

Fifteen Effective Play Therapy Techniques

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A plethora of innovative play therapy techniques have been developed in recent years to implement the therapeutic powers of play. The purpose of this article is to concisely describe 15 techniques that are effective, enjoyable, inexpensive, and easy to implement. Included in the description of each technique are the therapeutic rationale, materials needed, step-by-step implementation guide, and applications. The techniques selected are appropriate for 4–12-year-old children and cover an extensive array of play approaches (e.g., art, fantasy, sensorimotor, and game play). The chosen techniques address several pertinent presenting problems such as anxiety, depression, impulsivity, distractibility, and noncompliance.

For over 60 years, play therapy has been a well-established and popular mode of child treatment in clinical practice. One reason play therapy has proven to be a particularly useful approach with children is that they have not yet developed the abstract reasoning abilities and verbal skills needed to adequately articulate their feelings, thoughts, and behaviors. For children, toys are their words, and play is their conversation.

Play therapy can be defined as an interpersonal process wherein a trained therapist systematically applies the curative powers of play (e.g., relationship enhancement, role-playing, abreaction, communication, mastery, catharsis, attachment formation, etc.) to help the clients resolve their current psychological difficulties and help prevent future ones. Play therapy techniques specify how to use the play materials so as to effectively implement the therapeutic powers of play (Schaefer, 1993).

The purpose of this article is to describe 15 clinically useful play therapy techniques. Previously published reports have been simplified and condensed so as to highlight practical “how-to” information in a clear, concise format. A more complete description of each technique is found in the original publications.

The selection of techniques for this article was guided by three main criteria: (a) to include an extensive variety of play ap-

proaches (e.g., sensorimotor, art, fantasy, and game play), (b) to focus on techniques appropriate for 4–12-year-old children, and (c) to present techniques that are enjoyable, inexpensive, and easy to implement. The goals of the chosen techniques include helping children become aware of and express their feelings; manage anger; improve self-control; reduce fear, anxiety, and depression; increase empowerment; and enhance problem-solving skills.

We do not intend this article to be viewed as a “cookbook” approach to play therapy. Rather, it is geared to providing the reader with a sample of the array of useful play techniques that exist. It is not expected that all techniques will work for all children. Selection for a particular case should be guided by play therapy theories and based on a thorough assessment of the individual client. Additionally, it should be noted that outcome research indicates that therapeutic gains are maximized when the parents are involved in treatment and when an optimal number of sessions are provided (Ray, Bratton, Rhine, & Jones, 2001). We encourage readers to use this article as a springboard for the development of their own creative techniques.

The Feeling Word Game

Therapeutic Rationale

Often children have difficulty verbalizing their feelings when directly questioned, either because they are guarded or they do not connect with those feelings they find most threatening. When involved in playing a game, children’s defenses are reduced, and they are more likely to talk about their feelings. The Feeling Word Game (by Heidi Kaduson; for details, see Kaduson & Schaefer, 1997, pp. 19–21) allows children to communicate their feelings in an enjoyable, nonthreatening manner.

Description

Materials needed: eight 4 × 6-in. pieces of paper, a marker, and a tin filled with poker chips.

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The therapist sits at the same level as the child and introduces the activity to the child by saying, "We are going to play a game called the Feeling Word Game. First, I want you to tell me the names of some feelings that a boy or girl who is [age of the child] years old has." The therapist writes each of the child's feeling words on a separate piece of paper. If the child cannot read, the therapist should also draw a face representing the feeling. If the child does not provide the names of all of the feelings required to explore the presenting problem, the therapist should suggest it. Once all of the feelings are written on individual pieces of paper, the therapist lines them up in front of the child and says, "Here are all of the feeling words. I have in my hand a tin of 'feelings' [poker chips]. I am going to tell a story first, and then I will put down the feelings on these words."

The therapist tells a story about himself or herself, being sure to devise a story that includes both positive and negative feelings. At the completion of the story, the therapist places poker chips on each appropriate feeling. The amount on each should vary, thereby showing the child that a person can have more than one feeling at the same time, as well as different amounts of each feeling. Next, the therapist tells a nonthreatening story about the child, allowing for both positive and negative feelings. The child is given the tin of "feelings" and told to put down what she or he might feel under those circumstances. The child then tells the next story for the therapist to put down his or her feelings. This continues until the major issues of the presenting problem are discussed.

Applications

The Feeling Word Game can be successfully used with all children, including those with conduct problems, attention-deficit/hyperactivity disorder (ADHD), or anxiety problems. This technique is a fun and nonthreatening way for therapists to discuss and question issues that are generally too intimidating for the child to communicate about directly.

Color-Your-Life

Therapeutic Rationale

Color-Your-Life (O'Connor, 1983) provides children with a nonthreatening, concrete method of understanding and discussing various affective states. It is critical for children to develop certain skills to successfully manage their affect. Specifically, children need to develop an awareness of numerous affective states, the ability to relate those states to their environmental events, and the skill to verbally express these feelings in an appropriate manner.

Description

Materials needed: a coloring instrument (i.e., crayons, colored pencils, paint, or chalk) and white paper.

The therapist begins by asking the child to create various color-feeling pairs. For example:

Therapist: Can you tell me what feeling might go with the color red?

Child: I don't know.

Therapist: Think of a time when people scrunch up their faces and get very red.

Child: Oh, when they get mad!

Therapist: Good job. Many people think that the color red matches being angry.

This type of verbal interplay would occur for each color-feeling pair as follows: red-angry, purple-rage, blue-sad, black-very sad, green-jealous, brown-bored, gray-lonesome, yellow-happy, orange-excited. The therapist should make sure that the child describes each feeling in as concrete terms as possible. After the color-feeling pairs are established, the child is provided with a blank paper and told to fill the paper with the colors to show the feelings that they have had throughout their lives. The child may complete the drawing in whatever way she or he chooses, using geometric shapes, designs, and so forth. Once the child clearly understands the task, the therapist limits his or her talking and encourages the child's discussion of the picture. The focus of the discussion might be on various life events or on the relative quantity of the assorted colors. If the technique is used with a group, the children will often naturally compare drawings, and a lively conversation will ensue.

Applications

Color-Your-Life is suitable for all children between 6 and 12 years of age. The basic requirement is that the children are able to recognize and name colors as well as various affective states. The technique can be used in an individual or a group format. It is helpful to use the technique at several points throughout the therapy in order to examine what change has occurred. The technique can be altered to have the children discuss, in a nonthreatening way, their feelings over the past week or during a particularly stressful time in their lives (e.g., death of a family member, divorce, move, etc.)

The Pick-Up-Sticks Game

Therapeutic Rationale

The Pick-Up-Sticks Game (by Barbara McDowell; see Kaduson & Schaefer, 1997, pp. 145-149) was designed to facilitate affective expression in children. The technique is a fun way for children to express their feelings and pair various affective states with environmental events in a game context. In order for the Pick-Up-Sticks Game to be successful, the children must already be familiar with color-feeling pairs. One way to introduce them to this is by first playing Color-Your-Life, described above.

Description

Materials needed: commercially available Pick-Up-Sticks Game.

The therapist begins by reviewing the color-feeling pairs with the child, either verbally or by playing Color-Your-Life. Next, the therapist explains how Pick-Up-Sticks is usually played; most children are already familiar with the rules. Either the therapist or the child holds the sticks in their fist and then drops them on the table. The goal of the original version of the game is for the

individual to remove a stick without moving any of the other sticks. The players take turns removing the sticks. A turn is ended when the player accidentally moves one of the other sticks. The player who has the most sticks at the end of the game wins. The therapist then adds the new rule for the adapted version. Each time players remove a stick, they must tell about a time when they had the feeling associated with the color of the stick. When it is the therapist's turn, rather than disclosing personal information, it is often helpful for responses to be tailored to the specific needs of the child. A small number of passes can also be incorporated in the play so that the child will have some control over the feelings that she or he expresses. This game allows many opportunities for interpretation. The therapist can interpret the color of sticks that the children choose and the colors that they avoid, as well as their overall affect and conduct during the game.

Applications

The adapted version of the Pick-Up-Sticks Game is applicable for 6–12-year-old children. This technique can be used in an individual or a small group format. The task requires the child to have adequate verbal skills and concentration as well as awareness of color–feeling pairs. This game may be particularly successful with children who are competitive, because their desire to win will compel them to pick up sticks with a feeling/color they would normally avoid.

Balloons of Anger

Therapeutic Rationale

It is crucial to help children understand what anger is and how to release it appropriately. *Balloons of Anger* (by Tammy Horn; see Kaduson & Schaefer, 1997, pp. 250–253) is an enjoyable, effective technique that provides children with a visual picture of anger and the impact that it can have upon them and their environment. It allows the children to see how anger can build up inside of them and how, if it is not released slowly and safely, anger can explode and hurt themselves or others.

Description

Materials needed: balloons.

First, the child blows up a balloon, and then the therapist helps tie it. Second, the therapist explains that the balloon represents the body, and that the air inside the balloon represents anger. The therapist asks the child, “Can air get in or out of the balloon?” “What would happen if this anger (air) was stuck inside of you?” “Would there be room to think clearly?” Third, the therapist tells the child to stomp on the balloon until it explodes and all of the anger (air) comes out. Fourth, the therapist explains that if the balloon were a person, the explosion of the balloon would be like an aggressive act (e.g., hitting a person or object). The therapist asks the child if this seems like a safe way to release anger.

Next, the child blows up another balloon, but instead of tying it, the child pinches the end closed. The therapist tells the child to slowly release some of the air and then pinch it closed again. (The child will love the noise that the air makes as it slowly seeps out.) The therapist asks the child, “Is the balloon smaller?” “Did the balloon explode?” “Did the balloon and the people around the

balloon stay safe when the anger was released?” “Does this seem like a safer way to let the anger out?” At the end of the activity, the therapist again explains that the balloon represented anger. By talking about what makes us angry and by finding ways to release the anger appropriately, the anger comes out slowly and safely. The therapist reminds the child that if he or she allows anger to build up inside, it can grow and explode and possibly harm the child or someone else. The therapist then discusses various anger-management techniques.

Applications

Balloons of Anger is effective for aggressive children who have difficulty controlling their anger and for withdrawn children who internalize their anger instead of expressing it. This technique can be used in an individual or a group format. *Bottle Rockets*, by Neil Cabe (see Kaduson & Schaefer, 2001, pp. 282–284), is a variation of this technique that uses exploding canisters to demonstrate what occurs when anger is not released slowly and safely.

The Mad Game

Therapeutic Rationale

The Mad Game (by Patricia Davidson; see Kaduson & Schaefer, 1997, pp. 224–225) was designed to show children that anger is a common, acceptable feeling, and it allows children to verbally and kinesthetically express their anger.

Description

Materials needed: cardboard, wooden, or plastic blocks.

The therapist divides the blocks evenly between himself or herself and the child, with the instructions that each person will place a block atop the previous one when it is his or her turn. They alternate turns, each time expressing something that makes him or her angry or something that is not fair. All statements are acceptable, from silly to serious. The therapist begins by bringing up fairly benign issues that the child has and progresses to specific issues of therapeutic concern. For example, “It makes me angry when adults hit children” (abuse). Once all of the blocks are stacked, the child is asked to think of one thing that makes him or her really angry, to make a “mad face,” and to knock down the blocks.

Applications

The Mad Game can be used in an individual or a group format. This technique can be slightly altered to express feelings other than anger, such as sadness or anxiety. For example, “I feel sad when . . .” Furthermore, the therapist can write down each angry statement on separate Post-it notes and have the child stick the note to each corresponding block, thus providing the therapist with a record of what was said during the session.

Beat the Clock

Therapeutic Rationale

Beat the Clock (by Heidi Kaduson; see Kaduson & Schaefer, 1997, pp. 139–141) was designed to increase children's self-

control and impulse control. The goal of this game is for the child to resist distraction, remaining on task and focused for a specified period of time. When the child successfully completes this task, she or he receives poker chips, which can be cashed in for a prize. When the child is successful at the game, the child is filled with a sense of competence and accomplishment.

Description

Materials needed: kitchen timer, poker chips, drawing materials, blocks, and easy reading books.

The therapist introduces the activity to the child by saying, "We are going to play the game Beat the Clock. First I will give you 10 poker chips. Here are some blocks. I am going to set the timer for 10 minutes. During that time, you are to build a tower with the blocks and not be distracted by anything around you. If you look up from your activity, you will pay me one chip. Each time you get distracted, ask me a question, or do anything except build the tower you will have to pay me one chip. Do not stop building until you hear the timer go off. If you are able to stay on task for the entire 10 minutes, then I will give you another 10 chips. After you have 50 chips, you can pick anything you want from the Treasure Box [a box of inexpensive toys purchased in advance]. On your mark, get set, go."

The therapist remains quiet for the first few minutes and then creates some distractions. The goal of the activity is to get the child to stay on task no matter what is happening in or out of the room. The child will be very motivated to earn the 50 chips and pick a prize. The therapist should increase the time by 5 min each time a 50-chip prize is attained. Eventually, many children are able to stay on task for the entire session.

Applications

Beat the Clock can be used in an individual or a small group format. This technique is useful for any child who has impulse-control problems (e.g., children with ADHD). Swanson and Casarjian (2001) described a comparable version of Beat the Clock in which the child is engaged in school-based activities. Common techniques that have a similar goal include Statue (i.e., the child is to remain motionless) and Make Me Laugh (i.e., the therapist tries to make the child laugh and vice versa).

The Slow Motion Game

Therapeutic Rationale

It is well known that children learn best by doing. The Slow Motion Game (by Heidi Kaduson; see Kaduson & Schaefer, 2001, pp. 199–202) was designed to have children actively practice self-control over their movements in a playful group context.

Description

Materials needed: stopwatches for each child, cards (see below), dice, poker chips, paper, and coloring materials.

To begin, the therapist introduces the concept of self-control, discussing how it is very difficult to maintain self-control when we are moving too fast. Next, the children are asked to illustrate what fast moving looks like. Once it is clear that the children understand

the concept of self-control, each child is given a stopwatch. In the center of the table are cards created by the therapist with various scenes that the children must act out in slow motion. For example, playing soccer, doing jumping jacks, or taking a math test. The children are instructed to roll the die to see who goes first. The highest number goes first, and that child picks a card and goes to the front of the room with the therapist. The therapist tells the group what that child is going to do in "very slow motion." On the count of three, all of the children start their stopwatches. Every 10 s, the group reports to the child performing the task how much time has passed. When the child has reached a full minute, the group yells "Stop." Having successfully completed the task, the child receives a poker chip. Then the next child (working in a clockwise direction) picks a card and the game starts again. Once each child has had a turn, the time is increased to 2 min, and the second round begins. At the end of the second round, each player will have two chips each, and a snack or treat is provided as a reward. The therapist can also give each child a certificate for "Achievement in Slow Motion."

Applications

The Slow Motion Game is successful with any group of children that has difficulty maintaining self-control. Also, common board games can be effectively used to increase children's self-control. For example, Jenga, Operation, Perfection, and Don't Break the Ice.

Relaxation Training: Bubble Breaths

Therapeutic Rationale

Bubble Breaths (by Neil Cabe; see Kaduson & Schaefer, 2001, pp. 346–349) is an extremely useful and concrete relaxation technique designed to teach children deep and controlled breathing while helping them become aware of their own mind–body connections. Bubble blowing is fun, inexpensive, and allows non-threatening interactions between the child and therapist.

Description

Materials needed: bubbles (either commercial or homemade).

The therapist begins by filling the room with bubbles; most children will immediately begin to pop them as they fall. After a few minutes, the children are asked to blow only one big bubble. The therapist teaches the children to take deep breaths from the stomach and slowly exhale. Next, the therapist explains to the children that when they become angry or anxious, the brain wants more air, but the lungs are working too hard being upset to provide it. However, if they breathe deeply, their brain will tell their heart to slow and the lungs will work better. The therapist then tells the children that if they take bubble breaths when they start to become angry, nervous, or tense, they can often prevent angry behaviors from happening.

Applications

Bubble Breaths can be used in an individual or a group format. It is a simple, inexpensive technique that is extremely engaging

and nonthreatening. This technique is especially useful in reducing anger, anxiety, or tension in children.

Worry Can

Therapeutic Rationale

Children often worry about numerous things that they keep bottled up inside. These worries may be the root of some of their presenting problems, such as fears, peer conflict, temper tantrums, and separation anxiety. Worry Can (by Debbie S. Jones; see Kaduson & Schaefer, 1997, pp. 254–256) is an effective method for helping children to identify and then discuss their worries with an adult and/or other children.

Description

Materials needed: a reclosable can, colored paper, markers, glue, and scissors.

First, the therapist cuts a strip of paper large enough to completely cover the can. The therapist then asks the child to draw or write “scary things” on one side of the paper strip and to color it with markers. Next, the strip is glued to the can, and the lid is put on the can. A slot large enough for a slip of paper to fit through is cut in the top of the can. The child is instructed to write down his or her worries on separate pieces of paper and then to place the strips of paper into the can. The child should then share some worries with the therapist or with other children if the activity is conducted in a group.

Applications

Worry Can may be used in an individual or a group format. It can be adapted to be used as an Anger Can or as a Sad Can. A variation of this technique is The Garbage Bag Technique (by Heidi Kaduson; see Kaduson & Schaefer, 2001, pp. 3–7). Two brown sandwich bags may be used as garbage bags—one for garbage from home and one for garbage from school. The child is instructed to decorate the garbage bags and then place three strips of paper, each with a separate problem, in each bag. The following session, the child picks out a piece of garbage to play out in miniatures or in role-playing. Often children will develop their own solutions to their problems. If this does not occur, the therapist should be directive and intervene with suggestions in the context of the play. The therapist needs to keep the play in the third person so as to allow the child to maintain enough distance from the problem in order to solve it.

Party Hats on Monsters

Therapeutic Rationale

Party Hats on Monsters (by David A. Crenshaw; see Kaduson & Schaefer, 2001, 124–127) is a drawing strategy designed to enable children to gradually face their fears in a nonthreatening, enjoyable manner. Most children find it more comfortable to express their fears through drawing as opposed to verbalizing them. Furthermore, children find it reassuring when they are not required to face their worst fear or anxiety immediately. By experiencing step-by-

step success facing the feared object, the children’s confidence and sense of mastery are increased.

Description

Materials needed: paper and drawing instruments (i.e., crayons, markers, paints, chalk, etc.).

The therapist begins by instructing the child to draw something that makes him or her feel happy or safe, such as a favorite activity. After the child completes the drawing, the therapist engages the child in a relaxing conversation about what was drawn. Next, the therapist asks the child to draw something that scares him or her just a little. The therapist then tells the child to change the drawing in a way that will make the feared object (e.g., a monster) seem less scary. For example, the child could shrink the monster, put a party hat on him, draw a superhero who turns the monster from mean to nice, and so on. Either while the child is modifying the drawing or after, the therapist remarks, “It is amazing how many children realize that when they change the picture on paper to make it less scary, they also change the picture in their head so that they are no longer frightened.” The therapist continues over time creating a hierarchy of the child’s fear.

Applications

This technique is appropriate for preschool and school-age children. Although it is beneficial for helping children face their common fears, it is especially effective for children who have anxiety disorders. This technique can be slightly altered by providing children with the option of sculpting their fears in clay.

A similar technique designed specifically to help children master their nightmares is Draw Your Bad Dream, developed by Nancy Boyd Webb (see Kaduson & Schaefer, 2001, pp. 159–162). Often children reduce their fears simply by the act of drawing the nightmare because it gives them a sense of control and mastery over it. First, the children draw the scary part of the dream. The therapist then validates the children’s fear and asks them how they would like to destroy the scary part of the dream. For example, they may decide to rip the paper into shreds, lock it in a filing cabinet so that it cannot get out, or scribble all over it in black so that it can no longer be seen. The children can also be asked to draw a happy, peaceful, “replacement” dream to bring home and hang near their beds.

Weights and Balloons

Therapeutic Rationale

A common challenge in therapy is making abstract therapeutic constructs understandable, meaningful, and concrete to children. Techniques that are enjoyable and “hands-on” are an ideal way to teach children these complex concepts. Weights and Balloons (by Celia Linden; see Kaduson & Schaefer, 2001, pp. 115–117) is an easy, effective technique for teaching children the somewhat complicated cognitive-behavioral theory of depression.

Description

Materials needed: a dozen helium balloons, paper and pen, and some type of weight (e.g., rocks, blocks, etc.).

The therapist and the child create a list of negative and positive thoughts that the child has about a specific situation or in general. The lists are kept separate by either putting them on separate sheets of paper or placing them in different columns. After the completion of the lists, the therapist explains how negative thoughts feed the feelings of depression and weigh us down. However, positive thoughts lift our spirits and help us to feel good. The therapist then explains how our thoughts directly influence our feelings and how we can change the way that we feel by altering our thoughts.

Following the explanation, the therapist assigns each negative thought a weight and each positive thought a balloon. The therapist then demonstrates how it feels to hold each of the objects. The child then holds each of the objects to get a sense of the physical sensation. For an older child, the weights can be incremental to represent more damaging thoughts. The therapist has the child hold all of the weights and walk around the room with them. This helps the child see how holding onto one's negative thoughts weighs one down. When the child is told to put the negative thoughts (weights) down, the child can see how it feels not to carry around all that weight anymore. Next, the therapist discusses the "weightlessness" of the positive thoughts and teaches the child how positive thoughts are helpful.

Applications

Weights and Balloons is an inexpensive technique that transforms a complex idea into something concrete and understandable. This technique is particularly useful for children who are depressed; however, it is useful with all children to illustrate the effect that thoughts have on feelings.

The Power Animal Technique: Internalizing a Positive Symbol of Strength

Therapeutic Rationale

Children who are referred for therapy often have low self-esteem, ineffective problem-solving skills, and difficult relationships with peers and adults. Therefore, primary therapeutic goals often include improving the child's positive sense of self and increasing his or her coping skills. However, it is often difficult for children to articulate what strengths they wished they had or what attributes would help them cope more effectively. The Power Animal Technique (by Deborah A. Hickey; see Kaduson & Schaefer, 2001, pp. 451–454) provides children with an imaginative and enjoyable method of internalizing those strengths and attributes that they desire.

Description

Materials needed: pictures of a large variety of animals, clay, and drawing materials.

The therapist shows the child pictures of a large variety of animals and asks the child to choose one that appeals to him or her. The therapist then asks the child to construct the chosen animal in clay or to make a mask with the animal face on it. The therapist follows the child's lead. Eventually, the therapist will ask the child to imagine what the animal might do in certain situations and how it might solve a specific problem. By regularly consulting with the animal, the therapist will help the child move deeper into an

internalization of the strengths and attributes the child projects onto the animal.

Applications

The Power Animal Technique is useful with any child who might profit from a positive introject. A similar technique is Shazam, by Donna Cangelosi (see Kaduson & Schaefer, 2001, pp. 455–457). The child is provided with a variety of art supplies and asked to create a "messenger" (i.e., an animal, an alien, a therapist, a cartoon character, etc.) small enough to fit on his or her shoulder, which will help the child solve problems. The child is told that this messenger is invisible to everyone but him or her and the therapist. The messenger remains with the child at all times to remind the child about available options for handling various problems. Eventually, the child internalizes the messenger.

A second comparable technique is Super Me, by Emily Nickerson (see Kaduson & Schaefer, 2001, pp. 25–28). The child describes those qualities that she or he would give to a superhero. The child then creates this superhero artistically, and the therapist tells a story of the child and the superhero solving a problem together. Again, the goal is for the child to internalize the strengths of the superhero. Nickerson uses this technique as a way to facilitate the termination process.

Using a Puppet to Create a Symbolic Client

Therapeutic Rationale

Puppets serve a crucial role in play therapy. Frequently, children project their thoughts and feelings onto puppets. In this way, puppets allow children the distance needed to communicate their distress. Furthermore, the puppets serve as a medium for the therapist to reflect understanding and provide corrective emotional experiences in the context of the children's play. Most children naturally project their experiences onto the puppets. However, some children are too fearful and withdrawn to become involved in any aspect of therapy. By using the puppet as a symbolic client (a game created by Carolyn J. Narcavage; see Kaduson & Schaefer, 1997, pp. 199–203), the therapist is able to engage these children and overcome resistance. The creation of the symbolic client removes the focus from the child, thereby increasing the child's comfort level and allowing him or her to remain at a safe emotional distance.

Description

Materials needed: puppets.

Once the therapist recognizes that the child is frightened, the therapist might show the child a puppet, remark that it is frightened, and reassure it of its safety. Next, the therapist should enlist the help of the child in comforting the puppet. By completing these few simple steps, the therapist has achieved three essential goals: The therapist has (a) responded and empathized with the child's feelings in a nonthreatening manner, (b) begun the child's participation in therapy, and (c) started fostering a positive therapeutic relationship with the child. The puppet often becomes a safety object for the child throughout therapy.

Applications

This technique is particularly effective for any child between 4 and 8 years of age who is anxious or withdrawn in the beginning stages of therapy. A variation of this technique would be to have the puppet present with the same problem as the child and to enlist the child's help in brainstorming solutions to solve the puppet's problem.

Broadcast News

Therapeutic Rationale

It is much easier for children to play out their problems than discuss them. Furthermore, children are better able to solve their own problems when they can distance themselves from them. Broadcast News (by Heidi Kaduson; see Kaduson & Schaefer, 2001, pp. 397–400) is an enjoyable, nonthreatening technique that enhances children's verbalization and problem-solving skills.

Description

Materials needed: video camera (optional), telephone, paper, table, and chairs.

First, the therapist introduces Broadcast News as a television news program starring the therapist and the "expert" (the child). Second, the therapist reports the news that will be covered; the child can add any news stories she or wants as long as it follows the theme of the program. Third, the therapist introduces the first news story, and restates that the child is the expert for the day. Fourth, following the completion of the introduction of the first story, the therapist states that there is a caller on the phone with a question for the expert. The therapist changes his or her voice to pretend to be the caller. All calls that are received pertain to the child's presenting problems. However, the caller's child should always be younger than the client. Fifth, the child answers all questions as the expert, thereby solving his or her own problems. If the child is unable to find an answer to a call, the therapist can direct the child to a puppet, the wizard, or any other source for consultation. The therapist is then able to help the child with generating solutions to the problems. The therapist can provide the family with a copy of the videotape if it would be of benefit.

Applications

Broadcast News is an extremely useful technique for highly verbal children 6 years of age and older. Children who are very outgoing will find this an easy activity, whereas children who are withdrawn or anxious may have some difficulty. Puppets can be used if the therapist thinks that the child needs more distance from his or her problems. A variation of this technique is to have a talk show where the child is the host. The therapist is the guest and guides what "issues" she or he is going to discuss.

A technique similar to Broadcast News is TV Show Storyboard, by Loretta Gallo-Lopez (see Kaduson & Schaefer, 2001, pp. 8–10). Prior to the session, the therapist prepares the storyboard by folding a piece of paper into six equal squares. In each square a simple TV set is drawn. At the beginning of the session, the therapist explains to the child that they will be creating the story for a pretend TV show, using words and pictures from the story-

board. The therapist asks the child to assign a title to the show, which is then written in the first TV, with a drawing to accompany it. In the second TV, the therapist can help introduce the show by writing something like, "Hello everyone! Welcome to the Sam Show. In today's episode . . ." The child should fill in the blank. The child then creates the story, with the guidance of the therapist if needed. If writing is difficult for the child, the therapist should offer to write in the words in order to reduce anxiety. For a child who is particularly resistant or hesitant, the therapist can create a fill-in-the-blank story. This technique allows children to explore significant issues while providing them with crucial emotional distance and structure.

The Spy and the Sneak

Therapeutic Rationale

The Spy and the Sneak (by Bria Bartlett-Simpson; see Kaduson & Schaefer, 1997, pp. 163–164) was designed to transform negative family interactions into positive ones, which would increase the family members' enjoyment of each other and improve their self-esteem. Parents begin to see many of their children's positive qualities and start to reward the good behavior. Children realize that they get more attention by acting in a positive manner than in a negative one.

Description

Materials needed: None.

The therapist meets first with the child and discusses sneaky positive behaviors that the child can do to surprise his or her parent. The child is told that he or she is a "sneak" and the parent is a "spy" who is going to try to discover what the sneak did. Together the therapist and child brainstorm three to five good behaviors, related to the treatment goals, for the child to accomplish the next week. The therapist then invites the parent into session and informs the parent of the plan and explains the role of the spy. The parent is to write down all of the good behavior that the child engages in for the week. The parent and child are instructed not to discuss the findings with each other. The next session, the therapist meets with the parent and child again and discusses what happened. The therapist should facilitate a discussion of how the child and parent feel when the child engages in these positive behaviors. The game should last for several sessions. Often, the parent will notice more positive behavior than the child planned. The child enjoys the positive attention that he or she receives as well as surprising his or her parent.

Applications

The Spy and the Sneak is a fun, engaging technique that involves no cost but results in huge therapeutic gains. This technique is excellent to use with any family that is experiencing negative interactions. After the family has engaged in the technique for a few weeks, the therapist may choose to instruct the parent and child to switch roles, with the child becoming the spy and the parent becoming the sneak.

Conclusion

The techniques described represent only a fraction of the creative play therapy strategies that are currently being employed by

child therapists across the country. The greater the number of play techniques that therapists have in their therapeutic toolbox, the better the likelihood that they will select the right tool for healing an individual child. In recent years, the development of innovative play therapy techniques has matched the significant gains made in play therapy theory and research. Still, the creative potential of play therapists remains largely untapped.

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