

Creative Play Therapy Interventions for Children and Families

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When children are referred for therapy, they typically feel anxious and are reluctant to talk directly about their thoughts and feelings. But activities that are creative and play-based can engage children and help them to safely express themselves. The purpose of this article is to provide therapists with creative interventions to engage, assess and treat children, youth and families. The interventions presented in this article aim to capture and sustain children's interest and motivation in therapy, while helping them express themselves within the context of a safe therapeutic environment. In using these interventions, the following guidelines should be considered:

Have a strong theoretical foundation: Therapists should be well grounded in their theoretical orientation before using any activities in therapy sessions. Interventions should not be used indiscriminately or in a manner that ignores clinical theory. The activities in this article can be integrated into any theoretical orientation that uses a directive play therapy approach.

Build and maintain a positive therapeutic rapport: Regardless of the activity being used, the therapist-client relationship is central to the client's realization of treatment goals. Because the rapport that develops between therapist and client forms the foundation for therapeutic success, the therapist must create an atmosphere of safety in which the client is made to feel accepted, understood and respected.

Use interventions that are appropriate for each client: Consider the child's developmental capacities to ensure that the selected activity is appropriate. Select activities that fit the client's treatment goals. Pacing is also important. Consider the client's level of engagement in therapy and degree of defensiveness before implementing activities that are more emotionally intense.

Introduce, process and bring closure to each activity: When implementing an activity, first consider how it will be introduced to the client. The therapist's enthusiasm, creativity and overall style are key factors in determining whether the client will become interested and engaged in the activity. The purpose of the activity should be outlined and the instructions clearly explained. Interventions should be carefully processed and used as a point of departure for further exploration. When the activity has been completed and sufficiently processed, the therapist should bring closure to the activity.

Interventions

Pin the tail on the Donkey (Adapted from Lowenstein, 1999)

Purchase a Pin the Tail on the Donkey Game (available at toy or party stores) and cover any reference to "Happy Birthday" on the game. Tape the game to a smooth wall at a height that all the children in the group can reach. Write questions on index cards, such as: (1) What's your favorite movie? (2) What's one of your favorite toys? (3) What's something that makes you happy?

Describe the game as follows: "One person is chosen to go first. This player is given a cardboard tail with a piece of tape attached to it (the game should come with these tails.) The player closes his or her eyes, the leader spins the player around twice, and faces the player toward the Donkey Game. The player walks up to the game and sticks the tail onto the picture. The tail must be taped to the first place it touches. If a player misses the tail on the picture, then that player must pick a question card from the stack of index cards and answer the question (the leader can read the question aloud to the group). Once that player answers the question, the other group members have a turn to answer the same question. If the player gets the tail on the donkey, then instead of drawing a question card, that player gets to hand out treats from the treat bag to all the players. The next player then has a turn, and so on, until all the group members have had a turn. The game continues until all of the questions have been answered."

During the activity, there is ample opportunity to gather assessment information, observe group dynamics, and enhance peer interaction skills.

Can You Kazoo? (Chalker, 2010)

The therapist and child each choose a kazoo. The therapist hums a rhythm or tune on one kazoo and the child tries to repeat it. If the child repeats it correctly, he/she chooses a treat or sticker. Then the client hums a rhythm or tune on his/her kazoo. The therapist repeats it correctly and chooses a treat or sticker. The therapist starts out with simple rhythms and increases the complexity as the child becomes more adept at repeating them. The therapist sets a number of turns for each person or lets the child decide when to end the game.

Children are often shy or anxious and have difficulty interacting with the therapist. This activity engages the child and helps build a playful and trusting relationship without requiring the child to talk. The added incentive of choosing a reward encourages the child's interest in the game.

Butterflies in My Stomach (Lowenstein, 1999)

The therapist introduces the activity by pointing out that everyone has problems and worries. Different ways the body reacts to stress are outlined. For example, when people are scared, their heart might pound faster, or when they are sad and about to cry, they might feel like they have a lump in their throat.

The therapist then asks the client if he or she has ever heard of the expression “I have butterflies in my stomach.” If the client is unfamiliar with the expression, the therapist offers an explanation, such as, “When you are worried or nervous about something, your stomach might feel funny or jittery, as if you have butterflies in your stomach. You don’t really have butterflies in your stomach; it just feels like you do.”

Next, the child lies down on a large sheet of banner paper, while the therapist outlines the child’s body. (Alternatively, the child can draw a body outline.) Then the therapist gives the child assorted sizes of paper butterflies (see Lowenstein, 1999, p. 11). The child writes his or her worries on the paper butterflies. Bigger worries are written on the larger butterflies, smaller worries on the smaller ones. If the child is reluctant to identify worries, the therapist can give prompts, such as, “Write about a worry you have at school,” “Write about a worry you have about your family” and “Write about a worry you have with other kids.” The butterflies are then glued onto the child’s body outline, inside the stomach. As the child identifies each worry, the therapist can facilitate further discussion by asking open-ended questions, such as, “Tell me more about this worry.” At the end of the exercise, the child can color the butterflies and decorate the body outline.

This activity facilitates self-awareness and open communication. It is a useful assessment tool applicable to a wide variety of client populations. This is a particularly useful activity with children who have a multitude of presenting problems, as it enables them to communicate to the therapist which problems are most pressing and need priority in treatment.

The Way I Want It to Be (Lowenstein, 2002)

The client draws two pictures, the first on a sheet of paper titled “The Way My Life Is” and the second on a sheet of paper titled “The Way I Want It to Be.” The client then discusses the two pictures. The therapist can ask the following process questions:

- How did you feel during the drawing activity?
- How are you going to get from the way it is to the way you want it to be?
- What do you need to do differently to get to the way you want it to be?
- How might therapy help you get to where you want to be?
- How will you feel when you get to where you want to be?

A variation for family therapy is to have the family draw two pictures. The first is titled “The Way It Is in Our Family.” The second is titled “The Way We Want It to Be in Our Family.” The therapist processes the activity as described above, but the questions are reworded to suit a family session:

- How did each person in the family feel during the drawing activity?
- What does each member of the family need to do differently to help your family get to the way you want it to be?

- How might therapy help your family get to where you want to be?
- How will it feel to get your family where you want it to be?

Incorporating art activities into family sessions provides a medium to engage all family members. While the content of the family drawings provides valuable diagnostic information, the therapist should also focus on the family dynamics that emerge during the exercise, including interaction styles, issues of power and control, roles and dysfunctional patterns.

Paper Dolls (Adapted from Crisci, Lay, and Lowenstein, 1997)

Introduce the activity by stating, "We are going to do an activity about the important people in your life, and how you feel about them." The child makes a string of eight paper dolls (for instructions refer to Crisci, Lay, & Lowenstein, 1997, page 29).

The child uses the paper dolls to complete the activity as follows: "Label each doll by writing the names of the people who are important to you. Include yourself, each person in your family, and other people who are important either because you feel close with them or because they have hurt or upset you. For example, you may want to include certain relatives, someone who hurt you, your teacher, a best friend, baby-sitter, foster parent, therapist, or pet. Next, you are going to put stickers on the paper dolls to show how you feel about these people. Put a happy face sticker on anyone who feels happy, and explain why they feel happy. Put a red dot sticker on anyone who feels angry and explain who they are angry at and why they feel angry. Put a black dot sticker on anyone who is mean or bad and explain why they are mean or bad. Put a star sticker on anyone who helps you and explain what they do to help you." As a closing activity, the child can make a sticker book to take home.

The paper dolls and stickers are used to engage children and to help them express thoughts and feelings regarding family and community relationships.

Scavenger Hunt (Lowenstein, 2006)

This intervention is most appropriate for group settings, but it can be adapted for individual or family sessions as well. The therapist develops a list of scavenger hunt items for group members to create or collect. Modify the list depending on the ages of the clients and the issues to be addressed in the session. For example, scavenger hunt items for a group of children dealing with divorce might include:

- Definition of divorce
- Outline of a hand
- Five feelings children might have when parents divorce
- Two people with the same shoe size
- Words of advice to help children who feel the divorce was their fault
- A group of children holding hands and singing a song aloud

The activity is explained as follows: “You will be divided into two teams. Each team will get a list of scavenger hunt items to create or collect. You will have 15 minutes to create or collect as many items on the list as you can. The team that collects the most items from the list wins.”

A group leader should be assigned to each group to assist with reading and writing and to facilitate appropriate group interaction. This intervention promotes open communication, expression of feelings and problem solving. Likewise, it encourages open dialogue among group members and facilitates group cohesion.

It’s My Life CD (Adapted from Smith, 2008)

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 she/he will be designing her/his own CD. This will include the CD title, a cover design, and 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. Many adolescents are immersed in the world of music. 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.

Feel Better Bag (Lowenstein, 2006)

Encouraging self-care and teaching healthy coping strategies is an important goal for most clients. The *Feel Better Bag* is used as a tool to facilitate self-care. The child is provided with a bag and fills it with self-care items such as: a stress ball, dream-catcher, picture of a proud moment, etc. The practitioner and child can come up with additional self-care items for the *Feel Better Bag* or obtain ideas from the book, *Creative Interventions for Bereaved Children* (Lowenstein, 2006). The child takes the bag home and is encouraged to use the self-care items during times of need.

Conclusion

Children will more readily embrace therapy if it is engaging, innovative and immersed in play. The games, art, and music activities in this article are designed to appeal to children so that a positive therapy experience results. Using these and other creative activities, therapists can break through the resistive barrier, engage children in therapy and have successful treatment outcomes.

References

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About the Author

Liana Lowenstein, MSW, CPT-S, maintains a private practice in Toronto, provides clinical supervision and consultation to mental health professionals and lectures internationally on childhood trauma and play therapy. The activities described in this article were adapted from her books, *Creative Interventions for Troubled Children and Youth (1999)*, *More Creative Interventions for Troubled Children and Youth (2002)*, *Creative Interventions for Bereaved Children (2006)*, *Creative Interventions for Children of Divorce (2006)*. For more information, go to www.lianalowenstein.com.

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