Favorite Therapeutic Activities for Children, Adolescents, and Families: Practitioners Share Their Most Effective Interventions

Edited by
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About the Editor

Liana Lowenstein, MSW, RSW, CPT-S, is a Registered Clinical Social Worker, Certified Play Therapist-Supervisor, and Certified TF-CBT Therapist who has been working with children and their families in Toronto, Canada, since 1988. She is a sought-after international keynote speaker and clinical consultant. Her numerous books on child and family therapy are known throughout the world for their innovative and practical techniques. She is winner of the Monica Herbert award for outstanding contribution to play therapy in Canada.

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Preface

This publication provides a medium for practitioners to share their most effective assessment and treatment interventions. When I invited practitioners to contribute techniques to this publication, I was impressed with the range of creative interventions submitted. Clinicians from divergent theoretical orientations, work settings, or client specializations will find a wide range of creative and useable interventions in this book.

The interventions have been divided into three sections. The book begins with engagement and assessment activities providing clinicians with interventions to engage with and evaluate clients. The second section presents treatment techniques to facilitate the working through of therapeutic issues. The last section outlines interventions that can be incorporated as part of the client’s termination process. A variety of activities are provided within each section to enable practitioners to choose interventions that suit their clients’ specific needs.

Each technique outlines specific goals. Materials needed to complete the activity are listed. The eBook includes detailed instructions for all activities and a discussion section that further clarifies application and process.

Practitioners using the interventions in this publication should be well-trained in therapeutic intervention with children and families. A warm and caring rapport must be established with the client, and the activities should be implemented using sound clinical principles.

I hope this collection of interventions helps to create an engaging and meaningful therapeutic experience for your clients.

Liana Lowenstein
Section One:
Engagement and Assessment Interventions
Boat-Storm-Lighthouse Assessment
Source: Trudy Post Sprunk
Published in Creative Family Therapy Techniques Edited by Lowenstein, 2010

Theme: Engagement and Assessment
Recommended Ages: Six and Up
Modality: Family

Goals
- Gather information about the family, especially issues pertaining to danger and rescue
- Create an opportunity to express feelings such as fear, helplessness, hopelessness, bravery, etc.
- Identify ways to access support

Materials
- Large sheet of white paper or poster board
- Markers
- Paper and pencil for each family member

Advance Preparation
Provide a large flat surface for the drawing activity. Place the large sheet of paper or poster board so all family members can easily reach it. Arrange seating to insure privacy while writing.

Description
Explain to family members that they are to fill a poster board with one drawing of a boat, a storm, and a lighthouse. They are to complete the task silently. Upon completion, ask each to write a story about what he/she thinks happened before, during, and after the storm. A young child can quietly dictate a story to the therapist. After each person shares his/her story, the therapist guides the family in a discussion involving fears, rescue, danger, and how to access family support when needed. The therapist models acceptance of the diverse beliefs and experiences within the family.

The therapist may help the family experience the process by exploring the following:

1. What do you think it would have been like to be in the boat with your family during the storm?
2. Who would have been most helpful to you during the storm?
3. Can you name three feelings you might have had during the worst part of the storm?
4. If you believed that a rescue would occur, how did you think it would happen?
5. In what ways could you have asked for help?

Discussion
Boat-storm-lighthouse assessment is an engaging activity. The drawing provides a glimpse into each family member’s inner world, including traits, attitudes, behaviors, and personality strengths and weaknesses. More specifically, the drawing enables the therapist, as well as the family members, to learn such things as who tends to be optimistic and upbeat or who might be more pessimistic or morbid. It also uncovers the ability to mobilize inner resources and access external support when faced with danger and conflict. A family art activity “is a tool that provides the therapist and the participants with a vehicle for exploration. During the evaluation phase the art task offers the family a focus for an interactional experience. This technique, which delineates communication patterns, is viewed primarily through the process and secondarily through the content… From the moment the family is involved in creating a product, a record of each action is documented onto the construct. Thus, cause and effect are observable, enabling the clinician to assess both the strengths and weaknesses of the total family and the members therein” (Landgarten, 1987).

Family differences can be openly discussed, as well as some of the reasons these differences exist in the family. The therapist models support for the individual differences and encourages the family to support a member who is not thinking or feeling positively. A discussion of how to access family support is the final stage of this activity.

Reference

About the Author
Trudy Post Sprunk, LMFT-S, LPC-S, RPT-S, CPT-S, is a Licensed Marriage and Family Therapist and Supervisor who has been practicing psychotherapy since 1971. She has presented at international, national, and local conferences and has been interviewed on radio and television. She is certified as an EMDR Specialist and is a Registered Play Therapist Supervisor. She is past-president of the Association for Play Therapy and president and co-founder of the Georgia Association for Play Therapy.
Choose It, Name It, Show It, Solve It
Source: Lynn Louise Wonders
Published in Assessment & Treatment Activities for Children, Adolescents, and Families Vol 4 Edited by Lowenstein, 2022

**Theme:** Engagement and Assessment

**Recommended Ages:** Eight to Sixteen

**Modality:** Individual, Group, Family

**Goals**
- Establish a positive and open therapeutic environment
- Gather information about the client
- Assess the client’s problem-solving abilities

**Materials**
- Colored card stock or construction paper (blue, red, yellow, green)
- Markers
- Scissors
- Tape
- Would You Rather? questions (available online)

**Advance Preparation**
Create the game as follows:

1. Make a color-coded die with blue, red, yellow, and green sides, plus a "you choose" side and a "roll again" side.
2. Create Choose It cards by writing Would You Rather? questions on blue card stock or construction paper. (Search online for free age-appropriate Would You Rather? questions.)
3. Create Name It cards by writing prompts (e.g., Things that bring you joy, Things that calm you down, Things that you are grateful for) on red card stock or construction paper.
4. Create Show It cards by writing prompts (e.g., Excited, Frustrated, Confused, Proud) on yellow card stock or construction paper.
5. Create Solve It cards by writing problem-solving scenarios (e.g., "You don’t understand your homework. What will you do?” “A kid in your class is being bullied. What will you do?” "There is no cereal left for breakfast. What will you do?") on green card stock or construction paper.

**Description**
Stack each set of cards by color face down. To play the game, the client rolls the die. The color it lands on dictates which stack they will take a card from. As the client answers the question or prompt, the practitioner tracks and reflects what the client expresses. The practitioner can participate in the game with the client (or clients) to increase engagement and build rapport.
Discussion
Through this engaging activity, clients learn to voice their preferences, personal thoughts, and opinions, as well as to feel connected to the therapist through laughter and fun.

The practitioner should modify the questions and prompts to suit the age and treatment issues of the client. Consideration should also be given to the order and pacing of the questions, beginning with easier or more neutral questions and prompts.

This game can be played with a group of children or with a family to help facilitate relationship connections.

About the Author
Lynn Louise Wonders, LPC, CPCS, RPT-S, is a Licensed Professional Counselor and Certified Professional Counselor Supervisor in the state of Georgia, and a Registered Play Therapist Supervisor. Lynn has been providing play therapy services to children and families since 2001 and has been providing play therapy training, supervision, and consultation since 2010. She is the author of When Parents Are at War: A Child Therapist’s Guide to Navigating High Conflict Divorce & Custody Cases, and she leads self-care and training retreats for therapists.

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Colored Candy Go Around
Source: Katherine Arkell
Published in Assessment & Treatment Activities for Children, Adolescents, and Families Vol 2 Edited by Lowenstein, 2010

Theme: Engagement and Assessment
Recommended Ages: Six to Sixteen
Modality: Family, Group

Goals
- Gather information about the client and family/group
- Increase open communication
- Identify areas of change or improvement to be addressed

Materials
- Packs of candy with assorted colors such as SKITTLES® or jelly beans

Description
Distribute 10 candies to each group or family member. Have each member sort their candy by color with instructions not to eat them. Ask one member to pick a color and tell how many they have (i.e., two greens). Ask them to give two responses to the following questions or make up ones more relevant for current family/group goals or issues (i.e., anger management, social skills, etc.):

Green: Words to describe self
Purple: Ways you have fun
Orange: Things you’d like to change/improve about yourself or family
Red: Things you worry about
Yellow: Good things about your family

After one person has answered a question, have them choose the next person to answer the same question based on the number of candies that person has. The activity is complete when each person has answered all questions. If a person does not have a particular color candy, they use the number of candies the person who went before them had. Candies can only be eaten after a question is answered.

Be sure each person has the floor when speaking and there is no interrupting or side conversation. Open the floor for discussion after each person has responded to all questions. Possible discussion questions are as follows:

- What did you learn?
- Did anything surprise you?
- How will you work towards making changes/improvements?
**Discussion**
This activity facilitates open communication and provides insight into individual and family dynamics. The family can be encouraged to try the activity at home with questions they generate either in session or on their own.

A variation is to use colored beads or Leggo® rather than candy.

**About the Author**
Katherine Arkell, MSW, LCSW, RPT-S, works as an outpatient therapist at Vista Health in Bentonville, Arkansas, serving children ages 6 to 18 and their families. She is a Registered Play Therapist Supervisor with the Association for Play Therapy. Her practice areas of interest include anxiety, depression, grief, and blended families.

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Hats We Are Wearing
Source: Zoe Fysikoudi

Theme: Engagement and Assessment
Recommended Ages: Nine and Up
Modality: Individual, Group, Family

Goals
• Verbally express the roles that an individual undertakes in various systems, for example family, school, peer relationships, community etc.
• Verbally identify the responsibilities, qualities, limitations of each role
• Verbally express the changes they would like to make in different roles
• Verbally express the dynamics within a system by role-playing different roles

Materials
• Paper (various sizes)
• Markers or crayons
• Scissors
• instructions on how to create a paper hat (available online)

Description
Explain the phrase, ‘The different hats we wear’ by stating: “People take on different roles, such as a friend, son, daughter, sibling, student, etc.”

Instruct the client to create different sizes of paper hats and to decorate them based on the role. The size of the hat is based on the size of the role (expectations, nature of the role etc.). Then ask the client to wear the hat and re-enact the role represented by the hat.

Process questions include:

1. What are the characteristics of the hat/role?
2. What changes would you like to make to the hat/role?
3. How can you make the changes you want (on your own, support from others)?
4. Which hat/ role do you like the best and the least?
5. What feelings, behaviors, thoughts, if any, are evoked by each hat/role?
6. What are the benefits and challenges of each hat/role?
7. If the hats could talk, what would they say?
8. What would happen if the hat/role changes?
**Discussion**

This activity provides an opportunity for clients to use a creative way to explore the different roles they are undertaking. Siegel (2012) observes that the right hemisphere requires emotional stimulation to develop properly and, therefore, he proposes that the output of the right brain is expressed in “non-word-based ways” such as drawing a picture or using a visual image to describe feelings or events. Play is a way for children to learn new skills, express themselves, develop their emotional and social skills, tell their stories and find resolutions and heal from their experiences (Winnicott, 1971).

Children learn through play, stories, and metaphors, and as such, the hats facilitate a window into their internal world. Oaklander (1978) emphasizes that through fantasy, we can bring out what is kept hidden or avoided and we can find out what is going on in the child's life from their perspective.

It is crucial to observe the non-verbal clues when a client prepares their hats, wears the hats, and talks about the hats. In a group and family setting, it is important to observe the interactions of different members of the system while wearing the hats, which can provide opportunities for further process and reflection.

**References**


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Zoe Fysikoudi, RP, is an integrative Child and Youth Counselor working therapeutically with children and youth in various settings (elementary and high schools, private practice, non-profit organizations). She uses play and art in her clinical work. She is trauma and attachment informed, and uses a mindfulness approach. She also provides reflective parenting sessions.

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**Lifeline**

Source: Felicia Carroll and Adriana Ribas
Published in *Assessment & Treatment Activities for Children, Adolescents, and Families* Vol 1 Edited by Lowenstein, 2008

**Theme:** Engagement and Assessment  
**Recommended Ages:** Seven and Up  
**Modality:** Individual

**Goals**
- Learn more about the child’s life from the child’s perspective  
- Increase a child’s ability to organize her/his sense of self  
- Develop a child’s ability to express feelings about her/his self, life events, and significant people  
- Develop the child’s awareness of her/his choices in creating the future

**Materials**
- Large piece of paper  
- Markers  
- Scissors  
- Glue  
- Magazines  
- Scrap items that can be used for art

**Description**
The practitioner invites the child to take part in an activity about her/his life. The activity involves outlining the child’s life onto a piece of paper.

The first step is to give the child a large piece of paper and ask her/him to draw a horizontal line across the middle of the paper. At one end of the line, the practitioner writes down the child’s date of birth. At the other end, place the projected year which the child imagines would represent the length of her/his life. For instance, a child’s birth date might be 1998, making her/him 10 years old at the time of creating the lifeline and she/he might imagine living to be 85 years old. So, the year at the other end of her/his life would be 2083. The practitioner then divides the line into four segments and then into eight segments and then into sixteen segments. Each segment represents approximately 5 years of the child’s life. The practitioner then draws a second line the same length as the lifeline that represents the age of the child. So it begins with the birth date and ends with age 10. This allows more space for the details of the child’s life.

The child then illustrates significant life events on the lifeline by writing words, drawing pictures, creating a collage, pasting on personal photographs, and so on. The practitioner can facilitate this process by asking questions about important events, milestones, and significant people in the child’s life. As the
child begins to slowly recall the easy events such as birthdays, preschool, or births of siblings, other more difficult events will be remembered.

The practitioner processes this activity by asking questions about events, feelings experienced, and significant people identified in the lifeline. The practitioner encourages the child to recall as much detail as the child is comfortable sharing. It is important to explore the child’s perceptions and feelings about the past and integrate them into the present. For instance, “How did you feel when this happened? How do you feel now? Is there any difference?” Another helpful question to ask is, “If you had a way of changing anything that has occurred in the past to make your life better today, what would you do?”

Another facet of this activity is to look at how much of the lifeline remains. If the child is 10, for example, and the lifeline is projected at 85 years, then 75 years lie ahead. These years can be filled in with the child’s fantasies, expectations and hopes — for example, going to college, writing a first novel by 30, learning to drive a car, travelling the world, getting married, taking early retirement. If the child is having difficulty envisioning her/his future, the practitioner can ask prompt questions such as, “What do you hope to be when you grow up and what kind of schooling would you need in order to do that? Do you see yourself remaining single, or getting married? Would you like to have children? Where in the world would you like to visit? When you are not working, what do you think you will want to do for fun? What one thing do you want to have in your future that money cannot buy? What do you hope will be your biggest life achievement?”

Discussion
This activity helps a child understand that her/his life is unique and that every child has a different life story. It allows a child to reflect on the processes of change and growth. It can also stimulate children to begin creating a cohesive narrative that can provide her/him with support in coping with past trauma as well as present challenges and accomplishments. Furthermore, through thinking about the events of her/his life while in contact with another person, she/he can be supported in actively imagining the possibilities for the future.

This technique was inspired by the works of Bruner (1965) and Hobday and Ollier (1998).

References

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**Magic Key**

Source: David A. Crenshaw
Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 1* Edited by Lowenstein, 2008

**Theme:** Engagement and Assessment  
**Recommended Ages:** Nine to Sixteen  
**Modality:** Individual, Group

**Goals**
- Verbally identify key issues to address in therapy
- Increase awareness of losses, particularly unacknowledged or disenfranchised grief
- Verbally express denied or disconnected feelings about prior losses
- Expand therapeutic dialogue about the issues that matter most to the child

**Materials**
- Paper
- Markers
- Pencil or Colored Pencils
- Crayons

**Description**
Read the following instructions to the child:

“Imagine that you have been given a magic key that opens one room in a huge castle. There are four floors in the castle and since the castle is huge there are many rooms on each floor, but your magic key only opens one of the many, many rooms in the castle. Pretend you go from room to room, and from floor to floor, trying your magic key in each door until you finally come to the door that your key opens. You turn the key and the lock opens. Because you have been given a magic key that only opens this door, what you see is the one thing that money can’t buy that you always thought would make you happy. Pretend that you are looking into the room. What is it that you see? What is that one thing that has been missing that you think would make you happy? When you have a clear picture, please draw it as best you can.”

**Discussion**
Projective drawing and storytelling strategies along with therapeutic play and the use of symbols are central to tools used in therapy with children and adolescents (Crenshaw, 2004; 2006; 2008). “The Magic Key” (Crenshaw, 2004; Crenshaw & Mordock, 2005; Crenshaw, 2008) is a projective drawing strategy that was developed to evoke themes of loss, longing, and missing in the lives of children.
In early versions of this strategy, the caveat “that money can’t buy” was not included in the directions. It is not surprising in this highly consumer-oriented culture that many children drew a big-screen television or the latest video game console. Some children, however, drew a missing or deceased parent, a safe home they never experienced, or a family where the parents didn’t argue. They drew a home they always longed for, one that sadly was missing in their lives. By adding the qualifier “that money can’t buy,” the strategy focuses the child on the essential emotional needs that have not been met or on the important losses that the child has suffered rather than on the latest electronic gadget or toy.

This projective drawing strategy is especially useful with children whose lives are replete with loss. Many severely aggressive children have suffered profound, multiple losses (Crenshaw & Garbarino, 2007; Crenshaw & Hardy, 2005; Crenshaw & Mordock, 2005). This strategy is one of the ways to access these feelings when children are disconnected from their emotions or have great difficulty verbalizing their painful affect. Issues of timing and pacing, including the readiness of the child to undertake emotionally focused work, are critical.

Before using this tool readers should review “The Play Therapy Decision Grid” (Crenshaw & Mordock, 2005) and determine whether the child is appropriate for the Coping or Invitational Track of therapy. This technique should only be used with children who are judged to be ready for the Invitational Track. Children appropriately assigned to the Invitational Track will be judged as having adequate ego strengths, mature defenses, ability to manage anxiety, and the ability to tolerate and contain strong emotion without becoming overwhelmed. The child in the Invitational Track will not show signs of “spillover” from therapy sessions resulting in disruptive anxiety and behavior during or immediately following the session. The name of the Invitational Track is meant to imply that the child is invited to go as far as he/she can at any one point in time in approaching the painful affect or events that need to be faced and resolved.

Tools, such as “The Magic Key,” are meant to expand and enrich the therapeutic dialogue and do not constitute therapy itself. The therapy process entails much more than the application of tools such as this, but they can facilitate meaningful dialogue which can aid the healing process. Whatever drawing the child produces in response to the directions to “The Magic Key” will serve as a springboard to elicit more of the child’s feelings, wishes, fears, dreams, hopes, and will create a portal of entry into the child’s inner life.

References


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David A. Crenshaw, PhD, ABPP, RPT-S, is a Board Certified Clinical Psychologist by the American Board of Professional Psychology and a Registered Play Therapist Supervisor by the Association for Play Therapy. Dr. Crenshaw is Founder and Director of the Rhinebeck Child and Family Center in Rhinebeck, NY, which provides training and consultation to programs and clinicians serving at-risk children. He served as Clinical Director of two residential treatment centers for children at-risk during a 30-year span. He is past president of the New York Association of Play Therapy.

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My Family Portrait
Source: Lee Sook Huey
Published in Assessment & Treatment Activities for Children, Adolescents, and Families Vol 4 Edited by Lowenstein, 2022

Theme: Engagement and Assessment
Recommended Ages: Six and Up
Modality: Individual, Family

Goals
- Gather information about the client and family
- Non-verbally and verbally express perceptions and feelings related to family members and self

Materials
- Paper
- Colored pencils, crayons, or markers

Description
Begin by having the client assign a color to represent several emotions. For young children, four basic emotions are recommended, such as happy, sad, angry, and scared (e.g., the child might use red to represent happy). For older children and adults, they can freely choose a variety of colors to represent different basic and complex emotions.

Next, give the client the following directive: “Draw everyone in your family, including yourself, each one doing something. Use the colors to draw each person that best represents the moods they usually show.” The client should include all members in their household. This can include pets, domestic helper, grandparents, etc.

If the client voices concern regarding their inability to draw, then say, “Don’t worry what your drawing looks like, you will be able to explain it to me once you have completed your family portrait.”

Process questions include:

1. Describe your drawing.
2. What is each person doing, thinking, and feeling?
3. What usually makes them feel happy/sad/angry/scared, etc.?
4. How does the person’s mood affect you?
5. Which parts of the drawing do you wish were different?
Discussion
This activity is inspired from the Kinetic Family Drawing Technique (Burns & Kaufman, 1971) and the Emotion Coloring Task in Children's Self-Report and Projective Inventory (Ziffer & Shapiro, 1992). The client’s insightful perception can be verbally and non-verbally expressed through this activity. It helps the practitioner understand family dynamics and identify potential goals to address in subsequent sessions.

It is important to build a therapeutic alliance with clients during in-person or remote sessions, and drawing is one effective way to facilitate gradual engagement from clients (Goldstein & Glueck, 2016). Allowing clients to choose colors to represent different emotions provides a sense of autonomy and control over the process, which further engages the client.

References

About the Author
Lee Sook Huey, MA, holds a Master’s degree in Clinical Psychology and is currently practicing at KIN & KIDS Marriage, Family and Child Therapy Center in Malaysia. She has a keen interest in family and children’s psychological well-being. In addition to conducting psychological assessments, Sook Huey provides parenting consultation and works with young people with mood and developmental difficulties. Sook Huey is also a psychology lecturer at UCSI University, Malaysia.

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Play My Life!
Source: Julia Jordan-Lake

Theme: Engagement and Assessment
Recommended Ages: Six and Up
Modality: Individual

Goals
- Establish a positive and open therapeutic environment
- Verbally identify positive and negative life experiences
- Verbally identify key issues to address in therapy
- Highlight client strengths and supports

Materials
- Colored cardboard or construction paper
- Tape
- Colored markers or crayons
- Dice
- Game pieces from other board games (or use paper clips, stones, etc.)
- Google slides with optional board game template (for online sessions)

Description
Explain that the purpose of the activity is to create a board game that will help the client talk about and process positive and negative life events.

Provide the client with the required materials to create the board game (or use the virtual board for online sessions). Allow the client to take the lead and be creative, however, provide examples such as:

1. Identify a “start” and “finish” on the paper (or virtual board). For example, the “start” could be birth and the “finish” can be present day.
2. Describe a time in your life when you accomplished something important (e.g., aced a test, won an award, scored a goal in soccer). Then move forward 5 spaces.
3. Tell about a difficult time in your life, then move back three spaces.
4. If you role doubles, tell about two happy moments in your life.
5. If you role the number 1, describe one problem you have experienced and how you handled it.
6. If you role the number 2, identify two people you can talk to when you feel upset.
7. If you role the number 3, take three slow deep breaths.
8. If you role the number 7, tell about a time in your life when you felt lucky.
Discussion
Many clients struggle to verbally articulate significant life events. Life can often feel as if it is happening “to” the child, rather than the child having ownership over the “game of life”. As a result, many clients struggle to identify stressors and celebrations when entering into the therapeutic process. Landreth speaks to the wisdom of children in his book, *Play Therapy: The Art of the Relationship* (2002). During the assessment process, the practitioner may feel as if they are the expert on the child’s life. Allowing the client to create the rules of the game, as well as to outline self-identified strengths and weaknesses, empowers the client to partner with the practitioner in the treatment process. Additionally, the client will more readily engage in therapy and provide valuable information when it is play-based.

Helpful assessment information can be gleaned during the game construction phase. For example, does the client stay on task, follow the rules that they set, and manage frustration.

This intervention could be expanded to a family therapy activity, with the client inviting caregivers to play the client’s life. The activity can also be used in subsequent sessions with the client adding to and expanding the game.

Reference

About the Author
Julia Jordan-Lake, M.A., L.P.C., currently practices through Power of Play Pediatric Therapy in Forest Park, Illinois. She is in the midst of completing Level 1 Neurorelational Play Therapy Certified through the Play Strong Institute and hopes to continue working towards becoming a Registered Play Therapist. She is also undergoing DIR Floortime training and supervision to support neurodiversity in her practice. She served as a mental health collaborator for tips on sleep and childhood anxiety in a children’s book titled *Sir Drake the Brave*.

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Therapeutic Magic Tricks

Source: Diane Frey
Published in Assessment & Treatment Activities for Children, Adolescents, and Families Vol 1 Edited by Lowenstein, 2008

Theme: Engagement and Assessment
Recommended Ages: Five to Twelve
Modality: Individual, Group

Goals
- Establish a non-threatening therapeutic environment
- Provide insight about behavior change
- Encourage hopefulness in the client(s)
- Encourage creative problem-solving

Materials
- Rubber band
- Potato
- Straw
- Drinking glass
- Water

Description
Each of these three magic tricks helps the client to develop new insights into the possibilities of change. The tricks also provide the client with insights about creative problem-solving.

In the Jumping Rubber Band, the therapist tells the client that they can make a rubber band jump from their small and ring finger to the fore and middle finger. The therapist puts the rubber band over their small and ring finger, then folds all four finger tips under the inside of the rubber band, folding the fingers towards the palm of the hand. The rubber band automatically jumps from the two fingers it was on to the fore and middle finger.

In the Drink the Water magic trick, the therapist places a glass of water on an outstretched right hand, and asks the client to grip their right arm with both hands. The therapist says that, despite their effort to hold down the client’s arm, they can lift the glass to their mouth and drink the water. As soon as the client has tightened their grip, the therapist reaches out with the left hand, lifts the glass from the right palm up to their mouth, and drinks the water.

In the Straw and the Potato trick, the client is given a straw and a potato and is challenged to push the straw into the potato. The client will attempt this but will not succeed. The therapist then tries. The therapist folds over one end of the
straw, grips it in their hand, takes the other end of the straw and pushes it into the potato. The reason for the change is that air is compressed in the straw when the end of the straw is folded, therefore, the straw will penetrate the potato.

**Discussion**

Numerous clients present with resistance to counseling for various reasons. Since most people have a positive association and curiosity about magic, the technique is often very helpful in minimizing resistance, engaging the client, and establishing rapport. Even the most negative client will usually watch the therapist do a magic trick. The three tricks described here all have a theme of helping the client to understand that although they might think change is impossible for them, with additional knowledge it is possible. Although the client may feel entrenched in a behavior pattern, the therapist can help them to develop creative problem-solving.

In addition to these uses, other magic can be used in therapy to encourage self-expression, teach life skills, provide reinforcement for appropriate behavior, serve as a diagnostic aid, enhance self-esteem, and infuse therapy with pleasure.

In using magic in therapy, certain guidelines need to be observed. Practitioners need to use magic that is age appropriate for the client. As contrasted to stage magic, magic in therapy involves teaching the client how to do the trick, thus empowering the client.

It is important to use magic that facilitates interaction between the practitioner and the client. Magic used in therapy should have embedded therapeutic metaphors such as the ones discussed with the above mentioned examples. Always avoid magic that has "trickiness" associated with it (i.e., false bottoms of containers, fake cards). Seek genuine straightforward magic tricks that the client can easily learn. Always use tricks that are safe for the client (i.e., no use of matches, materials that could be harmful.) Use tricks that can be done with materials easily accessible to children and/or older clients. Avoid using magic with clients who have poor reality testing or psychosis.

**About the Author**

Diane E. Frey, Ph.D., RPT-S, is Professor Emeritus at Wright State University, Dayton, Ohio, and a psychologist in private practice. In 2008 she was awarded the Lifetime Achievement Award by the Association for Play Therapy. She is recognized as an international speaker and author of numerous books, articles, and chapters on the topic of play therapy.
Section Two: Treatment Interventions
Anger Menu

Theme: Anger Management
Recommended Ages: Three to Sixteen
Modality: Individual, Group, Family

Goals
• Discuss appropriate ways to express anger
• Reduce inappropriate expressions of anger and replace with appropriate ways of expressing anger

Materials
• Menus from several local restaurants, including those that are familiar to children
• Paper
• Markers

Description
Facilitate a conversation with the child about his/her favorite restaurant and favorite entree. Discuss whether he/she ever tried any other meals at the restaurant and the options he/she has or could select when going to that particular place. Discuss how, for example, it is possible that some days one might feel like having chicken nuggets and other days one might feel like a hamburger, and that different people prefer different things. Ask about what his/her parents select and comment about how different people like different food options. Ask about whether members of his/her family ever eat something different than their favorite meal. Beverages, appetizers, and desserts are all mentioned so that the child understands how many options he/she has and that a menu is used to communicate what options are available.

Indicate that a menu is a nice way to display options and that just like with meals different people may choose different ways to express anger. Continue to explain that at different times or circumstances an individual person may choose different ways to express his/her anger.

Brainstorm a list of appropriate ways to express anger. Assist the child if needed. Make a menu by folding blank paper together. On the front page, write the words Anger Menu. Open the Menu and on the inside, write Menu Options at the top of the page. Underneath, list the various expressions of anger from the brainstorm list. Have the child draw a picture beside each option to serve as visual cues for each anger management technique.
After the Anger Menu has been created, talk with the child’s parents about appropriate ways to express anger. Introduce the concept of the Anger Menu and encourage the child and parent to display it in the home (e.g., on the fridge) to be consulted when the child needs to find a way to express anger.

This activity can also be used to create Coping Skills Menus for children who display both internalizing and externalizing disorders. Several different types of coping can be incorporated, such as listening to music, talking to a trusted adult, petting a kitten, helping others, deep breathing, and progressive muscle relaxation.

**Discussion**
This activity facilitates the identification and expression of appropriate ways to express anger. The child is encouraged to think of as many ways to express anger as he/she can and then problem-solve about whether or not each behavior will be helpful. The practitioner can offer suggestions for the child’s list. The child can practice some of the options from the anger menu in the session. For example, the practitioner can provide the child with bubble wrap to pop or a pillow to hit.

With older or more verbal children, a list may be adequate. Younger children and those who tend to be visual learners will likely benefit from the drawing part of the exercise. For children who have difficulty with fine motor skills, picture symbols can be used.

**About the Author**
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Anger Mountain
Source: Jennifer K. Daffon

**Theme:** Anger Management  
**Recommended Ages:** Eight to Twelve  
**Modality:** Individual

**Goals**
- Verbally identify and express anger as a secondary emotion  
- Verbally identify primary emotions that are maintaining anger

**Materials**
- Paper  
- Markers  
- Miniature figurines (optional)

**Description**
Ask the client to draw the outline of a large mountain. Have the client choose (or draw) a figure that best represents their anger, and place it at the peak of the mountain. The client can think of a specific incident that caused them to feel angry, or they can think of their anger in general terms. Underneath the first figure, have the client choose (or draw) additional figures that represent other emotions they may have felt in the moment of anger such as sad, hurt, lonely, embarrassed. These emotions should be placed in pyramid form so they fill the interior of the mountain shape.

Deepen the discussion by asking the client to rank the intensity of the emotions by placing the more intense feelings toward the peak of the mountain and the less intense feelings toward the base of the mountain.

Noticing the less intense emotions toward the bottom of the mountain is important to understanding root causes of anger. Often, it is these emotions on the lower part of the mountain that need priority attention. For example, if anger is at the top of the mountain, but tired and hungry are at the base of the mountain—those needs should get addressed before the anger at the top of the mountain can begin to shrink.

Process by asking questions such as:
1. Describe a time when you felt angry.  
2. Describe other emotions you experienced in that situation.  
3. What does it feel like in your body when you have that emotion?  
4. Describe a time when you experienced more than one emotion at a time.
Discussion
This activity helps clients explore the concept of anger as a secondary emotion. By identifying the primary emotions underlying anger, one is able to more effectively communicate their emotional needs and move toward resolving the issue. Primary emotions prepare the brain (and consequently the body) for what comes next, so by addressing the primary emotions one is able to attend to the crux of their emotional response versus simply attending to the disruptive behaviors (Siegel, 2012).

Choosing miniature figurines to represent emotions provides a degree of externalization that helps clients feel distanced from their emotions, providing a safer space to explore them (Homeyer & Sweeney, 2011). As Siegel and Bryson (2011) explain, “When children learn to pay attention to and share their own stories, they can respond in healthy ways to everything from a scraped elbow to a major loss or trauma” (pp. 28-29).

References

Siegel, D. J. (2012). The developing mind: How relationships and the brain interact to shape who we are (2nd ed.). New York, NY: Guilford Press


About the Author
Jennifer Daffon, PsyD., LMHC, is a Licensed Mental Health Counselor who earned her doctoral degree in clinical psychology from Antioch University in Seattle, Washington. She has worked with children and families for fifteen years and currently has a private practice, Emotesy Child and Family Counseling Services, where she provides play-based interventions to help children overcome challenges related to anxiety, trauma, and behavioral/mood disorders. Jennifer’s book, The Grumps, was published in 2020 by Page Publishing.

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Bag of Feelings
Source: Evelyn Connie Holliman

Theme: Feelings Expression
Recommended Ages: Seven to Sixteen
Modality: Individual, Group

Goals
- Increase awareness of feelings
- Increase feelings vocabulary
- Verbally identify a range of different emotions
- Expand therapeutic dialogue about the issues that matter most to the client

Materials
- Paper
- Markers or crayons

Description
Explain that everyone has feelings, some are bigger than others. State that big and small feelings are like rocks we carry around. Illustrate by drawing different sized rocks and give examples such as: medium-sized rock when someone at school said something mean to you, a large-sized rock when your mother told you that you had to give her your tablet, a small rock when you could not have dessert.

Have the client draw a large bag that covers the whole page and is gathered at the top. Then instruct the client to draw rocks inside the bag to show their feelings; big rocks for big feelings and smaller or medium sized rocks for other feelings. The rocks might even be different colors. The discussion that follows depends on the client.

Possible process questions include:
1. If the rock could talk, what would it say?
2. If you could talk to the rock, what would you say?
3. Each rock has seen and experienced many things. Can you pick one of your rocks and share what it has seen and what happened to it?
4. If you were giving your rocks names to show their feelings, what would their names be?
5. Imagine each rock has a story to tell. Describe the story.

Discussion
This technique enables the client to talk about feelings. A safe emotional distance is provided by focusing on an object, rather than on themselves.
Cognitive therapy could be used to help the client problem-solve what they want or need in the various situations. After exploring the client’s behavior in the situation and evaluating if it helped or hurt, the client can come up with different alternatives or identify false thinking.

With somatic therapy, the therapist could explore where the client experienced the feeling in their body, as well as the color, movement, and weight. The intensity of the feeling could also be measured by the size of the rock. The client can be taught skills to reduce somatic intensity.

A trained EMDR therapist could have the client choose one of the big feelings to address, asking for messages from the mind, heart, or body. The level of intensity (SUD) and the negative thought need to be identified. A positive thought to counteract the negative thought is established. The therapist could then proceed to resolve the big feeling using EMDR protocol.

Attachment issues can be explored by asking questions concerning those incidents which involve family members or friends. This provides an opportunity to discuss relationship issues and unmet needs.

**About the Author**

Evelyn Connie Holliman, EdD of Counseling Psychology, is a Licensed Professional Counselor, National Certified Counselor, and a Registered Play Therapist. She is in the final stages of EMDR Certification. She is a retired Elementary School Counselor, who has been in private practice in Atlanta since 2006 serving young clients ages 4-13.

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Clay Apples
Source: Rinda Blom
Published in Assessment & Treatment Activities for Children, Adolescents, and Families Vol 2 Edited by Lowenstein, 2010

Theme: Feelings Expression
Recommended Ages: Three to Eight
Modality: Individual

Goals
• Increase identification and expression of five different feeling states
• Improve skills for dealing with the expression of emotions in others and validating them
• Improve understanding that people may react with different emotions in the same situation
• Implement appropriate strategies for expressing emotions

Materials
• Five different colors of clay
• Five different animal puppets, for example, a dog, wolf, rabbit, bird, and bear
• Paper plates with a picture of each of the puppet animals on them
• Crayons

Description
Discuss the following basic emotions with the child: happy, sad, scared, angry, and surprised. Give examples for each of these emotions. Emphasize the fact that other people also experience these emotions. Provide the child with five different colours of clay and ask him/her to pick a colour for each emotion. The therapist should then ask the child to sculpt five clay apples with each emotion.

Explain that a story will be read in which the characters will display different emotions. Provide the child with the animal paper plates. Ask him/her to pick a clay apple and put it on the correct plate each time a character in the story experiences a specific emotion. The clay apple must be the colour that the child has picked for a specific emotion: for example, a green apple when the bear is sad, if green was picked for sadness, or a red apple when the wolf is angry, if red was picked for anger.

The practitioner can tell any story in which the five emotions are displayed at least three times. It is important to take note that although the characters in the story will act out a specific emotion, such as anger or fear, the emotion is not labelled by the practitioner. The child will therefore have the opportunity to label
the different emotions through observing the verbal and non-verbal behaviour of
the puppets.

After completion of the story, the child can explain why he/she has picked
specific colour apples for specific emotions. Questions can then be asked on how
he/she could respond to each character in the story, as well as what could be
said to make them feel better, if applicable. If a child tells a specific character that
his emotion is wrong, or that he should feel differently, the practitioner can
discuss a more appropriate response and explain that emotions are never wrong,
although they can be managed in a more positive way.

**Discussion**

Empathy is the basis of all social skills. Children with emotional problems often
have trouble identifying emotions in themselves. They also do not have the skills
to respond appropriately to emotions in others. Through this activity, children’s
awareness of emotions in others is enhanced. They also learn how to make use
of verbal as well as non-verbal clues in identifying emotions in others.

Children with a low emotional intelligence may have difficulty labeling emotions.
These children will first need more simple activities in identifying emotions and
acquiring an emotional feelings vocabulary before engaging in this activity. The
practitioner must therefore consider the child's level of self-awareness before this
activity.

**About the Author**

Dr. Rinda Blom, Ph.D., is a registered social worker and director of the Red Shoe
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academic journals in South-Africa, as well as internationally.

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Colors of My Heart
Source: Jennifer M. Reaves

Theme: Feelings Expression
Recommended Ages: Eight to Twelve
Modality: Individual, Group

Goals
- Verbally articulate underlying and conflicting emotions about a family member
- Increase verbalization of difficult feelings
- Normalize and validate ambivalent feelings

Materials
- Template of a large heart, or white paper
- Scissors
- Markers or crayons

Advance Preparation
Print one to three copies of the heart template, or draw a large heart on a sheet of white paper.

Description
Explain that people often feel different and mixed-up emotions toward someone that they love. It can be especially confusing for children who have been scared or hurt by someone that they love. They may think that they have to choose to either love or hate them.

Show the heart template, and emphasize to the client that it is big enough to hold all of their different emotions and that they do not have to choose one emotion over the other. Normalize that it is ok to feel love, anger, fear, anxiety, sadness, hope, and disappointment all for the same person and that it can change minute to minute.

Create a list of emotions, ensuring that there is a mix of positive and negative, for example: love, anger, fear, worry, sadness, hope, disappointment, frustration, jealousy, disgust, hate, powerless, peaceful, grateful, ashamed, safe.

Instruct the client to think about how they feel about their chosen person right now and to assign a color to each different emotion. Ask questions such as, “how much of your heart feels yellow (happy) about your (chosen person) today?” “how much of your heart feels black (disappointed) about your (chosen person) today?”
If the client is cognitively able to understand the link between changing their coloring style to match their emotion, then state: “Sometimes angry or hard to talk about emotions need to come out of us and onto the paper by coloring really really hard! Sometimes those hard to talk about emotions even get scribbled outside the lines because those feelings are hard to control. If that is how you feel, then color that way to get it out.”

Explore further by asking questions such as:

1. As you look at all the emotions that you colored inside your heart, what are you thinking and feeling?
2. Is it okay to feel all these different emotions toward the same person?
3. Tell about times when you feel more positive emotions toward this person.
4. Tell about times when you feel more negative emotions toward this person.
5. If you could say anything toward this person, and you weren’t worried about what that person would think, what would you want to say to them? What would you want them to say to you?

Discussion
This emotion processing activity meets treatment goals of expressing internal moods and emotions. Taking time to carefully allow the client to assign their own colors and name their own emotions helps to encourage the verbalization of the internal dialogue. Providing validation for all emotions, and normalizing all emotions will encourage the verbalization of emotions and strengthen the therapeutic rapport.

About the Author
Jennifer Reaves, MSW, R.C.S.W.I, is a clinical counselor for children and families in Palm Bay, Florida. She has provided case management and re-housing services to students experiencing homelessness, and working with families with a history of substance misuse. She has interned for hospice and children’s bereavement agencies, and for the Orlando Veterans Affairs Medical Center.

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Emotional Connections Lily Pad
Source: Sailor Holobaugh, Samantha Halle, and Carole Norris-Shortle

Theme: Feelings Expression
Recommended Ages: Three to Six
Modality: Individual, Family

Goals
• Verbally identify and express a range of emotions
• Strengthen parent-child attachment
• Increase emotional awareness

Materials
• Paper (preferably colored card stock)
• Crayons or markers
• Dice
• Mirror (Optional)

Description
Show the song below to the caregiver. It is set to the tune of “Happy and You Know It”. (The song and actions can be modified by the client.)

When I feel **happy** and I know it, I smile big
Action: Big smile.

When I feel **sad** and I know it, I give myself a hug.
Action: Hug self.

When I feel **mad** and I know it, I stomp my feet
Action: Stomp feet.

When I feel **scared** and I know it I ask for help
Action: Arms up and say, “Help Please”

When I feel **yucky** and I know it, I say go away
Action: Swatting movement with hands and say, “Go away - Yuck!”

When I feel **proud** and I know it, I shout “hooray”
Action: Arms up in cheering motion and say, “Hooray!”

Guide the caregiver and the child through the following steps to create six lily pads (refer to the above song for the emotions and actions):

1. Number six pieces of paper from one to six.
2. Under each number, write one of the following emotions: happy, sad, mad, scared, yucky, proud.
3. Write or draw the action under each feeling word.
Caregiver or child roll the dice, then jump together onto the lily pad with the corresponding number. The caregiver names the emotion and illustrates the action. Then the caregiver and child sing together and do the action for the selected emotion. Repeat until all six numbers have been rolled, or gauge the child’s interest and offer a guided choice such as: “Do you want two or four more rolls?”

Optional: Hold up a mirror so that the caregiver and child can examine what each of their faces and bodies look like when expressing each emotion.

Concluding with delighted hugs is encouraged!

Caregiver asks the child, or practitioner asks both caregiver and child:
1. When I feel..., my face looks like this. What does your face look like? (Caregiver and child might want to use a mirror for this step.)
2. This is one of the things we can do when we feel... What do you want to do when you feel...?

Discussion
This activity supports feelings expression by building a young child’s emotional literacy while being supported and guided by their caregiver. When children have a broader and more finely detailed emotional vocabulary, their awareness of their internal affective states increases, and they can more accurately identify the emotions and intentions of others. A meaningful feelings vocabulary also supports emotional co-regulation, such as when a child’s strong emotions are accurately responded to by an attuned caregiver.

This activity can be adapted to the family’s concerns, values and practices, all shaped by culture. The caregiver guides the child in expressing their emotions verbally and physically in culturally acceptable ways.
To support the attunement of their interaction, the caregiver and child should face each other for this activity, even if they are participating virtually.

References

About the Authors
Sailor Holobaugh, LCSW-C, Serves as a Senior Counselor in the Secure Starts Clinic at the Center for Infant Study, University of Maryland-Baltimore, offering attachment- and trauma-focused mental health treatment for young children (birth to five-years-old) and their families. Sailor also provides mental health consultation to Early Head Start programs in Baltimore City.

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Exploding Balloons
Source: Lauren Snailham
Published in Creative Family Therapy Techniques Edited by Lowenstein, 2010

Theme: Anger Management
Recommended Ages: Seven to Twelve
Modality: Individual, Group, Family

Goals
- Learn, practice, and implement appropriate strategies for expressing anger
- Identify how holding anger inside can lead to problems

Materials
- Balloons (two for each participant and therapist)
- Large sheet of paper
- Tape
- Marker
- Safety glasses

Advance Preparation
Tape the sheet of paper to a wall.

Description
Provide each participant with a balloon. (It is also advised to have each participant put on a pair of safety glasses to avoid injury when the balloons explode.) Then ask them to think about a time when they felt angry. (Tell them they are to think about the angry situation but they are not to talk about their angry feelings at this point.) Ask them to blow the angry feeling into their balloons. Have them think about another time when they felt angry and ask them to blow that angry feeling into their balloons. This is repeated using a variety of situations that they can think of as they each continue blowing into their balloons.

Eventually the balloons will explode. Invite the participants to say why they think the balloons exploded. Ask:

1. What happens when you hold onto angry feelings for too long?
2. How does it make you act?

Give each participant a second balloon and ask them to again think about a time when they felt angry and to start to blow the angry feelings into their balloons. Once the balloons have been filled a bit with air, have the participants stop and talk about their angry feelings. As they talk about their anger, have them release the air from the balloons a little at a time. Once this is done, ask the participants what is different about what they are doing this time. The therapist can help them see that if the balloon is filled with air that is then released, it will not explode.

Ask the participants what they can do to stop themselves from exploding when they feel angry. Write these coping strategies on the sheet of paper. If they are having difficulty thinking of ideas, offer suggestions such as the following:
1. Talk to someone about your feelings.
2. Slowly count backwards from 10.
3. Breathe in and out slowly until your body becomes relaxed.
4. Think about a happy memory.
5. Visualize a stop sign.

Once the list has been generated, have the participants vote on their favorite coping strategy. Have the participants practice the strategy in the session to ensure they do it well. Then have the participants use this strategy at home.

Follow up in the next session. Ask the participants the following questions:

1. Can you tell me about a time since the last session when you used the coping strategy to stop yourself from exploding when you felt angry?
2. Were there any explosions and, if so, what stopped you from using the coping strategy?
3. What other strategy from the list would you like to try?
4. What can you do to prevent further explosions in the future?

Discussion
Many clients struggle to express their anger in appropriate ways. Some clients externalize their anger by becoming verbally or physically aggressive, while others internalize by withdrawing or isolating themselves. Neither of these coping styles is a healthy one. This technique provides an engaging way to help clients understand the dangers of bottling up anger and how it can lead to destructive behavior or being left helpless and broken. They are further given the chance to see how useful it is to release anger as it starts to grow and how much better they (or the balloon) are able to cope.

This activity provides the client with a variety of anger management techniques that they can use at home and elsewhere. These skills can be used on a daily basis and will leave them feeling empowered and successful.

Reference

About the Author
Lauren Snailham, MA (Clin. Psych.), is a Clinical Psychologist in Durban, South Africa. She has been in private practice for 13 years and has worked with children, adolescents, adults, and families with a variety of psychological difficulties. She run workshops within the community for parents and teachers on topics pertaining to children’s mental health. She creates play therapy products and has authored 17 therapeutic story books for children on a variety of topics, which have been used in therapy, school settings, and by parents.

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**Family Orchestra**
Source: Ken Gardner and Lorri Yasenik
Published in *Creative Family Therapy Techniques* Edited by Lowenstein, 2010

**Theme:** Family Relationships  
**Recommended Ages:** Seven to Twelve  
**Modality:** Family

**Goals**  
- Increase non-verbal communication  
- Increase parent attunement  
- Identify aspects of parent sensitivity and responsiveness to children’s emotional needs/states

**Materials**  
- Toy drum or percussion instrument (hand drum or tambourine)  
- Eight index cards  
- One die

**Advance Preparation**  
Each index card should have the word “change” written on the front and a simple picture that shows the type of body percussion on the back of the card. Under the picture, the type of body percussion should be identified with words (see list below). The following eight forms of body percussion are used initially. More types can be included to add variety or increase the level of challenge.

- Card #1: “Hand Clapping”  
- Card #2: “Foot Stomping”  
- Card #3: “Hand rubbing”  
- Card #4: “Cheek Popping”  
- Card #5: “Tongue Clicking”  
- Card #6: “Toe Tapping”  
- Card #7: “Shoulder Pats”  
- Card #8: “Whoo Whoo” (making sounds with your mouth like an owl)

**Description**  
Prepare the parent to lead this activity by reviewing the family instructions (see below). The therapist should first demonstrate the eight types of body percussion and ask the parent to consider how he/she might “animate” or vary each type of body percussion to meet the developmental capacities of their children. Emphasize that the parent may choose to extend or shorten rhythms, increase or decrease the volume or loudness, and speed up or slow down a rhythm to keep everyone involved.

Ask the parent to read aloud the following family instructions:

“We are first going to learn to make special sounds with different parts of our body. After we practice these sounds, we will learn to make short pieces of music that go along with the beat of this drum. To become a family orchestra, we need...
to copy the rhythm or beat played on the drum. The person with the drum is the leader or the conductor; whoever has the drum gets to start a new beat or rhythm and the rest of us have to follow along closely."

Step #1:
“Let’s look at the types of percussion sounds we get to make with our mouths or bodies. Everyone take a card and we will go around and demonstrate what kind of sound the card asks us to make.”

Step #2:
“Now we are going to place all the cards back in the middle and mix them up.”

Step #3:
“I am now going to pass around the drum, and everyone can have a short turn making a rhythm on the drum. I am going to start. I want you to notice if I am drumming loud or softly. Also notice if I am drumming slow, medium, or fast.”

Step #4:
“Ok now that we have practiced, we will start to play together so we become an orchestra with different body percussion sounds. We will roll the die, and whoever has the highest number gets to be the conductor or leader and will begin with one rhythm on the drum. The person sitting to the right of the leader gets to pick up a ‘change card’ from the middle and copy the rhythm with the type of body percussion that is shown on the card. Once they match the rhythm, they turn to the person on their right and pass the rhythm on to the next person. When the rhythm is passed to you please keep playing it until it goes all the way back to the leader. Everyone stops playing when the rhythm or beat returns to the leader.”

Step #5:
“We had a chance to go around once. Now, we will pass the drum to the next person on the right of the first leader. That person gets to start a new beat or rhythm and pass it on to the person on their right. That person needs to pick up a new change card, and copy the new rhythm. The rest of us will have to copy the leader’s beat or rhythm with the new body percussion sound.”

This sequence continues until all family members have a chance to be the conductor.

Step #6:
“For the final round, we are going to mix up all of the change cards in the middle. One person will begin with a new drum beat and when it gets passed your way you pick one change card and match the rhythm with the body percussion sound for your card. Each person will pick a different card as we go around. Let’s see what kind of orchestra sound we get now.”

After the final round, facilitate discussion by asking the following questions:
1. What was the most fun part about the family orchestra?
2. What was it like to be the leader or conductor?
3. What change card did you like the best? Why?
4. If you could make a family beat or rhythm that represents your family, what would it sound like?
5. If you could add another instrument, which one would you pick? Who would be good at playing this instrument in your family orchestra?
6. How in your daily family life might you need to speed up or slow down your pace or rhythm?
7. How can you tell if others are in sync with you?

Discussion
This activity amplifies attunement behaviors as the parent, as well as other family members, must mirror and replay the actions of each other. It offers a rich opportunity to examine parent sensitivity and attunement, because the parent may need to support certain children or modify certain rhythms so that each child has an opportunity to participate meaningfully.

The process questions at the end of the orchestra game are designed to facilitate discussion among family members and provide a means for the parent to recognize individual contributions. The therapist also has an opportunity to comment on the ability of the family to "play" together. The therapist, in observing and tracking the process, should be prepared to comment on how family members watched, followed, or supported each other during the activity.

The therapist needs to be prepared to amplify or expand upon feelings and highlight for the parent ways in which the family’s interactions communicate needs for recognition, comfort, safety, support, or reassurance.

About the Authors
Lorri Yasenik, MSW, RFM, CPT-S, RPT-S, and Ken Gardner, M.Sc., R.Psych, CPT-S, are the Co-Directors of the Rocky Mountain Play Therapy Institute. The Institute is an internationally recognized professional training program dedicated to offering relevant and experiential learning opportunities in child and play therapy. Lorri is a Certified/Registered Play Therapy Supervisor, a Clinical Social Worker, and a Registered Family Mediator who has been working with children and families in the areas of treatment of trauma, high conflict separation and divorce, and a range of situational and developmental issues during the course of her therapy career. Ken is a Clinical Psychologist and Certified Play Therapy Supervisor who specializes in the areas of learning/adjustment, children with development challenges, and achievement motivation. Lorri and Ken have extensive experience as consultants and trainers and regularly teach for college and university programs in the areas of play therapy, mediation, assessment, and counseling. They are the authors of the book, Play Therapy Dimensions Model: A Decision Making Guide for Therapists.

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Feel Good File
Source: Kelly Walker
Published in Assessment & Treatment Activities for Children, Adolescents and Families Vol 3 Edited by Lowenstein, 2011

Theme: Self-Esteem
Recommended Ages: Twelve and Up
Modality: Individual, Group, Family

Goals
- Promote positive self-talk through verbalizations of positive self-qualities
- Improve self-esteem by identifying positive qualities about oneself

Materials
- Manila file
- Markers
- Craft supplies such as glitter, scrapbooking papers, glue, stickers (Optional)
- Paper
- Pen or pencil

Description
Introduce the intervention by stating, “This will be a simple but effective activity to combat negative thinking and to create a storage place for positive, loving words to challenge those negative thoughts you have about yourself.”

Have the client write their name followed by Feel Good Folder on the manila file, for example: “Lisa’s Feel Good File”. If desired, the client can use the craft supplies to create a positive and uplifting design on the front of the manila file.

Next, have the client write on a piece of paper 10 of their positive qualities. Have the client place this in the file.

Then have the client make a list of three people who they can approach and ask to write a letter of affirmation that includes a list of five positive things about them. Provide examples of potential people if the client needs assistance, such as parents, siblings, friends, teachers, and extended family. Assign this task as homework to bring to the next session. If the session permits, this task could be completed as a family therapy activity where the client could invite family members to make this list during the session.

As the letters of affirmation are collected, they should be placed in the client’s Feel Good File. The client can put add to their file letters, cards, emails, and so on that are complimentary to them. They may also think back to past conversations or recall times when people recognized their talents and assets or expressed appreciation for them and then write those experiences on paper and place in the file.

In the next session the practitioner should introduce the concept of Mindfulness by reviewing the contents of the file with the client mindfully. The practitioner should remind the client to be mindful of how they feel, what their thoughts are
and if they experience any physical sensations while looking at or reading the contents of their file. If the client becomes aware of any negative thought, feeling or sensation have them acknowledge it and then release it. The practitioner can encourage the client to do this by imagining the thought floating away on a cloud. More specifically, the practitioner could have the client imagine that their thoughts are like clouds in the sky and they can see them floating above. As they continue to breathe deeply, they visualize the negative thoughts slowly floating away until the sky is completely clear. As they float away, the client should feel their mind becoming more and more blank as their thoughts drift away.

Encourage the client to look through their Feel Good File at least once a week and/or when they become aware that their negative self-talk occurs. When they look at their file and challenge the negative, they can practice the mindfulness technique of acknowledging and releasing.

The client can also be encouraged to become a “Feel Good Hoarder” and to add additional positives to their folder.

Discussion
This activity provides clients with the opportunity to identify and focus on their strengths. Some clients may be resistant to identifying their strengths, or having other people do so. The practitioner may need to provide some examples.

This technique is particularly powerful because the practitioner can introduce the concepts of noticing negative thoughts through mindfulness and challenging them. The practitioner could also use the cognitive-behavioral therapy technique of ‘thought stopping’ instead of mindfulness.

About the Author
Kelly Walker, BScsocSc, GradDip (Child & Adol. Counseling), MACA, is a Youth Counselor in Melbourne, Australia. She provides generalist counselling to clients aged 12-25 and provides specialist counseling to parents. Her practice areas of interest include: play, art and expressive therapies, girl’s development and issues, and impact of trauma on children.

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Feelings Ring Toss
Source: Pam Dyson
Published in Assessment & Treatment Activities for Children, Adolescents and Families Vol 1 Edited by Lowenstein, 2008

Theme: Feelings Expression
Recommended Ages: Three to Eight
Modality: Individual, Group, Family

Goals
• Increase feelings vocabulary
• Increase the ability to identify and express four feelings

Materials
• 4 plastic bottles (soda bottles are preferred as water bottles are often made from recycled plastic and not as durable)
• Rice, sand or beans
• Clear packaging tape
• 4 rings (made from 2 yards of clear tubing or 4 paper plates)
• Glue sticks
• Colored paper
• Markers or crayons
• Scissors

Advance Preparation
Rinse and dry bottles and remove labels. Use a funnel to pour rice, sand or beans into the bottles adding just enough to weight the bottoms so they will not tip. Place the lid on the bottle and secure it with tape so clients cannot open and empty the contents.

Draw four feeling faces, each on a sheet of paper: Happy, Sad, Mad and Scared. Cut out the feeling faces. Tape two feeling faces to each bottle.

The rings can be made from clear piping purchased from a hardware store. Cut the piping into 18 inch lengths and connect the ends with clear packaging tape. Paper plates with the center cut out could also serve as rings.

Description
The game is played by setting the bottles in an open area and placing a length of tape several feet away. While standing on the taped line the client takes the four rings, one at a time, and tries to toss them around the bottles. When the client gets a ring around a bottle he or she calls out the name of the feeling face on that bottle. That feeling is then processed and discussed. For example, the practitioner can say, “Share a time when you had that feeling,” “What would make a kid feel scared?” “Show me what your face looks like when you’re feeling mad.”

Discussion
Identifying and discussing feelings can be difficult for some children. This game is a fun and non-threatening way for practitioners to engage a child who may be resistant to discussing emotions.
If the practitioner observes a child avoiding ringing a specific bottle explore whether or not that feeling might be disturbing to the client.

Tailor this game to fit specific presenting problems. For example, “What is something that makes you sad about your parents getting a divorce?”

This game can be used in group or family therapy with players taking turns identifying the feeling faces on the bottles.

About the Author
Pam Dyson, MA, LPC, RPT is a child development expert, parenting coach, licensed professional counselor, nationally certified counselor and registered play therapist with a private practice in St. Louis, Missouri. She is an adjunct professor in the professional counseling program at Lindenwood University, serves as a mental health consultant and facilitates workshops. She is also the founder and director of the St. Louis Center for Play Therapy Training.

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Feel the Tension with Oobleck
Source: Nola G. Gum

Theme: Coping
Recommended Ages: Six to Twelve
Modality: Individual

Goals
- Verbally identify current stressors or anger triggers
- Identify and explain current responses to stress
- Learn and implement a strategy to reduce stress

Materials
- 1 cup of water
- 1 to 2 cups of cornstarch
- Mixing bowl
- Food coloring
- Rag or sponge

Description
(Note: Oobleck is a non-Newtonian fluid, meaning that it behaves both as a liquid and as a solid. The correct consistency can be determined when the mixture acts as a liquid when touched softly, and hardens to a solid when tapped firmly or quickly. Oobleck is non-toxic and safe for human consumption, but use caution when mixing so it does not get into eyes, and wash hands after handling.)

Make the Ooblek: Add several drops of food coloring to one cup of water. Pour one cup of cornstarch into the mixing bowl, then gradually add the colored water, mixing slowly. Keep adding more water until the mixture becomes thick, and hardens when tapped on.

Explain that the Oobleck mixture is not a typical liquid – or solid. The cornstarch and water mixture creates a fluid that acts more like quicksand than water. Applying force (squeezing or tapping it) causes it to become thicker.

Guide the client through the following steps:
1. Drop your hands quickly into the Oobleck, then slowly lower your hands into it. Notice the difference!
2. Hold a handful in your open palm—what happens?
3. Try squeezing it in your fist or rolling it between your hands—how does it behave differently?
4. Move your fingers through the mixture slowly, then try moving them faster.
5. What else can you do to test how the Oobleck behaves?
While discussing the questions below, ask the client to think about current stressors or anger triggers.

1. What is happening when you squeeze the Oobleck?
2. What is happening when you release the pressure?
3. Does the Oobleck remind you of anything else?

Explain that a person can behave like the Oobleck. Anger or stress can cause us to harden, yet it does not have to. The same hand that causes the Oobleck to pour softly through fingers can also cause it to harden like a rock. We can use our coping skills to limit the impact of stress through techniques such as thought stopping or relaxation.

Follow up by discussing coping skills in response to anger or stress.

1. Describe a time when you used a coping strategy to stop yourself from hardening when you felt angry
2. What can you do to be like the Oobleck in the future?

After completion, wash hands with water. Add plenty of extra water to the mixture before pouring it down the drain. Wipe up any dried cornstarch with a dry cloth before cleaning up any remaining residue with a damp sponge.

**Discussion**

This activity adheres to a cognitive-behavioral therapy (CBT) approach and uses the cognitive model as a framework in which to understand the client's mental distress in response to a stressor (Beck, 2011). The use of the Oobleck is intended to make sense of the individual's experience and aid the mutual understanding of the client's difficulties as well as their ability to learn new ways to cope.

The use of sensory materials, such as Oobleck, assists clients through the therapeutic application of sensory play. Sensory play is a type of play that activates and stimulates a client's senses (Abraham, Heffron, Braley & Drobnjak, 2015). Often, sensory play focuses on stimulating touch, sight, and hearing as those senses are most accessible (Abraham et al., 2015). When children are young, they interact with the world primarily through the five senses (touching, tasting, hearing, seeing, and smelling). These senses are how they learn about the world around them and make sense of the many new things they experience each day. Clients are often unable to identify emotional responses or underlying thought processes, yet they can initiate and understand sensory application.

The use of sensory experiences within the context of therapy enables clients to learn how to separate the physical sensations from the emotional habits, while learning tools to calm their nervous systems and emotions (Abraham et al., 2015). Providing opportunities for clients to actively use their senses as they explore therapy concepts through sensory play is crucial to brain development – it helps to build nerve connections in the brain (Abraham et al., 2015). This process will also help clients to develop the skills necessary to communicate about their experience and what helps them in times of distress.
The therapeutic value of this activity will rest largely on the processing to apply it to the client’s self-identified stressors and coping skills.

References


About the Author
Dr. Nola G. Gum, MSW, LICSW, is a Trauma Focused Cognitive Behavioral Therapy certified practitioner and licensed therapist in the state of West Virginia, USA. Her clinical practice focuses on the multifaceted impacts of trauma across the lifespan and trauma-informed parenting. She has done extensive work with the WV Foster Care system, statewide policy analysis, grant writing, and trauma-informed care training for schools, foster parents, and community mental health providers. She also serves as an Assistant Professor of Social Work at Concord University, where she has taught since 2015.

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Flip-it Skill-it
Source: Peggy S. Baltimore

Theme: Self-Esteem
Recommended Ages: Nine to Twelve
Modality: Individual

Goals
• Verbally label and sort thoughts as negative or positive
• Replace negative self-talk with positive self-talk
• Increase positive statements about self

Materials
• Real or play skillet with spatula
• Plastic play plate or paper plate
• Garbage can
• Foam paper circles
• Markers or colored pencils

Advance Preparation
Writes a helpful, positive thought or a hurtful, negative thought on an equal number of foam paper circles. Include the client’s specific problematic or negative thoughts about self.

Description
Explain the concept of negative self-talk by stating, "Most people carry on silent conversations with themselves; this is called self-talk. We tend to repeat the same messages to ourselves over and over, and soon, we come to believe these silent messages. For example, if I were to repeat 'I cannot do anything right,' I would soon believe this and I would feel badly."

Explain that the foam circles (thought patties) have thoughts written on them, either negative thoughts that are like smelly garbage or positive thoughts like delicious food. Instruct the client to place one patty at a time face down in the skillet, flip it over with the spatula, and read aloud the thought.

When the client recognizes the thought as positive, they place the patty on the plate. When they label the thought as negative, they dump the patty into the garbage can.

Ask questions to help the client identify the thoughts as negative or positive, such as:

1. Is this a true thought that feeds your good feelings?
2. Is this a negative thought that discourages you?
3. Is this a mistaken thought that makes you feel bad about yourself?
4. Is this a thought that grows your self-doubt?
5. Is this a thought that grows your confidence?
6. Does this thought smell good like cookies that you enjoy eating or does it smell bad like spoiled baloney that you don’t need to swallow?

Assist the sorting by reading the thought aloud in an appropriate tone (cheery or grumpy) to clue the client how to identify it.

Provide encouragement and emphasize that they can hold on to positive thoughts and discard negative thoughts by throwing them into an imaginary garbage.

**Discussion**
Clients make negative, maladaptive, self-defeating statements about themselves, which leads to feelings of worthlessness, anxiety, negative behaviors, and relationship problems. This activity provides an engaging way for clients to identify and sort thoughts into negative and positive categories.

They gain confidence that they can discard negative thoughts and embrace positive self-talk, which leads to better feelings, behaviors, and improved self-esteem.

**About the Author**
Peggy S. Baltimore, LCSW, RPT, is a Licensed Clinical Social Worker and Registered Play Therapist who has helped children and families in clinical settings for over forty years. She maintains a private practice in Columbus, Georgia. She has authored and self-published several books, including, *When You Are Caught in the Middle: A Child’s Guide* and *The Clear Thinking Detective Academy: A Playful Workbook*.

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Four Part Harmony
Source: Kris A. Koppy

Theme: Coping
Recommended Ages: Three to Ten
Modality: Family

Goals
- Verbally identify feelings
- Utilize healthy coping strategies when feeling angry, anxious, or upset
- Increase positive child-parent interaction

Materials
- Four Part Harmony Activity Sheet (included)

Description
Share the activity sheet with the caregiver, then role-play to help them learn and practice the Four-part harmony strategy. In the initial role-play, take on the role of the caregiver to model the four steps, while the caregiver takes on the role of the child.

Discussion
Children tend to shut down or become aggressive when under duress. Fight or flight often occurs when someone is experiencing a “dark emotion.” Dark emotions are classified as those that overwhelm us, such as anger, sadness, and fear. Children are immature and are not adept at processing their dark emotions in a reasonable way. Caregivers in turn often react with anger. Children are likely to interpret their harsh caregiver responses as shameful and come to believe that feelings are bad or wrong rather than thinking about healthier ways of responding in the future.

This activity helps children process the feelings that were being experienced prior to an undesired behavior. Starting with the feeling, rather than the “why” helps develop executive functioning and encourages children to develop four “Next Time Tools.”

About the Author
Kris A. Koppy, LPC, has spent the last decade in community mental health in the Kansas City, Missouri area treating children and older individuals with trauma, mood disorders, and life controlling problems. Kris works with individuals across the state of Missouri who have bandwidth poverty and healthcare illiteracy.

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Four Part Harmony
Activity Sheet

All behaviors are intentional and purposeful, but your child’s behaviors are most often the intention and purpose of an immature brain with very limited planning and problem-solving abilities. If we seek first to be curious and chase the why, connect before we correct, care before we share, then we will be more likely to help children learn what to do with their upsetting emotions next time...There will be a next time. View your child’s behaviors as evidence that they are doing well or need your help. Discipline means “to teach, lead, guide, direct.” When we punish a child, we run the risk of missing an opportunity to teach them how to do better next time... There will be a next time. If we yell, hit, scream, and treat a child harshly, their learning brain is likely to turn off and anything said to them in the “heat of the moment” is likely to bounce off their triggered brain.

When engaging your child in Four Part Harmony, remain calm and caring. Don’t start with WHY, start with WHAT and focus on the feeling, not the behavior. It’s ok to be angry and caring at the same time. It’s ok to be angry and calm at the same time. “I’m angry that you…. and we need to talk about it so you can do better next time.” An angry voice or facial expression can be perceived by your child as threatening and they will likely lose their ability to problem solve. Next time, try starting with WHAT:

1. **What were you feeling when… (child’s undesirable behavior)?**

If you start with why? your child will likely respond with “I don’t know” so start by exploring what your child was feeling when they (hit their sibling, cheated on a test, etc.)

2. **What happened to make you feel…?**

Your child will likely provide a reason that is unreasonable, reactive, or immature. i.e., “He hit me first!” Don’t argue, debate, or dismiss their reason. Don’t teach other options at this time even though tempted to do so (i.e., don’t say, “You should have just walked away!” “Did you ask the teacher for help?”)

3. **Empathize with your child’s feelings.**

“That’s really upsetting when you get called mean names.” NEVER skip this step because it builds connection and trust. Trust is the foundation of a safe relationship. It helps your child feel like you really understand them and they will open up to you and be more receptive to your guidance on what to do next time...and there will be a next time!

4. **What can you do next time someone… (someone calls you a mean name?)**

Let the child solve the problem. Do not issue commands or directives... (i.e., Don’t say, “You should have…”) Ask for a few solutions and throw a mini party when the answers are reasonable. DO NOT SOLVE THE PROBLEM unless your child really struggles or has limited solutions. Ask questions rather than giving answers.

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Theme: Family Relationships
Recommended Ages: Six to Twelve
Modality: Family

Goals
- Assess dynamics and interactions within the family, particularly rules, roles, and hierarchy
- Establish and enforce appropriate rules within the family
- Encourage parents to increase their understanding of their children’s worldviews
- Increase family members’ ability to communicate their needs

Materials
- Every Family Is a Kingdom Questionnaire (included)
- Paper
- Pencils
- Markers
- Camera

Additional Materials for the Sandtray Version
- Sandtray half-filled with sand
- Variety of miniature objects or figurines representing different categories such as people (various ages, races, abilities, and occupations), animals (pets, farm, and wild), vehicles, plants and things from nature (rocks and shells), furniture/household objects, buildings and fantasy figures. Make sure there is a King and Queen figurine.

Description
Note: This activity requires at least two sessions.

Complete the Every Family Is a Kingdom Questionnaire with the family. If the sandtray version is being used, the family can respond to the questions verbally, as well as illustrate their responses by creating a picture in the sand using the miniatures provided.

In the following session, divide the family into two dyads. (The children should be teamed up with the parent whose relationship can benefit from one-to-one time.
The dyad portion of the activity also ensures that quiet children have the opportunity to express their feelings and views. If there is only one parent, then have the whole family work together rather than dividing the family.

The family is asked to imagine a Land of No Rules. Each dyad is instructed to draw a picture together (or create a scene in the sandtray) that illustrates their Land of No Rules. Each dyad can decide how, what, when, and where the Land of No Rules operates. This picture can be a positive description of how the Land of No Rules is viewed or it can be a negative description. This is up to each small group of family members. Next, each dyad creates a story about their Land of No Rules. The parent in each dyad is asked to write down the story that is created. This is especially important for dyads where children have difficulty honoring the authority of their parents. (The therapist needs to be clear about this small group leadership role when explaining the directions.) Then the dyads come together to share their pictures and stories.

If the small groups do not bring up the negative possibilities of what happens in places where there are no rules, the therapist can ask questions such as:

1. What is it like in this Land of No Rules?
2. How safe do the children and adults feel if everyone around them does whatever they want?
3. What happens when nobody is in charge?
4. What problems arise when there are no rules?
5. How do parents feel when they may not know where their children are or what they are doing?

A discussion should follow about what the general rules need to be so that all the citizens in this land benefit equally. The family can create a new story or end their former stories with this new unifying information.

The final part of this session is when the family identifies the rules that are appropriate in their home. One of the parents can list these rules on a sheet of paper.

The family is then invited to create a new drawing (or picture in the sand) illustrating The Land of Important Rules. That is, this drawing illustrates the rules that need to be in place at home for the safety and well-being of all family members and describes who sets and enforces them, the consequences when rules are broken, and so on.

Take a photograph of the mural or the sandtray for the family (as well as for the clinical record).
Discussion
This activity is appropriate with a family who is struggling with rules and roles. It is also helpful for a family for whom one of the treatment goals is to support a healthy parent–child relationship, particularly when there may be ongoing conflict between the parent/child dyad.

Through storytelling and drawing (or sandtray), family members gain a better understanding of each other’s views of the family, the rules and need for structure, and individual feelings of safety. Often, these approaches provide a way to externalize this discussion in a way that provides more clarity to the entire family about individual family members’ views and experiences. As Harvey (2008) contends, “A basic assumption is that families have the creative ability to address their conflicts in a naturalistic manner and that they can and do use play in their ongoing day-to-day life to both problem solve and resolve their basic emotional conflicts.”

When using the sandtray as a method of expression, De Domenico (1995) suggests that one method a therapist can use is to “assign a topic, an experience or an interaction to be worked on during the session.”

The dyad portion of the activity can enhance the parent–child relationship. Additionally, the dyad experience provides a venue for the quiet child to voice his/her ideas that are then repeated when the activity is presented to the larger group. Problem-solving and communication among family members is also enhanced through this activity. Combs and Freedman (1998) write, “We interact with family members one at a time, inviting the others present to serve as an audience,” which, they argue, “makes family relationships more visible” by helping members “hear instead of defend.” That said, “family functioning cannot be fully understood by simply understanding each of the individual family members or subgroups” (Miller et al., 2000). Hence, it is important that the whole family comes together to create the alternative Land of Important Rules as an ending to this experience.

References


About the Author
Theresa Fraser, CYC-P, CPT-S, RP, MA, RCT, is a Canadian Play Therapy Supervisor who provides neurobiological interventions: Neurofeedback, EMDR and Brainspotting. She teaches the therapeutic powers of play using sandtray to other therapists. She has completed World Professional Association for Transgendered Health and is completing Sex Therapist Training and supports gender questioning individuals with Hormone Replacement Therapy letters. She is completing her doctorate in the use of sandtray with older adults at the University of South Wales. Theresa has authored books, book chapters, and peer reviewed journal articles. She also runs a Play Therapy training program in the Canadian Maritimes known as the Maritime Play Therapy Centre. Theresa is the proud parent of LGBTQ children.

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Every Family Is a Kingdom
Questionnaire

Each family is like a Kingdom. Answer the following questions about the Kingdom in which you currently live.

1. Who are the citizens of this Kingdom?

2. Who are the King and/or Queen of this Kingdom? (This individual usually makes the final decisions about matters of importance. This individual also creates plans in advance to address the future needs of the citizens.) How do you know that this individual is the King or the Queen?

3. What are the laws of the land? How does this Kingdom maintain the laws of the land?

4. What are the consequences or punishments imposed when citizens break the law?

5. Who helps to make sure that all the citizens have shelter, food, clothes, ways to play, and so on? Is there always enough food for all citizens? What happens in the Kingdom if some citizens do not want to share food with other citizens?

6. Are there any dangers in this Kingdom? If so, what are the dangers? Are the citizens protected from this danger and, if yes, how are they protected – do they protect themselves or are there others who are in charge of protecting the citizens?

7. How do citizens contribute to making this Kingdom a happy and safe place to live? Who shares their gifts willingly with other citizens? Who helps to keep the peace? Is there a troublemaker in the Kingdom? Is there a joker in the Kingdom? What other roles do citizens take on?

8. What three words best describe this Kingdom?
Love Yourself
Source: Lisa Voortman
Published in Assessment & Treatment Activities for Children, Adolescents and Families Vol 3 Edited by Lowenstein, 2011

Theme: Self-Esteem
Recommended Ages: Six and Up
Modality: Individual, Group, Family

Goals
- Improve self-esteem by identifying and expressing positive qualities about oneself
- Increase positive interaction among group/family members

Materials
- Photos of the child (current and past)
- Glue
- Scissors
- Scrapbook embellishments
- Mini-scrapbook or blank-paged book
- Markers
- CD player
- CD (e.g., Teaching Peace by Red Grammar)

Description
Play a song from the Teaching Peace CD by Red Grammar, such as “I Think You’re Wonderful.” Discuss how it feels to hear this type of song. Talk about how it feels when someone says that they think you are wonderful.

Instruct the client to glue his/her photo onto a sheet of paper or onto a scrapbook cover and to decorate the page. Depending on the age of the client, assist him/her to write what he/she loves about him/herself. Some clients benefit from prompts such as:

1. Write three things you love best about yourself.
2. Write three things you think others love best about you.
3. Write about your proudest moments.

If this activity is being used in a group or family session, model and encourage others to make statements to affirm the positive traits of each participant.

Pro-social behaviors are also encouraged as the group members must share the glue and scissors during the activity.
Discussion
Turning a photograph into a work of art can help clients feel valuable and special. Hearing positive messages from peers can build friendships and teach children the value of kind and caring statements.

This activity facilitates the modeling of good social skills and creates the opportunity to use these newly acquired skills.

About the Author
Lisa Voortman, DipEd, DSBO, is a teacher and counselor specializing in play therapy. She studied counseling at the South African College of Applied Psychology and trained at the Centre for Play Therapy. She maintains a private practice and works for a number of non-governmental organizations in South Africa. She has worked with children with special needs and at a school for children who are hearing impaired. She is currently working at a school for children who cannot be mainstreamed due to unresolved social and psychological issues.

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Mancala Feeling Stones
Source: Tammi Van Hollander
Published in Assessment & Treatment Activities for Children, Adolescents and Families Vol 3 Edited by Lowenstein, 2011

Theme: Feelings Expression
Recommended Ages: Six to Sixteen
Modality: Individual, Family

Goals
- Increase feelings vocabulary
- Expand therapeutic dialogue about the issues that matter most to the client

Materials
- Mancala Game

Description
Have the child sort the colors of stones into piles. The child identifies a feeling with each stone color. For example, they may choose red to be angry. The child picks up the red stone and says, “I’m angry when my mother yells at me.” The practitioner then says, “Can you put the number of stones in the hole for how angry you get when this happens?” The child may put three or four stones in the hole. Sticking with the angry feelings the practitioner can ask of a time when they were just a little angry and one stone would represent their anger or a time when they were so angry that all the red stones would be used. A child who is really really excited for their birthday party may fill the hole with yellow stones. A child who was frustrated with their homework but not super frustrated may put three stones in the hole. They decide.

Discussion
Mancala is said to be one of the oldest games in the world dating back to 1400BC. Most children enjoy this game and find it quite empowering and calming. The technique provides a safe way for children to express and gauge their feelings.

The activity can also be used in parent-child sessions. For example, the child may put one stone in the hole for a situation where the parent thought the child was very angry. The practitioner can then ask the parent how many stones they thought it looked like when they witnessed the event. The different perspectives can then be discussed and each member's feelings validated.

About the Author
Tammi Van Hollander, LCSW, RPT-S, is a Licensed Clinical Social Worker, Registered Play Therapist-Supervisor, and owner of Main Line Play Therapy in Bryn Mawr, Pennsylvania. She is an international speaker and play advocate. Her work and creative interventions in the field of play therapy have been published and internationally recognized. She is a Certified Trainer for the Nurtured Heart Approach®, a Certified
FirstPlay® practitioner. Tammi is a founding board member of The World Association for Sand Therapy Professionals. She specializes in sand tray play therapy, sensory integration, and attachment, working with children, families, and adults of all ages. Tammi authored the book *Casey’s Greatness Wings* and created *Greatness Sticks®*. Tammi is a sought-after expert for speaking engagements, podcasts, and webinars.
Mr. Opposite Man/Miss Opposite Lady
Source: Steve Harvey
Published in Creative Family Therapy Techniques Edited by Lowenstein, 2010

Theme: Anger Management
Recommended Ages: Five to Ten
Modality: Family

Goals
• Reduce the child’s oppositional behavior
• Increase communication about difficult behaviours and parent–child conflict
• Develop an activity to address ongoing negative interactions more productively

Materials
• Large piece of paper
• Tape
• Marker
• Play props that can encourage imagination in several ways (e.g., large scarves, stretchy bands, costume hats, large pillows)

Advance Preparation
Tape the paper to the wall and use it to create a score sheet.

Description
This activity is designed for children in their mid-primary years whose oppositional behaviours cause difficulties with their parents. At least initially, the game is played by one parent and the child in a dyad. However, other family members can take on roles such as Scorekeeper or Judge. The activity is presented in a competitive format in which the parent and child are trying to win by earning more points.

The roles for this game are verbally presented to the family and cast prior to start. The roles include:

1. Mr. Opposite Man (for boys) or Miss Opposite Lady (for girls)
2. Challenger
3. Score Keeper
4. Judge
5. Game Master (The therapist)

The game starts as the child takes on the role of Mr. Opposite Man (or Miss Opposite Lady) and the parent takes on the role of Challenger. The competition proceeds as the parent presents the child with a command such as “stand up.” The child responds by trying to perform an action that is the opposite of what is being asked. For example, the child might sit down.
If the Judge agrees that the child has performed the opposite of the command, the child earns a point. However, the parent earns a point if the child is judged to complete an action that has the intention of the command. In this case, the parent would get the point if the child actually did stand up.

The roles are reversed after a pre-determined number of turns (e.g., five turns). The number can vary to increase the game’s complexity. The Score Keeper keeps track of each of the players winning points using the scoreboard taped to the wall.

As the players learn to play the game with more confidence, the therapist, as the Game Master, encourages the players to use more complexity and creativity in their challenges as well as their responses. For example, challenges can include multiple requests such as “walk backward, screaming, with your eyes closed.” An opposite response to this could be running forward through the room, miming the scream, while keeping eyes open. The therapist is free to coach the parent and the child to express actions creatively.

As the players become still more practiced, the game’s complexity can be increased even more by adding challenges that have no clear opposite response and the Judge is faced with making more subjective choices about who the winner is.

Complexity can be added with the use of props. For example, the challenger might ask Mr. Opposite Man to hide in the pillows or become a wizard. These challenges offer a more dramatic form of action such that the opposite response would have to involve using the props to enact “not hiding” – perhaps by building a house with the pillows to come out of or using the scarves to become a witch rather than a wizard.

Discussion

Parents and children can develop communication patterns that decrease their ability to solve their emotionally related problems. Such patterns usually include negative comments and reactions to each other. In this situation, both the parent as well as the child become responsive to each other’s expressed frustration and anger rather than engage in any reasonable problem solving or understanding of the conflict. This can be particularly true when parents confront their child’s opposition. Unfortunately, in these situations, the parent and child create a patterned way of interacting that produces negative feelings that prevent more productive communications from occurring. In short, no one “wins” and each member of the interaction is left feeling helpless. Unfortunately, such interactions are often repeated and can affect the family in a negative way.

This game is set up to make use of these repeated patterns by asking that both parent and child turn their interactions into a playful game. The competitive yet playful element is used to produce more positive feelings between the parent and the child.

The resulting game performances can lead to an experience of shared playfulness and can be very helpful in changing the way a child’s opposition has been approached in the
family. This game is meant to be used within a wider family intervention. Such interventions have been presented more fully elsewhere (Harvey 2003, 2006).

References


About the Author
Steve Harvey, PhD, RPT-S, BC-DMT, is a Licensed Psychologist in the United States and is registered as a Psychologist with clinical and educational scopes of practice in New Zealand. He is a Registered Play Therapist Supervisor and a Board Certified Dance Movement Therapist. He is currently the Consultant Psychologist for the Child and Adolescent Mental Health Service for the Taranaki District Health Board in New Plymouth, New Zealand. He helped pioneer the use of Play Therapy approaches with families and has written several professional chapters and articles in the field published in The International Journal of Play Therapy, Contemporary Play Therapy, Play Diagnosis and Assessment, and Blending Play Therapy with Cognitive Behavioral Therapy: Evidence-Based and other Effective Treatment Techniques. He has presented and consulted extensively internationally on topics related to the use of family play in the evaluation and treatment of attachment and psychological trauma in children.

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My Identity, My Name
Source: Glacia Stewart

Theme: Self-Esteem
Recommended Ages: Eight and Up
Modality: Group

Goals
- Identify important aspects of identity
- Improve self-esteem by identifying positive qualities in oneself
- Promote positive self-talk through verbalizations of self-affirmations

Materials
- Labels of Self-Affirmation (included)
- Self-adhesive labels

Description
Begin with this script:

“When we were born names were chosen for us. Being so young we couldn’t choose our names… after all, we couldn’t talk yet. Our names were chosen for a particular reason, for example, we were named after someone close, someone admired, because the name had cultural ties or traditions, or it had a special meaning. What if you were now given the chance to choose your name today? I am not talking about changing it but just to pick a name/word for yourself that would best describe you as the person today or even the person you would like to live up to.”
Next, have the clients choose their desired name from the list provided, write it on their self-adhesive label, and stick it on their shirt. Let the group members know that for the remainder of the session, they must only refer to one another by their new name. Sit in a circle and invite each participant to introduce themselves, using their new name.

Ask the following process questions:
- Why did you choose this new name?
- How did you feel about introducing yourself with the name you chose?
- Does this new name positively affect your identity? Please explain.
- Thinking about your social circle, can you think of uplifting new names for your peers?

Discussion
This activity helps clients become more self-aware of the importance of their identity. It supports participants with feeling expression in the presence of others. It facilitates self-reflection, boosts self-confidence, and promotes self-affirmation.
About the Author
Glacia Stewart, CYCP, CYW, is a Certified Child and Youth Care Practitioner with over 18 years of experience working with children, young adults, and their families in a multitude of settings including group care, education, community mental health, respite relief, and supervised child welfare access programs. Currently, she works in education as well as private practice. She integrates creative interactive therapeutic activities around mental health and social skills, group planning, critical awareness lens in relation to child development and emotional regulation as well as advocacy in the areas of anti-racism and equity.

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## My Identity, My Name
Labels of Self-Affirmation

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<th>WINNER</th>
<th>MOTIVATED</th>
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My Story
Sources: Rajeswari Natrajan-Tyagi and Nilufer Kafescioglu
Published in Creative Family Therapy Techniques Edited by Lowenstein, 2010

Theme: Family Relationships
Recommended Ages: Six and Up
Modality: Family

Goals
- Increase the rate of pleasurable exchanges between family members through the process of co-creating stories
- Parents to provide their child with positive, nurturing messages

Materials
- Folders
- Labels
- Colored paper
- Markers
- Decorative craft items
- Hole punching machine
- Story outline (included)

Description
Note: This activity is for parents and one child.

Introduce the activity by stating to the child, “Do you like stories? Today you are going to write a story about yourself and your family.”

Provide the child with the supplies needed to create their story and allow them to select one folder, a label, and several pieces of colored paper. Parents can use the suggested story outline to guide their child in creating their story. Encourage parents to co-create the stories with their child and suggest alternative interpretations to any narrative that may be disempowering the child. For example, if the child describes a bad day they had when they were teased by friends for falling off the swing, the parent can try to strengthen an alternative plot where the child handled the teasing in an appropriate way. Parents can also be encouraged to identify and label their child’s feelings and emotions and validate them. This in turn can help the child cope with problems and empower them to use alternative problem-solving skills.

During this activity, the practitioner can observe how parents interact with their child and identify problematic interaction patterns. The practitioner can also prompt the parents to provide positive, nurturing messages to their child during the story-creation phase of the activity.
Depending on the developmental stage of the child, parents can help their child write the story on colored paper and pick out a name for the story. Encourage parents to let their child decorate and illustrate the pages that are finished. These pages can then be filed in the folder. Explain to the family that this storybook can be a never-ending storybook and new chapters can be added continuously.

It is important to stress to the parents that the activity is designed to encourage positive parent–child interaction and that their interaction is more important than completing the task of creating the folder.

Encourage parents to make it a ritual to read this story aloud to their child periodically.

**Discussion**

Stories shape the meaning of people’s lives (Freeman, Epston, & Lobovits, 1997). The literature suggests that stories about oneself and about the family boost the parent–child connection and children’s self-esteem (Dilallo, 2006; Schellenbarger, 2005). This activity provides an opportunity for parents and children to co-construct a story about the child and his/her family. Through this process, the parent–child relationship is enhanced. Additionally, parents can suggest alternative plots to their children that can empower them and give a different perspective if their children’s stories about themselves are problem-saturated (Freeman, Epston, & Lobovits, 1997).

**References**


**About the Authors**

Rajeswari Natrajan-Tyagi, PhD, is an Assistant Professor in the Marriage and Family Therapy Program at Alliant International University in Irvine, California. She has her master’s degree in Social Work from Madras School of Social Work in Chennai, India, and a master’s and doctoral degree in Marriage and Family Therapy from Purdue University, Indiana. Her clinical interests are working with culturally diverse populations and with children. Her research interests are in the areas of immigration, cross-cultural training, systemic training, self-of-therapist issues, cultural competency, and qualitative process research methodologies. She has authored several publications and has presented at local, national, and international conferences.

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My Story
Sample Outline

Chapter 1: About Me
1. My name and age:
2. What I look like:
3. What I like to do the most:
4. Some of my favorite foods:
5. To fall asleep I like to…
6. When I feel bad I like to…
7. I am especially good at…
8. What mom/dad like best about me:

Chapter 2: My Family
1. People in my family:
2. When I am with mom I like to…
3. When I am with dad I like to…
4. With my brothers and sisters I like to…
5. With my grandparents I like to…
6. My best times with my family have been when we…

Chapter 3: The Day I Was Born
1. Date, time, and place I was born:
2. How mom/dad felt when they held me for the very first time:
3. How I got my name:

Chapter 4: When I was a Baby
1. What I was like as a baby
2. First words
3. Foods I loved, foods I hated
4. Some of mom and dad’s favorite memories of me as a baby

Chapter 5: My Favorite Day Ever
Chapter 6: One of My Worst Days Ever
Chapter 7: Our Best Time as a Family
Chapter 8: My Proudest Moment

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Name That Feeling/Tune
Source: Keren Acuna

Theme: Feelings Expression
Recommended Ages: Twelve to Sixteen
Modality: Individual, Group

Goals
• Increase awareness of feelings
• Verbally Identify a range of different emotions
• Expand therapeutic dialogue about the issues that matter most to the client

Materials
• Spotify or audio streaming service
• Feelings chart or list of feeling words

Description
Begin by discussing different emotions that people experience. Ask the client to choose a song that best describes or matches different emotions. Explore with the client what about the song or lyrics matches their emotion.

Process questions include:
1. What do you know about the songwriter, and what led them to write this song?
2. What feelings/emotions come up for you when you listen to this song?
3. (With a list of possible cognitions) What is the thought you have about yourself when you listen to this song?

As an added component, ask the client to find songs that represent opposite emotions. For example, if the client describes a song that brings feelings of hopelessness, then find a song that would match feelings of hope.

Discussion
This activity is engaging as teens enjoy listening to music. It provides information about the client’s life and assesses how they are feeling. The songs can also reveal the client’s personal likes and dislikes. The activity can be reviewed in subsequent sessions to gage changes in the client’s emotional states.

About the Author
Keren Acuna, LPC RPT, is a Licensed Professional Counselor and Registered Play Therapist at The University of Texas at Tyler University Academy in Tyler, Texas. She supervises master level interns and collaborates with local agencies to bring more awareness to mental health and social emotional learning.

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Nature’s Full-Circle Protection Team
Source: Tara Marshall

Theme: Coping
Recommended Ages: Eight and Up
Modality: Individual

Goals
- Create a Nature’s Full-Circle Protection Team
- Use imagery to self-regulate
- Teach the child to self-administer bilateral stimulation
- Learn a strategy to cope with future challenges

Materials
- Sample Guided Imagery (included)
- Script for the Butterfly Hug (available online)
- Paper
- Markers or crayons

Advance Preparation
Modify the Guided Imagery to suit the client’s age, cultural background, and needs. Search online for the Butterfly Hug script.

Description
Teach the client the Butterfly Hug. Then invite the client to get into a comfortable position and to close their eyes. Read the guided imagery script slowly, pausing when needed.

During the guided imagery, offer suggestions as needed to ensure the completion of the circle and to add to the positive traits associated with the nature items. For example: “The earth beneath your feet reminds you that you are stable, grounded, and in control”. “The berries you picked from the forest give you energy”. “The brown momma bear keeps predators away from you when you’re not looking and tells you to stay strong”.

Once the client has chosen their Nature’s Full-Circle Protection Team, propose a challenging scenario that they and their protection team must overcome.

Deepen the positive associations by having the client silently re-imagine their whole journey from start to finish while they self-administer bilateral stimulation using the Butterfly Hug.
Affirm for the client that they can call on the protection team to increase their emotional strength or to embody the essence of a particular part of nature, for instance, I will be as brave as the wolf, my eagle eyes will help me spot any threats.

Invite the client to draw their Nature’s Full Circle Protection. The client can take home their drawing and refer to it as needed when they need to imagine calling on their protection team for support and comfort.

**Discussion**

In this activity, the client learns to use their imagination and self-administered Bilateral Stimulation (BLS) as a way to increase positive feelings. Creating a protection team is commonly used in Eye Movement desensitization and reprocessing (EMDR) therapy. Using the vast landscape of nature and animals offers children a new selection of protection allies. The 360-degree aspect covers every angle around the child, providing a complete sense of safety.

Stickgold (2002) affirms that using positive imagery for self-regulation is effective, and even more effective when paired with BLS. BLS is often associated with Eye Movement desensitization and reprocessing (EMDR). Dr. Francine Shapiro first discovered how BLS can be used as a clinical intervention and went on to develop EMDR therapy. Bilateral Stimulation is only a part of EMDR and can be used in general therapy as well. Using sets of BLS has been found to enhance connections to feelings of relaxation and positivity when linked to positive imagery (Rasolkhani-Kalhorn & Harper, 2006). Additionally, BLS paired with adaptive memories, or imagery resources, helps enhance and strengthen positive associations when recalling in the future (Stickgold, 2002).

Therapists who are not trained in EMDR can use BLS as a clinical tool, while EMDR trained therapists can go on to strategically use sets of BLS in the other phases of EMDR. Studies on BLS that are not EMDR related show that continuous BLS decreases anxiety and increases feelings of relaxation (Serin, Hageman & Kade, 2018).

The Butterfly Hug is a self-administered BLS method that was originally used as an intervention for trauma processing in children (Artigas, Jarero, Mauer, López Cano, & Alcalá, 2000; Boel, 1999; Jarero, Artigas, & Montero, 2008). The Butterfly Hug can enhance a relaxed state and positive memory recall (Stickgold, 2002).

The client’s recall of their Nature’s Full-Circle Protection Team enhances their feelings of relaxation and positivity. When paired with a future challenging event, the client is better able to self-regulate.

When choosing animals, elements, and landscape to be a part of their protection team, it is important that they choose a mix of birds, land animals, water animals, plants and elements so that their full circle of protection is complete.

There are a variety of scenarios in which the client can benefit from using their Nature’s Full-Circle Protection Team. For example, at bedtime to feel protected while sleeping.
Or, if the child is going to be away from their caregivers, they could imagine their protection team is with them. Or they can prepare to face a challenging situation by accessing their protection team and imagining themselves successfully managing the event.

The activity content, Guided Imagery Script, and questions can be modified as long as the general theme stays intact. If desired, the client can re-name their Nature’s Full Circle Protection Team.

References


About the Author
Tara Marshall, MC, is a Registered Clinical Counsellor, Approved EMDR Consultant and Synergetic Play Therapist. Her career focus has been working with children and at-risk youth. She is in private practice. She has published an article titled: *Marginalization to Prioritization: Gender-Responsive Community-Based Programming for Adolescent Girls at Risk* in the journal of Relational Child and Youth Care Practice.
Nature’s Full-Circle Protection Team

Sample Guided Imagery

This guided imagery will help you learn a way to cope with difficult or upsetting situations, such as (when you feel scared at night, when you’re going somewhere without your mom).

Imagine that mother nature invites you outside so you can create your own Nature’s Full Circle Protection Team.

Close your eyes and think about yourself outdoors in nature. It can be any place in nature or even a fantasy outdoor place. What comes to your mind? What do you see? Where in nature are you? Imagine yourself standing there... What does the earth below your feet look like? Look up into the sky, imagine it is your favorite weather. Describe this.

As you journey around this new place, what kind of land animals do you notice? Which animals are good protectors? Choose some animals for your protection team. Choose two or more animals so they can surround you as you walk. Why are these animals a good addition to your team? Once you choose your land animals have them come over and walk with you. Notice the safe feeling you get as these animals protect you from any danger.

Imagine as you keep exploring that you come across a river. You and your team are thirsty so you all take a drink of water. What water animals live here? What do you see? Do you have a favorite water animal that you want on your team? How can this animal protect you? Why do you connect to this animal?

As you keep walking, take a nice deep breath through your nose and feel the fresh air. As you look up into the sky, what kind of birds are in the sky? Invite a bird to join your protection team. What special skills does this bird have that can offer you protection?

Find a place to sit comfortably. While you’re sitting, look around on the ground. What do you notice? Do you see bugs, trees, flowers, plants? If you’d like, you can add any of these to your protection team.

As you continue to observe your surroundings, look at your protection team all around you. What does it feel like to have your team around you? How does your body react to this feeling?

As you continue walking and exploring, imagine that all of a sudden, the weather starts to change. Clouds quickly roll in and it starts to rain. The rain turns into hail and gusts of wind start swirling around you. You begin to panic and look for somewhere to go. You try to run toward the forest to hide but the wind is too strong and you can hardly see. Then your protection team kicks into gear. Your eagle lends you its vision so you can still see and it spread its wings over top of you to block the hail. Your wolf tells you to hop on its back so she can carry you to safety. Your bear and moose run on either side of you. As you are running to safety, you see your crow in the distance waving you all over to a hollow tree for you to hide in until the storm passes. You arrive at the tree and jump into the hollow. The wolf, bear and moose guard you while the eagle and crow scan for any other danger. Suddenly, lightening starts striking. The eagle and crow fly up into the sky and use their wings as a shield to stop the lightening from touching down and potentially striking the tall hollow tree.

Then, just as fast as it started, the storm begins to weaken. It has stopped hailing, the wind has died down, and the clouds have blown away. As the warm glow of the sun comes back out, you
peek out of the tree, take a deep breath, and thank your protection team. You feel a sense of gratefulness that they were there for you.

You continue walking around and having fun with your team. You feel closer to them because of what you’ve been through together. You all begin to play together for a while. You do all kinds of things like getting a piggy back from a bear, soaring around with birds, and playing tag with wild animals. When you are done, you all head back to the river for water and to eat berries from the bush.

Now that you've faced your fears together with your Nature’s Full-Circle Protection Team, you can say goodbye to them temporarily as you open your eyes and come back to the room. Just know that when you need them, all you have to do is bring your protection team up in your mind to reconnect with them.

Now I’m going to teach you something called The Butterfly Hug (see script). Okay, now silently run through your whole experience while doing the butterfly hug at the same time. Notice any pleasant thoughts, feelings, or body sensations as you do this. When you are finished, stop and open your eyes. How do you feel right now?

Okay, let’s discuss one of the future events coming up that you feel worried or anxious about. Once we identify the event, close your eyes and start doing the butterfly hug as you imagine yourself and your protection team working together until you feel calm and are able to have a good outcome. You can do this in the future when you have to face a personal challenge.

Feel proud of the really great work you have done today. And remember you can access your protection team whenever you want.

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Popsicle Stick Stack

Source: Brijin Gardner
Published in Assessment & Treatment Activities for Children, Adolescents, and Families Vol 2 Edited by Lowenstein, 2010

Theme: Social Skills
Recommended Ages: Eight to Sixteen
Modality: Group

Goals
• Provide challenge and structure to assess group/family function
• Evaluate and improve client’s ability to work collaboratively
• Increase positive verbalizations toward group/family members

Materials
• 30–50 popsicle sticks
• Coffee mug
• Smaller drinking glass

Description
Popsicle sticks are divided evenly among participants. The coffee mug is set in the center of the group with participants seated in a circle. The practitioner introduces the game and gives the following instructions:

1. As a group, the challenge is to balance all the popsicle sticks on top of this coffee mug.
2. You will take turns placing one popsicle stick at a time until all popsicle sticks are placed.
3. You may only touch your own popsicle sticks – you cannot touch or move another’s stick.
4. The first time we play there is no talking, directing others, grunting, or noise making.
5. If a popsicle stick falls off the mug, the game starts over.
6. Before we attempt the activity again, we will process as a group what happened.

Discussion
This activity can provide practitioners with a wealth of information regarding group/family process and individual functioning in a potentially stressful situation. The game has specific rules that require the group/family to work together to ensure a successful outcome. Always take into consideration the fine motor functions and abilities of the clients. When it seems appropriate, the practitioner can insert an additional rule that players are free to talk, but are only allowed to
say positive statements that give encouragement. A brainstorm of positive comments is completed and written on a dry erase board for reference. If someone directs, bosses, or says a negative comment to another member, the process will start over. However, if the group successfully places all their popsicle sticks on top of the coffee mug without any of them falling off, increase the challenge by having the group try to place the popsicle sticks on a smaller glass.

If the group/family successfully completes the task on the first attempt, process questions could include: What was it like to do this right the first time? Did you think the group could do it? Did you ever feel like telling someone in the group what to do? Was it easy or hard to stop yourself from talking? How did it feel to complete this game without mistakes? What was it like not to talk? How do you feel about your team? What helped make this successful?

If popsicle sticks fall off the mug and the group must begin again, take a moment to process what happened with the following questions: What can the group do to make it work better the next time? Is anyone upset about how this turned out? How did the group feel when the popsicle stick fell? If intentionally sabotaged, ask how the group feels about that. What needs to happen next time to make this work?

Other process questions include: What was it like to work in silence versus working when your peers/family members could give encouragement to you? What made this game hard? What made this game easy?

A group/family may play this game several times before they figure out how to stack the popsicle sticks without any falling. This can be a good opportunity to discuss not giving up and how there is more than one way to achieve a goal.

**About the Author**
Brijin Gardner, LSCSW, LCSW, RPT-S, is a clinical social worker practicing in the Kansas City area. She maintains a private practice and contracts with public schools specializing with BD and ED populations. She provides trainings in play therapy and clinical supervision. She has presented at the Association for Play Therapy Conferences and the International Theraplay® Conference. She has authored articles and book chapters relating to her work with groups, adolescents, and Theraplay® applications.

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Red Light, Green Light…A New Light
Source: Angela Siu
Published in Creative Family Therapy Techniques Edited by Lowenstein, 2010

Theme: Feelings Expression
Recommended Ages: Four to Eight
Modality: Group, Family

Goals
- Increase feelings vocabulary
- Increase awareness of visual cues in relation to expression of feelings
- Increase open communication

Materials
- Masking tape

Advance Preparation
A large space is needed for this activity. Create a starting line at one end of the room by marking a line on the floor with masking tape (about 20 feet away from the stop light).

Description
The present intervention is a modified version of the traditional game “Red Light, Green Light.” The therapist provides an explanation of the game as follows:

The therapist plays the “stop light” and the group or family members try to touch their back. The group or family members take their positions at their starting lines. The stop light (therapist) faces away from the group or family members and says “green light.” At this point, the group or family members have to move toward the stoplight. At any point, the stop light may say “red light!” and turn around to face the group or family members. If any of the group or family members are caught moving after this has occurred, they are out. Play resumes when the stop light turns back around and says “green light.” The stop light wins if all the group or family members are out before anyone is able to touch them. Otherwise, the first player to touch the stop light wins the game and earns the right to be the stop light for the next round of the game. Players are cautioned not to run or walk too fast because, when the stop light says red light, it will be difficult to stop.

A modified version is then played as follows: The therapist shouts out a “feeling” word when they face away from the group or family. The members must demonstrate nonverbally (with facial expressions and body gestures) the meaning of these words. For example, when the word “happy” is called out, the members are expected to demonstrate actions such as showing a smiling face,
arms in the air, and so on. After counting from one to three, the therapist turns around facing the group or family. They will then comment on the gestures each one is showing. Each group or family member can then tell of a time when they experienced that particular feeling. Any player who does not demonstrate or talk about the given feeling is sent back to the starting point. The game continues with the group or family members walking closer and closer to the therapist. The winner is the first person who reaches the therapist and touches their back.

After several rounds of the game have been played, process the activity by asking questions such as:

1. What did you enjoy most about the game?
2. Which feeling was the hardest to demonstrate or talk about?
3. What were some special things you noticed about other members while you were playing the game?

**Discussion**

Difficulties in emotional expression may be a driving force for clients entering therapy. This modified version of “Red Light, Green Light” facilitates the healthy expression of feelings.

If used in family therapy, game encourages playful interaction among family members. Through the use of game play, the family is provided with an opportunity to “laugh and enjoy time together. Generating this laughter may prove to be the most therapeutic aspect of our work with families” (Revell, 1997).

The game can also be used as an assessment tool to evaluate the client’s ability to allow emotional expression as well as their capacity to enjoy playing together.

**Reference**


**About the Author**

Angela Siu, PhD, RegPsychol. (Clin.), CPsyAssoc, CPT, CTT, has experience conducting assessments of and counseling for children and families in Hong Kong and Canada. She is currently working as an Assistant Professor in the Department of Educational Psychology at the Chinese University of Hong Kong. Her research areas include children with special needs, social and emotional needs among children, and creative arts therapies.
Silence Ball
Source: Shlomo Ariel
Published in Creative Family Therapy Techniques Edited by Lowenstein, 2010

Theme: Family Relationships
Recommended Ages: Twelve to Sixteen
Modality: Individual, Group

Goals
• Increase sensitivity to body language and non-verbal cues among family members
• Increase family members' ability to decipher and produce non-verbal messages
• Develop appropriate physical boundaries within the family
• Learn and practice self control

Materials
• Spongy rubber ball the size of a small basketball
• Objects that can mark goal posts and demarcate goal areas such as chairs or pillows
• Masking tape
• Large sheet of paper and marker or blackboard with chalk or a whiteboard with appropriate markers
• Toy video camera*
• Relatively large doll representing a man or a woman*
• Toy microphone*
• Visor hat and a brimmed hat*

*These items can be purchased or an appropriate substitute will do, for example, a pen as a toy microphone, a cellular phone as a video camera, a big pillow as a man or a woman, and other kinds of hats.

Advance Preparation
This game can be played by a family of at least four members. If there are more than four, an even number of members will be divided into two teams and the odd man out will be the referee. Otherwise the therapist can serve as the referee.

The game can be played in a space that is five square yards in size (45 square feet) or in a large room.

Create two goal posts at the two opposite ends of the room, using objects such as chairs, pillows, etc. Create a center line across the middle of the floor using masking tape.
Description
Divide the family into two teams, for example, father and daughter vs. mother and son or mother, daughter and older son vs. father and two younger sons. If there are three or more members in each team, one member can serve as the goal keeper. The teams may be reshuffled after several rounds.

Each team will be placed in its own half of the "field." The referee will stand by the center line, holding the ball.

Draw a chart with team membership and the names of the players on the sheet of paper, blackboard or whiteboard.

Explain to the family that they are going to play a special version of team handball, which will help them communicate and understand one another without words and treat one another with sensitivity and respect. The rules are explained as follows:

“The duration of the game is 10 minutes. Each team attempts to score as many goals as possible. Each goal scored earns two points for the team that scored the goal. One can cross the center line and approach but not enter the goal area of the other team. The ball can be handed over or thrown over to a member of one's own team. One can walk or run with the ball in his/her hands. The ball will be transmitted from one player's hands to another player's hands only. No kicking the ball and no throwing the ball on purpose at another player's body. The ball can be caught by the rival team while in the air but it cannot be forced out of a player's hands. If the ball falls on the floor, it can be picked up by the player who reaches it first. Touching any part of the body of a member of your own team or of the other team is considered an offence. Uttering a word or producing any other sound (laughing, shouting, sighing, groaning) during play time is also considered an offence. An offence will cost the offender's team a loss of two points. Only the referee has the right to determine whether an offence has been committed or not. The referee is allowed to speak during the play, but can only say words that are relevant to his/her function as a referee. The referee has the right to stop the game for a while by declaring: “Stop playing!” Any player is allowed to ask for a short time out in order to ask a question or make a comment by showing an agreed-upon hand gesture. A record of goals scored and points deducted due to offences will be kept by the therapist, written on the sheet of paper (or blackboard or whiteboard).”

Place the doll on a chair or a table and make it hold the toy video camera, directed toward the players. Say: "Let's pretend this cameraman is going to videotape the game to show it on TV."

Put on the visor hat and speak into the toy microphone, pretending to be a TV handball announcer and say something like this: "Watch Soundless against
Noiseless Silence Ball live!" Then, during the game, describe, as an announcer, the various players' moves in real time.

Your verbal description will also include some expressions reflecting the players' difficulties, feelings, and achievements. For example, "John seems to be upset because he has lost the ball to Jane, but he is keeping quiet." "Mary almost bumped into Dad but managed to avoid touching him."

Write the points scored or deducted on the paper (or blackboard or whiteboard).

If there are only four family members, the therapist should switch between the roles of referee, announcer, and score recorder, changing hats and tone of voice to mark the role shifts. This is slightly difficult, but not impossible.

After the game is done, take off the visor hat and put on the brimmed hat. Ask the players for permission to "be interviewed for TV about the game." Speaking into the microphone, ask each of them questions about their experience during play, letting them answer into the microphone. The questions will focus on the players' feelings, difficulties, and achievements. For example, "I saw Jane waving her arms toward you, desperately trying to attract your attention. Did you notice?" "How did it feel for you not to utter a word or a sound for ten minutes?"

If a family member, usually a younger child, has expressed frustration for having been responsible for too many offences, suggest another round of the game with same teams to give him/her a chance to perform better.

Discussion
One of the sources of malfunctioning discussed in the human interpersonal communication and the family therapy literature is insufficient sensitivity to non-verbal cues and in general under-developed non-verbal communication competence. The research literature points to a strong correlation between non-verbal communication skills on the one hand, and to awareness of and respect for body boundaries and personal space on the other hand (Knapp & Hall, 2009; Manusov & Patterson, 2006; Norris, 2004). Unskillful use of non-verbal communication can cause interpersonal difficulties in families and peer groups. Lack of attention to non-verbal cues is characteristic of what Minuchin (1974) termed disengaged families. On the other hand, lack of respect for body boundaries and personal space due to chaotic, impulsive communication is typical of what he termed enmeshed families. The technique of Silence Ball aims to improve the functioning of both disengaged and enmeshed families. Its therapeutic power is derived mainly from the fact that it enables family members to actually experience a communication mode in which attention to non-verbal cues, respect for body boundaries and personal space and self-control are rewarded whereas the opposite is penalized. Success in maintaining such an activity for the duration of 10 minutes is self-reinforcing. It provides the family with
tangible proof that they really can reach a higher level of interpersonal communication.

The use of a referee, camera operator, game announcer, and an interviewer are designed to add an element of self-reflection and conscious awareness.

**References**


**About the Author**

Shlomo Ariel, PhD, is a Supervisor of Clinical Psychology and Family Therapy in Israel. He is the director of the Integrative Psychotherapy Center and the Israeli Play Therapy Institute in Ramat Gan, the founder and current president of the Israeli Play Therapy Association, and a member of the training committee of the International Family Therapy Association. He is widely published in the fields of psychotherapy integration, culturally competent psychotherapy, play therapy theory and research, and play therapy. He provides training and consultation in his areas of expertise in Israel, Europe, and the United States.

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Soundtrack of My Story
Source: Alexandra Joy

Theme: Feelings Expression
Recommended Ages: Twelve and Up
Modality: Individual, Group

Goals
- Identify positive and negative life events
- Express feelings associated with significant life events

Materials
- Used vinyl record and record sleeve
- Paper
- White paint
- Craft supplies such as markers, paint, paint brushes, glue
- Internet access

Advance Preparation
Coat the vinyl record in one or two layers of white paint so that the surface is easier for the client to paint on.

Description
Instruct the client to make a list of significant positive and negative events in their life and then to think of songs that remind them of these times. Then ask the client to paint on the surface of the vinyl record an image that represents their story as a whole. The image can be abstract or more representative. If the client is struggling with what to paint, encourage them to to think of their experiences as different colors and represent them in different shapes on the surface of the record.

After the client has painted their record, have them use glue to cover the record sleeve in paper and then write on the paper the songs in their soundtrack.

Process questions include:
1. What made you think of these songs to represent your story?
2. If you still listen to any of these songs, what emotions do they evoke?
3. When you see your soundtrack, how do you feel seeing them all together?
4. Name some songs you hope to include for the future of your story.

As an optional part to this activity, the client can create the actual soundtrack on Spotify, Itunes, YouTube, or another audio streaming provider.
Discussion
This activity helps the client share their story using a creative method. Through art, individuals can recall and process schema from past experiences and express their feelings in concrete representations (Smilan 2009). Music can hold strong connections to emotional experiences and can be a valuable form of self-expression, especially for adolescents. “Music brings us to layers of our experience that can be experienced but cannot be put into words, and it sounds the preconscious, subconscious, and unconscious layers of our psyche” (Smeijsters 2005, p.49). Utilizing both music and art can enable the client to express issues that they initially may not have been able to put into words.

References


About the Author
Alexandra Joy, ATR, LPC, is a Registered Art Therapist and Licensed Professional Counselor. She has worked in community settings and schools, and is now in private practice. She provides clinical consultation and supervision to practitioners seeking to add creativity and fresh techniques into their practice.

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Tails of Loss
Source: Kayla Harris

Theme: Feelings Expression
Recommended Ages: Nine and Up
Modality: Individual, Group, Family

Goals
- Verbally articulate feelings related to loss
- Identify triggers and reactions to reminders of loss

Materials
- Cardboard
- Scissors
- Markers
- Ribbon
- Optional craft materials: Feathers, pipe cleaners, felt, pom-poms, glitter, bandages, sandpaper, cotton balls

Advance Preparation
Trace and cut out cardboard tails of varying lengths and widths. Cut a hole on what will be used as the base of the tail and later be connected to the body.

Description
Ask the client about a time when they may have experienced a painful loss. Name a few examples: the death of a loved one, the end of a significant relationship, loss of a job, decreased independence and functioning. Describe the concept of grief as an invisible tail. Modify the dialogue below based on the client’s age and circumstances:

“Sometimes grief is like a tail. At first, it is raw, prickly, and sore all the time. Have you ever accidentally stepped on an animal’s tail? What happened? Now imagine you have a tail that is invisible to everyone except you. Sometimes, people will accidentally step on it. An example might be when someone asks us about the job we no longer have or the friend who has hurt us. Most people do not mean to go around stepping on tails, but our tails are invisible, and we can only see our own, so they are not aware of it like we are. When this happens, just like if someone stepped on us, we might say, ‘Hey, you stepped on my foot, and I do not think you meant to, but it hurt.’ Then magically, the other person can see the tail that you are holding and may even try to make you feel better. Sometimes enough time passes, and we forget we have a tail at all. Until one day, for example, we hear a song that instantly makes us think of someone we miss, and we accidentally step on our own tail. We feel the hurt as if it were fresh.”
Have the client select a blank cardboard tail that they find most suits them and to use the materials to design a tail that is hurting.

Ask the client to name where they feel it in their bodies when these painful reminders happen. Have the client imagine that their tail is connected to that part of their body as well as their mind and their heart. “That is why those places can feel the hurt too, not just the tail.”

Explain, “Over time, our tails will grow. We will experience other instances of loss, and they become connected. Some days, a tail may throb less after being stepped on than it used to. Other days, we may be reacting to one time of hurting, but it may feel like we are in pain from previous times also.”

Ask the client to add materials to the tail to show that it is healing or hurting less than before.

“To some, it may feel good to sit in the hurt for a little bit and let the feelings in. For others, it may help to talk with someone and share those feelings. The important part is to find what makes you feel better.”

Ask the client to pick out a ribbon that they like and ask for permission to tie the ribbon through the pre-cut hole at the base and around their waist. If the client does not want to have the tail attached, they can simply hold it or keep it near them. Older youth and adults may want to tie the ribbon themselves, or not tie it at all.

Invite the client to describe how their tail is looking and feeling. Reflect and normalize their feelings.

**Discussion**
The overall goal of this activity is to co-create a metaphor for loss to help clients externalize the grief reactions into a symbol that may feel safer to talk about. This intervention can help clients acknowledge the pain caused by loss triggers (unintentional and otherwise).

This activity validates different types of losses and normalizes the long-term nature of grief over the course of a lifespan.

Interventions that pair tactile, creative, and visual elements when possible are helpful to healing and coping.

**About the Author**
Kayla Harris, M.A., AMFT, served eight years in the Illinois Army National Guard and finished her contract in 2019. She then went on to earn an MA in Couple and Family Therapy from Adler University. She completed her clinical internship with United Stand Counseling, an agency that provides school-based counseling.
services to children. Currently, Kayla works full-time as a therapist for Focht Family Practice in Chicago, where she sees couples, individuals, and youth. In Fall 2021, she returned to Adler University to pursue a Ph.D. in Couple and Family Therapy.
Toolbox for a Problem
Source: Alicia Bruzek

Theme: Anger Management
Recommended Ages: Eight to Twelve
Modality: Individual, Group

Goals
● Identify situations that cause anger, anxiety, and distress
● Learn and implement strategies to cope with emotional distress

Materials
● Shoe box or items to create a tool box such as cardboard and tape
● Craft items such as pom-poms, pipe cleaners, string, foam, paper, popsicle sticks, glitter, glue

Description
Explain to the client that they will be creating a tool box filled with coping strategies (tools) to cope with distress or anger. Provide the client with the shoe box or with items to construct a tool box. Help the client identify various tools, skills, or abilities they can use when feeling angry, anxious, or distressed. The client then uses the craft materials to create items that symbolize their coping tools. Provide examples such as: A playback machine to replay memories of times they overcame worry; a tent to use as a calming space; a rope to climb over fear; pom-poms to celebrate times they overcame problems; tools (hammer, wrench, etc.) each representing a coping skill.

Discuss scenarios when the client can use the various tools in their toolbox. The client can take home their toolbox as it can be a helpful visual prompt of their coping strategies.

Discussion
This activity helps clients to identify skills, knowledge, and abilities they can use to cope with emotional distress. Adding a creative element helps keep the client engaged in identifying and expressing the skills, knowledge, and abilities they possess.

As part of the termination process, this intervention can be used to review the skills learned in therapy. The discussion can also focus on when to use the toolbox.

About the Author
Alicia Bruzek, LMHC, is a Mental Health Counselor in Cedar Rapids, Iowa. She provides counseling to children and adults. Alicia has a special interest in suicide
prevention and anxiety disorders. She is training to be a narrative therapist and incorporates this into her work along with expressive interventions. Alicia is on the executive board of ACA of Iowa.
What Would They Say?
Source: Greg Lubimiv
Published in Creative Family Therapy Techniques Edited by Lowenstein, 2010

Theme: Family Relationships
Recommended Ages: Nine to Sixteen
Modality: Family

Goals
• Assess family relationships and dynamics
• Increase open communication among family members
• Share feelings that underlie conflict within the family
• Increase family cohesion

Materials
• Sample questions (included)
• Index cards
• Marker
• Game such as Jenga™, Crocodile Dentist™, Pop Up Pirate™
• Paper
• Pens
• Prizes (optional)

Advance Preparation
Create 20 to 30 questions that do not have an ending and only require one word to complete the sentence. Make sure the questions suit the family members and that there is a reasonable answer. Sample questions are included below. Write the questions onto index cards. Place the cards on the table so that each family member can easily access them.

Description
The family plays a game that incorporates turn taking, such as Jenga™, Crocodile Dentist™, or Pop Up Pirate™. The game should be one that moves fairly quickly so that family members do not have to wait a long time for a turn. Ensure the game is appropriate for the youngest child as well as for the oldest.

Decide which family member will go first. If this is difficult for the family to decide, roll a die, choose a number, play rock paper scissors, or use some other chance method to decide who will go first. The turns then go clockwise.

When a turn is over because the tower has fallen or the pirate has popped, that player picks the top card from the question card pile and reads the sentence aloud. If the family member cannot read, then the therapist can read the question
aloud. The person who selected the card secretly writes down his/her answer and the other family members guess what that person’s answer is and they write down their guesses. This is why the name of the game is “What Would They Say?” If the child cannot write, he/she can whisper the answer to the therapist who then writes the child’s response on a piece of paper. Ensure the other family members cannot see the child’s answer. The responses are then read aloud. Each correct answer scores one point. It is important to emphasize that an important rule of the game is to accept whatever answer a family member may give.

The game continues until each family member has had a predetermined number of turns.

Once the family is appropriately engaged, responses can be explored in more depth. For example, in response to “When I get mad you can tell because I…shout”, ask “Who else shouts in the family?”

If a family member becomes upset with an answer, remind him/her of the rules and offer support, or ask another family member to provide some support.

At the end of the game the person with the most points wins. To make the game noncompetitive, challenge the family to reach a certain score. If there are 20 questions and 4 family members the highest score is 60 (because one person does not guess each round as they completed the sentence). Choose a score that the family has a chance in achieving. In this case, a combined score of 30 means the family wins. In later games, raise the target score to provide a greater challenge.

After the game, process by asking the following questions:
1. What was the most interesting or surprising response?
2. What did this game reveal about who you know best/least in your family?
3. What did you like best about this game?

**Discussion**

This game engages family members and helps them to communicate more openly. Games are an effective tool to use with families. As Schaefer and Reid (2001) highlight, games “invite the relaxation of defenses that would normally inhibit expression of feelings, thoughts, and attitudes in normal social discourse. Thus, one often sees a high level of affective involvement in game play.”

The order and pacing of questions in this game is important. Begin with neutral questions and then move to questions that require greater emotional risk. End the game on a positive note with questions that elicit happy feelings.

The use of prizes is an optional part of the activity, as the prospect of winning something motivates the family members and adds an element of engagement.
**Reference**


**About the Author**

Greg Lubimiv, MSW, CPT-S, is the Executive Director of the Phoenix Centre for Children and Families, a children’s mental health centre in southeastern Ontario, Canada. As well, he is involved with Invest In Kids, assisting in the development of an innovative parenting program that starts in pregnancy and continues to the child’s first birthday. He has worked in the field of children’s mental health since 1981 and has been involved as a clinician, trainer, and administrator. He has specialized in the field of play therapy and family therapy and has authored a number of books and articles on this and other topics, including *Wings for Our Children: The Essentials of Becoming a Play Therapist* and *My Sister Is An Angeline*, a book helping children cope with sibling death. He has a Masters of Social Work and is a Certified Play Therapist and Supervisor with the Canadian Association for Child and Play Therapy. He has been presented with the Monica Hebert Award for contributions to the field of Play Therapy.

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What Would They Say?
Sample Questions

My favorite color is…
My favorite food is…
My favorite fruit is…
My favorite vegetable is…
My favorite ice cream flavor is…
My favorite animal is a…
My favorite television show is…
My favorite thing to do is…
If choosing between ice cream and apple pie I would choose…
Between going for a walk and watching a good movie I would choose…
My favorite room in our house is…
Between a bath and a shower I prefer…
If I could choose to have any hair color I would choose…
If someone calls me a name I feel…
When I have a bad dream the first person I would tell about it would be…
The person in my family who helps others the most is…
The person in my family who gets angry the easiest is…
The person in my family who cries the most is…
The person in my family who laughs the most is…

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Who’s Got the Turtle? Game
Source: Lorie Walton
Published in Assessment & Treatment Activities for Children, Adolescents, and Families Vol 1 Edited by Lowenstein, 2008

Theme: Social Skills
Recommended Ages: Three to Seven
Modality: Family, Group

Goals
• Strengthen social skills such as eye contact, question-asking, turn-taking
• Increase family and/or group cohesion through fun and co-operation

Materials
• Small stuffed turtle (or other small object that can be held in a child’s hand)
• Small blanket

Description
Group members sit in a circle facing each other. One child volunteers to go into the center of the circle and the practitioner covers her/him with a blanket (like a turtle shell). Make sure when covering the child with the blanket to ask, “Are you okay under the blanket?” If the child is not okay, then the blanket is removed and the child covers her/his eyes so she/he cannot peek out.

The practitioner begins singing the words to “Who’s Got the Turtle?” and passes the turtle to the next person. The turtle continues to be passed around until the song is finished. The last person to have the turtle when the song ends, hides the turtle behind her/his back and then puts her/his hands in front like everyone else, pretending to look like everyone else. The practitioner takes the blanket off of the child in the center. The child then goes around to each person, makes eye contact and asks them by name, such as, “Lorie, do you have the turtle?” The person being asked must answer truthfully, “No, Timmy, I don’t have the turtle.” The person who has the turtle must answer honestly, “Yes, Timmy, I have the turtle” and brings the turtle out from behind her/his back. The person who was hiding the turtle now gets to be the person in the middle, covered under the turtle shell (blanket), and the game begins again.

Each person should have a turn in the middle and should have a turn at hiding the turtle. The turtle can be replaced with any other small object (pom-pom, cotton ball, small stuffed bunny, etc.) and, if replaced, the wording of the song can indicate the object being used (e.g., Who has the pom-pom?).
“Who’s Got the Turtle?”
(sung to the tune of “Pop Goes the Weasel”)

Round and round the turtle goes,
Pass it to your neighbor.
Where it stops nobody knows.
Who’s got the turtle?

Discussion
Young children and families enjoy this game. Although this game is simple, children take great delight in not only hiding under the blanket but also seeing their parents or friends hiding under the blanket, too. The game develops language and communication skills and helps to develop comfort in social interactions.

It is important for the practitioner to keep the game structured and to remain in control of the game, that is, to be the one to put on the blanket and take it off, pace the song appropriately to the children’s ability, use simple language and questions if the children are still developing language and questioning skills.

The practitioner should allow for differences in the group and accommodate the game accordingly. For example, the child who is just learning to speak can ask the question in a one-word format “Turtle?” while the older children or family members can ask at their level of ability. As well, some children (or adults) might try to “tease” by saying they don’t have the turtle when they do. The practitioner should not be afraid to stick to the “rules of the game,” and can do so by stating, “Remember, in this game we give the truthful answer. If you have the turtle you must show it right away.” Many young children as well as children who have experienced trauma or attachment disruptions do not accept “teasing” as pleasurable but rather take it as a rejection. Thus, it is important to keep to the rules by using “honest” answers. This will also keep the flow of the game going smoothly.

About the Author
Lorie Walton, MEd, CPT-S, is a Certified Theraplay® Therapist Trainer Supervisor and the owner and Lead Therapist of Family First Play Therapy Centre Inc., a center focused on assisting children and families dealing with attachment, trauma, and emotional issues. In conjunction with her private practice, Lorie is a consultant and Play Therapy Clinical Supervisor and the Past President for the Canadian Association for Child and Play Therapy (CACPT). She offers workshops on Theraplay®, Attachment and Play Therapy related topics, internship opportunities and supervision to those studying to become certified in Play Therapy and Theraplay®.

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**Worry Buttons**
Source: Ariana Vargas

**Theme**: Feelings Expression

**Recommended Ages**: Seven to Fourteen

**Modality**: Individual, Group

**Goals**
- Identify triggers that precipitate feelings of anxiety
- Identify physical body sensations that correlate with feelings of anxiety
- Identify and utilize an appropriate coping skill when feeling anxious

**Materials**
- White construction paper or cardstock
- Body outline (included)
- Crayons or markers
- Glue
- Pencil
- Scissors
- Buttons (or markers or crayons)

**Advance Preparation**
Follow these steps to make a half-folded card of a child’s body outline:

1. Print the template of the body outline onto cardstock or draw one.
2. Fold the paper at the dash line horizontally to form a half-folded card.
3. Cut out the body outline along the solid line, making sure that the hands and feet stay intact with the edge of the paper.

**Description**
Invite the client to draw and color themselves on the outside front page. After the client has completed drawing and coloring themselves, describe what worry means and the difference between rational and irrational worries. Give examples such as: I need to stay with my mom because something bad might happen to her and she might need me; I need to sleep with the lights on because there’s a monster under my bed.

Turn to the outside back page, and prompt the client to share a frequent worry they have at home, school, with friends, or with family.

Next, say, “We will be putting on our detective hats to investigate your worry button. Worry buttons are when things, places, people or thoughts cause us to feel worried a lot. Let’s figure out your worry buttons (what made you feel worried).”
To help the client identify their worry buttons, ask questions such as the ones below:

1. What was going on around you?
2. Did something make you feel unsafe?
3. What was the bad or scary thing you were worried was going to happen?
4. Was this your first time…?
5. Did you know anyone there?
6. Did you know this was going to happen?
7. Was this hard for you?
8. Has this happened before?
9. Were there too many people?
10. Did you feel lost or confused?

When the client has identified their worry button, ask them how often they feel this worry to gauge whether this was a one-time event or a frequent worry. Have them write it down on the outside back page. Next, turn to the inside left page, and describe to the client examples of physical sensations people experience when they are feeling worried. For example, say, “when people feel worried, their body reacts in certain ways. Like their tummy hurts, their heart beats faster, they might feel dizzy or have a hard time breathing.”

Ask the client to identify how their body reacted when they were feeling the worry, and where in their body they were feeling it. For each physical sensation or reaction that the client identifies, have them glue on the inside left page a button on the location of the body.

Next, turn to the inside right page, and give examples of coping skills one can use when feeling worried, such as connecting to your five senses, controlled breathing, mindfulness, positive self-talk, using a fidget or sensory object, and talking to someone you trust. Have the client choose coping skills that they have tried and know work or ones they are willing to try. On the inside right page, have the client write their chosen coping skills.

When completed, review from the beginning to tie everything together, starting with their worry buttons, their physical reactions, and ending with coping skills.

If time permits, or in subsequent sessions, repeat this activity for additional worries.

**Discussion**

There are a number of triggers that typically cause children to feel anxious, such as new or unexpected situations, difficult tasks, unfamiliar people, and unfamiliar places. When worry interferes with healthy day-to-day functioning, it is important to equip clients with ways to manage their anxiety.
In this activity, the client becomes a detective to explore situations in their life that make them feel anxious. They identify physical reactions when they are triggered and they learn coping strategies. The card that the client creates serves as a visual and concrete tool to facilitate this process.

**About the Author**
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You’re a Star
Source: Jodi Crane
Published in Assessment & Treatment Activities for Children, Adolescents, and Families Vol 2 Edited by Lowenstein, 2010

Theme: Self-Esteem
Recommended Ages: Four to Twelve
Modality: Individual, Group

Goals
• Improve self-esteem by increasing awareness of loved ones, caregivers, and helpers
• Provide a method of coping with future emotional issues

Materials
• Large piece of paper, preferably cardstock
• Markers
• Glue

Description
Write the child’s name in large letters in the center of the page using the child’s favorite color. (Older children can do the writing themselves.) Draw a star around the child’s name. Ask the child to name all the people who care about her/him. As the child names the people he/she knows, write those names all over the page. The goal is to fill the page with many, many names.

Some younger children need hints to help them identify people’s names to write on the page. Also, make sure the practitioner’s name is on the page somewhere.

Once this is done, let the child know that she/he is a star! Suggest to the child or the parent that the picture be kept in a safe place, laminated or framed and hung up in the child’s room. This way, whenever the child is feeling sad, lonely, or scared, she/he can look at the picture and be reminded of all those who care about her/him, providing the child a way to cope with the feeling.

This activity may be modified for a group format. In this case, group members could write their names on each other’s pictures.

Process this activity by asking the following questions:

1. Tell me about the people you included in your picture.
2. Who do you feel closest to?
3. How do people show they care about you?
4. What are some ways you can ask for help?
Discussion
This quick, simple activity is one way to let children who may be facing difficult times or experiencing low self-esteem know they are not alone. More than likely there are several people in their lives that care about them and who they can call on for help.

Because the practitioner’s name is added to the page, this activity is only appropriate after a therapeutic relationship is well established.

About the Author
Dr. Jodi Crane, NCC, LPCC, RPT-S, received her play therapy training at the University of North Texas under Drs. Garry Landreth and Sue Bratton. She is the author of chapters in Landreth’s Innovations in Play Therapy and in R. Van Fleet and L. Guerney’s Case Studies in Filial Therapy (with Bratton). She is a Past President of the Kentucky Association for Play Therapy, Director of the Appalachian Center for Play Therapy at Lindsey Wilson College in Columbia, Kentucky, and Associate Professor in the School of Professional Counseling at Lindsey Wilson College where she teaches courses in the areas of child development, play therapy, and assessment.

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Yuck Go Away!

Source: Akiko J. Ohnogi
Published in Assessment & Treatment Activities for Children, Adolescents, and Families Vol 4 Edited by Lowenstein, 2022

Theme: Coping
Recommended Ages: Five to Twelve
Modality: Individual

Goals
- Identify, acknowledge, visualize, and get rid of negative emotions and experiences
- Identify, acknowledge, visualize, and use positive emotions and experiences to feel safe and hopeful

Materials
- Two pieces of colored construction paper (have several different colors to choose from)
- Markers, crayons, or colored pencils (assorted colors)
- Trash can or garbage bag

Description
Part One: Getting rid of the negative:
1. Client chooses their least favorite colored paper and a drawing implement in a color they do not like.
2. Client draws one negative experience with accompanying emotion, and then discusses the drawing.
3. Client creates a mantra (e.g., “go away stupid virus!”) and rips the drawing for as long as they wish, while chanting the mantra.
4. Client then stomps on the ripped pieces of drawing for as long as they wish, while chanting another mantra (e.g., “die, virus, die”)
5. Client throws the pieces away into a trash can or trash bag as they chant another mantra (e.g., “goodbye forever”).

Possible reflecting/restating/tracking statements include:
1. Tell me what feelings and thoughts you have now.
2. Tell me how your feelings and thoughts changed at each step of the activity.
3. Tell me what else would be helpful for this part of the activity, if any, before going on to the next part.
Part two: Internalizing the positive:

1. Client chooses their favorite colored paper and a drawing implement in a color they like.

2. Client folds the paper into a small piece.

3. Client writes or draws on one side of the outside part of the paper, "good luck charm"

4. On the other outside part, they write or draw their name (client can draw an object that symbolizes themselves, e.g., baseball)

5. Client takes it home and keeps it with them or in a safe place.

Possible reflecting/restating/tracking statements include:

   1. Tell me what feelings and thoughts you have now.
   2. Tell me how your feelings and thoughts changed at each step of the activity.
   3. Tell me what else would be helpful for this part of the activity, if there are any.

Discussion

The developing brain is susceptible to both positive and negative experiences (Schore, 2019). The work that is done in psychological treatment must be useful in reworking the neural pathways created by a traumatic experience, to one that is positive and hopeful, for the client to be able to feel positive about self, trust others, and enjoy life (Ludy-Dobson & Perry, 2010; Stewart, Field & Echterling, 2016). Supporting a client’s brain in a manner that helps the client change their perception (emotional and cognitive) of an experienced trauma, can activate positive change in their brain, and as a result, lead to changes in behavior (Hong & Mason, 2016; Wheeler & Taylor, 2016).

This activity focuses on the negative experience and the client’s perception of the experience without making light of the incident, so that the client can acknowledge and work through the trauma. It also focuses on positive strengths and support factors, so that the client is encouraged to recognize and utilize the positive resources both within themselves and of others, to instill a sense of hope.

A client needs to feel both emotionally and physically safe in order to benefit from any kind of psychological intervention (van der Kolk, 2015). Play therapy itself is a form of psychological treatment that is based on this concept, of providing somatosensory play activities that lay the neurological foundations for well-balanced development of the whole brain, within a relationship with a caring,
attentive professional (Tronic & Perry, 2015). This activity is designed so that the practitioner is there to hold the client emotionally, so that they are experiencing a sense of safety while working through that which is emotionally painful for them. The practitioner is there to guide and support the client through the traumatic memories within the security of both a play-based activity and a caring adult. Working on the positive support factors that the client has, adds to the layer of psychological and emotional safety and security in working through the trauma.

There are six components of positive neurodevelopmental experience - relational, relevant, repetitive, respectful, rewarding and rhythmic (Gaskill, 2017). This activity fulfills all six of these components.

- This activity is conducted only after the client and practitioner have developed a positive therapeutic relationship. The practitioner provides a supportive presence throughout each of the steps, and offers verbal reflection and feedback as necessary and helpful to the client.
- By focusing on both the traumatic experience and support factors, the process of the activity itself is relevant in reworking the connections that the client’s brain neurons have made from a negative one to a positive one.
- The chanting of a mantra, ripping the negative drawing, stomping ripped pieces of paper, and throwing away the pieces of paper, are both repetitive and rhythmic.
- The practitioner will only proceed at a pace that the client is comfortable with, constantly being respectful of the client’s emotional needs.
- Utilizing physical movement in symbolically ripping, stepping on and throwing away the trauma helps release pent up and stuck negative energy, and creating and keeping a symbolic protective magical object, both feel encouraging and rewarding.

This activity enables the client to nonverbally and verbally identify, acknowledge, express and process negative emotions associated with a painful experience, while providing support and balance with nonverbal and verbal identification, acknowledgment, expression and processing of positive supports, strengths, hope and a sense of safety. The order and contents of the activity, along with the therapeutic support of the practitioner, empowers the client to work on issues in a manner that cuts through unconscious (and conscious) defenses. This helps the client change their perception of themselves and their emotions, by reconnecting and rewiring the brain neurons, so that the automatic responses about themselves, others and the world, change from bad, untrustworthy and dangerous to able, supportive and fun.

References
A. Malchiodi & D. A. Crenshaw (Eds.), *Creative arts and play therapy for attachment problems* (pp. 178-196). NY: Guilford Press.


**About the Author**
Dr. Akiko Ohnogi, Psy.D., is in private practice in Tokyo. She utilizes play therapy with all clients (children, adolescents, adults, couples, families), specializing in children, trauma survivors, and multicultural families. She is co-founder of the Japan Association for Play Therapy. She has authored several publications on play therapy and provides workshops worldwide. She was Masters thesis advisor, graduate level play therapy lecturer, and a school counselor at her graduate, undergraduate, and middle school alma maters. Dr. Ohnogi provided psychological support to Pacific Rim Earthquake Sri Lankan orphans, and lead a Greater Eastern Japan Earthquake psychological support team, funded by UNICEF.

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Section Three: Termination Interventions
Aloha (Goodbye) Lei
Source: Kellen Lewis and Brandy Schumann
Published in Assessment & Treatment Activities for Children, Adolescents, and Families Vol 3 Edited by Lowenstein, 2011

Theme: Termination
Recommended Ages: Eight to Sixteen
Modality: Group

Goals
- Increase affect expression
- Increase open communication surrounding the ending of relationships
- Provide positive experience of closure and the termination of a relationship

Materials
Premade leis can be purchased at art supply stores or they can be made by using the following supplies:
- Scissors
- String
- Threading needle
- Fabric flowers (if using premade leis, cut the lei to use the flowers)
- Plastic spacers (the premade leis come with spacers)

Advance Preparation
Have the string precut to lei length and threaded into the needle.

Description
Begin by sharing with the group the symbolic meaning of the lei from the Hawaiian culture. According to HawaiiHistory.org (2008), a lei is given as a symbol of honor and affection. Great care is taken in making leis and they are given to family and friends as gifts of love and friendship. The lei is valued and worn with pride by individuals of all ages. There are many legends about the “luck” of the lei. It is believed that if a departing visitor tossed his/her lei into the ocean and it floated back to the beach, that visitor would one day return to the islands, keeping a promise of a future connection (Discover-Oahu.com).

If one group member is terminating sessions, have the entire group create a lei for the “departing visitor.” (The departing member may want to create a lei for the group as well.) If the entire group is terminating sessions, have each member make his/her own lei. Create the lei by lacing flowers on the string and alternating their application with spacers. For every flower added, ask members to share a personal reflection. Possibilities include a favorite group memory, a hope or wish for the future, a character quality valued of the departing member, a compliment to the departing member, something learned or a reflection of how things are different now from when the group began. Members can add multiple petals
simultaneously to indicate intensity (i.e., using three petals to indicate how greatly the member will be missed). You can process with members throughout the activity by expanding on the members’ report. Members can take the lei as a symbolic representation of affection of connection or “toss” it back, leaving it in the therapeutic environment as a representation of possible reconnection.

**Discussion**

Healthy termination is essential in protecting clients from the potential distress that results from unpredictable loss. Particular sensitivity must be paid to those clients who have experienced the unhealthy termination of previous relationships. This activity allows for concrete symbolic expression of termination while facilitating reflection and affecting expression.

**References**


**About the Authors**

Kellen Lewis, BA, is currently pursuing a Master of Science in Counseling at Southern Methodist University (SMU). She has worked for SMU since July 2004 as the Associate Director of Undergraduate Admission.

Brandy Schumann, Ph.D., LPC-S, RPT-S, NCC, is a Licensed Professional Counselor Supervisor and Registered Play Therapist Supervisor in the state of Texas. She maintains a private practice, provides local and distant supervision, and teaches at Southern Methodist University.

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How I Felt the First Day
Source: Susan Kelsey
Published in Assessment & Treatment Activities for Children, Adolescents, and Families Vol 1 Edited by Lowenstein, 2008

Theme: Termination
Recommended Ages: Six to Sixteen
Modality: Individual, Group

Goals
- Review therapeutic gains
- Discuss the mixed feelings that usually accompany termination

Materials
- Markers, colored pencils, or pens
- Paper (folded in half)

Description
Introduce the activity as follows:

“Today is your last day of therapy. On the top of the first side of your paper, please write ‘How I felt the first day I came here.’ Now, using words, symbols, or pictures, show how you felt the very first day you came to therapy.”

When the client is finished, say, “Now on the other side of the paper, please write, ‘How I feel today.’ On this side, once again use words, symbols, or pictures to show how you feel today.”

Discussion
This activity helps the client to see the therapeutic gains of treatment, as well as addresses the mixed feelings when treatment is finished. One client who did this activity on his last day simply put a big question mark in the first panel and a big happy face in the second.

About the Author
Susan Kelsey, MS, MFT, RPT-S, is a licensed Marriage and Family Therapist and Registered Play Therapist Supervisor in private practice in Orange County, California. Her practice is limited to children from birth to 18 for nearly all issues related to childhood. Ms. Kelsey is an international speaker and presenter on various topics related to the treatment of children and adolescents. She is Past President of the California Association of Marriage and Family Therapists and is founder and past president of the Orange County Chapter of the California Association for Play Therapy.

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Lifesavers
Source: Sueann Kenney-Noziska
Published in Assessment & Treatment Activities for Children, Adolescents, and Families Vol 3 Edited by Lowenstein, 2011

Theme: Termination
Recommended Ages: Twelve to Sixteen
Modality: Individual, Group, Family

Goals
- Identify ways the client can utilize their support system following termination
- Verbalize positive feelings about future

Materials
- Cardstock or construction paper
- Lifesavers™ candy
- Glue
- Markers
- Qualities for Lifesavers (Included)

Description
The intervention is divided into two parts. During the first part, the client identifies qualities that they find helpful and supportive in times of need. During the second part of the intervention, the client identifies individuals in their life who provide the identified qualities. The concept of a lifesaver provides the underlying metaphor for the technique as lifesavers provide lifesaving support during dire times. This concept is explained to the client. The statement “You’re such a life saver” and the use of lifesavers as flotation devices can be discussed as well.

The importance of the client seeking and utilizing support from the lifesavers in their support system after therapy ends is discussed with an emphasis placed on how this support will help the client sustain the changes and gains the client has acquired through treatment. However, before seeking support, clients need to understand what type of support they need since different people find different qualities helpful during times of need. If necessary, the practitioner can provide examples of this such as how some people may be seeking advice from individuals in their support system whereas other people might be seeking someone to merely listen to them.

The client and practitioner brainstorm a list of qualities that might be helpful during times of need. As qualities are identified, they are written to create a list of potential qualities. This list can be utilized by the client as needed. A list of possible qualities is included on the following pages to serve as a guide for this
process. Concepts included on this list may need to be defined for younger children.

Once a list of helpful qualities is generated, the client uses the list to select approximately four to seven qualities that they find helpful during difficult times. For each quality identified, the client selects a Lifesaver™ candy, glues the candy onto the card stock, and labels the Lifesaver™ with the corresponding quality.

Once the qualities are identified and the Lifesavers™ are glued onto the card stock and labeled, the client is challenged to think about individuals in their life who provide the qualities identified. Lifesavers™ are labeled with the corresponding names of those individuals. The “lifesavers” can have more than one individual associated with them. If clients have identified a quality but cannot identify who in their life can provide that quality, this area is processed. Since the primary focus of this intervention is to identify and strengthen clients’ connection to their support system in preparation for termination of the therapeutic relationship, if clients cannot identify someone who provides a quality for them, another quality can be identified.

A modification of this intervention would be for the client to label the Lifesavers™ as significant individuals in their life and then list the qualities each individual provides for the client.

At the end of the activity, the client can be given a Lifesaver™ candy to eat.

**Discussion**

As therapy nears the end, it is essential to not only place closure on the therapeutic relationship, but to also strengthen clients’ connection with their support system. Since termination removes the practitioner as a member of the client’s support system, use of this intervention during the ending stage of treatment provides a structured, developmentally-appropriate way to explore and strengthen clients’ connection with other individuals in their support system.

This intervention can be as creative or simple as clinically appropriate. With some clients, the metaphor of lifesavers as flotation devices can be employed and the client can draw a boat and water on the cardstock before the “lifesavers” are glued on. If this analogy is used, as an additional component, anchors can be drawn at the bottom of the page to represent qualities the child finds unhelpful. For example, an individual who does not want advice during times of need can place an anchor labeled “advice” at the bottom of the activity. For an individual who needs personal space during difficult times, nurturing, physical contact, or hugs might be an identified anchor.

Throughout the activity, the practitioner has the opportunity to encourage the client’s active use of their support system post-treatment and explore the
importance of using the support system to sustain the growth and therapeutic gains the client has achieved.

Clients may be tempted to eat several Lifesavers™ candies while completing this activity. Since eating too many candies is not advisable, limits with regards to eating the Lifesavers™ should be established at the onset of the activity. Offering the client a Lifesaver™ at the end of the activity might address this issue.

Reference

About the Author
Sueann Kenney-Noziska, MSW, LISW, RPT-S, is a Licensed Independent Social Worker and Registered Play Therapist Supervisor specializing in using play therapy in clinical practice with children, adolescents, and families. She is an accomplished author, instructor of play therapy, guest lecturer, and internationally recognized speaker who has trained thousands of professionals. She is founder and President of Play Therapy Corner, Inc., is actively involved in the play therapy community, and is author of the book *Techniques-Techniques-Techniques: Play-Based Activities for Children, Adolescents, and Families.*

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Lifesavers
Qualities for Lifesavers

- Good listener
- Helpful advice
- Comforting touch / hugs
- Nurturing
- Praise
- Encouragement
- Patience
- Humor
- Understanding
- Compassion
- Companionship
- Silence
- Fun
- Supportive
- Inspirational
- Gentle
- Calm
- Optimistic
- Hopeful

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Minute to Win It
Source: Liana Lowenstein

Theme: Termination
Recommended Ages: Eight to Fourteen
Modality: Individual

Goals
- Review and validate therapeutic gains
- Provide a positive termination experience

Materials
- Paper
- Pen
- Trash can
- Balloon
- Bag filled with inexpensive prizes
- Timer

Advance Preparation
Review the tasks below and modify them according to the client's developmental capacities and issues covered in therapy.

Description
Introduce the activity as follows:

“Today we’re going to do a fun activity to help you practice some of the things you learned in therapy. Below is a list of tasks for you to complete. If you complete each task in under one minute, you get a point. At the end, trade in points for prizes: If you get one to seven points you get one prize, if you get eight or more points you get two prizes.”

1. Write down five emotions in one minute or less.
2. Write down three healthy coping strategies you can use if you feel angry, anxious, or upset. Do this in one minute or less.
3. Bonus point: Crumple a piece of paper to form a ball. Stand behind the designated line. Throw the crumpled paper toward the trash can. You have one minute to get it into the trash can.
4. Draw a picture of yourself using a healthy coping strategy. Do this in one minute or less.
5. Write down three things you learned in therapy. Do this in one minute or less.
6. Write down two things you enjoyed doing in therapy. Do this in one minute or less.
7. Draw a picture of your therapist. Do this in one minute or less.
8. Write words of advice to another kid who is dealing with the same issues that brought you to therapy. This must contain at least five different words. Do this in one minute or less.
9. Write a goodbye message to your therapist that contains at least five different words. Do this in one minute or less.
10. Bonus point: Blow up a balloon and knot it. Keep it in the air without it touching the ground for one minute.

Discussion
This intervention is an engaging adaptation of the Minute to Win It party game. It facilitates skill practice and consolidates goals achieved in therapy. It also provides a non-threatening opportunity for the client to reflect on their therapeutic journey, and to say goodbye to the therapist.

Most clients will enjoy the active, fast-paced nature of this intervention.

About the Author
Liana Lowenstein, MSW, CPT-S, is a therapist, lecturer, and author who has been working with children and families in Toronto, Canada, since 1988. She is internationally recognized for her innovative work including numerous books on child and family therapy. She is winner of the Monica Herbert award for outstanding contribution to play therapy in Canada.

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My Wish for You
Source: Abbie M. Flinner
Published in Assessment & Treatment Activities for Children, Adolescents, and Families Vol 2 Edited by Lowenstein, 2010

Theme: Termination
Recommended Ages: Nine to Sixteen
Modality: Group, Family

Goals
• Increase positive self-statements
• Encourage compassion/caring for others
• Experience a positive termination from group/family therapy

Materials
• A wood star cut-out (available at craft stores) for each group member
• Decorative supplies such as paint, markers, glitter, etc.

Description
Each member is asked to write (or paint) the words My Wish for You on the front of the star, and then to decorate the wooden star using the art supplies provided. Once decorated, each participant is then asked to turn the star over and write a wish or hope that they have for the person sitting to their left on the back of the star. Additional time may be provided if participants want to decorate the back of their stars as well.

When completed, participants are asked to give their star to the person sitting on their left. The wishes for each participant are then read aloud to the group/family. Next, everyone in the group/family discusses what it was like to create the star and make a wish for their group/family member. Process questions include, “What emotions were evoked?” “What was it like to receive the star and its message?” “Will the star be a nice reminder for them?”

Upon completion of the activity, group/family members are instructed to place the star in a place where they will see it often, such as beside their bed. The star can be used to help them to remember that others care about them.

Discussion
This activity can be used with children or adults and serves as a positive reminder of the therapeutic experience. The star becomes a transitional object for the clients, as it is a positive reminder of their therapeutic experience. This is particularly important for children, as they may sense abandonment when having to terminate therapy.

Additionally, the positive message (the wish) demonstrates the participant’s ability to care for others, but also provides a reminder that the participant is cared for, which gives her/him a sense of love and belonging and builds self-esteem.
About the Author
Abbie Flinner, MACC, NCC, is a graduate of Slippery Rock University’s Community Counseling Program. She has worked with young children, adolescents, and adults in a variety of settings. She has also presented at the Pennsylvania Counseling Association’s National Conference. Currently, she is employed as a Mental Health Therapist at Caritas, a residential treatment facility funded through Human Services Center in New Castle, Pennsylvania.

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**Termination Party**

**Theme:** Termination

**Recommended Ages:** Three and Up

**Modality:** Individual, Group

**Goals**
- Validate that the therapeutic relationship is built on trust
- Honor the client's progress in therapy
- Provide a proper closure and positive termination experience

**Materials**
- Alphabet letter blocks
- Healthy snacks and beverage
- Personalized gift(s)

**Advance Preparation**
Obtain permission from the client’s caregiver to provide party food and check if the client has any food allergies.

**Description**
The practitioner explains that this is the last therapy session and that a goodbye party has been prepared in her/his honor. The practitioner then explains the game as follows:

“We’re going to play the Block Tower game. I have 26 alphabet blocks here and we're going to build a tall tower with them. We'll take turns, each time one of us will add a block to the top of the tower. With each block we'll say one thing (value, skill, principle) we have learned from all our past sessions. I'll put down the first block as the base. This block represents **honesty** as the base of our relationship.”

Each client takes his/her turn and recalls skills learned and progress made. For example, the client has learned to manage anger, be respectful of others, use self-care strategies, etc. The practitioner validates each of the client’s contributions. As the block tower gets taller and taller, this game becomes very exciting and captivating. When the tower falls, the practitioner should say, “It’s OK if the tower falls. As long as you remember what each of the blocks stand for, you can always rebuild it.”

When this game is over, the “party” begins and should include the following steps:

**Step 1:** The practitioner offers refreshments to the client(s) as a way to establish a nurturing moment.
Step 2: The practitioner summarizes their therapeutic journey, including these elements:

- the duration and the reason for therapy
- initial feelings about the client(s)
- accomplishments the client(s) has made on this journey
- current feelings toward the client(s)

The following is an example: “Chris, you started coming to see me nine months ago because your mom and school counselor were worried about your angry outbursts, at times even hurting yourself and others. You also seemed to be spending a lot of time by yourself, looking sad and lonesome. At that time, I shared their concerns, but I was also curious about what could have caused a young boy of ten to be so angry. Then I met you and found that you were using anger as a screen as a way to prevent anyone from getting to know you. After a few sessions, I discovered that behind that angry screen there was a Chris full of fairness, smarts, and curiosity. We've done a lot of work on expressing feelings, communication, and social skills. You just soaked up these skills like a sponge, turned around and used them at school and at home. I'm so proud and happy to learn that you did not have any melt-downs for four weeks. Now all your grades are A’s and B’s, and on top of that you've even made friends at school and in the neighborhood. Congratulations to you and to your mom.”

Step 3: The practitioner asks the client to share areas which he/she believes have changed for the better, and, to share how he/she felt about the practitioner when they first met and how he/she feels about the practitioner now. (Note: In a group or family setting, each member will have a turn.) The practitioner will model accepting feedback from others – making eye contact, nodding, saying “thanks.”

Step 4: The practitioner presents a farewell gift to the client (or the group or the family). This personalized gift will include a business card or an agency card with guidelines for future contacts. It is hoped that this will ease the pain of separation and prevent the client (or group or family) from feeling abandoned. This ceremony ends with appropriate goodbyes such as hugs or handshakes.

Discussion
Termination is an important step in the therapeutic process. If handled appropriately, the client feels the relationship has been properly “wrapped up” in contrast to the unfinished business of past relationships. All children and adults have felt the hurt of abrupt departures of childhood friends and relatives. They had no control over those incidents. Nobody likes to feel hurt, so often we avoid that pain by not saying goodbye or not making new friends again. This ceremony teaches a healthy way of saying goodbye.

Reference
About the Author
Norma Leben, MSW, LCSW, ACSW, RPT-S, CPT-S, Since graduating with a University of Chicago MSSA, she has worked as CPS supervisor, school dropout team leader, residential treatment supervisor, executive director, and international trainer. She is a licensed clinical social worker and play therapy supervisor who has authored over 45 audio or video recordings, books, and publications in English and Chinese on parenting and play therapy techniques.

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Travelling On

Source: Jacki Short
Published in *Assessment & Treatment Activities for Children, Adolescents, and Families Vol 4* Edited by Lowenstein, 2022

**Theme:** Termination  
**Recommended Ages:** Nine and Up  
**Modality:** Individual, Group, Family

**Goals**
- Playfully acknowledge the end of therapy and transition beyond
- Verbally express thoughts, feelings, hopes, and expectations about the future
- Assist in identifying ongoing resources and supports required

**Materials**
- Travelling On activity sheet (included)
- Markers
- Dress-up clothes and craft supplies such as scissors, colored paper or cardboard, colored felt, glitter glue, stickers, feathers, pipe cleaners, modelling clay, magazines for collage (for optional activities)

**Description**
Introduce the activity by reminding the client that as this is their last therapy session, it might be valuable to think about the future. Provide the client with the Travelling On activity sheet.

After the client has circled all the ways that they would like to travel into their future, they can then share their responses. After carefully listening to and reflecting the client’s responses, explore further by asking questions such as:

1. In what ways is this mode of travelling similar to or different from how you already travel?  
2. How will this way of travelling take you closer to where you really want to be? (or not?)  
3. Are there other ways you want to travel that are not on this list?  
4. What would it be like to travel this way?

**Optional Activity One – Projective Creation**
Invite the client to choose one mode of travel into the future (from their list selections) that is most important to them and create a drawing, collage, or model of it from craft materials.

Allow sufficient time for this craft activity. Between ten and thirty minutes is recommended.
At the conclusion of their creative piece, invite the client to share what they have made and what it means for them. Avoid any interpretations or judgements about the client’s creative piece.

**Optional Activity Two – Movement and Mime**
Invite the client to pretend that they are the object that they have just created (i.e., drawn, collaged, constructed). As an optional addition to this activity, provide the client with dress up clothes, scarves, hats, etc.

As the client is engaging in the movement and mime process, have them consider the following:

1. How does this object move?
2. What sounds does this object make?
3. What direction does this object go?
4. Is there anything that will help this object move forward?

After the movement and mime, ask:
1. What was it like to be this object?
2. What did you learn?
3. What did you like?
4. Is there anything that will help you to move forward?

The answers to the final question can inform any follow up support the practitioner may offer the client in terms of on-going check-ins or appropriate community support services or self-help resources.

**Discussion**
Endings are important in therapy and can provide valuable opportunities to reflect upon and review important learning, change and exchanges between the client and practitioner. As important, is the opportunity to look to and plan for the future. This therapeutic activity provides a playful tool for the client to reflect upon and discuss elements of how they wish to move into the future in ways that are important to them as well as potentially identifying any ongoing needs that can be managed.

Endings can also be challenging for both clients and practitioners. Clients and practitioners may have had less than ideal experiences of relationships ending painfully through such circumstances as death, family separation or divorce, relocation, and Covid-19 lockdown restrictions. Ensuring the client knows well in advance when termination will occur and how, can prepare the client and provide a more positive ending experience. Structured ending activities such as this one, help to give shape and form to the feelings that can be present but difficult to express.

Depending upon the age and maturity of the client, the depth of trust and connection within the relationship established and the type of work that has already occurred, this activity can be a quick, light and playful one or may elicit deeper reflections and significant sharing.
Clinical sensitivity to the way the client is managing the end of therapy and their needs in the final session is critical to optimising the success of this activity. The use and adaption of the process questions as well as the choice to use the optional activities will be informed by the level of engagement of the client.

This activity is informed by a number of creative arts and play therapy approaches including EPR (Embodiment, Projection and Role) (Jennings, 2005; Jennings,1999; Jennings,1993). EPR is a developmental paradigm that follows the progression of dramatic play from the sensory elements of Embodiment (E) through the more externalizing elements of Projection (E) as seen by use of metaphors to Role (R) where the client can play out or enact new roles of ways of being.

Providing a range of activities through which clients may beneficially express and explore their feelings and experiences at different stages of therapy is widely documented (Geldard, Geldard & Foo, 2018; Geldard & Geldard, 2001; Gladding, 2016; Lowenstein, 1999; Neville, 1989; Pearson, 2003; Pearson,1998; Pearson & Nolan, 2003; Pearson & Wilson, 2009) and informs the range of activities offered here.

Art therapy approaches that invite the client to a creative task and allow them the materials, non-judgemental, non-evaluative and supportive space to benefit from personal expression are ideal (Malchiodi, 2007; Malchiodi, 2005; Silverstone, 2009; Rubin, 1999).

The benefits of this activity are that the client can explore moving on from the work with the practitioner in a way that is right for them. Having the possibility of expression with words, images, construction creations, dress up, movement and mime allow clients multiple means (O’Brien & Burnett, 2000) of giving form and voice to how they may see the future.

References


**About the Author**
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Travelling On

Activity Sheet

Circle all the words below that reflect how you want to travel into your future:

On Foot
Horse
On a tour
With family
With friends
Alone
First Class
On a Date
Rickshaw
Slow train
Cruise ship
Canoe
Hot air balloon
Sailboat
Scuba diving
Time machine
Rocket ship
Party bus
Submarine
Battle ship
Bicycle
Helicopter
Hang glider
Dancing
Sports car
Tractor
Magic Carpet
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