USING BOARD GAMES IN THERAPY WITH CHILDREN

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ABSTRACT: *This paper contains a review of available literature regarding the use of board games in psychotherapy with children. The authors examine potential advantages and disadvantages of this therapeutic tool. Currently, empirical validation of these games is scarce. The paper presents a discussion of the importance of empirically examining the use of board games in therapy and directions for future research. In addition, the authors provide readers with some preliminary guidelines for selecting and evaluating board games for use with their child clients.*

Since early in the 20th century, clinicians have used play as a therapeutic technique with children. Anna Freud (1926/1946), one of the pioneers in the field of play therapy, used play to facilitate verbalization in her young patients. Melanie Klein (1932) recognized the value of play in encouraging children to express their fantasies. Although play was originally used primarily in psychoanalytic treatment, it is currently one of the most common techniques used by child therapists across all theoretical domains (Brems, 1993; Knell, 1994; O'Connor, 1991).

Although many clinicians promote a completely non-directive approach to play therapy (Chethik, 1989; Landreth, 1991), others tend to structure play to guide children's thoughts and behaviors in specific directions (Knell, 1994; Rasmussen & Cunningham, 1995; Sloves & Peterlin, 1994). The popularity of using games in child therapy in place of, or as an adjunct to, more traditional toys, exemplifies this latter approach (Reid, 1993; Schaefer & Reid, 1986). Clinicians have used a broad spectrum of games therapeutically, ranging from active group

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games such as Tag and Blind Man's Bluff (Bettelheim, 1972) to less active card games and board games. Recently, board games have become an extremely popular therapeutic medium (Corder, Haizlip, & DeBoer, 1990; Kaniuga, 1989; Stermac & Josefowitz, 1985; Wilde, 1994).

Given the widespread use of board games by therapists, a review of the available information regarding these games seems warranted. This paper provides a description of various types of board games used in therapy, as well as a discussion of their potential advantages and disadvantages. Although clinical lore purports the usefulness of these games, researchers have not adequately demonstrated the empirical validity of this tool. The authors discuss the importance of empirically examining the use of board games in therapy and suggest directions for future research. The paper also provides the reader with preliminary guidelines for selecting and evaluating board games for use with child therapy clients.

BOARD GAMES IN THERAPY

The use of board games in therapy stems from the application of such games in the classroom (Nickerson & O'Laughlin, 1980). Many teachers found that board games could be used successfully to facilitate learning in an enjoyable fashion. Because children naturally like to play games, it is easy to incorporate them into learning through game play. Some therapists have adopted a similar view. It appears that children are attracted to board games and may be more willing to participate in therapy involving this medium (Gardner, 1983; Stermac & Josefowitz, 1985).

Types of Board Games

There are several ways to categorize the hundreds of board games used by therapists. The broadest categorization separates general board games from board games developed especially for use in therapy or counseling. Commercial games such as checkers (Gardner, 1986) and Monopoly (Crocker & Wroblewski, 1975) are popular among some therapists. In support of these games, Shapiro (1993) stated that "There is virtually no game that children like to play...which can't be adapted to some therapeutic purpose" (p. i).

On the other hand, Gardner (1986) is doubtful of the therapeutic power of traditional board games. He explained that, although these games are fun and may reveal some of the child's personality characteristics, the disadvantages outweigh the advantages. First, he believed that in using traditional board games, the time during which useful information is acquired is only a fraction of the time spent playing the game. Secondly, he viewed traditional board games as a "cop out." Playing these games requires little professional skill or effort and therapists may rationalize that time is being well-spent, whereas in reality, it is more play than therapy. Gardner's opinion appears to be a popular one, evidenced by the current trend toward developing games for specific therapeutic purposes (Reid, 1993; Schaefer & Reid, 1986; Wilde, 1994). The authors of this article focus primarily on the latter type of board games, that is, games that are specifically developed with the goal of fostering some type of therapeutic outcome.

Therapeutic board game developers often create games that are based on specific theoretical perspectives (e.g., The Rational Emotive Game, The Transactional Awareness Game). Shapiro and his colleagues (1993) classified each of 81 psychotherapeutic games according to theoretical emphasis. The most common classifications were educational (26%), client-centered (17%), values clarification (15%), psychodynamic (12%), and cognitive-behavioral (11%). Shapiro warned that users should be familiar with the major theory underlying the games in order to use them effectively. Unfortunately, most games do not come equipped with such information, and purchasers are not required to demonstrate their knowledge before buying the products. This may promote improper use of the games.

The primary method involved in promoting change can also serve to classify therapeutic board games. Based on this scheme, there are four categories of games: communication games, problem-solving games, ego-enhancing games, and socialization games (Schaefer & Reid, 1986). Communication games de-emphasize competition and winning and do not require players to attempt to outperform each other. They encourage self-expression by offering a nonthreatening, permissive atmosphere. Problem-solving games, on the other hand, are often competitive, have definite rules, and challenge players to perform. Playing these games offers an opportunity to practice resolving specific problems associated with experiences such as parental divorce and academic underachievement. Ego-enhancing games promote

competition, challenge and skill. They give the therapist and child a chance to observe the child's ego functions such as self-image, reality testing, impulse control, and frustration tolerance. Finally, socialization games are generally used in group therapy and are geared towards practicing social interactions and improving interpersonal relating.

Often times, games are developed for use with specific populations. For example, there are games available for use with abused children (e.g., Breakaway, Let's Talk About Touching), children with learning difficulties (e.g., Guess Who?), children of divorce (e.g., My Two Homes), fearful children (e.g., Not So Scary Things), children undergoing medical procedures (e.g., Hospital Windows), children with social skills deficits (e.g., You and Me), and impulsive children (e.g., Stop Light; Stop, Relax, and Think).

Consistent with modern advances in technology, some game developers have created computerized versions of therapeutic board games (Olsen-Rando, 1994; Resnick, 1986). Recent literature contains lists of both advantages and disadvantages of computerized games as compared with traditional board games (Clarke & Schoech, 1994; Lawrence, 1986; Resnick, 1986). Similar to board games, however, computer games have not yet been adequately evaluated and should be used with caution. Nonetheless, they open up an exciting avenue for future clinical and empirical investigation.

Therapeutic Value of Games

The fact that therapeutic board games have become popular suggests that many therapists view the games as being therapeutically beneficial. Although there is very little empirical evidence for this presumed effectiveness, writers have described many seeming inherently valuable uses of games in therapy (Crocker & Wroblewski, 1975; Frey, 1986; Gardner, 1983; Schaefer & Reid, 1986). They have suggested that the use of board games enhances therapy by promoting motivation on the part of the client, developing rapport between the counselor and the client, and providing direction for treatment.

The use of board games may entice children into participating in therapy. For example, Gardner (1973; 1983) originally developed the Talking, Feeling, and Doing Game in an attempt to engage resistant and uncooperative children in therapy. Because play is a natural medium for children, they are unlikely to see game playing as "therapy" per se, and

are inclined to participate. It is also assumed that the pleasure derived from game play can help prevent or alleviate psychological distress (Schaefer & Reid, 1986).

Sometimes therapists use games as assessment and diagnostic tools (Frey, 1986; Nickerson & O'Laughlin, 1980). Therapists can observe children as they play games and note specific behavior patterns, attitudes, and cognitions. Therapists can then use this information to guide therapy and to develop treatment plans.

A third use of games is to give direction to the therapeutic work (Shapiro, 1993). Through thoughtful selection of games, therapists can guide children towards specific therapeutic goals.

Games also seem to aid the establishment of rapport between child and therapist. (Frey, 1986; Schaefer & Reid, 1986). Through cooperative play, the child experiences the therapist as less threatening than other authorities, thus facilitating the child's ability to develop a trusting relationship. By promoting rapport, a crucial element in therapy, games may in turn contribute to therapeutic productivity.

Finally, games in therapy provide children with an opportunity for reality testing (Frey, 1986). While playing games, children can try out new behaviors and solutions to problems in a safe and forgiving environment. Children can learn new coping strategies through experiencing competition and dealing with winning and losing. Writers have suggested that learning to deal with rules of games may help children understand and follow societal norms (Crocker & Wroblewski, 1975; Frey, 1986), which can be important in the treatment of delinquency, aggression, and a host of other problem behaviors. Cognitive skills, such as concentration, memory, and problem solving, may also develop through game play (Schaefer & Reid, 1986).

Although there is intuitive and clinical evidence for these therapeutic characteristics of games, therapist characteristics may influence their efficacy. For example, therapists might use board games differently, depending on their own theoretical preferences (Reid, 1993). It is conceivable that a psychoanalytic therapist would view board games as a means for fantasy and wish expression, whereas a behaviorist would be more likely to use games to teach new behaviors.

The emphasis that therapists place on games might also have an impact on therapeutic outcome. For some therapists, board games are central to the process of change and are the primary therapeutic medium. In such cases, feelings and problems are played out rather

than talked out. Other proponents of therapeutic games view them as an adjunct to various therapeutic mediums. Consistent with this belief, some therapists use games only to free up otherwise unattainable information (Nickerson & O'Laughlin, 1980). Gardner (1986) illustrated this latter view in a warning he gives regarding his Talking, Feeling, and Doing Game: "It should not be used as the only therapeutic modality because it will deprive the therapist of some of the deeper unconscious material that can more readily be obtained from projective play and storytelling" (p. 684).

Due to a lack of helpful and valid information, therapists are limited to using their own clinical skills and intuition to guide choices regarding game selection and use. This dependence on clinical judgment renders the issue of therapist variables quite significant. Clinicians should be aware of the potential influence that their attitudes could have on achieving therapeutic goals with board games.

Potential Limitations

Although many people have purported the benefits of therapeutic board games, few have discussed potential negative effects of this medium. Schaefer and Reid (1986), however, describe disadvantages to therapeutic game play. Games may be complex and time consuming, consequently using up time and energy that would otherwise be available for more vigorous therapeutic work. In addition, children may lose interest in games that are too easy or those that they play too frequently. Gardner (1986) indicated that some therapists may use games in a careless manner, wasting valuable time and circumventing deeper psychological issues. In such a situation, the games would actually impede rather than facilitate communication.

Moreover, games might offer clients a mechanism through which to avoid dealing with uncomfortable emotional issues. By focusing primarily on the process of playing the game, the child may succeed at focusing the attention away from himself or herself. Although some clinicians claim that board games foster the development of the therapeutic relationship (Frey, 1986; Schaefer & Reid, 1986), they potentially could have the opposite effect. Through providing a comfortable, structured, and easy way to interact with an adult, the games may allow the child to avoid developing a deeper and more complex emotional bond to the therapist.

Another potential danger is that unskilled people may use these games. Shapiro's (1993) opinion regarding this hazard is unclear. On the one hand, he stated that "if the rules are followed, most games can be effective with even relatively untrained professionals or para-professionals" (p. i). However, he later warned "the games are only therapeutic tools, not therapy in and of themselves. It is the...skills of the therapist that will ultimately help children address their problems and learn to solve them" (p. i). Perhaps this apparent contradiction stems from the lack of information concerning the role these games should play in treatment. Nonetheless, it is unlikely that untrained individuals can use any therapeutic tool, including board games, without posing some risk to the young client. At the very least, individuals providing psychological or counseling services to children should have an understanding of child development, theories of personality and behavior change, and basic clinical skills. Individuals without such training may allow the games to guide therapy in specific directions and may fail to recognize and address important issues.

RESEARCH

Review of Recent Research

Most of the evidence that exists regarding the efficacy of therapeutic board games stems from clinician reports and nonscientific sources. Although there is a long way to go to establish validity, some preliminary research indicates that psychological board games may be useful tools. An important task for researchers is to examine the processes involved in playing board games and their impact on therapy outcomes.

Kaniuga (1989) developed and empirically tested The Clubhouse Game, a game intended to modify children's beliefs about locus of control. A group of 43 children, ages 7 through 11, completed a locus of control measure before and after exposure to the game. Results indicated a significant difference between the treatment and control groups, with the treatment group having moved more towards an internal locus of control. Based on her findings, Kaniuga concluded that The Clubhouse Game taught children concepts that can assist them with problem-solving. However, participants in the study were a nonclinical group of children at a daycamp, precluding generalization to children in

psychotherapy. Furthermore, Kaniuga did not assess whether the changes in locus of control were maintained over time.

LeCroy's (1987) research demonstrated the usefulness of the Social Skills Game. He divided 11 children into a social skills game group and a social skills group without the game. No significant differences were found between the two groups on the Children's Action Tendency Scale (Deluty, as cited in LeCroy, 1987), indicating that the board game was as effective as the social skills training group in promoting the use of assertive prosocial behavior. Though this study can be commended for being one of the few attempts at empirically examining the effectiveness of board games, it contains several weaknesses. First, LeCroy did not include a no-treatment control group, so it is not clear whether either of these treatments were superior to spontaneous recovery. Second, the small sample size limits generalizability. Finally, the dependent measure used in this study is an unpublished scale. The author did not report any data concerning the scale's reliability or validity.

One other game that has been subjected to empirical evaluation is the Changing Family Game (Berg, 1986). This board game has a cognitive-behavioral orientation and purportedly helps children improve their problem solving skills regarding divorce related issues. Berg and his colleagues (as cited in Berg, 1986) found that after several game-playing sessions, children offered more adequate solutions to problems. However, the therapists coached and selectively reinforced the children while playing the game. This added variable makes it impossible to determine whether the positive findings were due to the board game or to the behavioral reinforcement and coaching.

Using the same game, Snyder (as cited in Berg, 1986) conducted a study in which he found that scores on the Children's Separation Inventory (Berg, 1986) correlated highly with the adequacy of children's responses to the game cards. Children evidencing the fewest problems on the scale gave the most adequate responses to the game cards. A strength of this game over most others is that it comes equipped with the Children's Separation Inventory, a valid and reliable measure of children's attitudes toward divorce-related problems. To assess improvement, therapists who use this game can administer the inventory to children before and after playing the game.

The studies described in this section are representative of the few empirical evaluations of board games found in an extensive review

of the literature. Although studies have demonstrated limited gains, research is far from proving the efficacy of therapeutic board games. Methodological weaknesses such as small sample sizes, lack of control groups, and psychometrically questionable outcome measures limit the conclusions that can be drawn from these studies. Furthermore, game developers conducted much of the research in this area. As indicated by therapy outcome studies in general, treatment developers tend to find more positive results than independent researchers. For this reason, it is extremely important that other researchers conduct unbiased evaluations.

Suggestions for Further Research

It is unfortunate that many therapists are using board games which are largely untested, not knowing whether the games have a positive or negative impact on the therapeutic process. Time is due for researchers to systematically scrutinize this therapeutic tool. To begin with, researchers should examine board games in relation to other interventions. Are games as effective as other techniques? Do they facilitate communication and rapport? Are children more motivated in therapy when games are available? These are some of the basic questions that need to be addressed in forthcoming research studies.

Another important area of inquiry is whether it is best to use board games as an adjunct to or in place of traditional interventions. As mentioned above, proponents of therapeutic games disagree on this issue. By comparing group members who are exposed to games only with members of groups exposed to games in addition to traditional therapy, researchers can determine which approach is more appropriate.

Clinicians would also benefit from research that examines the effects of board games on therapeutic process variables. Some practitioners have suggested that board games facilitate the development of a therapeutic relationship, yet this claim remains to be empirically validated. Clinicians have also indicated that these games appear to aid communication in therapy. It will be important to determine whether the quality and quantity of information gathered through game play differs from that collected during free play, talk therapy, and other techniques. The impact of structuring the therapeutic process through engaging in game play should be examined as well.

Furthermore, there has been no determination as to whether the information children acquire through playing board games transfers to real life. As is the case with many interventions, children are often unable to use the knowledge and skills learned within the therapeutic context once they return to their natural environment. Further research may enable researchers to develop ways to facilitate this generalization of newly acquired skills.

The authors also encourage researchers to examine the role of therapist variables in the selection and use of games in therapy. Characteristics of the therapist, such as sex, professional background, therapeutic style and philosophy, personality, and values, may differentially impact the efficacy of therapeutic board games.

THERAPIST SELECTION AND EVALUATION OF BOARD GAMES

The authors suggest several guidelines for selecting and using games which might aid therapists in evaluating the appropriateness of these games for their clients. As part of this process, therapists must identify therapeutic goals and assess progress toward these goals while playing board games with their clients. It should be noted that these guidelines have not been empirically tested. They are meant only as suggestions of how to think systematically about the use of board games in therapy.

1. Identify a purpose for using a board game. Is your goal to enhance the therapeutic relationship, or are you aiming toward a game-based outcome such as increasing social skills or decreasing impulsivity? Determine how you will gauge progress toward attainment of this goal and consider how you will know when to stop playing the game. Ideally, the game will be terminated when the client reaches the therapeutic goal. Therapists may need to stop earlier, however, if the game appears to be ineffective or even harmful.

2. When considering a certain game, evaluate information provided about the following characteristics:

> a. Is the game a general commercial product or does it claim to have specific psychotherapeutic qualities?
> b. According to the game developer, on which theoretical orientation is the game based?

c. Which method(s) of change does the game utilize (i.e., communication, problem-solving, ego enhancement, socialization)?

d. Was the game developed for a specific target group, such as abused, hyperactive, or learning disabled children?

3. Select a game that is appropriate in terms of age and developmental level of the client.

4. Assess whether the game has inherent, face validity properties that relate to the outcome goal. For example, Frey (1986) speculated that communication board games may be most useful for resistant or verbally deficient children. Also, determine whether any research exists to support the game's usefulness.

5. Consider how the game will be portrayed to the client. That is, do you wish to tell the child that it is just a game, that it will help the child feel more comfortable in therapy, or that it is a process through which the child can learn new skills? The way you choose to present the game to the client will affect the mindset of the therapy.

6. If the goal is to improve behavior outside of therapy, how will you promote generalizability? Once the client has mastered the skills in the therapy session, the therapist must take steps to transfer these skills to the child's natural environment.

CONCLUDING REMARKS

As Shapiro (1993) stated, "It would be difficult to find a counselor's or therapist's office without at least one therapeutic game; in many cases you will find a whole bookcase of games" (p. i). Many therapists are currently using these games without any sound evidence that they are effective. In fact, therapists who use these games may not have considered possible iatrogenic effects of this therapeutic tool.

It is important for researchers to begin conducting well-designed studies to evaluate psychological board games. The resulting data will be helpful to clinicians who have to make decisions about whether or not to use this tool, as well as how to proceed with the games in therapy. Until such information is available, therapists may find it helpful to follow the guidelines that the authors have provided.

REFERENCES

Berg, B. (1986). The changing family game: Cognitive-behavioral intervention for children of divorce. In C. Schaefer & S. Reid (Eds.), Game play: Therapeutic use of childhood games (pp.111-128). New York: John Wiley & Sons.

Bettelheim, B. (1972). Play and education. School Review, 81, 1-13.

Brems, C. (1993). A comprehensive guide to child psychotherapy. Boston, MA: Allyn & Bacon.

Chethik, M. (1989). Techniques of child psychotherapy: Psychodynamic strategies. New York: Guilford.

Clarke, B., & Schoech, D. (1994). A computer-assisted therapeutic game for adolescents: Initial development and comments. Computers in Human Services, 11(1/2), 121-140.

Corder, B.F., Haizlip, T., & DeBoer, P. (1990). A pilot study for a structured, time-limited therapy group for sexually abused pre-adolescent children. Child Abuse and Neglect, 14, 243-251.

Crocker, J.W., & Wroblewski, M. (1975). Using recreational games in counseling. Personnel and Guidance Journal, 53, 453-458.

Freud, A. (1946). The psychoanalytic treatment of children. London: Imago Press. (Original work published in 1926)

Frey, D.E. (1986). Communication board games with children. In C. Schaefer & S. Reid (Eds.), Game play: Therapeutic use of childhood games (pp.21-40). New York: John Wiley & Sons.

Gardner, R. A. (1973). The Talking, Feeling, Doing Game. Creskill, NJ: Creative Therapeutics.

Gardner, R. (1983). The Talking, Feeling, and Doing Game. In C. Schaefer & K. O'Connor (Eds.), Handbook of play therapy (pp. 259-267). New York: John Wiley & Sons.

Gardner, R. (1986). The psychotherapeutic techniques of Richard A. Gardner. Creskill, NJ: Creative Therapeutics.

Kaniuga, N.J. (1989). The development and use of a locus-of-control board game for 7 through 11-year-old children. [CD-ROM]. Abstract from: Proquest File: Dissertation Abstracts Item: 9015613.

Klein, M. (1932). The psychoanalysis of children. London: Hogarth Press.

Knell, S.M. (1994). Cognitive-behavioral play therapy. In K. O'Connor & C. Schaefer (Eds.), Handbook of play therapy, Vol. 2 (pp. 111-142). New York: John Wiley & Sons.

Landreth, G.L. (1991). Play therapy: The art of the relationship. Muncie, IN: Accelerated Development.

Lawrence, G.H. (1986). Using computers for the treatment of psychological problems. Computers in Human Behavior, 2, 43-62.

LeCroy, C.W. (1987). Teaching children social skills: A game format. Social Work, 32, 440-442.

Nickerson, E.T., & O'Laughlin, K.B. (1980). It's fun--But will it work?: The use of games as a therapeutic medium for children and adolescents. Journal of Clinical Child Psychology, 9, 78-81.

O'Connor, K.J. (1991). The play therapy primer: An integration of theories and techniques. New York: John Wiley & Sons.

Olsen-Rando, R.A. (1994). Proposal for development of a computerized version of the Talking, Feeling, and Doing Game. Computers in Human Services, 11, 69-80.

Rasmussen, L.A., & Cunningham, C. (1995). Focused play therapy and non-directive play therapy: Can they be integrated? Journal of Child Sexual Abuse, 4, 1-21.

Reid, S. (1993). Game play. In C.E. Schaefer (Ed.), The therapeutic powers of play (pp. 323-348). Northvale, NJ: Jason Aronson.

Resnick, H. (1986). Electronic technology and rehabilitation: A computerized simulation game for youthful offenders. Simulation and Games, 17, 460-466.

Schaefer, C.E., & Reid, S.E. (1986). The psychology of play and games. In C. Schaefer & S. Reid (Eds.), Game play: Therapeutic use of childhood games (pp.1-18). New York: John Wiley & Sons.

Shapiro, L.E. (1993). The book of psychotherapeutic games. King of Prussia, PA: The Center for Applied Psychology.

Sloves, R.E., & Peterlin, K.B. (1994). Time-limited play therapy. In K. O'Connor & C. Schaefer (Eds.), Handbook of play therapy, Vol. 2 (pp. 27-59). New York: John Wiley & Sons.

Stermac, L., & Josefowitz, N. (1985). A board game for teaching social skills to institutionalized adolescents. Journal of Child Care, 2(3), 31-38.

Wilde, J. (1994). The effects of the Let's Get Rational board game on rational thinking, depression, and self-acceptance in adolescents. Journal of Rational-Emotive and Cognitive-Behavior Therapy, 12(3), 189-196.