# PREFACE

An amazing resource for play therapy techniques is the children with whom we work. Many of the techniques illustrated in this book were created with a specific child in mind. We have the pleasure of helping children with psychological difficulties, and that also enhances the creativity of many of the therapists who contributed to this book. The contributors of this book of techniques come from a diverse group. There are therapists from child-centered play therapy, cognitive-behavioral play therapy, gestalt play therapy, Jungian play therapy, psychodynamic play therapy, and prescriptive play therapy.

The most important aspect of our treatment with children is the rapport that we establish with each child. Any technique is as good as the therapist using it. Modification of a technique to suit the therapist/child relationship is actually the most appropriate use of this book. We hope to give therapists different techniques to review and use to help in their work with children.

The criteria for selecting techniques for this book is the same as we have had before. We asked that the techniques be specific, practical, relatively inexpensive, and original, or that they involve an original modification to an already existing technique. Therapists from all over the world have contributed their knowledge and expertise to that end.

We have grouped together the techniques into seven sections: expressive arts techniques, puppet play techniques, storytelling techniques, group play techniques, play toys and objects techniques, game play techniques, and other techniques. Each contributor has included an introduction to the technique, a rationale for using it, as well as a detailed description and application to illustrate how the technique is performed with children.

The expressive arts techniques include various media used in expression through art, such as paint, sculpture, clay, markers, drawing, and so on. These media have successfully aided children in expressing traumatic circumstances and other psychological issues where communication was

# 1

# The Family Collage

Jerri Simms Shepard

## INTRODUCTION

Therapists working in diverse and multicultural settings are often challenged to find ways to help clients express their feelings and tell the stories of their lives. This can be particularly difficult when working with individuals from dysfunctional or troubled homes, but it provides ways for them to talk about family dynamics. Jung (1965) reflected that expressive arts represented an essential connection to the inner world of feelings and images.

I was first introduced to this technique in the late 1980s at a conference on counseling children and adolescents who had been sexually abused. In a workshop forum, participants were given case descriptions, including family information, and asked to reflect on what it would be like to be *this* child in *this* family. They were then asked to create collages from colored paper depicting the child and her or his family. It became obvious that the experiential collage technique was far more meaningful and engaging for participants and observers than simply reading and discussing the case scenarios.

In my work as a school psychologist and marriage, family, child counselor, I began to have my clients describe their families using this

or herself, and place all the torn shapes (often in various colors) on the background sheet. In this way, the client can position family members (as represented by torn colored paper pieces) on the background sheet. When the client is finished, he or she is asked if all the family members are represented. The client is then asked to describe the collage. The therapist uses minimal verbal responses to encourage the client to describe the collage, but does not interpret the client's artwork. I always tell the client that I will record his or her description of the collage and keep it with the collage in the client's file.

The therapist notices the background, the presence or absence of certain family members, how they are represented, and the proximity of members. Clients sometimes purposely leave out certain members or put them on the back of the paper or on a separate paper. The process of constructing the collage is also of great interest; some clients create the collage in minutes, others painstakingly labor over every move or simply cannot finish the project. Careful observation of this process is essential.

## APPLICATIONS

This technique is useful with culturally diverse client populations. Collage does not require artistic ability and is nonthreatening to clients compared to some of the art therapy techniques that may inhibit individuals who feel they are not artistic. Even the tearing of the paper is relaxed, rather than having to cut perfect shapes with scissors. Children and adolescents are highly receptive to this technique, which is often seen as more engaging than some of the verbal therapies. Several collages can be created over a period of time, during the course of therapy, to illustrate changes in the client's perceptions of family members. Family collages are extremely engaging for clients and highly informative for therapists.

My psychotherapy practice has included clients who have been abused and/or neglected. I have used the family collage with numerous children, adolescents, and adults at the beginning session as a part of the initial assessment. Children need little encouragement with this technique; however, adults who are self-conscious or skeptical of any art technique may be somewhat resistant. I have countered initial resistance by explaining that visual expression is just another form of language and there is not a wrong way to do the family collage. Most clients enjoy breaking from talking therapy and are curious about their own creations.

In many cases of abuse or neglect, the client does not include himself

# 2

# Drawing It Out

Peggy Woehrlen

## INTRODUCTION

Children have a difficult time truly understanding their feelings due to the complex and abstract nature of them. A common goal of a child therapist is to assist the child in identifying, labeling, and understanding their feelings. Giving the child a vehicle in which to not only identify their feelings, to draw out those feelings, and to give voice to them, is a powerful way to assist the child in gaining understanding and mastery of their feelings.

## RATIONALE

In my work with children and adolescents, I am always looking for ways for my clients to really understand their internal experience. Typically, they may have an intellectual understanding of their emotions, but that's where the understanding stops. Consequently, many children and adolescents will somatize the deeper aspects of an experience just because they don't know what else to do. In working with traumatized children, drawing is an excellent way to enter the process of working through all aspects of their traumatic experience, in particular the "worst

moments," because their cognitive skills at those times are shut down due to the overwhelming sense of fear and powerlessness. Applying this concept and technique to a broader range of emotional experiences has been quite successful even with the most resistant child or adolescent. This is due in part to the focus being off the client and on the drawing process.

## DESCRIPTION

Sit at a table with the client; supply him or her with white letter-sized paper. The age of the child will determine if you offer crayons, markers, colored pencils, or pastels. A younger child would find crayons most suitable, and adolescents enjoy colored pencils or the artistic potential of pastels.

*Therapist:* "I would like you to draw a picture of where in your body you experience those feelings." Typically what happens is that the client draws a picture of his or her whole body with only a brief reference to their body experience of the feeling. See figure 2.1.

**Figure 2.1**

*Child:* "Um, I don't know. I guess it's like this. I feel my scared and worried feelings in my head." If the child is not comfortable with his/her drawing ability, he/she often rushes through the exercise or comments in a negative way on what his/her drawing looks like.

*Therapist:* "You know, I really want to understand what it's like for you when you are scared and worried, so draw me a picture over here (pointing to a space adjacent to the first drawing but on the same page) of your head and where in particular those feelings are." I then wait for the child to begin drawing again. See figure 2.2.


**Figure 2.2**

Usually, the child will pause for a moment to focus on that internal experience and then begin drawing. Sometimes the child will not be able to produce more detail, and so it may be necessary to prompt him or her with a few questions such as: "We have talked about your headaches before, can you draw what those feel like?" "You have mentioned that your thoughts start to race when you are worried; draw what that feels like." The goal at this point is to show interest and support in the client using the drawing process to visually articulate his or her inner experience. If the drawing is still fairly vague, then I will ask the child to put words to the image. I then ask if there is anything about his or her drawing that is new, that he or she didn't realize before and what his or her reaction is to the affect or "feel" of the drawing. Before we move on to the next step, I make certain to ask if there is anything else he or she wants to add to the picture.

*Therapist:* Next I ask, "Do you experience those feelings elsewhere in your body?" If he or she says no, then the intervention is complete. *Note:* This may be the end of the drawing experience if this is your first time using this technique with the client. I have found with some children that they need to experience this intervention several times before feeling free enough to use it to its fullest extent. If the client says yes, then I proceed.


**Figure 2.3**

*Therapist:* I hand the child additional paper and ask him or her, "I'd like you to draw where else in your body you feel those worried and scared feelings" (or whatever feeling is being focused upon). Of course, there is no right or wrong answer to these questions because you want to elicit the child's own internal experience. See figure 2.3. As the client was drawing the feelings in her stomach (butterflies, "growl,"


Figure 2.4

*Child:* Quickly and easily the child completed figure 2.5. As she sat back in her chair this last time, she began to giggle and said, "Boy, I sure like that picture."

*Therapist:* I had all five drawings laid out in front of her and we quietly looked at them. "You can do this whenever you are feeling upset and don't know another way to let go of your upset feelings."

## APPLICATIONS

This is an intervention that can be used with a wide range of ages, from age 5 through adolescence, for a wide range of emotional issues. The quality of the finished artwork is not important. The process of the child

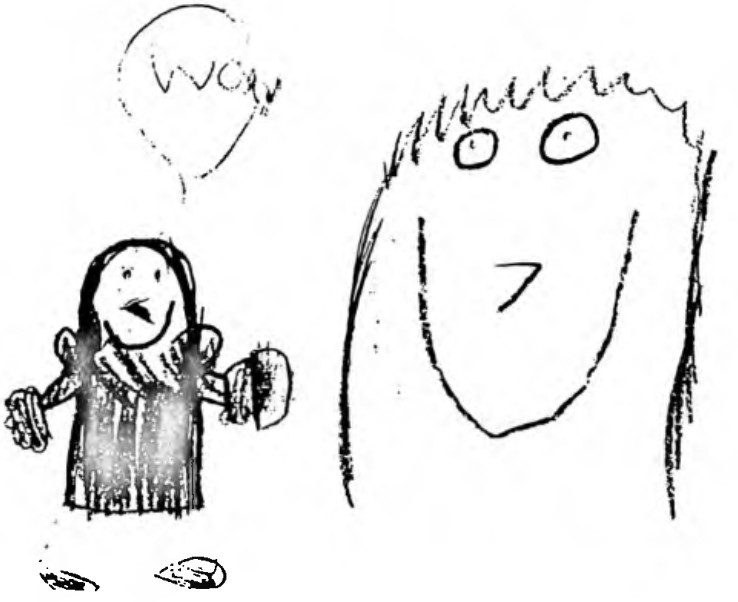

Figure 2.5

drawing out his or her feelings and concretizing them in a visual way is where the clinical value is. I have used this technique with trauma survivors and for bereavement, school adjustment difficulties, anger management, pro social-skill building, and generally assisting children to identify, label, and process their feelings. As long as the therapist recognizes the developmental stage that the child is at and matches the art medium with the age-appropriate language, this technique has significant clinical value. When I performed this intervention with this client, her mother was in the playroom observing the process. With little additional training on my part, the mother now uses this technique at times at home with equal success.

# 3

# Problem-solving Techniques: *Hand-ling* the Decision-making Process

Judith D. Bertoia

## INTRODUCTION

In our fast-paced culture, each of us is bombarded with massive amounts of stimulation. Although maintaining a primary focus on circumstances and interactions that require our conscious attention, we must also deal with considerable background activity—the sights, sounds, smells, and so forth of daily living. To maintain our sanity in the midst of this onslaught, we learn to screen from consciousness much of what seems irrelevant. In order to function efficiently within limited time constraints, we manage rapid processing of various possible actions before reaching decisions.

## RATIONALE

Children, however, do not have the same level of development in the cerebral cortex as adults do. Because their executive functioning is less mature they often simply react to situations, frequently with behavior that is driven by emotions with little or no thinking involved. Although they may attempt to screen excessive environmental stimuli from consciousness, much of what they filter out becomes stored at an uncon-

scious, visceral level that in fact heightens the child's level of arousal. Thus, their decision-making approach is often based on obtaining immediate emotional and physiological relief. Essentially they react without any cognitive processing. This impulsivity leaves no time to consider the potential consequences of the behavior.

The following decision-making technique is effective for two reasons. First, it interrupts the child's established arousal-escalation patterns and the subsequent urge to respond impulsively to a situation. By following this sequence for *hand-ling* problems, the child disrupts the rapid sequence of thoughts that usually heighten the physiological arousal in difficult situations, the fight or flight response.

Secondly, this technique is based on an image, the child's own hand. The child's first language, the preverbal primary process language, is image-based. By combining the use of an image—especially because this one is based in the body—with the logic of planned decision making, the child always carries a valuable visual aide for problem solving.

This technique can be taught early in the play therapy process if the therapist's style provides for some directed activity. For less directive styles of therapy, the technique can be delayed until an opportune time in play therapy arises. It should be noted that whether the therapist is in a professional role or in character during the play, this is a technique that will require some teaching.

## DESCRIPTION

This technique for helping children "get a grip" on the decision-making process involves some simple verbal interactions and tracing their own hand. The activity is easily introduced when a child comes into a session indicating that he or she is facing a difficult choice. For example, a child who must decide between making the regular weekend visit to the noncustodial parent's home or staying in the usual residence in order to attend a birthday party might be told, "This sounds like a good time to learn about *hand-ling* choices."

The child is given a blank sheet of paper with the suggestion, "Because this is *your* situation and you need to *hand-le* the decision making, let's use your hand for our model." The child is asked if he or she would like to trace the left or right hand, and if he or she would like to do the tracing or have the therapist do it. A comment such as "Wow! You've already made two decisions right there" helps the child recognize that he or she does have the capacity for handling problems and in fact does so

repeatedly throughout the day. For children who need considerable ego-building and reassurance, it is often useful to comment directly on such small successes.

Once the hand is traced, with fingers spread wide open, the child is asked to describe the problem or situation. The therapist summarizes the issue in one sentence and checks to confirm the accuracy of that statement. Once the child indicates the summary is correct, it is written in the center of the drawn hand by either the child or therapist.

At this point the child and therapist are ready to brainstorm possible options for responding to the situation. The child is reminded that in brainstorming no possibility is too silly or impossible. One choice is written along each finger. For example, the child who must make the decision between going for the usual paternal visit or staying home and attending a friend's birthday party could have brainstormed these choices: "stay home and go to the party," "go to Dad's and miss the party," "go to Dad's if he'll bring me back for the party," "come home from Dad's a day early," and "ask my friend to change the day of the party."

Once five options have been brainstormed, each one is evaluated. This requires imagining and discussing the possible results for each choice. A negative sign is written on one side of the finger and a positive sign on the other. Besides the first finger, which indicates the choice of staying home in order to attend the birthday party, the child might write the positive outcomes as "I get to go to the party" and "My friend will be happy I'm there." On the other side the child may say, "Dad would be really upset if I don't go there." Because of limited space these points are written in abbreviated form and may appear more as "I go to party," "friend = happy," and "Dad = upset." If the child has difficulty imaging outcomes, questions such as "How would your dad feel about that choice?" can be posed.

When all the choices have consequences written beside them, the child and therapist talk about which options are more desirable to the child. Often a choice will have several positive outcomes and only one negative possibility, but the one negative is so frightening to the child that the choice is excluded. If a choice is not helpful, it is also discarded. Helpful choices are chosen and finally narrowed to one selection, which can then be implemented.

At this point the child and therapist may need to discuss how the chosen option will be enacted. This planning stage often involves scripting what might be said and then role-playing the situation. As the activity is concluded, the child is encouraged to think and say, "I can *hand-le* this!"

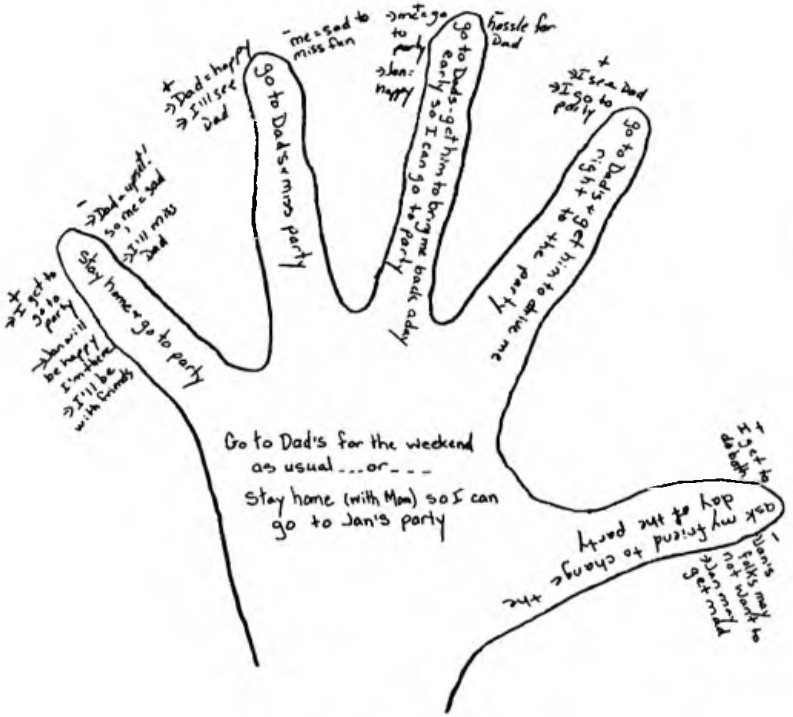


**Figure 3.1**

The child learns to stop and think before acting, thus interrupting the escalation phase of the arousal cycle. The child also learns a technique for considering several possibilities and for making a decision based on both logical and emotional weighting of options. Finally, the child experiences a sense of empowerment through mastering a new way of *hand-ling* difficult situations.