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Formative Evaluation of a Family Cooperation Board Game

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Formative Evaluation of a Family Cooperation Board Game

THESIS

A thesis submitted in partial fulfillment of the
requirements for the degree of Master of Science in the
College of Agriculture, Food, and Environment
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By

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ABSTRACT OF
THESIS

FORMATIVE EVALUATION OF A FAMILY COOPERATION BOARD GAME

A lack of credible evidence demonstrating the effectiveness of play therapy and the use of therapeutic board game in play therapy exists (Phillips, 2010; Matorin, 1996). Parent involvement is a key variable in the effectiveness of play therapy (Kottman, Stother, and Deniger, 2001). Formative research was used in this study to evaluate of The Super Family Board Game™ (SFBG) in order to develop an effective therapeutic board game aimed at enhancing family cooperation and cohesion. As the first formative evaluation of a therapeutic board game, this study provides future research implications for developing and testing therapeutic board games.

KEYWORDS: Therapeutic board game, The Super Family Board Game™, Play therapy, Family Play Therapy, Formative research

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FORMATIVE EVALUATION OF A FAMILY COOPERATION BOARD GAME

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Chapter One: Introduction

The Super Family Board Game™

The Super Family Board Game™ (SFBG) is the first therapeutic board game to be developed through formative research. The primary purpose of the SFBG is to be used in therapy as an intervention aimed at enhancing family cooperation and cohesion. The SFBG can also work to aid the therapist's assessment of the family system, among other therapeutic uses. The SFBG's contents include: a pawn and character card for each family member, a board consisting of spaces resembling city streets, starting power cards, villain cards, power cards, money cards, dice, and directions for the therapist. Each family member gives their superhero a name, a special power, a symbol, strength points, and speed points. Upon the completion of a task written on the villain card such as defeating a villain or saving people from disasters, each family member receives coins that can be used to buy power cards or strength points at the super hero headquarters. Defeating villains later in the game requires the cooperation of every family member. Because each player has their own special power, everyone can be uniquely instrumental in the family's efforts to win the game.

Theme

Careful consideration was taken when considering a theme for the board game, so it could be universally appreciated and relatable. Recent box-office success and increased interest in superheroes make a superhero theme very marketable. In addition to its marketability, superheroes are used as metaphors in many therapeutic settings, such as in sand play therapy (McNulty, 2007) and helping children with autism spectrum disorder learn social skills (Radley, 2015). Further, superheroes symbolize power and control and can help promote positive therapeutic outcomes for people with issues such as low self-esteem and problems related to anger (Haen, 2011). Porter (2007) suggests that superheroes allow children to

establish a secret identity that gives them the confidence to control their lives. The theme of superheroes is extremely relatable, because superheroes are simply an enhancement of humanity. Even if a person does not enjoy the superheroes of comic books, they could understand the appeal of having more power or a special ability. The use of superheroes within therapy is helpful because superheroes can have certain unique strengths and weaknesses, which could translate into a metaphor for real life problems and tools to solve them. In addition, superheroes serve as models for practice and resilience as they train and become stronger as they face obstacles. Seeing each family member as a more ideal version of themselves, a superhero character, could empower members of a family to redirect their focus from inadequacies and towards the realization of their unique strengths and contributions to the family.

Literature Review

Play Therapy

Play Therapy is defined by the Association of Play Therapy as "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (2001). Play therapy is used by therapists to help clients resolve current issues and prevent future difficulties (Hall, Kaduson, & Schaefer, 2002). Play Therapy is often used for treating children, because it disarms children's defenses and allows children to comfortably express their thoughts and feelings through play in ways that they would otherwise be unable to articulate verbally (Hall et al., 2002).

Directive Play Therapy. Directive play therapy is a structured, therapist-guided approach to play therapy which is often conducted under a short amount of sessions and is focused on symptoms (Gil, 2015). Directive play therapists serve as the director and facilitator

of change by drawing the client's attention, encouraging deeper exploration, offering support, eliciting and interpreting information, or setting limits (Jones, Casado, & Robinson, 2003).Widely recognized as the mother of play therapy, Virginia Axline addressed children's issues through the creation of a model of play therapy named nondirective play therapy (Johnson, 2016). Nondirective play therapy differs from directive play therapy in that nondirective play therapy allows for a child to freely express themselves through play without structure, excepting certain rules and limits established for the safety of the child and therapist. Play therapists practicing directive play therapy actively structure sessions and control the pace of the therapy (Botkin, 2000). Casual board games and therapeutic board games are routinely used in directive play therapy.

Family Play Therapy. Family play therapy is the use of play therapy methods with the whole family system. Kottman, Strother, and Deniger (2001) found that only two variables, parents' involvement in therapy and number of sessions, altered the effectiveness of play therapy. By involving the whole family system, family therapy has the power to create positive changes to multiple lives, as the family starts to shift the view of problems from an individual family member to those of a family system (Eaker, 1986). Benefits of family play therapy include: positive outcome generalization, ease of termination, enhanced assessment, buffer for anxiety-producing modes of expression leading to client drop-out, reduction of individual family member blame, and distribution of the attachment relationship throughout the family as opposed to primarily with the therapist (Eaker, 1986; Gil, 2015). Duff (1996) found that when administering family play therapy to families with children's ages ranging from four weeks to teenagers, the inclusion of young children did not detract from positive therapeutic outcomes.

Age Appropriateness

Family play therapy involves family members of different ages and cognitive abilities and preferences. Therapists must consider developmental tasks when conducting play therapy with different ages (Breen, 1998). Play therapy should also reflect the communication and type of play associated with the client's developmental stage (Turns & Kimmes, 2014). One major transition an individual faces is the transition from childhood to adolescence. Despite nondirective play therapy's effectiveness for treating children, nondirective play therapy seems to stop being effective when treating adolescents above twelve years of age (Lebo, 1956). Many adolescents see the traditional playroom materials as juvenile, but they may not be completely ready for traditional therapy (Kottman, 1987). Around the latency period of psychosexual development, directive play therapy starts to be preferred by individuals (Lee, 1997). Adolescents can express themselves during play therapy in ways different than how they can express themselves in traditional talk therapy (Breen, 1998).

Play Therapy Research

Although play therapy has a high prevalence of use among clinicians, "play therapy has not received widespread acceptance from the scientific community and has often been criticized for a lack of sound empirical evidence to support its use" (Bratton, Ray, Rhine, & Jones, 2005, p. 376). This shortage of research supporting play therapy is far from new and is cited as far back as the 1950's (Lebo, 1956). Further, many of the studies evaluating the effectiveness of play therapy compare play therapy conditions to the absence of an intervention and do not sufficiently report on therapist training or research protocols involved (Bratton et. al., 2005). A meta-analysis conducted by Leblanc and Ritchie (2001) concluded that, "play therapy appears to be as effective as verbal therapies with adults and non-play

therapies with children" (p. 156). Unfortunately, there is an even greater shortage in the play therapy literature addressing the use and effectiveness of therapeutic board games.

Therapeutic Board Games

Play therapists, especially child-centered play therapists, commonly reject the use of board games within therapy due to the lack of an expressive outlet allowed in the often rigid structure of board games (Swank, 2008). Most therapeutic board games are created for the treatment of individual children while few are designed for family or adult use in therapy. Therapeutic board games have been regularly used by therapists as a treatment for a variety of issues. Structured games start to be preferred by children around the time they are going to school during the latency period of psychosexual development (Lee, 1997). This could suggest that board games would be especially effective with older children. According to Sutton-Smith and Roberts (1971), there are multiple types of game play: physical skill, strategy, chance, or any combination of the three. Games teach children to be patient, to sit still, to share, to delay gratification, to accept losing, and to be less impulsive (Bellinson, 2013). Along with the benefits children receive, adults can also disarm their defenses through the use of board games, allowing therapeutic change to take effect. For example, if a therapist asked a client an uncomfortable question to answer, that client may be unwilling to answer it, but if the therapist asked the client the same question in the context of a game the client may be more inclined to answer the question.

There are six therapeutic purposes for board games. The first purpose is that playing board games helps foster a therapeutic alliance between the clients and the therapist (Swank, 2008). Second, playing board games aids the therapist's assessment, because the clients demonstrate more unfiltered expressions of undesirable behaviors and feelings (Swank, 2008). Assessment through board game play includes factors such as the clients' cooperation,

leadership styles, family structure, patience, persistence, communication, and approaches to the rules (Swank, 2008). The third purpose of board games in therapy is to facilitate communication between clients by establishing the game as a safe place to share true feelings and thinking (Swank, 2008). The fourth purpose of board game play is its functionality beyond the therapeutic session when used for homework. Using homework in between therapy sessions can establish a foundation for a new, more productive behavior (Dattilo, 2002). The fifth is that board games can serve as an intervention tool for therapists to increase clients' cooperation, give clients a voice in their family, and bring about other positive therapeutic outcomes. The last purpose of therapeutic board games is to promote the use of imagery and metaphors reflecting real life events, which may expose relevant information for the therapist and help clients battle through problems in a comfortable, structured, and therapeutic setting.

Although many therapists use board games in therapy for many purposes, the efficacy of board games within therapy is largely untested (Matorin, 1996). There is an overall lack of research when it comes to producing and testing board games as effective therapeutic tools (Wilde, 1994). Most of the research involved in board game use in therapy "stems from clinician reports and nonscientific sources" (Matorin, 1996, p. 9). Some of the purposes for board game use in therapy, such as developing a therapeutic alliance and learning generalizable skills, remain to be empirically validated (Matorin, 1996). One of the few therapeutic board games tested is *The Clubhouse Game*, but even its study had debilitating limitations, such as the absence of random assignment and the distractions associated with testing outdoors at a day camp (Kaniuga, 1990).

Notably, one of the most influential and popular therapeutic board games, The Talking, Feeling, and Doing© board game, is not empirically supported (Jablon, 1996). Jablon (1996) tested The Talking, Feeling, and Doing© board game, which claims to increase self-disclosure

of thoughts and feelings. Richard Gardner, the inventor of The Talking, Feeling, and Doing© board game, also states that the game is helpful with more specific and severe issues facing children such as antisocial behavior disorders and psychopathic behavior (Gardner, 1992). Despite its popularity among therapists, Jablon (1996) found no statistically significant difference between The Talking, Feeling, and Doing© condition and the standard interview condition on all three measures: self-disclosure, enjoyment, and number of words used (Jablon, 1996). The data collected even suggest that the "interview group may self-disclose to the same degree [as the board game group] without the need to use as many words" (Jablon, 1996, p. 55). Matorin (1996) suggests that therapeutic board games could be a negative experience for clients by being difficult to understand, time consuming, boring, repetitive, and when used as an alternative to therapy without the aid of a therapist. With one of the most popular therapeutic board games turning out to be less productive than standard talk therapy, arguments suggesting that an ethical therapist should not use untested board games in therapy and that more research needs be completed to find a way to empirically validate board game use in therapy are supported.

Formative Research

Formative research is defined by Rossi and Freeman (1989) as "design and development testing to maximize the success of a new intervention" (p. 15). One advantage of using qualitative measures, such as in formative research, instead of using questionnaires, as in quantitative research, is that by giving the group less direction the participants can freely express their unique opinions and attitudes (Gittelsohn et al., 1998). Similar to a pilot study, formative research can help identify potential trouble spots in the intervention and the measures testing its validity. Instead of the answer to a research question being the final objective, the final objective of formative research is the product. By using formative research,

researchers can save time and money by creating the best product for the situation's needs. One large organization that routinely uses formative research is the Center for Disease Control (Centers for Disease Control and Prevention [CDC], 2010). In a similar way to how the CDC develops programs for preventing disease, the current investigation aimed to develop an effective board game for increasing family cooperation.

Purpose

Phillips (2010) suggests that "a body of credible evidence for most of [Play Therapy] still does not exist" (p. 13). This may be one of the reasons why only 52.3% of therapists felt competent and 56.9% felt comfortable using play therapy with families (Haslam & Harris, 2011). One of these scarcely-researched topics of play therapy is the use and effectiveness of therapeutic board games in therapy. Board games have been used as interventions in therapy for decades but rarely undergo the rigorous testing involved in the development of other therapeutic interventions, research scales, or programs. The present study aims to use formative research in the development of a therapeutic board game to be used to enhance family cooperation and cohesion. To ensure the therapeutic efficacy of the board game in promoting family cooperation and cohesion, the game went through formative evaluation with questions based on Olsen's (2000) circumplex model. The second step of the therapeutic board game development process, in which the board game is empirically validated through quantitative research, was not included in this thesis. The main objectives of this study are to identify strengths and weaknesses of the prototype board game and determine what components of the game need to be changed in order for it to best promote positive therapeutic outcomes. This study uncovered potential alternate uses for the Super Family Board Game™. Formative research on the development of the Super Family Board Game™ substantially

contributes to the understanding of the development of therapeutic board games and provides valuable insights into the strengths and weaknesses of the Super Family Board Game™.

Chapter Two: Formative Evaluation Methods and Results

The Super Family Board Game™ was created and modified over a year-long period prior to the commencement of the study. Prior to IRB submission, the game was in completed form, but was improved throughout this study. All funding for the creation of The Super Family Board Game™ was sourced from the private funds of the investigator independent from university or outside funding. Funding for the thesis research was provided through Kathryn Louise Chellgren endowment. The procedures for the present research were proposed on October 25, 2016 and given approval by the University of Kentucky Office of Research Integrity's Institutional Review Board (IRB) on December 12, 2016. Informed consent was taken from each participant prior to each session. Children older than 11 years old completed assent documents and those children under 11 years old were asked for their assent verbally.

The study is made up of three phases of formative evaluation. The first phase consisted of gathering suggestions regarding the Super Family Board Game™ (SFBG) from therapists-in-training during a session playing the board game. After the session, therapists-in-training completed The Board Game Questionnaire (see Appendix A). Between the first and second phase, the participants' feedback was incorporated into the board game. During the second phase, suggestions were taken from play therapists after a short presentation of the game. After the session, play therapists completed The Board Game Questionnaire (see Measures; see Appendix A). Feedback from the second phase was incorporated into the board game prior to phase three. Phase three consisted of families playing the SFBG and subsequently being asked a series of open-ended questions (see Measures; see Appendix C).

Measures

The Board Game Questionnaire

During the first and second phases, participants were given The Board Game Questionnaire (see Appendix A) which asks a series of questions concerning the extent to which the Super Family Board Game™ would bring positive therapeutic outcomes. The Board Game Questionnaire was created for this study and is based on research in family cooperation and cohesion and board game creation, because no questionnaires evaluating therapeutic board games were available. By using the circumplex model (Olsen, 2000) as a reference tool, the Super Family Board Game™ was adapted in order to maximize cooperation and cohesion among family members. Additional literature surrounding family cooperation and therapeutic board games were used to construct questions (Haslam, 2011; Swank, 2008; Matorin, 1996; see Appendix C). Other questions addressed the participants' assessment of the board game's effectiveness, ease of play, replayability, and other factors. An example item is "The directions are simple and easy for clients to understand," with response options ranging from *strongly disagree* (1) to *strongly agree* (5).

Demographic Form

During the third phase, participants were asked to complete one demographic form for their family (see Appendix B). The demographic form is comprised of boxes for age, race/ethnicity, gender, and relationship to family for each family member.

Family Interview

Following the play-through of the game, family members in the third phase were asked several open-ended interview questions addressing the effectiveness of the board game at increasing cooperation between family members, the entertainment value of the board game,

and other aspects regarding the playability of the board game (see Appendix C). An example interview question is “Did you feel your family cooperated while playing the board game?”

Analytical Procedures

In formative research, the end result and focus is on the final product. As different suggested improvement themes emerged, new categories of change were created. The first phase’s sessions provided suggested improvements for the board game. Between sessions, the suggestions were incorporated into the board game before the next phase. Following the final session in the third phase, any necessary final edits were made to the board game.

Phase One: Feedback from Therapists-in-Training

Phase One Procedures

The first phase of the study was concerned with gathering suggested improvements for the SFBG from an established group of couple and family therapists-in-training. The session included nine therapists-in-training, lasted 50 minutes, and took place in the UK Family Center Conference room. During the first phase, therapists-in-training were first asked to review the directions on their own and were then allowed to ask questions and offer suggestions regarding the clarity of the directions. Then, the therapists-in-training completed a short play-through of the board game. Following the play-through, participants completed The Board Game Questionnaire (see Appendix A; see Measures) and were given time to offer suggestions. Notes of these suggestions were taken by the primary investigator throughout the session. Before the close of the session, the investigator summarized various suggested changes to be made to the board game in order to clarify any misinterpreted or overlooked suggestions. Between the first phase and second phase, the feedback from the participants in the first phase was incorporated into the board game.

Phase One Recruitment

Convenience sampling was used to recruit nine therapists-in-training for the first phase of the study. The nine therapists-in-training were 21 to 24 years old and consisted of eight female participants and one male participant. Five of the participants were in their first year of the couples and family therapy (CFT) program, while the other four were in their second year into the CFT program. The first year therapists-in-training were 6 months into the program and had taken a theory class and clinical practicum but have not had any clinical hours as therapists-in-training. The second years were 18 months into the program and have been accumulating clinical hours for a year. The inclusion criteria for the first phase required that each participant was a therapist-in-training within the field of marriage and family therapy. Therapists-in-training were used in order to give unique feedback that was open to many different perspectives, whereas trained therapists may be more rigid in their perspectives regarding families and change within families. They were also used to address and limit the amount of weaknesses in the board game before phase two with licensed therapists who specialize in play therapy. The participants were contacted through email and given information regarding participation in the first phase of the study. Participants in the first phase did not receive an incentive other than refreshments during the session.

Phase One Feedback

Feedback from phase one was categorized into three themes: directions, board/components, and potential therapeutic use.

Directions. After the therapists-in-training reviewed the directions on their own they shared feedback regarding the lack of explanation concerning several board game mechanics and the format of the directions. Many participants suggested that the directions should be organized with shorter paragraphs and more bullet points. Other suggestions concerning the

format of the directions included adding more examples of play and more images showing game components and set up. This feedback was incorporated into the next revision of the board game's directions by adding several pictures, including an example of fighting villains, and organizing the content with more bullet points.

Participants asked for clarification of the rules for many of the board game's mechanics. During play-through of the board game, other rules had to be clarified such as how the board would be set up. The game originally had 24 street cards to be connected to create the board. Following phase one, the 24 street cards were combined to a simpler 6 street cards and a clearer explanation of board set up, including an example picture, was added to the directions. The directions also clarified that the street cards should be set up so that each street card is connected to two other street cards. Participants also asked for more clarification in the fighting villains category of the rules and how money was distributed after defeating a villain, both of which were clarified in the directions between phase one and phase two. Another source of confusion for participants surrounded the movement and turn order of the players. Some conflicting opinions arose from this discussion with some saying that the ambiguity of movement and turn order could be beneficial to assessment. Nevertheless, the directions were revised to include where the family starts the game and that movement occurs on roads. Some suggestions had no clear solutions and remain unsolved, such as the monotonous addition of power that the game requires when fighting villains. In all, the directions were expanded from one page to two full pages between phase one and phase two.

Board/Components. Throughout the play-through and during the interview, participants offered feedback concerning the board and components in the board game. One of the first issues raised was that when 9 pawns were on the board, they did not all fit into one space. This issue was addressed between phases 1 and 2 when the 24 street tiles making up the

board were enlarged and combined into 6 street cards. Participants also suggested additional components for the game, including physical money cards and tokens for the amount of power each family had. Money cards were added to the game between phase one and phase two.

Potential Therapeutic Use. Participants provided feedback regarding the therapeutic use of the board game. Some suggestions surrounded emphasizing each player's unique voice and powers in the game. The character sheets were well-received and many participants asked for a diversification of powers between family members. One suggestion included rolling a dice at the beginning of the game to determine each player's speed and power. Another participant shared the idea that family members could have specific jobs given to them at the beginning of the game. Starting power cards were added to the board game, and the character sheet was revised to allow each family member to have unique strengths and weaknesses in the game.

Some participants requested for more strategy in the game, while others found more strategy could make the game confusing for families. Other conflicting opinions came when one participant questioned what the therapist should do if certain members of a family want to do different things. This freedom to choose actions in the game was celebrated by other participants saying that this freedom allowed for the family to behave how they would normally behave allowing for greater assessment. This feedback was analyzed and incorporated into the board game prior to phase two.

The Board Game Questionnaire. The Board Game Questionnaire (see Measures; see Appendix A; see Table 1) given to participants after the play-through served as an additional tool for data collection. All participants agreed or strongly agreed that the therapeutic mechanics of the board game would be camouflaged to families in therapy (M = 4.33, SD = 0.50).Of the participants 9/9 agreed or strongly agreed that the game would facilitate

communication between family members (M = 4.44, SD = 0.53), 8/9 participants agreed or strongly agreed that the board game would be enjoyable to play (M = 4.33, SD = 0.71), and 9/9 participants agreed or strongly agreed that family members would ask each other for help (M = 4.22, SD = 0.44). This feedback influenced the changes made to the board game prior to phase two.

Table 1
Phase One Board Game Questionnaire (n=9)

Questions	*M*	*SD*
1. The Super Family Board Game™ would be an effective treatment.	3.11	0.33
2. The Super Family Board Game™ would be an effective assessment.	4.00	0.50
3. I would feel comfortable using the Super Family Board Game™ in therapy sessions.	3.33	1.12
4. I would feel comfortable recommending the Super Family Board Game™ as homework for a family of clients.	2.67	0.87
5. Treatment with this board game would be more effective for families compared to a traditional family session.	3.00	0.50
6. The therapeutic mechanics of the board game would be camouflaged to families in therapy.	4.33	0.50
7. This game would strengthen rapport between clients and the therapist.	3.67	0.87
8. The Super Family Board Game™ would strengthen rapport between clients.	3.89	0.60
9. This game would facilitate communication between family members.	4.44	0.53
10. The Super Family Board Game™ would increase family cohesion.	3.44	0.53
11. The Super Family Board Game™ would increase family adaptability.	3.56	1.01
12. The Super Family Board Game™ would balance power within the family.	3.22	1.30
13. I would feel comfortable using the Super Family Board Game™ with a variety of clients.	3.44	1.13
14. I would feel comfortable using the Super Family Board Game™ with couples.	3.33	1.12
15. Skills and strategies learned in the Super Family Board Game™ would be generalized to the clients' lives.	4.00	0.71
16. The Super Family Board Game™ would have therapeutic benefits over a non-therapeutic board game.	4.00	0.87
17. The Super Family Board Game™ can be played several times without feeling repetitive or boring.	3.44	1.13
18. The directions are simple and easy for the therapist to understand.	2.22	0.44
19. The directions are simple and easy for clients to understand.	2.11	0.33
20. The Super Family Board Game™ would be enjoyable for the clients to play.	4.33	0.71
21. The Super Family Board Game™ would facilitate communication between family members.	4.22	0.67
22. The Super Family Board Game™ could be played without the aid of a therapist.	2.56	1.01
23. If families played the game, children's suggestions would be followed.	3.56	0.53
24. If families played the game, family members would ask each other for help.	4.22	0.44

Table 1 (continued)

Questions	*M*	*SD*
25. If families played the game, family members would feel close to other family members.	3.44	0.53
26. If families played the game, family members would consult other family members on their decisions.	4.11	0.78
27. This game would allow for children and parents in play therapy to engage in the therapeutic process.	4.22	0.67
28. This game would include parents who may be resistant to other play therapy activities.	4.11	1.05
29. This board game used in therapy with families would be an effective therapeutic tool.	3.78	0.44
30. In families with adolescents and teens (13-18 years old), this game would be an effective therapeutic tool.	3.78	0.83
31. The rules would negatively impact the game's use as a therapeutic tool.	2.56	1.01
32. Clients could easily cheat in this game.	2.11	1.05
33. Cheating in this game would negatively impact the game's use as a therapeutic tool.	3.67	1.32
34. A client's varying abilities and intelligence would negatively impact the game's use as a therapeutic tool.	3.44	1.33
35. The therapist's involvement would negatively impact the game's use as a therapeutic tool.	1.89	1.27
36. This board game would help enhance the therapeutic relationship.	3.78	0.83
37. By the time the game ends, the therapeutic goal of increasing family cooperation and cohesion would be reached.	3.44	0.73
38. This game could be used in therapy with families with children who are verbally deficient.	3.00	0.71
39. The skills gained playing this game would be generalizable to outside this room.	3.89	0.60

Phase Two: Feedback from Licensed Play Therapists

Phase Two Procedures

The second phase of the study was concerned with gathering suggested improvements for the Super Family Board Game™ from licensed therapists specializing in play therapy. The investigator met one-on-one at a convenient time and place for the play therapists for 50 minutes each. In each session, the investigator explained and demonstrated the game. Following this, the play therapists completed The Board Game Questionnaire (see Appendix A; see Measures) and were given time to offer suggestions. Notes of these suggestions were recorded by the primary investigator throughout the session. Before the close of the session, the investigator summarized various suggested changes to be made to the board game in order to clarify any misinterpreted or overlooked suggestions. Between the second phase and third phase, the feedback from the participants in the second phase was incorporated into the board game.

Phase Two Recruitment

The second group was recruited using convenience sampling from known couples and family therapy contacts in the area and consisted of two play therapists. This group's inclusion criteria required that each participant is a licensed therapist specializing in play therapy. Both participants in the second phase were Caucasian females. Other demographic information was not taken from participants. These participants served as experts in their field and gave valuable insight into the strengths and weaknesses, as well as alternate uses, for the Super Family Board Game™. The incentive for participation in the second phase was a check for $25. The participants were contacted through email and given information regarding the second phase of the study.

Phase Two Feedback

Feedback from phase two was categorized into two themes: directions, board/components, and potential therapeutic uses. The play therapists shared feedback with the primary investigator throughout the session in a conversational form.

Directions. Play therapists offered feedback during the explanation and demonstration as well as after completing The Board Game Questionnaire (see Appendix A). Both of the participants shared concern over how complicated the rules could be, with one suggesting that a therapist using the game should start with less rules and add more after subsequent uses of the board game in therapy. Age of players was also brought up in both sessions. One play therapist said that players should be 6 years or older and the other suggested that parent should team with younger children to help them understand. The suggestion for teaming with younger children was added to the board game rules for the therapist.

Board/Components. The only suggestion to revise the board game's components was an aesthetic suggestion to make individual board spaces darker to help differentiate their boundaries. Due to time constraints, this revision was not accomplished prior to phase three. Feedback from the participants included many additions to the board game that would provide flexibility for the therapist, allowing them to meet the unique needs of each client. Suggestions included creating an additional set of directions to serve as a refresher to a therapist and providing blank villain cards for the therapist to create to address specific presenting problems.

Potential Therapeutic Uses. Some of the feedback concerning potential therapeutic uses overlapped with the area of board/components. Both participants recommended that therapeutic questions be integrated into the game. The question suggestions included creating conversational questions and fun questions like "what animal would you want to be?" and using different questions for different stages in therapy. Due to time constraints, question cards

were not included in the board game before phase three. Potential therapeutic uses of the board game were brought to the investigators attention. These included use in different settings, such as residential settings, use with families dealing with substance abuse issues, use in reunification between a parent and a child, and the use of different villain cards to help families talk about certain fears or issues.

The Board Game Questionnaire. The Board Game Questionnaire (see Appendix A; see Table 2) given to participants during the session served as an additional tool for data collection. This feedback influenced the changes made to the board game prior to phase three.

Table 2
Phase Two Board Game Questionnaire (n=2)

Questions	*M*	*SD*
1. The Super Family Board Game™ would be an effective treatment.	4.5	0.71
2. The Super Family Board Game™ would be an effective assessment.	3	2.83
3. I would feel comfortable using the Super Family Board Game™ in therapy sessions.	5	0.00
4. I would feel comfortable recommending the Super Family Board Game™ as homework for a family of clients.	3.5	0.71
5. Treatment with this board game would be more effective for families compared to a traditional family session.	4	0.00
6. The therapeutic mechanics of the board game would be camouflaged to families in therapy.	4	0.00
7. This game would strengthen rapport between clients and the therapist.	4.5	0.71
8. The Super Family Board Game™ would strengthen rapport between clients.	4	1.41
9. This game would facilitate communication between family members.	4.5	0.71
10. The Super Family Board Game™ would increase family cohesion.	4	1.41
11. The Super Family Board Game™ would increase family adaptability.	3.5	0.71
12. The Super Family Board Game™ would balance power within the family.	3.5	0.71
13. I would feel comfortable using the Super Family Board Game™ with a variety of clients.	4	0.00
14. I would feel comfortable using the Super Family Board Game™ with couples.	3	0.00
15. Skills and strategies learned in the Super Family Board Game™ would be generalized to the clients' lives.	4.5	0.71
16. The Super Family Board Game™ would have therapeutic benefits over a non-therapeutic board game.	4	0.00
17. The Super Family Board Game™ can be played several times without feeling repetitive or boring.	4.5	0.71
18. The directions are simple and easy for the therapist to understand.	3	1.41
19. The directions are simple and easy for clients to understand.	3	1.41
20. The Super Family Board Game™ would be enjoyable for the clients to play.	4.5	0.71
21. The Super Family Board Game™ would facilitate communication between family members.	4.5	0.71
22. The Super Family Board Game™ could be played without the aid of a therapist.	4	0.00
23. If families played the game, children's suggestions would be followed.	4.5	0.71
24. If families played the game, family members would ask each other for help.	4.5	0.71

Table 2 (continued)

Questions	*M*	*SD*
25. If families played the game, family members would consult other family members on their decisions.	3.5	0.71
26. If families played the game, family members would feel close to other family members.	4.11	0.78
27. This game would allow for children and parents in play therapy to engage in the therapeutic process.	4.5	0.71
28. This game would include parents who may be resistant to other play therapy activities.	4.5	0.71
29. This board game used in therapy with families would be an effective therapeutic tool.	4	0.00
30. In families with adolescents and teens (13-18 years old), this game would be an effective therapeutic tool.	4.5	0.71
31. The rules would negatively impact the game's use as a therapeutic tool.	3	0.00
32. Clients could easily cheat in this game.	2	1.41
33. Cheating in this game would negatively impact the game's use as a therapeutic tool.	3.5	0.71
34. A client's varying abilities and intelligence would negatively impact the game's use as a therapeutic tool.	2.5	2.12
35. The therapist's involvement would negatively impact the game's use as a therapeutic tool.	1.5	0.71
36. This board game would help enhance the therapeutic relationship.	4	0.00
37. By the time the game ends, the therapeutic goal of increasing family cooperation and cohesion would be reached.	3.5	0.71
38. This game could be used in therapy with families with children who are verbally deficient.	2	1.41
39. The skills gained playing this game would be generalizable to outside this room.	4	0.00

Phase Three: Feedback from Families

Phase Three Procedures

The third phase of the study was concerned with testing and gathering suggestions for the Super Family Board Game™. Families were audio and video recorded in a UK Family Center clinic room. One of the parents in each session filled out demographic information for their family (see Appendix B; see Measures). Next, the investigator explained the directions to each family and led the families in play of the Super Family Board Game™. The participants played the game for 30 minutes and then were asked a set of interview questions about their experience and potential benefits and drawbacks of the game for 15-20 minutes (see Appendix C; see Measures). The recorded sessions were analyzed and feedback was incorporated into the board game. The video recordings were destroyed a month following each session.

Phase Three Recruitment

The third group was made up of two families. The inclusion criteria for the third group required that participating families must have two parents or guardians and at least one child between the ages of 5 to 14 able to attend a session. Of the participants in the third phase all were Caucasian and the six children's ages ranged from 6 to 12. One family had four children, while the other family had two children. Both families had one female and one male parent. The families were recruited using convenience sampling from an online advertisement on the University of Kentucky Department of Family Sciences Facebook page and flyers placed in elementary and middle schools in the Lexington area. The flyers gave information on incentives, inclusion criteria, and contact information. The incentive for each family in the third phase was a check for $100. After potential participants expressed their interest, they were asked a series questions regarding their demographics, their availability, and whether or not they met the inclusion criteria. Before participants were notified of their acceptance,

special consideration based on family size was made to ensure a variety of families were selected. Each group of participants gave valuable insight into the potential strengths and weaknesses of using the game with families in a therapeutic setting.

Phase Three Feedback

Feedback from phase three was categorized into five themes: directions, board/components, therapist recommendations, facilitator observations, and other feedback. The recordings of each family playing the game were analyzed for feedback and useful observations. Participants shared feedback following board game play in an open-ended interview.

Directions. At the beginning of each session, the facilitator explained the rules to the families and offered them a copy of the directions to read along. Feedback and observations from these sessions included many recommendations for therapist use. Directions could be simplified especially when dealing with turn order and how actions are performed during game play. One action, movement of pawns, was commonly misunderstood. Some of the confusion stemmed from the need for visual improvements of the game which would be addressed by increasing the differentiation between buildings and the road to indicate the spaces onto which players could move their pawns. One participant had difficulty differentiating between their speed and their power because both are numbers. This could be fixed by including text reading "spaces of movement" near the speed number on each player's character card. A question of whether villain cards should be discarded after defeating them could be addressed through a simple revision of the directions of the board game to include language describing what happens to a villain card when it is defeated.

Board/Components. One participant expressed confusion about how the board cards fit together and where movement could occur between the board cards. This could be fixed by

creating a greater contrast between the buildings, the roads, and the outlines of each board card. Other confusion and issues were noted surrounding the cards including: a missing speed number on a starting power card, a confusingly worded power card, and a shortage of $1000 money cards. Two component suggestions were to make the pawns look like superheroes or symbols of superheroes and to create interlocking board cards so the cards stay in place during game play.

Therapist Recommendations. Throughout the session, the facilitator made notes of therapist recommendations offered by the participants or by the facilitator through observation. These recommendations could be incorporated into a specific set of directions for the therapist. Along with separate directions for therapists, a set of different directions for different sizes of families could be beneficial for understanding how to play the game. In future play sessions with the board game, a simplified set of directions for family use could make understanding the directions before play easier and quicker. A script for therapists to read to clients illustrating the main concepts of the game prior to game play could be very advantageous for efficiency and proper comprehension of the directions. Participants exhibited quicker understanding of the board game through demonstration. Demonstrations of fighting villains, moving, and buying powers could be incorporated into the therapist's scripted directions. Some of these demonstrations could combat the misunderstandings witnessed in the sessions, such as confusion of where the villains are located on the board and how each player moves across the board. In both sessions, families needed minimal guidance after the directions were explained.

Therapists could also tailor the game to individual families by altering the amount of power the family is given at the start for the result of shortened playing time or increased difficulty. A member of a family with six players said, "It didn't seem like you had to work

very hard to get a whole lot of money to be able to defeat [villains].” The therapist could decrease the amount of power that a family starts out with or place certain villains in play that are more difficult. With younger family members, it may be helpful for therapists to ask parents to pair with children who have difficulty understanding the rules. Larger families may naturally make roles for family members, such as keeping track of the money, counting up power when fighting villains, carrying other family members, and buying powers for family members. These roles could be suggested by the therapist to help the family include family members in play. Some rules in the directions should also be amended to meet the family’s needs. For smaller families, the therapist might allow family members to buy more than two powers for each player as long as every player has two power cards instead of restricting the number of cards allowed to each player. Therapists can also be flexible in how they use the game with families. While the game’s purpose is to enhance family cooperation and cohesion, it could be used as an assessment tool. By observing the families during game play, it was easy to identify which family members had more say in their family’s decision-making and which family member may be isolated.

Facilitator Observations. The most difficult part of each session for the facilitator was the explanation of the directions. As game play progressed, the facilitator’s involvement decreased and the pace of the game increased. Both families began the game with a different approach. One family went out in their own individual directions and the other made two teams of two. As time went by, each of the families focused more on teamwork as a full family. One participant described this progression by saying, “I don’t think you have a choice not to [play together].” Questions and conversations started very individually focused, such as, “So we all work together and that was his turn now, whose turn does it go to?” Eventually conversations became much more strategic and family focused. Examples of strategic dialogue

between family members included: “Maybe we should try to get a little more money first”, “What are [the villain’s] weaknesses?”, “Is there anything we could buy that would have one of his weaknesses?”, and “You can carry Dad if you want.” In both sessions, families included children in their decision making and allowed children to roll dice or perform other actions based on their age-related capabilities.

Other Feedback. During the Family Interview (see Appendix C; see Measures), family members answered questions based on the cooperative nature, the entertainment value, and other aspects regarding the playability of the board game. Family members consistently stated that they enjoyed the teamwork and collaborative aspects of the board game with one participant saying, “I liked that we had to figure it out together, because usually games sort of pit us all against each other.” All of the children, except one teenager, said that they really liked it and a few asked to play it again. Some weaknesses of the board game expressed by participants included the lack of challenge to defeat villains with a large family and the loss of interest of a teenager playing the game based on the fact that it did not allow for too much competition between family members.

Chapter Three: Discussion

The Super Family Board Game™ (SFBG) is a therapeutic board game aimed at increasing family cooperation and cohesion. Other goals of the SFBG were to disarm defenses of family members, include family members, and keep therapeutic mechanics camouflaged. The purpose of this study was to formatively evaluate the SFBG. Additionally, the formative research process has uncovered many potential research and clinical implications for the SFBG and general therapeutic board game development and testing.

Research and Clinical Implications

Since this study was the first study to employ formative research in developing a therapeutic board game, experiences in developing the SFBG garnered many insights that would be helpful for clinicians and researchers developing their own therapeutic board games. Many of the challenges and limitations of this study stemmed from the lack of research on play therapy and specifically the lack of research on the development and testing of therapeutic board games. As previously stated, this study did not intend to conclude that this board game is in finished form and ready for therapeutic use. It is essential that this board game is tested against other established treatments and other therapeutic board games. This comparison to established interventions has not been used to test many of the play therapy methods used today (Bratton et. al., 2005). That being said, this study has laid the foundation for the development of an effective therapeutic board game.

The development of other therapeutic board games would benefit from formative research in order to maximize the positive effects and minimize the negative effects of therapeutic board games as interventions. As stated earlier, therapeutic board games may be a negative experience for clients by being difficult to understand, time consuming, boring, and repetitive (Matorin, 1996). Ethically, a play therapist should follow best practice by using board games in therapy that have been empirically validated to avoid the potential negative effects caused by board games in therapy. Through revisions to the directions and recommendations for use in therapy, the SFBG is much easier to understand. The fast pace of the game during the sessions in phase 3 could suggest that the game may not be too time consuming for play. The SFBG has been created in a way that boosts replayability by allowing

for different villains, different configurations of the board, and different powers each time that a family plays the game. This can keep the board game from feeling repetitive and boring.

Reflection on Formative Research Process

Using formative research for the development of a therapeutic board game proved to be challenging due largely to the lack of literature on the effectiveness of therapeutic board games and on how therapeutic board games are developed. The principle investigator reached out to several therapeutic board game creators. Few therapeutic board game inventors responded. One of the respondents was the creator of the Ungame©, Rhea Zakich (personal communication, May 11, 2016). Zakich's testing of the Ungame© stemmed from personal play with the board game. She presented the game to teachers, civic groups, and even incarcerated gang members where she found the most effective question cards and parts of her board game that needed revision. The Ungame© for Zakich, much like other programs and instruments created through formative research, are living works that require continual revision.

The greatest effort in developing the SFBG came in the year prior to the study's conception. Crafting the mechanics of a board game around a desired therapeutic outcome became the most difficult obstacle. Another obstacle in creating the board game was scaling the board game to different family sizes. Currently, the SFBG can be played by two to eight players with similar levels of difficulty and play time. This flexibility was demonstrated with the two families that partook in phase three. Other difficulties in the game creation surrounded creating a game which had enough depth to be interesting, but simple enough to be practical.

One therapeutic component, which was decided against in initial development of the board game, was the use of therapeutic questions during the game. This was suggested as an

addition to the board game in Phase 1 and Phase 2. While this addition of therapeutic questions would be beneficial for therapeutic purposes, the questions were not added to the board game in this study in order to focus on the main mechanics of the board game dealing with family cooperation and cohesion. Future directions for the SFBG include the addition of questions for a variety of therapeutic purposes.

Limitations

Developing a board game requires a wide variety of skills. The aesthetic properties of the board game could have been greatly improved with outside artistic help. Using personal resources to create the board game required the use of a decade old version of Microsoft Publisher, which further inhibited an aesthetically pleasing design for the board game's components. Due to time constraints and the three phase design, there were a low number of participants in each phase. Between the first and second phases, the board game was sent to a manufacturer to be reprinted to incorporate suggestions. This revision process delayed the start of phase two and phases three. Although few participants were used, the play therapists and families provided ample feedback.

Considerations for Future Therapeutic Board Game Research

When initially creating therapeutic board games, developers should research casual board games and board game mechanics to ensure the creation of a unique, attractive product. Future formative research on therapeutic board games should arrange for a much longer research timeline and allow flexibility for delays between feedback and revisions. The amount of feedback given by the families and play therapists may suggest that more sessions in phase one with therapists-in-training should be present in subsequent formative research on therapeutic board games. Further, the feedback from sessions should be filtered through an

established model. When developing the SFBG, Olsen's (2000) circumplex model was used as a guide. Some feedback stemming from the participants' perceived drawbacks of the SFBG, such as criticism of the cooperative nature of the board game or difficulty to defeat villains, led to tough decisions by the principle investigator to reject feedback in order to preserve therapeutic elements of the game. Future therapeutic board game developers should assess the strengths and weaknesses of participant feedback in relation to a therapeutic purpose or model.

Consideration should also be taken into the investigators impact on families. All identifying information linking the primary investigator to the board game was covered so families would not react differently. Future research could direct families' current therapists to implement the SFBG as an intervention to demonstrate its effectiveness in therapy where there is an established rapport and understanding of the family's unique needs. Testing in a therapeutic setting could also show how the SFBG as an intervention could impact subsequent sessions through a bringing about a stronger therapeutic alliance, a common metaphor, or an inclusion of previously excluded family members. Through this research, several characteristics of an effective therapeutic board game are suggested prior to use as a therapeutic intervention.

- Flexibility – This allows therapists to change the game to fit different players' needs and allow for the game to fit certain time constraints.
- Age Appropriateness – This takes into account the ages and cognitive abilities of the players.
- Simplicity – This allows for players to quickly comprehend what is involved in game play.
- Safe Atmosphere – This allows for players to disarm defenses and strengthen alliance with the therapist.

- Entertainment – This makes sure that each player is engaged in game play.
- Replayability – This allows the board game to be played several times without losing the players' interest.
- Metaphor – This allows the board game and aspects of the board game to be used as metaphors and as imagery for other issues the clients face.
- Outcome Oriented – This ensures that the board game is directed at a certain therapeutic outcome and is affective in achieving that outcome, such as assessment or family cooperation.

Other considerations may include: camouflaged therapeutic properties, therapist involvement, and set up time.

Future Directions for the SFBG

Feedback from phase three has not yet been incorporated into the SFBG. The feedback includes: cosmetic changes to the board, revisions to cards missing information, an addition of therapist directions, and other changes to boost the effectiveness and the simplicity of the game. Although the SFBG does not currently have a component regarding self disclosure, questions will be added to the board game to allow for more flexibility for the therapist to treat a wider variety of issues using the SFBG. The SFBG will also be revised to include different directions to simplify the game for some families and create more depth for others.

In order to ensure therapeutic effectiveness of the SFBG the second, necessary component of this research to test the SFBG against other therapeutic board games and established interventions needs to be completed. Other research testing the SFBG could be applied to treating different types of families. Older adults benefit from play therapy after becoming custodial grandparents (Bratton, Ray, & Moffit, 1998) and could benefit from the

SFBG when used as an intervention for enhancing cooperation between new parents and children. The effectiveness of the SFBG could be tested with different sizes of families and with families with different ranges of ages. SFBG could also be tested with a therapist playing with an individual client. Other outcomes for the SFBG as an intervention other than promoting cooperation and cohesion such as assessment could also be tested.

Funding Disclaimer

All funding for the development of the Super Family Board Game™ was sourced from the private funds of the investigator independent from university or outside funding. The board game was completed off campus using a private laptop and using an online manufacturer to print the board game. The sole legal owner of the Super Family Board Game™ and its resources is Joseph Hannan.

Appendix A
The Board Game Questionnaire

Answer the following regarding the Super Family Board Game™. Indicate your response to the following statements to your best knowledge from 1-Strongly Disagree to 5-Strongly Agree.

1 – Strongly Disagree
2 – Disagree
3 – Neutral
4 – Agree
5 – Strongly Agree

1. The Super Family Board Game™ would be an effective treatment.
2. The Super Family Board Game™ would be an effective assessment.
3. I would feel comfortable using the Super Family Board Game™ in therapy sessions.
4. I would feel comfortable recommending the Super Family Board Game™ as homework for a family of clients.
5. Treatment with this board game would be more effective for families compared to a traditional family session.
6. The therapeutic mechanics of the board game would be camouflaged to families in therapy.
7. This game would strengthen rapport between clients and the therapist.
8. The Super Family Board Game™ would strengthen rapport between clients.
9. This game would facilitate communication between family members.
10. The Super Family Board Game™ would increase family cohesion.
11. The Super Family Board Game™ would increase family adaptability.
12. The Super Family Board Game™ would balance power within the family.

13. I would feel comfortable using the Super Family Board Game™ with a variety of clients.
14. I would feel comfortable using the Super Family Board Game™ with couples.
15. Skills and strategies learned in the Super Family Board Game™ would be generalized to the clients' lives.
16. The Super Family Board Game™ would have therapeutic benefits over a non-therapeutic board game.
17. The Super Family Board Game™ can be played several times without feeling repetitive or boring.
18. The directions are simple and easy for the therapist to understand.
19. The directions are simple and easy for clients to understand.
20. The Super Family Board Game™ would be enjoyable for the clients to play.
21. The Super Family Board Game™ would facilitate communication between family members.
22. The Super Family Board Game™ could be played without the aid of a therapist.

The next four questions are adapted from the Family Adaptability and Cohesion Scale (FACES-III) from Olsen (1986)

23. If families played the game, children's suggestions would be followed.
24. If families played the game, family members would ask each other for help.
25. If families played the game, family members would feel close to other family members.

26. If families played the game, family members would consult other family members on their decisions.

The next six questions are adapted from Haslam (2011).

27. This game would allow for children and parents in play therapy to engage in the therapeutic process.
28. This game would include parents who may be resistant to other play therapy activities.
29. This board game used in therapy with families would be an effective therapeutic tool.
30. In families with adolescents and teens (13-18 years old), this game would be an effective therapeutic tool.

The next five questions are adapted from Swank (2008)

31. The rules would negatively impact the game's use as a therapeutic tool.
32. Clients could easily cheat in this game.
33. Cheating in this game would negatively impact the game's use as a therapeutic tool.
34. A client's varying abilities and intelligence would negatively impact the game's use as a therapeutic tool.
35. The therapist's involvement would negatively impact the game's use as a therapeutic tool.

The next five questions are adapted from Matorin (1996)

36. This board game would help enhance the therapeutic relationship.
37. By the time the game ends, the therapeutic goal of increasing family cooperation and cohesion would be reached.

38. This game could be used in therapy with families with children who are verbally deficient.
39. The skills gained playing this game would be generalizable to outside this room.

Appendix B

Demographic Form

Age	Race/Ethnicity	Gender	Relationship to Family (Mother, Partner, Guardian, Son, etc.)

Appendix C

Family Interview

1. Were the rules clear and easy to understand?
2. Was the game enjoyable? What parts did you like/dislike?
3. Did you feel your family cooperated while playing the board game?
4. While playing the game, were children's suggestions followed?
5. While playing the game, did family members ask each other for help?
6. While playing the game, did family members feel close to other family members?
7. While playing the game, did family members consult other family members on their decisions?
8. Name one weakness and one strength of the board game.
9. Any other comments or ideas you have concerning the board game?

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