Relaxercise
Source: Craig I. Springer and Justin R. Misurell

Recommended Age Range: Five and Up
Treatment Modality: Individual, Conjoint Child-Caregiver, Group

Goals
• Increase awareness of physiological states
• Identify the differences between feeling stressed and relaxed
• Understand the use of relaxation and coping skills
• Learn to use strategies for reducing physiological arousal

Materials
• Stopwatch or timer

Description
In preparation for this game, clinicians should have a discussion with clients about physiological responses to stress (e.g., increased heart rate, shortness of breath and sweaty palms) and review effective stress reducing strategies (e.g., progressive muscle relaxation, visualization, deep breathing, meditation, etc.). The game begins with players (i.e., children, caregivers) being taught to check their pulse and verbally noting the speed of their baseline heart rate (i.e., slow, medium, fast). Older children and adults, depending on their abilities and preferences, can be asked to count their heart rate for 30 seconds and report this number instead. Next, players engage in strenuous exercise for 30 seconds (e.g., jumping jacks, push-ups, or running in place), while the clinician times the activity. At the end of the 30 second exercise period, players check their pulse and verbally note the speed of their stressed heart rate (e.g., slow, medium, fast). Players are then given one minute to engage in calming activities (e.g., progressive muscle relaxation, visualization, deep breathing, meditation, etc.) in order to relax their bodies (e.g., slow down their heart rate and breathing pace). At the end of the relaxation period, players check their pulse and verbally note their relaxed heart rate (e.g., slow, medium, fast). The clinician can help players identify changes in their bodies as they move from a stressed to a relaxed state. Players can earn points for being able to successfully use calming activities. Points can be recorded and exchanged for in-session rewards and privileges. Multiple rounds can be played until mastery is achieved.

Following play, the clinician can lead a processing discussion to ensure understanding and skill acquisition. Processing questions can include: What did you learn from this game? How did your body feel after you engaged in strenuous exercise? What other times has your body felt this way? What did you do during the game to relax and calm your body? How did you feel after using relaxation and calming strategies? When are some other times that you could use these strategies?
**Discussion**

The Relaxercise Game helps children and caregivers distinguish between bodily sensations associated with tension and stress as opposed to relaxation and calm. Brief strenuous physical activity is used to simulate physiological arousal to stress including increased heart rate, shortness of breath and sweaty palms. During this game children and caregivers are provided opportunities to monitor and reduce this heightened physiological response by practicing various relaxation and calming strategies. By rehearsing these skills within the context of simulated stress response, children and caregivers may be more likely to use relaxation and coping strategies in real-life stress-inducing situations.

This activity was developed as part of the Game-Based Cognitive-Behavioral Therapy (GB-CBT) model for child sexual abuse (CSA) (Misurell & Springer, 2013; Springer & Misurell, 2010; Springer & Misurell, 2012). GB-CBT utilizes structured therapeutic games (STGs) as a primary therapeutic intervention to assist children impacted by sexual abuse and their families. STGs are goal-oriented, rule-governed, directive activities designed to teach specific skills through experiential learning, rehearsal and corrective feedback (Springer & Misurell, 2015). Therapeutic games enable children to learn and practice skills in a naturalistic, familiar, age-appropriate and enjoyable manner. The congruence of the games to recreational activities that children routinely engage in helps to enhance skill acquisition and utilization in a variety of contexts.

STGs used in GB-CBT are based on the following principles: 1) STGs are tailored to the developmental level of the child; 2) STGs provide multiple opportunities for practice in order to maximize skill acquisition; 3) STGs emphasize positive interactions between clients and clinicians; to promote pro-social skill development; and 4) STGs foster cooperation, therapeutic relationships, cognitive problem solving, and healthy competition within the context of team-building exercises.

The importance of developing effective coping skills such as relaxation and calming strategies has been discussed in the treatment outcome literature as a critical component for therapeutic success for an array of clinical disorders (Beidas, Benjamin, Puleo, Edmunds, & Kendall, 2010; Cuijpers, Munoz, Clarke & Lewinsohn 2009). Effective coping skills can contribute to the development of healthy social relationships and achieving academic and occupational success (Clarke, 2006; Goleman, 2006; Zins, Bloodworth, Weissberg, & Walberg, 2007). While the Relaxercise game was originally created to assist children and families impacted by sexual abuse, this technique has also been successfully used with children diagnosed with anxiety and disruptive behavior disorders. Currently, the authors are developing GB-CBT curricula to respond to a wider variety of childhood problems and difficulties.

**References**


**About The Authors**

Craig Springer, Ph.D. is the Director of the Psychological Services Clinic at Rutgers Graduate School of Applied and Professional Psychology (GSAPP). Previously he served as Supervising Psychologist at Newark Beth Israel Medical Center’s Metropolitan Regional Child Abuse Diagnostic and Treatment Center, where he co-developed Game-Based Cognitive Behavioral Therapy (GB-CBT). Dr. Springer serves on the Practice Guidelines Committee of the American Professional Society on the Abuse of Children. He is on the editorial board of the Journal of Child Sexual Abuse, frequently provides workshops and trainings, and has authored several peer-reviewed journal articles, book chapters and a book on GB-CBT.
Justin R. Misurell, PhD, is the Clinical Director of New York University’s Child Study Center- New Jersey Office. Previously, he served as Staff Psychologist, at the Metropolitan Regional Child Abuse Diagnostic and Treatment Center, Newark Beth Israel Medical Center, where he co-developed Game-Based Cognitive-Behavioral Therapy (GB-CBT), an integrative and trans-diagnostic approach for addressing childhood difficulties. Dr. Misurell has given numerous presentations and has published multiple articles in peer-reviewed journals, book chapters, and a full-length book on the game-based approach.