www.ac4pt.org](http://www.ac4pt.org)

**David A. Crenshaw, PhD, ABPP, RPT-S**

Rhinebeck, New York, USA

Website: [www.rhinebeckcfc.com](http://www.rhinebeckcfc.com)

**Gisela Schubach De Domenico, PhD, LMFT, RPT-S**

Oakland, California, USA

Email: [sandtrayworldplay@gmail.com](mailto:sandtrayworldplay@gmail.com)

Web: [www.vision-quest.us](http://www.vision-quest.us)

**Pam Dyson, MA, LPC, RPT**

Ballwin, Missouri United States

Email: [pam@pamdyson.com](mailto:pam@pamdyson.com)

Website: [www.pamdyson.com](http://www.pamdyson.com)

**Abbie Flinner, MACC, NCC**

New Castle, Pennsylvania USA

Email: [aflinner@gmail.com](mailto:aflinner@gmail.com)

**Theresa Fraser, C.C.W., BA, CPT**  
Cambridge, Ontario, Canada  
Email: theresافرaser@rogers.com

**Diane Frey, PhD, RPT-S**  
Dayton, Ohio, USA  
Email: diane.frey@wright.edu

**Brijin Gardner, LSCSW, LCSW, RPT-S**  
Parkville, Missouri, USA  
Email: brijingardner@gmail.com

**Ken Gardner, M.Sc., R. Psych, CPT-S**  
Calgary, Alberta, Canada  
Email: rmpti@telusplanet.net  
Web: www.rmpti.com

**Paris Goodyear-Brown, MSW, LCSW, RPT-S**  
Brentwood, Tennessee, USA  
Email: paris@parisandme.com  
Website: www.parisandme.com

**Steve Harvey, PhD, RPT-S, BC-DMT**  
New Plymouth, New Zealand  
Email: steve.harvey@tdhb.org.nz

**Katherine M. Hertlein, PhD, LMFT**  
Las Vegas, Nevada, USA  
Email: katherine.hertlein@unlv.edu  
Web: <http://www.kathertlein.com>

**Deborah Armstrong Hickey, PhD, LMFT, RPT-S**  
Greenville, South Carolina, USA  
Email: healingartdoctor@hotmail.com  
Web: [www.themindgardencentre.com](http://www.themindgardencentre.com)

**Susan T Howson, MA, CPCC, CHBC**  
Port Credit, Ontario, Canada  
Email: susan@magnificentcreations.com

**Nilufer Kafescioglu, PhD**  
Istanbul, Turkey  
Email: nkafescioglu@dogus.edu.tr  
Web: <http://psychology.dogus.edu.tr/akademik.htm>

**Susan Kelsey, M.S., MFT, RPT-S**  
Costa Mesa, California, USA  
Email: SusanKelseyMFT@cox.net

**Sueann Kenney-Noziska, MSW, LISW, RPT-S**  
Las Cruces, New Mexico, USA  
Email: info@playtherapycorner.com  
Website: [www.playtherapycorner.com](http://www.playtherapycorner.com)

**Norma Leben, MSW, LCSW, ACSW, RPT-S, CPT-P**

Pflugerville, Texas, USA

Email: norma@playtherapygames.com

Website: www.playtherapygames.com

**Kellen Lewis, MA**

Frisco, Texas United States

Email: Kellen.Leilani@gmail.com

**Liana Lowenstein, MSW, RSW, CPT-S**

Toronto, Ontario, Canada

Email: liana@globalserve.net

Website: www.lianalowenstein.com

**Greg Lubimiv, MSW, CPT-S**

Pembroke, Ontario, Canada

Email: glubimiv@hotmail.com

Web: www.lubimiv.ca

**Evangeline Munns, PhD, CPsych, RPT-S**

King City, Ontario, Canada

Email: emunns@sympatico.ca

**Adriana Ribas, PhD**

Rio de Janeiro, Brazil

Email: aribas@globo.com

Website: www.quartetoeditora.com.br

**Brandy Schumann, PhD, LPC-S, NCC, RPT-S**

McKinney, Texas United States

Email: drbrandy@tots.pro

Website: www.tots.pro

**John W. Seymour, PhD, LMFT, RPT-S**

Mankato, Minnesota, USA

Email: john.seymour@mnsu.edu

**Angela Siu, PhD, CPT, CTT**

New Territories, Hong Kong

Email: afysiu@cuhk.edu.hk

**Jodi Smith LCSW, RPT-S**

Claremont, California, USA

Email: jodismith8997@verizon.net

Website: www.playispowerful.info

**Lauren Snailham, MA**

Durban, South Africa

Email: laurensnailham@dbnmail.co.za

Web: www.therapeuticstories.co.za

**Katherine Ford Sori, PhD, LMFT**

Crown Point, Indiana, USA

Email: katesori@aol.com

**Trudy Post Sprunk, LMFT-S, LPC-S, RPT-S, PTI-S**  
Tucker, Georgia, USA  
Email: [trudypostsprunk@charter.net](mailto:trudypostsprunk@charter.net)

**Jacqueline M. Swank, LCSW, RPT**  
Daytona Beach, Florida, USA  
Email: [jacquelineswank@hotmail.com](mailto:jacquelineswank@hotmail.com)

**Rajeswari Natrajan-Tyagi, PhD**  
Irvine, California, USA  
Email: [rnatrajan@alliant.edu](mailto:rnatrajan@alliant.edu)

**Tammi Van Hollander, LCSW, RPT**  
Ardmore, Pennsylvania United States  
Email: [Tammi@imagerythroughplay.com](mailto:Tammi@imagerythroughplay.com)  
Website: [www.imagerythroughplay.com](http://www.imagerythroughplay.com)

**Lisa Voortman, Dip Ed., DSBO**  
Cape Town, South Africa  
Email: [lisavoortman@gmail.com](mailto:lisavoortman@gmail.com)

**Kelly Walker, B.Soc.Sci, Grad.Dip.**  
Melbourne, Australia  
Email: [keturn@yahoo.com](mailto:keturn@yahoo.com)

**Lorie Walton, M.Ed. CPT-S**  
Bradford, Ontario, Canada  
Email: [familyfirstlw@bellnet.ca](mailto:familyfirstlw@bellnet.ca)  
Website: [www.familyfirstplaytherapy.ca](http://www.familyfirstplaytherapy.ca)

**Sharlene Weitzman, MSW, RSW, CPT-S**  
Belleville, Ontario, Canada  
Email: [sweitzman@sympatico.ca](mailto:sweitzman@sympatico.ca)  
Website: [www.gwclinicalconsult.com](http://www.gwclinicalconsult.com)

**Lorri Yasenik, MSW, RFM, CPT-S, RPT-S**  
Calgary, Alberta, Canada  
Email [rmpti@telusplanet.net](mailto:rmpti@telusplanet.net)  
Web: [www.rmpti.com](http://www.rmpti.com)

# Preface

This publication provides a medium for practitioners to share their most effective assessment and treatment interventions. When I invited practitioners to contribute techniques to this publication, I was impressed with the range of creative interventions submitted. Clinicians from divergent theoretical orientations, work settings, or client specializations will find a wide range of creative and useable interventions in this book.

The interventions have been divided into three sections. The book begins with engagement and assessment activities providing clinicians with interventions to engage with and evaluate clients. The second section presents treatment techniques to facilitate the working through of therapeutic issues. The last section outlines interventions that can be incorporated as part of the client's termination process. A variety of activities are provided within each section to enable practitioners to choose interventions that suit their clients' specific needs.

Each technique outlines specific goals. Materials needed to complete the activity are listed. The eBook includes detailed instructions for all activities and a discussion section that further clarifies application and process.

Practitioners using the interventions in this publication should be well-trained in therapeutic intervention with children and families. A warm and caring rapport must be established with the client, and the activities should be implemented using sound clinical principles.

I hope this collection of interventions helps to create an engaging and meaningful therapeutic experience for your clients.

*Liana Lowenstein*

**Section One:  
Engagement and Assessment  
Interventions**

# Boat-Storm-Lighthouse Assessment

Source: Trudy Post Sprunk

Published in *Creative Family Therapy Techniques* Edited by Lowenstein, 2010

**Treatment Modality:** Family

## Goals

- Gather information about the family, especially issues pertaining to danger and rescue
- Create an opportunity to express feelings such as fear, helplessness, hopelessness, bravery, etc.
- Identify ways to access support

## Materials

- Large sheet of white paper or poster board
- Markers
- Paper and pencil for each family member

## Advance Preparation

Provide a large flat surface for the drawing activity. Place the large sheet of paper or poster board so all family members can easily reach it. Arrange seating to insure privacy while writing.

## Description

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 models acceptance of the diverse beliefs and experiences within the family.

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?

## **Discussion**

Boat-storm-lighthouse assessment is an engaging activity. The drawing 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. A family art activity "is a tool that provides the therapist and the participants with a vehicle for exploration. During the evaluation phase the art task offers the family a focus for an interactional experience. This technique, which delineates communication patterns, is viewed primarily through the process and secondarily through the content... From the moment the family is involved in creating a product, a record of each action is documented onto the construct. Thus, cause and effect are observable, enabling the clinician to assess both the strengths and weaknesses of the total family and the members therein" (Landgarten, 1987).

Family differences can be openly discussed, as well as some of the reasons these differences exist in the family. The therapist models support for the individual differences and encourages the family to support a member who is not thinking or feeling positively. A discussion of how to access family support is the final stage of this activity.

## **Reference**

Landgarten, H.B. (1987). *Family art therapy: A clinical guide and casebook*. New York: Routledge.

## **About The Author**

Trudy Post Sprunk, LMFT-S, LPC-S, RPT-S, CPT-S, is a Licensed Marriage and Family Therapist and Supervisor who has been practicing psychotherapy since 1971. She has presented at international, national, and local conferences and has been interviewed on radio and television. She is certified as an EMDR Specialist and is a Registered Play Therapist Supervisor. She is past-president of the Association for Play Therapy and president and co-founder of the Georgia Association for Play Therapy.

# Clay Sculpture

Source: Sharlene Weitzman

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 1* Edited by Lowenstein, 2008

**Treatment Modality:** Individual

## Goals

- Establish a positive and open therapeutic environment
- Verbally identify and express feelings
- Identify themes to be explored in later sessions
- Increase self-awareness

## Materials

- Colored clay or playdough
- Paper
- Pencil or pen

## Description

Ask the child to build a sculpture that tells something about who the child is, what he/she likes, or something the child wants you to know about him/her. It is often helpful for the practitioner to make his/her own sculpture at the same time. It does not matter if it is realistic or abstract. The colors chosen will represent emotions, but do not inform the child of this until the end.

Once the sculpture is complete, ask the questions below, and write down the child's answers. Write the answers in a poetic format. The child does not yet know he/she is creating a poem so the language he/she chooses should be honored but can be embellished by using poetic license.

- What do you want to call this (title)?
- Ask what feeling each color represents and make each answer another line of the poem.
- Regardless of whether it is a person or thing, ask what it would say to it's/his/her mother, father, siblings, grandparents, best friend (or anyone else in its life). Reinforce that whatever it has to say is okay because this sculpture can say what it feels without having to worry about other people's reactions or feelings.
- What is the sculpture's favorite food?
- What/who does it like and not like? Why?
- What does it want the world to know about it?
- (Repeat title at the bottom of the poem.)

Any other relevant questions that come to mind are okay to ask. Write the title at the top and repeat it at the bottom. Be creative in how the poem is visually created and only tell the child he/she has written a poem at the end of the exercise. The child will be surprised and excited that a poem was created. Read the poem back to the child and watch the delight when he/she realizes he/she has written a unique and special piece of work. The child can keep the sculpture that inspired the poem.

This exercise can be repeated in future sessions to evaluate change and progress.

## **Discussion**

Many children, especially during the initial stages of therapy, do not want to or do not know how to express their inner feelings. As well, they need time to establish a therapeutic rapport and the accompanying trust that will allow them to directly speak about their feelings. This projective exercise places the feelings onto an external object and allows children to express their feelings through that object. This creates a safe way to tell the practitioner some of the key themes that will be present in sessions. The sculpture acts as a concrete representation of children's inner feelings and allows them to utilize the creative arts as a forum for expression while also having a three-dimensional, tangible representation of their therapeutic experience.

## **Reference**

Weitzman, S. (2007). *7 essential skills to teach children*. Belleville, ON: Self-published.

## **About The Author**

Sharlene Weitzman, MSW, RSW, CPT-S, is a Clinical Social Worker and Certified Child Psychotherapist and Play Therapist Supervisor. Sharlene runs her private practice, Gowthorpe Weitzman Clinical Consultants, in both Belleville and Tweed, Ontario, and is a co-founder and the Executive Clinical Director of that agency. Sharlene is also the Director of Corporate and Clinical Consulting for GROWTH, a collaboration of clinical and residential treatment expertise in the areas of family dynamics, child welfare, children's mental health, and organizational relations specific to the social and human services. Sharlene is actively engaged as a member of the Board of Directors of Children's Mental Health Ontario and sits on the Evidence Based Practices Committee of that organization. Most importantly, she is a mom to three great boys, two of whom she and her spouse provide Kinship Care for.

# Colored Candy Go Around

Source: Katherine Arkell

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 2* Edited by Lowenstein, 2010

**Treatment Modality:** Family, Group

## Goals

- Gather information about the client and family/group
- Increase open communication
- Identify areas of change or improvement to be addressed

## Materials

- Packs of candy with assorted colors such as SKITTLES® or jelly beans

## Description

Distribute 10-15 candies to each group or 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 or make up ones more relevant for current family/group goals or issues (i.e., anger management, social skills, etc.):

Green: Words to describe self  
Purple: Ways you have fun  
Orange: Things you'd like to change/improve about yourself or family  
Red: Things you worry about  
Yellow: Good things about your 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. The activity is complete when each person has answered all questions. If a person does not have a particular color candy, they use the number of candies the person who went before them had. Candies can only be eaten after a question is answered.

Be sure each person has the floor when speaking and there is no interrupting or side conversation. Open the floor for discussion after each person has responded to all questions. Possible discussion questions are as follows:

- What did you learn?
- Did anything surprise you?
- How will you work towards making changes/improvements?

## **Discussion**

This activity facilitates open communication and provides insight into individual and family dynamics. The family can be encouraged to try the activity at home with questions they generate either in session or on their own.

A variation is to use colored beads or Leggo® rather than candy.

## **About The Author**

Katherine Arkell, MSW, LCSW, RPT-S, works as an outpatient therapist at Vista Health in Bentonville, Arkansas, serving children ages 6 to 18 and their families. She is a Registered Play Therapist Supervisor with the Association for Play Therapy. Her practice areas of interest include anxiety, depression, grief, and blended families.

# I Am, I Think I Am, I Don't Think I Am

Source: Susan T. Howson

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 1* Edited by Lowenstein, 2008

**Treatment Modality:** Individual

## Goals

- Assess the child's self-esteem and world view
- Discover the positive and negative beliefs the child has of himself/herself
- Increase values vocabulary

## Materials

One set of Manifest Your Magnificence Affirmation Cards for Kids (to order go to [www.magnificentcreations.com](http://www.magnificentcreations.com) or call 1-866-511-3411)

## Description

The practitioner has the child sort the affirmation cards into three piles: attributes that he/she knows she/he has, attributes he/she thinks he/she has, and attributes that he/she doesn't think he/she has.

The child can be engaged in a discussion around how the cards ended up in different piles. The practitioner can pose such questions as, "I am curious about the cards you put in each pile. Tell me about how you decided to put them there." "I noticed you don't think you are caring. Tell me about this." This allows the child to express how he/she views himself/herself in a safe environment and shows the practitioner which aspects of self the child identifies with and which she/he doesn't. This information can guide the practitioner in future work, by building on the child's perceived strengths and focusing on areas for personal growth.

## Discussion

This exercise engages the client actively and experientially in the process of self-awareness. This is a very telling exercise for the practitioner to begin to understand life from the child's perspective, to gain valuable insight into which values the child sees in himself/herself, and to gain a sense of the child's level of self-esteem.

## **About The Author**

Susan T. Howson, MA, CPCC, CHBC, is a Professor at Ryerson University in Toronto. She has an MA in Instruction and Special Education, is a Certified Professional Coactive Coach, and is a Certified Human Behavior Consultant. Susan is also a Family and Relationship Systems Coach, an author, a keynote speaker, and a humanitarian-award winner. She has also won the International Coaches Federation PRISM award for the development of the Kids Coaching Connection Program and was a finalist for Canadian Coach of the Year. Susan has developed products (Manifest Your Magnificence Creations) that teach positive values and self-esteem.

# It's My Life CD

Source: Jodi Smith

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 1* Edited by Lowenstein, 2008

**Treatment Modality:** Individual

## Goals

- Establish a non-threatening therapeutic environment
- Gather information about client's life and perceptions of their past

## Materials

- Empty plastic CD jewel case
- Paper, construction paper, markers, colored pencils

## Advance Preparation

Cut several pieces of paper to fit inside the jewel case.

## Description

Begin by exploring the client's musical taste and favorite musicians, bands, and CDs. Present the client with the empty jewel case and explain that he/she will be designing her/his own CD. This will include:

- the CD title
- a cover design
- a playlist

The CD theme can be as vague as "This CD will be about your life," or more specific, such as focusing on a specific treatment issue (i.e., anger, grief, and so on).

Clients can create fictitious song titles for their playlist or select real songs that have meaning for them, or a combination of the two.

## Discussion

Many teenagers are immersed in the world of music. Music lyrics often elicit strong emotions, normalizing and expressing their emotions in ways that they either cannot or do not feel safe doing. This connection to music is a great way to begin to establish a relationship with teen clients in a non-threatening manner.

The information gathered from this project can be used as a springboard for further discussions and activities. Some clients can then create lyrics to some of the songs on their playlist. The practitioner may also suggest additional CDs to work on, such as “Greatest Hits” (focusing on self-esteem) or “Volume II: My Future” (focusing on goals). The possibilities are endless.

### **About The Author**

Jodi Smith, MSW, LCSW, RPT-S, is a Licensed Clinical Social Worker and Registered Play Therapist Supervisor specializing in using play therapy in clinical practice with children, adolescents and their families, as well as with adults. Jodi is currently the Director of Norton-Fisher Child & Family Programs for West End Family Counseling. Additionally, she maintains a private practice in Claremont, California, and is a part-time lecturer for the USC School of Social Work.

# Lifeline

Source: Felicia Carroll and Adriana Ribas

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 1* Edited by Lowenstein, 2008

**Treatment Modality:** Individual

## Goals

- Learn more about the child's life from the child's perspective
- Increase a child's ability to organize her/his sense of self
- Develop a child's ability to express feelings about her/his self, life events, and significant people
- Develop the child's awareness of her/his choices in creating the future

## Materials

- Large piece of paper
- Markers
- Scissors
- Glue
- Magazines
- Scrap items that can be used for art

## Description

The practitioner invites the child to take part in an activity about her/his life. The activity involves outlining the child's life onto a piece of paper.

The first step is to give the child a large piece of paper and ask her/him to draw a horizontal line across the middle of the paper. At one end of the line, the practitioner writes down the child's date of birth. At the other end, place the projected year which the child imagines would represent the length of her/his life. For instance, a child's birth date might be 1998, making her/him 10 years old at the time of creating the lifeline and she/he might imagine living to be 85 years old. So, the year at the other end of her/his life would be 2083. The practitioner then divides the line into four segments and then into eight segments and then into sixteen segments. Each segment represents approximately 5 years of the child's life. The practitioner then draws a second line the same length as the lifeline that represents the age of the child. So it begins with the birth date and ends with age 10. This allows more space for the details of the child's life.

The child then illustrates significant life events on the lifeline by writing words, drawing pictures, creating a collage, pasting on personal photographs, and so on. The practitioner can facilitate this process by asking questions about important events, milestones, and significant people in the child's life. As the child begins to slowly recall the easy events such as birthdays, preschool, or births of siblings, other more difficult events will be remembered.

The practitioner processes this activity by asking questions about events, feelings experienced, and significant people identified in the lifeline. The practitioner encourages the child to recall as much detail as the child is comfortable sharing. It is important to explore the child's perceptions and feelings about the past and integrate them into the present. For instance, "How did you feel when this happened? How do you feel now? Is there any difference?" Another helpful question to ask is, "If you had a way of changing anything that has occurred in the past to make your life better today, what would you do?"

Another facet of this activity is to look at how much of the lifeline remains. If the child is 10, for example, and the lifeline is projected at 85 years, then 75 years lie ahead. These years can be filled in with the child's fantasies, expectations and hopes — for example, going to college, writing a first novel by 30, learning to drive a car, travelling the world, getting married, taking early retirement. If the child is having difficulty envisioning her/his future, the practitioner can ask prompt questions such as, "What do you hope to be when you grow up and what kind of schooling would you need in order to do that? Do you see yourself remaining single, or getting married? Would you like to have children? Where in the world would you like to visit? When you are not working, what do you think you will want to do for fun? What one thing do you want to have in your future that money cannot buy? What do you hope will be your biggest life achievement?"

## **Discussion**

This activity helps a child understand that her/his life is unique and that every child has a different life story. It allows a child to reflect on the processes of change and growth. It can also stimulate children to begin creating a cohesive narrative that can provide her/him with support in coping with past trauma as well as present challenges and accomplishments. Furthermore, through thinking about the events of her/his life while in contact with another person, she/he can be supported in actively imagining the possibilities for the future.

This technique was inspired by the works of Bruner (1965) and Hobday and Ollier (1998).

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## **About The Authors**

Felicia Carroll, MEd, MA, is a licensed Marriage and Family Therapist and Registered Play Therapist-Supervisor in private practice. She is the Director of the West Coast Institute of Gestalt Play Therapy in Solvang, California. She conducts training programs for mental health professionals internationally and has written chapters in books about Gestalt Therapy with children and adolescents. Felicia was a classroom teacher for twelve years before becoming a therapist.

Adriana Ribas is a Licensed Psychologist in the Regional Council of Psychology, Brazil. She is full professor at the Estacio de Sa University in Rio de Janeiro, where she earned her PhD in psychology. She works as a clinical psychologist and has written numerous publications about parenting, adult-child interaction, and infant development.

# Magic Key

Source: David A. Crenshaw

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 1* Edited by Lowenstein, 2008

**Treatment Modality:** Individual, Group

## Goals

- Verbally identify key issues to address in therapy
- Increase awareness of losses, particularly unacknowledged or disenfranchised grief
- Verbally express denied or disconnected feelings about prior losses
- Expand therapeutic dialogue about the issues that matter most to the child

## Materials

- Paper
- Markers
- Pencil or Colored Pencils
- Crayons

## Description

Read the following instructions to the child:

“Imagine that you have been given a magic key that opens one room in a huge castle. There are four floors in the castle and since the castle is huge there are many rooms on each floor, but your magic key only opens one of the many, many rooms in the castle. Pretend you go from room to room, and from floor to floor, trying your magic key in each door until you finally come to the door that your key opens. You turn the key and the lock opens. Because you have been given a magic key that only opens this door, what you see is the one thing that money can't buy that you always thought would make you happy. Pretend that you are looking into the room. What is it that you see? What is that one thing that has been missing that you think would make you happy? When you have a clear picture, please draw it as best you can.”

## Discussion

Projective drawing and storytelling strategies along with therapeutic play and the use of symbols are central to tools used in therapy with children and adolescents (Crenshaw, 2004; 2006; 2008). “The Magic Key” (Crenshaw, 2004; Crenshaw & Mordock, 2005; Crenshaw, 2008) is a projective drawing strategy that was developed to evoke themes of loss, longing, and missing in the lives of children.

In early versions of this strategy, the caveat “that money can’t buy” was not included in the directions. It is not surprising in this highly consumer-oriented culture that many children drew a big-screen television or the latest video game console. Some children, however, drew a missing or deceased parent, a safe home they never experienced, or a family where the parents didn’t argue. They drew a home they always longed for, one that sadly was missing in their lives. By adding the qualifier “that money can’t buy,” the strategy focuses the child on the essential emotional needs that have not been met or on the important losses that the child has suffered rather than on the latest electronic gadget or toy.

This projective drawing strategy is especially useful with children whose lives are replete with loss. Many severely aggressive children have suffered profound, multiple losses (Crenshaw & Garbarino, 2007; Crenshaw & Hardy, 2005; Crenshaw & Mordock, 2005). This strategy is one of the ways to access these feelings when children are disconnected from their emotions or have great difficulty verbalizing their painful affect. Issues of timing and pacing, including the readiness of the child to undertake emotionally focused work, are critical. Before using this tool readers should review “The Play Therapy Decision Grid” (Crenshaw & Mordock, 2005) and determine whether the child is appropriate for the Coping or Invitational Track of therapy. This technique should only be used with children who are judged to be ready for the Invitational Track. Children appropriately assigned to the Invitational Track will be judged as having adequate ego strengths, mature defenses, ability to manage anxiety, and the ability to tolerate and contain strong emotion without becoming overwhelmed. The child in the Invitational Track will not show signs of “spillover” from therapy sessions resulting in disruptive anxiety and behavior during or immediately following the session. The name of the Invitational Track is meant to imply that the child is invited to go as far as he/she can at any one point in time in approaching the painful affect or events that need to be faced and resolved.

Tools, such as “The Magic Key,” are meant to expand and enrich the therapeutic dialogue and do not constitute therapy itself. The therapy process entails much more than the application of tools such as this, but they can facilitate meaningful dialogue which can aid the healing process. Whatever drawing the child produces in response to the directions to “The Magic Key” will serve as a springboard to elicit more of the child’s feelings, wishes, fears, dreams, hopes, and will create a portal of entry into the child’s inner life.

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### **About The Author**

David A. Crenshaw, PhD, ABPP, RPT-S, is a Board Certified Clinical Psychologist by the American Board of Professional Psychology and a Registered Play Therapist Supervisor by the Association for Play Therapy. Dr. Crenshaw is Founder and Director of the Rhinebeck Child and Family Center in Rhinebeck, NY, which provides training and consultation to programs and clinicians serving at-risk children. He served as Clinical Director of two residential treatment centers for children at-risk during a 30-year span. He is past president of the New York Association of Play Therapy.

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# Mirroring Activity

Source: Evangeline Munns

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**Treatment Modality:** Individual, Family

## Goals

- Increase attunement between two or more individuals
- Improve self-control
- Improve ability to follow directions from someone else

## Description

Explain the activity as follows:

“I want you to stand in front of me just right there (pointing to a spot about two feet in front of the practitioner). You are going to be my mirror. Everything I do you will try to copy, but the trick is to copy me at exactly the same time that I am doing it, so you are my mirror. I will go slowly so you have a chance to think about where I will be moving so we can do it exactly at the same time. We can't touch each other. I will lead first and then you will take a turn leading. Ready? Here we go!”

## Discussion

This activity is an amazingly effective one for bringing two or more individuals (if working with a family) into attunement with each other. The participants have to be fully attentive, engaged, and sensitive to each other. It also motivates the individuals to be co-operative with each other. The practitioner needs to correct the movements of the leading person if she/he is going too fast, because then the follower will only be able to imitate (be a few seconds later in copying the movements) rather than truly mirror what the leader is doing.

If the leader starts to move into difficult positions with her/his hands or body, then the practitioner may suggest, “Just keep it simple,” so the follower has an easier time to truly mirror the action. The practitioner may suggest that the leader just move the hands at first.

This is an effective activity for increasing the attunement between parent and child, between siblings or peers, and has also been used in marital therapy.

## **About The Author**

Evangeline Munns, PhD, CPsych, RPT-S, is a registered clinical psychologist in King City, north of Toronto, Ontario. She has her own psychological consultant services and is a certified supervisor and trainer with the Canadian Association for Child and Play Therapy (CACPT), the American Association for Play Therapy (APT), and the Theraplay® Insititute in Chicago. She is a popular presenter nationally and internationally. Dr. Munns has authored many articles and her book *Theraplay: Innovations in Attachment Enhancing Play Therapy*, will be followed in the near future with her second book, *Applications of Family and Group Theraplay*.

# Our Family Has a Whole World to Play With

Source: Gisela Schubach De Domenico  
Published in *Creative Family Therapy Techniques* Edited by Lowenstein, 2010

## **Treatment Modality:** Family

### **Goals**

- Involve the family members in a communal, non-therapist directed activity
- Stimulate each family member's unique creativity, receptivity, and innate wisdom
- Stimulate each family member's capacity and interest to help the family grow into wellness
- Remove the focus on the identified patient

### **Materials**

- Sandtray, minimum size of 20" x 24" x3" to 5" deep, filled halfway with 60-mesh play sand
- Comprehensive collection of miniature toys, natural objects, and symbols that depict the complexities and diversity of human life experiences. These images may be stored on shelves or in individual baskets. (See De Domenico, 2004)
- Pitcher of water
- Large candle
- Matches
- Digital camera

### **Advance Preparation**

Place the sandtray with the sand on the surface of a low table in the center of the room, close to the miniatures.

Have two to six chairs of the appropriate height nearby.

### **Description**

Introduce the use of Sandtray-Worldplay as a means of allowing the family to have a communal (that is, a joint) play experience. On one hand, joint family sandtray play invites everyone to show up and bring their freely chosen, uniquely individual contribution into the world in the sand. Everyone's play characters are welcomed. On the other hand, joint family sandtray play invites everyone to dynamically receive the unique contributions of the other members of the family. Instead of ignoring or boxing off play characters contributed by the others, everyone is encouraged to get to know them and to actually interact and play with them. This supports the unfolding story of the family's play world. The family

is given the opportunity to relate in a natural, dynamic, interactive way in present time.

Often there is no time and place for families to play: some families get stuck in blaming one another or simply demanding a “change.” Families are relational, living entities that grow and develop when they actively engage in spontaneous relational activities. During this therapeutic hour, it is important to recognize, nurture, and care for the family.

*Directives to the Family at the Beginning of the Building Cycle:* “I invite all of you to build a family world in this tray of sand: the sand may be moved, you can see the blue surface on the bottom. You may use water to mold the sand in any way you like. Here are small toys, natural objects, and images of all sorts that each one of you may use to make the family world the way you want it to be for today. When making your family world in the sandtray, each one of you chooses what/whom to bring into the world. Choose whatever ‘calls you,’ whether you like it or not. There is no need to know what anything means: focus on playing together. Each mountain, lake, car, animal, tree, monster, magician, and so on that you bring and place into the family world is a gift to the family world. The family world always belongs to everyone. Everyone shares equally. Everyone can play with all of the characters in the world: so you can arrange and rearrange everything as many times as you like. And yes, you can take characters out of the world any time you want to. In fact, do place the characters where you think they belong. You may talk to one another while playing or you may play in the silence. Find the way you want to play today. As all of you play together, your world will change from moment to moment until everyone has the sense that the family world is the way it needs to be for today.”

*Directives at the Completion of the Building Cycle:* “Now that the family world has come to be, silently look at the world together and remember the way this world came to be.

“Let us take turns: each one of you may share the way you experience the story of what happened and what is happening in today’s family world. We will first listen to everyone. Then you can share and discuss your experiences, your ideas and your feelings about the world with one another.”

*Directives at the End of Playtime and Sharing Time:* “Before we leave this family world, I invite each one of you to explore what today’s family world and your own inner wisdom tell you about what your family needs at this time. What does this play tell us about our goals for family play therapy?”

*Closing the Session:* As the therapist photographs the world, he/she may acknowledge the different aspects of the world that brought the family world/story to life. Repeating the teachings that each member of the family noted, the therapist then lights a candle next to the world. Everyone is encouraged to look

once more at the family world and its teachings. The family is instructed to congratulate one another and to honor the validity of each person's experience. The lit candle invites everyone to honor the sacred/awesome aspects of the family's world.

## **Discussion**

The free and spontaneous Sandtray-Worldplay Family Session sets the tone for the course of Dynamic Expressive Family Play Therapy. The family is acknowledged as an intelligent, creative, sensitive, action-oriented being. Therapeutic play in the sandtray stimulates the family's innate capacities to meet their collective needs for survival, nurturing, harmony, health, joy, and so on. Capacities to problem-solve and receptivity to professional counseling may significantly increase as the family explores many different possibilities of change and transformation in their communal play.

It is recommended that a non-directed Sandtray-Worldplay approach be used initially with families so that the family is bonded to their own creative problem-solving potential. This type of play session may be used at any time during the course of treatment and during the termination phases. As the family becomes more adept at playing together, each member of the family may take turns in playing with the whole family world while the others are watching. No characters are removed, no characters are added: the family plays with the existing family world! This is a wonderful way of discovering the infinite possibilities inherent in any given circumstance.

During the family session, it is helpful for the therapist to be as non-directive as possible and to support everyone's creative expression. There is no need to expect a "certain type" of world. Focus, hold, and encourage the process of playing with the possibilities. Let the family engage in their own "self-assessment." Let them get to know one another. Let them get a sense of what they are seeking and what they have to work with.

Discourage and do not reflect any blaming or judgmental statements or personal references – for example, "You always make such a mess." Instead, redirect the speaker to the world and what the characters in the world are doing, saying, feeling, and so on. Remind each member that if they want the characters doing something else, they are free to let that happen.

The therapist may ask other questions of the family at the end of the session:

1. Today, your family came and played together. This is a great accomplishment. I wonder what it was like for each one of you to be together and to play together as a family?

2. Did you notice how each one of you brought special contributions to your family world today? Please reflect on what each of you contributed. You can help one another remember.
3. When you played together today, each one of you had an opportunity to receive the contributions from other members. Some gifts come as welcome surprises, some are difficult to receive, and some we find irritating and upsetting. Can you reflect and share how you received the play from the others?

Observe the world, the family at play and the evolving interaction, and notice and support manifestations of their

- spontaneous, experimental play – the spirit of playfulness and differentiation
- ability to receive and play with others' play
- curiosity, interrelatedness, joining
- expressions of respect, affection, trust
- ability to receive another's story
- suffering and caring

When being with the family world, notice

- those beings who have the capacity to go on a "heroic quest" so that the characters in the world can meet their needs more effectively
- the presence of wisdom keepers, helpers, and learning opportunities
- the appearance of obstacles, destructive forces, and agents of change

Notice your own countertransference strivings by

- the way you are moved by the session
- the degree to which you can support each family member's play
- your need to change the world, the play, or the family's story

### *Special Considerations and Modifications*

When the family finds it too difficult to create one world together either because someone is "too weak" to show up or because others are "too blaming," authoritarian or angry, then consider offering each member of the family their own personal sandtray. There, each one can create a world that no one else may touch or play with. Using this play process, everyone shares their own individual world with the members of the family. Family members learn to develop curiosity and empathic responsiveness to each other's experiences. Individual worlds created within family sessions give clues as to how the family can best support the individual strivings and needs of each family member. (See De Domenico [2005] for more instructions.)

Note: It is helpful when the play therapist has received Sandtray-Worldplay training experience and has participated in individual, family, and group Sandtray-Worldplay processes.

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## **About The Author**

Gisela Schubach De Domenico, Phd, LMFT, RPT-S, is a Licensed Marriage and Family Therapist, Family Counselor, and a Registered Play Therapist Supervisor. She developed and teaches phenomenological, process-oriented Dynamic Expressive Play Therapy, Sandtray-Worldplay and Nature-Worldplay Therapy in a 32-day Foundations Methods Course through Vision Quest Into Symbolic Reality. In private practice in Oakland, California, she offers transformational and clinical trainings, consultations, and supervision throughout the United States and Canada. She is an approved provider for the Association of Play Therapy, the National Board of Certified Counselors, and the California Board of Behavioral Sciences. Co-founder and editor for the Sandtray Network and the *Sandtray Network Journal*, she has authored numerous articles, six training manuals, and two Sandtray-Worldplay Therapy Texts.

# Rappin' Family Puppet Interview

Source: Catherine Ford Sori

Published in *Creative Family Therapy Techniques* Edited by Lowenstein, 2010

**Treatment Modality:** Family

## Goals

- Engage reluctant adolescents, children and families in the therapy process
- Observe and assess family dynamics (e.g., their level of enjoyment, communication, structure, and ability to organize around a task)
- Identify how the rap puppet story may reflect issues in the family

## Materials

- Paper
- Pen or pencil for each family member who has good writing skills
- Wide variety (at least 20 to 30) of puppets to represent animals, people, and mythical figures that are aggressive, nurturing, and timid (see Gil & Sobol [2000] for a more detailed list). (Note: if puppets are not available, inexpensive stuffed animals may be substituted, which can be found at resale shops.)
- Play microphones (optional)
- Video (or audio) recorder (optional)

## Advance Preparation

The puppets can be spread out on a table or carpet before the family arrives. The other materials should be close by so they are easily accessed when needed.

## Description

The Family Puppet Interview (FPI) was first developed by Irwin and Malloy (1974), and it involves having family members select puppets and then create stories using the puppets to act out the stories. After the story is performed Irwin and Malloy ask clients cognitive questions, such as what the title of the story might be, or what each person thinks the moral of the story is. Gil (1994) has expanded the basic FPI by “staying in the metaphor” when she processes the activity. She talks directly to the puppets and encourages the puppets to reply, or to talk something over together, or perhaps to consider trying to do something different together, all before coming out of the metaphor. Only later will she move from the metaphor to reality by asking questions about the title, moral of the story, or if the family sees any similarity between the puppets’ story and their lives.

In giving instructions to clients Gil emphasizes that they are to use the puppets they have selected to *act out*—not simply narrate their stories (1994). “Rappin’ the Family Puppet Interview” is a cultural and musical adaptation of Gil’s use of the Family Puppet Interview, in that the family members will write their story (with

a beginning, a middle and an end) as a rap, and then use their chosen puppets to perform the rap (instead of acting it out).

To introduce the activity explain to the family that you have a special activity for them to do as a family that involves puppets and rap. First ask each person to select a puppet. The therapist should stand back and observe the process of how each member chooses the puppets, making note of puppets that are selected but then discarded. After everyone has chosen their puppets the instructions are as follows:

“Now 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.”

It does not matter if the puppets all rap together, or if each puppet performs a part of the story and then all the puppets join in for a “chorus.” It is up to the family to negotiate how they will do this. Give the family about 30 minutes to complete the task. (Note: Since this activity may take more than the session hour some families may finish their rap in the following session.)

The therapist should then disengage while the family works on the rap, either by leaving the room and observing behind a one-way mirror (if available), or by sitting quietly and unobtrusively in a corner while pretending to be engaged in another task, while really taking note of how the family organizes around the task, their level of engagement and enjoyment, how decisions are made, their patterns of communication, noting any 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). These process observations are important in assessing the family.

Before the family begins the performance the therapist can ask each puppet to introduce him/herself. 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 discussion can then focus on the following questions:

1. What was it like to write the rap and to perform it using puppets?

2. What surprised you in doing this activity?
3. What was the best and the most difficult part about the activity?
4. What similarities did you notice between the activity and your own lives?

Video (or audio) tapes of the rap can be used in subsequent sessions to expand the metaphor or to address themes and issues that have emerged. Many families (especially children) enjoy seeing themselves perform, and it may take repeated viewings for the therapist to grasp all the meaning (Gil & Sobol, 2000) in the Rappin' Family Puppet Interview.

## **Discussion**

Rap has been used in general to engage and treat adolescents and families (Sori, in press; 2008). Rap is relevant to many cultures and age groups, and is an extremely useful way to engage reluctant adolescents and children. It is also a medium that many parents relate to, and can be used to elicit the "expertise" of younger family members in writing and performing raps.

This activity is an engaging way to assess a family's ability to work together, their boundaries and structure, their communication style, and even their levels of attachment. Because this is a playful activity but is culturally relevant for many of today's parents, teens, and children, it is an excellent way to engage and empower them to be active participants in the therapy process. Using puppets and rap are ways to sidestep client's natural defensiveness or reluctance to disclose information to a therapist.

For a follow-up activity the therapist may choose to write his/her own rap, using the same puppets chosen by the family or new puppets to address issues that emerged in the previous session, or to write a better ending to the family's rap/story.

While the "Rappin' Family Puppet Interview" is an excellent activity to use in the early stages of therapy to engage and assess families, it can also be used at termination (or [w]rap up!), where the family could be asked to use the same (or new) puppets and to write a rap that reflects on their experience in therapy. The therapist can use this story to punctuate change, perhaps by creating his/her own puppet rap about the family and their hard work, their strengths, progress, and future goals (Sori, in press).

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## About The Author

Catherine Ford Sori, PhD, LMFT, is Associate Professor and Leader of the Marriage and Family Counseling track at Governors State University, and is also Associate Faculty at the Chicago Center for Family Health (an affiliate of University of Chicago). She completed her doctorate degree at Purdue University West Lafayette in Child Development and Family Studies with a Specialization in Marriage and Family Therapy. She specializes in family systems and health care, and was Director of Children and Family Services at a cancer support center. Other special areas of interest include integrating play in family therapy, training counselors to work with children and families, child bereavement, integrating music and dance in couples and family therapy, divorce and stepfamily issues, ethics, and spirituality. She is the author/editor of 6 books, including *The Therapists’ Notebook for Children and Adolescents*, *The Therapist’s Notebook II* and *The Therapist’s Notebook III* (co-edited with Dr. Lorna Hecker) and *Engaging Children in Family Therapy: Creative Approaches to Integrating Theory and Research in Clinical Practice*, as well as Volumes I and II of *The Therapist’s Notebook for Integrating Spirituality* (co-edited with Dr. Karen Helmeke). She has authored numerous additional book chapters and journal articles and has presented nationally, regionally, and locally on topics such as those above. She is a licensed Marriage and Family Therapist and an approved supervisor with the American Association for Marriage and Family Therapy, a member of the Association of Play Therapy and the American Counseling Association, and serves on several journal editorial boards.

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# Recipe for Success

Source: Katherine M. Hertlein

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**Treatment Modality:** Family

## Goals

- Increase self-awareness related to individual and family needs
- Identify strengths and weaknesses within the family
- Develop future goals for treatment sessions

## Materials

- One sheet of scrapbooking paper (any style)
- Writing instruments such as pen or marker
- Scrapbooking decorations (these decorations might be related to cooking, food, recipes, or characteristics about the family member's completing the activity)
- Supplies to create a chef's hat or an apron for each family member (optional)

## Description

Ask the family to collaborate on developing a recipe for success, that is, a recipe that includes the necessary ingredients for a happy, successful family. Have them include ingredients, quantities, and cooking instructions. The ingredients should not be directly related to food but rather to emotions, thoughts, sensations, and behaviors. For example, one family included portions of some ingredients such as, "love," "fun times," "trust," "respect," and "hugs."

To add to the appeal of this activity, each family member can create a chef's hat or an apron. This will help the family members have a tangible reminder of the activity and therapeutic goals.

Once the family outlines the recipe, ask process questions such as:

1. Describe the process of how the recipe was composed. Who contributed what elements?
2. What thoughts emerged as you constructed the recipe?
3. What feelings emerged as you constructed the recipe?
4. Did any of the ingredients surprise you? If so, in what ways?
5. Describe the process of generating the cooking instructions. What is the most important step? What is the least important or most changeable?
6. How was the final determination made regarding the ingredients included and the process to make the recipe?

7. What can each person in the family do/change to ensure the recipe turns out well?
8. What can the therapist do in his/her role as “Assistant Chef” to help bring this recipe to fruition?

Once the task is processed, ask the family to describe how they want to see their recipe. What ingredients does the family want to increase or decrease? What ingredients does the family want to add or remove completely? What would be the steps that they would like to change? Discuss what would be included in the new recipe and steps involved to complete the dish. Work with the family to construct their new recipe using the scrapbook paper and the decorations.

After completing the recipe, follow up with the remaining process questions:

1. Who else will know this recipe? With whom would you share it and under what circumstances?
2. What side dishes might go well with this recipe?
3. How would you know when you need to add another ingredient or alter the cooking instructions?
4. What needs to happen in order for you to make a change in the ingredients? In other words, how might you add more \_\_\_\_\_ in your family life?
5. What tools might you need to be able to complete the recipe?

## **Discussion**

This activity assists both family and therapist in understanding how they see themselves, as well as the issues to be addressed in treatment. The scrapbook page serves as a visual reminder of the goals to be achieved in therapy. It addresses goals in treatment by presenting a way to develop a plan to achieve the goals identified in the success recipe.

This activity also addresses process issues within the family in the discussion of how the recipe was constructed. Additionally, it gives the family an opportunity to collaborate with one another on a joint activity related to reaching their goals and creates the beginnings of a positive history.

One challenge that may arise is the inability of a family to come to agreement about one recipe. Address this challenge by asking each of the family members to generate his/her own recipe as homework and bring it to session. During the session, focus on the commonalities around the recipes and develop a shared vision of what the recipe might include. The therapist might also advance the idea that the goal at the completion of treatment would be to complete one unified family recipe. The closer the family gets to being able to complete the unified recipe, the closer they are to the termination of treatment.

## **About The Author**

Katherine M. Hertlein, PhD, LMFT, is an Associate Professor in the Department of Marriage and Family Therapy at the University of Nevada-Las Vegas. She received her Master's Degree in Marriage and Family Therapy from Purdue University Calumet and her doctorate degree in Marriage and Family Therapy from Virginia Tech. She is a member of the American Association for Marriage and Family Therapy, the Association for Play Therapy, and the American Association for Sexuality Educators, Counselors and Therapists. She formerly served as president of the Nevada Association for Play Therapy. She has published 50 articles and book chapters and five books, including *The Therapist's Notebook for Family Healthcare* and *The Couple and Family Therapist's Notebook*.

# Therapeutic Magic Tricks

Source: Diane Frey

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 1* Edited by Lowenstein, 2008

**Treatment Modality:** Individual, Group

## Goals

- Establish a non-threatening therapeutic environment
- Provide insight about behavior change
- Encourage hopefulness in the client(s)
- Encourage creative problem-solving

## Materials

- Rubber band
- Potato
- Straw
- Drinking glass
- Water

## Description

Each of these three magic tricks helps the client to develop new insights into the possibilities of change. The tricks also provide the client with insights about creative problem-solving.

In the Jumping Rubber Band, the therapist tells the client that she/he can make a rubber band jump from her/his small and ring finger to the fore and middle finger. The therapist puts the rubber band over her/his small and ring finger, then folds all four finger tips under the inside of the rubber band, folding the fingers towards the palm of the hand. The rubber band automatically jumps from the two fingers it was on to the fore and middle finger.

In the Drink the Water magic trick, the therapist places a glass of water on an outstretched right hand, and asks the client to grip her/his right arm with both hands. The therapist says that, despite her/his effort to hold down the client's arm, she/he can lift the glass to her/his mouth and drink the water. As soon as the client has tightened his/her grip, the therapist reaches out with the *left* hand, lifts the glass from the right palm up to her/his mouth, and drinks the water.

In the Straw and the Potato trick, the client is given a straw and a potato and is challenged to push the straw into the potato. The client will attempt this but will not succeed. The therapist then tries. The therapist folds over one end of the straw, grips it in his/her hand, takes the other end of the straw and pushes it into the potato. The reason for the change is that air is compressed in the straw when the end of the straw is folded, therefore, the straw will penetrate the potato.

## **Discussion**

Numerous clients present with resistance to counseling for various reasons. Since most people have a positive association and curiosity about magic, the technique is often very helpful in minimizing resistance, engaging the client, and establishing rapport. Even the most negative client will usually watch the therapist do a magic trick. The three tricks described here all have a theme of helping the client to understand that although she/he might think change is impossible for her/him, with additional knowledge it is possible. Although the client may feel entrenched in a behavior pattern, the therapist can help her/him to develop creative problem-solving.

In addition to these uses, other magic can be used in therapy to encourage self-expression, teach life skills, provide reinforcement for appropriate behavior, serve as a diagnostic aid, enhance self-esteem, and infuse therapy with pleasure.

In using magic in therapy, certain guidelines need to be observed. Practitioners need to use magic that is age appropriate for the client. As contrasted to stage magic, magic in therapy involves teaching the client how to do the trick, thus empowering the client.

It is important to use magic that facilitates interaction between the practitioner and the client. Magic used in therapy should have embedded therapeutic metaphors such as the ones discussed with the above mentioned examples. Always avoid magic that has “trickiness” associated with it (i.e., false bottoms of containers, fake cards). Seek genuine straightforward magic tricks that the client can easily learn. Always use tricks that are safe for the client (i.e., no use of matches, materials that could be harmful.) Use tricks that can be done with materials easily accessible to children and/or older clients. Avoid using magic with clients who have poor reality testing or psychosis.

It is still true today what Carl Jung said many years ago, “The hands know how to solve a riddle with which the intellect struggles in vein.” Assisting clients to use their hands in magic is a highly facilitative process.

## **About the Author**

Diane Frey, PhD, RPT-S, is a professor at Wright State University in Dayton, Ohio, where she also is in private practice as a licensed clinical psychologist. Dr. Frey has authored 17 books and numerous chapters in texts and curriculum materials. She is an internationally recognized speaker on such topics as play therapy, self-esteem, psychosocial emotional needs of the gifted and emotional intelligence.

## **Section Two: Treatment Interventions**

# All Tangled Up

Source: Paris Goodyear-Brown

Published in *Digging for Buried Treasure*, Goodyear-Brown

**Treatment Modality:** Individual, Family

## Goals

- Identify and verbalize feelings of anxiety or worry
- Identify coping strategies that target a decrease in frequency and intensity of anxiety reactions
- Decrease the frequency, intensity, and number of worries experienced by the client

## Materials

- Ball of yarn
- Scissors
- Paper
- Markers
- Finger puppets of bugs

## Description

Begin by telling the client, “Everyone has worries and sometimes we have so many worries that they get all tangled up inside. It’s hard to tell one from the other anymore. We just go around feeling worried and anxious without even knowing why. Today we are going to untangle those worries. Let’s start by pulling out one thread at a time and naming it.” The practitioner then gives an example of one big worry and one small worry. For example, the practitioner might say, “I get a little worried when we’re out of milk, but I know we can go to the store and get some more.” Then pull some yarn out from the tangled ball. Deliberately pull more yarn than is needed to represent this worry. Then say, “I worry this much about it” and hold up the length of yarn. Then say, “Actually, I don’t worry quite that much about the milk, so I’m going to make it this long” and shorten the piece of yarn by a foot. Help the client to untangle at least five or six worries. Some will be small and some may seem like miles of yarn. As the child cuts each piece of yarn (the length reflecting the intensity of the worry), write the worry in magic marker on a small piece of paper and tape it on the yarn (this helps delineate one worry thread from another). Then tell the client that you are going to tie the worries up all around the room until they look like a spider web. Tie one end of the yarn to the door handle and the other to the top of a bookshelf. Let the client choose where some of the yarn lengths get tied. However, they should cross each other across the space so that the threads end up looking like a spider web.

It can be helpful to invite the parent/caregiver in to look at the web to see the child's worries. If a parent is invited into the session to witness the web, have the client verbalize each of the worries out loud.

Then talk about ways to cut the worries down, so that the client will not continue to get caught in their web. Strategies for dealing with anxiety are then discussed. These may include stress inoculation strategies such as deep breathing exercises, progressive muscle tension/relaxation exercises or the use of positive imagery, and thought stopping, thought replacement techniques. As the client verbalizes each strategy, he/she uses the scissors to cut down one thread of the web, until the web has disappeared.

## **Discussion**

Emotions such as anxiety are hard to articulate, even in adulthood. Our youngest clients are aided in their ability to wrestle with this intense yet nebulous emotion by externalizing it and manipulating it kinesthetically in the form of the yarn. Parents are often startled by the intricacy of the three-dimensional web that presents itself at the end of the work, but almost always the realization that their child is dealing with this complexity of worry renews their compassion and patience for the child. At the end of the session, the child takes home cut up pieces of the web. The child's job is to give a piece of yarn to the parent whenever the child is feeling anxious. The yarn serves as a non-verbal signal that the child is in distress and needs some parental intervention.

## **Reference**

Goodyear-Brown, Paris. (2002). *Digging for buried treasure: 52 prop-based play therapy interventions for treating the problems of childhood*. Nashville: Sun Dog Limited.

## **About The Author**

Paris Goodyear-Brown, MSW, LCSW, RPT-S, is a social worker and Registered Play Therapist Supervisor residing in Nashville, Tennessee. She maintains a private practice, serves as adjunct professor at Trevecca University, has a clinical appointment with the Psychiatric Nursing Program at Vanderbilt University and guest lectures with the graduate counseling programs of Peabody College. She has an international reputation as a dynamic speaker and has been awarded the Play Therapy Public Education and Promotion award by the Association of Play Therapy. She is the author of *Gabby the Gecko*, a bibliotherapy material aimed at helping children disclose and heal from trauma. She is the author of *Digging for Buried Treasure: 52 Prop-Based Play Therapy Interventions for Treating the Problems of Childhood* and *Digging for Buried Treasure 2: 52 More Prop-Based Play Therapy Interventions for Treating the Problems of Childhood* and co-author of an original DVD of prescriptive play therapy interventions entitled *10 Peas in a Pod*.

© Paris Goodyear-Brown

# Anger Menu

Source: Angela M. Cavett

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 2* Edited by Lowenstein, 2010

**Treatment Modality:** Individual, Group, Family

## Goals

- List at least eight ways to express anger
- Discuss appropriate ways to express anger
- Discuss with parents ways anger can be expressed in the home
- Reduce inappropriate expressions of anger and replace with appropriate ways of expressing anger

## Materials

- Menus from several local restaurants, including those that are familiar to children
- Paper
- Markers

## Description

Facilitate a conversation with the child about his/her favorite restaurant and favorite entree. Discuss whether he/she ever tried any other meals at the restaurant and the options he/she has or could select when going to that particular place. Discuss how, for example, it is possible that some days one might feel like having chicken nuggets and other days one might feel like a hamburger, and that different people prefer different things. Ask about what his/her parents select and comment about how different people like different food options. Ask about whether members of his/her family ever eat something different than their favorite meal. Beverages, appetizers, and desserts are all mentioned so that the child understands how many options he/she has and that a menu is used to communicate what options are available.

Indicate that a menu is a nice way to display options and that just like with meals different people may choose different ways to express anger. Continue to explain that at different times or circumstances an individual person may choose different ways to express his/her anger.

Brainstorm a list of appropriate ways to express anger. Assist the child if needed. Make a menu by folding blank paper together. On the front page, write the words Anger Menu. Open the Menu and on the inside, write Menu Options at the top of the page. Underneath, list the various expressions of anger from the brainstorm

list. Have the child draw a picture beside each option to serve as visual cues for each anger management technique.

After the Anger Menu has been created, talk with the child's parents about appropriate ways to express anger. Introduce the concept of the Anger Menu and encourage the child and parent to display it in the home (e.g., on the fridge) to be consulted when the child needs to find a way to express anger.

**Variation:** This activity can also be used to create Coping Skills Menus for children who display both internalizing and externalizing disorders. Several different types of coping can be incorporated, such as listening to music, talking to a trusted adult, petting a kitten, helping others, deep breathing, and progressive muscle relaxation.

## **Discussion**

This activity facilitates the identification and expression of appropriate ways to express anger. The child is encouraged to think of as many ways to express anger as he/she can and then problem-solve about whether or not each behavior will be helpful. The practitioner can offer suggestions for the child's list. The child can practice some of the options from the anger menu in the session. For example, the practitioner can provide the child with bubble wrap to pop or a pillow to hit.

With older or more verbal children, a list may be adequate. Younger children and those who tend to be visual learners will likely benefit from the drawing part of the exercise. For children who have difficulty with fine motor skills, picture symbols can be used.

## **About The Author**

Angela M. Cavett, Ph.D., LP, RPT-S, is a Child and Adolescent Psychologist in private practice in West Fargo, North Dakota. She is adjunct faculty at the University of North Dakota in the Department of Counseling Psychology. She is a Registered Play Therapist Supervisor and provides supervision and training related to child maltreatment, psychopathology, and treatment that includes play therapy.

# Birthday Celebration

Source: John W. Seymour  
Published in *Creative Family Therapy Techniques* Edited by Lowenstein, 2010

**Treatment Modality:** Family

## Goals

- Highlight the value of the individual child in the life of the family
- Increase parents' ability to nurture their child
- Help family members renew or begin similar family traditions in their home life

## Materials

- Craft supplies to make birthday cards such as construction paper and markers
- White board or large piece of paper with suitable marker
- Simple refreshments (optional)
- Party hats, blow horns, etc. (optional)
- Small birthday cake with candles (suitable for the cultural background and accommodating any health concerns), matches to light the candles, knife to cut the cake, plates, napkins, and forks (optional)

## Advance Preparation

Set up any party games that will be incorporated into the birthday celebration.

## Description

This activity is divided into several segments: Planning a birthday observance in session, implementing the observance in session, and briefly identifying what the family might do to incorporate this experience at home.

## Planning

Play therapy theories vary in the degree to which sessions are more therapist- or client-directed and in guiding how and when to involve family members. This activity may be adapted to reflect many of these variations. In some cases, the activity may be introduced in a spontaneous way during the course of a family play therapy session. For others, it may be incorporated into a more structured approach, being planned first with the parent(s) and then incorporated into a later play session.

However the activity begins, the therapist introduces the purpose of the activity to the family by stating the importance of family traditions in both nurturing individual family members and developing a greater sense of togetherness between family members. The introduction should include a review of the common ingredients of strong family traditions: supportive family and friends,

recognition of personal and family strengths, and the sharing of play, refreshments, and gifts. Family members may be encouraged to give examples.

With family members in a small circle, ask them about their family birthdays: How were the parents' birthdays observed when they were children? How has this family observed birthdays? Who was invited? What activities were planned? What refreshments were served? What gifts were exchanged? If the family has a very limited history of observing birthdays, then ask them to imagine how they would like to observe a birthday.

With the white board or large piece of paper, list the four parts of a birthday observance: Inviting, Playful Activities, Refreshments, and Gifts. Ask the parents what they can do today in the session to enact a simple birthday observance for their child. Guide the discussion as follows:

*Inviting:* Who else would be invited? In a well-equipped play therapy room, puppets, dolls, or stuffed animals might be used as "stand-ins" for family members and guests not at the session. Therapeutic issues may include who is included/excluded and reasons for those choices (these can range from a simple absence to issues such as awkwardness around post-divorce multiple households, chemical use, or safety matters such as family violence).

*Playful Activities:* Help family members use available play materials and their imaginations to plan several simple party games. Simple foam-ball games can be created, or old familiar games such as "Duck, Duck, Goose" can be used. Therapeutic issues may include encouraging adults' abilities/willingness to plan and engage in nurturing play and the child's abilities/willingness to engage in play.

*Refreshments:* This can be "pretend" refreshments or simple refreshments provided by the therapist. Therapeutic issues may include affirmation of the child's or family's favorite traditional foods, tying into cultural strengths, and affirming the child's special value to the family in a rousing chorus of "Happy Birthday to You," or some other family selection.

*Gifts:* Each family member uses the available craft materials to make the child a Happy Birthday card and think about what to say to the child when the child is presented with the card. For the child observing the birthday, have him/her make a card that represents what it will mean to him/her to be his/her new age. One variation that can be very affirming is to have all family members create cards with an acrostic of the child's name, spelling out the child's name and using each letter as the first letter of a word or phrase that illustrates the child's different qualities. Therapeutic issues may include family members' abilities to put affirmations into words with the child, and the child's ability to receive the affirmations.

## **Implementation**

As family members finalize their plans for each of the four parts, the therapist or a family member can fill in the outline on the white board or planning paper. The therapist then encourages the family to implement the plan in session, providing only the encouragement needed to facilitate the observance, and noting therapeutic issues for addressing at the end of the session or in a future session.

## **Transferring from the Session to Home Life**

When the observance is completed, the therapist has the family return to a discussion circle. Family members are encouraged to report on their experience and observations. Discussion questions can include:

1. What was the birthday celebration like for you?
2. What did you like?
3. What was uncomfortable?

Next, discuss the parts of the birthday celebration the family wishes to incorporate into their home life. Ask the family to consider the important ingredients needed to provide a positive and nurturing birthday celebration at home. Additionally, ask the family how they might incorporate their own family and cultural traditions to make these observances at home more meaningful.

This simple activity can provide the opportunity for a positive nurturing experience in session as well as the stimulus for families being more intentional in providing nurturing experiences in their family life.

## **Discussion**

Many families observe children's birthdays as a part of their family tradition. Birthdays highlight the individual child's value to the family and provide an opportunity to surround the child with supportive family and friends. While there are cultural variations, birthdays include inviting people to attend, time for play and socializing, refreshments, and an exchange of gifts. These very simple steps reflect a much deeper pattern shared with important family rituals of many kinds (Doherty, 1999; Imber-Black & Roberts, 1998; Imber-Black, Roberts, & Whiting, 2003). These family traditions are how families affirm and sustain the connections between family members, providing reinforcement for attachment bonds as children get older.

Unless there is some specific cultural or religious prohibition for the family, including a birthday observance into family therapy can be a meaningful event for both the child and participating family members. Some families may have had a rich but now neglected tradition of observing birthdays, due to the stresses of change and family transitions such as death or divorce or due to disruption caused by the family coping with a house fire or some natural disaster such as a tornado or hurricane. Other families may have a history of less involvement and attention to the life and nurturing of family members, with a previous lack of interest in beginning or sustaining meaningful family traditions.

Birthday observances in family therapy can be a time of healing for birthdays missed, as well as the starting point for families to renew or begin a meaningful tradition that can enrich the life of the child and family. While this activity suggests a basic outline and materials, therapists are encouraged to adapt the activity to their treatment approach, the family's culture and existing traditions, and availability of materials and setting. For additional suggestions for developing family traditions for birthdays and other family events, see Cox (2003).

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## **About The Author**

John W. Seymour, PhD, LMFT, RPT-S, is an Associate Professor in Counseling at Minnesota State University, Mankato. He has been a family therapist and play therapist since 1978. He is a Registered Play Therapist-Supervisor with the Association for Play Therapy and an Approved Supervisor with the American Association of Marriage and Family Therapists. Prior to teaching graduate family therapy and play therapy courses at the University, he worked in a variety of settings, including hospital, agency, and residential treatment.

# Clay Apples

Source: Rinda Blom

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**Treatment Modality:** Individual

## Goals

- Increase identification and expression of five different feeling states
- Improve skills for dealing with the expression of emotions in others and validating them
- Improve understanding that people may react with different emotions in the same situation
- Implement appropriate strategies for expressing emotions

## Materials

- Five different colors of clay
- Five different animal puppets, for example, a dog, wolf, rabbit, bird, and bear
- Paper plates with a picture of each of the puppet animals on them
- Crayons

## Description

Discuss the following basic emotions with the child: happy, sad, scared, angry, and surprised. Give examples for each of these emotions. Emphasize the fact that other people also experience these emotions. Provide the child with five different colours of clay and ask him/her to pick a colour for each emotion. The therapist should then ask the child to sculpt five clay apples with each colour.

Explain that a story will be read in which the characters will display different emotions. Provide the child with the animal paper plates. Ask him/her to pick a clay apple and put it on the correct plate each time a character in the story experiences a specific emotion. The clay apple must be the colour that the child has picked for a specific emotion: for example, a green apple when the bear is sad, if green was picked for sadness, or a red apple when the wolf is angry, if red was picked for anger.

The practitioner can tell any story in which the five emotions are displayed at least three times. It is important to take note that although the characters in the story will act out a specific emotion, such as anger or fear, the emotion is not labelled by the practitioner. The child will therefore have the opportunity to label the different emotions through observing the verbal and non-verbal behaviour of the puppets.

After completion of the story, the child can explain why he/she has picked specific colour apples for specific emotions. Questions can then be asked on how he/she could respond to each character in the story, as well as what could be said to make them feel better, if applicable. If a child tells a specific character that his emotion is wrong, or that he should feel differently, the practitioner can discuss a more appropriate response and explain that emotions are never wrong, although they can be managed in a more positive way.

## **Discussion**

Empathy is the basis of all social skills. Children with emotional problems often have trouble identifying emotions in themselves. They also do not have the skills to respond appropriately to emotions in others. Through this activity, children's awareness of emotions in others is enhanced. They also learn how to make use of verbal as well as non-verbal clues in identifying emotions in others.

Children with a low emotional intelligence may have difficulty labeling emotions. These children will first need more simple activities in identifying emotions and acquiring an emotional feelings vocabulary before engaging in this activity. The practitioner must therefore consider the child's level of self-awareness before this activity.

## **About The Author**

Rinda Blom, Ph.D., is a Registered Social Worker in South Africa and has extensive experience in the field of play therapy and emotional intelligence. She has advanced international training in play therapy and emotional intelligence, and has been training professionals such as social workers, psychologists, and occupational therapists in South Africa for many years. She is author of the book *The Handbook of Gestalt Play Therapy: Practical Guidelines for Child Therapists*, which was published in London, England, in 2006. She maintains a private practice in which she focuses on play therapy with children with emotional problems. In her Ph.D., she focused on the development of a play therapy program for enhancing children's emotional intelligence.

# Dream-enacting with a Family

Source: Deborah Armstrong Hickey  
Published in *Creative Family Therapy Techniques* Edited by Lowenstein, 2010

## Treatment Modality: Family

### Goals

- Help family members be empathic and attuned with the child who directs this activity
- Increase family members ability to follow the lead of the child who directs this activity
- Increase the child's ability to vocally tell family members what he/she wants from them

### Materials

- Yarn or masking tape
- Dramatic play materials such as scarves, swords, objects that make sounds, including musical instruments, and playhouses (optional)
- Craft supplies to make masks, costumes, and scenery (optional)

### Advance Preparation

Place yarn or masking tape around a large area where the "dream reenactment" will take place.

### Description

Note: This activity requires at least 90 minutes and can be completed in one long session or over two sessions.

Explain to the family that our dreams involve an experience in which we can solve problems more easily, express who we are from the heart, and do anything we want to do, even if it is very scary or different than what we would normally do. Then ask the child to direct a play about a dream that he/she has had, and let the child know that he/she can change the dream if they want to. If the child agrees, the parents and other members of the family are instructed that the child is the director and that they are to follow the child's directions and pretty much do, say, and feel whatever the child directs them to do.

The steps of the activity are as follows:

1. The child identifies the title of his/her dream then describes two or three feelings that he/she had in the dream and who and what (things) were noticed in the dream. He/she then describes the dream as if it were happening "right now" while the therapist transcribes the telling.

2. The family is instructed not to ask questions, interpret, or say anything while the child is telling the dream, when he/she has finished, or at anytime afterward.
3. The child will then decide who will play whom in the dream; this includes choosing someone to play him/herself since he/she will be the director and not one of the actors, as well as choosing individuals to play the objects or things that might be important.
4. The necessary props and the room will be prepared, including placing a yarn or masking tape around the space where the “dream reenactment” will take place.
5. The child will direct everyone to do, say, and feel what he/she wants them to do in each part of the dream that is reenacted (usually children’s dreams are short enough to do the entire dream, but sometimes choosing one or two parts is sufficient). The dream may be enacted once, twice, or even three times until the child is satisfied with how it is done.
6. The child can change the dream’s ending to a more preferable one if he/she wants to do that.
7. Family members are instructed to do, say, and feel exactly what the child directs them to do without any questions.

After the dream reenactment is completed, the family comes outside the “dream space” and the process is discussed. The following questions can guide the discussion:

(To the child/director):

1. What was this like for you?
2. What did you like best?
3. Was there anything you did not like or wish was different?
4. What are some of the feelings that you had while directing the enactment?

(To the family members/actors):

1. What was this like for you?
2. What did you like best?
3. Was there anything you did not like or wish was different?
4. What are some of the feelings that you had while playing the characters or objects in the enactment?

Ensure that the family does not discuss or interpret the dream itself.

## **Discussion**

Dreaming holds certain characteristics that allow creativity, authenticity, and emotionally charged issues to enter into our consciousness. Children, particularly those who are younger, experience dreams that are frightening more often than other groups, and dreams are a reliable source for discovering what is in their minds and hearts. This activity is designed for families where the parents are experiencing challenges empathizing and feeling attuned with their child. For a short period of time, and with the therapist present, a little of what lies deep in the heart of the child can be explored. The parents not only discover more about what lies within the child's heart but also experience what it is like to be there, dwell there, and what feelings their child may be experiencing.

For the child, it is an opportunity to direct his/her parents as they embody and experience some of what lies inside of him/her. It also gives the child a chance to reenact a dream that might be scary or frustrating. As a director/observer, the child gets to see something of what lies inside of him/her from the outside (i.e., outside looking in), and this may help him/her to gain mastery and control over the material as well.

Dreams are highly personal and this activity should only be used when the therapist is confident that the parents and family members will hold this dream in confidence and respect how very personal and tender the material may be to the child. If the child has sustained a trauma and is dreaming about it, caution and discernment should be used, though the activity is not absolutely contraindicated because of this possibility.

Therapists who engage families in this activity are best prepared when they have engaged in some dreamwork of their own and have referred to the ethical guidelines of the International Association for the Study of Dreams. This exercise is not for the purpose of interpreting or analyzing dreams and, in fact, this should be avoided during this activity.

This activity rests comfortably within the landscape of experiential family therapy, as informed by Satir and Baldwin (1983). It is also consistent with the theory and practices of filial family therapy (1969). Experiential family therapy seeks to promote awareness and self-expression and unlock deeper levels of connection and communication between family members. These deep levels of communication, accompanied by the freedom to be oneself and openly relate to others, are considered to be the foundations of well-being. Filial family therapy engages parents in the role of treatment providers by using non-directive play therapy principles. It has been found to effectively reduce symptoms in children and increase parents' empathy with what their children are feeling.

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## **About The Author**

Deborah Armstrong Hickey, PhD, LMFT, RPT-S, has been licensed as a Marriage and Family Therapist specializing in expressive and play therapies for over 30 years. She has conducted research on dreams, has been a board member with the International Association for the Study of Dreams, and has been working with her own dreams for over 40 years. She is a core faculty member with Capella University in the Marriage and Family Therapy Counselor Education Program and maintains a private practice, The Mindgarden, in Greenville, South Carolina.

# Exploding Balloons

Source: Lauren Snailham

Published in *Creative Family Therapy Techniques* Edited by Lowenstein, 2010

**Treatment Modality:** Individual, Group, Family

## Goals

- Learn, practice, and implement appropriate strategies for expressing anger
- Identify how holding anger inside can lead to problems

## Materials

- Balloons (two for each participant and therapist)
- Large sheet of paper
- Tape
- Marker
- Safety glasses

## Advance Preparation

Tape the sheet of paper to a wall.

## Description

Provide each participant with a balloon. (It is also advised to have each participant put on a pair of safety glasses to avoid injury when the balloons explode.) Then ask them to think about a time when they felt angry. (Tell them they are to think about the angry situation but they are *not* to talk about their angry feelings at this point.) Ask them to blow the angry feeling into their balloons. Have them think about another time when they felt angry and ask them to blow *that* angry feeling into their balloons. This is repeated using a variety of situations that they can think of as they each continue blowing into their balloons.

Eventually the balloons will explode. Invite the participants to say why they think the balloons exploded. Ask:

1. What happens when you hold onto angry feelings for too long?
2. How does it make you act?

Give each participant a second balloon and ask them to again think about a time when they felt angry and to start to blow the angry feelings into their balloons. Once the balloons have been filled a bit with air, have the participants stop and talk about their angry feelings. As they talk about their anger, have them release the air from the balloons a little at a time. Once this is done, ask the participants what is different about what they are doing this time. The therapist can help them see that if the balloon is filled with air that is then released, it will not explode.

Ask the participants what they can do to stop themselves from exploding when they feel angry. Write these coping strategies on the sheet of paper. If they are having difficulty thinking of ideas, offer suggestions such as the following:

1. Talk to someone about your feelings.
2. Slowly count backwards from 10.
3. Breathe in and out slowly until your body becomes relaxed.
4. Think about a happy memory.
5. Visualize a stop sign.

Once the list has been generated, have the participants vote on their favorite coping strategy. Have the participants practice the strategy in the session to ensure they do it well. Then have the participants use this strategy at home.

As an optional ending activity, read the book *The Angry Feeling* (Snailham, 2008).

Follow up in the next session. Ask the participants the following questions:

1. Can you tell me about a time since the last session when you used the coping strategy to stop yourself from exploding when you felt angry?
2. Were there any explosions and, if so, what stopped you from using the coping strategy?
3. What other strategy from the list would you like to try?
4. What can you do to prevent further explosions in the future?

## **Discussion**

Many clients struggle to express their anger in appropriate ways. Some clients externalize their anger by becoming verbally or physically aggressive, while others internalize by withdrawing or isolating themselves. Neither of these coping styles is a healthy one. This technique provides an engaging way to help clients understand the dangers of bottling up anger and how it can lead to destructive behavior or being left helpless and broken. They are further given the chance to see how useful it is to release anger as it starts to grow and how much better they (or the balloon) are able to cope.

This activity provides the client with a variety of anger management techniques that they can use at home and elsewhere. These skills can be used on a daily basis and will leave them feeling empowered and successful.

## **Reference**

Snailham, L. (2008). *The angry feeling*. Kwa-Zulu Natal, South Africa: Self-Published.

## **About The Author**

Lauren Snailham, MA Clinical Psychology, is a Clinical Psychologist in private practice in Durban, Kwa-Zulu Natal, South Africa. She provides assessment and treatment services to children, adolescents, and adults with a variety of psychological difficulties. She incorporates play therapy, psychotherapy, and parenting interventions in her clinical work. She has authored a set of therapeutic story books that focus on issues such as feelings, bullying, abuse, divorce, trauma, anxiety, anger, alcohol abuse, and loss. These books are used by therapists, parents, and teachers.

# Family Orchestra

Source: Ken Gardner and Lorri Yasenik  
Published in *Creative Family Therapy Techniques* Edited by Lowenstein, 2010

**Treatment Modality:** Family

## Goals

- Increase non-verbal communication among family members
- Increase parent attunement
- Identify aspects of parent sensitivity and responsiveness to children's emotional needs/states

## Materials

- Toy drum or percussion instrument (hand drum or tambourine)
- Eight index cards
- One die

## Advance Preparation

Each index card should have the word “change” written on the front and a simple picture that shows the type of body percussion on the back of the card. Under the picture, the type of body percussion should be identified with words (see list below). The following eight forms of body percussion are used initially. More types can be included to add variety or increase the level of challenge.

Card #1: “Hand Clapping”

Card #2: “Foot Stomping”

Card #3: “Hand rubbing”

Card #4: “Cheek Popping”

Card #5: “Tongue Clicking”

Card #6: “Toe Tapping”

Card #7: “Shoulder Pats”

Card #8: “Whoo Whoo” (making sounds with your mouth like an owl)

## Description

Prepare the parent to lead this activity by reviewing the family instructions (see below). The therapist should first demonstrate the eight types of body percussion and ask the parent to consider how he/she might “animate” or vary each type of body percussion to meet the developmental capacities of their children. (For families with very young children, consider using only four types of body percussion.) Emphasize that the parent may choose to extend or shorten rhythms, increase or decrease the volume or loudness, and speed up or slow down a rhythm to keep everyone involved.

Ask the parent to read aloud the following family instructions:

“We are first going to learn to make special sounds with different parts of our body. After we practice these sounds, we will learn to make short pieces of music that go along with the beat of this drum. To become a family orchestra, we need to copy the rhythm or beat played on the drum. The person with the drum is the leader or the conductor; whoever has the drum gets to start a new beat or rhythm and the rest of us have to follow along closely.”

Step #1:

“Let’s look at the types of percussion sounds we get to make with our mouths or bodies. Everyone take a card and we will go around and demonstrate what kind of sound the card asks us to make.”

Step #2:

“Now we are going to place all the cards back in the middle and mix them up.”

Step #3:

“I am now going to pass around the drum, and everyone can have a short turn making a rhythm on the drum. I am going to start. I want you to notice if I am drumming loud or softly. Also notice if I am drumming slow, medium, or fast.”

Step #4:

“Ok now that we have practiced, we will start to play together so we become an orchestra with different body percussion sounds. We will roll the dice, and whoever has the highest number gets to be the conductor or leader and will begin with one rhythm on the drum. The person sitting to the right of the leader gets to pick up a ‘change card’ from the middle and copy the rhythm with the type of body percussion that is shown on the card. Once they match the rhythm, they turn to the person on their right and pass the rhythm on to the next person. When the rhythm is passed to you please keep playing it until it goes all the way back to the leader. Everyone stops playing when the rhythm or beat returns to the leader.”

Step #5:

“We had a chance to go around once. Now, we will pass the drum to the next person on the right of the first leader. That person gets to start a new beat or rhythm and pass it on to the person on their right. That person needs to pick up a new change card, and copy the new rhythm. The rest of us will have to copy the leader’s beat or rhythm with the new body percussion sound.”

This sequence continues until all family members have a chance to be the conductor.

**Step #6:**

“For the final round, we are going to mix up all of the change cards in the middle. One person will begin with a new drum beat and when it gets passed your way you pick one change card and match the rhythm with the body percussion sound for your card. Each person will pick a different card as we go around. Let’s see what kind of orchestra sound we get now.”

After the final round, facilitate discussion by asking the following questions:

1. What was the most fun part about the family orchestra?
2. What was it like to be the leader or conductor?
3. What change card did you like the best? Why?
4. If you could make a family beat or rhythm that represents your family, what would it sound like?
5. If you could add another instrument, which one would you pick? Who would be good at playing this instrument in your family orchestra?
6. When in your daily family life might you need to speed up or slow down your pace or rhythm?
7. How can you tell if others are in sync with you?

**Discussion**

This activity amplifies attunement behaviors as the parent, as well as other family members, must mirror and replay the actions of each other. It offers a rich opportunity to examine parent sensitivity and attunement, because the parent may need to support certain children or modify certain rhythms so that each child has an opportunity to participate meaningfully.

The process questions at the end of the orchestra game are designed to facilitate discussion among family members and provide a means for the parent to recognize individual contributions. The therapist also has an opportunity to comment on the ability of the family to “play” together. The therapist, in observing and tracking the process, should be prepared to comment on how family members watched, followed, or supported each other during the activity.

The therapist needs to be prepared to amplify or expand upon feelings and highlight for the parent ways in which the family’s interactions communicate needs for recognition, comfort, safety, support, or reassurance.

## **About The Authors**

Lorri Yasenik, MSW, RFM, CPT-S, RPT-S, and Ken Gardner, M.Sc., R.Psych, CPT-S, are the Co-Directors of the Rocky Mountain Play Therapy Institute. The Institute is an internationally recognized professional training program dedicated to offering relevant and experiential learning opportunities in child and play therapy. Lorri is a Certified/Registered Play Therapy Supervisor, a Clinical Social Worker, and a Registered Family Mediator who has been working with children and families in the areas of treatment of trauma, high conflict separation and divorce, and a range of situational and developmental issues during the course of her therapy career. Ken is a Clinical Psychologist and Certified Play Therapy Supervisor who specializes in the areas of learning/adjustment, children with development challenges, and achievement motivation. Lorri and Ken have extensive experience as consultants and trainers and regularly teach for college and university programs in the areas of play therapy, mediation, assessment, and counseling. They are the authors of the book, *Play Therapy Dimensions Model: A Decision Making Guide for Therapists*.

# Feel Good File

Source: Kelly Walker

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 3* Edited by Lowenstein, 2011

**Treatment Modality:** Individual, Group, Family

## Goals

- Increase self-awareness
- Practice mindfully paying attention to self
- Promote positive self-talk through verbalizations of positive self-qualities
- Improve self-esteem by identifying and expressing positive qualities about oneself

## Materials

- Manila file folder
- Markers
- Craft supplies such as glitter, scrapbooking papers, glue, stickers (optional)
- Paper
- Pen or pencil

## Description

Introduce the intervention by stating, “This will be a simple but effective activity to combat negative thinking and to create a storage place for positive, loving words to challenge those negative thoughts you have about yourself.”

Have the client write his/her name followed by Feel Good File on the manila file folder, for example: “Lisa’s Feel Good File.” If desired, the client can use the craft supplies to create a positive and uplifting design on the front of the manila file folder.

Next, have the client write ten of his/her positive qualities on a piece of paper. Have the client place this in the file.

Then have the client make a list of three people who he/she can approach and ask to write a letter of affirmation that includes a list of five positive things about him/her. Provide examples of potential people if the client needs assistance, such as parents, siblings, friends, teachers, and extended family. Assign this task as homework to bring to the next session. If the session permits, this task could be completed as a family therapy activity where the client could invite family members to make this list during the session.

As the letters of affirmation are collected, they should be placed in the Feel Good File. Also, prior to the next session, the client should put into his/her file the letters, cards, and emails received from others that are complimentary in any

way. The client could also think back to past conversations or recall times when people recognized his/her talents and assets or expressed appreciation for him/her and then write those experiences on paper and place them in the file.

The practitioner should introduce the concept of mindfulness by reviewing the contents of the file with the client mindfully. Mindfulness involves consciously bringing awareness to the here-and-now experience with openness, curiosity, and flexibility. Zinn defines mindfulness as "paying attention in a particular way: on purpose, in the present moment, and non-judgmentally" ([www.actmindfully.com.au/mindfulness](http://www.actmindfully.com.au/mindfulness)).

The practitioner should remind the client to be mindful of how he/she feels, what his/her thoughts are and if he/she experiences any physical sensations while looking at or reading the contents of her/his file. If the client becomes aware of any negative thought, feeling, or sensation have the client acknowledge it and then release it. The practitioner can encourage the client to do this by imagining the thought floating away on a cloud. More specifically, the practitioner could have the client imagine that his/her thoughts are like clouds in the sky and he/she can see them floating above. As the client continues to breathe deeply, he/she visualizes the negative thoughts slowly floating away until the sky is completely clear. As the thoughts float away, the client should feel his/her mind becoming more and more blank as the thoughts drift away.

Encourage the client to look through his/her Feel Good File at least once a week and/or when he/she becomes aware that negative self-talk is occurring. When the client looks at the file and challenges the negative thoughts, he/she can practice the mindfulness technique of acknowledging and releasing.

The client can also be encouraged to become a "Feel Good Hoarder" and to add additional positives to his/her folder.

## **Discussion**

This activity provides clients with the opportunity to identify and focus on their strengths. Some clients may be resistant to identifying their strengths or having other people do so. The practitioner may need to provide some examples or use props to facilitate the exercise, such as Magnificent Cards (available at [www.magnificentcreations.com](http://www.magnificentcreations.com)).

This technique is particularly powerful because the practitioner can introduce the concepts of noticing negative thoughts through mindfulness and challenging them (by showing evidence to the contrary). The practitioner can encourage the client to "pay attention in a particular way, on purpose, in the present moment, and non-judgmentally release them" ([www.actmindfully.com.au/mindfulness](http://www.actmindfully.com.au/mindfulness)).

The practitioner could also use the cognitive-behavioral therapy technique of “thought stopping” instead of mindfulness if this is a technique he/she is more familiar with.

### **Reference**

Actmindfully. “Mindfulness.” Accessed February, 15, 2010, <http://www.actmindfully.com.au/mindfulness>.

### **About The Author**

Kelly Walker, BSocSc, Graduate Diploma (Child and Adolescent Counseling), MACA, is a Youth Counselor in Melbourne, Australia. She provides generalist counseling to clients aged twelve to twenty-five and provides specialist counseling to parents. Her practice areas of interest include play, art and expressive therapies, and the impact of trauma on children.

# Feelings Hide and Seek

Source: Sueann Kenney-Noziska  
Published in *Techniques, Techniques, Techniques* by Noziska, 2008

**Treatment Modality:** Individual, Family

## Goals

- Provide a safe environment for clients to verbalize and discuss their feelings
- Increase open communication regarding various emotional states
- Strengthen family relationships through direct communication

## Materials

- Index cards with various feelings written on them
- Tape
- Prizes such as stickers or small individually wrapped candies (optional)

## Advance Preparation

Prior to the session, write various feeling words on index cards such as happy, sad, angry, scared, jealous, guilty, brave, excited, etc. For durability, cards can be printed on card stock and laminated. If prizes or candies are being included in the game, then a smiley face can be drawn on several of the cards.

Using tape, the index cards are hidden around the room at varying levels of difficulty. For younger clients, the cards will be hidden in obvious places. For older clients, the cards can be hidden in more secretive places.

## Description

This technique is a therapeutic version of the popular childhood game hide-and-seek. However, instead of people hiding, the therapist has hidden cards with various feeling words on them.

The therapist explains that in many situations, people ignore their feelings and keep them hidden instead of dealing with them. Even though this may seem effective, “hidden” feelings still exist and continue to bother the person until the feelings are brought out into the open and addressed.

In this game, feelings start out hidden and, through the course of hide-and-seek, are found and discussed. During the intervention, players take turns finding the hidden feeling cards and processing a time they experienced the feeling written on the card.

If the optional cards with smiley face are used, players who find one of these cards discuss a feeling of their choice and then receive a prize such as a sticker or a small candy.

At the end of the game, process the activity by asking the following questions:

1. What was the easiest feeling to discuss?
2. What was the hardest feeling to discuss?
3. Is it better to hide or talk about your feelings and why?
4. Who is the easiest person in the family for you to talk to about your feelings and why?
5. Who is the hardest person for you to talk to about your feelings and why?
6. How do you think your family can make communication about feelings better or easier?
7. What did you learn from this game?

## **Discussion**

This intervention targets communication by providing an opportunity for the clients to directly identify, communicate, and process their emotions. Some clients lack the language to communicate about emotions. This activity helps build and expand the client's emotional vocabulary and fosters an environment conducive to healthy emotional expression. For clients who avoid discussing distressing emotions, this technique can facilitate emotional expression of "hidden" feelings.

As feelings are chosen for the intervention, the therapist can prescriptively select emotions according to the client's presenting problem, issues, or treatment goals. The emotions identified and processed can be common emotions to support communication around feelings in general or geared toward a specific topic such as divorce, death, or abuse.

As stated in the "Description" section, cards with a smiley face can be hidden along with the feeling cards. Players who find one of these cards select a treat, sticker, or other small prize and discuss a feeling of their choice. Although this is an optional element, the prospect of "winning" something during the course of the activity may lower defenses and incorporates an additional component of playfulness to the technique.

Throughout the activity, normalize and validate the emotions discussed by the clients. As an additional component, coping skills to manage emotional distress can be identified and discussed.

## **About The Author**

Sueann Kenney-Noziska, MSW, LISW, RPT-S, is a Licensed Independent Social Worker and Registered Play Therapist Supervisor specializing in using play therapy in clinical practice with children, adolescents, and families. She is an accomplished author, instructor of play therapy, guest lecturer, and internationally recognized speaker who has trained thousands of professionals. She is founder and President of Play Therapy Corner, Inc., is actively involved in the play therapy community, and is author of the book *Techniques-Techniques-Techniques: Play-Based Activities for Children, Adolescents, and Families*.

# Feelings Ring Toss

Source: Pam Dyson

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 3* Edited by Lowenstein, 2011

**Treatment Modality:** Individual, Group, Family

## Goals

- Increase feelings vocabulary
- Increase the ability to identify and express four feelings

## Materials

- Four plastic bottles (soda bottles are preferred as water bottles are often made from recycled plastic and are not as durable)
- Rice, sand, or beans
- Clear packaging tape
- Two each of four different feeling faces (included)
- Four rings (made from two yards of clear tubing or four paper plates)
- Glue sticks
- Colored paper
- Markers or crayons
- Scissors

## Advance Preparation

Rinse and dry bottles and remove labels. Use a funnel to pour rice, sand, or beans into the bottles, adding just enough to weight the bottoms so they will not tip. Place the lid on the bottle and secure it with tape so clients cannot open and empty the contents.

The feeling faces (Happy, Sad, Mad, and Scared) can be copied onto colored paper or colored with markers or crayons. Cut out the feeling faces. Tape two feeling faces to each bottle.

The rings can be made from clear piping purchased from a hardware store. Cut the piping into 18-inch lengths and connect the ends with clear packaging tape. Paper plates with the center cut out could also serve as rings.

## Description

The game is played by setting the bottles in an open area and placing a length of tape several feet away. While standing on the taped line, the client takes the four rings, one at a time, and tries to toss them around the bottles. When the client gets a ring around a bottle, he/she calls out the name of the feeling face on that bottle. That feeling is then processed and discussed. For example, the practitioner can say, "Share a time when you had that feeling." "What would

make a kid feel scared?” “Show me what your face looks like when you’re feeling mad.”

## **Discussion**

Identifying and discussing feelings can be difficult for some children. This game is a fun and non-threatening way for practitioners to engage a child who may be resistant to discussing emotions.

If the practitioner observes a child avoiding ringing a specific bottle, the practitioner can explore whether or not that feeling might be disturbing to the child.

This game can be tailored to fit specific presenting problems. For example, “What is something that makes you sad about your parents getting a divorce?”

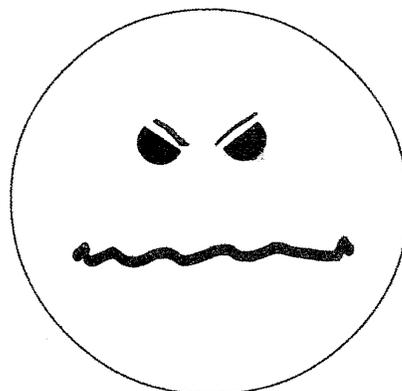
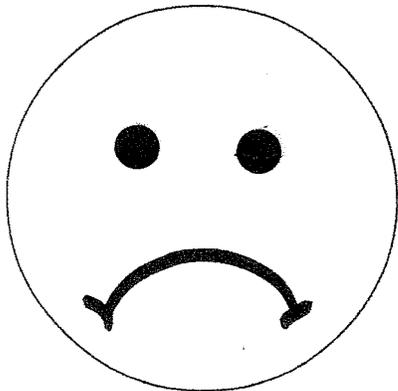
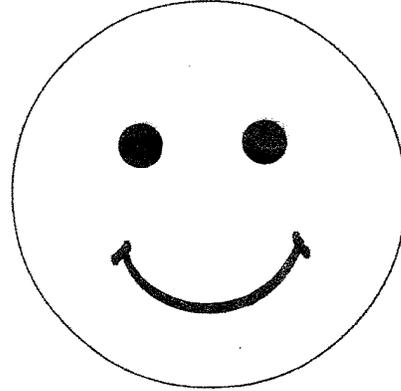
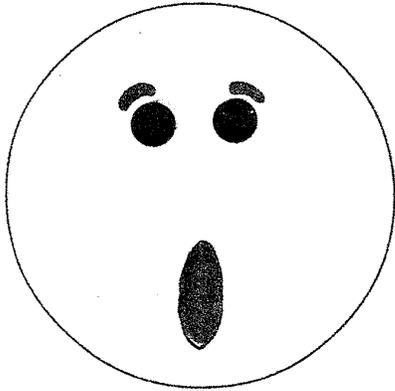
This game can be used in group or family therapy with players taking turns identifying the feeling faces on the bottles.

## **About The Author**

Pam Dyson, MA, LPC, RPT, is a Child Development Expert, Parenting Coach, Licensed Professional Counselor, Nationally Certified Counselor, and Registered Play Therapist with a private practice in St. Louis, Missouri. She is an Adjunct Professor in the Professional Counseling Program at Lindenwood University, serves as a mental health consultant, and facilitates workshops. She is also the Founder and Director of the St. Louis Center for Play Therapy Training.

# Feelings Ring Toss

## Feeling Faces



# Land of No Rules

Source: Theresa Fraser

Published in *Creative Family Therapy Techniques* Edited by Lowenstein, 2010

## **Treatment Modality:** Family

### **Goals**

- Assess dynamics and interactions within the family, particularly rules, roles, and hierarchy
- Establish and enforce appropriate rules within the family
- Encourage parents to increase their understanding of their children's worldviews
- Increase family members' ability to communicate their needs

### **Materials**

- Every Family Is a Kingdom Questionnaire (included)
- Paper
- Pencils
- Markers
- Camera

### **Additional Materials for the Sandtray Version**

- Sandtray half-filled with sand
- Variety of miniature objects or figurines representing different categories such as people (various ages, races, abilities, and occupations), animals (pets, farm, and wild), vehicles, plants and things from nature (rocks and shells), furniture/household objects, buildings and fantasy figures. Make sure there is a King and Queen figurine.

### **Description**

Note: This activity requires at least two sessions.

Complete the Every Family Is a Kingdom Questionnaire with the family. If the sandtray version is being used, the family can respond to the questions verbally, as well as illustrate their responses by creating a picture in the sand using the miniatures provided.

In the following session, divide the family into two dyads. (The children should be teamed up with the parent whose relationship can benefit from one-to-one time. The dyad portion of the activity also ensures that quiet children have the opportunity to express their feelings and views. If there is only one parent, then have the whole family work together rather than dividing the family.)

The family is asked to imagine a Land of No Rules. Each dyad is instructed to draw a picture together (or create a scene in the sandtray) that illustrates their Land of No Rules. Each dyad can decide how, what, when, and where the Land of No Rules operates. This picture can be a positive description of how the Land of No Rules is viewed or it can be a negative description. This is up to each small group of family members. Next, each dyad creates a story about their Land of No Rules. The parent in each dyad is asked to write down the story that is created. This is especially important for dyads where children have difficulty honoring the authority of their parents. (The therapist needs to be clear about this small group leadership role when explaining the directions.) Then the dyads come together to share their pictures and stories.

If the small groups do not bring up the negative possibilities of what happens in places where there are no rules, the therapist can ask questions such as:

1. What is it like in this Land of No Rules?
2. How safe do the children and adults feel if everyone around them does whatever they want?
3. What happens when nobody is in charge?
4. What problems arise when there are no rules?
5. How do parents feel when they may not know where their children are or what they are doing?

A discussion should follow about what the general rules need to be so that all the citizens in this land benefit equally. The family can create a new story or end their former stories with this new unifying information.

The final part of this session is when the family identifies the rules that are appropriate in their home. One of the parents can list these rules on a sheet of paper.

The family is then invited to create a new drawing (or picture in the sand) illustrating The Land of Important Rules. That is, this drawing illustrates the rules that need to be in place at home for the safety and well-being of all family members and describes who sets and enforces them, the consequences when rules are broken, and so on.

Take a photograph of the mural or the sandtray for the family (as well as for the clinical record).

## Discussion

This activity is appropriate with a family who is struggling with rules and roles. It is also helpful for a family for whom one of the treatment goals is to support a healthy parent–child relationship, particularly when there may be ongoing conflict between the parent/child dyad.

Through storytelling and drawing (or sandtray), family members gain a better understanding of each other's views of the family, the rules and need for structure, and individual feelings of safety. Often, these approaches provide a way to externalize this discussion in a way that provides more clarity to the entire family about individual family members' views and experiences. As Harvey (2008) contends, "A basic assumption is that families have the creative ability to address their conflicts in a naturalistic manner and that they can and do use play in their ongoing day-to-day life to both problem solve and resolve their basic emotional conflicts."

When using the sandtray as a method of expression, De Domenico (1995) suggests that one method a therapist can use is to "assign a topic, an experience or an interaction to be worked on during the session."

The dyad portion of the activity can enhance the parent–child relationship. Additionally, the dyad experience provides a venue for the quiet child to voice his/her ideas that are then repeated when the activity is presented to the larger group. Problem-solving and communication among family members is also enhanced through this activity. Combs and Freedman (1998) write, "We interact with family members one at a time, inviting the others present to serve as an audience," which, they argue, "makes family relationships more visible" by helping members "hear instead of defend." That said, "family functioning cannot be fully understood by simply understanding each of the individual family members or subgroups" (Miller et al., 2000). Hence, it is important that the whole family comes together to create the alternative Land of Important Rules as an ending to this experience.

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### **About The Author**

Theresa Fraser, MA, CYW, CPT, works with children, youth, and families. She is a founding Clinician/Manager of Clinical Services at a Children's Mental Health Agency. In 2009 she published the book *Billy Had to Move* to help children deal with the foster care experience. She has provided workshops internationally to foster care providers about the challenges of daily service provision for children who have experienced trauma and attachment disruptions. She is a part-time instructor at Humber and Mohawk Colleges. She is a Certified Play Therapist and the President of the Canadian Association for Child and Play Therapy.

# Every Family Is a Kingdom Questionnaire

**Each family is like a Kingdom. Answer the following questions about the Kingdom in which you currently live.**

1. Who are the citizens of this Kingdom?
2. Who are the King and/or Queen of this Kingdom? (This individual usually makes the final decisions about matters of importance. This individual also creates plans in advance to address the future needs of the citizens.) How do you know that this individual is the King or the Queen?
3. What are the laws of the land? How does this Kingdom maintain the laws of the land?
4. What are the consequences or punishments imposed when citizens break the law?
5. Who helps to make sure that all the citizens have shelter, food, clothes, ways to play, and so on? Is there always enough food for all citizens? What happens in the Kingdom if some citizens do not want to share food with other citizens?
6. Are there any dangers in this Kingdom? If so, what are the dangers? Are the citizens protected from this danger and, if yes, how are they protected – do they protect themselves or are there others who are in charge of protecting the citizens?
7. How do citizens contribute to making this Kingdom a happy and safe place to live? Who shares their gifts willingly with other citizens? Who helps to keep the peace? Is there a troublemaker in the Kingdom? Is there a joker in the Kingdom? What other roles do citizens take on?
8. What three words best describe this Kingdom?

# Love Yourself

Source: Lisa Voortman

Published in Assessment & Treatment Activities for Children, Adolescents and Families Vol 3 Edited by Lowenstein, 2011

**Treatment Modality:** Individual, Group, Family

## Goals

- Improve self-esteem by identifying and expressing positive qualities about oneself
- Increase positive interaction among group/family members

## Materials

- Photos of the child (current and past)
- Glue
- Scissors
- Scrapbook embellishments
- Mini-scrapbook or blank-paged book
- Markers
- CD player
- CD (e.g., *Teaching Peace* by Red Grammar)

## Description

Play a song from the *Teaching Peace* CD by Red Grammar, such as “I Think You’re Wonderful.” Discuss how it feels to hear this type of song. Talk about how it feels when someone says that they think you are wonderful.

Instruct the client to glue his/her photo onto a sheet of paper or onto a scrapbook cover and to decorate the page. Depending on the age of the client, assist him/her to write what he/she loves about him/herself. Some clients benefit from prompts such as:

1. Write three things you love best about yourself.
2. Write three things you think others love best about you.
3. Write about your proudest moments.

If this activity is being used in a group or family session, model and encourage others to make statements to affirm the positive traits of each participant.

Pro-social behaviors are also encouraged as the group members must share the glue and scissors during the activity.

## Discussion

Turning a photograph into a work of art can help clients feel valuable and special. Hearing positive messages from peers can build friendships and teach children

the value of kind and caring statements.

This activity facilitates the modeling of good social skills and creates the opportunity to use these newly acquired skills.

### **About The Author**

Lisa Voortman, DipEd, DSBO, is a teacher and counselor specializing in play therapy. She studied counseling at the South African College of Applied Psychology and trained at the Centre for Play Therapy. She maintains a private practice and works for a number of non-governmental organizations in South Africa. She has worked with children with special needs and at a school for children who are hearing impaired. She is currently working at a school for children who cannot be mainstreamed due to unresolved social and psychological issues.

© Lisa Voortman

# Magic Carpet Ride

Source: Liana Lowenstein

Published in *Creative Interventions for Troubled Children and Youth* by Lowenstein, 1999

**Treatment Modality:** Group

## Goals

- Increase socially appropriate behavior with peers
- Participate in peer group activities in a cooperative manner

## Materials

- Small carpet or towel large enough for all group members to sit on
- Stickers
- Crayons
- Large piece of paper
- Puzzle
- Jar of bubbles
- Plastic tea set
- Juice and cookies

## Description

The group leader enthusiastically tells the children they are going on a magic carpet ride! The leader states that this is a very special journey, and that they will be making four stops. Tell the children that at each stop, there is a task they need to complete. Once the task is completed, they will get a sticker.

Everyone in the group sits on the carpet before setting off on their journey. (The leader should be theatrical and make various comments to help the children make believe they are truly going on a magic carpet ride!)

At the first stop, "The Land of Sharing," the children must color a picture, using the crayons and paper provided. The children must share the crayons, making sure that each group member gets to use each of the crayons for their picture. Once the task is completed, the leader gives each child a sticker. The group then piles onto the magic carpet, and they set off again.

The second stop is "The Land of Waiting Your Turn." Here, the leader passes the bubbles around the group and each child has a turn to blow bubbles. Once all the children have demonstrated the ability to wait their turn for the bubbles, they get another sticker.

The group sits on the carpet again, and they set off for the third stop, "The Land of Working Together." Here the group must work cooperatively to put the puzzle

together. If the group is not working cooperatively, the leader takes the puzzle apart, and has them start over again. The leader can offer suggestions to facilitate group cooperation. Once the puzzle is completed, the leader gives each child another sticker.

The group then travels to the final destination, "The Land of Being Polite." The group has a tea party using the plastic tea set, juice, and cookies. The leader tells the children they must politely say, "Hello, how are you?" "Please pass the cookies," and "Thank you for the tea." Once the tea party is over, the leader gives each child their last sticker, and the group makes its return journey.

Once the children are "home," the group discusses what was learned at each stop on the magic carpet ride.

## **Discussion**

This activity uses imaginative play to help young children strengthen their interpersonal skills. Children will enjoy the magic carpet ride and the journey to the various "lands." Awarding stickers for appropriate social interaction reinforces their positive behavior. The practitioner can make this activity more appealing by incorporating props, costumes, and music for the magic carpet ride.

## **About The Author**

Liana Lowenstein, MSW, RSW, CPT-S, is a social worker and Certified Play Therapy Supervisor in Toronto. She maintains a private practice, provides clinical supervision and consultation to mental health professionals, and lectures internationally on child and play therapy. She has authored numerous publications, including the books *Paper Dolls and Paper Airplanes: Therapeutic Exercises for Sexually Traumatized Children*, *Creative Interventions for Troubled Children and Youth*, *Creative Interventions for Bereaved Children*, *Creative Interventions for Children of Divorce*, *Assessment and Treatment Activities for Children, Adolescents, and Families: Practitioners Share Their Most Effective Techniques* (Volumes One and Two) and *Creative Family Therapy Techniques: Play, Art, and Expressive Activities to Engage Children in Family Sessions*.

# Mancala Feeling Stones

Source: Tammi Van Hollander

Published in Assessment & Treatment Activities for Children, Adolescents and Families Vol 3 Edited by Lowenstein, 2011

**Treatment Modality:** Individual, Family

## Goals

- Increase feelings vocabulary
- Expand therapeutic dialogue about the issues that matter most to the client

## Materials

- Mancala Game

## Description

Have the child sort the colors of stones into piles. The child identifies a feeling with each stone color. For example, they may choose red to be angry. The child picks up the red stone and says, "I'm angry when my mother yells at me." The practitioner then says, "Can you put the number of stones in the hole for how angry you get when this happens?" The child may put three or four stones in the hole. Sticking with the angry feelings the practitioner can ask of a time when they were just a little angry and one stone would represent their anger or a time when they were so angry that all the red stones would be used. A child who is really excited for their birthday party may fill the hole with yellow stones. A child who was frustrated with their homework but not super frustrated may put three stones in the hole. They decide.

## Discussion

Mancala is said to be one of the oldest games in the world dating back to 1400BC. Most children enjoy this game and find it quite empowering and calming. *The technique provides a safe way for children to express and gauge their feelings.*

The activity can also be used in parent-child sessions. For example, the child may put one stone in the hole for a situation where the parent thought the child was very angry. The practitioner can then ask the parent how many stones they thought it looked like when they witnessed the event. The different perspectives can then be discussed and each member's feelings validated.

## About the Author

Tammi Van Hollander, LCSW, RPT, is a licensed clinical social worker and Registered Play Therapist who has worked with children and families since 1990. She has presented numerous workshops throughout the nation on play therapy and sand tray therapy to teachers, parents, students and clinicians. She currently

practices at the Center for Psychological Services in Ardmore, Pennsylvania, specializing in young children, trauma, anxiety, ADHD and sensory processing disorder.

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# Mr. Opposite Man/Miss Opposite Lady

Source: Steve Harvey

Published in *Creative Family Therapy Techniques* Edited by Lowenstein, 2010

**Treatment Modality:** Family

## Goals

- Reduce the child's oppositional behavior
- Increase communication about difficult behaviours and parent–child conflict
- Develop an activity to address ongoing negative interactions more productively

## Materials

- Large piece of paper
- Tape
- Marker
- Play props that can encourage imagination in several ways (e.g., large scarves, stretchy bands, costume hats, large pillows)

## Advance Preparation

Tape the paper to the wall and use it to create a score sheet.

## Description

This activity is designed for children in their mid-primary years whose oppositional behaviours cause difficulties with their parents. At least initially, the game is played by one parent and the child in a dyad. However, other family members can take on roles such as Scorekeeper or Judge. The activity is presented in a competitive format in which the parent and child are trying to win by earning more points.

The roles for this game are verbally presented to the family and cast prior to start. The roles include:

1. Mr. Opposite Man (for boys) or Miss Opposite Lady (for girls)
2. Challenger
3. Score Keeper
4. Judge
5. Game Master (The therapist)

The game starts as the child takes on the role of Mr. Opposite Man (or Miss Opposite Lady) and the parent takes on the role of Challenger. The competition proceeds as the parent presents the child with a command such as “stand up.” The child responds by trying to perform an action that is the opposite of what is being asked. For example, the child might sit down.

If the Judge agrees that the child has performed the opposite of the command, the child earns a point. However, the parent earns a point if the child is judged to complete an action that has the intention of the command. In this case, the parent would get the point if the child actually did stand up.

The roles are reversed after a pre-determined number of turns (e.g., five turns). The number can vary to increase the game's complexity. The Score Keeper keeps track of each of the players winning points using the scoreboard taped to the wall.

As the players learn to play the game with more confidence, the therapist, as the Game Master, encourages the players to use more complexity and creativity in their challenges as well as their responses. For example, challenges can include multiple requests such as "walk backward, screaming, with your eyes closed." An opposite response to this could be running forward through the room, miming the scream, while keeping eyes open. The therapist is free to coach the parent and the child to express actions creatively.

As the players become still more practiced, the game's complexity can be increased even more by adding challenges that have no clear opposite response and the Judge is faced with making more subjective choices about who the winner is.

Complexity can be added with the use of props. For example, the challenger might ask Mr. Opposite Man to hide in the pillows or become a wizard. These challenges offer a more dramatic form of action such that the opposite response would have to involve using the props to enact "not hiding" – perhaps by building a house with the pillows to come out of or using the scarves to become a witch rather than a wizard.

## **Discussion**

Parents and children can develop communication patterns that decrease their ability to solve their emotionally related problems. Such patterns usually include negative comments and reactions to each other. In this situation, both the parent as well as the child become responsive to each other's expressed frustration and anger rather than engage in any reasonable problem solving or understanding of the conflict. This can be particularly true when parents confront their child's opposition. Unfortunately, in these situations, the parent and child create a patterned way of interacting that produces negative feelings that prevent more productive communications from occurring. In short, no one "wins" and each member of the interaction is left feeling helpless. Unfortunately, such interactions are often repeated and can affect the family in a negative way.

This game is set up to make use of these repeated patterns by asking that both parent and child turn their interactions into a playful game. The competitive yet

playful element is used to produce more positive feelings between the parent and the child.

The resulting game performances can lead to an experience of shared playfulness and can be very helpful in changing the way a child's opposition has been approached in the family. This game is meant to be used within a wider family intervention. Such interventions have been presented more fully elsewhere (Harvey 2003, 2006).

## **References**

Harvey, S.A. (2003). Dynamic play therapy with an adoptive family struggling with issues of grief, loss, and adjustment. In D. Wiener & L. Oxford (Eds.), *Action therapy with families and groups*. Washington, DC: American Psychological Association Books.

Harvey, S.A. (2006). Dynamic play therapy. In C.E. Schaefer & H. Kaduson (Eds.), *Contemporary play therapy*. New York: Guilford.

## **About The Author**

Steve Harvey, PhD, RPT-S, BC-DMT, is a Licensed Psychologist in the United States and is registered as a Psychologist with clinical and educational scopes of practice in New Zealand. He is a Registered Play Therapist Supervisor and a Board Certified Dance Movement Therapist. He is currently the Consultant Psychologist for the Child and Adolescent Mental Health Service for the Taranaki District Health Board in New Plymouth, New Zealand. He helped pioneer the use of Play Therapy approaches with families and has written several professional chapters and articles in the field published in *The International Journal of Play Therapy*, *Contemporary Play Therapy*, *Play Diagnosis and Assessment*, and *Blending Play Therapy with Cognitive Behavioral Therapy: Evidence-Based and other Effective Treatment Techniques*. He has presented and consulted extensively internationally on topics related to the use of family play in the evaluation and treatment of attachment and psychological trauma in children.

# My Story

Sources: Rajeswari Natrajan-Tyagi and Nilufer Kafescioglu  
Published in *Creative Family Therapy Techniques* Edited by Lowenstein, 2010

**Treatment Modality:** Family

## Goals

- Increase the rate of pleasurable exchanges between family members through the process of co-creating stories
- Parents to provide their child with positive, nurturing messages

## Materials

- Folders
- Labels
- Colored paper
- Markers
- Decorative craft items
- Hole punching machine
- Story outline (included)

## Description

Note: This activity is for parents and one child.

Introduce the activity by stating to the child, “Do you like stories? Today you are going to write a story about yourself and your family.”

Provide the child with the supplies needed to create his/her story and allow him/her to select one folder, a label, and several pieces of colored paper. Parents can use the suggested story outline to guide their child in creating his/her story. Encourage parents to co-create the stories with their child and suggest alternative interpretations to any narrative that may be disempowering the child. For example, if the child describes a bad day he/she had as he/she was teased by friends for falling off the swing, the parent can try to strengthen an alternative plot where the child handled the teasing in an appropriate way. Parents can also be encouraged to identify and label their child’s feelings and emotions and validate them. This in turn can help the child cope with problems and empower him/her to use alternative problem-solving skills.

During this activity, the therapist can observe how parents interact with their child and identify problematic interaction patterns. The therapist can also prompt the parents to provide positive, nurturing messages to their child during the story-creation phase of the activity.

Depending on the developmental stage of the child, parents can help their child write the story on colored paper and pick out a name for the story. Encourage parents to let their child decorate and illustrate the pages that are finished. These pages can then be filed in the folder. Explain to the family that this storybook can be a never-ending storybook and new chapters can be added continuously.

It is important to stress to the parents that the activity is designed to encourage positive parent–child interaction and that their interaction is more important than completing the task of creating the folder.

Encourage parents to make it a ritual to read this story aloud to their child periodically.

## **Discussion**

Stories shape the meaning of people’s lives (Freeman, Epston, & Lobovits, 1997). The literature suggests that stories about oneself and about the family boost the parent–child connection and children’s self-esteem (Dilallo, 2006; Shellenbarger, 2005). This activity provides an opportunity for parents and children to co-construct a story about the child and his/her family. Through this process, the parent–child relationship is enhanced. Additionally, parents can suggest alternative plots to their children that can empower them and give a different perspective if their children’s stories about themselves are problem-saturated (Freeman, Epston, & Lobovits, 1997).

## **References**

Dilallo, M.E. (2006). The family represented: Mother-and-father-child co-constructed narratives about families. *Dissertation Abstracts International*, 66, 10-B.

Freeman, J., Epston, D., & Lobovits, D. (1997). *Playful approaches to serious problems*. New York: W.W. Norton.

*Schellenbarger, S. (2005). The power of myth: The benefits of sharing family stories of hard times. Wall Street Journal.*

## **About The Authors**

Rajeswari Natrajan-Tyagi, PhD, is an Assistant Professor in the Marriage and Family Therapy Program at Alliant International University in Irvine, California. She has her master's degree in Social Work from Madras School of Social Work in Chennai, India, and a master's and doctoral degree in Marriage and Family Therapy from Purdue University, Indiana. Her clinical interests are working with culturally diverse populations and with children. Her research interests are in the areas of immigration, cross-cultural training, systemic training, self-of-therapist issues, cultural competency, and qualitative process research methodologies. She has authored several publications and has presented at local, national, and international conferences.

Nilufer Kafescioglu, PhD, is an Assistant Professor of Psychology at Dogus University in Istanbul, Turkey. She received her bachelor degree in Psychology at Ege University in Turkey, her master's degree in Clinical Psychology at the University of Indianapolis, and her doctoral degree in Marriage and Family Therapy at Purdue University, Indiana. She has been providing psychotherapy to children, families, and couples in diverse settings. She has authored publications on topics such as violence prevention programs, cross-cultural research on attachment theory, multicultural supervision, and couples coping with chronic illness. She has presented at numerous local, national, and international conferences.

# My Story

## Sample Outline

### **Chapter 1: About Me**

1. My name and age:
2. What I look like:
3. What I like to do the most:
4. Some of my favorite foods:
5. To fall asleep I like to...
6. When I feel bad I like to...
7. I am especially good at...
8. What mom/dad like best about me:

### **Chapter 2: My Family**

1. People in my family:
2. When I am with mom I like to...
3. When I am with dad I like to...
4. With my brothers and sisters I like to...
5. With my grandparents I like to...
6. My best times with my family have been when we...

### **Chapter 3: The Day I Was Born**

1. Date, time, and place I was born:
2. How mom/dad felt when they held me for the very first time:
3. How I got my name:

### **Chapter 4: When I was a Baby**

1. What I was like as a baby
2. First words
3. Foods I loved, foods I hated
4. Some of mom and dad's favorite memories of me as a baby

### **Chapter 5: My Favorite Day Ever**

### **Chapter 6: One of My Worst Days Ever**

### **Chapter 7: Our Best Time as a Family**

### **Chapter 8: My Proudest Moment**

# Paparazzi

Source: Donicka Budd

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 1* Edited by Lowenstein, 2008

**Treatment Modality:** Individual, Group

## Goals

- Identify personal strengths and challenges
- Identify personal values
- Create a personal story using pictures
- Explore the significance of people and objects in the client's life

## Materials

- Disposable camera
- Scrapbook
- Pens
- Markers
- Stickers

## Description

Note: This activity will require two sessions to complete.

Introduce the concept of “phototherapy” (using cameras to tell a story). Give the client a disposable camera and encourage her/him to take pictures of meaningful people, places, and other points of interest in her/his life. Like the celebrities in Hollywood where the paparazzi take pictures of them, their homes, families, where they shop, eat and so forth, the client will act as her/his own paparazzi by taking pictures of the many different aspects that make up her/his life.

Encourage the client to include the following themes: strengths, support people, hobbies, home, school, etc. Remind the client that as the “paparazzi,” she/he is to capture all elements of her/his life. Develop the film before the next session.

At the next session, give the client a scrapbook to put the photos in, along with stickers, stencils, rubber stamps and other decorative supplies to enhance the scrapbook. The client will create a “tabloid magazine” using the scrapbook to hold the photos. The photos are to have captions or short descriptions to describe what they are about. Encourage the client to leave the first page blank as this will serve as the cover page. After all of the pictures have been pasted in and the captions created, encourage the client to look through the pages and then create a cover and a title for the scrapbook that captures the essence of her/his life.

Encourage the client to reflect upon the themes that are represented in the photographs. Ask how his/her strengths and challenges are revealed in the photos, or what values are represented. What does the client notice is missing (if anything)? What seems to influence a large part of his/her life?

## **Discussion**

A client who presents with social and emotional challenges may lack insight and understanding about the impact people and events have on his/her life. This activity helps the client to portray his/her world through visual, concrete images, and enables her/him to share thoughts while associating meaning to events and people in her/his life.

## **Reference**

Budd, D. *Empowering adolescents to realize their potential: Innovative activities to engage the 'I don't know, I don't care' responsive youth through expressive arts and play.*

## **About The Author**

Donicka Budd, CYW, is a certified Child and Youth Worker with ten years of experience working with vulnerable children, youth, and families. She works as a Family Support Counselor in a children's mental health agency and has led several workshops in the Toronto area. Her innovative, playful style is illustrative of her work with her clients. She is the author of *Empowering Adolescents to Realize Their Potential: Innovative Activities to Engage the "I Don't Know, I Don't Care" Responsive Youth through Expressive Arts and Play* and creator of her own line of therapeutic games.

# Popsicle Stick Stack

Source: Brijin Gardner

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 2* Edited by Lowenstein, 2010

**Treatment Modality:** Group, Family

## Goals

- Provide challenge and structure to assess group/family function
- Evaluate and improve client's ability to work collaboratively
- Increase positive verbalizations toward group/family members

## Materials

- 30–50 popsicle sticks
- Coffee mug
- Smaller drinking glass

## Description

Popsicle sticks are divided evenly among participants. The coffee mug is set in the center of the group with participants seated in a circle. The practitioner introduces the game and gives the following instructions:

1. As a group, the challenge is to balance all the popsicle sticks on top of this coffee mug.
2. You will take turns placing one popsicle stick at a time until all popsicle sticks are placed.
3. You may only touch your own popsicle sticks – you cannot touch or move another's stick.
4. The first time we play there is no talking, directing others, grunting, or noise making.
5. If a popsicle stick falls off the mug, the game starts over.
6. Before we attempt the activity again, we will process as a group what happened.

## Discussion

This activity can provide practitioners with a wealth of information regarding group/family process and individual functioning in a potentially stressful situation. The game has specific rules that require the group/family to work together to ensure a successful outcome. Always take into consideration the fine motor functions and abilities of the clients. When it seems appropriate, the practitioner can insert an additional rule that players are free to talk, but are only allowed to say positive statements that give encouragement. A brainstorm of positive comments is completed and written on a dry erase board for reference. If

someone directs, bosses, or says a negative comment to another member, the process will start over. However, if the group successfully places all their popsicle sticks on top of the coffee mug without any of them falling off, increase the challenge by having the group try to place the popsicle sticks on a smaller glass.

If the group/family successfully completes the task on the first attempt, process questions could include: What was it like to do this right the first time? Did you think the group could do it? Did you ever feel like telling someone in the group what to do? Was it easy or hard to stop yourself from talking? How did it feel to complete this game without mistakes? What was it like not to talk? How do you feel about your team? What helped make this successful?

If popsicle sticks fall off the mug and the group must begin again, take a moment to process what happened with the following questions: What can the group do to make it work better the next time? Is anyone upset about how this turned out? How did the group feel when the popsicle stick fell? If intentionally sabotaged, ask how the group feels about that. What needs to happen next time to make this work?

Other process questions include: What was it like to work in silence versus working when your peers/family members could give encouragement to you? What made this game hard? What made this game easy?

A group/family may play this game several times before they figure out how to stack the popsicle sticks without any falling. This can be a good opportunity to discuss not giving up and how there is more than one way to achieve a goal.

### **About The Author**

Brijin Gardner, LSCSW, LCSW, RPT-S, is a clinical social worker practicing in the Kansas City area. She maintains a private practice and contracts with public schools specializing with BD and ED populations. She provides trainings in play therapy and clinical supervision. She has presented at the Association for Play Therapy Conferences and the International Theraplay® Conference. She has authored articles and book chapters relating to her work with groups, adolescents, and Theraplay® applications.

# Positive Postings

Source: Jacqueline Melissa Swank

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 2* Edited by Lowenstein, 2010

**Treatment Modality:** Individual, Group, Family

## Goals

- Improve self-esteem by identifying and expressing positive qualities about oneself through writing/drawing and verbalization
- Promote positive interactions with others through a discussion about one's positive qualities with the practitioner or other group members, family members, etc.
- Promote positive self-talk through verbalization of positive self-qualities

## Materials

- Construction paper
- Crayons/markers, colored pencils
- Post-it® Notes/sticky notes, or different shapes of paper and tape

## Description

The practitioner may choose to begin the activity by reading a book about self-esteem. Then the practitioner asks the client to draw an outline of her/his body (or a pre-drawn outline can be available for the client). When providing a pre-drawn outline, the client can still personalize the outline by drawing onto it her/his face or other personal features. Then the practitioner asks the client to think about positive qualities about her/himself and write each one on a Post-it® Note. When the client is finished, the practitioner has the client read them aloud and then stick them to her/his outline. The practitioner may also give "positive notes" to the client or have family members, teachers, etc. involved in this process give her/him positive notes.

When the activity is completed, the practitioner processes the experience with the client. The practitioner may say, "You really worked hard on this activity. I wonder how you feel about making positive postings. Think about a time when you thought negative things about yourself or felt angry, frustrated, or disappointed with yourself. How could your 'positive postings' help you?"

## Variation

This activity can be modified for a group or family session. Members can give compliments on sticky notes to each other.

## **Discussion**

This activity provides clients with the opportunity to focus on their strengths, instead of focusing on the problem areas. This is especially useful with families or groups that constantly focus on each others' negative qualities. Young clients enjoy using the "sticky" notes and the practitioner can help them write or draw on the notes if needed. Clients can place the positive notes in a special place to look at when they are having a difficult time thinking about positive qualities about themselves.

Some clients may have difficulty identifying positive qualities about themselves. The practitioner may need to provide some examples to help these clients get started with the activity. Additionally, the practitioner can use this hesitation to facilitate a discussion about how the clients view themselves. Furthermore, the practitioner may want to begin with a small body outline and switch to a larger outline if several qualities are identified by the clients.

## **About The Author**

Jacqueline M. Swank, LCSW, RPT, is a doctoral student in Counselor Education at the University of Central Florida in Orlando and works part-time at a psychiatric hospital for children and adolescents in Daytona Beach, Florida. She has worked in a variety of therapeutic settings with children and adolescents and their families, including residential, inpatient, partial hospitalization, and outpatient settings. She has written about innovative techniques and presented nationally and internationally at conferences.

# Red Light, Green Light...A New Light

Source: Angela Siu

Published in *Creative Family Therapy Techniques* Edited by Lowenstein, 2010

**Treatment Modality:** Group, Family

## Goals

- Increase feelings vocabulary
- Increase awareness of visual cues in relation to expression of feelings
- Increase open communication

## Materials

- Masking tape

## Advance Preparation

A large space is needed for this activity. Create a starting line at one end of the room by marking a line on the floor with masking tape (about 20 feet away from the stop light).

## Description

The present intervention is a modified version of the traditional game “Red Light, Green Light.” The therapist provides an explanation of the game as follows:

The therapist plays the “stop light” and the group or family members try to touch his or her back. The group or family members take their positions at their starting lines. The stop light (therapist) faces away from the group or family members and says “green light.” At this point, the group or family members have to move toward the stoplight. At any point, the stop light may say “red light!” and turn around to face the group or family members. If any of the group or family members are caught moving after this has occurred, they are out. Play resumes when the stop light turns back around and says “green light.” The stop light wins if all the group or family members are out before anyone is able to touch him/her. Otherwise, the first player to touch the stop light wins the game and earns the right to be the stop light for the next round of the game. Players are cautioned not to run or walk too fast because, when the stop light says red light, it will be difficult to stop.

A modified version is then played as follows: The therapist shouts out a “feeling” word when he/she faces away from the group or family. The members must demonstrate nonverbally (with facial expressions and body gestures) the meaning of these words. For example, when the word “happy” is called out, the members are expected to demonstrate actions such as showing a smiling face, arms in the air, and so on. After counting from one to three, the therapist turns around facing the group or family. He/she will then comment on the gestures

each one is showing. Each group or family member can then tell of a time when they experienced that particular feeling. Any player who does not demonstrate or talk about the given feeling is sent back to the starting point. The game continues with the group or family members walking closer and closer to the therapist. The winner is the first person who reaches the therapist and touches his/her back.

After several rounds of the game have been played, process the activity by asking questions such as:

1. What did you enjoy most about the game?
2. Which feeling was the hardest to demonstrate or talk about?
3. What were some special things you noticed about other members while you were playing the game?

## **Discussion**

Difficulties in emotional expression may be a driving force for clients entering therapy. This modified version of “Red Light, Green Light” facilitates the healthy expression of feelings.

If used in family therapy, game encourages playful interaction among family members. Through the use of game play, the family is provided with an opportunity to “laugh and enjoy time together. Generating this laughter may prove to be the most therapeutic aspect of our work with families” (Revell, 1997).

The game can also be used as an assessment tool to evaluate the client’s ability to allow emotional expression as well as their capacity to enjoy playing together.

## **Reference**

Revell, B. (1997). Using play and art therapy to work with families. In B. Bedard-Bidwell (Ed.), *Hand in hand: A practical application of art and play therapy*. London, ON: Thames River Publishing.

## **About The Author**

Angela Siu, PhD, RegPsychol. (Clin.), CPsyAssoc, CPT, CTT, has experience conducting assessments of and counseling for children and families in Hong Kong and Canada. She is currently working as an Assistant Professor in the Department of Educational Psychology at the Chinese University of Hong Kong. Her research areas include children with special needs, social and emotional needs among children, and creative arts therapies.

# Silence Ball

Source: Shlomo Ariel

Published in *Creative Family Therapy Techniques* Edited by Lowenstein, 2010

**Treatment Modality:** Family

## Goals

- Increase sensitivity to body language and non-verbal cues among family members
- Increase family members' ability to decipher and produce non-verbal messages
- Develop appropriate physical boundaries within the family
- Learn and practice self control

## Materials

- Spongy rubber ball the size of a small basketball
- Objects that can mark goal posts and demarcate goal areas such as chairs or pillows
- Masking tape
- Large sheet of paper and marker or blackboard with chalk or a whiteboard with appropriate markers
- Toy video camera\*
- Relatively large doll representing a man or a woman\*
- Toy microphone\*
- Visor hat and a brimmed hat\*

\*These items can be purchased or an appropriate substitute will do, for example, a pen as a toy microphone, a cellular phone as a video camera, a big pillow as a man or a woman, and other kinds of hats.

## Advance Preparation

This game can be played by a family of at least four members. If there are more than four, an even number of members will be divided into two teams and the odd man out will be the referee. Otherwise the therapist can serve as the referee.

The game can be played in a space that is five square yards in size (45 square feet) or in a large room.

Create two goal posts at the two opposite ends of the room, using objects such as chairs, pillows, etc. Create a center line across the middle of the floor using masking tape.

## **Description**

Divide the family into two teams, for example, father and daughter vs. mother and son or mother, daughter and older son vs. father and two younger sons. If there are three or more members in each team, one member can serve as the goal keeper. The teams may be reshuffled after several rounds.

Each team will be placed in its own half of the "field." The referee will stand by the center line, holding the ball.

Draw a chart with team membership and the names of the players on the sheet of paper, blackboard or whiteboard.

Explain to the family that they are going to play a special version of team handball, which will help them communicate and understand one another without words and treat one another with sensitivity and respect. The rules are explained as follows:

"The duration of the game is 10 minutes. Each team attempts to score as many goals as possible. Each goal scored earns two points for the team that scored the goal. One can cross the center line and approach but not enter the goal area of the other team. The ball can be handed over or thrown over to a member of one's own team. One can walk or run with the ball in his/her hands. The ball will be transmitted from one player's hands to another player's hands only. No kicking the ball and no throwing the ball on purpose at another player's body. The ball can be caught by the rival team while in the air but it cannot be forced out of a player's hands. If the ball falls on the floor, it can be picked up by the player who reaches it first. Touching any part of the body of a member of your own team or of the other team is considered an offence. Uttering a word or producing any other sound (laughing, shouting, sighing, groaning) during play time is also considered an offence. An offence will cost the offender's team a loss of two points. Only the referee has the right to determine whether an offence has been committed or not. The referee is allowed to speak during the play, but can only say words that are relevant to his/her function as a referee. The referee has the right to stop the game for a while by declaring: "Stop playing!" Any player is allowed to ask for a short time out in order to ask a question or make a comment by showing an agreed-upon hand gesture. A record of goals scored and points deducted due to offences will be kept by the therapist, written on the sheet of paper (or blackboard or whiteboard)."

Place the doll on a chair or a table and make it hold the toy video camera, directed toward the players. Say: "Let's pretend this cameraman is going to videotape the game to show it on TV."

Put on the visor hat and speak into the toy microphone, pretending to be a TV handball announcer and say something like this: "Watch Soundless against

Noiseless Silence Ball live!" Then, during the game, describe, as an announcer, the various players' moves in real time.

Your verbal description will also include some expressions reflecting the players' difficulties, feelings, and achievements. For example, "John seems to be upset because he has lost the ball to Jane, but he is keeping quiet." "Mary almost bumped into Dad but managed to avoid touching him."

Write the points scored or deducted on the paper (or blackboard or whiteboard).

If there are only four family members, the therapist should switch between the roles of referee, announcer, and score recorder, changing hats and tone of voice to mark the role shifts. This is slightly difficult, but not impossible.

After the game is done, take off the visor hat and put on the brimmed hat. Ask the players for permission to "be interviewed for TV about the game." Speaking into the microphone, ask each of them questions about their experience during play, letting them answer into the microphone. The questions will focus on the players' feelings, difficulties, and achievements. For example, "I saw Jane waving her arms toward you, desperately trying to attract your attention. Did you notice?" "How did it feel for you not to utter a word or a sound for ten minutes?"

If a family member, usually a younger child, has expressed frustration for having been responsible for too many offences, suggest another round of the game with same teams to give him/her a chance to perform better.

## **Discussion**

One of the sources of malfunctioning discussed in the human interpersonal communication and the family therapy literature is insufficient sensitivity to non-verbal cues and in general under-developed non-verbal communication competence. The research literature points to a strong correlation between non-verbal communication skills on the one hand, and to awareness of and respect for body boundaries and personal space on the other hand (Knapp & Hall, 2009; Manusov & Patterson, 2006; Norris, 2004). Unskillful use of non-verbal communication can cause interpersonal difficulties in families and peer groups. Lack of attention to non-verbal cues is characteristic of what Minuchin (1974) termed *disengaged families*. On the other hand, lack of respect for body boundaries and personal space due to chaotic, impulsive communication is typical of what he termed *enmeshed families*. The technique of Silence Ball aims to improve the functioning of both disengaged and enmeshed families. Its therapeutic power is derived mainly from the fact that it enables family members to actually experience a communication mode in which attention to non-verbal cues, respect for body boundaries and personal space and self-control are rewarded whereas the opposite is penalized. Success in maintaining such an activity for the duration of 10 minutes is self-reinforcing. It provides the family with

tangible proof that they really can reach a higher level of interpersonal communication.

The use of a referee, camera operator, game announcer, and an interviewer are designed to add an element of self-reflection and conscious awareness.

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## **About The Author**

Shlomo Ariel, PhD, is a Supervisor of Clinical Psychology and Family Therapy in Israel. He is the director of the Integrative Psychotherapy Center and the Israeli Play Therapy Institute in Ramat Gan, the founder and current president of the Israeli Play Therapy Association, and a member of the training committee of the International Family Therapy Association. He is widely published in the fields of psychotherapy integration, culturally competent psychotherapy, play therapy theory and research, and play therapy. He provides training and consultation in his areas of expertise in Israel, Europe, and the United States.

# What Would They Say?

Source: Greg Lubimiv

Published in *Creative Family Therapy Techniques* Edited by Lowenstein, 2010

## **Treatment Modality:** Family

### **Goals**

- Assess family relationships and dynamics
- Identify the family interactional patterns that are contributing to the problematic behavior
- Increase open communication among family members
- Share feelings that underlie conflict within the family
- Increase family cohesion

### **Materials**

- Sentence Completions (included)
- Index cards
- Marker
- Game such as Jenga™, Crocodile Dentist™, Pop Up Pirate™
- Paper
- Pens
- Prizes (optional)

### **Advance Preparation**

Create 20 to 30 sentence completions that only require one-word answers. Make sure the questions suit the family members and that there is a reasonable answer. Sample questions are included below.

Write the questions onto index cards. Place the cards on the table, face down, so that each family member can easily access them.

### **Description**

The family plays a game that incorporates turn taking, such as Jenga™, Crocodile Dentist™, or Pop Up Pirate™. The game should be one that moves fairly quickly so that family members do not have to wait a long time for a turn. Ensure the game is appropriate for the youngest child as well as for the oldest.

Decide which family member will go first. If this is difficult for the family to decide, roll a die, choose a number, play rock paper scissors, or use some other chance method to decide who will go first. The turns then go clockwise.

When a turn is over because the tower has fallen or the pirate has popped, that player picks the top card from the sentence completion card pile and reads the

sentence aloud. If the family member cannot read, then the therapist can read the question aloud. The person who selected the card secretly writes down his/her answer and the other family members guess what that person's answer is and they write down their guesses. This is why the name of the game is "What Would They Say?" If the child cannot write, he/she can whisper the answer to the therapist who then writes the child's response on a piece of paper. Ensure the other family members cannot see the child's answer. The responses are then read aloud. Each correct answer scores one point. It is important to emphasize that an important rule of the game is to accept whatever answer a family member may give.

The game continues until each family member has had a predetermined number of turns.

Once the family is appropriately engaged, responses can be explored in more depth. For example, in response to "When I get mad you can tell because I...shout", ask "Who else shouts in the family?"

If a family member becomes upset with an answer, remind him/her of the rules and offer support, or ask another family member to provide some support.

At the end of the game the person with the most points wins. To make the game noncompetitive, challenge the family to reach a certain score. If there are 20 questions and 4 family members the highest score is 60 (because one person does not guess each round as they completed the sentence). Choose a score that the family has a chance in achieving. In this case, a combined score of 30 means the family wins. In later games, raise the target score to provide a greater challenge.

After the game, process by asking the following questions:

1. What was the most interesting or surprising response?
2. What did this game reveal about who you know best/least in your family?
3. What did you like best about this game?

## **Discussion**

This game engages family members and helps them to communicate more openly. Games are an effective tool to use with families. As Schaefer and Reid (2001) highlight, games "invite the relaxation of defenses that would normally inhibit expression of feelings, thoughts, and attitudes in normal social discourse. Thus, one often sees a high level of affective involvement in game play."

The order and pacing of questions in this game is important. Begin with neutral questions and then move to questions that require greater emotional risk. End the game on a positive note with questions that elicit happy feelings.

The use of prizes is an optional part of the activity, as the prospect of winning something motivates the family members and adds an element of engagement.

## **Reference**

Schaefer, C.E., & Reid, S.E. (2001). *Game play: Therapeutic use of childhood games*. New York: John Wiley & Sons.

## **About the Author**

Greg Lubimiv, MSW, CPT-S, is the Executive Director of the Phoenix Centre for Children and Families, a children's mental health centre in southeastern Ontario, Canada. As well, he is involved with Invest in Kids, assisting in the development of an innovative parenting program that starts in pregnancy and continues to the child's first birthday. He has worked in the field of children's mental health since 1981 and has been involved as a clinician, trainer, and administrator. He has specialized training in the field of play therapy and family therapy and has authored a number of books and articles on this and other topics, including *Wings for Our Children: The Essentials of Becoming a Play Therapist* and *My Sister Is An Angeline*, a book helping children cope with sibling death. He has a Masters of Social Work and is a Certified Play Therapist Supervisor with the Canadian Association for Child and Play Therapy. He has been presented with the Monica Hebert Award for contributions to the field of Play Therapy.

# What Would They Say?

## Sample Sentence Completions

My favorite color is...

My favorite food is...

My favorite fruit is...

My favorite vegetable is...

My favorite ice cream flavor is...

My favorite animal is a...

My favorite television show is...

My favorite thing to do is...

If choosing between ice cream and apple pie I would choose...

Between going for a walk and watching a good movie I would choose...

My favorite room in our house is...

Between a bath and a shower I prefer...

If I could choose to have any hair color I would choose...

If someone calls me a name I feel...

When I have a bad dream the first person I would tell about it would be...

The person in my family who helps others the most is...

The person in my family who gets angry the easiest is...

The person in my family who cries the most is...

The person in my family who laughs the most is...

# Who's Got the Turtle? Game

Source: Lorie Walton

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 1* Edited by Lowenstein, 2008

**Treatment Modality:** Family, Group

## Goals

- Increase language skills
- Become more comfortable in approaching others to communicate
- Promote pro-social behavior such as eye contact, question-asking, turn-taking
- Increase family and / or group cohesion through fun and co-operation

## Materials

- Small stuffed turtle (or other small object that can be held in a child's hand)
- Small blanket

## Description

Group members sit in a circle facing each other. One child volunteers to go into the center of the circle and the practitioner covers her/him with a blanket (like a turtle shell). Make sure when covering the child with the blanket to ask, "Are you okay under the blanket?" If the child is not okay, then the blanket is removed and the child covers her/his eyes so she/he cannot peek out.

The practitioner begins singing the words to "Who's Got the Turtle?" and passes the turtle to the next person. The turtle continues to be passed around until the song is finished. The last person to have the turtle when the song ends, hides the turtle behind his/her back and then puts his/her hands in front like everyone else, pretending to look like everyone else. The practitioner takes the blanket off of the child in the center. The child then goes around to each person, makes eye contact and asks them by name, "Lorie, do you have the turtle?" The person being asked must answer truthfully, "No, Timmy, I don't have the turtle." The child continues to ask around the circle until the turtle is found. The person who has the turtle must answer honestly, "Yes, I have the turtle" and brings the turtle out from behind his/her back. The person who was hiding the turtle now gets to be the person in the middle, covered under the turtle shell (blanket), and the game begins again.

Each person should have a turn in the middle and should have a turn at hiding the turtle. The turtle can be replaced with any other small object (pom-pom, cotton ball, small stuffed bunny, etc.) and if replaced, the wording of the song can indicate the object being used (e.g., Who has the pom-pom?).

## **“Who’s Got the Turtle?”**

(sung to the tune of “Pop Goes the Weasel”)

Round and round the turtle goes,  
Pass it to your neighbor.  
Where it stops nobody knows.  
Who’s got the turtle?

### **Discussion**

Young children and families enjoy this game. Although this game is simple, children take great delight in not only hiding under the blanket but also seeing their parents or friends hiding under the blanket, too. The game develops language and communication skills and helps to develop comfort in social interactions.

It is important for the practitioner to keep the game structured and to remain in control of the game, that is, to be the one to put on the blanket and take it off, pace the song appropriately to the children’s ability, use simple language and questions if the children are still developing language and questioning skills.

The practitioner should allow for differences in the group and accommodate the game accordingly. For example, the child who is just learning to speak can ask the question in a one-word format “Turtle?” while the older children or family members can ask at their level of ability. As well, some children (or adults) might try to “tease” by saying they don’t have the turtle when they do. The practitioner should not be afraid to stick to the “rules of the game,” and can do so by stating, “Remember, in this game we give the truthful answer. If you have the turtle you must show it right away.” Many young children as well as children who have experienced trauma or attachment disruptions do not accept “teasing” as pleasurable but rather take it as a rejection. Thus, it is important to keep to the rules by using “honest” answers. This will also keep the flow of the game going smoothly.

### **About The Author**

Lorie Walton, MEd, CPT-S, is a Certified Theraplay® Therapist Trainer Supervisor and the owner and Lead Therapist of Family First Play Therapy Centre Inc., in Bradford, Ontario, a center focused on assisting children and families dealing with attachment, trauma, and emotional issues. In conjunction with her private practice, Lorie is a consultant and Play Therapy Clinical Supervisor for agencies within Ontario and is currently the President for the Canadian Association for Child and Play Therapy (CACPT). She offers workshops on Theraplay®, Attachment and Play Therapy related topics, internship opportunities and supervision to those studying to become certified in Play Therapy and Theraplay®.

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# You're a Star

Source: Jodi Crane

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 2* Edited by Lowenstein, 2010

**Treatment Modality:** Individual, Group

## Goals

- Improve self-esteem by increasing awareness of loved ones, caregivers, and helpers
- Provide a method of coping with future emotional issues

## Materials

- Large piece of paper, preferably cardstock
- Markers
- Glue

## Description

Write the child's name in large letters in the center of the page using the child's favorite color. (Older children can do the writing themselves.) Draw a star around the child's name. Ask the child to name all the people who care about her/ him. As the child names the people he/she knows, write those names all over the page. The goal is to fill the page with many, many names.

Some younger children need hints to help them identify people's names to write on the page. Also, make sure the practitioner's name is on the page somewhere.

Once this is done, let the child know that she/he is a star! Suggest to the child or the parent that the picture be kept in a safe place, laminated or framed and hung up in the child's room. This way, whenever the child is feeling sad, lonely, or scared, she/he can look at the picture and be reminded of all those who care about her/him, providing the child a way to cope with the feeling.

This activity may be modified for a group format. In this case, group members could write their names on each other's pictures.

Process this activity by asking the following questions:

1. Tell me about the people you included in your picture.
2. Who do you feel closest to?
3. How do people show they care about you?
4. What are some ways you can ask for help?

## **Discussion**

This quick, simple activity is one way to let children who may be facing difficult times or experiencing low self-esteem know they are not alone. More than likely there are several people in their lives that care about them and who they can call on for help.

Because the practitioner's name is added to the page, this activity is only appropriate after a therapeutic relationship is well established.

## **About The Author**

Dr. Jodi Crane, NCC, LPCC, RPT-S, received her play therapy training at the University of North Texas under Drs. Garry Landreth and Sue Bratton. She is the author of chapters in Landreth's *Innovations in Play Therapy* and in R. Van Fleet and L. Guerney's *Case Studies in Filial Therapy* (with Bratton). She is a Past President of the Kentucky Association for Play Therapy, Director of the Appalachian Center for Play Therapy at Lindsey Wilson College in Columbia, Kentucky, and Associate Professor in the School of Professional Counseling at Lindsey Wilson College where she teaches courses in the areas of child development, play therapy, and assessment.

**Section Three:  
Termination Interventions**

# Aloha (Goodbye) Lei

Source: Kellen Lewis and Brandy Schumann

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 3* Edited by Lowenstein, 2011

## Treatment Modality: Group

### Goals

- Increase affect expression
- Increase open communication surrounding the ending of relationships
- Provide positive experience of closure and the termination of a relationship

### Materials

Premade leis can be purchased at art supply stores or they can be made by using the following supplies:

- Scissors
- String
- Threading needle
- Fabric flowers (if using premade leis, cut the lei to use the flowers)
- Plastic spacers (the premade leis come with spacers)

### Advance Preparation

Have the string precut to lei length and threaded into the needle.

### Description

Begin by sharing with the group the symbolic meaning of the lei from the Hawaiian culture. According to HawaiiHistory.org (2008), a lei is given as a symbol of honor and affection. Great care is taken in making leis and they are given to family and friends as gifts of love and friendship. The lei is valued and worn with pride by individuals of all ages. There are many legends about the “luck” of the lei. It is believed that if a departing visitor tossed his/her lei into the ocean and it floated back to the beach, that visitor would one day return to the islands, keeping a promise of a future connection (Discover- Oahu.com).

If one group member is terminating sessions, have the entire group create a lei for the “departing visitor.” (The departing member may want to create a lei for the group as well.) If the entire group is terminating sessions, have each member make his/her own lei. Create the lei by lacing flowers on the string and alternating their application with spacers. For every flower added, ask members to share a personal reflection. Possibilities include a favorite group memory, a hope or wish for the future, a character quality valued of the departing member, a compliment to the departing member, something learned or a reflection of how things are different now from when the group began. Members can add multiple petals simultaneously to indicate intensity (i.e., using three petals to indicate how greatly the member will be missed). You can process with members throughout

the activity by expanding on the members' report. Members can take the lei as a symbolic representation of affection of connection or "toss" it back, leaving it in the therapeutic environment as a representation of possible reconnection.

## **Discussion**

Healthy termination is essential in protecting clients from the potential distress that results from unpredictable loss. Particular sensitivity must be paid to those clients who have experienced the unhealthy termination of previous relationships. This activity allows for concrete symbolic expression of termination while facilitating reflection and affecting expression.

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## **About The Authors**

Kellen Lewis, BA, is currently pursuing a Master of Science in Counseling at Southern Methodist University (SMU). She has worked for SMU since July 2004 as the Associate Director of Undergraduate Admission.

Brandy Schumann, Ph.D., LPC-S, RPT-S, NCC, is a Licensed Professional Counselor Supervisor and Registered Play Therapist Supervisor in the state of Texas. She maintains a private practice, provides local and distant supervision, and teaches at Southern Methodist University.

# How I Felt the First Day

Source: Susan Kelsey

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 1* Edited by Lowenstein, 2008

**Treatment Modality:** Individual, Group, Family

## Goals

- Review therapeutic gains
- Discuss the mixed feelings that usually accompany termination

## Materials

- Markers, colored pencils, or pens
- Paper (folded in half)

## Description

Introduce the activity as follows:

“Today is your last day of therapy. On the top of the first side of your paper, please write ‘How I felt the first day I came here.’ Now, using words, symbols, or pictures, show how you felt the very first day you came to therapy.”

When the client is finished, say, “Now on the other side of the paper, please write, ‘How I feel today.’ On this side, once again use words, symbols, or pictures to show how you feel today.”

## Discussion

This activity helps the client to see the therapeutic gains of treatment, as well as addresses the mixed feelings when treatment is finished. One client who did this activity on his last day simply put a big question mark in the first panel and a big happy face in the second. A picture can be worth a thousand words!

## About The Author

Susan Kelsey, MS, MFT, RPT-S, is a licensed Marriage and Family Therapist and Registered Play Therapist Supervisor in private practice in Orange County, California. Her practice is limited to children from birth to 18 for nearly all issues related to childhood. Ms. Kelsey is an international speaker and presenter on various topics related to the treatment of children and adolescents. She is currently President of the Orange County Chapter of the California Association of Marriage and Family Therapists and is founder and past president of the Orange County Chapter of the California Association for Play Therapy.

# My Wish for You

Source: Abbie M. Flinger

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 2* Edited by Lowenstein, 2010

**Treatment Modality:** Group, Family

## Goals

- Increase positive self-statements
- Encourage compassion/caring for others
- Experience a positive termination from group/family therapy

## Materials

- A wood star cut-out (available at craft stores) for each group member
- Decorative supplies such as paint, markers, glitter, etc.

## Description

Each member is asked to write (or paint) the words My Wish for You on the front of the star, and then to decorate the wooden star using the art supplies provided. Once decorated, each participant is then asked to turn the star over and write a wish or hope that they have for the person sitting to their left on the back of the star. Additional time may be provided if participants want to decorate the back of their stars as well.

When completed, participants are asked to give their star to the person sitting on their left. The wishes for each participant are then read aloud to the group/family. Next, everyone in the group/family discusses what it was like to create the star and make a wish for their group/family member. Process questions include, "What emotions were evoked?" "What was it like to receive the star and its message?" "Will the star be a nice reminder for them?"

Upon completion of the activity, group/family members are instructed to place the star in a place where they will see it often, such as beside their bed. The star can be used to help them to remember that others care about them.

## Discussion

This activity can be used with children or adults and serves as a positive reminder of the therapeutic experience. The star becomes a transitional object for the clients, as it is a positive reminder of their therapeutic experience. This is particularly important for children, as they may sense abandonment when having to terminate therapy.

Additionally, the positive message (the wish) demonstrates the participant's ability to care for others, but also provides a reminder that the participant is cared for, which gives her/him a sense of love and belonging and builds self-esteem.

### **About The Author**

Abbie Flinner, MACC, NCC, is a graduate of Slippery Rock University's Community Counseling Program. She has worked with young children, adolescents, and adults in a variety of settings. She has also presented at the Pennsylvania Counseling Association's National Conference. Currently, she is employed as a Mental Health Therapist at Caritas, a residential treatment facility funded through Human Services Center in New Castle, Pennsylvania.

# Termination Party

Source: Norma Leben

Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 1* Edited by Lowenstein, 2008

**Treatment Modality:** Individual, Group, Family

## Goals

- Validate that the therapeutic relationship is built on trust
- Honor the client's progress in therapy
- Provide a proper closure and positive termination experience

## Materials

- Alphabet letter blocks
- Healthy snacks and beverage
- Personalized gift(s)

## Advance Preparation

Obtain permission from the client's caregiver to provide party food and check if the client has any food allergies.

## Description

The practitioner explains that this is the last therapy session and that a goodbye party has been prepared in her/his honor. The practitioner then explains the game as follows:

"We're going to play the Block Tower game. I have 26 alphabet blocks here and we're going to build a tall tower with them. We'll take turns, each time one of us will add a block to the top of the tower. With each block we'll say one thing (value, skill, principle) we have learned from all our past sessions. I'll put down the first block as the base. This block represents **honesty** as the base of our relationship."

Each client takes his/her turn and recalls skills learned and progress made. For example, the client has learned to manage anger, be respectful of others, use self-care strategies, etc. The practitioner validates each of the client's contributions. As the block tower gets taller and taller, this game becomes very exciting and captivating. When the tower falls, the practitioner should say, "It's OK if the tower falls. As long as you remember what each of the blocks stand for, you can always rebuild it."

When this game is over, the “party” begins and should include the following steps:

Step 1: The practitioner offers refreshments to the client(s) as a way to establish a nurturing moment.

Step 2: The practitioner summarizes their therapeutic journey, including these elements:

- the duration and the reason for therapy
- initial feelings about the client(s)
- accomplishments the client(s) has made on this journey
- current feelings toward the client(s)

The following is an example: “Chris, you started coming to see me nine months ago because your mom and school counselor were worried about your angry outbursts, at times even hurting yourself and others. You also seemed to be spending a lot of time by yourself, looking sad and lonesome. At that time, I shared their concerns, but I was also curious about what could have caused a young boy of ten to be so angry. Then I met you and found that you were using anger as a screen as a way to prevent anyone from getting to know you. After a few sessions, I discovered that behind that angry screen there was a Chris full of fairness, smarts, and curiosity. We've done a lot of work on expressing feelings, communication, and social skills. You just soaked up these skills like a sponge, turned around and used them at school and at home. I'm so proud and happy to learn that you did not have any melt-downs for four weeks. Now all your grades are A's and B's, and on top of that you've even made friends at school and in the neighborhood. Congratulations to you and to your mom.”

Step 3: The practitioner asks the client to share areas which he/she believes have changed for the better, and, to share how he/she felt about the practitioner when they first met and how he/she feels about the practitioner now. (Note: In a group or family setting, each member will have a turn.) The practitioner will model accepting feedback from others – making eye contact, nodding, saying “thanks.”

Step 4: The practitioner presents a farewell gift to the client (or the group or the family). This personalized gift will include a business card or an agency card with guidelines for future contacts. It is hoped that this will ease the pain of separation and prevent the client (or group or family) from feeling abandoned. This ceremony ends with appropriate goodbyes such as hugs or handshakes.

## **Discussion**

Termination is an important step in the therapeutic process. If handled appropriately, the client feels the relationship has been properly “wrapped up” in contrast to the unfinished business of past relationships. All children and adults have felt the hurt of abrupt departures of childhood friends and relatives. They had no control over those incidents. Nobody likes to feel hurt, so often we avoid that pain by not saying goodbye or not making new friends again. This ceremony will provide a model that teaches a healthy way of saying goodbye.

## **Reference**

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## **About the Author**

Norma Leben, MSW, LCSW, ACSW, RPT-S, CPT-S, Since graduating with a University of Chicago MSSA, she has worked as CPS supervisor, school dropout team leader, residential treatment supervisor, executive director, and international trainer. She is a licensed clinical social worker and play therapy supervisor who has authored over 45 audio or video recordings, books, and publications in English and Chinese on parenting and play therapy techniques.

# About The Editor

**Liana Lowenstein, MSW, RSW, CPT-S**, is an author, sought-after speaker, and practitioner who has worked with children and their families since 1988. She completed her Master of Social Work degree at the University of Toronto, and she is a Certified Child and Play Therapist (Supervisor) with the Canadian Association for Child and Play Therapy. She provides clinical supervision to mental health practitioners, runs a play-therapy internship program, and consults to several mental health agencies. She has a reputation as a dynamic workshop leader and has presented trainings across North America and abroad. She is the founder of Champion Press publishing company and has authored numerous publications, including the highly acclaimed books *Paper Dolls and Paper Airplanes: Therapeutic Exercises for Sexually Traumatized Children* (with Crisci & Lay, 1997), *Creative Interventions for Troubled Children & Youth* (1999), *Creative Interventions for Children of Divorce* (2006), and *Creative Interventions for Bereaved Children* (2006). She has also edited the books *Assessment and Treatment Activities for Children, Adolescents, and Families: Practitioners Share Their Most Effective Techniques* (Volumes One through Three) and *Creative Family Therapy Techniques: Play, Art, and Expressive Activities to Engage Children in Family Sessions*.