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## CRITICAL REVIEW OF PLAY THERAPY ASSESSMENTS

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**Abstract:** As part of the creative modalities, play therapy offers a therapeutic mode for diagnosis, assessment, and treatment interventions. The purpose of this paper is to critically review three play therapy interventions: The Developmental Play Assessment, the Marschak Interaction Method, and the Family Systems Test. A brief introduction to each assessment will be presented. Additionally, validity and reliability data will be addressed. The overall evaluation will include the assessments desirable as well as undesirable features, which is of critical importance to play therapists and those therapists using play as a method of diagnosis and assessment.

Assessment is a valuable tool for creative art therapists. It has been a critical part of this writer's experience as an art therapist working with emotional disturbed children and survivors of sexual abuse (Brooke, 1997; 2004). Whether using play or art therapy modalities, assessment can be a useful tool for indicating the client's current level of functioning. Given that many creative therapists use assessment as part of the initial interview process, it is critical that they are armed with factual information regarding the assessment's reliability and validity, a particularly important point for therapists serving as expert witnesses in court proceedings (Ryan & Wilson, 2000; Turner, 2000).

Play therapy, like other creative therapies, derives its methodology from epistemology; therefore, it is essential that therapists who use these play therapy assessments examine the premises and research which led to their development. This review will examine three

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play therapy assessments: The Developmental Play Assessment, the Marschak Interaction Method, and the Family Systems Test, in an effort to provide an overall view of the assessment's strengths and weaknesses.

## DEVELOPMENTAL PLAY ASSESSMENT (DPA)

### Introduction

The Developmental Play Assessment (Lifter, Edwards, Avery, Anderson, & Sulzer-Azaroff, 1988) was designed to evaluate the play activities of individuals displaying development disabilities and delays. The DPA was created to determine the child's present level of cognitive abilities as well as project future aptitudes. Additionally, the DPA was based on the assumption that developmental relevance does influence the quality and rate of play activities acquired by the child. Lifter explained, "In a global sense, developmentally relevant activities mean activities that the child is ready to learn" (as cited in Gitlin-Weiner, Sandgrund, & Schaefer, 2000, p. 236).

### Purpose and Recommended Use

The DPA is recommended for planning educational and therapeutic interventions. Further, Lifter (1996) noted that the instrument can be used for screening and diagnostic purposes. Data gleaned from the DPA may be utilized to foster a play therapy treatment program. Although designed for children with developmental disabilities, Lifter (1996) stated that the DPA could be adapted to assess older or younger children. However, guidelines for adapting the DPA for such populations were not discussed.

### Test Dimension

The DPA is broken down into eight levels (Lifter, 1996). Each level contains categories with operational definitions. In addition, examples of each category were provided by Lifter. The DPA levels progress from indiscriminate actions with objects (i.e., level one) to more complex play behaviors that involve adoption of roles or fantasy characters (i.e., level eight).

### Administration Procedures

The administration of the DPA involves an "interactant" who administers the assessment and a person responsible for the video recording. Administration qualifications of the interactant were not discussed. To administer the DPA, the video camera should be set to the same level as the child's face. Further, the assessment should take place in a familiar setting, such as the child's home. Four groups of toys are required to administer the DPA. For example, Group 1 toys allow for manipulative play and include puzzles, beads in a bowl, a small dump truck with two drivers, six unpainted wood blocks and a stuffed lamb. The child should have roughly seven to eight minutes to play with each set of toys. Lifter (1996) stated that the time period could be lengthened or shortened depending on the child's behavior and interest level. The child's play activities are recorded for 30 minutes. The interactant's role is to take the child to the toys, telling the child that he/she can play with them, but not direct the child.

### Interpretation

Coding of the child's behavior occurs in three steps. The first step entails recording the raw frequencies of the play actions of the child. The second step involves reorganizing the actions into categories of activities. In the last step, the scorer summarizes the actions according to the developmental sequence outlined by the test authors. The results are categorized as follows: Mastery of learning, Emerging learning patterns, and Absence of play categories. Mastery was operationally defined as the occurrence of at least 10 instances of the categories with at least four different types represented within the 30-minute time period. Emergence was defined as the occurrence of at least four instances of the category with a minimum of two different types presented.

### Validity and Reliability

Lifter, Sulzer-Azaroff, Anderson, and Cowdery (1993) used the DPA as a tool to identify developmentally pertinent intervention targets with respect to the child's developmental level. In a sample of primarily autistic children, the DPA provided support for the incorporation of

developmentally relevant play activities. Overall, the children demonstrated progressive acquisition for developmentally relevant play activities as compared to age appropriate activities. Table 1 lists the source of the items for the DPA, norm group information, and summarizes the desirable and undesirable features of the assessment. No other reliability or validity information is available on the DPA to date.

### Overall Evaluation

The DPA is an assessment tool designed to identify developmentally relevant play activities. It allows for interventions that may facilitate progress in development. "The full range of capability of the instrument, the usefulness of directly teaching play activities, and in which combinations with which methods, along with evidence supporting impact of learning play activities on developments in language and social interaction, await further analyses" (Gitlin-Weiner, Sandgrund, & Schaefer, 2000, p. 256).

The DPA provides quantitative criteria for a sample of a child's play behavior in order to determine what the child knows, where he/she is in the process of learning, and what developmental limits the child currently faces. Although the DPA can be a useful tool for assessing developmental disabilities, particularly with language delays and language disorders, the normative samples consisted of primarily autistic children. Standardization on this population may not be helpful when working with other diverse groups. Further, the normative sample size was small. Methods for teaching and implementing interventions are still under research. Additional validity and reliability research is needed on the DPA.

## MARSCHAK INTERACTION METHOD (MIM)

### Introduction

The MIM (Lindaman, Booth, & Chambers, 2000) is a structured technique for viewing and assessing the nature of the relationship between two people. The MIM can be used with a biological parent and

child, foster or adoptive parent and child, or a group home worker and child. Generally, the observations of the interaction are categorized into the following dimensions: Structure, Engagement, Nurture, and Challenge. Structure refers to the ability of the adult to set limits and provide for an appropriately ordered environment (Lindaman, Booth, & Chambers, 2000). Engagement considers the ability of the adult to interest the child while being sensitive to the child's feelings and behaviors. Nurture entails the ability of the adult to meet the child's need for attention as well as comforting the child during times of stress. Challenge refers to the ability to support and encourage the child's endeavors to achieve at a developmentally appropriate level. The series of simple tasks are designed to elicit behavior in the four dimensions. In addition to diagnosis and assessment, the MIM can be used as an intervention tool to strengthen familial relationships and design interventions to meet those needs (Lindaman, Booth, & Chambers, 2000).

### Purpose and Recommended Use

The MIM is intended to assess the strengths and weaknesses in the relationship between the child and the adult. The Theraplay Institute (2004) in Willamette, Illinois publishes the MIM. Specifically, the purpose of the assessment is to gauge the nature of the parent-child interactions prior to initiating Theraplay treatment by the staff of the Institute. It has been used with a variety of populations including chemically dependant mothers and failure to thrive infants. Further, the MIM has been used as a tool for court ordered placement decisions (Lindaman, Booth, & Chambers, 2000).

### Test Dimensions

The MIM was designed to address whether the child is involved, independent/dependent, avoidant, or withdrawn. The MIM also measures the child's response to appropriate challenges (e.g., helpless, clinging, competitiveness, high self-demands). Generally, the MIM includes the following four dimensions: promoting attachment, alerting to environment, guiding purposive behavior, and assisting in overcoming tension. In addition, tasks are divided according to whether

they were to be done together or by each person alone and/or whether they are invited regressive or striving behaviors.

### Forms of the MIM

The Prenatal/Post-birth MIM (Jernberg, Thomas, & Wichersham, 1985) considered the behavior of mothers toward their unborn infants. The prenatal MIM can be used as an intervention to foster nurturing relationships between mothers and the unborn child. Tasks include drawing a picture of the mother and child, teaching the baby something, and telling the baby about his or her other parent. This prenatal MIM can be adapted to use with fathers and mothers considering adoption. The post-assessment examines the attachment process of the new relationship between mother and child. When children are referred for emotional or behavioral difficulties, they can be administered the Infant MIM (Jernberg, Allert, Koller, & Booth, 1983). This assessment allows for observing relational difficulties, parental capacities and skills, and other risk factors that may be impacting the family.

The most widely used assessment is the Preschool/School Age MIM (Jernberg, Booth, Koller, & Allert, 1982). The manual addresses preschool and school age children and administration of the MIM. A separate manual does not exist for adolescents. The Marital MIM (Jernberg & Booth, 1997) views the couple's styles of relating, coping, and motivation. The strengths and weaknesses of the relationship can be assessed. In addition, the marital MIM views competition, cooperation, empathy, respect, connectedness, view of self, trust, stress, risk-taking, playfulness, and nurturing.

### Administration Procedures

Given that the MIM was based on clinical insight, the authors report that extensive clinical experience is required for the administration of the MIM. During an intake interview, information is collected on the child and family. Next, the child and each parent complete the MIM interaction. Generally, a MIM session takes 30 to 45 minutes, with the mother-child and father-child MIM conducted on different days. Provided that the child is not fatigued, both MIM

sessions can be completed on the same day. These videotaped interactions are followed by a feedback session in which the therapist and the parents meet to discuss the assessment.

### Interpretation

Lindaman, Booth, and Chambers (2000) provided aids for developing normative guidelines for the interpretation of the MIM. They describe the norms for all four dimensions. This description is based on an understanding of what promotes healthy development in an adult-child relationship. Lindaman, Booth, and Chambers (2000) outlined sample tasks designed to encourage interaction within each dimension. They also included behaviors that serve as red flags, indicating that the dyad needs assistance. The authors offered questions designed to assist in the classification of the parent's and the child's ability to negotiate each dimension of the MIM.

Lindaman, Booth, and Chambers (2000) suggest using a recording sheet to aid in the interpretation of scores. They recommend recording feedback, hypotheses, verbalizations, and nonverbal behavior. An example recording of a task was included in their discussion. Quantitative scores are not computed for the MIM. Rather, each dimension is discussed in terms of sample tasks, normative behavior, and signs that the dyad needs help. The authors provided examples of each dimension as well as a discussion of the behaviors observed and their meaning.

### Validity and Reliability

Marschak (1960) stressed that parent-child interaction is a critical element in the formation of a child's personality. Using the home as the setting, Marschak (1960) observed the following criteria: (a) the child's ability to imitate acts presented by caregiver; (b) identification with a caregiver; (c) the child's fantasy of being like the parent; and (d) parental attitudes that may influence the imitative process. The sample was not random and included four mothers living in a suburban town. Marschak (1960) restricted the sample on the basis of the age of parent, age of the child, and religious affiliation. Each parent was observed interacting

with the child, without the other parent present. The parent and child were given writing tasks in order to correlate fine motor abilities. A puzzle, block-building, pat-a-cake, peek-a-boo, doll-play, naming objects, and nursery rhymes were used as interaction tools. Parent and child were video and audio taped during the interviews. The data were analyzed in a qualitative fashion.

Marschak (1960) provided case examples illustrating the method of interpretation. The MIM focuses on child-parent assimilation or the child's imitation and identification with either parent. Statistical analyses were not conducted. Despite this limitation, it was concluded that "the home observation method described here would seem useful for a variety of studies on interpersonal processes in the family; the understanding of an individual child would profit from knowledge of the interaction patterns to which it is exposed at home" (Marschak, 1960, p. 21).

McKay, Pickens, and Stewart (1996) created a standardized rating scale to quantify parent-child interactions observed during the MIM. Specifically, McKay et al., assessed the relationship of the MIM to reported parental stress. Interrater reliability ranged from .46 to .70. The more stress the parents reported, the lower the quality of the parent-child interactions on the MIM. The authors reported that 65% of the variance related to socioeconomic status (SES) and 9% to parental stress. Even with the effects of SES eliminated, there was a significant difference in the quality of interaction between high and normal stress groups.

Wilson (2001) conducted a convergent validity study of the MIM. She compared the MIM to the Adult Adolescent Parenting Inventory-2 (AAPI-2) using a sample of parents identified as being at risk for committing child abuse. The AAPI-2 was used to determine the parent's degree of risk for child abuse. In comparing the Parent Domain of the MIM Rating Scheme developed by McKay, Pickens, and Stewart (1996) and the Empathy scale of the AAPI-2, Wilson (2001) found a significant positive relationship at the .05 level.

### Research Using the Assessment

Marschak (1967) examined imitation and participation with typically developed and clinically disturbed young boys in interaction with their parents. Participants included four normally developing children, one mentally challenged child, and three autistic boys. The participants were three to four years old, Caucasian, and came from middle class families. Marschak (1967) used a modified version of the Controlled Interaction Schedule. Most card tasks were designed to elicit imitative behavior. Other tasks such as puzzles, doll-play, clay and peek-a-boo were designed to elicit participation. The child-parent observation was repeated after two weeks to ascertain habitual behavior patterns. Each session lasted approximately an hour.

Using a one way vision screen, participant reactions were coded by two individuals on the child's level of participation and imitation. Upon completion of the observation, parents were given the Parental Attitudinal Research Inventory. The reliability between observers was determined according to how consistently the same code was entered by both observers on a sampled segment. Inter-rater reliability ranged from 41% to 90%. Those codes with a coefficient less than 80% were not used for further analysis.

More than disturbed children, children classified as "normal" imitated their parent's actions and requests. Simultaneous imitation occurred in the normal children and the mentally challenged child but not the autistic children. Normal children displayed participation through gestures, facial expressions or words. Only primitive participation was observed in the autistic children. Avoidance responses and staring were more typical reactions for the disturbed children. Overall, the mentally challenged child ranked intermediate between the autistic and normal children. Normal parents smiled more and laughed with their child as compared to the parent of a disturbed child. There was a higher frequency of interaction between the normal and autistic children. Marschak (1967) asserted that the diminished capacity of the visual attention of the disturbed parent may reduce the degree of memory and identification with the parent. Further, visual fixation on self may also reduce identification with the parent. Additionally,

Marschak (1967) found that parents of disturbed children were more mechanical and distant with their children, which may influence the level of identification with the child.

The MIM was used to examine the influence of parental stress on the child's personality (McKay, Pickens, & Stewart, 1996). The authors developed a standardized behavior rating system for the MIM. Forty-six parent child dyads were assessed using the MIM and the Parenting Stress Index (PSI). Children ranged from 3 to 14 years of age. All participants were volunteers from a child development clinic and the surrounding community. The total sample consisted of 38 mother-child and 3 father-child dyads. Over 90% of the sample was Caucasian with a few African American and Hispanic participants. Socioeconomic status was calculated using the Four-Factor Index of Social Status. The SES calculations ranged from 8.67 to 75.33 with a median score of 42.

A five-point behavior rating scale was developed for the MIM. Both the parent and child were rated on the positive/negative quality of the following: facial expression, quality of vocalization, prominent or body orientation, contingent responsive behavior, and gaze fixation. Parents were rated on their tendency to offer help or guidance. Children were rated on their tendency to ask for or accept help or guidance. Overall, the parent child dyad was rated on their degree of social involvement and balance of control. The authors trained raters on the coding procedures. Inter-rater reliability coefficients ranged from .52 to .89.

Mahan (2001) examined the use of Theraplay on a pair of institutionalized twins experiencing attachment difficulties. The twins were institutionalized at three years of age and experienced behavior problems. Theraplay was used for two years. The MIM was one assessment used as a pre- and post-test for attachment. Mahan (2001) found that Theraplay significantly increased attachment in the twins. Additionally, their behavior problems decreased. Table 2 lists the source of the items for the MIM, norm group information, and summarizes the desirable and undesirable features of the assessment.

## Overall Evaluation

Originally termed the Controlled Interaction Schedule (Marschak, 1960), the MIM was modified by Jernberg and Booth (1997) to include elements of Theraplay treatment. Specifically, the MIM focuses on the dimensions of structure, engagement, nurturing, and challenge as they relate to the adult-child dyad. The MIM was designed to assess the nature and quality of the relationship between the adult and the child. Further, it is used to evaluate the child's capacity to form relationships as well as the adult's capacity to nurture the child. The strength of the MIM lies in the detailed procedures for observing the nature of the interaction between the adult and the child. Although it has potential as a research tool, the assessment is not standardized on a normative sample. Also, research using the MIM has utilized very small samples that were not diverse. Additional research is needed in order to demonstrate that the MIM is a valid and reliable assessment of adult-child interactions.

## FAMILY SYSTEM TEST (FAST)

### Introduction

Given that families have a great deal of influence over a child's behavior and emotions, some assessments incorporate the observation of family dynamics. "Recognizing the attractiveness and comprehensive applicability of play, family clinicians have utilized this lieu in developing a fascinating range of methods to be used in the assessment process" (Gitlin-Weiner, Sandgrund, & Schaefer, 2000, p. 417). As opposed to the MIM and the DPA, the Family Systems Test (FAST) is a more strongly researched assessment based on standardization techniques. The FAST demonstrates more validity as an assessment of familial interactions due to strong statistical values (Gehring, 1998). Further, the FAST is a strong research tool and assessment device for clinicians. The FAST is a tool to be used with families that have children age six and older.

### Purpose and Recommended Use

The FAST (Gehring, 1998) was designed to glean information on individual and joint perceptions on the nature of familial relations in a variety of situations as well as to assess psychosocial issues in families. Additionally, the FAST can be used to plan, implement, and evaluate therapeutic interventions. The assessment was based on family systems theory. Gehring (1998) described the FAST as economical and flexible in its application.

### Test Dimensions

The basic dimensions that the test measures includes cohesion and hierarchy in the family and the family's subsystems, quality of generation boundaries, and flexibility in family structures. Gehring and Page (as cited in Gitlin-Weiner, Sandgrund, & Schaefer, 2000) defined cohesion as emotional bonding or attachment between family members. "The structural patterning of cohesion involves the allocation of priorities and privileges over family territories and pathways to the various subsystems (e.g., parent or parent-child subsystems)" (Gitlin-Weiner, Sandgrund, & Schaefer, 2000, p. 420). According to Gehring and Page, hierarchy includes authority, dominance, decision-making power, and the amount of influence exercised by one family member over another.

Gehring and Page described the concept of boundaries as the relations between various systems in the family and the social environment. Boundaries can be thought of as the rules used to define where which person belongs to what subsystem and in what way they belong to that subsystem (Gitlin-Weiner, Sandgrund, & Schaefer, 2000). Boundaries can be internal and external as well as generational. The last dimension, flexibility, refers to how family members negotiate when they are trying to reach a consensus.

### Administration Procedures

The FAST (Gehring, 1998) can be administered in a group or individual format. The assessment consists of a square board divided into 81 squares, which are assigned to coordinates. Further, it includes

six male and six female figures along with 18 cylindrical blocks of three different heights. The evaluation has a four-part test form to record data, family representations, follow up interviews, and the types of represented family structures. The therapist gives an example of the types of cohesion using the figures and the board. Next, the family members are asked to represent their current family system. The height and location of each figure is measured. Next, respondents are asked to depict family members in a conflict. There are no time limits for the completion of the FAST (Gehring, 1998).

### Interpretation

Cohesion is scored by calculating the distance between figures whereas hierarchy scores are determined by the elevation of figures. These scores can be calculated for the family as a unit or the various subsystems. In addition, scores can be determined arithmetically or categorically. In the arithmetic evaluation, cohesion scores are determined using the Pythagorean Theorem (Gehring, 1998). Hierarchy scores are derived from the size and number of blocks used to elevate the figures. For instance, a height difference of zero between two figures means an egalitarian relationship. Positive scores mean the children are more powerful than the parents (Gehring, 1998).

For the categorical evaluation, cohesion and hierarchy in the family are categorized as low, medium, or high. Family cohesion is scored high if all figures are in adjacent squares. A medium score means the figures are within a 3x3 square area. Cross-generational coalition patterns can be determined with this evaluation. Family hierarchy views the height difference between the less elevated parent and the most elevated child figures. A low score means that there is less than a block difference, medium for a middle sized or small block, and high if it is a large block or more. Reverse hierarchies can be assessed with this evaluation. Hierarchy and cohesion scores are classified into three different types of structure: Balanced, Labile, or Unbalanced. Balanced indicates that familial structure is medium or highly cohesive with a medium hierarchy (Gehring, 1998). Labile balanced refers to a structure with medium level cohesion and low or high level hierarchy, or with low

cohesion and medium hierarchy (Gehring, 1998). Unbalanced refers to structure showing extreme scores in both dimensions.

### Validity and Reliability

The FAST (Gehring, 1998) was compared to the Family Cohesion and Adaptability Scale (FACES) and the Family Environmental Scale (FES). The test retest stability of FAST (Gehring, 1998) scores was similar to both measures. Cohesion and hierarchy scores were correlated with similar dimensions of the FACES and FES. Gehring (1998) demonstrated convergent validity by showing that cohesion and hierarchy scores on the FAST (Gehring, 1998) correlated with observed family functioning. Discriminate validity was investigated by comparing non-clinical participants with members of families attending a child psychiatric outpatient clinic (Gehring, Candrian, Marti, & Real de Sarte, 1996; Gehring & Marti, 1993). Results were analyzed based on individual representation of typical, ideal and conflict situations. Further, analysis included categorical and arithmetic methods. With respect to typical family representations, significant differences were found between the two samples in eight out of nine categories. The exception centered on mothers with healthy children and those with clinically diagnosed children showing low cohesion.

### Research Using the Assessment

Feldman and Wentzel (1990) examined 65 intact families of preadolescent boys. Participants were parents of sixth grade boys attending schools in the San Francisco Bay Area. A large percentage of the sample was Caucasian (73%) with an average duration of marriage of 12 years. Feldman and Wentzel (1990) were interested in examining the nature of parent child interactions and the resulting influence on academic achievement. It was hypothesized that nurturing, authoritative, and didactic parent styles were more conducive to a child's cognitive development whereas critical, directive, and authoritarian parenting styles would be related to less advanced cognitive development.

Feldman and Wentzel (1990) introduced the concept of self-restraint as a mediator between parent-child interactions and academic achievement. Behavioral self-restraint was described as a dimension of social and emotional adjustment characterized by compliant, cooperative and non-aggressive behavior. One of the interaction tasks involved the use of the FAST (Gehring & Feldman, 1988). Specifically, the FAST was used to measure family cohesion and power. Feldman and Wentzel (1990) found that appropriate parental control was positively related to children's cognitive development whereas the child's hostility was negatively related to academic achievement. Their findings indicated that within the range of parenting behaviors observed, how parents interact with each other has at least as powerful a relation with the child's restraint and academic achievement as how parents interact with their child (Feldman & Wentzel, 1990).

Feldman, Wentzel, Wienerberger, and Munson (1990) used the FAST to assess marital dissatisfaction in relation to social emotional adjustment and academic achievement. Feldman and colleagues (1990) utilized the FAST (Gehring & Feldman, 1988) to assess family functioning for sixth grade boys. They found that the quality of the marital relationship was significantly related to family functioning, the boy's social and emotional development, and the boy's academic achievement. Specifically, the researchers found that the mother's marital satisfaction was related to overall family functioning whereas the father's satisfaction was related to the son's academic achievement.

Kahn and Meier (2001) examined the assumptions underlying the FAST (Gehring & Feldman, 1988). Participants from urban schools in Western New York completed the FAST and a standard interview to ascertain their definitions of power and cohesion. They were then placed into groups based on their definitions. Kahn and Meier (2001) found that participants' definitions significantly affected both their perceived family power scores and perceived family cohesion scores. Table 3 lists the source of the items for the FAST, norm group information, and summarizes the desirable and undesirable features of the assessment.

## Overall Evaluation

Although not a traditional play therapy assessment, the FAST (Gehring, 1998) is a figure placement assessment useful to clinicians interested in the systematic examination of individual and family development. It can be used with children as young as six years. The FAST (Gehring, 1998) can be modified to include current conflicts or to consider past or future events. Also, it may be a particularly useful tool in dealing with families in transition such as divorce, separation, or blended families. From the research to date, the FAST has not been able to establish relationship between certain family patterns and specific DSM-IV diagnostic categories (Gehring & Marti, 1994). There may be cultural barriers to using the FAST. Participants may respond to the constructs as they understand them as opposed to how the test authors intended them. For instance, in a sample of Japanese families, Hatta and Tsukiji (1993) found that most of the participants displayed an "abnormal generational boundary" in which family members were placed relatively close to one another on the FAST board. Hatta and Tsukiji (1993) assert that these placements were a function of the definition of boundaries rather than any family dysfunction and concluded that the interpretation of the results should vary according to the meaning the particular culture ascribes to the constructs. Additional research is needed utilizing the FAST with culturally diverse populations. Also, future research on the FAST is necessary to distinguish healthy, intact families from clinical samples.

## CONCLUSION

During the 1970s and 1980s, play emerged as a primary treatment technique when working with children (Gitlin-Weiner, Sandgrund, & Schaefer, 2000). A series of play diagnostic assessments emerged as clinicians began to develop objective standards for observing and comparing play behaviors. Currently, play is believed to reflect a child's inner life, developmental level of functioning, and competence abilities (O'Connor & Ammen, 1997). Creative therapists are finding play therapy assessments to be useful tools for working with children.

For instance, occupational therapists implement play therapy assessments in their work with children and families (Stagnitti, 2004). Further, play therapy assessment is a useful tool for evaluating a child's cognitive developmental level (Kelly-Vance, Ryalls, & Glover, 2002).

This article considered three recent play therapy assessments: DPA, MIM, and FAST. Of these assessments, the FAST has the strongest psychometric properties. Validity evidence is moderate to strong. The FAST allows for the examination of family systems. As compared to the DPA and MIM, the FAST does not require extensive clinical experience. It is easy to score and administer. Given that it does not require much time to administer, the FAST is an economical assessment. There may be some problems when using the assessment with younger individuals, as they may not be able to accurately conceptualize the family system.

Although significant clinical experience is required to interpret the MIM, it is a useful assessment for determining the nature of the relationship between a child and an adult. It views the structure of the relationship, degree of nurturing, level of engagement, and how the dyad deals with challenge. There are also several forms of the MIM including prenatal, school age, and marital relationship assessment. Additionally, the MIM has great potential as a research tool given the variety in terms and the aspects of the child-adult relationship that are examined. As with the DPA, the MIM was standardized on a small, primarily homogeneous population. The MIM is not a quantitative assessment, thus making it more subjective in nature. Quantitative scoring methods have since been developed for the MIM.

The DPA and MIM need additional research to demonstrate reliability and validity evidence. It would be helpful if the DPA included guidelines for adapting the assessment for special populations. The largest concern with the DPA is that it was standardized primarily on a small number of autistic children. Although the DPA has clearly delineated procedures and operational definitions for each level of play, the levels do not represent equal levels of development. Despite these limitations, the DPA, MIM, and FAST have clinical value as play therapy assessments. Each has strengths in providing information on child development and family systems.

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