

# Get Moving: Therapy for Active Children

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Do you have an active, impulsive, young client that has difficulty sustaining attention and interest in session activities? Some children come into the therapy room and prefer staying in a particular area while others move around the room, quickly and frequently. Child clients that are highly energetic sometimes have difficulty sustaining attention and interest in an activity whether it's self-directed or therapist-directed. Clinicians may have a preference for stationary therapeutic interventions or get caught up in a moment of being stationary and lose the engagement of their more active clients. Many therapists rely on published interventions and find they are not a perfect fit for their energetic client's needs. Incorporating more movement into sessions can engage children in therapy, facilitate positive rapport, and improve treatment outcomes.

Research shows that when kinesthetic learners and children with ADHD are taught with strategies that involve physical movement they are more successful in their classroom (Brand, Dunn & Greb, 2002). Highly active children typically learn best with their whole body through experience and action. Therapists can use strategies that incorporate the bodily-kinesthetic intelligence of their clients for enhanced outcomes (Anderson & Rumsey, 2002). Physical interventions that are trauma specific can help abused children reconnect with their body in positive ways. Movement keeps a higher level of energy in the session, which can make therapy more interesting and engaging for children. In addition to directed energy, attention is heightened. Physical activities can strengthen the therapeutic alliance because there is often an exchange such as when throwing and catching a ball.

In addition to evaluating a client's history and diagnosis, it is important to determine their movement needs. Assess the child's interests, temperament and energy level in developmentally appropriate ways. This may include engaging the child in activities and

asking questions about the child's leisure interests. Some clients indicate that they enjoy many sports and have physically demanding hobbies. This is one good indication that they will likely enjoy movement in their sessions. Parents may report that their child has a hard time slowing down and is spirited. Once it has been determined that the client is likely to respond well to a more active therapeutic approach, then plan to incorporate more physical movement into your sessions.

Movement can be integrated into therapy in numerous ways such as spontaneously integrating movement into a session, planning the use of physically engaging interventions, and making dynamic toys more accessible. More talk and less active interventions tend to be used with teens and therefore spontaneous opportunities to incorporate more motion into a session can occur. Tune-in to signs of the client's anxiety, comfort, and engagement in the session. Break up a sedentary intervention by employing an engaging movement activity.

Physical interventions that are trauma specific can help abused children reconnect to their body in positive ways. Literature and studies reflect that movement in therapy with traumatized children grounds their psychological experience in trauma processing to their bodies (de Tord & Bräuninger, 2015). Yoga is one form of movement therapy that can be particularly appropriate for traumatized clients. For example, when helping a twelve-year-old girl process her trauma history, this author spontaneously incorporated yoga when she appeared to become anxious. The "Warrior" yoga position was used because the name and position was grounding and strengthening. The "Tree" yoga position helped the client focus and balance. The yoga moves also helped to focus her in the present, reconnect with her body versus dissociating, and gave her a greater sense of mastery over her trauma processing (de Tord & Bräuninger, 2015). After introducing yoga spontaneously the first time she would get up and do a yoga move when she was feeling anxious. Her use of yoga reflected her ability to pace herself and manage her anxiety. The clinician's observations play a critical role in understanding the

client's movement needs. These observations provide an opportunity to incorporate unplanned movement in a way that best meets the needs of the client.

Another way to use more physical activity in session is to transform sedentary interventions into more active ones. This can be both spontaneous as well as planned. Have dynamic oriented materials on hand such as different size balls, a Velcro catcher and ball set, hoops or items that can double as hoops. Add a standing component to an intervention, or a physical demonstration. Instead of sitting and drawing something, ask the client to act it out. A Velcro catcher and ball set can be repurposed into many interventions as it's an easy catching tool. One example is taking therapeutic game cards and having the client answer a question each time the ball is caught.

Coping skills are an important part of many therapy orientations. They can be individualized to children and their presenting issues. Coping skills can be taught and then practiced via fun and active interventions. For example, have words or pictures of coping skills on cards. Hide the cards throughout the room and have the client practice the coping skill each time a card is found. This intervention can be turned into a hot-or-cold game to help the client find the hidden cards in the room.

Interventions specifically designed to be more physically active and therapist-directed can be utilized. *Build my Block* is a therapeutic intervention designed for active children. All that is needed is a set of wooden building blocks and a small ball. Below is an example with a boy with ADHD:

Invite the client to build a school out of the blocks. Next, state that sometimes children have a hard time in school. Talk about some specific challenges that children with ADHD might have in school. Explore what happens at school that leads to feelings of frustration or upset. Ask the client to add on to his school structure with the blocks, the places at school where he experiences those feelings. Provide empathetic and normalizing statements. For instance, if the client identified that the

playground is a place he doesn't like because he doesn't have friends to play with then you might say, "sometimes kids don't have a friend to play with at recess and this can be really tough."

The second part of the activity involves inviting the client to playfully tear down the school by taking shots at the school with the ball. This allows emotional expression through physicality. Make it into a game by setting markers to shoot the ball at places in the room. Another variation is to ask the client to identify a coping skill for each throw. Reflect on the client's reactions and attempts as he demolishes the school. For example, say "it's harder than it looks to get rid of the frustrations in school." Process the activity by exploring what it feels like to demolish the school and the negative feelings associated with it. For instance say, "you flattened those feelings of loneliness on the playground and now there's no more playground."

For the next part of the activity, ask the client to build the school of his dreams. Specific instructions might include: "How would your teacher talk to you in your dream school? What would happen if you needed help with your math? Who would you play with at recess? What would you do in your class? If you got distracted what would happen? Where would you go in your dream school when you needed a break from learning?" Select questions that help the client explore solutions by imaging it happening. Invite the client to add blocks to his structure that represent areas of the school that he mentioned while he processes his thoughts and feelings. Added physical engagement can include having the client demonstrate aspects of his dream school that would be different. As an example say, "in your dream school you play kickball with kids at recess. Show me how to play kickball." This is a form of role play that goes beyond just imagining it and is an effective learning strategy.

In conclusion, incorporating more activity into therapy can help active children in a number of key ways. Adjusting the approach in accordance with the activity level of the client enhances the therapeutic relationship. Moreover, a physically active approach

helps active children sustain attention and interest and thus leads to better treatment outcomes.

## References

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