



APPENDIX 6

Family Play Observation Hypotheses Suggestions for Leaders

Below are suggestions for leaders in organizing their hypotheses during FPOs. The first areas to consider are from a family therapy perspective and the second areas are from a child therapy perspective.

Family therapy perspective

- Parenting styles and the strength of the parenting alliance.
- Family structure and unresolved family dynamics issues.
- Attachment styles within family dyads (Stollack, Barley, & Kalogiros, 2000).

Additional family play dynamics

Attuned play: Are participants joining together for the same intent? Are the affective states similar? Are physical rhythms the same and participants in close physical proximity?

Expressive momentum: Does the play activity become more elaborate and include new ideas and creative movement over time? Is this expressive momentum shared? Is it enjoyed, and is it flexible?

Flow/break: How, by whom, and when is the momentum broken? Is one participant changing the rules, emotional states, etc. quickly?

Form and energy balance: Can boundaries and focus be established? How can rules, planning, redirecting, and verbalizing help this or hinder this?

Play metaphors and imagery: What verbal or play images are repeated in the play? Which ones suggest strong emotional themes? Are these expressed together by family members or in isolated play? Are these themes actively addressed or resolved?

Parent-child roles: Are parents primarily facilitators and children players (the usual roles)? Do parents follow their children's leads? When parents introduce contents, can they return easily to a supportive role (Harvey, 2000)?

Kinds of interactions between each child and each parent (attuned or misattuned).

Interactions between target child and siblings: (separately for each pair, if more than one sibling is present).

Level of interaction among all participants. Note degree of interaction among all family members present, any absence of relating among subsets, and if certain types of interactions tend to prevail until a parent or another child enters in.



Locus of control in the family; locus of control among the children in sibling groups.

Methods used by parents to control their children (Rye & Jaeger, 2007; Guerney L., undated handout). Smith's (2000) 9-point scale categories, used for structured observations of parent-child dyads, also may be of general interest to leaders, but see our cautions against using checklists during FPOs.

Parent's affect: from "no affect" to "free range of affect and pleasure in play."

Parent's intrusiveness: from "continually structured" to "non-directive."

Parent's praise: from "no praise, negative comments" to "good amount for effort and completion of tasks."

Parent attention: from "ignored child" to "attended to positives and ignored negatives."

Parent's developmental sensitivity: from "almost all interactions over- and/or under-estimated child's development" to "high sensitivity to developmental level."

Parent's responsiveness to child's interactions: from "parent did not respond or engage child" to "parent highly responsive."

Parent-child involvement: from "no interaction to high level of verbal and non-verbal interaction."

Child's social responsiveness: from "completely withdrawn from toys and parent" to "child friendly, social and inviting."

Child's attention to activities: from "activity for <1 minute" to "sustained interest in most activities."

Child's activity level: from "overly active" to "no excessive movements."

Child's aggressiveness: from "argumentative, destructive, aggressive frequently" to "never aggressive, etc."

Child's responsiveness to parent's interaction: from "no response to parental attempts" to "responded almost all the time."

Child's responsiveness to questions: from "did not respond to parent's questions" to "responded to all questions."

Child therapy perspective

The following areas may be relevant to consider during FPOs for referred children and their siblings:

- Attachment style.
- Emotional and social development.
- Cognitive and language development.
- Play development.
- Physical development.
- Verbal and non-verbal affective expressions of the child.
- Neurological or unusual signs (speech difficulties, attentional problems, etc.) (Rye & Jaeger, 2007).