

GAME PLAY

THERAPEUTIC USE OF GAMES WITH CHILDREN AND ADOLESCENTS

THIRD EDITION

EDITED BY

JESSICA STONE | CHARLES E. SCHAEFER



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Game Play Therapy

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Therapeutic Use of Games with Children
and Adolescents

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&

Charles E. Schaefer

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PART ONE

INTRODUCTION

CHAPTER ONE

Game Play Therapy: Theory and Practice

CHARLES E. SCHAEFER and JESSICA STONE

HISTORICAL PERSPECTIVE

Children and people across the world have been playing games throughout recorded history. Indeed, archeologists have discovered 5000-year-old board games from Egyptian times. Games not only provide players with a source of amusement and entertainment, but they make important contributions to our general well-being and mental health. The Greek philosophers Aristotle and Plato knew the importance of games in fostering learning and development. Plato recommended that “in teaching children, train them by a kind of game and you will see more clearly the natural bent of each.” Recently child therapists have begun to realize that games are an untapped therapeutic resource. The playful aspects of games strengthen players’ motivation to engage in therapy and maximizes the therapeutic effect through better client involvement.

GAME PLAY IN PSYCHOTHERAPY

Loomis’s (1957) article describing the use of the game of checkers was the first published article on the therapeutic use of conventional games. Loomis used checkers as a means of handling children’s resistances to therapy and introducing interpretations. The first made-for-therapy board game was *The Talking, Feeling, Doing Game*

by the child psychiatrist Richard Gardner, published in 1973. It is still one of the most popular tools used in child psychotherapy. Because games are designed to be enjoyable and interesting, they are powerful motivational tools for children to engage in the work of therapy.

In particular, latency-aged (aged ~5–onset of puberty) children are drawn to board games. Stone (2016, p. 313) asserts that “some of the important aspects of playing games include communicating verbally and nonverbally, reciprocal respect, learning how to share, patience, taking turns, and having fun while connecting with others.” When children reach elementary school age, they become more reality oriented, so structured games become more attractive to them than sensory play or fantasy play with dolls.

The use of therapeutic games by child and adolescent therapists has increased dramatically in the past few decades, and the number of available games has mushroomed. There are now over 1000 games available for treating the psychological and social problems of youth. Game play therapy is a frequent treatment choice for youth by therapists of diverse orientations, including psychoanalytic (Bellinson, 2002), Gestalt (Carroll & Oaklander, 1997), Adlerian (Kottman & Meany-Walen, 2016), and cognitive-behavioral (Knell, 1997).

GAME PLAY THERAPY: BASIC CONCEPTS

DEFINITION OF A *GAME*

A *game* can be defined as an interactional activity of a competitive or cooperative nature involving one or more players who play by a set of rules that explain the content of the game. According to Schaefer and Reid (1986), games have six basic characteristics:

1. Playing a game is an enjoyable activity.
2. Games have an as-if quality that separates them from real life and allows for fantasy experiences.
3. Rules exist or are created that define and restrict the behavior of the players and add organization and structure to the game.
4. A contest is implied or explicit in games, in that players compete either with each other or with themselves in order to achieve a goal.
5. Games, by virtue of their structured makeup, pose a challenge to players. At the lowest level, the challenge is to play with other people in a

self-controlled, cooperative fashion. More complex games require more in terms of emotional control, intellect, and social skills.

6. Game playing usually involves interaction between two or more players.

TYPES OF GAMES

Games can be classified into three main types in terms of what determines the outcome (Sutton-Smith & Roberts, 1971): (i) games of physical skill, in which the outcome is determined by the players' motor activities; (ii) games of strategy, in which rational choices among possible courses of action determine the outcome; and (iii) games of chance, in which the outcome is uncontrolled by the players (e.g., guesses or some sort of artifact such as a die or a wheel).

THERAPEUTIC POWERS OF GAME PLAY

Among the multiple therapeutic benefits of game play are the following:

1. *Therapeutic alliance.* Experiencing mutually positive affect through playing a game together helps establish rapport and a working alliance between therapist and child.
2. *Self-control.* The focus of many games is to help the child learn self-control coping skills, such as anger management, and relaxation (Swanson, 1986).
3. *Moral development.* Games are activities in which the fundamental elements of moral development—rule conformity and acceptance of group socialization norms—are integrated components of the play process (Piaget, 1965; Serok & Blum, 1983).
4. *Self-expression.* The intense affective involvement that commonly accompanies game playing, together with their separation from reality constraints, tends to result in the expression of feelings, thoughts, and attitudes that ordinarily would not be disclosed (Capell, 1968). Moreover, integrating games with the expressive arts (e.g., Winnicott's Squiggle Game [Ziegler, 1976]), facilitates a child's self-expression by combining elements of drawing, storytelling, and game play.
5. *Executive functioning skills.* Strategy games like mancala help children learn to slow down, pay close attention, stop and think, plan ahead, and anticipate consequences of their actions (Diamond & Lee, 2011).

6. *Mood elevation.* Among the numerous positive emotions triggered by game play are excitement, enjoyment, interest, flow elation (flow), and fun.
7. *Self-esteem.* Accomplishing the goals of a game gives players a sense of achievement and competence.
8. *Stress release.* For children under stress, such as those about to undergo a medical procedure, games provide a form of escape from reality for a while.
9. *Attachment formation.* Playing nurturing games enhances attachment feelings between caregivers and children.
10. *Social skills.* Games are ideal situations for teaching a range of social skills, including taking turns, sharing, cooperation, conflict resolution, and good sportsmanship (Oden & Asher, 1977).

ADVANCES IN THE PRACTICE OF GAME PLAY THERAPY

There have been a number of major advances in the field since the publication of the second edition of *Game Play: Therapeutic Use of Childhood Games* (Schaefer & Reid, 2001). Among the most significant are these five:

1. There has been a great increase in the number and quality of readily available therapeutic games for children and adolescents.
2. There are now “disorder-specific” games designed to treat all the common presenting problems of youth, including internalizing disorders (e.g., anxiety, depression); externalizing disorders (e.g., aggression, attention-deficit/hyperactivity disorder); and developmental disorders (e.g., autism spectrum disorders). This matching of specific game treatments for specific disorders improves their efficacy as well as the practice of short-term psychotherapy.
3. The clinical use of electronic games with children and adolescents has expanded rapidly with proven effectiveness.
4. In addition to specifically designed psychotherapy games, a growing number of commercially available games are being modified for therapeutic purposes.
5. In the past, game play therapy was used as an ancillary intervention to other forms of therapy. Currently, game play therapy is used more and more as the sole or primary intervention for a variety of childhood disorders.

SUMMARY AND CONCLUSION

Game play therapy is an exciting and rapidly expanding clinical frontier. This structured form of play therapy appeals to child and adolescent therapists because of its time-limited nature, popularity with youth, and efficacy for such specific disorders, such as aggression, anxieties, fears, and attention-deficit/hyperactivity disorder. Games can be adapted for clinical, group, and school setting.

Designed for both beginning and experienced clinicians, this practical guide book provides expert guidance on how to select and apply games to maximize their therapeutic potential. Indeed, the wide scope of therapy games enables one to implement all major therapeutic powers of play.

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CHAPTER TWO

Parent Involvement in Children's Game Play: Accelerating the Therapeutic Impact

MARY ANNE PEABODY

INTRODUCTION

Children deserve empirically supported interventions to prevent or treat mental health concerns. Developmentally, children must rely on adults, typically their parents, to locate and provide them with the services they need. While it is parents who are chiefly responsible for initiating treatment and facilitating attendance of their child (Nock & Kazdin, 2005), simply ensuring a child attends treatment is not the same as being an engaged parental participant in the therapeutic process. Parent participation engagement (PPE) includes sharing opinions and providing one's point of view, asking questions, discussing feelings, as well as participation in therapeutic activities, such as games and role-plays (Haine-Schlagel & Walsh, 2015; Karver, Handelsman, Fields, & Bickman, 2005; Staudt, 2007). PPE also includes parental follow-through with therapist-generated homework, such as practicing the social skill of turn-taking during board game playing to advance treatment goals (Hoagwood, 2005; Karver et al., 2005).

Prior research indicates when PPE is high, treatment effectiveness improves (Dowell & Ogles, 2010; Friedberg & McClure, 2015; Karver, Handelsman, Fields,