

The Effectiveness of Combining Play Therapy with Emotionally Focused Family Therapy for the Treatment of Children, Ages 3-6



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ABSTRACT

Present literature on emotionally focused family therapy (EFFT) overlooks treatment involving young children (Willis et al., 2016). Because preschool-aged children learn and express emotion best through the medium of play (Schaefer & Drewes, 2011), I hypothesize that EFFT will prove most effective with children ages 3-6 when combined with play therapy techniques. Marriage and family therapy interns, trained in EFFT concepts, who treat children in this age group will complete a training course on combining play therapy with EFFT. A control group will not. Initial and final measures will determine the success of treatment over a 12-week period.

INTRODUCTION

- ☐ Emotionally focused therapy (EFT) is an evidence-based model that has been widely used to effectively treat distressed couples (Willis et al., 2016).
- ☐ In recent years, EFT has been applied to the treatment of families in emotionally focused family therapy (EFFT) (Furrow et al., 2019).
- □ Present literature on EFFT primarily focuses on therapeutic work with families of older children and adolescents, overlooking families of younger children (Willis et al., 2016).
- ☐ Young children learn and express emotions best through the medium of play (Schaefer & Drewes, 2011).
- ☐ Combining play therapy with EFFT brings the benefits of an evidenced-based treatment model to a younger population (Hirschfeld & Wittenborn, 2016).
- ☐ To date, there are no published quantitative research studies investigating the effectiveness of combining play therapy and EFFT to treat families of preschool aged children (ages 3-6).

PRIMARY AIM AND HYPOTHESES

- ☐ Primary Aim: To determine whether EFFT is more effective for families of children ages 3-6 when combined with play therapy techniques.
- ☐ Research Question: Is EFFT more effective for families of children ages 3-6 when combined with play therapy techniques?
- ☐ Hypothesis: EFFT is more effective for families of children ages 3-6 when combined with play therapy techniques.

METHODS

Participants

- □ Participants for this study will include SPU MFT interns as well as families selected from the interns' caseloads which have a child 3-6 years old as the identified client.
- ☐ The sample will include at least 10 families, five of which will be in an EFFT group and five of which will be in the EFFT plus play therapy group (EFFT+PT).
- ☐ The sample will include families with children who meet criteria for an anxiety disorder. Families with known or suspected present or past abuse by caregivers will be excluded from the study.

Procedures

☐ Data will be collected by an online questionnaire administered to the child's primary caregiver(s) through email once within a week before treatment begins and again within a week after treatment ends.

MEASURES

Child Anxiety Level

☐ The level of the identified client's anxiety will be measured using the Preschool Anxiety Scale (Spence et al., 2001), a 28-item questionnaire, at two points, T1 before treatment begins, and T2 after treatment ends. The difference in scores of T1 minus T2 equal the decrease in the child's anxiety level.

RESULTS

- ☐ The independent variable (IV) in this study is categorical and includes the EFFT and EFFT+PT groups.
- ☐ The dependent variable (DV) is the decrease in the child's level of anxiety. It is a continuous measurement determined by the difference between T1 and T2.
- ☐ A linear t-test regression will be used to analyze the data.
- ☐ Hypothesis: Because I hypothesize that EFFT is more effective for families of children ages 3-6 when combined with play therapy techniques, I expect that the DV (decrease in child's level of anxiety) will be greater in the EFFT+PT group versus the EFFT group.

Discussion

- The results of this research have implications for the MFT program at SPU. Currently, SPU's MFT program only requires a condensed, 1-credit course on the treatment of children, including a brief introduction to play therapy techniques. This course does not thoroughly connect these techniques to a chosen model of family therapy, leaving student interns who treat young children without any guidance for how to apply their theory to this population. This research would show the importance of equipping MFT interns with skills for working with families with preschool-aged children in a way that is compatible with their MFT model of focus.
- ☐ Future research might include a broader study of combining EFFT with play therapy. It would also be insightful to perform similar research for additional models of family therapy, such as narrative, internal family systems, or solution-focused therapy.
- ☐ Clinically, this study demonstrates how important it is for family therapists practicing EFFT to know how to effectively treat the youngest members of a family.

