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An Activity Book to Teach Primary Skills to Individuals and Families Through Fun Interventions

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**AN ACTIVITY BOOK TO TEACH
PRIMARY SKILLS
TO INDIVIDUALS AND FAMILIES
THROUGH FUN INTERVENTIONS**

Toni D. Cole, B.S.W.

An Abstract Presented to the Faculty of the Graduate
School of Lindenwood College in Partial
Fulfillment of the Requirements for the
Degree of Master in Science, Human Service Agency Management

2001

ABSTRACT

This thesis will focus on a new intervention approach that teaches individuals and families the skills needed to cope with life in appropriate ways.

Throughout history there have been many therapeutic theories and approaches that have clinically addressed the issues facing today's individuals and families. Play therapy and the family preservation model are the two theoretical approaches this thesis explores as key components in the design of a new intervention approach that meets the needs of individuals and families in their own environment.

This thesis proposes play therapy techniques that can be utilized by paraprofessionals, taking the teaching approach to the family through social service programs, schools, and community organizations. The social service programs this thesis explores which will best incorporate play therapy techniques are those of the family preservation model. However, most program designs still take a clinical intervention approach and provide services only as a response to a crisis. Thus, many children and families are not receiving true prevention services.

The resolution to this problem is combining the approaches of play therapy and family preservation with a program model that utilizes paraprofessionals, school, and community organizations already in place. In

order to really teach the skills needed, new intervention approaches much be shared. In the past traditional talking and lecturing have failed to teach with most of the individuals and families being served

This thesis proposes an activity book that addresses feeling, communication, and problem solving skills in fun and interactive ways. This thesis further focuses on the theory that approaching individuals and families in this manner better teaches the primary skills needed, as well as brings the family closer.

A team of five family preservation team members reviewed the activity book and conducted several interventions with individuals and families, utilizing the activity deemed appropriate. Four of the team members completed a thirty-question survey rating their opinions of the activity book, as well as discussed opinions further in a group interview.

Results of the survey and interview produced significant evidence that the activity book is targeted for an appropriate audience, as well as provided new and effective approaches for working with individuals and families struggling to learn the basic feeling, communication, and problem solving skills needed to cope with life issues.

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Chapter I
INTRODUCTION

Abuse and Neglect

Psychologists, educators, child service workers, and other social service experts agree that today our nation is plagued with children who have multiple difficulties with learning, relating to authority figures, and reacting in appropriate and functional ways (Kissel 04). Another complicated and disturbing issue is that child abuse and neglect are being reported at astronomical rates. "The incidence of child abuse has risen steadily since 1976 when the first nationwide survey of child maltreatment was initiated" (Wasik 271).

This steady increase has significantly contributed to the high number of children in out-of-home placement, negative effects of placement on children and families, and high cost of out-of home care (Wells 01). If this trend continues, where is the sense of family going to be established for the nation's children; and, how will they learn about love, security, faith, and how to contribute to a community in a positive way? How can individuals and families be united to establish these traits for themselves and share them in a broader sense?

The social service answer to addressing these concerns has been time-limited, intensive home-based therapy programs that were launched throughout the United

States in the 1970's (01). These programs are described most often as family preservation services and have been revolutionary in assisting families in remaining a unit.

Family Preservation

The movement of family preservation programs that exists today was sparked by the encouraging results of the Family Centered Project of St. Paul, MN, launched in the early 1950s. The St. Paul project was developed in part from the results of a community survey that demonstrated "six percent of St. Paul's recipients of social welfare services used about half of such services in the community." (Wells 05) The St. Paul project evolved in an effort to meet the needs of such families, while reducing the disproportionate use of services. The project focused on families who had children in clear and present danger, and its foundational intervention was a family-centered approach. The key intervention strategy was working with the family as a unit, with services delivered in the family's home. (05)

The results of the project in St. Paul were significant as noted by the project's in-house evaluations, which revealed improvement with close to two-thirds of the families who received services (05). Without a doubt, the St. Paul Project was significant in the context of family work.

Indeed, the project and interventions tried were not only new but were rather radical within the context of the child welfare system of the time and the individually oriented treatment approaches that dominated agency practice in the 1950s. Their effort was also

bold, for in the absence of well-developed models of family treatment and behavioral change, they groped to develop concepts pertaining to family systems and parent-child relationships that are taken for granted today. It is probably not an accident that family preservation services did not emerge until the 1970s, after such models had been developed. (05)

The St. Paul Project took action toward making changes that affected individuals, families as a whole, and thus the entire community system. The approach and results were revolutionary. Some of the benefits of the St. Paul Project, which, even today, are foundational benefits of home-visiting programs, were identified by Leonard Woods in his 1988 article, "Home-Based Family Therapy." The benefits reported were: (01) by merely entering the family's home, a home visitor is transformed into understanding the family dynamics and experiences first hand with the family the day-to-day issues as they arise; (02) by entering the family's home, family members are in their natural setting, making them more comfortable than a traditional clinical setting; (03) all family members are more accessible from their own home than getting or coming to an office appointment; and (04) since the home visitor is already in the home, families are able to immediately implement new strategies in real situations, not just practice in the artificial setting of the clinical office. (Woods 212-13)

The St. Paul program drew on the strengths of the family as a unit. This meant that the program assisted the family in identifying their needs,

empowering them to obtain services, and providing alternatives to their current coping mechanisms within the framework of their own personalities and strengths.

In spite of the benefits of the St. Paul Project, the program concept falls short of truly being preventive, since eligibility is limited to those who are in clear and present danger. If a child is already in clear and present danger, many of the early and subtle warning signs or red flags were missed. It is certain that everyone communicates not only with words but also with tone, gestures, and actions or non-actions. A person's behavior is an attempt to communicate with others (Nickerson & O'Laughlin 182). These children must have communicated their needs by their behavior, whether passively or aggressively. What was the glitch? Perhaps services were not available, or intervention tools were not accessible to those in positions to identify the red flags and take action, or adults who were looking at too many other things missed the warning signs. Whatever the reason, change needs to occur as soon as possible to help prevent clear and present danger of our children. It simply is not enough to react to the crisis state.

Meeting the needs of families prior to a crisis state is a concern of family preservation theorists. In fact, in 1995, Elizabeth Cole wrote in her journal article "Becoming Family Centered: Child Welfare's Challenge" that "family-preservation services are most effective as one piece of a continuum of services that begins with early intervention and preventive services . . ." (Cole 170).

Two other well-known theorists, Jill Duerr Berrick and Mark Duerr, believed so strongly in the need for preventive services, that they conducted an innovative research project as a four-year demonstration to reduce child abuse and

neglect. Their 1997 article, which cited the results of the project, noted one of the primary reasons for the project was that once the window of opportunity for preventive services has passed, the usual intervention is to remove the child from the home (Berrick & Duerr 65). This typical resolution only adds to the problem issues surrounding children who fall victim to abuse and neglect.

Although the outcome of this project did not provide the specific results that were hypothesized, significant outcomes were noted. The significant characteristics of the project were that schoolteachers were the primary referral source (68), referrals were based on the use of a social-emotional behavior checklist, which allowed referrals to be made based on utilizing behavior as important communication of the child's and family's needs (69), and para-professional home-visitors provided training and modeling in the home as a cross-over from school and traditional therapy settings (67).

The results of the study reported by Berrick and Duerr demonstrated that early intervention from a home visitor provided significant outcomes in reducing the incidence of the newly defined dimensions of child abuse and neglect, as well as a family crisis (77). However, what modeling and training approaches are para-professionals going to use during their home visits that provide the skill teaching needed? Since professionals have long turned to the teaching tool of childhood known best as "play," what can para-professionals learn and use from the same approach? To answer this question, it is important to first learn of the origin of "play" in the formal therapy realm.

Play and Game Therapy

“Play” has long been known as a medium for children to express themselves, learn about the world through trial and error, and develop skills to embrace the good things in life and survive the struggles. Childhood reveals memories of fun times and lessons learned by simply “playing.” Today, experts who work with children in educational and therapeutic settings agree, . . .

that play and playing games is not only cathartic, self-revealing, and instructive in nature, but also fun. Hence, it is self-motivating. The very essence of play is *not* taking it “for real.” (i.e. too seriously). And so, though play is part of the serious business of childhood by which a child learns to handle the environment, it need not be taken excessively seriously by the child. In playing games, children can feel relatively spontaneous and free to be themselves, to have fun “trying things out.” Usually we do *not* have to work at getting a child to play. Play and games are, hence, an educational and therapeutic medium which is naturally attractive and important in the overall development of children. (Nickerson & O’Laughlin 175)

This perspective on “play” sparked a revolution in the therapeutic approach of healing children. Theorists began using play therapeutically in the early 1900’s (Berlin 197). Today play therapists work hand-in-hand with social service agencies, schools, and psychiatric institutions as vital components in helping children heal through cognitive and emotional development. However, before the benefits of “play” are discussed at length it is important that its development through history be understood.

The twentieth century has been dominated by an unprecedented interest in children and their development. Stanley Kassel summarized the pathways through history that have brought play therapy to the forefront in his book Play Therapy: A Strategic Approach. Kassel writes,

The rise of the affluent middle class, of urbanization, of longevity, of technology, and of leisure, are among factors that converged to give the child a new status in society. Preparation for the adult role became a paramount concern and it was not surprising at the turn of the century that special attention was being focused on children, handicapped and normal. (Kassel 03)

In the early twentieth century, psychological clinicians took as their lead the pioneering work of Sigmund Freud. In 1913, Hug-Hellmuth began interpreting children's play in terms of Freudian theory (Conn 04). In 1925, Anna Freud entered the arena by advocating cooperative work with parents and teachers and, as a result, advanced the adaptive and educational value of play therapy (Kassel 03). By 1937, Malanie Klein was employing deep unconscious Freudian interpretations from play therapy (Conn 04). Virginia Axline, considered the pioneer of Play Therapy, established a formal guideline of what she considered to be the foundational theory and approaches to best help children heal in her book Play Therapy, printed in 1947.

As the decades after World War II emerged, the nation found more and more children demonstrating dysfunctional reactions, as well as, greater difficulties learning in school and relating to authority figures. The collateral treatment of troubled children and their parents was the prevalent mode of intervention in the 1940's and 1950's. However, clinicians became disenchanted

with the unfulfilled promises and the changing sociopolitical milieu of the time. With the advances in medical management of emotional illness, clinicians began to search for intervention strategies not routed in psychodynamic formulations of the mind. From this searching, clinicians adopted behavior modification and family therapy as powerful replacements for play therapy. (Kissel 04)

By the mid-1960s interest in play therapy was dwarfed by the family therapy movement. Kissel notes the emergence of family therapy was the result of . . .

changes away from traditional directed and extended family, to a more egalitarian functioning body and a shift in functions from family to societal institutions. A sense of alienation and isolation between family members, disorganization, imbalance and strife propelled practitioners whose major expertness was in working with the family as an interacting unit. (05)

However, by the late 1980's therapists again began to show a renewed interest in play therapy. Statistical reports of the 1980's showed more and more children with dysfunctional reactions and with greater difficulties learning in school. Many of these children were living in fractured, blended, or single-headed families with limited abilities to verbalize and relate to adults in authority. To reach these children and help them cope, therapists returned to working with children in the playroom. (05)

It was as far back as the early 1900's that clinicians looked for innovative approaches to work with children out of their own need to understand the "nonverbal communications of disturbed children whose feelings, thoughts and conflicts are [were] often more easily discerned through play than through

'talking' therapy" (Berlin 197). Modern-day clinicians have come full circle and are again interested in play therapy to meet the same need as the clinicians of the early 1900's.

Some of the successful techniques used regularly through play therapy are art, doll play, puppet play, storytelling, board games, sand play, photographs, gardening, construction toy play, telephone talking, farm animal play, and village play (Webb 34-40). "The possibilities for using play therapeutically are limited only by the imagination and creativity of the child and therapist" (40). Since each child and circumstance holds its own unique characteristics, it is important that the type of play be individualized to touch the needs specific for that child (Kissel 07). The key component of play therapy is that the child leads the therapist (Axline 16). For this reason, it is necessary that the therapist have the "ability to understand the child's behaviors as they are expressed by posture, speech, and affect" (Berlin 200).

Modern-day therapists are usually eclectic in their therapy approaches as they encounter each new child and circumstance. Today's therapists are well rounded in theory and have learned to utilize the theories that most benefit the individual. By borrowing from many points of view, therapists are able to create a therapeutic, safe environment to meet the child where he is and provide pathways for the child to choose, allowing him to move forward on his own terms, in his own time (Kissel 06).

The Problem and Proposed Solution

The eclectic approach of modern-day therapists is proving to be beneficial to the formal treatment of patients in the therapy room. However, many of the nation's children and families cannot afford formal treatment, in addition, they face other barriers, such as transportation to the therapy office. Family preservation services remain an effective resource for children and families to utilize after a crisis occurs. As an extension of the original family preservation model, new programs which provide preventive interventions prior to a crisis are being developed, such as the one described in the study conducted by Berrick and Duerr. In-home programs, coupled with community resources and support through local schools, are believed to be the answer to keeping many of the nation's children from clear and present danger. The study by Berrick and Duerr reported significant, positive outcomes with this very distinct program approach. There are programs throughout the country that already provide in-home services prior to school-age and after children are in the school system, nevertheless, materials to model and train children and families with the skills needed to address the warning sign or red flag issues are scarce at best.

Home visiting programs in operation now have limited tools available for para-professional and non-counseling degreed professionals. As a rule, play and family therapy techniques are provided and used only by trained professionals. Therefore, the questions this thesis raise are why does play have to be conducted

therapeutically and by a play therapist to be beneficial for a child and his family; and can families address issues and move forward in positive directions without formal family therapy?

This thesis proposes alternatives to formal therapy through fun and directive activities, addressing the development of feeling identification, positive communication, and productive problem-solving with the help of preventive techniques guided by the family's own identification of the issue, modeled by a home visitor, and built upon.

To help guide the home visitor and the family, the author has designed an activity book that combines the foundational ideas of play and family therapy. The activities are designed so they can be individualized for each person and family, but directive to address the issues that have been identified as concerns. The activities are written to empower families to take control of their development and growth, but are intended to be modeled by a home visitor to help the family utilize the activity tool to its greatest potential. The activities also are not intended to be directly interpreted or therapeutic, but merely tools to provide open channels of communication, growth, and development of better skills. Should the home visitor or family gain insight into more serious issues, formal therapy should be sought.

This premise is not intended to negate the powerful and beneficial use of professional play therapy and family therapy. However, with the issues the nation's children and families are facing, waiting for a crisis to occur is simply not good enough. Communities are overwhelmed with children and families needing formal professional services, yet the services are limited and many needy

families can seldom afford such services. This author's proposal is one that can be preventive, utilize home visiting and school programs already in place, and provide essential tools that families can build on long after intervention has been provided.

The activities have been designed out of the needs of families that were receiving home visiting services prompted by their own identification of red flags, as expressed through their own and their child's behavior, and their request for assistance with new ideas. The activities were individualized to each family's own needs and personalities, designed and modeled as a family unit, and utilized by the home visitor first modeling and then the family continuing, even beyond home visiting intervention.

This activity book might be just the tool to begin helping families help themselves with the preventive assistance of home visitors and schools. The end result being to re-establish emotionally healthy children and families. That is the goal of play therapy, of family therapy, and of family preservation, but this can be accomplished without the intense emotional strain of a crisis occurring first.

Chapter II

Literature Review

Family preservation programs have become one of the primary models to assist today's children and families in addressing difficult issues and remaining a family unit. Family preservation programs have given hope to families and social service workers. "Begun less than 20 years ago in some widely scattered demonstration projects, family preservation has taken the world by storm. There are now hundreds of family-preservation projects located in 30 states" (Cole 166).

The evolution of the family preservation model was designed from several theory perspectives, which resulted in the development of an eclectic approach to services for families, by taking the best of these theories as they apply to today's family issues. Understanding the theoretical perspectives that are behind the movement of family preservation is relevant in clarifying how family preservation is such a new and innovative approach to services for the family.

The change in thinking about family intervention was sparked by the St. Paul Project launched in the 1950's, which encompassed the theories practiced in its time in a new, eclectic way. The Project then moved forward with enthusiasm to serve families, not in a cookie-cutter, theoretical format, but by meeting families where they were. By approaching families from the different angles of many theories, individualizing interventions to match specific family issues was easier to identify, develop, and implement.

Foundational Theories of Family Preservation

The prominent theories that first influenced the development of the St. Paul Project, and later the development of the family preservation model, are social learning, family systems, crisis intervention, and ecological perspectives (Wells 07). Richard Barth, a leader in the field of family preservation, noted these theoretical contributions as contributions to the development of the family preservation model as it exists today (07). Understanding the contributions of each of these theories is essential in learning how the trend of family preservation took root.

One of the four theories identified by Barth is social learning theory, which views behavior as a function of the responsive exchanges between individual and environmental factors. Interventions such as token management, consequent-oriented discipline, modeling, time out, contract development, cognitive restructuring, and training in self-management skills were developed based on the theory of social learning. Family preservation visitors utilize many of these interventions to assist families in conflict. (Kissel 05)

Another foundational theory of family preservation identified by Barth is family systems theory. Family systems theory views the therapist as a “catalyst who stirs up family interaction, [as well as] helps family members engage in an exchange of feelings and relate to one another with greater depth and understanding” (Thorman 17). Major theorists of family systems have developed involved therapeutic approaches over the years. Significant contributions include contingency contracting, an agreement between two or more parties in which the

reward or pay off of the contract is dependent on a stated goal being achieved by one party and paid off by the other (19-20); structural therapy, in which the therapist reframes issues to help the family break up their dysfunction and learn new, constructive ways to cope with their stress (Brown 48); conjoint family therapy, where the therapist models effective communication, opening the way for family members to openly discuss their feelings that have been expressed in dysfunctional ways in the past or have simply been hidden away (48); family group therapy, or in more simple terms a family meeting, which is a structured conference where family members work out ways of dealing with the poor relationships between one another (Kissel 19); and problem-solving, which is a model where the therapist takes the family through the stages of defining the problem, defining how members of the family contribute to the problem, and suggesting ways to resolve the issues that prevent change (19)

The third theory identified as foundational to family preservation is crisis theory. Crisis theory holds to the idea that most people handle day-to-day stress with the resources they have available, when they are not in crisis. However, theorists state that a crisis occurs when there is “an imbalance between the perceived difficulty and significance of a threatening situation and the coping resources available to an individual” (Cohen & Nelson 14). Crisis itself is considered a normal response to an external threatening event that typically lasts four to six weeks. The recovery time a person or family experiences through a crisis depends on individual coping skills and social support. It is believed people in crisis are very motivated to obtain help and are very likely to be receptive to change (Kissel 08). Implementing these assumptions means that crisis

intervention makes no effort to diagnose an individual's problem, but tries during the intervention period of no more than eight weeks, to understand the precipitating event, identify a person's efforts at mastery of coping skills, and encourage better use of the social support available (08).

The final theory that contributes to the foundation of family preservation, as presented by Barth, is ecological theory. Ecological theory is more a perspective of viewing an individual as an organism who shapes and responds to the family system, their peer group, the school, the neighborhood, and the church. These systems also are affected by larger systems and the relationships among them. "The strengths of the links between systems (e.g., between the child's home and school) affect child development, with weak links putting a child's development at risk" (09). Weak links include inadequate social resources and cultural impoverishment. As a result, the perspective of ecological theory demands agencies be more aware and proactive in "evaluating the impact of the environment on a family's providing advocacy services to make the systems of which a family is a part more responsive to its needs, and taking on advocacy efforts for classes of families in the large society." (09).

Each of these theories has contributed significant components to the foundation of the family preservation model. Interpretation of which components fit best with individual program designs is limitless. However, the design of the family preservation model holds programs responsible to meet specific foundational criterion.

Standard Characteristics of Family Preservation Programs

The foundational criterion or standard characteristics of the family preservation model tie all program designs together, regardless of the project name or title. The characteristics of family preservation programs listed in Table I reveal the importance of understanding the basic goal of family preservation, as well as recognizing areas where improvements could be made.

Table 1
Characteristics of Family Preservation Programs

-
- Only families with a child at risk of imminent placement are accepted.
 - Services are crisis oriented.
 - Intake and assessment processes ensure that no child is left in danger.
 - The focus is on the family as a unit.
 - Workers see families in their own homes, making frequent visits.
 - The service approach combines teaching skills to family members, helping the family obtain necessary resources and counseling based on an understanding of how the family functions as a unit.
 - Services are generally based on identified family needs rather than on strict eligibility categories.
 - Caseloads are small.
 - Services are time limited.

SOURCE: Whittaker & Tracy 1990. In Blythe, Betty J. Elizabeth M Tracy, Avis Kotovsky, & Selma Gwatkin, "Organizational Supports to Sustain Intensive Family Preservation Programs." Families in Society: The Journal of Contemporary Human Services 73.8 (1992): 463-470.

The primary characteristic of typical family preservation program models is that cases are referred by child welfare agencies after, and only after, a hotline call has been made regarding abuse or neglect allegations; a child runs away; or the parents will not allow the child to live at home any longer (Ronnau 538). Only after a crisis has occurred does intervention begin (Pecora 181). Intervention usually involves working toward goals the family has identified as their most needed area of concern (Smith 13). The goals are worked toward with the family preservation worker, who visits the family every day or several days a week for a few hours each visit, over the course of six to eight weeks (13). The family preservation worker assists families during this time to connect with community resources and obtain medical and counseling services as needed, as well as provides training on general care and education, discipline, relationship development, and anger management/problem solving (13).

The development of these standard characteristics, which define the family preservation model, is easier to understand in light of the foundational theories from which they are based. Now that these characteristics and theoretical perspectives have been discussed, it is important to review how family preservation programs have emerged since their initial explosion and the new trends that are developing.

Family Preservation Program Models

Although the St. Paul Project revolutionized the idea of how to best serve families in the early 1950's, it wasn't until the 1970's that the concepts of the St.

Paul Project saw their way to the development of the first family preservation program model. There are two basic family preservation models that developed from the concepts of the St. Paul Project, Homebuilders and Family First. These two programs have been duplicated throughout the nation over the past three decades.

In 1974, Homebuilders was founded in Tacoma, Washington. Taking from an eclectic theory foundation, Homebuilders developed a unique model that has been the most widely disseminated program of its kind throughout the nation (Nelson 84). Homebuilders designed its program to focus on the family and its social support system, emphasizing the promotion of child independence and psychosocial skill-building. Methods used by trained therapists toward this focus included parent training, active listening, contracting, values clarification, cognitive-behavioral strategies, and problem-management techniques. The program also provided or made arrangements for concrete services to help families obtain food, clothing, housing, and transportation. The home-based visitor also coordinated other community resources that provided families with food stamps, medical care, day care, and employment training. (Pecora 178-179)

The Homebuilders model, like the St. Paul Project, provided services based on crisis-oriented referrals with intensive and brief intervention.

“Homebuilders reports preservation rates of 94% to 97% at three months following treatment and 88% at one year after treatment” (Barth 335). Again, although intensive family preservation services are successful in preventing placement, the mere foundation of crisis-oriented referral is not preventive.

Over a decade after the development of the Homebuilders program model, Family First initiated its program in 1988 in the state of Illinois. The Family First model was designed directly from Homebuilders. Family First was originally, and continues to be, administered by the Illinois Department of Children and Family Services (DCFS). Consistent with other family preservation programs, families are eligible for services after a finding of abuse or neglect.

Services provided by Family First are home-based and time-limited. However, opposed to the traditional eight-week stint, Family First provides a minimum of 90 days of services. "Forty percent of the families receive services for more than 90 days and 24% for more than 120 days" (Rzepnicki 61). Services throughout this time period include counseling, resource linkage, advocacy, cash and material assistance, and parenting skills training.

Family First took a large step in noting that traditional family preservation models, such as St. Paul and Homebuilders, could still be built upon to better serve families. Family First did this by providing a longer time-limited service initially and extending those criteria as family needs demonstrated.

Criticisms of Family First are consistent with the criticisms of the St. Paul Project and Homebuilders. There is no argument that these programs are responding successfully to the needs of those in clear and present danger, however there is a larger picture. The larger picture is prevention, not just crisis response. There are other family preservation program designs that have been working on just this issue.

Other Family Preservation Program Designs

As family preservation programs, like Homebuilders and Family First, revolutionized the social service arena over the past three decades, more recently programs throughout the country have put their own seal on enhancing the original characteristics and building on the original theoretical perspectives.

Elizabeth Cole wrote that “family-preservation services are most effective as one piece of a continuum of services that begins with early intervention and preventative services . . .” (Cole 170). That is exactly the direction two programs have taken in modifying the design of the family preservation model.

The first program was a county pilot project in which families in crisis were targeted; however, the crisis definition stretched beyond traditional thinking and was not limited to circumstances in which a child was in imminent danger, there was threat of the child being removed from home, or when there was a finding of abuse or neglect. In fact, the program, first written about by Mieko Smith, targeted families whose crisis was brought on by significant mental health, medical, or behavior problems of a family member (Smith 13). This program worked with families on enhancing general care and budgeting skills, developing positive discipline approaches, building productive relationships, and establishing anger management and problem-solving skills. This particular program believed that these type of intensive services required “highly developed professional skills, [and] only those social workers possessing the requisite skills were

assigned” to this program study (13). The social workers that did conduct services in this program had an average of 6.8 years of experience in family intervention to meet the requisite for this program study (13).

The program outcomes demonstrated improvements in six major categories—marital relationships, family communication, participation in social groups, intra-family relationships, home-management skills, and child-care behavior (17).

This program took bold steps in prevention prior to an actual crisis where a child was in danger of out-of-home placement, and significant progress was noted.

The second program is considered by this author to be the most significant study program to date, because it takes the best of family preservation and applies it to a proactive intervention. Jill Duerr Berrick and Mark Duerr noted in the article, “Preventing Child Neglect: A Study of an In-Home Program for Children and Families,” research which identified the negative effects of abuse and neglect and evaluated a program model that attempted to make a difference before a crisis. The research provided substantial evidence to show children who are neglected suffer from emotional, social, and cognitive deficits both immediately and long term. In fact, “young children who have been neglected typically score ten to twenty IQ points below their nonmaltreated peers.” (Berrick & Duerr 63)

Implemented in California, Berrick & Duerr’s article describes the program LEARN (Local Efforts to Address and Reduce Neglect), which operated in seven sites throughout the state. The centerpiece service of LEARN was . . .

voluntary in-home assistance, which includes assessment of family problems, referral to other community agencies and resources, and direct intervention with neglect-related problems in the home.

Around this foundation all seven sites also provide (01) intervention at school with client children through group or one-on-one self-esteem and/or skills building sessions; (02) parent support or education groups; (03) parent or family counseling. (67)

To provide the services LEARN offered, a combination of professional social workers, therapists, and paraprofessional home visitors were utilized (67).

The program's eligibility requirements made it unique. To be eligible, families could not be involved with the child welfare system or have a child between five and eight who exhibited signs of physical neglect, as determined primarily by schoolteachers. The teachers completed an assessment form of neglect indicators as a means of referring a child to the program. (68)

Along with the assessment form for neglect, the program recognized that children suffering from neglect often exhibit internalized and externalized problems. So, teachers also were requested to complete the Behavior Problems Index (BPI) developed by Zill and Peterson (68).

Although the program results did not demonstrate the outcomes hypothesized, the results were stunning in regard to behavior. Outcomes demonstrated that "although many children were troubled, their primary problem was more in the behavioral and academic domains than the neglect domain" (76). In fact, results showed that 75% of the children referred to LEARN scored in the 90th percentile of the BPI for behavioral problems (76).

This pilot program obviously supports viewing behavior as communication for a need of individual and family intervention. In fact, this program comes closest to the prevention approach model for which this author's activity book was designed.

Play Therapy and Game Play

The two program models outlined, one by Smith and the other by Berrick & Duerr, has established that there are programs reaching out to touch families with preventive intervention, within the family preservation model and beyond. The next question to be answered, then, is how can families be provided with interventions that are beneficial during treatment and after? To reach this conclusion, discussion now turns to "play", the teaching tool of childhood, which has been used by professional therapists and counselors since the early 1900's.

Play is a natural part of growing and developing and has a significant role in child development (Cataldo 151). "There is general agreement that the investigation of play is a good idea and that it may serve as a window on a variety of aspects of the child's world, including his or her cognitive and motivational abilities, social skills and relations to others" (Belsky 323).

Virginia Axline agreed with this and developed a therapy model based on play, simply called Play Therapy. Axline recognized that play is a child's medium of self-expression and an opportunity for the child to "play out" his feelings and problems (Axline 10). McMahon further explains this phenomenon and gives support to play opening the lines of communication in her book The

Handbook of Play Therapy, by discussing how the adult, sitting across from the child, is just as uncomfortable as the child and resorts to questions to ease the tension. However, questions provide no relief. What usually eases the tension is a shared experience, which unites the child and adult, yet keeps them safely apart (McMahon 27). For this very reason, Play Therapy is conducted in much the same way that adults use “talk” therapy, using “play” to open the door to communication in a less confrontational manner.

Play and games put children and adults at ease. It opens the lines of communication in a non-assertive way, taking the focus of the exchange between the child and adult away from the conversation and putting it toward the game. It opens the gates for true and free expression and allows for silence to be broken by the game agenda. It's a simple, ingenious, concept.

The concept of play and games has been utilized for most of the 20th century in therapeutic ways to serve children under the guidelines of Play Therapy, but traditionally only professional therapists have used the techniques to benefit children and families. Can play and games be used in a directive way to help children grow and develop in healthy ways, overcoming problem issues, without its application being highly therapeutic? Axline seemed to support this premise when she commented on the type of child best suited for play therapy; she wrote, . . .

there is no justification in waiting until a child is seriously maladjusted before attempting to secure some kind of help for him. It seems that there is an element of preventative mental hygiene in a play-therapy experience. (Axline 60)

Modern-day therapists are well aware of the benefits of play and games. In fact, since the early 1970s, there has been a dramatic rise in the interest of game playing and its therapeutic possibilities. "Game play is rapidly becoming one of the primary tools of counselors who work with children" (Kottman 138).

Play is by no means a new concept in working with children, but has surely seen resurgence in being utilized over the last few decades, not only with children, but also with families.

The theorist who has dominated the field of play and games over the last three decades, either as editor or author, is Charles E. Schaefer. Schaefer's works have almost all been in collaboration with other leaders in the field of play and game therapy and their contributions have been significant.

In 1989, Schaefer edited a book with James M. Briesmeister, which recognized the importance of parent training in the field of child therapy and child management outside of the therapy room. In the preface of their book, Handbook of Parent Training: Parents as Co-Therapists for Children's Behavior Problems, Schaefer & Briesmeister state that "evaluative research studies have demonstrated positive results using parents as agents of change and have indicated that they are effective in eliciting improved behavior in children who exhibit a wide range of dysfunctional behavior" (Schaefer & Briesmeister vii). Parents have been found to "respond favorably when they are presented with comprehensible and practical methods for becoming even more competent as parents and child managers" (04). The significance of parent influence was so strong that it prompted the writing of this book, which was written to provide a format for therapists to train parents as co-therapists through a series of very clinical, step-by-step directions and case

study examples. The basic training approach used throughout the book is a relationship method, which attempts to “reduce children’s maladaptive and inappropriate behaviors by strengthening parent-child relationships via positive communications, problem-solving skills, and corrective emotional experiences” (02). The book is comprehensive for use by a trained therapist, however is far too clinical for a parent to implement without professional guidance by a therapist already working with a family member.

Schaefer again edited two books in 1993, one with a colleague and another alone. In both books, Schaefer used Steven Reid as the author of chapters devoted specifically to game play. Reid wrote, in Schaefer’s collaborative effort, that games mimic “real life” more so than play, therefore, there is freer expression of impulses and manipulation of reality (Reid 528). Reid also stated, in the book edited by Schaefer alone, that “essential components of socialization, including self-discipline, problem solving, emotional control, and adoption of leader and follower roles, are prominent features of game playing (Reid 325).

From the perspective outlined by Reid, it is easy to understand that games are an integral part of directive play therapy. To further clarify the rationalization and benefits of play and games, the following concepts are accepted truths in the play therapy field:

01. Play and games are a child’s natural medium for self-expression, experimentation, and learning in general.
02. The child feels “at home” in the play setting and can readily relate to toys and “play out” concerns with them.
03. A game medium facilitates communication and expression.
04. A game medium also allows for cathartic release of feeling, frustrations, anxieties (i.e. an opportunity to ventilate and put concerns into perspective).

05. Game playing experiences can be renewing, wholesome, and constructive.
06. An adult can more fully and naturally understand the world of children by observing them playing games. The adult can more readily relate to the child via play activities than by trying to induce entirely verbal discussions of their lives. (Nickerson & O'Laughlin 176)

Taking from these truths, game play has incorporated the use of standard games, such as Battleship, Connect Four, Sorry, Life, and Operation (Webb 39) with intensive therapeutic games such as The Ungame, The Talking, Feeling, Doing Game, Stress Strategies, et cetera (40).

Games have significantly contributed to effective therapy with children. So much so, that in 1986 Schaefer and Reid first wrote, "the current trend is toward greater specialization; that is, the development of original games for specific therapeutic purposes" (Schaefer & Reid 11). Since that time, therapists, social workers, educators, paraprofessionals, and students have designed, implemented, and conducted studies on various games and game implementation approaches that connect with children and families and obtain specific targeted goals.

Heidi Gerard conducted such a study for her 1993 thesis, "Self-Control Game Interventions for Attention-Deficit Hyperactivity Disorder." The thesis study compared behavioral game play, biofeedback game play, and attention-control game play for effectiveness of self-control training on elementary school-aged children. Gerard's study showed that all three game approaches were effective, however the attention control game play showed the greatest change in self-control from pre-to posttest. (Gerard 0868)

Another significant study, conducted in 1998 by educators, illustrated “how the mathematical problems that emerge in children’s play of Monopoly are interwoven with children’s developing competencies and social interactions” (Guberman 419). The study showed that through play, children shape mathematics, identifying new problem-solving goals and constructing strategies and knowledge for their resolution (442). The study further stated its results as being applicable to “many of children’s everyday activities,” as well as how teachers structure classroom learning (442).

A more recent study was conducted by Cynthia Lynn Moss Mataraso, in 1999. Mataraso’s study is the most significant to the foundation of this thesis because the board game used was not administered by a clinician, however had a therapeutic goal. Mataraso’s study created and piloted the Family Illness Game. The goal of the board game was to assist families with adapting and communicating about issues surrounding a member with a chronic physical illness. The game was designed so that family members would “ask and answer reflexive, interventive, and circular questions about the meaning, coping, beliefs and family stories associated with the illness.” The results showed that although family cohesiveness, individual autonomy, conflict and intimacy levels were very different among all families, as each family played the game, new conversation about the illness was stimulated. The study further suggested that a non-clinician administered instrument could be effective in enhancing family communication, obtaining a therapeutic goal without formal therapy or a trained professional therapist. (Mataraso 5098)

These more recent studies demonstrate that game play can be utilized outside the professional therapy arena to provide essential skill building for today's children and families. Even more unique is that children and families can have fun in the process.

Summary

The review of play and game therapy as essential tools in working with children and families and the recent studies that support the validity and effectiveness of paraprofessional implementation of games in obtaining mild therapeutic benefits provides foundational evidence for social service professionals to turn toward game play as an essential intervention approach in working with families in preventive program models.

There are family preservation programs today being developed to work in a more preventive manner in response to the evidence that the nation's children and families need help in learning better skills to be a healthy, supportive unit. These programs have heeded the call and are doing their part to reach out and make a difference.

However, in order to make a difference, home visitors need the training and tools to touch on the more pertinent issues, be effective models and teachers, and leave children and families with skills and tools to continue to build. Since the trend has been toward specialized, therapeutic games, there are few tools available to the non-therapist that address teaching the skills of feeling

identification and expression, communication, relationship building, and problem solving in fun and exciting ways. The activity book proposed by this thesis fills that gap.

The activities are easy enough to be utilized by professionals and non-professionals, adults and children, individuals and groups. Implementation of the activities will be taught best by those who have been educated on the foundational concepts of positive child management. The activities are strongly rooted in the theories of social learning, family systems, and play; therefore, they work as companion tools to the therapeutic work of counselors and social workers.

The activities were developed to address specific issues of families found during interventions over the past five years. The issues were seen as common problem areas of family after family. The activities were presented by a home-based crisis intervention worker and left with families between visits and after treatment. The success that was seen by the individuals and families who utilized these activities is hoped to be shared with many more.

Chapter III

METHODS AND EVALUATION

Materials

The book proposed in this thesis is a collection of activities designed for trained home-visiting professionals to present and model with children and families. The activities are geared toward children ages five through twelve and are intended to be fun. Each activity is outlined in a format that identifies the goal, supplies needed, activity directions, game directions, and options for activity variety, if applicable. An index is provided that includes pictures and question card examples to be used for the activities specified in the Supplies Needed or Activity description of each activity. The supplies needed for each activity are easily accessible from any home, office supply closet, or discount store with minimal cost. The activities throughout the book focus on three basic areas of skill development—feelings, communication, and problem solving.

The first area of skill development addressed is feelings. Feeling identification is a very difficult skill for many children and families struggling at home and in school. Often feelings are never validated or are interpreted as one of four primary feelings--happy, sad, angry, and scared. Although these four primary feelings do identify the general feeling categories of almost all feelings, the specific emotion of the general feeling encompasses a large array of variation from facial expression and verbal intensity to reasons behind the primary feeling. It is essential that children and families be able to identify these primary feelings

in order to recognize the more complex aspects of human emotion and respond in appropriate ways to their own feelings and to others. The activities in this section of the book begin by establishing a knowledge base of the four primary feeling categories by recognizing the facial characteristics of each feeling and various intensities. Then activities focus on the more complex skills of identifying situations in which each feeling was experienced, identifying situations in which each feeling was observed in another person, and identifying positive coping skills when experiencing negative feelings. These activities involve personal insight and spark conversation as family members engage in the activities and have fun. The outcome is that children and families better understand one another's perspective, creating a healthier and stronger relationship.

The activities in the book then move toward a communication focus. Even though understanding primary and more complex feelings is essential, that understanding can be futile if poor communication still exists. Therefore, these activities utilize the knowledge base of recognizing the primary feelings and the more complex components of those feelings, but moves forward in teaching alternatives to communicating more appropriately those feelings. The activities attempt to assist individuals in expressing their thoughts and feelings in positive ways by exploring with non-confrontational alternatives. These alternatives attempt to open the communication lines in ways that are acceptable to all members of the family, but prevent the embarrassment that often accompanies a person sharing so honestly. These alternatives include writing simple notes and leaving them for the person intended to find, playing a game that identifies special

“gifts” to give yourself or others and telling why the characteristic is needed, developing and utilizing a feeling sheet to identify all the feelings a person is experiencing in a specific situation and opening communication lines without words, and identifying more positive self-talk or responsive statements that build self-esteem and a stronger relationship.

The final area of skill development is problem solving. These activities present a simple concept of problem solving through the visual cues of survival signs, breaking down the steps of effectively solving easy and difficult situations. Survival sign cues of a stop sign, a yield sign, a construction sign, and a go sign are used as cues to help slow down the reaction time and increase the thought given each problem situation. The only rule for the concept is that the final decision cannot hurt anyone’s feelings or cause harm/”trouble” to any person. These activities require more advanced thought processing skills, which means that having met the goals identified through the feeling and communication activities will be beneficial in setting this activity, the individual, and the family up for success.

Subjects

The activity manual was provided to Central Missouri Regional Center (CMRC) Crisis Intervention-Preservation Team, which is part of the Department of Mental Health (DMH), Mental Retardation/Developmental Disabilities Division of Missouri. This Crisis Team has worked with individuals and families from birth to death. Services have been provided in natural homes, schools, day

programs, work sites, residential centers, and in the community as the need arises. Individuals served by the Crisis Team have had a wide range of diagnoses, and it has not been uncommon for an individual to have multiple diagnoses. Some of the more common diagnoses of individuals served by the team are learning disability, attention deficit hyperactivity disorder, mild to profound mental retardation, depression, bi-polar disorder, and obsessive compulsive disorder.

The CMRC Crisis Team consisted of five members, four of whom completed the questionnaire and participated in the interview, and the fifth team member participated in the interview alone. The Crisis Team members consisted of two females and three males. Following is a breakdown of each team member, education, experience, and job title.

- The first female had a Bachelor's Degree with a dual major of Psychology and Special Education. She had worked with DMH for 17 years as a Vocational Counselor, Habilitation Specialist, and Case Manager (which is a formal title of a Crisis Team member).
- The second female had a Bachelor's Degree in Social Psychology and an Associate's Degree in Criminal Justice. She had worked with DMH for two and a half years as a Case Manager (Crisis Team member).
- The first male had a Master's Degree in Psychology and was a doctoral student in psychology with a focus in behavior and emotional disorders. He had worked with DMH for 11 years as a Case Manager (Crisis Team member).

- The fourth male had a Bachelor's Degree, with dual majors of Social Work and Psychology. He had 21 years of experience working in Human Services throughout his career in the Medical Corp, with Probation and Parole, as a Youth Specialist with the Division of Youth Services, and as a Case Manager (Crisis Team member).
- The final male member, who participated only in the interview, was the Crisis Team Supervisor. He had a Master's Degree in Special Education with emphasis in Behavioral Disorder and a Bachelor's Degree in Education. He had 21 years of experience working with DMH in the roles of a Psychiatric Aide I at Fulton State Hospital, as an Academic Teacher II with Hearnese Youth Center, and as a Case Manager (Crisis Team member). He also had four years of experience working as the teacher of a learning disability/mental retardation classroom.

Instrument

The instrument used to evaluate the activity book proposed was a questionnaire designed in a traditional Likert Scale format. There were thirty statements that each evaluator scored, rating the level agreement or disagreement with each statement--1 for Strongly Agree, 2 for Agree, 3 for Neutral, 4 for Disagree, and 5 for Strongly Disagree. The statements required a rating as to the need of skill development in the specific areas covered by the activities, easiness of implementing activities, fun quotient, age level considered most appropriate

and effective for activities, need for such activities, newness of activities, effectiveness of the book, and need for a companion manual. The final page of the questionnaire requested comments on positive aspects or areas where modifications might be needed. A cover letter was sent with the questionnaire that provided background information, instruction about the questionnaire, and a statement about confidentiality.

Procedure

Several phone calls and face-to-face discussions were held with the Crisis Team Supervisor and various Crisis Team members since November of 2000, in which their expertise and assistance was requested in regard to the activity book proposed in this thesis. Their interest and cooperation was obtained at that time. The questionnaire and activity book was delivered by hand on Friday, March 02, 2001 to the Crisis Team Supervisor for distribution. A follow-up interview was scheduled through the Crisis Team Supervisor with all Crisis Team members. The interview was held at 11:45 a.m. on Thursday, March 22, 2001 at CMRC in Columbia, Missouri. However, the interview was conducted as an open forum, appearing more like a discussion among co-workers than a formal interview. The interview addressed critiques of the activities applicability, age appropriateness, professional usefulness, benefits of a manual, and the ability to broaden the scope of the activity book beyond the original target population.

Chapter IV

RESULTS

The questionnaire and personal interview completed by CMRC Crisis Team provided insightful results in regard to components of the activity book and the quality of application in real life situations. The following presents these comments and results.

Statistical Results

The evaluators supported with 70% response, rating only agree and strongly agree, that identifying and expressing feelings, communicating appropriately, and problem solving are difficult skills for most of the individuals they served. Evaluators provided 48% support that there are limited tools for professionals to use to teach skills about feelings, communicating appropriately, and problem solving. With 67% support, rating only agree and strongly agree, the evaluators reported that traditional teaching approaches do not usually interest the individuals or families they serve; and with 70% support agreed that the activity book proposed is needed to better serve individuals and families.

In reference to the specific activities, 78% of the responses supported that the activities are easy to follow, fun, and address the skill development needed by the individuals served by the evaluators. In regard to implementation, 70% of the responses agreed and strongly agreed that the activities are easy to individualize

and modify. Results demonstrated 63% support that the activities are easily followed by individuals and families, provide beneficial tools that can be used after intervention, and empower individuals and families.

When rating the activity book for the target age population, 63% supported appropriateness for ages three through twelve, 61% supported ages three through fifteen, and 43% supported ages three through eighteen.

Further results demonstrated 57% support that the activity book will be a vital part of professional intervention, with 60% agreement that the activities are new ways to teach the skills identified. Evaluators rated their agreement with the activity book being a vital part of intervention with 55% support and the activities being effective tools for working with families with 60% agreement. The evaluators also reported they found the activities to be easy to utilize with 55% support and fun for them to implement with 65% agreement.

Of all thirty questions, rated by four evaluators, there were six questions that had one disagree rating, and none with a strongly disagree rating. There were nine questions with a neutral rating, and one question with two neutral ratings. Of those questions rating neutral and disagree, one question has two neutral and one disagree, and three questions had one neutral and one disagree. All other questions were rated with agree and strongly agree.

Professional Comments and Suggestions

Before the questionnaire results were calculated, the interview held with the evaluators provided overall impressions of the activity book. The evaluators unanimously agreed that the activities provided “hands-on” ways of teaching pertinent skills that were “new ideas.” The evaluators made special note of the “cheap” and easily accessible supplies for the activities, as they could be “found in most homes.” One evaluator wrote on the comment section of the questionnaire, “Thank you, this is a wonderful tool that I enjoyed utilizing.”

The evaluators commented to the effective approach of the activities, focusing on the fact that the activities were geared first toward implementation being one-on-one and then broadening to the full scope of the entire family or small support group. The evaluators stated this was the best approach, teaching the professional about the person first and allowing for modeling toward the individual and/or family to be most effective, “as all good teaching techniques do.”

Turning toward enhancing the book, one of the female evaluators suggested that the activities note in some form “any prerequisite activity that would be important to complete before conducting another activity.” Ideas of a special notation or visual icon on the page of the activity were discussed with the evaluators, with no preference noted.

Further comments by the evaluators reported the activity book was written, “perfectly for the professional to model and implement with individuals

and families.” However, the evaluators discussed greater potential with the activity book in regard to a broader marketing scope. One evaluator wrote in the comment section of the questionnaire, “I enjoyed the manual, but it seems to be designed for those professionals in the field. However, it may benefit [the] family more if it was directed towards the family being the ‘professional.’ In other words, most professionals, paraprofessionals, psychologist and others would use this tool effectively to deal with issues of emotions and the expression of said emotion. The emphasis should be placed on family empowerment.”

During the interview session with the evaluators, further discussion surrounding broadening the scope of the target group which the activity book was originally written resulted in suggestion that with language changes, more description of the reasoning behind each activity, and case study examples the activity book could be easily utilized by direct care workers, schools, and even parents directly, with little to no professional modeling and support. There was a lengthy discussion among the evaluators as to whether these features would be best incorporated directly with each activity description or as a separate instruction manual. The final decision supported a separate manual be written to accompany the activity book, should the activity book be targeted toward a greater audience.

Chapter V
DISCUSSION

SUMMARY

The activity book received positive feedback from the evaluators, both through the questionnaire results and the interview. The evaluators supported the design, originality, and practicality of skill development that the activities covered in the book as a professional intervention tool. They also liked that the supplies needed to conduct the activities were both easily accessible in most homes and inexpensive.

The only suggestion made by the evaluators that related to the design of the activity book, as it was presented in this thesis, was for activities to make note of any prerequisite activity that would be important to complete before conducting another activity. This was an excellent suggestion and modifications under “Meet this Goal First” have been incorporated into the activity book.

The evaluators also commented on broadening the scope of the target audience of the activity book, making the book a better marketing tool. Suggestions included writing an instruction manual and simplifying language in the activity book to make the book more “self-help” for typical parents, direct care workers, and teachers. The very foundation behind the activity book’s design was that there are primary skill-deficits with individuals and families in today’s society. These skill-deficits have traditionally been taught best by modeling and then teaching. Very few individuals and families have the insight

to read a “self-help” book and make the changes needed without support. That is where the paraprofessional or professional makes the difference. The current activity book has met this need and provided a viable solution, which is the purpose of this thesis. Nevertheless, the suggestion made by evaluators is a valid one and in the future a manual and modifications to the activity book will surely be developed, broadening the marketing scope and being formulated in a “self-help” design.

The questionnaire results confirm the effectiveness of the activity book for the professional or paraprofessional and give significant support to the book being needed to better serve individuals and families. The following review of the categories covered in the questionnaire clarifies these points.

The first category of questions inquired into the lack of skills most individuals have with identifying and expressing feelings, communicating appropriately, and solving problems. These questions were asked to identify whether the target goals of the activities throughout the book address the skill-deficits of most of the individuals served through intervention or not. The evaluators supported the accuracy of the target goals by rating these needs with only agree and strongly agree scores. During the interview discussion, evaluators further confirmed their support of these areas being the primary skill-deficits of most of the individuals served and liked the new approach to teaching in an interactive and fun way, versus traditional talking and lecturing with individuals and families.

The next category attempted to identify whether the traditional teaching approaches of talking and lecturing interest individuals and families who are trying to learn skills to change the problem. This concept was very important to the foundational theory behind the development of the activity book. Throughout this thesis, the problem situation had been defined as professionals having limited tools, outside of traditional teaching methods, that teach the skills needed to address the problems of individuals and families in today's society. Again, evaluators rated these questions with support that individuals and families are usually not interested in traditional teaching approaches. Scores were marked only agree and strongly agree. The interview discussion involved evaluators talking openly about their frustrations with the lack of success traditional teaching approaches provide. Implementation of the activities conducted from the activity book received excellent support from the evaluators as presenting new and fun approaches to teaching skills, not only for the individual and family, but for the worker as well.

Then a category of questions inquired into the practical usefulness of the activities. It was important that the activities throughout the book be useful to professionals, as a way to address the direct needs of individuals and families, as well as, easy and fun. If this were true, it would confirm the likelihood of the activity book being used. If the book were too cumbersome to use and did not hit upon the core issues needed, the book would not be a beneficial tool for professionals. This category received the greatest support, with the scores being strongly agree by all evaluators, except for one agree out of all twelve scores.

Therefore, the evaluators unanimously supported that the directions were easy to follow, fun, and addressed the skill development individuals and families need. These scores are consistent with feedback provided during the interview.

The next category attempted to confirm the target age for the activity book, breaking down age groups in groups of three to five, six to eight, nine to twelve, thirteen to fifteen, and sixteen to eighteen. This was important in confirming the activities were age-appropriate for the targeted audience of children. Results would either confirm the age group already defined in the book introduction, make the age group more narrow or broader. Opinions of the evaluators varied most in this category, with several evaluators rating a neutral score. There was one neutral score on three to five, one neutral score on six to eight, and two neutral scores on sixteen to eighteen. There was only one disagree score in this category and it was scored for ages sixteen to eighteen. The interview with the evaluators helped to clarify their impressions of the age target. Most of the evaluators took into consideration the functioning level and gender of individuals typically served. The evaluators' experiences have demonstrated that females are more likely to participate in the activities throughout the book and are more likely participate in sit down activities than males, who typically enjoy more gross motor, competitive activities. Therefore, rating age applicability involved many complicated components for the evaluators. Nevertheless, final tallies supported the target population as ages three to twelve, with a strong lean to extend the age target from three to fifteen.

The next series of questions attempted to rate the flexibility of the activities in real-life application regarding ability to individualize and modify for specific people and situations. Another foundational premise behind the book design was that every person is different; therefore, the design and implementation of any activity should be able to fit individual styles. Confirmation of the book meeting this demand was essential, otherwise changes in the design of the direction of each activity would need to be developed. The results supported that the book is both easy to individualize and modify, as evaluators rated evenly both qualities with scores of agree and strongly agree. During the interview session, the evaluators discussed how the activities provided for the professional to use their impressions and knowledge of the individual and family to vary activities for effectiveness. This characteristic was seen as original, as each activity description provides ideas for variations to be applied as the professional identifies and modifies to fit best the situation.

The next category rated the usefulness of the activity book for the individual and family after intervention, how easily the activities were followed by individuals and families, and if the activities were empowering to individuals and families. The activities throughout the book were designed for professional introduction and modeling during intervention. However, each activity was designed to be a continuing lesson tool for individual and family skill development well past professional intervention. The activities were designed to be original for each individual and inexpensive to develop. This would allow the family to keep the activity, instead of the professional bringing the activity for use

only during visits, being afraid to leave an activity due to the expense of most other intervention tools. Again, the category scores supported the activity book as being empowering, easily followed, and useful after interventions with individuals and families with scores of agree and strongly agree; however, there were also two neutral scores by the evaluators in this category. Again, the interview provided further confirmation of these scores as the evaluators discussed the positive traits of the activity book as currently designed. However, the evaluators desired greater applicability of the activity book for individuals and families to utilize on their own, without professional modeling being a prerequisite. As noted earlier, this is an excellent suggestion, however, the activity book was designed to meet the needs of professionals and paraprofessionals working in the field. All of the evaluation results support that this goal was met.

The category that followed rated the lowest scores in the questionnaire, measuring support of limited tools for professionals that teach feeling, communication, and problem solving skills. A theory behind the development of the activity book was that there are limited tools for professionals, especially tools that address teaching in a non-traditional format. This category did not specify limited, non-traditional tools, which perhaps it should have to better clarify the result that was sought. Final results demonstrated three neutral and three disagree scores. The other two scores in this category were agree and strongly agree. From the interview discussion, the evaluators explained there are tools available

on the market, but none they are aware that address skill learning in the hands-on, practical, and variable way the activity book proposed does.

The next category was only one question, rating the need for the book to better serve individuals and families. This was a key component to the problem behind the thesis, being consistent with the category which attempted to define non-traditional teaching approaches being of disinterest to individuals and families and the category that attempted to define limited tools for professionals. However, this category received overwhelming support, with two agree and two strongly agree scores, as opposed to the other two categories. The evaluators rated no scores as neutral, disagree, or strongly disagree in this category. The evaluators confirmed with much praise and appreciation throughout the interview the refreshing approach of the activity book and the effectiveness of hitting the key skill-deficit areas most often seen as foundational to making positive change.

Then questions focused on rating support of the activity book as a vital part of intervention development and as an effective tool for the professional. This category focus was to judge the value of the activity book as part of a collection of intervention approaches. This would be essential to marketing value. All ratings scored agree, except for one neutral. During the interview segment, the evaluators discussed the activity book as a “good part of any intervention library.”

The next category rated whether or not a manual would be beneficial. Throughout the design of the activity book it was difficult to describe many of the personality features important to set individuals and families up for success while

teaching them skills. There is an attitude of support and validation, not judgment that is essential and will keep the activities from becoming clinically therapeutic. There are discipline and feedback approaches that build self-esteem and open up communication lines, even with difficult topics. A manual would be able to define each of these components; however, a professional should have these skills and the book was designed for the professional. Regardless, it was important to learn from professionals if they believed a manual was needed or not. The evaluators scored one vote strongly agree, two votes agree, and one disagree. As mentioned before, the evaluators believed a manual and modifications would help broaden the scope of the book, but all the evaluators agreed that the current activity book is easy for a paraprofessional or professional to pick up and use in the current style. The evaluators simply expressed their enthusiasm as to the broader potential for the book through their suggestions. Nevertheless, the broader scope of marketing the activity book in the format the evaluators had suggested would certainly demand a manual.

Only one question focused specifically on rating if the book presented new ways to approach the skill-deficits identified or not. Again, a basic premise behind the book design was to provide new, non-traditional teaching tools to hit the core problem issues of individuals and families today. Confirmation of this fact was essential in confirming the problem issue had been resolved by the design of the activity book. All evaluators rated this question with a score of agree. The responses to this question were not surprising based on the other

responses on the questionnaire and more importantly the feedback that had been provided during the interview.

The final category asked the evaluators to rate if the activities were easy and fun to implement as a worker. The theory rooted in this category was that fun and easy tools are most likely to be used by professionals and non-professionals. The rating showed scores with agree and strongly agree, with only one score of neutral. The evaluators' comments throughout the interview noted that the activities were fun and new, providing a tool with approaches that few of the evaluators had seen before utilizing the activity book offered.

From feedback provided by the evaluators throughout the interview and the results of the questionnaire, significant support was given that there is a need for interventions that enhance traditional teaching methods, providing hands-on approaches to teaching skills in the areas of feelings, communication, and problem solving. The evaluators stated that the activity book would be an important tool in every intervention library, providing alternatives to teaching the skills in a refreshing and fun way. That was exactly the intent of the activity book, to provide paraprofessionals and professionals with tools to teach the foundational skills needed for better relationships and to do it in a fun way.

There is no question that our nation is confounded about ways to reach children and families and teach them how to have a stronger, healthier relationship. There has been an abundance of programs popping up all over the country trying to do just that. There are lots of books, theories, and materials that provide insight as to how to address these issues as a professional trying to help

an individual or family. However, today's children and families are faced with time, attention, and financial issues that have become barriers to moving forward in a more positive way. And, the same old techniques are not opening the doors or the ears needed to spark change. Therefore, tools are still needed to address the same old issues in a new way.

The activity book proposed in this thesis, as evaluated by a team of professionals who work to help spark change with individuals and families on a daily basis, has responded to the need. The activity book is by no means all encompassing, but certainly provides an essential tool in a toolbox of interventions and theoretical approaches for today's professional.

Although the original goal of the activity book was accomplished, the ideas on how to extend the usefulness of the activities and benefit a broader group who may need just this tool will be pursued. This is a much larger problem and mission than the intent of this thesis and activity book; nevertheless, the need is there and the potential for further development to meet this need through the activity book proposed is real. A manual and modifications to the activity book language will be completed in the future for this very reason.

LIMITATIONS

The most difficult part of this project was the research. The approach of the activity book was strongly rooted in the theories of family preservation and play therapy, leaving the introduction and literature review to encompass two topics of study from historical perspective to modern-day status. Making the

research even more difficult was that the dual-theoretical approach provided little recent research. Much of the research written was obtained by books, many which were compiled works of presentations provided from national seminars. There were a few recent studies that were very promising and a perfect fit for the theory behind the thesis and development of the activity book, and it was refreshing to find confirmation, even if only in a few studies.

The only other limitation noted during this process was complications with the instrument design, and thus data collection. When designed, the questionnaire seemed to be a simple, forward approach to obtain the sought out data. However, when collecting the data there were no overall statistics to calculate. The questionnaire had to be broken into categories to better calculate the results and make interpretations. The categories were difficult to define at first, with few questions in each category, but in the end the primary goals of the questionnaire were obtained by the calculation. Calculation results seemed to produce lower percentages than expected from the individual scores rated. This was most likely due to the small number of evaluators. Nevertheless, the results calculated provided support for the activity book and provided new insight on impressions held by this author.

SUGGESTIONS FOR FUTURE RESEARCH

Should this project be conducted again, it is recommended that a larger evaluator group be used, perhaps utilizing professionals in several social service sectors that provide home-visiting programs. This would allow for a larger

population sample as to the applicability of the activity book, as well as provide data collection based on a large enough sample group that one evaluator's opinion would not skew the results.

Also, the instrument or questionnaire should encompass more questions, asking several questions about the same topic in different locations throughout the survey, providing better data collection with specific topics or categories.

Appendix A

COVER LETTER

March 02, 2001

Central Missouri Regional Center
Attention: Crisis Intervention Team
1500 Vandiver, Suite 100
Columbia, MO 65202

As you know, more and more crisis intervention programs are being designed to fit the needs of specific communities and populations. Many of the programs use professional counselors, therapists, and social workers. Paraprofessionals are also playing a significant role in many of the programs. Traditional therapy approaches are being used in new and eclectic ways, taking from social, family, crisis, and ecological theories. However, tools and activities to utilize with children and families are few and those that are available are expensive and would be costly to provide to families. The enclosed activity book has been created to address this issue.

You are asked to review this book, utilize the activities with cases you believe would benefit, and make comment on its need, usefulness, and originality by answering questions on the enclosed questionnaire. The activity book is yours to keep and share with co-workers and families.

You may be assured complete confidentiality. The questionnaires request no identification on your part. You may return them to your supervisor, Dan O'Neal, who will in turn provide the questionnaires to me.

The results are for completion of my Master's Thesis study and to confirm if I should pursue publication.

If you have any questions, please call me at (573) 564-2948 or e-mail me at jer2911@ktis.net.

Thank you for your assistance.

Sincerely,

Toni D. Cole

Appendix B

QUESTIONNAIRE

Here are some statements which describe how professionals utilizing the activity book feel about its usefulness and applicability for yourself and those who you serve. Please indicate your agreement or disagreement. For each statement, please circle the appropriate number to indicate whether you:

- 1—STRONGLY AGREE
- 2—AGREE
- 3—NEUTRAL
- 4—DISAGREE
- 5—STRONGLY DISAGREE

Please circle one and only one answer for each statement. There are no right or wrong answers to these questions. Just give your opinion.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
01. Identifying feelings is a difficult skill for most of the individuals I serve.	1	2	3	4	5
02. Expressing feelings appropriately is difficult for most of the individuals I serve.	1	2	3	4	5
03. Communicating appropriately is a difficult skill for most of the individuals I serve.	1	2	3	4	5
04. Solving problems quickly and with solutions that do not get anyone into trouble is a difficult skill for most of the individuals I serve.	1	2	3	4	5
05. Traditional teaching approaches do not usually interest the individuals I serve.	1	2	3	4	5

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
06. Traditional teaching approaches do not usually interest the families I serve.	1	2	3	4	5
07. The activity directions are easy to follow.	1	2	3	4	5
08. The activities in the book are fun.	1	2	3	4	5
09. The activities in the book address the skill development needed by the individuals and families I serve.	1	2	3	4	5
10. There are activities appropriate for children ages 3-5.	1	2	3	4	5
11. There are activities appropriate for children ages 6-8.	1	2	3	4	5
12. There are activities appropriate for children ages 9-12.	1	2	3	4	5
13. There are activities appropriate for children ages 13-15.	1	2	3	4	5
14. There are activities appropriate for children ages 16-18.	1	2	3	4	5
15. The activities are easy to individualize.	1	2	3	4	5
16. The activities provide foundational ideas that are easy to modify.	1	2	3	4	5
17. The activities provide tools that will allow individuals and families to use and grow in their skill development after professional interventions have ended.	1	2	3	4	5
18. These activities can be easily followed by individuals and their families.	1	2	3	4	5
19. These activities will empower individuals and families to take ownership over their own skill development.	1	2	3	4	5

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
20. There are limited tools for home-visiting professionals to use that help individuals learn skills about feelings.	1	2	3	4	5
21. There are limited tools for home-visiting professionals to use that help individuals learn skills about communicating appropriately.	1	2	3	4	5
22. There are limited tools for home-visiting professionals to use that help individuals learn skills about problem solving.	1	2	3	4	5
23. This activity book is needed to better serve individuals and families.	1	2	3	4	5
24. This activity book will be a vital part of intervention development I will utilize as a professional.	1	2	3	4	5
25. The activities in the book are effective tools for working with the families I serve.	1	2	3	4	5
26. As the professional who will model these activities for individuals and families, an accompanying instruction manual would be beneficial.	1	2	3	4	5
27. The activities in the book address the foundational skills needed by the individuals and families I serve.	1	2	3	4	5
28. The activities in the book are new ways to teach the skills the individuals I serve need.	1	2	3	4	5

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
29. The activities in the book are easy for home-visiting professionals to utilize without excessive planning.	1	2	3	4	5
30. The activities in the book are fun for home-visiting professionals to implement with individuals and families.	1	2	3	4	5

GENERAL COMMENTS

Please comment on any positive aspects or areas where modifications might be needed.

Thank you for your time, expertise, and critique.

Appendix C

**AN ACTIVITY BOOK:
EQUIPPING CHILDREN AND FAMILIES
WITH FEELING, COMMUNICATION
AND PROBLEM SOLVING SKILLS
THAT HELP COPE
WITH EVERYDAY PROBLEMS.**

Preface

If you are affected by the behavior of a child or a group of children and feel some responsibility in responding and modeling appropriately, then this activity book is designed for you. You will find this book to be filled with activity ideas that can be modified to fit almost any child's personality, touching on the very issues that block more appropriate behavior. At the same time, you will find that the activities challenge you to better understand your own feelings, problem solving style, and communication approach, both personally and as a trained role model, in order to most effectively teach these skills to others.

It is important you recognize that influencing children toward more appropriate behavior is not a natural ability all of us are born with. In fact, dealing skillfully with children is just as much an art, just as much a science as any other profession. That is why this book has been written in a format to be presented to children and families by a trained role model. Presentation by a trained role model establishes clear understanding and guidelines for children and families when using the activities between sessions and after treatment.

There are two assumptions underlying the design of the activity book that qualify a trained role model. The first assumption is that any person utilizing the activities in this book with children and/or families will have an educational background in positive child management skills. These skills are generally taught in programs that certify in psychology, social work, counseling, education, and special education.

However, learning these skills in a classroom is very different than application with real children and families. That is why working under someone who has used positive management skills in work with children and families is essential and therefore, the second assumption. The training period should involve observing the experienced trainer in actual implementation of the activities and demonstrating appropriate implementation of the activities at least once in the presence of the trainer.

With all that said, the activities in this book are intended to be suitable for children ages five to twelve, however, they can be simplified or made more complex to meet the interest of any child or family member. As a trained role model, it is your job to choose an activity that both interests the child and family members, as well as addresses the issues that are most relevant to the family. Most of all, the activities are meant to be fun, so be patient and allow for creativity.

Toni D. Cole

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Introduction

Identifying our own feelings and feelings in others are essential skills we need to learn and teach children. I state we can learn this, because in my work and own life experiences I have discovered that as adults we are often unable to identify and control our own reactions to our feelings. How can our children learn something we do not show them? That is why in this book, I have provided many activities that can be conducted in one-on-one sessions, but have better application potential when conducted in group and family settings.

It is so important that we learn to identify our feelings in order to communicate and react to those feelings in ways that are acceptable, where we do not tear down relationships, and for children to learn *those* skills from us. Have you ever been harsh with a child because of some stress you were experiencing that had nothing to do with the child? How then is a child expected to react when he is experiencing stress or frustration? We need to remember we are teachers of children by all we model each day.

The activities provided in this book are presented in progressive format--feeling identification, learning how to respond to feelings in acceptable ways, problem solving real life situations, and building stronger relationships through better communication. The activities are simple to do and materials simple to obtain.

Children and families can move through these activities at their own pace. The activities should be fun! If one of the later activities does not suit a child's or a family's style, choose any of the other activities. Also, be creative! Add to these foundation ideas in ways that fit the child and family's needs. You'll be surprised at the ideas children will develop.

I have developed these activities based on the needs of the children and families I have worked with over the last five years. They have been successful for them, and I hope they are successful for you.

Setting Up For Success

Before beginning any of the activities in this book, I would like to outline a few suggested guidelines that will set everyone up for success.

- Remember that all feelings are okay and a natural part of being human. No matter what your age, you experience feelings and will need to cope with them. As adults, it is our responsibility to help children learn appropriate coping skills. We are to equip children with the tools needed to be the most confident, productive adult they can be.
- Do not judge, either by the looks on your face or your words, another person's feelings. There will be activities later that will help each person clarify feelings in more appropriate terms and develop ideas of how to cope in ways that will not get them into trouble and will minimize damage to the relationship.
- Praise effort! So often we only praise success. Remember to praise any level of cooperation and honesty. The issues addressed might be more sensitive than you may know and making what might seem to you to be the smallest effort, may be a significant move forward for the person.
- Be patient. Let the children take their time answering questions. If they struggle, take from your own experiences. Ask them, "Do you want to know what I have answered?" or "Do you want to know what other boys and girls have said?" Then, lead them with different suggestions. As you get involved in the activities in this book, you will realize just how difficult it is to place your feelings into words that are clear to others. Be sensitive to this in children.
- Reward and Reinforce children constantly throughout activities. You can:
 - *compliment children
 - *give a high-five
 - *give a thumbs up
 - *give a pat on the back
 - *clap
 - *provide stickers
 - *give a big "Yeah!" with your hands thrown up
 - *put a stamp on their hand from marker stamps
 - *provide special activities or privileges

- **Make it FUN!** These activities are not meant to be a chore. Make the activities fit the personality of the child and family. Make it a group effort. Adults should help out, but never do for a child what he/she can do for himself/herself. Pace the activity to fit the attention span of the child, break the activity down into segments if needed.
- **Set everyone up for success!** Read the entire activity and have all the supplies together before presenting it to a child or family. Complete any difficult parts of activity development before, making sure a child experiences success and fun with making and participating in the activity. Take careful note of the “Meet This Goal First” category for each activity to be sure everyone has the knowledge and skills needed to participate in the activity chosen.
- **Make the theme of the activity cross over to daily discussions.** The activities are designed to teach basic skills, but life teaches real application of the skills. Use the teaching moments that come naturally throughout daily routines to reinforce feeling concepts and problem solving skills.
- **Be Creative!** Explore beyond the foundational ideas set out in these activities. This book is just to get you started. Your imagination and what you know about a child can take you beyond what is provided here. In the process, you are gaining valuable information and helping parents develop a bond with their child that will help them survive the ups and downs that life will bring.

FEELING FACES

How might he feel?

GOAL: Identify the feelings happy, sad, angry, and scared on picture cards.

SUPPLIES NEEDED: index cards
feeling faces (Index A)
glue stick
scissors

ACTIVITY: Cut out feeling faces from the back of the book or ones of the child and family showing each feeling face. Glue each cut out feeling face onto its own index card. Have the child help as much as possible. When finished, lay the feelings cards out on the table with the faces down. Tell the child that you are going to play a game about feelings and guess how the person in the picture feels. The choices are happy, sad, angry, and scared. There are several pictures of each. (Note: There are three variations of each feeling. It is important to understand the levels of feelings and how people often progress in intensity of each feeling over time, either slowly or very quickly.) If the child is younger, identify each feeling face by name for him/her and then turn the cards over and begin the game as described before. As you flip each card over, help the child notice how with each feeling the person's eyebrows, eyes, and mouth changes.

Happy: eyebrows are usually normal to slightly higher on the forehead, eyes have creases on sides that face up, and the mouth points up in a smile or laughing position. The levels of feeling names are: Happy, Very Happy, and Laughing Happy.

Sad: eyebrows are usually drooping down toward the outside of the eye, eyes are droopy and sometimes even closed, and the mouth points down in a frown. The levels of feeling names are Sad, Very Sad, and Crying Sad.

Angry: eyebrows point toward nose due to tense forehead, eyes are squinted and point toward nose, and the mouth points down in a frown. The levels of feeling names are Angry, Very Angry, and Furious.

Scared: eyebrows are risen very high on the forehead, eyes are very wide open, and the mouth is wide open in a "O" shape. The levels of feeling names are Scared, Very Scared, and Frightened OR Unsure Scared, Scared, and Frightened.

**The more exaggerated a person's face (eyes, eyebrows, eyes, and mouth) the greater the intensity of the feeling. Provide the child with names for each level of feelings so that they are easily understood. You can use the names provided or adjust names to the family's preference.

Mix and match the faces, with each face down on a table or floor, like a deck of cards with none of the faces showing. Have the child choose one card at a time and name the feeling. Have the child tell you why he/she thinks it is a certain feeling. Give the child lots of praise for trying each guess, even if he/she is mistaken. If you wish, place each feeling face in the feeling name category it matches. Keep working on each feeling and provide a reward when the activity is complete.

When playing the game with many children, have them take turns. If the children want the game to be competitive, have them earn one point for guessing and two points for each correct answer. Alternatives for points might be candy, beans, coins, tokens, et cetera.

If the children are too young to understand the concept of competition, provide a special reinforcer for each attempt. Special reinforcers might be stamps on their hand, stickers, candy, froot-loops, et cetera.

OPTIONS for feeling face cards:

- Cards provided in this book, notice the names.
- Actual pictures of people the child knows expressing each feeling (one person per card).
- Have the child draw his/her own feeling cards. He/She can look at the faces provided in the book. You might want to provide the oval of the face.
- Use pictures of faces from magazines or books (one person per card).

FEELING SITUATIONS

How might you feel?

GOAL: Understand the same experience might make you feel different than someone else.

MEET THIS GOAL FIRST: Feeling Faces

SUPPLIES NEEDED: family activity photos
magazines
postcards of places
index cards
pencils or markers
glue

****This activity is best with a small group.**

ACTIVITY: Take pictures from family activity photos, magazines, postcards, or let the child or family members draw their own pictures of different situations. Have children help with cutting out magazine pictures or drawing their own situation pictures. Glue them onto index cards and write down the situation under the picture. Mix the cards face down on a table and have each child take a turn choosing a card. After reading the card, the child should tell how the place/situation might make him/her feel and why. If another child thinks he/she would feel differently, he/she can choose to tell his/her feeling and why.

Each child can be given two points or tokens for his/her answer when it is his/her turn. Each child who states his/her feelings and why when it is not his/her turn can earn one point or token.

There is no wrong answer when playing this game. Feelings are never wrong; it's how we deal with feelings that is appropriate or inappropriate behavior.

Place and Experience Ideas:

*clown	*ice cream that fell off the cone	*flat tire on bike
*present	*puppy	*birthday cake
*carnival ride	*horse	*spilled drink
*ghost	*climbing a mountain	*nighttime darkness
*airplane	*school	*angels
*broccoli	*balloon popping	*lake
*red sport car	*parachuting from an airplane	*skiing
*snake	*hot air balloon	*swimming
*roller coaster	*left out of a group activity	*teddy bear

Where do they get this stuff?

When first playing this game, you might need to help the child or children understand how each experience might cause different feelings for different people. Some things that children have told me are:

- The birthday cake would make them angry because I made it for them and they think I am a terrible cook.
- They are happy the green balloon popped because they don't like the color green.
- Ghosts make them happy because they make great friends (The movie "Casper" did wonders here.)
- The present would make them sad because they got clothes instead of a puppy.
- Spilled drinks scared them because they were afraid they would get into trouble.
- Spilled milk made them happy because they don't like milk.
- Clowns scare them because they don't know who is behind the make-up.
- Roller coasters are scary because they make them feel sick.
- Roller coasters are fun because they go so fast!
- Angels make them sad because some angels come to help you when you are dying.

FEELINGS BINGO

GOAL: Become more familiar with seeing feelings on people's faces, be able to identify the experiences that evoke these feelings in yourself and others, and identify ways to best cope with each feeling.

MEET THIS GOAL FIRST: Feelings Faces, Feelings Situations

SUPPLIES NEEDED: blank bingo cards (Index B)
Feeling faces that fit in bingo card blocks
Glue
Tokens
Kleenex box, or other small container with opening.
BINGO prizes (optional)

ACTIVITY: Cut out feeling faces to fit the bingo card blocks. Arrange 9 of the 12 faces on each card, without repeating a pattern. These will be the game cards. Make as many cards as needed to have a different card for each player. Place a set of the 12 feeling faces into a container with enough room to have a hand fit to reach out the cards. These will be the cards the faces are called from. A container can be as simple as a kleenex box or a game lid held high out of the caller's sight, but within reach. Gather together enough tokens for each player. Tokens can be actual tokens, pennies, wrapped candies, beans, pasta shapes, cereal pieces, color-coated paper clips, et cetera. Distribute cards and tokens to each player. Play as regular BINGO, naming the faces as the caller chooses them.

Helpful hint: Have younger children take the face from the caller box and place side-by-side each feeling face on their card. This helps them to better tell a match.

OPTIONS:

- A different player can call each game.
- The caller box can be passed from player to player to call as in a traditional game board game.
- As each game is played, questions can be asked. Each player must answer the question before he and the other players may place the token on the designated place. This version of playing will allow children of all ages and developmental levels to play, as well as provide wonderful insight as to experiences of each child regarding the feelings in this game

Question Ideas:

- When is a time you saw someone who looked like this?
- When is a time you looked like this?
- What might make someone feel like this?
- What might you say or do when someone looks like this?

FEELING COLLAGES

GOAL: For children to think and learn about things, environments, and people that revolve around various feelings.

MEET THIS GOAL FIRST: Feeling Faces, Feeling Situations

SUPPLIES NEEDED: construction paper, poster board, an opened manila folder
 magazines
 pictures
 scissors
 glue

ACTIVITY: Children are to choose a feeling topic for the collage—happy, sad, mad, or scared. (Actually each feeling should have a collage, but work with only one at a time.) Children are to look through magazines and pictures looking for faces that look like the feeling of their collage topic, things that remind them of the feeling topic, colors and scenes that remind them of their feeling topic, et cetera. When they find pictures they would like to have in their feeling book, they should cut them out. Help the children identify why they have chosen the picture. After all the pictures have been cut out, glue them on the construction paper or poster board. Have the child write down words or descriptions of the pictures, if desired. After the collage is completed, discuss them.

Things that make you think of being . . .

Happy: skateboards, nail polish (painted nails and toes), cartoon characters, fishing, puppy, kitty, bike, sports, sport equipment, dolls, cake, teddy bear, presents, skates or roller blades, flowers, new clothes, perfume, TV/Music/Movie/Sport celebrities.

Sad: rainy day, disliked foods, someone crying, someone playing alone, having to do homework, having to do chores, not invited to a party, not going to Disneyland yet, being sick.

Angry: broken bike, lost at a computer game, not invited to a party, broken toy, having a hard time with your math homework, falling down and getting hurt.

Scared: roller coaster, barking dog, big and mean kids, scary characters on TV, the dark, snakes, thunder, lightening, being sick, trying something new, meeting new people.

FEELINGS BOOKS

GOAL: Identify how feelings are experienced daily with family, through friendships, and in different environments.

MEET THIS GOAL FIRST: Feeling Faces, Feeling Situations

SUPPLIES NEEDED: construction paper
 Manila folder
 Markers
 Magazines, pictures
 Hole punch
 Scissors
 Glue
 Ribbon, yarn, string (something to tie)
 Clear contact paper, if desired

ACTIVITY: Design a cover page with construction paper or a manila folder by drawing an oval and feeling face of happy, sad, angry, or scared inside the oval. (Each feeling will have its own book, but work with only one feeling at a time.) Cover the front page and a blank end page of construction paper with clear contact paper, if desired. Then on separate pages of construction paper write down topics. Have children use markers to write words or sentences, use magazine cut-outs or pictures, draw pictures, et cetera as they apply what they believe should be on each feeling page topic. Organize pages in the order that the child wishes and place the cover page on top and the blank page at the bottom or end of the book. Punch two to three holes in each page, with all the pages matching. Attach pages into a book by tying together with ribbon, yarn, string, et cetera. Have the child read their book occasionally with his/her parents and on their own. This makes a good learning and discussion tool.

Page Topics:

- Words that make me feel _____.
- Places that make me feel _____.
- Songs that make me feel _____.
- People who I can talk with when I feel _____.
- Things I think when I am _____.
- Colors that remind me of being _____.
- Smells that make me think _____ thoughts.
- Things I do when I feel _____.
- Ways I act by myself when I feel _____.

- Ways I act around others when I feel _____.
- Things I should do when I feel _____.
- Places I like to go when I feel _____.

As children mature, pages may have additions and other pages may be added to the book. Children will also experience more complex feelings as they mature. Most feelings still fall under the primary topics happy, sad, angry, and scared. But, as we know as adults, we often have feelings that fall under more than one category and at various levels of intensity. It will be important for children to recognize how to appropriately react to these ever-changing feelings in appropriate ways, whether extremely excited or furious.

It is a good idea to have the child put down new ideas on pages after significant times in their lives, both for times that are difficult and times that are good. Be sure to let the child lead as to whether they want to make additions or not. These books can work as a diary, so children might be encouraged date their entries.

Let children know that the feeling books are theirs and theirs alone. You and their parents would be happy to have them share, but it is up to them. If they do want to share, work out a way for them to let you know. This is important, as some children are more sensitive and shy than others are.

Another variation is for parents to keep a book for each child in each category. Parents can put together words, pictures, et cetera of times when they remember their child was happy, sad, angry, and scared. It is a great tool to review with children.

Benefits of the Books:

- They show how children mature.
- They allow parents to be sensitive to their child's feelings.
- They provide a tool for parents to be supportive of their child by helping them get through the emotional ups and downs of life.
- They remind children and parents that time calms emotional intensity.

FEELINGS TIC-TAC-TOE

GOAL: Children will identify situations when they have felt or have known others to feel the feelings identified on the tic-tac-toe board. Children will identify good and not so good ways that people react to these feelings.

MEET THIS GOAL FIRST: Feeling Faces, Feeling Situations

SUPPLIES NEEDED: poster board, construction paper, manila folder, or plain paper
dry erase markers
markers or crayons
clear contact paper
One or two dice
list of feelings

If you do not wish to make the game permanent, simply use plain white paper to make the same type of tic-tac-toe board as described below and do not cover. Use regular markers instead of dry erase markers.

ACTIVITY: Draw a tic-tac-toe board (Index C) on the poster board, construction paper, or manila folder. In each tic-tac-toe square, write the name of a feeling with a number, from one to six. The numbers do not have to be in any particular order. Three of the numbers, one through six, will be duplicated. Have children help as much as possible with designing the board and identifying the names of feelings. Be as colorful writing the feelings words and drawing the tic-tac-toe frame as desired. Use the backside of the poster board to develop a secondary game with alternative feelings. Cover with clear contact paper.

GAME: Determine who will be the "X" and who will be the "O." Each player rolls the die on their turn and tells of a time when they had the feeling that matches the number rolled on the die. If the number is duplicated on the game board, the player can choose the feeling that is their preference. The player uses the dry erase marker to draw their symbol, "X" or "O," on the square of the number they rolled and feeling they described. (Use a damp cloth to clean away the symbols on the board.) The first one with tic-tac-toe wins!

OPTIONS:

01. Each player is asked to tell how they reacted when they had the feeling named with the number on the die. Do not make judgment to the reaction. Every experience is important to learning and connecting with the intensity of feelings and emotions.
02. Each player is to tell an appropriate way to react to the feeling name with the number rolled on the die.

Feeling Name Ideas:

Happy	Sad	Angry	Scared
Joyful	Crying	Furious	Ashamed
Surprised	Depressed	Confused	Embarrassed
Excited	Tired	Hateful	Hesitant
Content	Disappointed	Frustrated	Horrorified
Laughing	Bored	Hurt	Startled
Proud	Hopeless	Prideful	Nervous

VOLCANO Taking Control

GOAL: Children and adults will identify signs of their frustration. Children and adults will also identify ways to prevent being in the volcano, how to stop and cope before erupting, and triggers for others to know when and how to help.

MEET THIS GOAL FIRST: Feeling Faces, Feeling Situations

SUPPLIES NEEDED: Poster board, paper, or manila folder
Markers, crayons, or colored pencils
List of mental thoughts and physical reactions when angry

ACTIVITY: Draw a volcano (Index D) onto poster board, paper, or a manila folder OR use the one provided in the index. Draw lines on the left of the volcano from top to bottom, at least 10 lines in all. On the right of the volcano write the words Little Upset, Really Upset, Angry, Furious, and Erupting starting from the bottom and climbing to the top of the volcano opening. Help the child identify things he/she thinks, things his/her body feels, and things he/she does as his/her own feelings climb from a Little Upset to Erupting. Use the list provided to begin the ideas, but please help the child add his/her own experiences.

On the back of the volcano poster board, paper, or manila folder help the child identify appropriate ways for him/her to communicate how he/she feels positively or things he/she can do to calm down before ever moving beyond Little Upset. Help the child identify where on the volcano it is best to stop himself/herself before feelings become too intense. Identify ways of how he/she might calm down at each level. Make a list of suggestions that others can do to help. Ideas might include using trigger words or actions to help the child and others communicate appropriately. Help parents make a deal with the child to remember what he/she has suggested and use it when they notice the pattern of behavior he/she has described for each level of frustration.

List of mental and physical things you might experience as you get angry:

I think threatening statements.
 I get hot inside.
 I cry.
 I get shaky.
 I think about hitting something.
 I just want to get away.
 My voice gets louder.
 I stop listening.
 I start thinking about the other person in bad ways.
 I call the other person names.
 I plan to get even.
 My hands get sweaty.
 I walk away.
 I hit things.
 I get a headache.
 My stomach begins to hurt.
 My hands shake.
 My voice gets shaky.
 I curse.
 I laugh.
 I slam doors.
 I stop talking.
 I squint my eyes.
 I threaten others.
 I hit others.
 I kick the dog.
 I throw things.
 I tell others to leave me alone.

Cooling Down:

Hit a pillow	Take a bath	Run	Kick a ball
Listen to music	Count to 10	Count to 100	Take a long walk
Take a deep breath	Go to a room alone	rub my head	Take a nap
Say "Stop" and talk about it later			

EXPRESSIONS

GOAL: Children will identify treasures they hold for those in their life and demonstrate appreciation.

SUPPLIED NEEDED: assorted blank cards, with or without pictures
Cards with special meaning writing on them
Post cards
Construction paper
Markers, crayons, colored pencils
Stickers, miscellaneous and with meaningful words
Creative materials (ribbon, scissors, glue, magazines)

ACTIVITY: Have the child identify a person with whom to tell "I love you, Thank you, I'm sorry, Just thinking of you, Have a happy day, I forgive you," et cetera. Keep topics positive, please. Choose from a collection of cards that are blank inside or design one for the occasion. Hunt discount card shops and keep a collection of cards to choose from any time. Children can be as creative as needed when designing their own cards. Use magazine cutouts and markers to write down words in a creative manner.

Let the child choose to deliver the card personally, leave the card where the person will find it, or mail it to the person.

This activity works wonderful for a child who has difficulty expressing himself/herself openly or who struggles to state feelings in actual words. The non-confrontational approach of sending or giving someone a card to read when they are alone works well. The thoughts are sincere, but it releases everyone from the tension of what might be awkward moments.

This is something we should do more as adults—tell and show others what we treasure about them and what they do for us. Modeling is very important to children. A card placed in a backpack, lunchbox, spelling book, on the mirror, on top of the pillow, et cetera are great boosters for children. We would all like to find a special note of support every now and then. Why not get into the habit today!

OPTIONS:

I Love You Because . . .

you care for me.	you help me.	you like me.
of your hugs.	of your smile.	you listen to me.
you're nice to me.	you tell me bedtime stories.	you're my friend.
you're fun to be around.	you're always there for me.	you love me.
you make me laugh.	you feed me good food.	You're you.

Thank you for . . .

loving me.	washing my clothes.	helping me.
caring for me.	feeding me.	holding me.
the gift.	making me feel better.	hugging me.
being you.	your smile.	your friendship.
your kind thoughts.	playing with me.	singing to me.
listening to me.	understanding.	

I'm sorry . . .

for saying unkind words.	for not being thoughtful to you.
let's just leave it at that.	for reacting poorly.
for not listening.	for not sharing.
for being prideful.	

Thinking of you today . . .

just because.	because I miss you.
because I needed a friend.	because I remembered _____.
because you make me smile.	because you're important to me.
because I needed to talk.	

GIFTS

GOAL: Identify characteristics that are the true gifts we can get and share everyday. For children to identify gifts that others need to be given and treasure.

SUPPLIES NEEDED: slips of paper, colored if desired
 Marker or pen
 Gift boxes, tins, or bags
 Wrapping paper
 Tape
 Ribbon

ACTIVITY: Write down good characteristics of parents, friends, teachers, et cetera on slips of paper and place in a gift box. Have children help with ideas. Tell the children that today you have a present and it has lots of gifts inside. But the gifts are not things you can hold, they are things you can share. Today they are going to reach into the gift box and choose a gift. As each gift is chosen, they are to think of someone who could really use the gift and why, and then share their thoughts. The gift can be given to a friend, neighbor, family member, teacher, or they can even give the gift to themselves. If the child needs help to understand what the gift means, they can ask. Be prepared with good examples.

Take a gift box you made and put slips of paper with a gift written on each inside the box. Have each child choose a gift on a slip of paper one at a time. After all the children have chosen, have each explain whom they are going to give the gift and why. You will be absolutely amazed at what the children decide and why!

Give the children wrapping supplies to make their own gift box. Distribute slips of paper and have the children write down gifts to put in their box. Encourage children to play this often with friends and family.

Getting Started Feeling Ideas:

patience	help	kindness	sharing	laughter	calmness
friendship	happiness	smiles	hugs	caring	motivation
love	likable	listening	loyalty	faith	devotion
trust	cheer	time	creativity	praise	joy
fun	energy	forgiveness	honesty	compliments	rest
encouragement		thoughtfulness			

FEELINGS SHEET
Letting you know how I feel.

GOAL: Children will communicate with adults and friends how they are feeling by using the feeling sheet as a tool. This will open communication lines with children and adults, if used in the proper manner.

MEET THIS GOAL FIRST: Feeling Faces, Feeling Situations, Volcano

Special Note: Before attempting this activity, make sure that both parents and children have accomplished most of the goals in this book up to this point, whether through the activities in this book or by other means. This will mean that both have a mutual respect established regarding one another's feelings and will place no judgment on other person's right to feel the way they will identify.

SUPPLIES NEEDED: paper
 pencils or pens, in different colors if desired
 thesaurus, if desired
 access to a copier

ACTIVITY: With the child, write down feelings in the categories of happy, sad, angry, and scared. Think of as many positive and negative variations of the feelings as you can. Copy the sheet and have the copies available for parents and children. When parents and children are struggling to communicate feelings, they should refer to this sheet and circle every feeling each of them has at the time. Use different ink colors for each person. Try not to make this a point of disagreement, it is meant to foster better communication at difficult times, not make the situation worse. If a person is not ready to talk about feelings, leave the sheet for the other to review and ask for a specified time frame to wait before the other person is ready. The time can be a half-hour or a whole day, however long is felt needed until each person is calm enough to talk in a rational way. This will help make sure the conversation will not harm the relationship. It is important to talk it out. This will develop coping skills should a similar situation arise again, as well as assist in repairing small fractures to the relationship that may have occurred.

This really helps others understand what you are feeling and why your actions might be what they are. Others may not know what you are going through, but they can identify with the feeling and how they might want others to support them if they felt the way you do.

OPTIONS:

You might want to use this as a tool during . . .

- family meetings.
- as a conversation tool for important discussions with children.
- each night as a before bed wrap up of the day.
- in discussion with a spouse.

With younger children, I have used the feeling faces to identify feelings, how the school day went, how they felt their day went, et cetera. With adolescents and teenagers, I have used the feeling faces or words to be written at the top of each "Dear Diary" page.

This is a wonderful tool to learn a child's feelings and for parents to share their feelings, teaching children along the way. This tool allows us to learn that we often do have more than one feeling at a time AND that others have feelings at the same time we do, which may or may not be the same as ours.

Getting Started Feeling Variation and Intensity Level Ideas:

Happy	Sad	Angry	Scared
Joyful	Crying	Furious	Ashamed
Surprised	Depressed	Confused	Embarrassed
Excited	Tired	Hateful	Horrified
Content	Disappointed	Frustrated	Startled
Elated	Bored	Hurt	Nervous
Laughing	Hopeless	Disturbed	Afraid
			Anxious

MESSAGE MATCH
How can I say it better?

GOAL: Adults and children will communicate messages that build self-esteem and avoid conflict.

SUPPLIES NEEDED: Index cards
Pen or pencil
List of messages and alternative statements

ACTIVITY: Have parents and children review the list of messages provided and the alternative statement. From ideas on the list, have them write down messages they send regularly and develop alternative statements for them. Draw a line down the middle of each index card and write the original message on one side and the alternative message on the other, using ideas from the list provided and the list they developed. On both statement sides of the index card, write a number for that card. Cut the card where the line is drawn. Mix up the cards by shuffling them. Place each card upside down on the floor or a table. The cards can be in lines or unorganized. Now have one player at a time flip over two cards. Read them to see if each card matches (the numbers will help out when first learning the game). If there is no match, the cards are turned back over in their original position. Remember the statement and number for a later match. Play until there are no more cards. The player with the most matched card wins!

Message:**Alternative:**

I am so proud of you.

You should be so proud of yourself.

You must be smart; you got a B!

You must have studied hard to get this B.

Don't use that tone with me.

You sound like you're angry.

Stop running.

Walk inside.

Get down.

Your feet belong on the floor.

Leave it alone.

Let's play a game together.

Message:

No, you can't watch TV.

Go clean your room.

Child: Mom, I hate you.

Mom replies: Don't talk to me like that!

Child: Dad, it's not fair.

Dad: It is fair!

I can't do it.

I'm not good at baseball.

I was only invited because you're mom made you.

No one ever plays with me.

Stop throwing the ball.

Alternative:

You can go outside and swing.

Please put your dirty clothes in the hamper by tomorrow evening.

Child: Mom, I hate you.

Mom replies: I love you. Nice try.

Child: Dad, it's not fair.

Dad: Probably so.

I will try.

I have fun playing baseball.

I'm having fun at your party, thanks for inviting me.

I'm going to ask Charlie to play kickball.

The ball needs to be still.

SURVIVAL SIGNS

How can I make better decisions?

GOAL: Children will learn a quick method of problem solving that will help them make decisions.

MEET THIS GOAL FIRST: Volcano (helpful but not necessary)

SUPPLIES NEEDED: Sign shapes for STOP, YIELD, CONSTRUCTION, and GO (Index E)
 Scissors
 Pencils
 Markers
 Liquid Correction writing pens (White-out)
 Index cards (regular and 5X7)
 Sample problem situations (Index F)

BEFORE the ACTIVITY: Talk with children about the four steps to problem solving. When each person is in a situation they need to make a decision, whether it is a quick decision or they can take their time, there are four basic steps to take. Typical traffic signs are used here because children and adults know the signs and can relate quickly to the visual cue, whether the signs are actually there or saved in their minds to flash up when they are making a decision. The problem solving technique is:

01. Stop before saying or doing anything.
02. Slow your thinking down and ask yourself a few questions. Some questions might be:
 - Is this a problem?
 - What exactly is the problem?
 - Whose problem is it? Or Who owns the problem?
03. Construct (come up with) as many good and not so good options to dealing with the problem as you can AND determine what the outcomes will be for you and for others. Decide on the option that will not hurt anyone's feelings and will not harm you or anyone else.
04. Go do or say what you decided.

Review with children some examples provided from Index F in this book or develop a few examples of your own, specific to the needs of the children. Let them make the choices to solve the problem you read and help them walk through the techniques four steps. Try to read only the problem situation at first. If children struggle to develop options, read the choices and help them walk through the techniques four steps by problem solving the outcomes of each of the solution options. Read at least two examples for each child or up to 10 for only one child, and then work on the activity.

ACTIVITY: Provide children with the shapes for each sign—Stop, Yield, Construction, and Go. If they are old enough, you can have them cut out the shapes from the worksheet page provided in the index of this book (This will save you some work). Have children trace shapes onto an index card in the order of Stop, Yield, Construction, and Go. The signs on the index card should be arranged in the order that will direct the child to each step of problem solving. Color the shapes with markers. Red for Stop. Yellow for Yield or Slow. Orange for Construction. Green for Go. Have each child write STOP on the stop sign with the liquid correction pen (white-out); a question mark in the Yield sign with a black marker; three arrows going different directions on the Construction sign with a black marker, and GO with a black marker on the Go light. Have the children carry the Problem Solving card with them over the next few weeks. Put it in their backpack, post it on the refrigerator, post it outside, et cetera. Encourage parents to use natural situations as they arise to help their child review the steps of the technique.

STOP & THINK FUED
Can I think fast?

GOAL: Children will utilize the Survival Signs technique in relation to real life situations in a fun and competitive way.

MEET THIS GOAL FIRST: Feeling Faces, Feeling Situations, Survival Signs

SUPPLIES NEEDED: Index cards
 Pens or pencils
 Two of any of these (whistle, horn, bell, kazoo, party blower)
 Tokens
 Card reader who serves as Judge

**This activity must be played with at least two children, preferably near the same age.

ACTIVITY: Review the four steps of the Survival Signs technique with your children. Have each child write down at least five scenarios they deal with everyday AND four good and not so good options below the scenario. Each problem scenario must have at least one good option. Help them develop their ideas or use some from the worksheets in the index (Index F), if needed. Collect all the cards and mix them up. Explain the game to the children.

Game: Two players at a time will approach the judge. The judge will read a scenario card and the options on each card. The two players will listen to the judge's question and sound their noisemaker or raise their hand to answer the question. The judge will determine who was first. That player will answer the question by stating the best option and explain why. If that person has answered the question with an option that will not hurt anyone's feelings or harm themselves or any one else, they score. If the other player can provide an alternative that also will not hurt anyone's feelings or harm them or anyone else, they score half. Scores can be tokens, points, beans, et cetera.

Assign a reader/judge. For the first few games, it is usually best for the judge to be an adult. Provide each child with a noisemaker of some sort—whistle, horn, bell, kazoo, party blower. If more than three children are playing, divide the children into teams. It might be best to have a special prize for the player or team who wins. It doesn't have to be big. It can be a special treat, staying up a little later, doing a chore for them (you'll be their favorite adult), watching a favorite show, having a friend come over to play or spend the night, et cetera. Be creative and HAVE FUN!

GAME BOARDS

GOAL: Children will develop an activity they will play with family and friends that will teach them more about feelings and how to cope in ways that do not destroy relationships. This activity also contributes positively to self-esteem, since children develop an actual game board that is their own AND it is as colorful and functional as any of the bought game boards they have.

MEET THIS GOAL FIRST: Feeling Faces, Feeling Situations, Message Match, Survival Signs

SUPPLIES NEEDED: Poster board, you choose the size
OR manila folder
Markers, crayons, colored pencils
Stickers, magazine cut-outs, construction paper (if desired)
Scissors
Clear contact paper
Index cards
Game pieces
A die or dice

ACTIVITY: Draw a path on the poster board that provides space for game pieces. This is essential to do first, since some children get so carried away with their creativity, they do not leave room for a game path. Shapes of each path space might be squares, circles, triangles, diamonds, stars, moons, hearts, baseballs, basketballs, a combination, or any idea the child might have. Try to make game path spaces the size of a quarter. Draw other objects, add stickers, glue on magazine cutouts, et cetera around the path that coordinates with the theme of the game board. Encourage children to have a game board theme that is considered positive and appropriate (avoid any themes that promote violence). Before coloring the game board, work with the child to put special notes on various spaces. Color the game board with markers, crayons, or colored pencils. Make sure to color the spaces with special notes a very light color so the note can still be read. Cover with contact paper to save the game board from any damage, if desired. Purchase or create game pieces that coordinate with the game board theme. Be creative when thinking of game pieces by searching out small party favors, small cars, small nail polish bottles, wooden shapes that can be painted, et cetera.

Develop the guidelines to the game and make several variations, if you wish. Develop game cards of feeling faces, scenarios, comments, simple questions of interest, et cetera that players will answer during the game. Refer to the index (Index A, F, & G) for examples or utilize the cards you have developed from previous activities. Remember to personalize situations that fit with the child and his/her family's needs and issues. This will help the game be more meaningful in building skills that will directly relate to the child's life and be more fun. Be careful not to use the names of people the child knows specific to a situation, because sometimes this can be too confrontational.

Game Themes children have made:

Baseball	Batman	Roller coaster	Jewelry Necklace
Texas Heartland	Stony garden path	Hearts	Hearts & Stars
Sailor Moon	Spooky House	Farm	Princess Castle
Basketball	Fishing	Lightening	Bubble gum Machine
Beach with Ocean	Zoo	Fireman	Carnival

Ideas for Special Notes:

- You stayed calm when you were angry, move ahead 2 spaces.
- You are getting upset, take a break in the Re-Tree-T to cool down. Lose 1 turn.
- Your temper is getting you really hot, cool off in the lake. Lose 1 turn.
- You talked about how you felt with your friend instead of getting upset. Move ahead to Third Base.
- Your friend needs your help, run to the Bat Cave. Start your next turn from the entrance.
- You hurt a friend's feelings, go to Wounded Heart Cell. Roll a 4 to get out.
- You gave a hug to your mom today, move ahead 3 spaces.
- You tried really hard to make a basket in gym, but came up short. Move ahead 2 spaces for trying!
- You listened to a friend who was sad. Move ahead 2 spaces.
- You smiled at someone today. Move ahead 1 space.
- You blew your top today. Move back 4 spaces.
- Draw in Question Marks (?).
- Draw in a Stop Sign.
- Draw arrows to divert players back around a loop or down another path.
- You need a plan to solve your problem. Move to the Fish Pond to think things over in quiet. Roll 6 to move on with your plan.
- The fish aren't biting, go to the Bait Store to find something special.
- You fed all the animals today. Move ahead 3 spaces for being responsible.

Game Guideline Ideas:

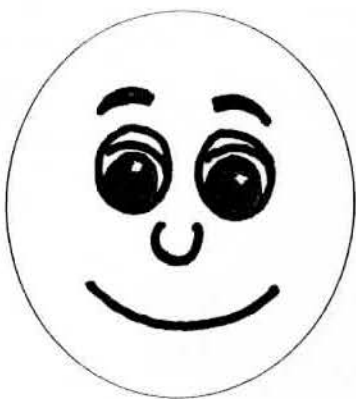
Variation #1

- Everyone rolls the dice, whoever has the lowest number goes first. Then the person to the left goes next, and so on.
- The person to the left reads the question card for you. Have a designated reader if reading is difficult for some players.
- Answer the question.
- Roll the dice, move the number of spaces on the die. Also follow any other direction given on the card.
- Follow any direction on the space you land on.
- First person to the end of the game wins! You can play until all players finish or end with the first person to finish.
- Remember that the winner of the game is about the luck of rolling the dice, not how good questions are answered.

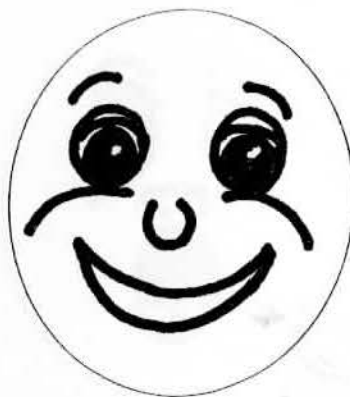
Variation #2

- Everyone rolls the dice, whoever has the lowest number goes first. Then the person to the left goes next, and so on.
- Roll the dice, move the number of spaces on the die. Follow any direction on the space you land on. For example, if you land on a space with a Question Mark (?) or a Stop Sign, you need to answer a question card. Follow any direction given on the card.
- First person to the end of the game wins! You can play until all players finish or end with the first person to finish.
- Remember that the winner of the game is about the luck of rolling the dice, not how good questions are answered.

Index A



Happy



Very Happy



Laughing Happy



Sad



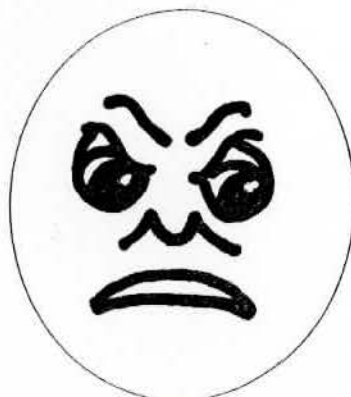
Very Sad



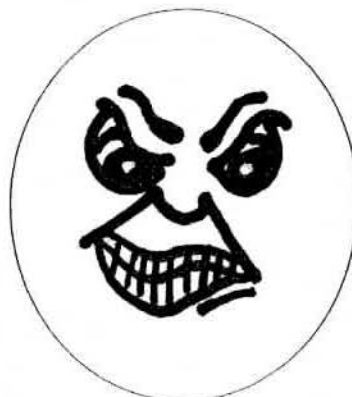
Crying Sad



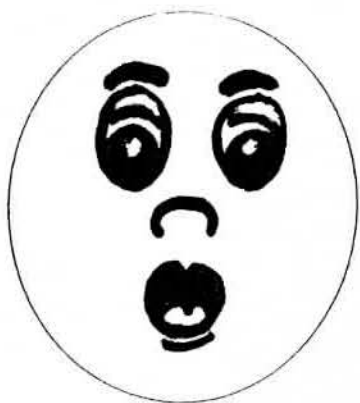
Angry



Very Angry



Furious



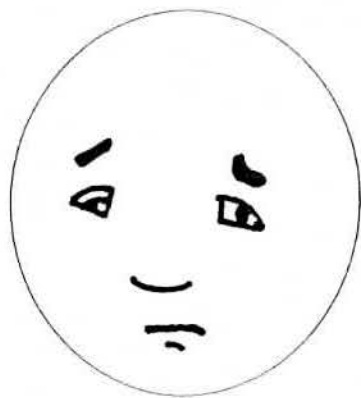
Scared



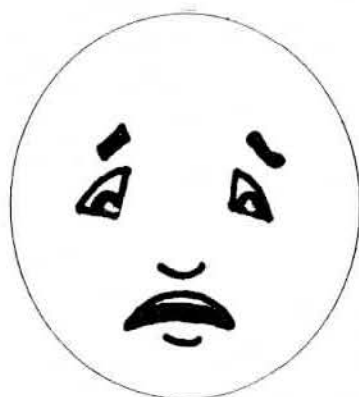
Very Scared



Frightened



Unsure Scared



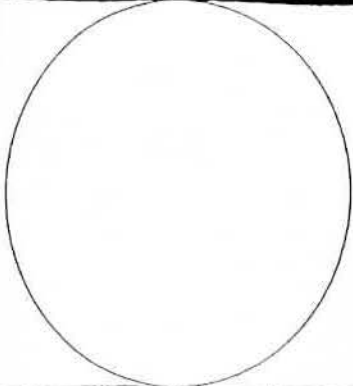
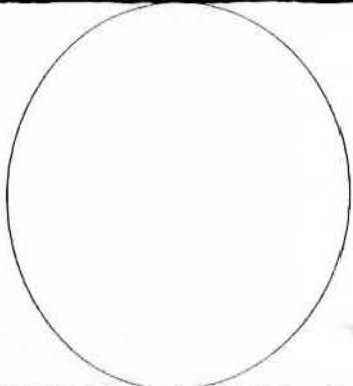
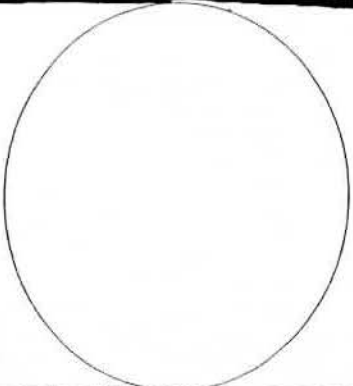
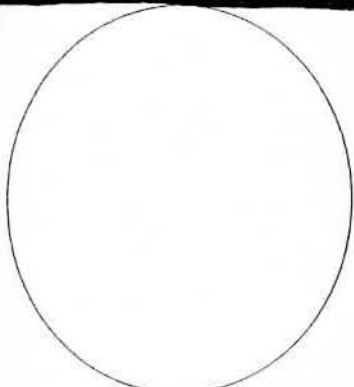
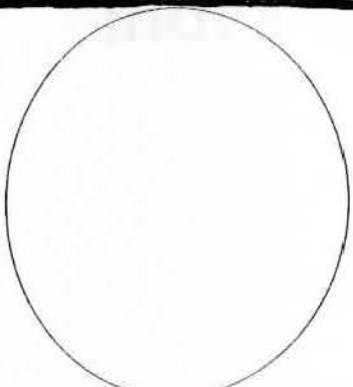
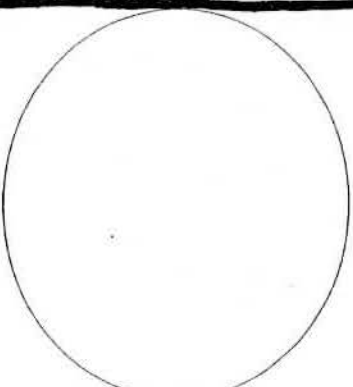
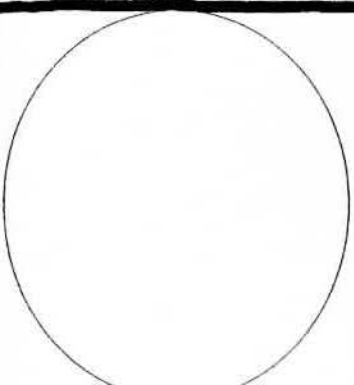
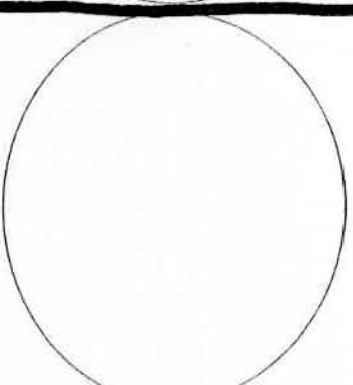
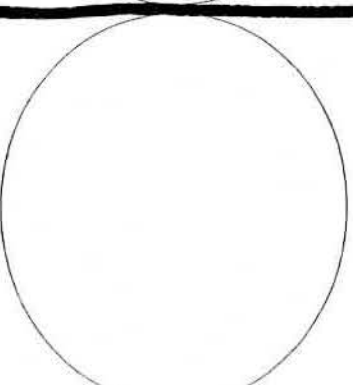
Scared



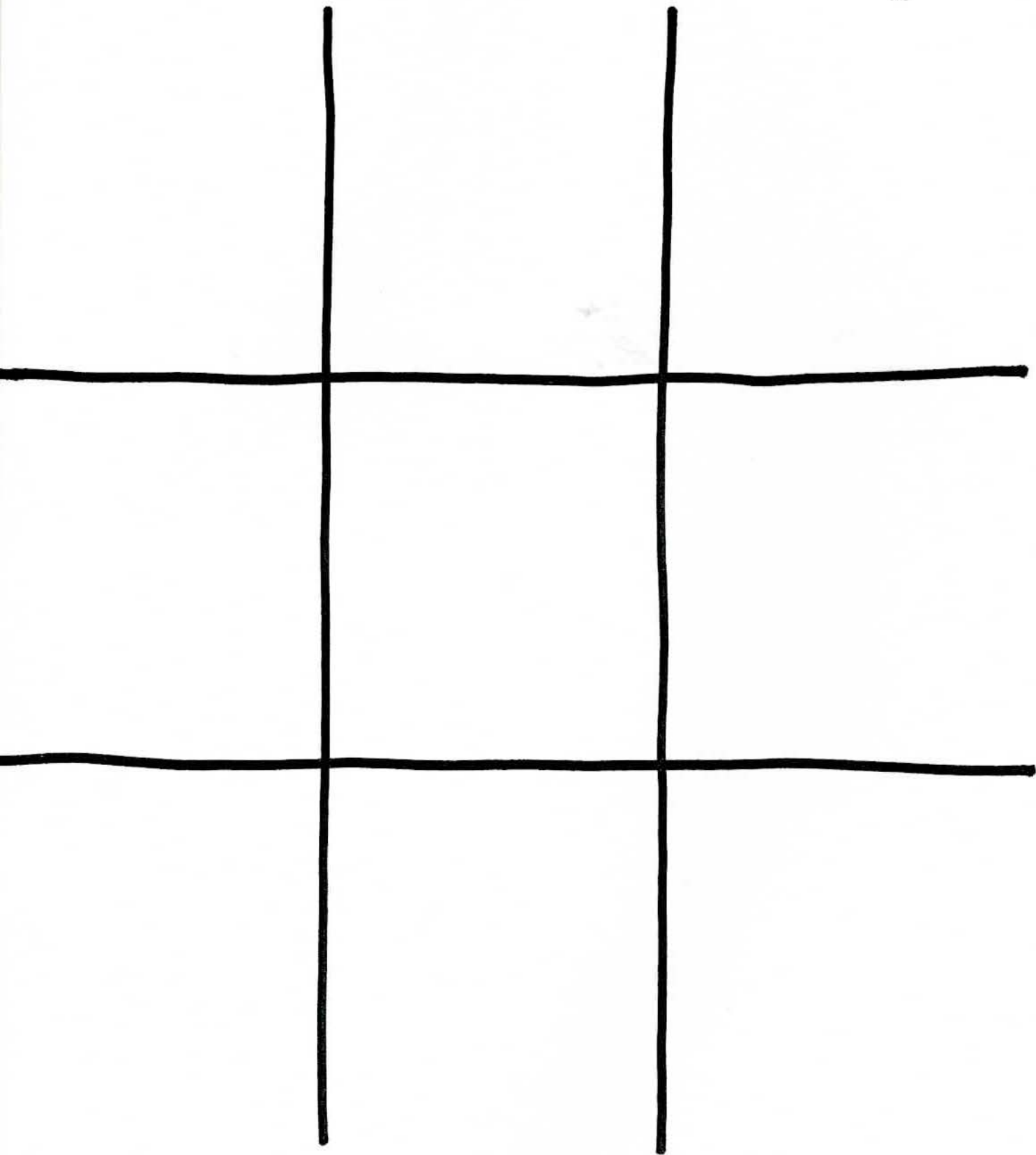
Frightened

Index B

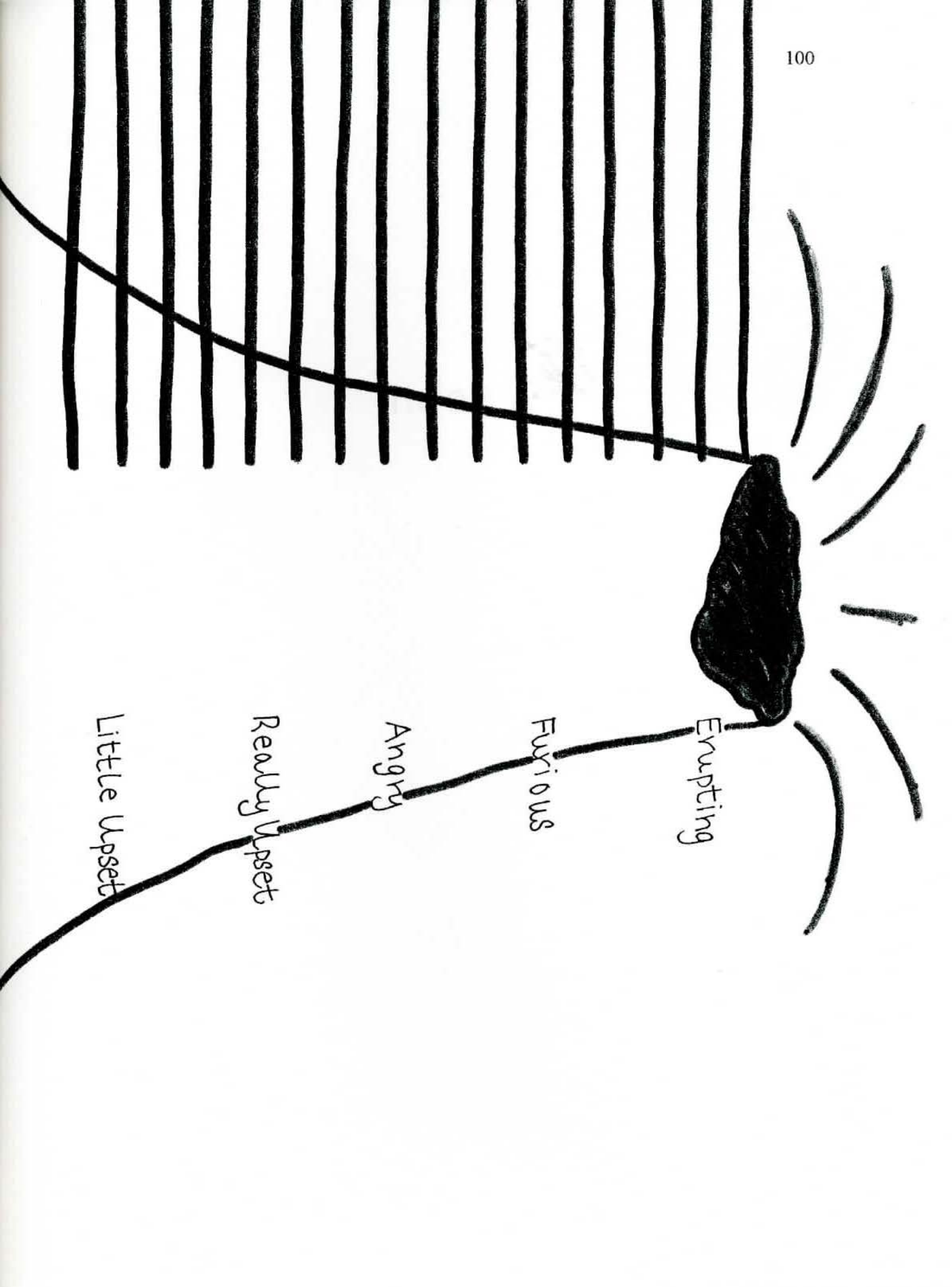
FEELINGS BINGO

Index C



Index D



Erupting

Furious

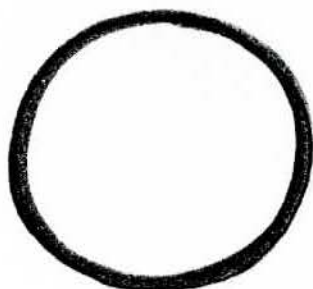
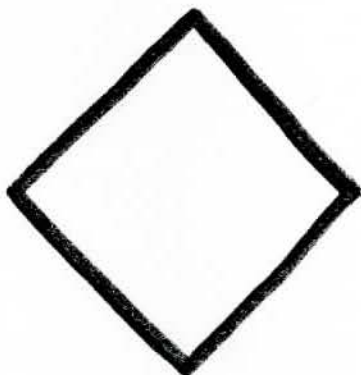
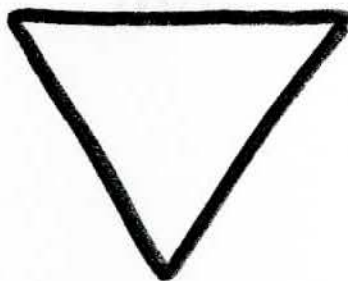
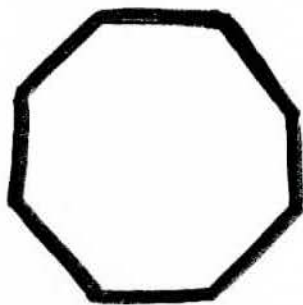
Angry

Really Upset

Little Upset



Index E



Index F

John was called "four eyes" by some of his friends at school. What would be the best way for John to respond?

- A. Ignore them and walk away.
- B. Call the boys' names.
- C. Tell the boys, "I need glasses to read."
- D. Throw rocks at the boys.

Jessica wants to spend the night with her best friend this weekend, but mom said "Maybe next weekend." What would be the best thing for Jessica to do?

- A. Beg her mom to let her spend the night this weekend.
- B. Call her friend and see if next weekend is open.
- C. Stomp and tell her mom "It's not fair!"
- D. Go to her room and pout.

Joshua wrote all over himself with his markers. What might mom and dad do that would help Josh remember that markers are for paper?

- A. Yell at Joshua and ground him.
- B. Let Joshua only use the markers at the table when mom and dad can watch.
- C. Throw the markers away.
- D. Let Joshua write and draw with crayons.

Stacey's friends want to ride bikes to the park across the railroad tracks. Stacey is only allowed to ride bikes on the side of the railroad tracks where her house is. What might Stacey tell her friends that won't get her into trouble?

- A. Let's go, it sounds like fun!
- B. Let's go to the park near my house instead.
- C. I'm not allowed to go to that park.
- D. I'll go, but you can't tell anyone where we went.

Amanda was angry with her brother for breaking her tea set. What should Amanda do?

- A. Break something her brother likes.
- B. Tell mom and hope he gets grounded.
- C. Ask her brother to give her something in return to show he is sorry.
- D. Realize that accidents happen and her brother didn't mean to do it.

Jane's mom made tuna casserole for dinner tonight and Jane hates tuna casserole. What should Jane do?

- A. Ask nicely if she can have a peanut butter and jelly sandwich instead.
- B. Yell and cry to her mom about how she hates tuna casserole.
- C. Leave the table without eating.
- D. Eat the vegetables, noodles and bread or pick out the tuna.

Caleb spilled milk on the floor. What should he do?

- A. Clean it up.
- B. Tell mom the cat climbed up and did it.
- C. Leave it on the floor and run to the bus stop.
- D. Ask mom for help cleaning up the mess.

Shari forgot to take the dog for a walk and the dog had an accident all over the kitchen floor. What should Shari do?

- A. Yell at the dog.
- B. Clean up the mess and take the dog for a walk right away.
- C. Tell dad about her mistake and ask dad for advice of how to remember better.
- D. Go to her friend's house and let dad find the mess first.

Joey did not do his homework because he needed help. What should Joey have done?

- A. Ask the teacher for extra help getting it done.
- B. Act cool and tell the teacher the assignment was stupid.
- C. Ask mom to help him understand the homework.
- D. Hope no one finds out.

Sarah's room is too messy to know where to begin cleaning, but she knows she has to get in clean before she can play with her friends. What might Sarah do?

- A. Shove everything under the bed and in the closet.
- B. Cry until mom gives in and lets her go play anyway.
- C. Ask mom to help her know what to do first.
- D. Offer to sweep the floor for mom if she helps her with the room.

Ashley and her sister Amanda want to watch different TV shows at the same time. What might they do?

- A. Neither one watch TV.
- B. Take turns every other week watching their show.
- C. Agree on a TV show they both want to watch.
- D. Fight it out, the one who cries the most loses.

Dan was pushed while waiting in line. What should he do?

- A. Push back.
- B. Tell the teacher.
- C. Forget about it and follow the rules.
- D. Ask the boy to be careful.

Dan pushed the boy in front of him on accident. What should Dan do?

- A. Call the boy a name.
- B. Say, "I'm sorry."
- C. Tell the boy to watch where he is going.
- D. Walk farther away from the boy to prevent the pushing from happening again.

Katie wants a cookie, but mom asked her to wait until after dinner. What should Katie do?

- A. Sneak a cookie.
- B. Wait until after dinner.
- C. Beg mom until she gives in.
- D. Eat some carrots, instead.

Ally doesn't like dad's answer. What should she do?

- A. Tell dad how he is wrong.
- B. Say, "Okay." and come back later to talk with dad.
- C. Say "Okay." and do what she what she wants anyway.
- D. Go ask mom.

Elizabeth got an F on her spelling test. What should she do?

- A. Tell mom and dad she will study more.
- B. Ask the teacher to take the test over.
- C. Ask her teacher for help since she is having difficult time learning.
- D. Hide the test and never show mom and dad.

Brett lost his basketball game. What might he do?

- A. Practice more.
- B. Call the other team names.
- C. Realize that sometimes you win and sometimes you lose.
- D. Ask the coach for tips on how to play better.

Dad asked Brendan to clean up his toys and get ready for bed. Brendan is in the middle of building the best tower ever. What should Brendan do?

- A. Cry and tell dad that he is not fair.
- B. Ask dad if the tower can be put somewhere safe to be worked on tomorrow.
- C. Pretend he did not hear dad.
- D. Take the tower down in sections and put it away for tomorrow.

Claire doesn't want to do her homework right after school. She wants to play a while first. How might she accomplish this?

- A. Tell her parents that all the other kids get to play before doing their homework and they're not being fair.
- B. Ask her parents to set a specific time for homework after 30 minutes or an hour of play.
- C. Whine and complain while doing her homework, but never really getting it done.
- D. Ask her parents if she can do part of her homework, then play and finish the rest later in the evening.

Randy is scared from the thunderstorm.
What might he do?

- A. Crawl under the covers until the storm is over.
- B. Ask mom to help him feel safe.
- C. Cry.
- D. Try to sing songs to himself.

A dog is barking at Chloe. What might she be feeling and why?

- A. Happy.
- B. Sad.
- C. Angry.
- D. Scared.

Karen pushed Shelly when they were in line.
What might Karen be feeling?

- A. Happy.
- B. Embarrassed.
- C. Angry.
- D. Scared.

Janet got a puppy for her birthday. How might Janet feel?

- A. Happy.
- B. Sad.
- C. Angry.
- D. Scared.

What are two things that are great about you?

Give a compliment to the person on your right.

What would you like to be better at doing?

Who are two people you can trust with your feelings?

Where do you go when you are sad?

Name two things you can do to cheer yourself up?

Name two things to do to calm down when you are angry?

What is one thing you look for in a good friend?

What is one thing you are not good at, but it's okay?

What is one thing you appreciate about your parents?

What might make you scared?

What makes you happy?

What is one thing that has made you sad before?

What is one thing that makes you angry?

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