



BACKGROUND

Trust the family to know what they need.

Solution-focused brief therapy (SFBT), developed by Steve de Shazer, Insoo Kim Berg, and their colleagues at the Milwaukee Brief Family Therapy Center, positions clients as the experts on their lives, and therefore, as the experts on solutions that will work for them. We may have ideas about what will be helpful, but only they know whether something has helped or not, and only they know what their lives will look like when things are somehow better in the future. Therapy is future-focused and concerned with eliciting instances of the desired future already happening in the present. We assume that this future does not include the problem, or that the problem has been transformed somehow so that it is not problematic (de Shazer, Dolan, Korman, Trepper, McCollum, & Berg, 2007). Using solution-focused brief therapy with children is a good fit because children naturally think about the future rather than the past, are intrigued by the idea of miracles and wishes, and will happily focus on what they are doing right rather than what they are doing wrong (Berg & Steiner, 2003; Selekman, 1997). Additionally, SFBT facilitates collaborative, client-focused goal setting when working with families.

SFBT TENETS AND CHILDREN

There are many resources for learning the nuances of SFBT (Berg & Dolan, 2001; de Shazer, 1985; de Shazer et al., 2007; Ratner, George, & Iveson, 2012). There are a few texts that apply SFBT to children and families (e.g., Berg & Steiner, 2003; Ratner & Yusuf, 2015; Selekman, 1997, 2010), and still others that include children in case examples (De Jong & Berg, 2013; Lipchik, 2002; Nelson, 2010; Nelson & Thomas, 2007).

The professional literature on SFBT and children is present but sparse. This book aims to add to the scant literature integrating SFBT and child therapy and play therapy.

To begin our integration, let's look at the basic tenets of SFBT (de Shazer, 1985; de Shazer et al., 2007) in light of working with children, and specifically with a blended family of six as an example.

If It Isn't Broken, Don't Fix It

Trust the family to know what they need. A blended family I worked with asked for help in reducing fights between the children. The family of six consisted of a Mom and her two kids and a Dad and his two kids. I learned that Dad was a widower; his two children had lost their mother to cancer. They were not asking for grief counseling; I made no assumptions about the impact this unfortunate event had on the children's behavior or well-being.

If It Works, Do More of It

I learned that the four children sometimes had fun together and had even combined some of their toy collections. As we explored solutions I knew *getting along* was a skill they already had.

If It Doesn't Work, Do Something Different

Mom expended lots of energy most mornings trying to get the kids up and going for school. She said she was tired of hollering up the stairs for them. She said the hollering didn't work anyway; she would have to go upstairs and drag them out of bed, annoyed that the day was already off to a bad start. I asked her to describe an ideal morning. What will happen instead?

Small Steps Can Lead to Big Changes

The children liked the idea of mom making breakfast, part of her ideal morning, so the family made a plan to change their morning routine. They predicted how it might even improve their school and work days. At our next appointment we made a long list of all the ripple effects that their simple routine shift facilitated. Mom exclaimed *there is even less fighting!*

The Solution Is Not Necessarily Directly Related to the Problem

Purchasing alarm clocks and cooking pancakes, eggs, and other yummy breakfasts for anyone downstairs by 7:20am really didn't have a direct relationship to the children fighting.

The Language for Solution Development Is Different Than That Needed to Describe a Problem

In exploring what difference it would make to have these morning changes, parents and children were hopeful, even excited about future mornings. A discussion about the problem surely would have included negativity, blaming, and intractable problems.

No Problem Happens All of the Time; There Are Always Exceptions That Can Be Utilized

I learned that when the children had something they were looking forward to they were up and ready all by themselves. A recent example was a school ski day. The children were downstairs, dressed, with ski gear by the door and chattering happily.

The Future Is Both Created and Negotiable

The seven of us (four kids, two parents, and one therapist) had a lively collaborative discussion about their future. They designed the ideal morning, complete with playful illustrations on a giant whiteboard. I asked questions to elicit details and more details. When I saw them a week later, the mom and kids attended the session and described what was better. I asked if they knew if Dad noticed a difference. Mom laughed and said *he'd have to be dead not to notice the difference.*

LET'S PLAY

Drawing and writing on the whiteboard provided a playful way for each member of this family to be involved. The importance of play is well documented. The American Academy of Pediatrics reports that “Play is so important to optimal child development that it has been recognized by the United Nations High Commission for Human Rights as a right of every child” (Ginsburg, 2007, p. 1). Poverty, neighborhood violence, excessive screen time, reduced recess, and limited physical education, as well as a hurried and pressured lifestyle, often deprives children of the protective benefits of child-driven play (Elkind, 2007; Ginsburg, 2007). Richard Louv (2008), in *Last Child in the Woods: Saving our Children from Nature Deficit Disorder*, has amassed the literature supporting the position that nature-play and especially self-directed exploration and free play are vital to the physical and mental health and well-being of children and adults.

Fred Rogers, aka Mister Rogers, taught us that play is the way children learn to cope with life and prepare for adulthood. He said, “Play is often talked about as if it were a relief from serious learning, but for children, play *is* serious learning” (Moore, 2014, n.p.). The position of a favorite educational television personality parallels the research on child development and play. Play creates positive feelings between those who play and facilitates social, cognitive, physical, and relational skill development.

You can discover more about a person in an hour of play than in a year of conversation.

(Attributed to Plato, n.d.)

Play as a Therapeutic Tool

Using play in therapy is transtheoretical, just as using talk is transtheoretical. Therefore, play is a tool, and, like talk, is an important communication tool.

Play therapy is the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychological difficulties and achieve optimal growth and development.

(Association for Play Therapy Board, n.d.)

I read *Dibs in Search of Self* (Axline, 1964) in a high school psychology class. I was captivated by this idea of play therapy, which built on a desire that was present in me years earlier to somehow be helpful to kids who felt sad, lonely, or scared. Post-master's degree, when I started attending conferences on play therapy, I was astonished to flashback on this book as I learned that its author, Dibs' therapist, Virginia Axline, was in fact one of the pioneers of non-directive play therapy.

Non-directive play therapy is based on the assumption that children have within them the ability to solve their own problems. The therapist accepts and starts where the client is and exclusively follows their lead (Axline, 1947). The therapist in directive play therapy, in contrast, plays a much larger role in guiding the play: structuring the session, interpreting play themes, and guiding the child in the direction the therapist sees as most useful. Some play therapists are proponents of a rigid separation, directive or non-directive. I believe, as does Eliana Gil (1994), that the two approaches can be successfully integrated. A collaborative approach would have the child, parent, and therapist co-constructing the therapy conversation.

SYSTEMIC CONSIDERATIONS

Systems theory (von Bertalanffy, 1968) looks at the mutual influences of family members on each other, thus moving away from an 'identified patient' model and towards a way of understanding the problem and solution in the context of the system from where they emerge. SFBT is "based on some of the same interactional and systemic ideas as family therapy" (Berg, 1994, p. 9). Family play therapy is the convergence of play therapy and family systems. Therapy too often expects children to engage in adult conversation or ignores the children because they are developmentally incapable of adult conversation. A family play therapist, in contrast, "enters, and directs parents to enter, the world of children" (Gil, 1994, p. 37).

Play therapists who work exclusively with children may unwittingly be marginalizing parents and reducing their positions as experts and leaders on their own families. Parents play an important role in therapy and are a valuable resource for children. Of course there are times when it is not feasible, safe, or legal for parents to participate in therapy. There are times when family therapy is conducted without the child present. The needs of each family, their situation, their best hopes for therapy, as well as our clinical judgment, are all to be considered when deciding who will be present.

When it is safe and feasible, consider including both parents and children. The benefits and creativity will surprise you.

In a recent article in the *Journal of Marriage and Family Therapy*, my friend and colleague Amber Willis reports the findings of her observational study on family play therapy. Time spent in play-based activities is a significant predictor of child talk time, even when other variables are controlled. Children are likely more comfortable and therefore more talkative when they engage in play activities. Family play therapy is associated with greater child participation, improved quality of child–therapist alliance, and more positive emotional experiences (Willis, Walters, & Crane, 2014).

SOLUTION-FOCUSED PLAY THERAPY

Solution-focused play therapy (SFPT) uses play and toys as conversational tools to not only increase client engagement, but to design the ideal future and move towards it. Integrating SFBT, play, and family therapy serves to strengthen relationships and gives everyone a voice in solution building for joint efforts in identifying what will be happening when goals are met and therapy is finished. “The therapist’s role is to make the child’s strengths, competencies, and abilities more evident to the child and to the involved adults” (Berg & Steiner, 2003, p. 5).

Toy Selection

Toys in SFPT are conversational tools, versus symbolic (as in many traditional forms of play therapy). As a therapist, I don’t infer meaning about selected toys. Rather than make assumptions about a child’s selection, we can simply ask questions. *Tell me about what you wrote on the whiteboard. What things/ideas do you want to keep? Are there any you want to erase? When things are better, what else will be written here? If your dad wrote what he admires about you, what would he write?* Reflecting and clarifying are powerful ways to witness and validate a child’s story and assist in solution building. Toys should generally not have an identity already assigned to them. I steer away from characters from movies, cartoons, and fairy tales. I prefer toys that are more open to the child’s interpretation. Animals, people, cars, cash register, play money, building things, ladders, and art supplies are great toys to have on hand. Children are used to manipulating items to learn about math and other school subjects. A hands-on math problem might be *count out four apples and three oranges; how many pieces of fruit do you have?* Counting toys are

great for scaling conversations: beads, marbles, abacus, and checkers are examples. Specific toys and interventions are discussed in subsequent chapters.

Get-to-Know-You Toys

- Build a tower together; for each block you add, tell one thing about yourself.
- String beads on a pipe cleaner and tell one thing about yourself for each bead.
- Parents, children, and therapist all take turns talking about interests, grade in school, age, pet ownership, favorite hobbies, and what they appreciate about each family member. The therapist can modify this in many ways to gather needed information.

Tell-a-Story Toys

- Puppets can be used to describe a desired future.
- Draw your family and tell something you like (i.e. how they help you) about each one.

Office Supplies as Talking Tools

- Masking tape is great to write on and identify how much is the right amount.
- Copy machines can shrink things and grow things.
- Shredders get rid of things.
- Sticky notes and labels identify important ideas.

Over the years, families have shown me that experiential activities usually result in more animated conversations in therapy sessions. This might be partly due to my personality and the fact that I gravitate toward experiential learning and play myself, but the research does seem to support this position. I hope this chapter has laid out the rationale for integrating play and solution-focused brief therapy in a way that intrigues you and gets your own creative skills flowing. The nine chapters to follow are an acrostic of the word *HOPSCOTCH*. When you read Chapter 6 it will be clear that a child's game of hopscotch was quite a therapeutic gift. Enjoy!

REFERENCES

- Association for Play Therapy Board (n.d.). Retrieved from www.a4pt.org/?page=aboutapt.
- Axline, V. (1964). *Dibs in search of self*. New York: Ballantine Books.
- Axline, V. (1947). *Play therapy*. New York: Ballantine Books.
- Berg, I. K. (1994) *Family based services: A solution-focused approach*. New York: Norton.
- Berg, I. K. & Dolan, Y. (2001). *Tales of solutions: A collection of hope-inspiring stories*. New York: Norton.
- Berg, I. K. & Steiner, T. (2003). *Children's solution work*. New York: Norton.
- De Jong, P. & Berg, I. K. (2013). *Interviewing for solutions*. 4th ed. Belmont, CA: Brooks Cole.
- de Shazer, S. (1985). *Keys to solution in brief therapy*. New York: Norton.
- de Shazer, S., Dolan, Y., Korman, H., Trepper, T., McCollum, E., & Berg, I. K. (2007). *More than miracles: The state of the art of solution focused brief therapy*. New York: Routledge.
- Elkind, D. (2007). *The power of play*. Philadelphia: Da Capo Press.
- Gil, E. (1994). *Play in family therapy*. New York: Guilford Press.
- Ginsburg, K. R. (2007). The importance of play in promoting healthy child development and maintaining strong parent–child bonds. *American Academy of Pediatrics*. 119: 1. Retrieved from <http://pediatrics.aappublications.org/content/119/1/182>.
- Lipchik, E. (2002). *Beyond technique in solution-focused therapy*. New York: Guilford Press.
- Louv, R. (2008). *Last child in the woods: Saving our children from nature deficit disorder*. Chapel Hill, NC: Algonquin Books.
- Moore, H. (2014). Why play is the work of childhood. Retrieved from: www.fredrogerscenter.org/2014/09/23/why-play-is-the-work-of-childhood.
- Nelson, T. & Thomas, F. (Eds.) (2007). *Handbook of solution-focused brief therapy: clinical applications*. New York: Routledge.
- Nelson, T. (Ed.) (2010). *Doing something different: Solution-focused brief therapy practices*. New York: Routledge.
- Plato (n.d.). Retrieved from: www.brainyquote.com/quotes/quotes/p/plato166176.html.
- Ratner, H., George, E. & Iveson, C. (2012). *Solution focused brief therapy: 100 key points and techniques*. New York: Routledge.
- Ratner, H. & Yusuf, D. (2015). *Brief coaching with children and young people: A solution focused approach*. New York: Routledge.

BACKGROUND

- Selekman, M. D. (1997). *Solution-focused therapy with children: Harnessing family strengths for systemic change*. New York: Guilford Press.
- Selekman, M. D. (2010). *Collaborative brief therapy with children*. New York: Guilford Press.
- von Bertalanffy, L. (1968) *General system theory: Foundations, development, applications*. New York: Norton.
- Willis, A. B., Walters, L. H., & Crane, D. R. (2014). Assessing play-based activities, child talk, and single session outcome in family therapy with young children. *Journal of Marital and Family Therapy*. 40:3, 287–301.