Integrating Play and Family Therapies
to Help Children with Anxiety



| EMAN TADROS, MS, MFT

COMMENTS BY CLINICAL EDITOR:

Suggestions for helping children with anxiety through family play therapy.

Traditional family therapy approaches are significantly geared more towards adolescents and adults, though Lund, Zimmerman, and Haddock (2002) argued that family therapy "can become child friendly with a little adaptation and creativity" (p. 448). Lund and colleagues (2002) reported many barriers that prevent therapists from including young children in family therapy, including a belief that it was acceptable to exclude children from family therapy sessions if the therapist was uncomfortable with their presence. Willis, Walters, and Crane (2014) offered that marriage and family therapists (MFT) "tend to view child-focused work as the realm of child or play therapists rather than family therapists" (p. 288). I would argue that child-focused work is the duty of all therapists and should not be overlooked. Therefore, combining family therapy techniques and play therapy would better equip therapists who may be reluctant to include children in the process (Keith & Whitaker, 1981) do so with greater confidence. Additionally, for play therapists not familiar with family therapy techniques, many parallels may be drawn between the two modalities that may make this combination worth considering when the child is the identified client in the family.

Willis et al. (2014) researched how involved children are in family therapy to assess therapeutic process and their participation in session. They cited previous studies showing that children have limited participation in family therapy and, worse, that they have been excluded from dialogue in family sessions altogether. In their study, they recorded sessions between sixteen licensed (12 LMFT) and graduate-level therapists and 30 families with children ages four to twelve to examine child participant talk time and therapeutic techniques. Play-based techniques significantly increased child participation in family therapy. They found a positive relationship between total activity time and the child's excitement about attending therapy and between the amount of child talk time and the child's level of happiness towards the therapist, further supporting the notion that play-based techniques increase child talk time in family therapy and enhance the child-therapist relationship (Willis, Walters, & Crane, 2014).

Combining Play and Family Therapies

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

Gentile (2013) described rituals as "very conscious reenactment[s] of our experience" that are intimate for the members involved (p. 163). Family routines and rituals practiced throughout the child's life are displayed in the child's many forms of play. Children and adults communicate implicitly through their behavior and body language. A therapist can obtain more information from the client's visual body language than from the verbal elements of his or her speech or from the content of what s/he is saying (Borg, 2015).

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

Using art techniques, the therapist can ask the family to draw a family portrait, or a happy time and a sad time. They can construct a genogram. Using verbal techniques Lund et al. (2002) suggested using the narrative approach, circular questioning, and scaling questions to have the family reenact past and present family events. A narrative approach can be utilized to facilitate the telling and reframing of one's story. Integrating a narrative approach into family play therapy empowers the child to take charge and to initiate changing a story from a negative one to a positive one. This also enables the child to explore options for the end of the story and to rewrite the story for his or her (personal or family's) future.

> ***"By adjusting therapist way of being and breaking a project into manageable parts, the child can experience small successes and make progress."***

Circular questioning is an interview technique that enables the child/family to expand on specific topics, and this also can be integrated with play to elaborate on difficult topics (Penn, 1982). Scaling questions offer effective ways to assess how a client perceives treatment is going, how close or far a client believes s/he is to his or her goal, or to explore what a client expects or what s/he wishes to gain from treatment (de Castro & Guterman, 2008). To modify scaling questions to fit into family play therapy, a clinician could ask how the character being used is feeling about therapy on a scale from 1 to 10, in which 1 is that they do not like coming at all and 10 is that they like coming and playing with their family in session. These scaling questions can be used towards the beginning of treatment, in the middle of treatment, and at the end of treatment to gauge the child or family's perception of progress in treatment.

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

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

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

Helping Anxious Children in Family Play Therapy

For the anxious child, there are several advantages of combining play and family therapy. Lund et al. (2002) suggested that teamwork and togetherness may be built by redefining the child's problem as the family's problem, and that using play will help reduce the child's anxiety about beginning family therapy. Disclosing secrets in family therapy also may diminish anxious tension, as well as addressing presenting problems and symptoms of anxiety more directly with the family (Lund et al., 2002). Anxiety disorders are one of the most prominent mood disorders in children (Kaslow, Broth, Smith, & Collins, 2012), and Keith and Whitaker (1981) advanced that family therapy will help anxious children by enhancing their developmental and communication skills within the family.

Several different anxiety disorders manifest in children, such as obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD), social phobia, specific phobia, and generalized anxiety disorder. Understanding more about the different symptoms of anxiety disorders will help play therapists better recognize a specific child's symptoms, either as described by the child or his or her parent(s) in consultation or through themes and behaviors exhibited in the child's play. Most of these disorders begin in childhood, and they comprise emotional, behavioral, and physical symptoms (Pinsof & Estrada, 1995). Recognizing anxiety symptoms may help play therapists adjust their techniques, way of being, or their expectations about how to receive the child in family play therapy.

Addressing Children's Anxiety Symptoms in Family Play Therapy

Emotional symptoms of generalized anxiety disorder in children include constant worrying, feeling like the anxiety is uncontrollable, and an exhibiting an inability to cope with uncertainty. Some examples in play and family therapy include exhibiting pleasing behaviors and insisting on having the parent's or therapist's opinion on their work (e.g., whether it is "good" or "pretty") or for whom tracking seems to be marginally accepted. The latter is interesting because returning responsibility to the child initially may raise the child's anxiety related to uncertainty. By adjusting therapy techniques and having parents encourage the child's process, without commenting on outcome, will help the child gain self-confidence.

Behavioral symptoms include exhibiting an inability to relax, to feel peaceful, or to be alone; having difficulty concentrating or focusing; procrastinating on projects due to feeling overwhelmed by the thought of starting or completing them; and avoiding situations that may be anxiety provoking. Concretely, these may manifest if a play therapist is using a directive or semi-directive approach and the child avoids certain subjects or works aimlessly on a project without making progress. By adjusting therapist way of being and breaking a project into manageable parts, the child can experience small successes and make progress.

Physical symptoms may include feeling tense and reporting body aches, suffering from insomnia or feeling restless while trying to sleep, and experiencing gastro-intestinal problems with digestion, nausea, or diarrhea. The child or parent may directly report the child having a "tummy ache" or s/he may ask to go to the bathroom in session. Or, the child may play out these symptoms through dolls or figurines. By tracking these symptoms, the therapist will model communication for the parents, both noticing and caring about the child's well-being, and providing a different way of receiving the child's reports.

> ***"Art techniques, psychodrama, and story-telling are all powerful techniques that can be utilized with entire families."***

It is vital for the therapist to make the child with anxiety feel at ease in therapy to obtain optimal results. A child seeming to be reluctant or anxious in a play therapy session calls for the therapist to be verbal. Landreth (2012) suggested that the therapist not mirror the child's silence to avoid raising further anxiety. Lund et al.'s (2002) suggestions for helping children feel more comfortable in family therapy paralleled many established play therapy practices, such as establishing clear limits while keeping rules to a minimum, using fewer and simpler words, and using visual aids. More directive play therapists will be comfortable with Lund et al.'s suggestions for asking for the child's opinions, comments, concerns, thoughts, and feelings. This is extremely important if the child feels s/he does not have a voice at home, because family play therapy can be a place where s/he is heard, through words or toys and activities. Keeping therapy positive by reiterating the child's strengths rather than his or her weaknesses (Lund et al., 2002) also dovetails nicely with both play and family therapy suggestions.

In sum, child-focused work is the responsibility of all clinicians, and is not just a specialty for some. Art techniques, psychodrama, and story-telling are all powerful techniques that can be utilized with entire families. Play therapists, marriage and family therapists, psychologists, counselors, social workers, and other mental health professionals are encouraged to be creative and to try something new by combining play and family therapies. Using these techniques with families with anxious children will help them recalibrate their thoughts and reactions to the symptoms and will help the child make gains in confidence and well-being.

References

Borg, J. (2015). *Body language: How to read others, detect deceit, and convey the right message.* New York, NY: Skyhorse.

de Castro, S., & Guterman, J. T. (2008). Solution-focused therapy for families coping with suicide. *Journal of Marital and Family Therapy, 34,* 93–106. doi:10.1111/j.1752-0606.2008.00055.x

Gentile, J. (2013). From truth or dare to show and tell: Reflections on childhood ritual, play, and the evolution of symbolic life. *Psychoanalytic Dialogues, 23,* 150-169. doi:10.1080/10481885.201 772481

Kaslow, N., Broth, M., Smith, C., & Collins, M. (2012). Family-based interventions for child and adolescent disorders. *Journal of Marital and Family Therapy, 38,* 82-100. doi:10.1111/j.1752-0606.2011.00257.x

Keith, D., & Whitaker, C. (1981). Play therapy: A paradigm for work with families. *Journal of Marital and Family Therapy, 7,* 243-254. doi:10.1111/j.1752-0606.1981.tb01376.x

Landgarten H. (1987). *Family art psychotherapy: A clinical guide and casebook.* New York, NY: Brunner/Mazel.

Landreth, G. L. (2012). *Play therapy: The art of the relationship* (3rd ed.). New York, NY: Brunner Routledge.

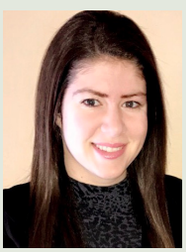
Lund, L., Zimmerman, T., & Haddock, S. (2002). The theory, structure, and techniques for the inclusion of children in family therapy: A literature review. *Journal of Marital and Family Therapy, 28,* 445-454.

Penn, P. (1982). Circular questioning. *Family Process, 21,* 267–280. doi:10.1111/j.1545 5300.1982.00267.x

Pinsof, W., & Estrada, A. (1995). The effectiveness of family therapies for selected behavioral disorders of childhood. *Journal of Marital and Family Therapy, 21,* 403-440. doi:10.1111/j.1752-0606.1995. tb00173.x

Willis, A., Walters, L., & Crane, D. (2014). Assessing play based activities, child talk, and single session outcome in family therapy with young children. *Journal of Marriage and Family Therapy, 40,* 287-301. doi:10.1111/jmft.12048

ABOUT THE AUTHOR



Eman Tadros, MS, MFT, is a MFC/T PhD student at The University of Akron. Eman is an adjunct professor whose pedagogical philosophy focuses on applying psychological/counseling theories to real life situations. Her research focuses on parent-child relationships in underserved populations.
emantadros@gmail.com