

## Family Cycle Activities

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For many clinicians these activities are already part of everyday practice. The purpose of this write-up is to organize activities into the circles on the Family Cycle. These activities should provide opportunities for the clinician to name and label dynamics elicited during sessions, which can later be used on the Family Cycle.

### ***Unacknowledged loss***

**Timeline** – you can do this with either parent or child. It's best to go into detail about small periods of time. Sometimes it's useful to ask the parent or child to tell you about positive and negative memories when they were 3, then 4, then 5, or whatever time is salient. Sometimes after doing the activity and asking the parent/child to reflect on their childhood, the words they use to describe it can capture the unacknowledged loss i.e. broken promises, ups and downs, nothing was safe, no one protected me, I was totally alone.

**Letter to younger self** – ask the child/parent to think about themselves at whatever age is meaningful. Then instruct them to write a letter as themselves now, to their \_\_ year old self. What would they say to themselves about their parent/s then? About their parent/s now? What advice would they give? What would they say about growing up? This activity can capture the pain/hurt and resilience from childhood.

**Superhero** – Tell the child/parent to imagine themselves as a superhero. Have them consider what their superhero name would be, what their superpower would be, what their weakness would be (give the example of kryptonite), and what their

mission would be. Then have them draw themselves as a superhero and write out the answers on the back of the paper. The “weakness” and the “mission” can be particularly poignant with this activity and can reveal sources of low self-esteem. Sometimes kids will respond that the mission is – “to stop adults from fighting” or “to save children from being taken away.” These responses can translate into what the child feels that they have gone through and what other children should not go through. See the Activities folder for another strength-based version of this activity.

**Magic Key** - <http://www.lianalowenstein.com/lookInside/AT1Excerpt.pdf> This activity can give the clinician an idea of what the child feels is missing from their life. It is important to stipulate – “That money can’t buy” – otherwise the answer usually involves money. Again, this gets at what the child feels is missing from their life or what they want more of.

**Gift Giving** – I like to use play-doh with this activity, but you can also use coloring, painting rocks, pipe cleaners, beads for bracelets, many other things I’m sure, or make it into a writing activity. The clinician can prompt the family to think of a gift they would give to the other members that doesn’t cost money. Often, I bring a list of words and have the parent choose three for the child and the child choose three for the parent. Examples include - Forgiveness, Closure, Peace, Hope, Romance, Satisfaction, Security, Understanding, Acceptance, Success, Time, Sleep, Relaxation, Mindfulness, Energy, etc. It’s usually revealing to see what a child believes their parent needs or would want and vice versa. If a parent gives their child, the gift of “Hope” – a conversation can be facilitated about why the parent believes this is currently missing from the child’s life – which then can lead to the Unacknowledged Loss. I also like to ask the family to identify what they would have chosen for themselves and compare/contrast.

**Journaling** – Questions from the AAI or the PDI are extremely useful for journaling activities. They can be used in an individual parenting session, with a child or in a family session. Other journaling prompts could include - Write about a difficult time in your life that you overcame. What are the three things that scare you the most and why? Write a letter to (missing parent) – what would you tell them about yourself and what questions would you ask them? If you could change

anything about yourself what would it be and why? If you could have three wishes, what would you wish for? Describe your happiest and saddest childhood memories. What was the last thing that made you feel deeply frustrated? What would your life be like if you didn't have (depression, anxiety, etc) – how would the people in your life be different? What would unconditional love look like for you? What would it feel like? Describe your perfect relationship. Each of these questions is meant to tap into a sense of loss/pain/hurt that free writing can access in a deeper way than talking can. For parents who struggle to write, they can use voice memos, but it's best not to give the option for parents who can.

### ***Unexpressed belief***

**Feelings body** – give the child/parent the body outline and have them map out where they feel their feelings. You can prompt them to do a different body for different situations, i.e. school, home, in the morning, at bedtime, when you visit your Dad/Mom ~ or whatever situation is salient for the child/parent. This activity provides a visual representation of how the child feels inside, i.e. the unexpressed feelings. You can also prompt the child to explore what they are thinking in those moments. This activity is especially good for kids that have a difficult time articulating how they are feeling and connecting those feelings to their behaviors.

**Agree/Disagree list** – This activity assists the clinician in making core beliefs explicit. Ask the child to review the items and put a check mark next to the items they agree with and an x mark next to the items they disagree with. Then go through each item with the child and ask them which items stood out, if there were any that they thought more about than others, or if there were any that they relate to more than others? Notice which the child rushes through and which the child spends more time thinking about. Examples of statements include - When someone loves me, they will not leave me. I am a good person. My behavior makes me hard to love. I am to blame for the bad things that have happened to me. The adults in my life keep me safe. Etc.

**Worry self-portrait** – Have the child draw a self-portrait of themselves when they're feeling anxious. Sometimes it's a good idea to review what anxious means when you have a lot of feelings all at once, when you're thinking about a lot of

things all at once, when you're worried but you don't know why – then ask them to create thought bubbles and write out what thoughts are going through their head when they feel anxious/worried. Sometimes it's helpful to provide examples or make guesses based on when the child tends to feel anxious. This helps get at the unexpressed belief because you're making their fears explicit through the thought bubbles.

**The Brain** – Use a clip art picture of a brain. Instruct the child to make a list of the top 5 things that have been on their mind in the last week (you can adjust the timeframe and number of items as needed). Have the child divide of the brain into sections that represent how much *space* each item takes up. You can also have the child color code the items based on what feelings are associated with each item. For example if a child chooses “My Mom” for half of their brain and color codes it with anxiety this gives the clinician an idea about how often the child worries about their Mother.

**Self-esteem cards** – Create your own list of affirmations for the child to sort through. Have them sort into three categories, True, Maybe, and Not true. Then go through the envelopes with the child and process. Pay close attention to the affirmations that they place in Maybe and Not true. These will help inform the “unexpressed belief.”

**Trigger/automatic thought** – This is best for teenagers. Have them create a list of events or circumstances that set them off/ create a strong reaction/ make them feel aggressive/suicidal/shut-down, etc. Next to each “trigger” have them write the first thought that comes into their mind about themselves when in these situations. Using this as a stream of consciousness activity can often access patterns in thought/core beliefs/themes that can be used for the “unexpressed belief.” It is the clinician's job to look for themes.

**Feelings thermometer** – Cut out feelings words into strips, make sure you have multiples of each feeling if you are doing it with a family. If this is done with the family, it can also assess the External Dynamic. Print out thermometer worksheet. Ask the family to think about what their feelings are throughout the day. Have them pick a feeling that best describes how they start the

day and put that feeling at the bottom of the thermometer. Then have them choose a feeling that describes the way they feel at the top of the thermometer or them at their most intense throughout the day. Then have them choose feelings to describe what moves them from their baseline to their 10. This activity helps the child categorize their feelings throughout the day, which in turn reflects how they feel about themselves. Once a child has done this, the clinician can assist the child in reflecting on what triggers these feelings and look for patterns in self-talk.

### ***External dynamic***

**Role play** – Provide scenarios in the home on paper and have family members draw them from a bowl. Scenarios should include interactions between family members that help them explore each other’s motives and gestures. It also gives perspective on how family members perceive each other. Examples can include - Family at dinner, mom and dad in an argument, Joe at the bus stop, Mom telling Janet to get ready for bed, Mom telling John “No”. This activity helps the clinician assess the child’s experience of the “external dynamic” or the “external reaction.” What are patterns in the interactions? Is everyone always yelling? How does the child portray the parent? Are they always on the phone? Are they always angry? Do they just act like nothing is happening? Are they drinking or getting high?

**Family Sculpting** – Have one family member be the “director”, put prompts in a bowl that bring up memories and feeling states, i.e. A time you felt sad when you were 5 years old. Or A memory of family conflict. – The “director” arranges family members into positions and chooses one motion that the family member is responsible for, i.e. covering their face, clenching their fists, jumping up and down. When the director says “action” all family members act the way they were instructed over and over until the director says “cut!” This activity often elicits memories that a child has that the family rarely discusses. It also gives the child the opportunity to “direct” the parent and reflect how they perceive each family member.

**Family portrait** – Have the child draw a picture of their family and write or choose (from a list of printed descriptive words) one positive way to describe them and one negative way to describe each person. With younger children, you can pre-draw an outline of a tree, cut out apple shapes, and assist the child in writing names on the apples and two descriptive words

This activity is useful for the clinician to assess how family members are perceived and who the child includes as family. Who did the child put themselves next to? What are the facial expressions on the family members? What size are different family members? Where is the drawing developmentally? Scribbling? Pre-schematic?

Schematic?

**Family Zoo** – Similar to the family portrait but perhaps more fun, this activity prompts children's/parents to draw each family member as an animal. The choices of animals and placement can be as or more revealing than a realistic portrait.

**Family drawing** – each family member adds something and then passes it along. How integrated is the drawing? What do different members choose to add? Are the family members able to work together to create something cohesive? This activity is a good starting point to observe family dynamics.

**Hide-and-seek feelings** – write feelings words on Jenga blocks and hide them throughout the house while the family members wait in a separate room. Have the family members search for the blocks. When all the blocks are found, instruct family members to discuss a memory they have of that feeling, or ask a family member to share a memory of a feeling. This is a good way to assess how comfortable a family is in discussing their feelings and how they respond to one another when sharing.

**Genogram** - Explain that a family genogram is like a family tree in that it shows all the members of the family and how they are related. Ask specifically patterns that may exist in a family – such as marriage, divorce, pregnancies, separation, and relationships that are close or distant. You should also include things that are positive in your family – like relationships that you feel are close or supportive. It is also important to include problems in families such as alcoholism, drug abuse, conflictual relationships, and health issues. For younger kids, I like to draw a tree and bring apples for them to label and arrange. Who they include on the tree and where they place the apples in relationship to one another is often meaningful.

**Scavenger Hunt** – Create a list of items for family members to collect and share with the team. This is a good assessment activity to observe how a

family works together, how a family listens and shares, whether they agree or disagree, and what they choose to share.

**Sentence, drawing, sentence** – Get a stack of white paper and have the family sit in a circle. Have one family member write a simple sentence on the paper i.e. I drink coffee every morning. The paper with writing and the stack is then passed to the next person who reads the paper and puts it at the bottom of the stack and then attempts to draw a picture of that sentence. Then the stack is passed to the next person who is responsible for writing a sentence that captures the picture and so on. This version of the game Telephone helps the clinician assess a family dynamic on many levels including, frustration tolerance, communication, perception, and imagination.

**Lego/block activity** – Collect doubles of four different types of blocks/legos (two red squares, two blue rectangles, two green cylinders, two purple pyramids). Give each the mother one set of the pairs and the child the other set so that they have identical blocks in each of their piles. Set up a barrier so that they cannot see each other's piles. Instruct one of them to build something out of their set of blocks. Then instruct them to give the other directions to build the same building. The clinician can experiment with allowing the family member to ask questions versus not ask questions, adding more blocks into the mix, and having the parent and child reverse roles. This activity helps assess communication style, direction giving, frustration tolerance, and overall patience with one another.

**Self-care activity** - Ask participants to list or draw all that they “give out” each day, or what takes away their energy (“depleters”). Adjacent on the paper, ask participants to list all that they do to take care of themselves or build back up energy on a regular basis (“replenishers”). Share. Define “faux” replenishes and ask participants to cross those off lists of replenishers (coping mechanisms that actually aren't good for you = TV, facebook, smoking, over-eating). Code replenishers in the following way (only one category per replenisher, acknowledging that most self-care strategies address multiple perspectives):

I individual (personal) replenisher—takes care of the self

R relational (interpersonal) replenisher—takes care of relationships

W world view (transpersonal) replenisher—takes care of how we see the world

Discuss.

Then code replenishes in the following way (only one category per replenisher acknowledging that most self-care strategies address many parts of an individual):

M mind—cognitive self

B body—physical self

S soul—spiritual self

Discuss.

This activity is best for teens and adults. It gives the clinician a sense of how the family is taking care of themselves. It often highlights parental depression or what is being modeled to the child about self-care.

**Anger buttons** – I often have kids draw a portrait of their parent and parent draw a portrait of the kids with several buttons and lines identifying what their “anger buttons” or triggers are. This is a good way to assess how closely the parent/child are paying attention to each other and how they are understanding what set’s the other off. It can be used with other feelings words too (anxiety buttons, hurt feelings buttons). You can also do this activity with a family portrait or a self-portrait.

**Boat, Lighthouse, Storm** – This activity helps assess hopefulness/hopelessness and child/parent perceptions of how well a family works together in a crisis. See

<http://www.lianalowenstein.com/assessmentArticle.pdf>

**Mindfulness/guided visualization activity** – I often do these accompanied by a drawing related to the theme of the guided visualization or having the family draw a picture of their calm place.

These activities are great to help assess family anxiety, ability to remain present, mindfulness, distress tolerance. Can the family sit together in silence? Does someone keep interrupting? Are family members restless throughout? Can they reflect afterwards on the experience? Do they identify their home as their calm place? See attached prompts

### **Expression of internal build up**

Anger monster – Have the child/parent close their eyes and think about the last time their anger was at a 10. Give them a few minutes. Tell them to try to



remember what they were thinking, how their body was feeling, and what they did with their anger. Have them open their eyes and ask them to use the art supplies provided to draw their anger as a monster. If their anger was a monster, what would it look like? What would it be doing? Saying? Thinking? This activity gives the clinician a visual of the child/parent's anger and how it is expressed.

**Inside/Outside** – Fold paper inwards from both ends until they meet creating what looks like two doors that open. You can use several different prompts with this layout. You can have the child draw/write/collage what they show others on the outside, and what they keep hidden/private on the inside. You can have the child draw/write/collage how they care for others on the outside, and how they feel cared for on the inside. You can have the child draw/write/collage specifically how someone perceives them versus, on the inside what that person misses.

**Feelings Charades** – Cut up feeling words into strips of paper and place them in a bowl. Instruct family members to pull words from the bowl and act them out without using words. This activity can show the clinician how each family member communicates feeling states without words – through presentation and actions. It also is a good way to assess a parent's capacity to recognize feeling states in their child.

**Comic Strip** – Have the child draw out the beginning, middle, and end of an interaction that triggered anxiety/angry outburst/aggression/suicidal ideation/family conflict. This is an expressive way to understand how feelings look without talking about it directly.

### **External Reaction**

Role Play Charades – Write out scenarios in the home on paper and family members draw them from a bowl. Scenarios should include interactions between family members that help them explore each other's motives and gestures. It also gives perspective on how family members perceive each other. Examples can include – family at dinner, mom and dad in an argument, Joe at the bus stop, Mom telling Janet to get ready for bed, Mom telling John "no". This activity helps the clinician assess the child's experience of the "external dynamic" or the "external

reaction.” What are patterns in the interactions? Is everyone always yelling? How does the child portray the parent? Are they always on the phone? Are they always angry?

**Anger Buttons** – Have the child draw a picture of their parent when angry – this can also be used for other emotions like worried, anxious, sad, etc. Ask the child to consider what and where the parent’s anger buttons are. Have them draw the buttons on the parent’s body and on a line extending away from the body, identify what is triggering the parent. This helps the clinician assess the child’s perception of how the parent feels and what is triggering the parent.

**Journaling w/parent** – 15 minutes of stream of consciousness writing about child Bring a piece of paper and a pen. Tell the parent that you want to try something different today for parent session. Ask them to think about the identified client and write whatever comes to mind. Afterwards have the parent read aloud what they wrote. Use the rest of the session to reflect on what the parent produced. Stream of conscious writing can elicit patterns and feelings that are unexpected or unknown to the parent. Are there themes in what the parent writes? Did the parent write a lot? Or very little? Was it all negative? You can also do this in an individual session with a teenager – have them write for 15minutes about their parent and then read it aloud.

**Adult Attachment Interview**– It’s not necessary to complete the whole interview, but these questions can assist the clinician in guiding a parent session. The questions are meant to increase the parent’s ability to mentalize themselves as a child.

The parent's process (in the moment reactions/affect/presentation) informs the clinician how a parent responds to different feeling states and can provide a barometer of how the parent responds to the child when the child is eliciting the feeling state.

**Parent's Family Cycle** – Completing this activity with the parent from their perspective as a child assists the parent in reflecting on how painful experiences from their childhood and their relationship with their parent/s impacted how they manage their feelings. This activity can assist the parent in reflecting on how they respond to feeling out-of-control and overwhelmed in the parenting role. Often the parent is being triggered by a childhood experience and this can be brought to the surface by completing this activity. This also serves as a segue into completing the child's Family Cycle.

**Parent Development Interview** - It's not necessary to complete the whole interview, but these questions can assist the clinician in guiding a parent session. The questions provide a window into how the parent thinks and feels about their child and in turn, how they respond to their child when parenting under pressure. These questions also help the clinician assess the flexibility and sensitivity with which a parent interprets and responds to their child's "Build-Up."