

Emotionally Focused Family Therapy and Play Therapy Techniques

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Emotionally Focused Family Therapy provides a framework for understanding children's behaviors in terms of attachment needs of comfort and support. However, when working with young children, play therapy is often developmentally preferred over "talk therapy." By integrating play therapy techniques within an Emotionally Focused Family Therapy theoretical framework, therapists can help parents understand and meet their child's needs for affection and comfort. This article will discuss how play therapy techniques can be integrated with an Emotionally Focused Family Therapy theoretical framework for work with young children and their families.

Emotionally Focused Therapy is an empirically validated treatment model for couples (EFT; Greenberg & Johnson, 1988). EFT has also been used with families and is referred to as Emotionally Focused Family Therapy (EFFT; Johnson & Lee, 2000). Although the EFFT model is useful in working with children and families, common EFFT techniques are not always conducive for work with young children due to the verbal and cognitive abilities of children. When working with young children, play therapy techniques are often used (Schaefer & O'Connor, 1983). Play therapy has been used since the 1930s and numerous techniques have been developed over the years (Axline, 1969). This article will discuss how play therapy techniques can be integrated with an EFFT theoretical framework for work with young children and their families.

PLAY THERAPY

One of the challenges in working with young children and their families is that the adults and young children operate in different worlds. Adults

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have the verbal ability to express their thoughts and emotions, whereas young children have not yet developed adequate skills to do so. Adults usually encourage children to enter the adult world through using words to verbalize their experiences; however this often proves unsuccessful. On the contrary, adults who enter the child's world are not only able to gain an understanding of the child's experiences but also develop emotional connectedness (Guernsey & Guernsey, 1989). Gil (1994) argues "adults must stop inflicting adult interactions on children and making demands that children participate in ways they cannot successfully negotiate" (p. 37). Consequently, young children need an alternative avenue in which to express themselves.

Play provides children with opportunities to express their thoughts and feelings both verbally and nonverbally. Play helps children develop problem-solving and competence skills (White, 1966); provides a place for children to digest experiences and situations (Piaget, 1969); and allows children to deal with behaviors and concerns by playing them out (Erikson, 1963). Nickerson (1973) believes play is a natural medium for self-expression that facilitates a child's communication and allows an adult a window through which to observe and enter the child's world. However, Chethik (1989) points out that play in itself does not usually produce change and that it is the therapist's interventions and utilizations of play that creates change.

There are numerous play therapy techniques that therapists utilize when working with children. Some of these include nondirective play, puppets, drawings and art, storytelling, sand play, water play, and mud or clay (Schaefer & O'Connor, 1983). Several theoretical models have integrated these techniques for working with young children, which include psychodynamic, cognitive behavioral and filial therapy. EFFT is another theoretical model that lends itself for work with children but the current literature lacks the integration of play therapy techniques with the model.

EMOTIONALLY FOCUSED FAMILY THERAPY MODEL

EFFT combines affect regulation and attachment theories with systemic and experiential approaches. EFFT assumes that problems in relationships are maintained by rigid negative interaction patterns that reflect emotional states of fear and anger. The maladaptive behaviors found within these negative interaction patterns can be viewed as attachment dilemmas resulting in separation distress. The way an individual's attachment needs for security, protection, and contact are enacted, constrained, or denied can be problematic (Johnson, Maddeaux, & Blouin, 1998). Securely attached individuals tend to turn to attachment figures for comfort and are independent and confident. Conversely insecurely attached individuals either heighten expressions of anger and distress and aggressively demand reassurance or disengage and

minimize expressions of distress particularly during times when they are in most need of support (Johnson et al., 1998).

The goal of EFFT is to reprocess experience and reorganize interactions in order to create secure attachment bonds that optimize family members' abilities to regulate emotions, problem solve, and communicate (Johnson, 1996; Johnson & Lee, 2000). In other words, EFFT facilitates the reestablishment of connection between family members through encouraging new emotional and interaction experiences.

Change is brought about by the therapist: (1) Fostering a safe therapeutic alliance to enhance engagement in the change process, (2) Accessing and expanding emotional responses in an attachment context, and (3) Restructuring key interactions (Johnson, 2004). Specific interventions (e.g., validation, heightening, and reframing) to help therapists accomplish each of these tasks are outlined in Johnson (2004).

The change process occurs in shifts. The first shift includes the de-escalation of the negative interactional cycle (Johnson, 2004). A common interaction pattern in EFT is the pursue-withdraw pattern. In this pattern, the identified pursuer typically blames or attacks the withdrawer. The withdrawer is generally more passive and withdraws from the pursuer. De-escalation occurs when the withdrawer becomes more engaged and the pursuer becomes less reactive.

The second shift includes withdrawer engagement (Johnson, 2004). This occurs when the withdrawer begins to make more risks by expressing his or her wants and needs. He or she then becomes more emotionally engaged with the other. Once the withdrawer becomes more engaged in the relationship, the pursuer softens, also becoming more vulnerable and making more emotional risks (Greenberg & Johnson, 1988). Lastly, the withdrawer is able to be more supportive and comforting to the pursuer and vice versa. In turn, each partner's attachment needs begin to be met, which leads to more bonding interactions and better communication and problem solving (Johnson, 2004).

STAGES OF EFT/EFFT

EFT/EFFT consists of nine steps that are divided into three stages (Johnson, 1996). For sake of simplicity, we will summarize only the three stages. A description of the nine steps is available from numerous sources (e.g., Johnson, 1996; Johnson & Denton, 2002). Although the stages are usually described in terms of couples, or parents and older children, we have adapted the descriptions slightly so as to be applicable to work with young children.

Stage One: Cycle De-Escalation

Following assessment and creation of an alliance, the first stage is cycle de-escalation. In this stage, the therapist uses lenses of affect regulation

and attachment to track the problematic cycle and explore the parent's and child's underlying emotions and attachment needs. Particular attention is paid to how parents and children pursue and withdraw from one another. Problems are then reframed in terms of this cycle, so that the cycle is seen as the enemy (Johnson & Denton, 2002). For example, when 6-year-old Billy is not able to complete a task successfully he becomes frustrated and demands that his mom finish the task for him. When mom refuses to help, Billy physically attacks her, which leads her to leave the room telling him that she will not talk to him until he has calmed down. Billy runs after mom and hits her more. The therapist suggests that mom cares about Billy and wants him to master a task independently, rather than taking over. The therapist also reframes Billy's behavior as fear of losing his mom rather than defiance and anger. Then the therapist suggests that anger and frustration escalate the interactions between mom and Billy and wonders how the family can deal with anger and frustration in a different way.

Stage Two: Restructuring Interactions

In the second stage of therapy, the therapist delves deeper into attachment needs and helps each family member articulate and own those needs and corresponding emotions. With young children, the therapist needs to become the voice for the child, and help parents understand the child's attachment needs and behaviors. The therapist then helps parents process and accept their own and their child's experience. Next, the therapist works with the withdrawn parent or child to actively engage him/her in the relationship and to soften the pursuing parent or child by highlighting vulnerabilities and attachment needs. Once family members have been helped to experience one another in a new light, bonding events can occur to repair or create a secure bond. As a result, the child experiences a change in his/her internal working models of self and parent(s). The child can view herself/himself as lovable and deserving of comfort, and the parent as safe and able to provide comfort. In the example of Billy and his mom, the therapist helps mom to see the fear (of failure and ultimately losing mom) behind Billy's frustration and anger and encourages mom to stay with Billy rather than withdrawing and denying her frustration and fear. Billy is encouraged to express his frustration via play, which the therapist translates into fear. Then mom and Billy learn alternative strategies of affect regulation that do not escalate into the pursuer/withdrawer cycle. These strategies include mom giving Billy a soothing and encouraging hug when he gets frustrated and staying with and helping him to complete the task without taking over. This makes Billy feel safe and his frustration decreases, which helps him to complete the tasks. At the same time mom's frustration decreases and she feels less of an urge to withdraw.

Stage Three: Consolidation and Integration

In this stage the therapist reflects and helps the family enact the new cycle. The therapist and family work together to discuss how the family members have changed their interactions (Johnson & Denton, 2002). Parents are also coached to resolve concrete problems and pragmatic issues using their new patterns of interaction. In this stage the therapist explores the strategies mom and Billy have used at home when Billy gets frustrated with a task and how they have avoided falling back into the escalating pursuer/withdrawer cycle that lead to Billy hitting mom. Mom reports that when Billy gets frustrated now she stays and verbalizes the emotion for him. Then she asks how she can help to complete the task. Together they develop a play strategy by which Billy is in the lead and mom is the helper, until a solution is found. Both end up with a sense of mastery, Billy of having been in charge of the task process and mom of having been a supportive parent.

INTEGRATION OF EFFT AND PLAY THERAPY TECHNIQUES

While we believe EFFT provides an excellent theoretical framework for understanding children's behaviors in terms of attachment needs of comfort and support, we also recognize that using a form of talk therapy can be difficult when working with young children. As a result, we have integrated some play therapy techniques with EFFT as a way to utilize EFFT with families of young children. For a more detailed outline of the EFT techniques see Johnson (2004).

Assessing and Tracking the Interactional Cycle

Tracking the family's interactional cycle is one of the important features of EFFT. However, in working with families of young children it may be difficult to track the family's interactional cycle and understand each member's position due in part to working in two different worlds, the adult world and the child's world. The therapist is the bridge between the adult world and the child's world. In order to negotiate the two worlds several different strategies can be utilized.

First, the therapist can meet with the parents to identify the presenting issues, issues of conflict, and to start tracking the family's interactional cycle based on parental reports. The therapist focuses on how family members interact around issues of conflict. The therapist also validates each of their positions. This is very similar to how one would assess the interactional cycle with an adolescent and his/her family except the child is not actively participating.

Once the therapist has a good understanding of the interactional cycle and the parent's position, the therapist can begin to validate and understand the child's position. This can be accomplished through directive and non-directive play. Filial therapy is an evidence-based approach that uses non-directive play very effectively (Guernsey & Guernsey, 1989). Filial therapy allows the child to engage in non-directive play while the therapist reflects the child's experiences back to the child. This allows the therapist to start to join with the child and validate his/her experiences. During this non-directive play time, the therapist looks for emerging themes that may lend insight into the child's position within the interactional cycle, and to identify the child's attachment style and needs.

For example, eight-year-old Ann has been brought to therapy by her parents because she refuses to go to school. In a session with the parents, the therapist finds out that dad becomes very impatient with Ann in the morning when she does not get ready for school on time. The more he pushes her, the more Ann fails to comply and eventually withdraws into the bathroom crying. Mom's attempts to talk with Ann eventually lead to her missing the school bus. This makes dad so angry that he storms out the door yelling at both mom and Ann. By that time Ann is so upset that she refuses to go to school. Mom feels so guilty that she stays home with her. In a non-directive play therapy session with the therapist Ann enacts the following scenario with puppets: a puppy (representing Ann) does not want to play, because she is afraid that the daddy dog is going to run away and not come back ever again. The mommy dog has the same fear. So the puppy actively soothes the mommy dog and tells her that she will never grow up and run away and stay with mommy for the rest of her life (i.e., that Ann will not go to school).

Directive play such as doll house play may also be helpful in understanding the interactional cycle. The child may play out the interactional cycle through the use of dolls. The therapist can then use the opportunity to validate the doll's position, which indirectly validates the child's position. Seeing the interactional cycle being played out in the child's play allows the therapist to understand the child's position and how the child views the interactions with his/her parents.

In addition to directive and non-directive play, it is of value to observe the child's behaviors during the separation and reunion process with each parent. Observing how the child responds when the parent leaves to sit in the waiting room and when the child returns to the parent can provide valuable information about the child's attachment style (i.e., secure, avoidant, ambivalent, disorganized). In addition, one can begin to understand what type of working models the child has. For example, in terms of internal working models, it would be interesting to know whether the child views the parent as someone that he/she can trust to meet his/her needs and provide comfort or if he/she views the parent as unavailable emotionally. In Ann's case it became apparent that she did not trust her dad to be emotionally and

physically available. Ann's internal working model does not reflect a secure attachment.

A final technique used to assess the interactional cycle is structured and unstructured family play. The therapist can have the family engage in play while the therapist observes their interactions. The therapist is observing the interactions among the different family members to help assess each attachment position (pursuer/withdrawer). Therapists should keep the following questions in mind: Which parent engages in play with the child or do they both? Who does the child initiate play with or does he/she go off to play by him/herself? If the child has siblings, what are the interactions with the child and his/her siblings? If the therapist is fortunate, the family may enact their interactional cycle during this time. In a structured play therapy session with Ann's family the therapist asks the three family members to create a puppet play with a beginning, a middle, and an end (Gill, 1994). Ann selects the same puppy as during the individual play session. Mom chooses a cat, while dad finds a grim looking gorilla. As the story unfolds the gorilla tries to take control of the situation by telling the cat and the puppy what to do. The puppy runs away, while the cat does not know what to do. When the gorilla yells at the cat the puppy comes back and comforts the sad cat. At the conclusion the therapist processes the play by asking family members questions such as: When the puppy ran away how did the cat and the gorilla feel? When the gorilla hit the cat how did the puppy feel? How would you feel if you were the gorilla? Has something similar happened to you?; and How did you feel when that happened?. Through this, the therapist can develop possible ideas of the family members' underlying emotions.

Assessing Underlying Emotions

Accessing underlying emotions is another important component of EFFT. Family members must learn to identify and express the more vulnerable emotions they are feeling, which tend to be concealed by their less vulnerable, overt emotions. For example, a father may appear angry with his daughter when she arrives home past her curfew. However, underneath his anger he may actually be fearful of the possible dangers his daughter could be experiencing. In this example, the daughter would probably see her father's anger, but not the fear he is experiencing.

After the underlying emotions are accessed, they can be used, along with the attachment needs, to describe the interactional cycle in which the family members engage, which is discussed in the previous section. While for older children underlying feelings are accessed through talk, it is more challenging to access underlying feelings using talk therapy with younger children. Some strategies for accessing underlying feelings with younger children are discussed below.

The color-your-life technique could be used to access young children's underlying emotions (Schaefer & O'Connor, 1983). In this technique, therapists ask children to pair a color with a specific emotion (e.g., happy = yellow, angry = red, sad = blue, scared = purple). Once the children have a manageable number of color/emotion pairings, usually about eight, children can then use crayons and paper to draw. The children should be instructed to use the colors to show the feelings they experience. Therapists can say things such as, "If you have been happy about half the time in your life then half of the paper should be yellow" (Gil, 1994).

Additionally, one of the authors designed a game to access young children's underlying emotions, which she calls the hot-warm-cold game. This game was especially helpful with a 7-year-old boy, Joey, who was reluctant to be in therapy with his mother, was fairly emotionally avoidant, and was challenging to engage in both "talk therapy" and play therapy. During this game, Joey could remain silent while the therapist and Joey's mom guessed at what he might be experiencing. Joey then used colored chalk on the chalkboard to let the therapist and his mom know whether or not they understood his experience (i.e., cold being inaccurate, hot being very accurate). In this case, Joey was able to reveal that he experienced his mother as withdrawing from him. The mother was then able to begin to understand Joey's position.

Helping Family Members Accept Each Other's Positions

When working with parents and young children, it is important to use this piece of EFFT to help the parents hear and understand their children's need for comfort and connection. Again, young children tend not to verbalize their affect and attachment needs. Therefore, it is important to help parents understand their child's position, but to do so in such a way that the parents do not feel blamed. By helping the parents to understand their child's position, they begin to understand how their interactions affect their child. The parents can then accept the children's experiences and begin to see them from a different perspective.

In Ann's case the therapist asks the family members to replay the puppet play in different roles. First dad plays the puppy, mom the cat, and Ann becomes the gorilla. Then the mom plays the puppy, dad the gorilla, and Ann becomes the cat. Finally, mom and dad switch roles (i.e., mom plays the gorilla and dad the cat), while Ann remains the puppy. The role changes enable the parents to take Ann's perspective and feel her reactions to the parents' behavior, as well as for Ann to take the perspective of her parents.

New Solutions to Old Problems

Once the cycle has been de-escalated and family members understand and accept each other's positions, problem solving and negotiation takes on a

whole new meaning. Through play and the therapist, the child has communicated his/her needs and feelings and the parents have a clearer understanding of the child's needs and wants. Thus, through discussion, the parents can begin to problem solve and negotiate with the child ways in which to better meet his/her needs and wants. In addition, the parents can negotiate with the child ways to help meet the parent's needs and wants, such as expressing his/her anger or sadness in more appropriate ways.

Ann and her parents negotiate new solutions via the puppet play. The gorilla agrees to be more patient with the puppy and the cat. When the puppy runs away, the gorilla does not yell at the cat, but they express their worries about the puppy and together go look for the puppy. When they find her, the puppy is excited and hugs the cat and the gorilla. They go home together, the gorilla carrying the puppy on his back. When the therapist processes the play with the family, the dad reports that he used to carry Ann on his back when she was younger and got tired during long walks. The family transfers the "new solution" from the puppet play to their "real" life by changing their morning routine. Dad gets up a little earlier and calmly helps Ann to get ready. Then the family has a brief breakfast together. When it is time to leave, dad pretends to be the "good" gorilla and carries the "puppy" on his shoulder to the front door. There he lets her down, gives Ann a kiss, and sees her off to the school bus (which the parents did not do before, because Ann was a "big" girl). This way Ann feels safer in the transition from home to school and her school fear subsides quickly.

CONCLUSION

This paper was written in response to the lack of literature on the EFFT model with families of young children. EFFT provides a framework for understanding children's behaviors in terms of attachment needs of comfort and support. By integrating play therapy techniques with an EFFT theoretical framework, therapists can help parents understand and meet their child's needs for affection and comfort. The techniques discussed are merely suggestions and we encourage others to incorporate additional play therapy techniques into their EFFT work with young children and families.

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