Favorite Therapeutic Activities for Children and Teens: Practitioners Share Their Most Effective Interventions

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Preface

When children are referred for therapy, they typically feel anxious and are reluctant to talk directly about their thoughts and feelings. But activities that are creative and play-based can engage children and help them to safely express themselves. The interventions presented in this book aim to capture and sustain children’s interest and motivation in therapy, while helping them express themselves within the context of a safe therapeutic environment.

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.

The activities in this publication have been divided into the following sections: Engagement and Assessment, Feelings Expression, Social Skills, Self-esteem, and Termination. The book begins with several assessment activities providing clinicians with diagnostic tools to assist in treatment planning. The remaining sections provide activities to help clients master key emotional and behavioral competencies, such as identifying and expressing feeling states, strengthening interpersonal skills, and enhancing self-esteem. A variety of activities are provided within each section, so that practitioners can choose interventions that suit their clients’ specific needs.

The last section of the book presents interventions that can be incorporated as part of the client’s termination process.

Each activity is described within a framework that recommends age suitability and preferred treatment modality. Goals for the activity are outlined. Materials needed to complete the activity are listed. The book 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. 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
Therapeutic Magic Tricks
Source: Diane Frey

Theme: Engagement and Assessment
Recommended Age Range: Five and Up
Treatment 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 she/he can make a rubber band jump from her/his small and ring finger to the fore and middle finger. The therapist puts the rubber band over her/his small and ring finger, then folds all four fingers under and toward 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 her/his right arm with both hands. The therapist says that, despite her/his effort to hold down the client’s arm, she/he can lift the glass to her/his mouth and drink the water. As soon as the client has tightened her/his grip, the therapist reaches out with the left hand, lifts the glass from the right palm up to her/his 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 her/his 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

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 she/he might think change is
impossible for her/him, with additional knowledge it is possible. Although the
client may feel entrenched in a behavior pattern, the therapist can help her/him 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.

It is still true today what Carl Jung said many years ago, “The hands know how to
solve a riddle with which the intellect struggles in vain.” Assisting clients to use
their hands in magic is a highly facilitative process.

About the Author
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therapy, self-esteem, the psychosocial emotional needs of the gifted and
emotional intelligence.

©Diane Frey
Colored Candy Go Around
Source: Katherine Arkell

Theme: Engagement and Assessment
Recommended Age Range: Six to Sixteen
Treatment 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 10-15 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.

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Clay Sculpture
Source: Sharlene Weitzman

Theme: Engagement and Assessment
Recommended Age Range: Six and Up
Treatment Modality: Individual, Group, Family

Goals
• Establish a positive and open therapeutic environment
• Verbally identify and express feelings
• Identify themes to be explored in later sessions
• Increase self-awareness

Materials
• Colored clay or playdough
• Paper
• Pencil or pen

Description
Ask the child to build a sculpture that tells something about who the child is, what he/she likes, or something the child wants you to know about him/her. It is often helpful for the practitioner to make his/her own sculpture at the same time. It does not matter if it is realistic or abstract. The colors chosen will represent emotions, but do not inform the child of this until the end.

Once the sculpture is complete, ask the questions below, and write down the child’s answers. Write the answers in a poetic format. The child does not yet know he/she is creating a poem so the language he/she chooses should be honored but can be embellished by using poetic license.

• What do you want to call this (title)?
• Ask what feeling each color represents and make each answer another line of the poem.
• Regardless of whether it is a person or thing, ask what it would say to it’s/his/her mother, father, siblings, grandparents, best friend (or anyone else in its life). Reinforce that whatever it has to say is okay because this sculpture can say what it feels without having to worry about other people’s reactions or feelings.
• What is the sculpture’s favorite food?
• What/who does it like and not like? Why?
• What does it want the world to know about it?
• (Repeat title at the bottom of the poem.)
Any other relevant questions that come to mind are okay to ask. Write the title at the top and repeat it at the bottom. Be creative in how the poem is visually created and only tell the child he/she has written a poem at the end of the exercise. The child will be surprised and excited that a poem was created. Read the poem back to the child and watch the delight when he/she realizes he/she has written a unique and special piece of work. The child can keep the sculpture that inspired the poem.

This exercise can be repeated in future sessions to evaluate change and progress.

Discussion
Many children, especially during the initial stages of therapy, do not want to or do not know how to express their inner feelings. As well, they need time to establish a therapeutic rapport and the accompanying trust that will allow them to directly speak about their feelings. This projective exercise places the feelings onto an external object and allows children to express their feelings through that object. This creates a safe way to tell the practitioner some of the key themes that will be present in sessions. The sculpture acts as a concrete representation of children’s inner feelings and allows them to utilize the creative arts as a forum for expression while also having a three-dimensional, tangible representation of their therapeutic experience.

Reference

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Time Machine
Source: M.E. Leroy

Theme: Engagement and Assessment
Recommended Age Range: Five and Up
Treatment Modality: Individual

Goals
- Establish a positive and safe therapeutic environment
- Determine the particular event(s) in the client’s life that continue(s) to preoccupy the client’s mind
- Identify feelings of guilt and responsibility

Materials
- Paper and markers
- Lego®
- Playdough

Description
Tell the client that she/he can use any of the above three materials (or a combination of them) to build a model of a time machine.

Once the child has completed the time machine, ask the child where she/he would go if she/he could travel back in time or go forward into the future. Encourage the child to use her/his imagination to go to a time beyond her/his lifespan. For example, if the child is eight years old, tell the child that if she/he chooses to go back in time she/he must go more than eight years back and if she/he chooses to go forward, she/he must go forward at least 100 years into the future.

Once the child has chosen the time ask her/him why she/he chose that particular time? What would the child be able to see, hear, touch, and taste? Who else would be there with the child? What would the child be able to do? Would there be dangers? If so, what would they be?

After the child has chosen and discussed a time that is beyond her/his life span, ask the child to travel to a time that is within her/his life span. For example, if the child is eight years old, tell her/him to choose a time within the past eight years of her/his life.

Once the child has chosen the time, ask why she/he chose that time? Who was there with the child? What was the child doing in that time? How did the child feel
during that time? Were there any dangers, if so what? What was good, not good about that time?

**Discussion**
Most children who have had difficulties in their lives enjoy the mental exercise of escaping to a different place and time. This activity allows the child to have fun imagining the different places she/he could go and therefore increases the level of engagement in therapy. After the client has engaged in this activity, she/he is typically more open to discussing her/his own life. Asking the child to travel back to a particular time in her/his life can give the practitioner valuable assessment information, for example, it may be an indication that the child is grappling with an unresolved situation.

When working with children who have experienced abuse, this activity empowers the child as she/he has the ability to “go back” and do things differently. It also allows the practitioner to assess whether the child continues to experience responsibility for the abuse. As such, the activity presents the practitioner with the opportunity to process the child’s understanding of her/his abuse and to correct distorted beliefs around who is responsible for the abuse.

**About The Author**
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Scavenger Hunt
Source: Liana Lowenstein

Theme: Engagement and Assessment
Recommended Age Range: Seven and Up
Treatment Modality: Group

Goals
- Increase group cohesion
- Assess and improve the group member’s problem-solving abilities
- Increase open communication

Materials
- List of scavenger hunt items
- Score sheet

Advance Preparation
Develop a list of scavenger hunt items for the group members to collect. The list can be modified, depending on the age of the clients and the issues to be addressed in the session. For example, scavenger hunt items for a group of children dealing with divorce can include: (1) a written definition of divorce, (2) an outline of a hand, (3) five feelings children may have when parents divorce, (4) two people with the same shoe size, (5) words of advice to help children who feel the divorce was their fault, (6) a group of children holding hands and singing a song.

Description
Explain the activity as follows:

“You will be divided into two teams. Each team will get a list of scavenger hunt items. You will have 15 minutes to collect as many items on the list that you can. Some of the items will need to be gathered from around the room, and some of the items will need to be created. Some of the items will require creativity. You will be awarded one point for each item you collect. You will be awarded extra points for teamwork, creativity, and positive behavior.”

A group leader should be assigned to each group to assist with reading and writing and to facilitate appropriate group interaction.

Discussion
This intervention promotes communication regarding divorce, catharsis of feelings, and problem-solving. It encourages creative thinking and open dialogue among group members.
Reference

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Mirroring Activity
Source: Evangeline Munns

**Theme:** Engagement and Assessment  
**Recommended Age Range:** Three and Up  
**Treatment Modality:** Individual, Family

**Goals:**
- Increase attunement between two or more individuals
- Improve self-control
- Improve ability to follow directions from someone else

**Description**
Explain the activity as follows:

“I want you to stand in front of me just right there (pointing to a spot about two feet in front of the practitioner). You are going to be my mirror. Everything I do you will try to copy, but the trick is to copy me at exactly the same time that I am doing it, so you are my mirror. I will go slowly so you have a chance to think about where I will be moving so we can do it exactly at the same time. We can’t touch each other. I will lead first and then you will take a turn leading. Ready? Here we go!”

**Discussion**
This activity is an amazingly effective one for bringing two or more individuals (if working with a family) into attunement with each other. The participants have to be fully attentive, engaged, and sensitive to each other. It also motivates the individuals to be co-operative with each other. The practitioner needs to correct the movements of the leading person if she/he is going too fast, because then the follower will only be able to imitate (be a few seconds later in copying the movements) rather than truly mirror what the leader is doing.

If the leader starts to move into difficult positions with her/his hands or body, then the practitioner may suggest, “Just keep it simple,” so the follower has an easier time to truly mirror the action. The practitioner may suggest that the leader just move the hands at first.

This is an effective activity for increasing the attunement between parent and child, between siblings or peers, and has also been used in marital therapy.
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Call-Outs: Learning the Language
Source: Jodi Smith

Theme: Engagement and Assessment
Recommended Age Range: Twelve to Sixteen
Treatment Modality: Individual, Group

Goals
• Establish a positive and open therapeutic environment
• Increase open communication
• Gather information about the client

Materials
• Cardstock or construction paper
• Markers

Advance Preparation
Cut out call-outs (use template provided) using different colored paper.

Description
Explain the activity as follows:

“On each call-out write a word, term, or saying that you and your friends use. Make sure to include at least one saying your parent/guardian hates, one saying you would never say in front of a parent and/or teacher, and one saying you don’t think I will know. On the back of each call-out, write the meaning of the saying.”

Once done, the clients can share their call-out cards, their meanings, how they use them, and which of the above categories they fit into.

Discussion
Teenagers often speak their own language. Some use words that they pick up on TV, some use words universal to teenagers, some have words that are created/used just within their own group, some are geographical and some are generational. These words help teenagers express themselves in a unique way that separates them from the adult word. Sometimes these words are used to mislead adults or conceal the true meaning of what is being said.

Learning the language of teens demonstrates genuine interest and acceptance of them. This facilitates positive rapport and open communication.

A variation of this activity is to make it into a game in which the clients challenge the practitioner to guess the meaning of each call-out.
About The Author
Jodi Smith, MSW, LCSW, RPT-S, is a Licensed Clinical Social Worker and Registered Play Therapist Supervisor specializing in using play therapy in clinical practice with children, adolescents and their families, as well as with adults. Jodi is currently the Director of Norton-Fisher Child & Family Programs for West End Family Counseling. Additionally, she maintains a private practice in Claremont, California, and is a part-time lecturer for the USC School of Social Work.
It’s My Life CD  
Source: Jodi Smith

**Theme**: Engagement and Assessment  
**Recommended Age Range**: Twelve and Up  
**Treatment Modality**: Individual

**Goals**
- Establish a non-threatening therapeutic environment  
- Gather information about client’s life and perceptions of their past

**Materials**
- Empty plastic CD jewel case  
- Paper, construction paper, markers, colored pencils

**Advance Preparation**
Cut several pieces of paper to fit inside the jewel case.

**Description**
Begin by exploring the client’s musical taste and favorite musicians, bands, and CDs. Present the client with the empty jewel case and explain that he/she will be designing her/his own CD. This will include:

- the CD title  
- a cover design  
- a playlist

The CD theme can be as vague as “This CD will be about your life,” or more specific, such as focusing on a specific treatment issue (i.e., anger, grief, and so on).

Clients can create fictitious song titles for their playlist or select real songs that have meaning for them, or a combination of the two.

**Discussion**
Many teenagers are immersed in the world of music. Music lyrics often elicit strong emotions, normalizing and expressing their emotions in ways that they either cannot or do not feel safe doing. This connection to music is a great way to begin to establish a relationship with teen clients in a non-threatening manner.

The information gathered from this project can be used as a springboard for further discussions and activities. Some clients can then create lyrics to some of
the songs on their playlist. The practitioner may also suggest additional CDs to work on, such as “Greatest Hits” (focusing on self-esteem) or “Volume II: My Future” (focusing on goals). The possibilities are endless.

About The Author
Jodi Smith, MSW, LCSW, RPT-S, is a Licensed Clinical Social Worker and Registered Play Therapist Supervisor specializing in using play therapy in clinical practice with children, adolescents and their families, as well as with adults. Jodi is currently the Director of Norton-Fisher Child & Family Programs for West End Family Counseling. Additionally, she maintains a private practice in Claremont, California, and is a part-time lecturer for the USC School of Social Work.
The Magic Key
Source: David A. Crenshaw

**Theme**: Engagement and Assessment

**Recommended Age Range**: Nine to Fourteen

**Treatment 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


About The Author

David A. Crenshaw, Ph.D., ABPP, 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.
**Assessment Etch-A-Sketch Inquiry**

*Source: David L. Olguin*

**Theme:** Engagement and Assessment  
**Recommended Age Range:** Thirteen to Eighteen  
**Treatment Modality:** Assessment

**Goals**  
- Establish a floor plan drawing to help clients develop insight into triggers exacerbating symptoms at home  
- Gather information about the client’s home situation  
- Increase open communication

**Materials**  
- Etch-A-Sketch  
- Photocopy machine

**Description**  
Provide clients with an example of what a floor plan looks like. Sample drawings of floor plans can be placed on a poster board for them to see. Then provide the clients with the Etch-A-Sketch, and ask them to draw as much of the floor plan of their current home as possible. Observe the clients’ reactions while drawing the floor plan. Ask here-and-now process questions (listed below) during the assessment, then ask debriefing process questions (listed below) with clients after the intake assessment is completed.

**Here-and-now process questions:**  
1. What is happening to you right now?  
2. Are you having a hard time with the drawing?  
3. What is it like for you to have to draw the floor plan?

**Debriefing process questions:**  
1. What did you think of when I told you that you had to draw a floor plan of your home?  
2. As you were drawing, what were some thoughts/feelings that went through your mind/body?  
3. What thoughts/feelings went through your mind/body as you noticed that you were halfway finished with the floor plan drawing?  
4. What thoughts/feelings went through your mind/body as you finished the floor plan drawing?  
5. Where is your room, and do you have to share it?  
6. What is your favorite room in the house?
7. What makes that room your favorite room in the house?
8. When you do not feel like talking to anybody, where in the house do you go to get away?
9. When you are in the room, what thoughts go through your mind?
10. When you are in the room, what feelings go through your body?
11. If you could get rid of any room(s) in the house, which room(s) would you get rid of?
12. What would motivate you to get rid of the room(s)?
13. If you were to change or add anything to the floor plan, what would that be?

Carefully turn-over the Etch-A-Sketch (do not shake it) to make a photocopy of the sketch, write a brief narrative and attach it to the assessment so that it can be used in subsequent sessions.

Discussion
An Etch-A-Sketch can serve as a useful tool to make the assessment process more engaging for clients. It is important to process any connections (or lack thereof) clients have to particular rooms during the debriefing. Further discussion about the sketch will eventually increase clients’ insights and lead to identifying which symptoms need to be targeted in treatment. This drawing will help clients identify triggers at home, gain senses of safety and belonging, and learn coping strategies.

This activity can also be modified for adolescents who reside in group or foster care. With time permitting and developmental considerations of clients, the activity can be modified to have clients only draw the room in which they sleep.

About The Author
David L. Olguin, Ph.D., LPC, is an Assistant Professor at the University of New Mexico (UNM) and a Licensed Professional Counselor in Albuquerque, New Mexico. He was trained in play therapy at the University of New Orleans and uses play as a central modality in both school and mental health settings. His counseling specialty and research interests involve ethnically diverse children, adolescents, and families. He has authored and co-authored publications in referred journals and book chapters.

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Socio-Sand-Atom
Source: Sheila Ostroff

Theme: Engagement and Assessment
Recommended Age Range: Seven and Up
Treatment Modality: Individual

Goals
- Gather a past and present client history similar to a genogram
- Establish a narrative (concrete and symbolic)
- Externalize personal relationships through the use of spatial placement
- Create a safe place to concretize loss or a traumatic history

Materials
- A variety of individual objects and figurines such as those used in sandplay therapy
- A circular tray, 12–16” in diameter. The bottom of plastic planters can be used
- Clean sand to fill the tray
- A Polaroid camera or digital camera/printer for record keeping
- A system to record client information

Description
Ask the client the following three questions:

1. Can you choose one or more objects to represent yourself and place it in the sand in the center of the circle?
2. Can you choose objects to represent people or pets (living or dead) that have been important to you?
3. Can you place these objects around the center, putting the persons you feel close to at the nearest to the center and those you don’t feel as close to further away from the center? If scary individuals have been chosen, they can be placed on the outside of the tray.

Observe and assess the details below as the client chooses and places the figurines or objects:

- Where and how are the objects positioned?
- In what directions are the objects facing?
- Whom does the client feel close to or distant from?
- How close to or how far away are they from the client in the center?
- Has the client chosen one or more objects to represent himself/herself?
- How does the client see himself/herself, family members, and friends?
• How many or how few objects are chosen to fill the space?
• What types of objects are chosen?
• What sizes have been chosen for the objects?
• How comfortable is the client working with the symbolic objects?

Process the Socio-Sand-Atom by asking the following questions:

• Tell me about your choices for the Socio-Sand-Atom.
• Explain who has been represented in the tray.
• Who have you included and why?
• Why have you placed or positioned them in those spaces?
• Is anyone purposely not included, and if so, why not?
• Would you like to choose a figurine for the individual you omitted, but leave it out of the tray?
• Who, what, and where are your support systems?
• Who do you feel close to or distant from?
• Has anyone hurt or traumatized you? (An abuser is to remain out of the tray and possibly covered up.)
• What else do you feel is important to say about your Socio-Sand-Atom?
• How did you feel as you were creating your Socio-Sand-Atom?

At the end of the session a photographic record is taken.

Discussion

This activity is a combination of a social atom, a sandplay experience, and a genogram. As a social atom, it is used to show the client relationships and interactions with the individuals that surround her/him in real life. This method introduces the client to a world of sensory, symbolic, and sand play. It is similar to a genogram in that it can be used as a tool to gather personal, family, and social history.

The round tray is purposely suggestive of a mandala, which has been considered by Jungian psychotherapists to be the embodiment of the self.

This assessment method is multidimensional. It can be used as a formative evaluation when beginning with a new client, and once more as a termination assessment. It helps to introduce the concept of symbolic and projective play to the client in a very gentle, engaging way by involving her/him in a playful thought process. It demonstrates how the client envisions herself/himself. It facilitates assessment of the client’s family history.
The information the client provides respects the client’s pace. It is important not to go beyond what is willingly volunteered.

This is a directive and projective assessment. It links the objects with individuals by externalizing their emotional thought process. Since “thoughts affect feelings,” this activity helps the client express underlying problems he/she may be experiencing.

The Socio-Sand-Atom helps the client to begin to tell his/her own story. Comparing multiple trays can also be used to qualitatively evaluate psychological change, through a comparison of previous trays. Upon termination, this comparison allows the client to see the concrete personal changes that have been made.

**About the Author**
Sheila Ostroff, MA, CCC, CPT, is a certified Canadian counselor, a grief recovery counselor, and an art, sandplay and drama psychotherapist. She is trained in trauma psychotherapy, EMDR, and CBT. In her private practice, Sheila sees individuals with ADHD and LD, trauma, and chronic illness, as well as abused children, anxious teens, and mothers at risk. Her professional objective is to help find order and balance in chaos, and to focus on symbolic expression and self-esteem with children. With adults and teens she works on identity and transitional challenges and stress relief.

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If I Were a Superhero
Source: Susan Kelsey

**Theme:** Engagement and Assessment  
**Recommended Age Range:** Six to Ten  
**Treatment Modality:** Individual, Group

**Goals**  
- Assess the client’s coping mechanisms  
- Improve the client’s ability to conquer fears

**Materials**  
- Markers, colored pencils, pencils, or crayons  
- Drawing paper  
- Lined paper and pen

**Description**  
Explain the activity as follows:

“Let’s pretend that you are a Superhero who has never been invented before. Imagine what you look like, what your superpowers are, and how you use them. For instance, Spiderman looks like a spider in a web, is able to climb up buildings and throw webs on people, and he uses his powers to capture mean guys. After you invent your Superhero, draw your Superhero in action on this paper.”

After the client finishes his/her drawing, explore in depth who he/she has invented, what the superpowers are and how they are used. Write down each answer on the lined paper. It is also helpful to explore how the Superhero may be like the client.

**Discussion**  
The client’s Superhero can provide valuable information about his/her coping strategies. Children who are traumatized or feel helpless may have trouble inventing a Superhero. If this is the case, then this activity can be reintroduced as therapy progresses to assess the child’s progress.
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 currently President of the Orange County Chapter 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.
I Am, I Think I Am, I Don’t Think I Am
Source: Susan T. Howson

Theme: Engagement and Assessment
Recommended Age Range: Eight to Fourteen
Treatment Modality: Individual

Goals
- Assess the child’s self-esteem and world view
- Discover the positive and negative beliefs the child has of himself/herself
- Increase values vocabulary

Materials
One set of Manifest Your Magnificence Affirmation Cards for Kids (to order go to www.magnificentcreations.com or call 1-866-511-3411)

Description
The practitioner has the child sort the affirmation cards into three piles: attributes that he/she knows she/he has, attributes he/she thinks he/she has, and attributes that he/she doesn’t think he/she has.

The child can be engaged in a discussion around how the cards ended up in different piles. The practitioner can pose such questions as, “I am curious about the cards you put in each pile. Tell me about how you decided to put them there.” “I noticed you don’t think you are caring. Tell me about this.” This allows the child to express how he/she views himself/herself in a safe environment and shows the practitioner which aspects of self the child identifies with and which she/he doesn’t. This information can guide the practitioner in future work, by building on the child’s perceived strengths and focusing on areas for personal growth.

Discussion
This exercise engages the client actively and experientially in the process of self-awareness. This is a very telling exercise for the practitioner to begin to understand life from the child’s perspective, to gain valuable insight into which values the child sees in himself/herself, and to gain a sense of the child’s level of self-esteem.
About The Author
Susan T. Howson, MA, CPCC, CHBC, is a Professor at Ryerson University in Toronto. She has an MA in Instruction and Special Education, is a Certified Professional Coactive Coach, and is a Certified Human Behavior Consultant. Susan is also a Family and Relationship Systems Coach, an author, a keynote speaker, and a humanitarian-award winner. She has also won the International Coaches Federation PRISM award for the development of the Kids Coaching Connection Program and was a finalist for Canadian Coach of the Year. Susan has developed products (Manifest Your Magnificence Creations) that teach positive values and self-esteem.
What If Game
Source: Donicka Budd

Theme: Engagement and Assessment
Recommended Age Range: Seven to Sixteen
Treatment Modality: Individual, Group

Goals
- Assess client’s awareness of feelings
- Increase open communication

Materials
- What If cards
- A wastepaper basket

Advance Preparation
To make the What If cards, photocopy the questions provided below onto cardstock and cut them into cards.

Description
Two players take alternate turns throwing crumpled up paper into the wastepaper basket. If a player succeeds in getting the paper into the basket, he/she picks up a What If card and responds to the question on the card. If the player does not succeed in getting the paper into the basket, the other player can ask that person a question.

Discussion
This activity provides valuable assessment information and facilitates open communication. The activity also helps to build therapeutic rapport. For example, if the practitioner selects the card, “What if your pet could share something about you, what would it say?” The practitioner could respond, “My cat would say I’m the biggest slob in the morning.” This response helps the client see the practitioner on a more human level.
<table>
<thead>
<tr>
<th>Questions for the What If cards</th>
</tr>
</thead>
<tbody>
<tr>
<td>What if someone was thinking about you right now, who might that be?</td>
</tr>
<tr>
<td>What if your life was all in color, what colors would it be?</td>
</tr>
<tr>
<td>What if you could ask anyone a question, what might you want to know?</td>
</tr>
<tr>
<td>What if you could speak your mind about anything to anyone, what would you say?</td>
</tr>
<tr>
<td>What if someone gave you some helpful advice to help you with something, what might they say?</td>
</tr>
</tbody>
</table>
Reference
Budd, D. *Empowering adolescents to realize their potential: Innovative activities to engage the 'I don't know, I don't care' responsive youth through expressive arts and play.*

About The Author
Donicka Budd, CYW, is a certified Professional Child and Youth Worker with ten years of experience working with vulnerable children, youth, and families. Donicka works as a Family Support Counselor in a children’s mental health agency and has led several workshops in the Toronto area. Her innovative, playful style is illustrative of her work with her clients. She is the author of *Empowering Adolescents to Realize Their Potential: Innovative Activities to Engage the “I Don’t Know, I Don’t Care” Responsive Youth through Expressive Arts and Play* and creator of her own line of therapeutic games. She currently serves on the Board of Directors of the Canadian Association for Child and Play Therapy.
Inside Hurts and Outside Hurts
Source: Lorie Walton

Theme: Engagement and Assessment
Recommended Age Range: Three to Twelve
Treatment Modality: Individual

Goals
- Gather information about the child’s hurtful experiences
- Help the child differentiate between inside hurts (feelings) vs. outside hurts (physical body)
- Increase child’s ability to identify and discuss hurts
- Assess the child’s coping strategies regarding hurtful experiences

Materials
- Box of different sized Band-Aids (small, medium, large)
- Large piece of mural paper
- Changeable markers (Crayola)
- The book *The Hurt* by Teddi Doleski (optional)

Description
Read the book *The Hurt*, which describes an inside emotional hurt. Then tell the child that today they will be talking about hurts (big hurts, little hurts, inside hurts, and outside hurts). Tell the child that to do this activity a traced outline of his/her body is needed, and asks the child’s permission to trace his/her body. The child’s body is traced onto the large piece of mural paper with a marker. Then the different sized Band-Aids are displayed and the practitioner explains to the child that sometimes Band-Aids are used to help hurts feel better. The practitioner asks the child to think of a hurt he/she has had in the past or of one that still exists, if the hurt is a big, medium, or little one, and to choose an appropriately sized Band-Aid. The child is asked to stick the Band-Aid onto the part of his/her outlined body that had the hurt — that is, the head, knee, heart, etc. The child is encouraged to verbally name the hurt, for example, “I fell down when riding my bike and cut my knee.” The child is then asked to indicate whether it is an inside hurt (involving feelings) or an outside hurt (physical injury to the body). Using a changeable marker (not the white one), the practitioner then writes what the child says beside the Band-Aid. This exercise is continued by using a Band-Aid for each “hurt” the child mentions.

When finished, the practitioner reviews the outlined body with the Band-Aids and identifies the hurts with the child. Ask the child which hurts still exist and which ones do not. If the hurt no longer exists, then using one of the white changeable markers, the child scribbles over the existing written words. This will change the
color of the words. Then using a different color, the child writes down beside the changed hurt who or what helped make the hurt go away. This helps the child to become aware that the hurt has gone away and to feel emotionally empowered by the positive change that has occurred.

As hurts are reviewed, the child may identify hurts that continue to exist. The practitioner can help the child think of ways that may eventually help those hurts go away, and make a list of who or what can help those hurts go away to use as a guide to help the child in future sessions.

**Discussion**

This activity can help the child openly discuss hurts (physical and emotional) and assess whether the child is able to disclose and discuss past and present hurtful experiences.

Often children who have experienced physical trauma such as corporal punishment or sexual abuse have not been able to identify that inside emotional hurts can hurt just as much if not more than physical hurts.

It is important to let the child know that sometimes talking about hurts can be hard to do and that he/she can stop the activity at any time if he/she feels scared, unsure, or worried. It is important to regularly “check in” with the child to ensure he/she is comfortable with continuing.

The practitioner must carefully observe the child to assess coping strategies while doing this activity. For instance, does the child calmly participate during this activity or does the child appear stressed, hypervigilant, distant, dissociative? If the child appears highly stressed or emotionally unable to manage this activity, then the activity should be ended. It is best to end this activity as sensitively as possible but also allow for it to be revisited again at another time. One possible explanation is to say, “Sometimes it is really hard to talk about hurts like this and today seems like it is one of those times. How about we stop for today and try it again on another day?”

**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., in Bradford, Ontario, 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 for agencies within Ontario and is currently the 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®.
Section Two: Feelings Expression
Theme: Feelings Expression
Recommended Age Range: Four to Twelve
Treatment Modality: Individual, Family

Goals
- Identify and verbalize feelings of anxiety or worry
- Identify coping strategies that target a decrease in frequency and intensity of anxiety reactions
- Decrease the frequency, intensity, and number of worries experienced by the client

Materials
- Ball of yarn
- Scissors
- Paper
- Markers
- Finger puppets of bugs

Description
Begin by telling the client, “Everyone has worries and sometimes we have so many worries that they get all tangled up inside. It’s hard to tell one from the other anymore. We just go around feeling worried and anxious without even knowing why. Today we are going to untangle those worries. Let’s start by pulling out one thread at a time and naming it.” The practitioner then gives an example of one big worry and one small worry. For example, the practitioner might say, “I get a little worried when we’re out of milk, but I know we can go to the store and get some more.” Then pull some yarn out from the tangled ball. Deliberately pull more yarn than is needed to represent this worry. Then say, “I worry this much about it” and hold up the length of yarn. Then say, “Actually, I don’t worry quite that much about the milk, so I’m going to make it this long” and shorten the piece of yarn by a foot. Help the client to untangle at least five or six worries. Some will be small and some may seem like miles of yarn. As the child cuts each piece of yarn (the length reflecting the intensity of the worry), write the worry in magic marker on a small piece of paper and tape it on the yarn (this helps delineate one worry thread from another). Then tell the client that you are going to tie the worries up all around the room until they look like a spider web. Tie one end of the yarn to the door handle and the other to the top of a bookshelf. Let the client choose where some of the yarn lengths get tied. However, they should cross each other across the space so that the threads end up looking like a spider web.
It can be helpful to invite the parent/caregiver in to look at the web to see the child’s worries. If a parent is invited into the session to witness the web, have the client verbalize each of the worries out loud.

Then talk about ways to cut the worries down, so that the client will not continue to get caught in their web. Strategies for dealing with anxiety are then discussed. These may include stress inoculation strategies such as deep breathing exercises, progressive muscle tension/relaxation exercises or the use of positive imagery, and thought stopping, thought replacement techniques. As the client verbalizes each strategy, he/she uses the scissors to cut down one thread of the web, until the web has disappeared.

Discussion
Emotions such as anxiety are hard to articulate, even in adulthood. Our youngest clients are aided in their ability to wrestle with this intense yet nebulous emotion by externalizing it and manipulating in kinesthetically in the form of the yarn. Parents are often startled by the intricacy of the three-dimensional web that presents itself at the end of the work, but almost always the realization that their child is dealing with this complexity of worry renews their compassion and patience for the child. At the end of the session, the child takes home cut up pieces of the web. The child’s job is to give a piece of yarn to the parent whenever the child is feeling anxious. The yarn serves as a non-verbal signal that the child is in distress and needs some parental intervention.

Reference

About The Author
Paris Goodyear-Brown, MSW, LCSW, RPT-S, is a social worker and Registered Play Therapist Supervisor residing in Nashville, Tennessee. She maintains a private practice, serves as adjunct professor at Trevecca University, has a clinical appointment with the Psychiatric Nursing Program at Vanderbilt University and guest lectures with the graduate counseling programs of Peabody College. She has an international reputation as a dynamic speaker and has been awarded the Play Therapy Public Education and Promotion award by the Association of Play Therapy. She is the author of Gabby the Gecko, a bibliotherapy material aimed at helping children disclose and heal from trauma. She is the author of Digging for Buried Treasure: 52 Prop-Based Play Therapy Interventions for Treating the Problems of Childhood and Digging for Buried Treasure 2: 52 More Prop-Based Play Therapy Interventions for Treating the Problems of Childhood and co-author of an original DVD of prescriptive play therapy interventions entitled 10 Peas in a Pod.
Catch a Feeling Game  
Source: Megan Logan

**Theme:** Feelings Expression  
**Recommended Age Range:** Three to Eight  
**Treatment Modality:** Individual

**Goals**
- Increase identification and expression of 3–6 different emotions  
- Increase body awareness of physiological sensations related to different emotions

**Materials**
- Soft, squishy balls

**Description**
The practitioner engages the child in talking about different feelings. Once three to six feelings are identified, they are written down on a piece of paper and folded. The child takes a turn and picks a piece of paper. He/she must then throw the ball at the wall like the feeling. For example, a child would throw the ball softly, limply, and slowly for sad. Or a child would throw the ball hard, fast, and intensely for angry. The practitioner then takes a turn to demonstrate if the child has difficulty with the concept.

The practitioner observes the child’s body language and any change in facial expression when the ball is thrown. The practitioner will comment and reflect back to the child noting the change in facial expression and body language.  
A discussion follows for each feeling demonstrated about how our bodies respond to different emotions and can help us identify how we feel. The child can also be instructed to think of something before the ball is thrown to elicit different emotions (“think of something that makes you angry”). Then a connection between a trigger and a feeling can be made.

The practitioner can also introduce the idea of action urges related to different feelings (i.e., that we hit when mad; freeze, flee, or fight when scared). A discussion of appropriate ways to act on feelings can follow.

**Discussion**
This is an engaging way to begin talking about feelings with children. It can be a helpful tool to assess a child’s understanding and awareness of different feelings and connection to facial expressions and actions.
Preschoolers love the physical activity involved and can become quite animated during the intervention. It is also an effective way to introduce the cognitive-behavioral connection (i.e., how a perception of an event contributes to a feeling and results in a behavior or action).

**About The Author**

Megan Logan, MSW, LCSW, is a licensed clinical social worker and qualified supervisor in Florida. She has provided direct practice for the past nine years in the community mental health agency setting. Megan also serves as the Secretary/Treasurer of the First Coast Unit of the Florida Chapter for the Association for Play Therapy (APT). She is currently pursuing RPT/S credentials.
**I Am …. Check-In Activity**  
*Source: Tina Luna*

**Theme:** Feelings Expression  
**Recommended Age Range:** Ten and Up  
**Treatment Modality:** Individual, Group

**Goals**  
- Establish a positive and safe therapeutic environment  
- Increase open communication  
- Gather information about client’s feelings and needs  
- Increase group cohesion

**Materials**  
- Copy of activity sheet, cut up into individual strips  
- Pencil or pen  
- Glue

**Advance Preparation**  
Photocopy the activity sheet template on brightly coloured paper and cut into strips.

**Description**  
At the beginning of each session, the client/group member completes the sentence “I am …,” according to how he/she feels that day. Or the slip can be filled out however the client wishes to complete the sentence. Examples could be: “I am going to my dad’s house today,” or “I am excited because I am going to a sleepover tonight,” or “I am sad because my mom is sick.”

The client’s sentence completion is used as a point of departure for further discussion.

**Discussion**  
This is an effective "check-in" activity, especially with client’s who do not share easily. It can be helpful to let the client know that if she/he is not feeling comfortable sharing, he/she can keep the "I am …" to her/himself and glue the written sentence into the scrapbook. When used in a group, this activity gives the members an opportunity to listen to each other, and gives the members who are quieter a structured time to speak. As the client becomes more engaged in therapy, the sharing may be more detailed.
About The Author
Tina Luna, BASc, is a Child and Youth Counselor. She maintains a private practice and works with children in the school setting. She has an honors degree in Family and Social Relations and is currently enrolled in the Play Therapy Certificate Program with the Canadian Association for Child and Play Therapy.
**Theme:** Feelings Expression  
**Recommended Age Range:** Five and Up  
**Treatment Modality:** Individual, Group, Family

**Goals**  
- Increase feelings vocabulary  
- Verbally identify and express feelings  
- Increase awareness of normal feelings associated with the client’s presenting problems

**Materials**  
- Paper  
- Black marker  
- Crayola Color Changeable Markers™  
- Small candy (i.e., Jolly Ranchers™, Hershey Kisses™) or stickers (optional)

**Advanced Preparation**  
Draw various shapes (i.e., squares, circles, triangles, hearts, etc.) on the paper using a black marker. The shapes need to be large enough for feeling words to be written inside. Write a feeling word or the word “Treat” (optional) inside each shape using the invisible marker from the package of Crayola Color Changeable Markers™.

**Description**  
Players take turns coloring a shape with one of the Color Changeable Markers™. Coloring the shape will reveal the feeling previously written inside the shape with the invisible marker. After the feeling has been revealed, the player discusses a time he/she experienced that emotion. If the word “Treat” is revealed, the player selects a piece of candy and discusses a feeling of his/her choice. Stickers can be used instead of candy, if desired.

**Discussion**  
This technique facilitates emotional expression of “hidden” feelings. During the course of the activity, feelings are revealed and processed. This technique allows the practitioner to select specific emotions pertaining to the client’s diagnosis, treatment plan, or treatment goals. For example, if the client is experiencing depression, the practitioner can select “depressed,” “sad,” and “upset” as three of the feelings to write inside the shapes. For an anxious child, the words “anxious,” “nervous,” and “worried” can be selected. The ability to
prescriptively select specific emotions allows clinical discretion to ensure treatment goals are addressed.

Throughout the activity, the practitioner has the opportunity to normalize and validate the emotions discussed by the client. As an additional component, coping skills to manage emotional distress can be identified and discussed. This technique can be modified for any stage of treatment and may focus on general emotions or feelings related to a specific presenting problem.

The use of candy or stickers is an optional part of the intervention, but the prospect of “winning” something during the course of the activity may lower defenses and may incorporate an additional component of playfulness into the technique.

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 author, instructor of play therapy, guest lecturer, and internationally recognized speaker who has trained hundreds of professionals. Sueann is President of Play Therapy Corner, Inc., is actively involved in the play therapy community, and is author of Techniques-Techniques-Techniques: Play-Based Activities for Children, Adolescents, & Families.
The Feelings Wheel Game
Source: Norma Leben

Theme: Feelings Expression
Recommended Age Range: Four and Up
Treatment Modality: Individual, Group, Family

Goals
- Teach 64 feeling words for expression of emotions
- Increase client’s ability for verbal and non-verbal expression of feelings
- Help client verbally describe causes for negative feelings before anger outburst to achieve greater self-control

Materials
- The Feelings Wheel Game (available from www.playtherapygames.com)

Advance Preparation
Acquire a Feelings Wheel Game, which includes two game boards, each containing 32 feelings, a glossary of feelings, eight game markers, two dice, and an instructional booklet. A 10-minute DVD is in the deluxe package.

Description
Explains the game as follows:

“This game is called the Feelings Wheel Game. Many people think that feelings are abstract things buried deep in our hearts and brain. We have feelings about most things around us like people, places, and activities. To have the ability to feel is what we’re born with, but we’re not born with the words to describe them. So, today, we’re going to start learning those words so that you can share feelings with your parents, family members, and friends.

Let’s take a look at the Game Plan on the back of the game. As beginners, let’s begin with Feelings Wheel Board #1, see all the feelings faces? Every time we play this game, we need to make a few decisions. First, are we going to move clockwise or counterclockwise around the Feelings Wheel? (pause) Second, do we use one dice or two? (pause) Third, who wants to take the first turn? (pause) Fourth, which color marker do you choose? (pause) Fifth, which feeling word do you choose to start the game? While you’re making up your mind, I'll quickly read out the 32 feelings in case it is difficult for you to read upside down. It's OK not to understand all of them for now. We'll eventually learn them all as we play. Each player has the freedom to begin on any feeling word. For this first time, I propose to go a full circle of all 32 steps. Any questions?
For our first game, let's act out our feelings. If I start on “Happy” and roll a five, I count five spaces clockwise and land on “Confident.” OK, this is what I act like when I'm confident! (Other players usually chuckle at the light-hearted exaggeration of acting confident.) If you land on a feeling that you have never experienced, you have the choice to act-out the feeling before or after that one. And, if you keep rolling high numbers and finish first, you may put your marker in the center’s Safe Place and watch us finish.”

After acting out the feelings of the Feelings Wheel Game (FWG) several times, encourage clients to talk about their own feelings. After the preliminary decisions about choosing clockwise or counterclockwise, etc., explain the next phase of the activity as follows:

“This time we’ll play the FWG a little differently. We’ll roll the dice and when we land on a feeling, instead of acting it out, we’ll share a recent or memorable incident that caused this feeling. I'll go first to show you what I mean.”

Discussion
This game enhances the clients feeling vocabulary, and teaches self-control and anger management. Self-control and anger-management cannot be taught without laying the ground work of helping clients learn about feeling words and the appropriate expressions and gestures that go with them.

Children usually enjoy this game. Even children with short attention spans maintain their interest because they enjoy the different stories behind the feelings.

Reference

About The Author
Norma Leben, MSW, LCSW, ACSW, RPT-S, CPT-P. 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.
The Sound of Feelings
Source: Susan T. Howson

Theme: Feelings Expression
Recommended Age Range: Five and Up
Treatment Modality: Individual, Group

Goals
- Increase client’s ability for verbal and non-verbal expression of feelings
- Help children begin to understand how to manage feelings more effectively

Materials
- Large ice cream tubs (one per child)
- Construction paper
- Scissors
- Glue
- Stickers
- Markers

Advance Preparation
Empty and clean the ice cream tubs.

Description
Children are given an ice cream tub to decorate however they wish. The practitioner then explains that they are going to use the tubs as drums to show “how different feelings sound.”

Have the children drum to different feelings. For example, the practitioner might say, “Show me what feeling angry sounds like on your drum” or “Show me how feeling sad sounds like on your drum.” For homework, have the children take the drums home and use them.

Discussion
This activity facilitates the expression of feelings in a non-verbal manner. Children become more aware of their feelings, learn how to recognize a feeling as it happens, and when it is called forth. This activity gives children the opportunity to monitor their feelings in the moment, which is crucial for psychological insight and self-understanding, the keystones of emotional intelligence. Children will enjoy making sounds to identify their different feelings.
About The Author
Susan T. Howson, MA, CPCC, CHBC, is a Professor at Ryerson University in Toronto. She has an MA in Instruction and Special Education, is a Certified Professional Coactive Coach, and is a Certified Human Behavior Consultant. Susan is also a Family and Relationship Systems Coach, an author, a keynote speaker, and a humanitarian-award winner. She has also won the International Coaches Federation PRISM award for the development of the Kids Coaching Connection Program and was a finalist for Canadian Coach of the Year. Susan has developed products (Manifest Your Magnificence Creations) that teach positive values and self-esteem.
Guess Who? Feelings Game
Source: Kimberly Blackmore

Theme: Feelings Expression
Recommended Age Range: Six and Up
Treatment Modality: Individual

Goals
• Identify, label, and express a variety of feelings
• Increase awareness of various feeling states
• Identify the connection between feelings and facial features
• Strengthen the therapeutic relationship

Materials
• Feeling faces (feeling faces are drawn by the client and the therapist)
• Guess Who? Game™
• Blue and red pieces of cardboard
• Markers
• Scissors
• Glue stick

Advance Preparation
Make two sets of the feeling faces (total of 48 face cards), color each face, and slide each face into a different face frame provided by the Guess Who? Game.™ A third set of 24 feeling faces needs to be prepared to be used as the mystery feeling face cards.

The identical feeling face cards need to be colored in a similar fashion so that each player can guess the feelings by identifying facial expressions as well as hair, eye, or skin color.

Description
The practitioner explains to the child that they are going to play a game about feelings. The child and practitioner each choose either a blue or red piece of cardboard to use as a game board. All faces in the frame need to be flipped upright. The mystery feeling cards are shuffled and placed face down on the table. The child and practitioner each choose at random one mystery feeling card. This card is placed in the face card slot so that the mystery feeling card faces that player.

The objective of the game is to guess the other player’s mystery feeling face before they guess yours. On your turn, ask the other player one question and eliminate any game board feeling faces that don’t fit the mystery feeling face
description. Notice the differences among the 24 feeling faces on your game board. Ask questions about hair, eye, or skin color; some faces can have beards, some can be wearing hats or glasses. Also have the child notice that each face is expressing a different emotion.

Each question must be a “yes” or “no” answer. For example, does your person have the corners of their mouth turning up? Does your person have red hair? The other player must then answer “yes” or “no.” When you are ready to guess who the mystery feeling face is, make your guess on your turn. The other player must then tell you whether or not your guess is correct.

The practitioner can bring to the child’s attention the connection between the feeling and the facial features by modeling the emotion. The child is then asked to mimic the expression of the affect while looking in a mirror. The practitioner may also encourage the child to provide an example of when he/she may have experienced that emotion.

Discussion
This game helps children identify, label, and express a variety of emotions. Since most children enjoy playing board games, they will find this activity engaging and it will help to strengthen the therapeutic rapport.

About The Author
Kimberly Blackmore, M.C., is a Play Therapy Intern with Branching Out Therapeutic Services in Brampton, Ontario. Kimberly specializes in working with children living in therapeutic foster homes or group-home settings who are experiencing a variety of emotional and behavioral difficulties. She provides individual play therapy, co-facilitates groups for children and teens, as well as individual assessments. She has completed the Canadian Association for Child and Play Therapy (C.A.C.P.T.) Certificate Program.
Telling, Guessing, and Listening Game

Source: Mary Cowper-Smith

Theme: Feelings Expression

Recommended Age Range: Six and Up

Treatment Modality: Family (Two or more family members are required)

Goals
• Increase open communication among family members
• Assist the family in positive, playful interaction
• Identify positive aspects of family life and areas for change

Materials and Advance Preparation
• 18” x 18” piece of bristol board on which are drawn about 100 rectangles (1” wide by 1.5” long) joined to make a winding path from Go in the lower-left corner to Finish in the upper-right corner of the board. Color the first rectangle pink, the next one yellow, and on the third write the words “Roll again.” Repeat this pattern through to Finish. (If using the variation described below, color a few spaces green.)
• Playing pieces for each participant
• Dice
• Twenty each of pink and yellow index cards (about 3” x 5”), on which are written sentence stubs (see below). Place the piles of pink and yellow cards face down beside the game board.
• Small candies or chips

Description

Explain the game as follows:

“The first player rolls the dice and moves the playing piece the indicated number of spaces on the board. If the player lands on a pink rectangle, he/she picks up the first pink card and reads the sentence stub aloud. If he/she chooses to complete the sentence, he/she receives a candy. Player on his/her left then takes a turn, and so on around the board. If a player lands on a yellow space, he/she picks up the yellow card on the top of the pile and reads the sentence stub aloud. He/she then thinks of the answer, but does not share it with the other players. The player who is able to guess the answer receives the candy. The game continues until one or more players reaches Finish (or until the desired time for the game is finished.)”

Play is interspersed with conversations, facilitated by the practitioner, to encourage a deeper level of disclosure of feelings and ideas, to invite responses
from other participants, to support risk-taking, and to ensure that family members are hearing each other accurately.

**Variations**
The board may be constructed with occasional green rectangles interspersed among the pink, yellow, and white ones. Short instructions for relaxation are written on green cards. When a player lands on a green space, he/she reads the instruction aloud, and all players take a short break to complete the recommended exercise.

At a second or third session of this game, players are given blank pink index cards on which to write their own questions or sentence stubs for the other players. The practitioner also contributes cards. The practitioner then mixes the cards written by the participants in with the ones written by the practitioner. When a player lands on a pink space, the practitioner reads aloud the question or sentence stub in order to prevent participants from observing the handwriting and attributing the question to a family member. Participants are thus given an opportunity to ask their own questions without having their identity revealed. (This idea was contributed by Laurie Stein, MSW, RSW.)

**Sample sentence stubs for pink cards:**
One thing about _____ that makes me proud is _____.
I feel close to my (mother, father, son, daughter) when _____.
I feel hurt when _____.
I feel safe and comfortable when _____.

**Sample sentence stubs for yellow cards (these are more playful):**
One way I can be sure of ticking off my (brother, sister, father, mother, daughter, son) is to _____.
My most comfortable clothes are _____.
My favorite time of day is _____.
My favorite flavor of ice cream is _____.

**Discussion**
The purpose of this game is to increase open communication among family members, especially in situations where children require support to express their feelings to their parents or siblings or when family members would benefit from an opportunity to hear positive comments from the others. If children are particularly worried about a parent’s reaction to their feelings or comments, it may be necessary to begin the session with a discussion of this concern, eliciting assurance from the parent that anything shared in the game will not result in negative repercussions at home. At the completion of the game, it may be useful to talk with the family about what they have learned about each other that is new.
and surprising, and about their new understandings of, and reaction to, other
members’ feelings and perspectives. They may also benefit from discussion
about how they will go about expanding the positive aspects of family life that
have been identified, and implementing any changes in the family that have been
requested.

About The Author
Mary Cowper-Smith, MSW, RSW, has been employed as a social worker in
London and Stratford, Ontario, and in Goose Bay and St. John’s, Newfoundland.
She currently works with separating, divorcing, and remarrying families at
Families in Transition, Family Services Toronto.
People I Like
Source: Lisa Stein

**Theme:** Feelings Expression  
**Recommended Age Range:** Eight and Up  
**Treatment Modality:** Individual

**Goals**
- Identify qualities the client appreciates in others  
- Identify the limitations of others  
- Increase the client’s awareness of her/his personal strengths  
- Gather information about the client’s support network

**Materials**
- A whiteboard and markers or large sheet of paper and markers  
- Paper cut outs of human figures

**Description**
Ask the client which qualities he/she would seek out in choosing a friend. These are listed on the paper or whiteboard. The client can then choose a color for each quality. The practitioner then reviews the important people in the client’s life: friends, family, athletic coaches, teachers, etc. Younger children can then write a person’s name on a cut out and color it in according to which qualities they possess, and in what proportion. Older children may prefer to draw a pie chart for the perceived qualities of each person, or assign percentages to a person — that is, a client’s mother may get 20% loving, 30% kind, 10% reliable, etc. Not everyone will possess the same qualities or in the same proportion. The practitioner can then ask the client to chart himself/herself and perhaps the practitioner as well.

**Discussion**
This intervention lends itself to a rich exploration of the client’s perceptions of others, and of himself/herself. Children tend to see others in black and white terms, and if this is the case, it will become evident during the process. Even older children and teens can be confused by the inconsistencies in other people. This intervention can contribute to a more sophisticated and tolerant view of others. Children can come to appreciate the qualities of others while understanding that we all have limitations. For example, the client may seek out one individual for their compassion, but another for their sense of humor. This activity can also be used to explain why it may be beneficial to forgive someone when they disappoint, as opposed to ending the relationship, as that person may still have much to offer in other ways.
This intervention may also be used to identify those in a child’s life whom he/she can rely on in safety situations as they may be “reliable,” “helpful,” “caring,” etc. This exercise may give the child a greater understanding of his/her own strengths and what he/she may have to offer others that is of value; this in turn addresses the client’s self-esteem.

About The Author
Lisa Stein, MA is in private practice in Toronto. She works with children, teens, adults, and couples. Lisa has completed the Play Therapy Certificate program through the Canadian Association for Child and play Therapy and is also trained in EMDR.
Care Tags
Source: Jodi Smith

Theme: Feelings Expression
Recommended Age Range: Thirteen and Up
Treatment Modality: Individual, Group, Family

Goals
- Increase self-awareness
- Improve positive and clear communication
- Increase ability to appropriately express needs

Materials
- Construction paper cut into the shape of a tag (see example)

Description
Begin with a discussion of how everyone expresses his/her feelings differently (give examples: “Some people cry when they are sad, some shut down, others look/act angry”). Additionally, different people want/need different things when they feel different emotions (give examples: “Some people want to be left alone when they are sad, others want a hug or to talk”). Begin to process how everyone is different, and that we cannot assume that everyone knows what we are feeling or knows what we need from them. Explain that people are not like clothes or other things that come with care tags or instruction manuals.

Explain the activity as follows:

“Wouldn’t it be nice if everyone came with a care tag that told others exactly how to take care of them (give examples of clothing care tags such as ‘Delicate,’ ‘Dry clean only,’ ‘Handle with care’). In order to do that, we first need to understand the link between our own behaviors, feelings, and needs. We are going to create several care tags that will help you better understand your feelings, communicate to others what you are feeling, and identify what you need from them (or yourself) when you are feeling that way. On the back of each care tag, you can draw a picture that either represents that feeling or something that makes you feel that way.”

Each care tag will say: “When I _________ (behavior, action, or situation), I am feeling _________ (emotion), and I need _________.“
Discussion
For many clients this can be a very difficult activity. Have the client begin with a feeling with which he/she is comfortable before moving on to more intense or sensitive emotions. This activity also works well if the client has entered the session expressing a problem that easily fits this format (i.e., “I had a really bad day at school yesterday and I just needed a little time alone, but my mom wanted me to go with her to the store”). The practitioner can then work with the client to break this down on the care tag (“How would your mom know you were mad?”). It is generally easier for the client to start with the feeling, then move to how others will know when they are feeling that emotion, and end with what he/she needs. When completed, discuss the possibility of sharing these care tags with her/his parents. If possible, and if the client is in agreement, arrange for the parents to join the session and support the client in sharing the care tags.

This activity easily adapts to family sessions, with each family member creating their own “tags” and then sharing them with the family.
About The Author

Jodi Smith, MSW, LCSW, RPT-S, is a Licensed Clinical Social Worker and Registered Play Therapist Supervisor specializing in using play therapy in clinical practice with children, adolescents and their families, as well as with adults. Jodi is currently the Director of Norton-Fisher Child & Family Programs for West End Family Counseling. Additionally, she maintains a private practice in Claremont, California, and is a part-time lecturer for the USC School of Social Work.
Memory Quilt or Pillow
Source: Theresa Fraser

**Theme:** Feelings Expression  
**Recommended Age Range:** Six and Up  
**Treatment Modality:** Individual

(Note: Allow at least five sessions with the client, then one session for the client to share the quilt or pillow with his/her current caregiver.)

**Goals**
- Gather information about the client's interests, feelings, and needs  
- Increase open communication between client and therapist  
- Allow the client to discuss positive experiences shared with significant caregivers  
- Encourage the client to identify and verbally express the loss of significant past relationships with natural family members or with foster families  
- Help the client identify whether needs are being met in current relationships  
- Help the client to identify goals for current or future relationships

**Materials**
- Photographs – these can come from the child, other adults, or the therapist. If there are no photographs available, the therapist may need to research aspects of the child’s life by going “online” and, for example, getting pictures of the hospital where the client was born or of an elementary school he/she attended; finding a cultural symbol that represents the client’s heritage or symbol of a town that the client has lived in (if there are available sessions, this research can be completed with the client)  
- Pieces of clothing that belong to the client and/or to special people in the client’s life that will be cut into swatches  
- Iron-on transfer paper or photocopy transfer paper that is available at specialty craft stores and office supply stores  
- Iron and ironing board  
- Sewing machine  
- Single flat sheet that has been pre-washed  
- White broadcloth that can be used to heat-press photocopies of the gathered photographs as well as to “square up” the clothing pieces into the correct shape of the flat sheet  
- Single quilt batting  
- Thread for sewing the material swatches together and then quilt thread or wool to attach the three layers of material  
- Sewing needles with an eye big enough to accommodate thread or wool
• Sewing scissors
• Camera to take pictures of the work as it is completed from session to session for the client’s memory book and the clinical file

**Advance Preparation**
Contact special people in the client’s life to request his/her old clothing for the memory quilt. If the client does not have photos of identified individuals, ask other significant adults in the client’s life, such as a Child Protection Worker, to gather photographs.

Explain the purpose of the activity to the client’s current caregivers. It is likely that the client will be reminded of past relationships and or experiences and may need additional support from the caregivers if a session’s content causes an emotion or memory to be triggered.

**It is extremely important to have an accurate social history of the client. For example, it would not be therapeutic to include the photograph of a past perpetrator on the client’s quilt or pillow.**

**Description**
The client makes a list of important and positive relationships that he/she has experienced. These can be both current and past relationships.

Once the clothing is gathered (see advance preparation), the client decides which part of the jeans, for example, she/he would like to include in the quilt or pillow. Cut these pieces of clothing into swatches.

Photocopy the photographs onto the iron-on paper. Photos can be enlarged if the client does not have many to work with. The practitioner could also give the client a disposable camera that he/she can use to take pictures of special places and people in his/her current life.

Using the iron, press the iron-on paper with the photographs onto the white broadcloth.

Sew clothing swatches together, trying to use the single sheet as the template.

When the pieces have created the top layer, flip the layer over to face the good side of the single flat sheet. Then place the quilt batting underneath both of these layers. Attach all three layers by sewing pins with the sharp points facing outwards. Place the material on the sewing machine, start at the edge of a long side and sew all three layers together, stopping at the bottom of the quilt. Sew all three edges again so the three layers are held together with two rows of thread. Remove the pins.
Turn the layers inside out so the batting is the middle of the quilt “sandwich” and the clothing layer and flat sheet layer are the top and the bottom. Then fold the edges of the unsewn layer inward and pin the last opening closed with sewing pins.

Sew this end of the quilt closed.

Then with wool or quilting thread at different parts of the quilt, place thread from the top layer down to the bottom layer and then up again. Cut thread/wool and then tie in a knot, cut more thread/wool and tie in a knot. Repeat this action at least six inches in another direction.

Listening to the client during each session is important in order to ascertain how to process the activity with the client once the quilt is completed. The client may verbalize unresolved life/relationship themes that become the roadmap for the processing part of this treatment intervention. Some questions that may be valuable in order to assist the client to connect the activities with feelings activated and experiences revisited include:

- When you close your eyes and feel or smell the quilt, what comes to mind?
- If ______ was here to see your creation, how would you introduce it to him/her?
- What was the most happy, sad, or angry experience that you thought about while we made this quilt?
- Were you reminded of any experience that you haven’t thought of for a while?
- Has this activity made you want to begin any other projects or tasks?

**Discussion**

This activity is not only time consuming but it can also trigger memories for the client. That is why gathering an accurate social history and involving other members of the client’s treatment team are important. In this way, the client will receive necessary support between activity sessions.

I have successfully completed this therapeutic process with three clients. It provided one of my adolescent clients with the opportunity to process the positive relationships that he had created in a group-home setting, which he was leaving. The quilt became his termination activity. In addition, he created a second quilt for the group-home staff and wrote some of his own poetry onto the quilt pieces that expressed how he felt about the difference they had made in his life.
In another instance, group-home staff were struggling with a pre-teen who did not want to wear newly purchased clothing that actually fit him. He could not let go of his now too-small wardrobe, and my suspicion was validated (when it became apparent while making his quilt) that this was because of the memories he had attached to the clothing given to him by previous caregivers. As we began to make the quilt, he began to discuss both the positive and negative past memories and experiences attached to the clothing, memories that included caregiver rejection. He then was able to use the finished product as a way to symbolize his resiliency and his ability to look at how previous experiences had helped him to become the person he was today.

During our sessions, he was triggered by the clothing items themselves, but he also began to be aware of his reaction to these sensory triggers. For example, one T-shirt smelled like an old foster parent, another sweat shirt made him feel safe when he touched it repetitively. This new awareness helped him to develop a self-care plan when feeling anxious in stressful situations. At these times, he could “wrap” himself in the quilt and feel the love he had once received from others.

For clients who have experienced rejection and abuse, the quilt can become a way to process past successes and losses. However, since this activity may trigger strong emotions or memories, it is helpful to provide “grounding” and/or predictable activities for each session, such as non-directive play time or playing a specific game each week.

About The Author
Theresa Fraser, C.C.W., B.A., has worked in the mental health field for the last 25 years and currently utilizes the play therapy process with children, teens and families. She has a Diploma in General Social Work, Certificate in Child Abuse Prevention, and she is a Trauma and Loss Clinical Specialist. She has also completed the Canadian Association for Child and Play Therapy Certificate Program and has received expensive training in Sandtray/Worldplay. She teaches part time in the Child and Youth Worker program at Humber College. She and her husband Kevin have fostered over 200 children/adolescents.

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Section Three: Social Skills
Who’s Got the Turtle? Game
Source: Lorie Walton

Theme: Social Skills
Recommended Age Range: Three to Seven
Treatment Modality: Family, Group

Goals
- Increase language skills
- Become more comfortable in approaching others to communicate
- Promote pro-social behavior 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 his/her back and then puts his/her 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, “Lorie, do you have the turtle?” The person being asked must answer truthfully, “No, Timmy, I don’t have the turtle.” The child continues to ask around the circle until the turtle is found. The person who has the turtle must answer honestly, “Yes, I have the turtle” and brings the turtle out from behind his/her 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
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© Lorie Walton
Theme: Social Skills
Recommended Age Range: Three to Seven
Treatment Modality: Group

Goals
- Increase socially appropriate behavior with peers
- Participate in peer group activities in a cooperative manner

Materials
- Small carpet or towel large enough for all group members to sit on
- Stickers
- Crayons
- Large piece of paper
- Puzzle
- Jar of bubbles
- Plastic tea set
- Juice and cookies

Description
The group leader enthusiastically tells the children they are going on a magic carpet ride! The leader states that this is a very special journey, and that they will be making four stops. Tell the children that at each stop, there is a task they need to complete. Once the task is completed, they will get a sticker.

Everyone in the group sits on the carpet before setting off on their journey. (The leader should be theatrical and make various comments to help the children make believe they are truly going on a magic carpet ride!)

At the first stop, "The Land of Sharing," the children must color a picture, using the crayons and paper provided. The children must share the crayons, making sure that each group member gets to use each of the crayons for their picture. Once the task is completed, the leader gives each child a sticker. The group then piles onto the magic carpet, and they set off again.

The second stop is "The Land of Waiting Your Turn." Here, the leader passes the bubbles around the group and each child has a turn to blow bubbles. Once all the children have demonstrated the ability to wait their turn for the bubbles, they get another sticker.
The group sits on the carpet again, and they set off for the third stop, "The Land of Working Together." Here the group must work cooperatively to put the puzzle together. If the group is not working cooperatively, the leader takes the puzzle apart, and has them start over again. The leader can offer suggestions to facilitate group cooperation. Once the puzzle is completed, the leader gives each child another sticker.

The group then travels to the final destination, "The Land of Being Polite." The group has a tea party using the plastic tea set, juice, and cookies. The leader tells the children they must politely say, "Hello, how are you?" "Please pass the cookies," and "Thank you for the tea." Once the tea party is over, the leader gives each child their last sticker, and the group makes its return journey.

Once the children are "home," the group discusses what was learned at each stop on the magic carpet ride.

Discussion
This activity uses imaginative play to help young children strengthen their interpersonal skills. Children will enjoy the magic carpet ride and the journey to the various "lands." Awarding stickers for appropriate social interaction reinforces their positive behavior. The practitioner can make this activity more appealing by incorporating props, costumes, and music for the magic carpet ride.

Reference

About The Author
Liana Lowenstein, MSW, RSW, CPT-S, is a social worker and Certified Play Therapy Supervisor in Toronto. She maintains a private practice, provides clinical supervision and consultation to mental health professionals, and lectures internationally on child and play therapy. She has authored numerous publications, including the books Paper Dolls and Paper Airplanes: Therapeutic Exercises for Sexually Traumatized Children, Creative Interventions for Troubled Children and Youth, More Creative Interventions for Troubled Children and Youth, Creative Interventions for Bereaved Children, and Creative Interventions for Children of Divorce.
Popsicle Stick Stack
Source: Brijin Gardner

Theme: Social Skills
Recommended Age Range: Eight and Up
Treatment Modality: Group, Family

Goals
- Provide challenge and structure to assess group function
- Evaluate and improve client’s ability to work collaboratively
- Increase positive verbalizations toward group members
- Assess for client attempts to sabotage group efforts

Materials
- 30–50 popsicle sticks (I changed to popsicle sticks as they are easier to find and less costly to buy—is that OK?)
- Coffee mug
- Smaller drinking glass

Description
Popsicle sticks are divided evenly among group members. 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 process and individual functioning in a potentially stressful situation. The game has specific rules that require the group to work together to ensure a successful outcome. Always take into consideration the fine motor functions and abilities of the group members. 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 group 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 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 could give encouragement to you? What made this
game hard? What made this game easy?

A group 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
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authored articles and book chapters relating to her work with groups,
adolescents, and Theraplay® applications.

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Positive Peer Compliments
Source: Patrice Marshall

Theme: Social Skills
Recommended Age: Nine to Twelve
Treatment Modality: Group

Goals
- Increase socially appropriate communication and behavior amongst peers, such as taking turns and giving and receiving positive feedback from peers
- Practice appropriate social skills in a group setting

Materials
- Paper
- Markers
- Tape

Advance Preparation
Prepare a list of compliments appropriate to the group, for example, “I think that you are smart,” “I think that you are a good friend,” “I think that you share with others,” “I think you work hard and try your best,” “I think that you are going to be successful in life.” Have at least the same number of compliments as there are number of group members (if there are eight group members then have at least eight compliments). Write each compliment on a separate piece of paper. The same compliment can be written more than once, especially with larger groups.

Description
This activity is based generally on the game “Heads Up, Seven Up.” The group leader selects three group members to come to the front of the room. The remaining group members are asked to sit at their desks (or on the floor) with their heads down and eyes closed. No one is allowed to open their eyes to look at the selected group members. The group leader reads three compliments aloud and then asks the three selected students to each take one of the compliments and tape the compliment to the back of a group member to whom she/he believes that compliment applies, and then return to the front of the room. The leader then says “Heads Up!” The group member who has been selected (who has been given the compliment) has one chance to correctly guess who he/she believes gave him/her the compliment. If the group member correctly guesses who selected him/her, the group member who made the selection will share with the group why she/he offered that compliment to her/his peer (e.g., Wayne always shares his snack with me, so I think he is nice). The selected peer will then say “Thank You” and trade places with the student who chose him/her.
If the group member is unable to guess correctly, the leader will ask the group member who made the selection to reveal who she/he is and to share with the group why she/he believes this compliment applies to that peer. The selected peer will then be encouraged to say “Thank you,” and the member who made the selection will remain at the front of the class and continue to select students until someone is able to guess their name correctly. The taped compliments remain on the backs of the students until the end of the activity so the group can see who has been given compliments, and can make sure that by the end of the activity everyone in the group has been given at least one compliment.

Once everyone has been selected for a compliment, the group will process what it was like to give and receive compliments.

Group members are encouraged to continue the practice of offering positive feedback to peers.

**Discussion**

Many children have difficulty communicating appropriately with their peers. Children are often more comfortable communicating negative thoughts and ideas than they are offering compliments or positive feedback. This activity uses a familiar game to engage the group in practicing appropriate social skills in a safe and non-threatening manner.

**About The Author**

Patrice Marshall, MSW, LCSW-C, is a licensed clinical social worker in Maryland. She has worked in public and special education school settings for over 11 years, providing individual, group, and crisis counseling. She has worked in elementary, middle, and high school settings and is currently working as a Mental Health Specialist through the Carrera Adolescent Pregnancy Prevention Program at Kipp Ujima Village Academy in Baltimore City, Maryland.
The "Excuse Me" Game
Source: Brenda L. Bierdeman

Theme: Social Skills
Recommended Age Range: Five and Up
Treatment Modality: Individual, Group, Family

Goals
- Increase knowledge of manners and socially appropriate behavior for common hygiene issues
- Practice good manners of saying “Excuse me”
- Increase the likelihood that participants will perform socially appropriate behaviors in real situations of daily life

Materials
- One self-inflating Whoopie Cushion for each participant
- Hygiene questions written or typed onto slips of paper
- Bag or container for questions

Advance Preparation
Make a set of hygiene and manners questions by typing out a list of questions, printing them out, cutting the questions into strips, and placing them in a bag or container.

Description
The practitioner introduces the game as follows: “We’re going to play a game to help us learn more about good manners and proper hygiene. Hygiene is what we do to keep our bodies clean and healthy. I’m going to first give each of you a Whoopie Cushion. I will be the reader or we can take turns reading and answering questions. I will read a question and when you think you have the answer, I want you to sit on your cushion and say, ‘Excuse me.’ The first one to say ‘Excuse me’ gets to answer the question. We’ll keep taking turns until we have answered all the questions.”

Discussion
Many participants have difficulty with manners and with hygiene. This game combines the two issues into one and allows the practitioner to address these issues in a very playful, practical, multisensory way. Questions can be tailored to a specific child or family, but in general, the questions can be like the following: How often should a person brush their teeth? How can you tell if a person needs to wash their hair? What should you do if you are eating a meal with your family and you feel like you are going to pass gas? What should you say if you are
standing next to a stranger and you hear them sneeze? It is best to keep the questions as short and to the point as possible.

The self-inflating Whoopie Cushions are inexpensive (under $5 each) and allows the game to be fast paced without having to stop and blow the cushions up after each question. For a slower paced game, use regular Whoopie Cushions (under $1 each) and have the participants re-inflate their cushion after each answer. The sound also mimics someone passing gas and connects making the sound with the proper behavior, which is to say “Excuse me.” The questions can be made up ahead of time and stored for use with other participants again and again.

The game is the most effective when the practitioner is flexible and changes the parameters as needed. For example, if the clients begin to tire of the game, it can be ended before completing all the questions. If a minimal or even incorrect answer is given, a second answer can be asked for, such as, “What else might you say?” or “Can anyone else think of an answer?” Following up an answer by saying “Tell me more about that” also encourages participants to elaborate on why they think that is true or helps the practitioner understand more about family rules and traditions or expectations.

Consider taking turns reading the questions to facilitate appropriate behavior or manners. Allowing family or group members to make up their own questions for the game also helps diagnostically to see what the family is concerned about.

About The Author
Brenda L. Bierdeman, Psy.D., CPT-P, is a New York State Licensed Clinical Psychologist, an IBECPT Certified Play Therapist- Professor level, and member of the Association for Play Therapy. She brings over twenty-five years of experience to her practice of diagnosing and treating children, adolescents, and adults. She has lectured on diagnostic and therapeutic play techniques in the US, Canada, and Central America.
The “May I … Thank You” Card Game
Source: Norma Leben

Theme: Social Skills
Recommended Age Range: Eight and Up
Treatment Modality: Group, Family

Goals
• Learn and practice pro-social behavior such as good manners, paying attention, and following the rules
• Build trust amongst players
• Lengthen attention span

Materials
• One deck of standard playing cards
• Small prizes (optional)

Advance Preparation
For younger players, modify the game by taking away the face cards (J,Q,K), thus making it easier for their littler hands and ensuring a shorter and less frustrating game.

Description
The game is explained as follows:

“We're going to play a game that's going to help us practice a very important social skill – good manners! It's called the “May I … Thank You” Card Game. I'm going to begin by distributing all of these cards equally amongst all of the players. The object of the game is to collect 'four-of-a-kind' and each of the four-card set is worth one point. The total number of points from all the cards is 13 points (or 10 if the face cards are taken out).

Now, let's look at all the cards in your hands and group them by their suits, which are Hearts, Diamonds, Clubs, and Spades. In that way, it will be easy for you to locate a card when other players ask for it. (Allow a minute for players to organize their cards. Little hands may need help to fan out their cards.)

To ask for a card, a player will call the name of another player, followed by “May I ...” So, if I want a card from John, I'd say, “John, may I have the two of Hearts please?” If John has the two of Hearts, he will be honest, pick out that card and hand it to me. I MUST say “Thank You” before I touch the card he offers. If I forget to say “Thank You” and grab the card, John keeps that card, then he takes his turn to ask others for cards.
If John does not have the two of Hearts, he will reply, “Sorry, I do not have that card.” Then John takes his turn to ask others for cards.

If I use good manners and obtain a card from another player, I can continue to ask others for cards until I'm turned down by another player. Once a player has collected 'four-of-a-kind,' he/she places that stack of cards down on the table and earns a point. The game ends when all 13 (or 10 without face cards) sets of the ‘four-of-a-kind’ have been collected. The person who gets the most points wins. Are there any questions? If not, let's begin and we'll learn the rules as we play.”

**Discussion**

This game generates a lot of excitement and laughter. The practitioner may be one of the players in order to model social skills such as good manners, paying attention, following the rules, and sportsmanship. Or, the practitioner may team up with the youngest player to even out the playing field. During the game, the practitioner reminds players to be honest in releasing cards, acts as the umpire to watch for ill-mannered players, and reinforces rules of the game. The practitioner also compliments players who exercise good manners and congratulates players who earn points.

Sometimes there are sore losers in a group of players. They panic after a few players collect their “four-of-a-kind” sets. The practitioner can reassure them by saying: “The game has just begun.” “There are 13 points to be earned by all.” “Let's pay attention and see how others ask for cards.” “Well, it's only a game, not the end of the world.” “See, I don't get any points yet.” “Yes, you've got a good memory, now remember to say thank you more often.” However, in spite of all these stop-gap interventions, a sore loser may still become angry and disrupt the game, for example, by tearing up cards and throwing them on the floor. The practitioner should make every attempt to intervene and shift this negative behavior to more pro-social behavior. However, if the child does not respond, the practitioner may have to end the game by calmly stating, "Apparently we're not ready to play this game today. Maybe we'll wait and try again another day!” If this happens, the practitioner calmly collects all the cards and introduces another game, which is why it's advisable to prepare more games than needed.

Sometimes children have difficulty accepting defeat, even in a game situation, and their anger explodes in the form of throwing things, pushing everything off the table, or even overturning the table! These children will need more direct anger-management interventions.

At the end of the game, the practitioner leads a short discussion on why some players earned more points than others. The reasons could be using good manners, paying attention to who does not have the requested cards, memorizing who needs what cards, keeping a positive attitude even while others
are earning points first. Small prizes can be set aside, and the player who earns the most points may have the first pick of these token prizes.

When family members play this game, the process quickly reveals the habitual use or absence of manners as well as mutual respect in their home.

Reference

About The Author
Norma Leben, MSW, LCSW, ACSW, RPT-S, CPT-P. 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.
Flip a Coin
Source: Liana Lowenstein
More Creative Interventions for Troubled Children and Youth

Theme: Social Skills
Recommended Age Range: Nine to Sixteen
Treatment Modality: Group

Goals
• Increase awareness of socially acceptable behavior
• Increase socially appropriate behavior with peers
• Provide opportunities for rehearsing social skills

Materials
• Coin
• Flip a Coin skits

Advance Preparation
Photocopy the Flip a Coin skits onto colored card stock and cut out each skit. Write Heads on the back of each Heads skit card, and write Tails on the back of each Tails skit card.

Description
Divide the group into two teams. Have one team begin by flipping a coin. If that team flips a Head that team picks a skit from the Heads column on the skit sheet and acts it out. The other team then acts out the same skit, but follows the guidelines from the Tails column. Each skit must have a beginning, middle, and end. The activity continues in this manner until all five skits have been enacted. Team members can take turns being actors and directors. Afterwards, the leader facilitates a discussion by asking the following:

1. What did you learn about inappropriate and appropriate behavior?
2. How do others react when you behave in a way that is socially unacceptable?
3. What did you learn today that you could try before the next session?

Discussion
This activity develops children’s awareness of inappropriate and appropriate behaviors. It provides children with an opportunity to practice pro-social skills such as, being mature, assertive, and respectful. Psychodrama is used to engage children in the activity and to encourage creativity among the group members.
**SKITS: FLIP A COIN**

<table>
<thead>
<tr>
<th>HEADS</th>
<th>TAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make up a skit about being at a birthday party and acting <strong>mature</strong>.</td>
<td>Make up a skit about being at a birthday party and acting <strong>silly</strong>.</td>
</tr>
<tr>
<td>Make up a skit about an argument with a friend in which you act <strong>assertive</strong> (you stand up for yourself in a non-violent way).</td>
<td>Make up a skit about an argument with a friend with whom you act <strong>aggressive</strong>.</td>
</tr>
<tr>
<td>Make up a skit in which you are playing a board game with a friend and you <strong>play by the rules</strong>.</td>
<td>Make up a skit in which you are playing a board game with a friend and you <strong>cheat</strong> in order to win the game.</td>
</tr>
<tr>
<td>Make up a skit about treating other kids with <strong>respect</strong>.</td>
<td>Make up a skit about <strong>bullying</strong> other kids.</td>
</tr>
</tbody>
</table>

**Reference**

**About The Author**
Liana Lowenstein, MSW, RSW, CPT-S, is a social worker and Certified Play Therapy Supervisor in Toronto. She maintains a private practice, provides clinical supervision and consultation to mental health professionals, and lectures internationally on child and play therapy. She has authored numerous publications, including the books *Paper Dolls and Paper Airplanes: Therapeutic Exercises for Sexually Traumatized Children*, *Creative Interventions for Troubled Children and Youth*, *More Creative Interventions for Troubled Children and Youth*, *Creative Interventions for Bereaved Children*, and *Creative Interventions for Children of Divorce*. © Liana Lowenstein
Section Four:
Self-Esteem
Write on Board
Source: Sonya Waddell

**Theme:** Self-Esteem  
**Recommended Age Range:** Nine and Up (Sexually abused or traumatized clients)  
**Treatment Modality:** Individual

**Goals**
- To help remind clients about and/or bring into their awareness all the positive attributes they possess  
- To help clients understand that the event or trauma that occurred in their lives does not define who they are

**Materials**
- Whiteboard or large sheet of paper  
- Markers

**Description**
The practitioner asks the client to verbalize all of the great things about /him/herself. The practitioner writes the words on the white board in various positions (straight, diagonal, etc.). Next, the practitioner asks the client to name some things he/she can do well. The practitioner adds the words to the whiteboard, and asks the client about things he/she has accomplished and writes them on the board. The client identifies significant positive life events he/she has experienced and writes them on the board. Then the client is asked to list people who love and care about him/her and to add these names to the whiteboard. By this point, the board should be full of words and names.

The practitioner then places one (depending on the number of traumatic events) little black dot in any corner on the whiteboard. She/he tells the client that the little black dot represents the sexual abuse (or other traumatic experience) that happened to her/him. The practitioner states that even though the sexual abuse (or other trauma) happened, there are still so many positive things the client can focus on (referring to the board and naming what the client has stated). The practitioner points out the many things the client is great at doing (referring to the board and naming what the client has stated). The practitioner tells the client there are so many people who care about him/her (referring to the board and naming the people the client has listed). The practitioner states that this dot(s) can hardly be seen and is so little compared to all of the wonderful and positive characteristics the client possesses and all of the wonderful people in his/her life. The client is asked if he/she wants to add anything to the board and then the practitioner gives the client time to process the information. The practitioner might take a picture of the final board and all that is written on it and give it to the client as a reminder of all the positives in his/her life.
Discussion
Many clients who have experienced trauma believe that the trauma defines their life and who they are. They often feel damaged, guilty, hopeless, or helpless. Clients often focus on the bad and forget all of the positive qualities they possess, and they forget the people who care about them. This activity puts the traumatic experience into context, and helps clients focus on their positive attributes, their support systems, and their positive life experiences.

About The Author
Sonya Waddell, LAPC, is a therapist and forensic interviewer at the Georgia Center for Child Advocacy in Atlanta, Georgia. She interviews children who have made allegations of sexual and physical abuse and who have witnessed abuse and homicide. She also provides individual and group therapy and conducts trainings on child abuse in the community.
My Treasure
Source: Kerry DeBay

Theme: Self-Esteem
Recommended Age Range: Ten to Fourteen
Treatment Modality: Group

Goals
- Recognize, explore, and express individual qualities and personal uniqueness
- Increase self-awareness and self-expression
- Increase self-esteem through the creation of positive affirmation and recognition of self-worth
- Facilitate the identification of commonalities with others and create a sense of connectedness

Materials
- Paperboard boxes
- Scissors
- Markers/drawing tools
- Glue/glue sticks
- Paint, paint brushes
- Magazine/collage cut outs
- Various craft supplies (e.g., sequins, fabric, pipe cleaners, stickers, ribbon, glitter, tissue paper, etc.)

Description
Introduce the topic of treasures by asking, “What is a treasure?” Allow the children to share their thoughts. Listen to and reflect back on what was said and normalize that there may be different meanings to different people. If needed, provide a definition of a treasure, for example, “A treasure is something considered especially precious or valuable and is highly prized.” Discuss how a treasure does not always have to be something you can see, touch, or hold. Ask group members the following: “Think of treasures – things that are valuable and precious to you that you cannot see, touch, or hold.” If the group has difficulty thinking of things, prompt them with suggestions such as love, honesty, patience, friendship, caring, courage, and so on.

Explain that group members will be making their own special treasure box that is going to be all about them. Invite the group members to think of things about themselves – what makes them who they are. They may include things like their favorite color, favorite things to do, favorite food, special talents, future dreams, pets, hobbies, special memories, important people in their lives. Explain these are some of the things that can be represented in the treasure box they are going to make (through colors, words, shapes, images, etc.).
Group members decorate the inside and outside of their box in a way that represents who they are. For example, say, “Decorate your box to show what makes you special—what treasure do you have inside? What makes you valuable? What do you like about yourself? What do others like about you?”

Allow group members to share whatever they choose about their boxes, or what it was like to make them. Encourage group members to share what they treasure about themselves. If a group member has difficulty in identifying/thinking of something that can be her/his treasure, ask the group to share what treasure they recognize in that person.

**Discussion**
What children believe or feel about themselves influences how they relate to their world, face challenges, and interact with others. The development and nurturance of healthy self-esteem is an important way to equip children with the skills to problem-solve, build confidence, and create healthy interpersonal relationships. This activity allows children to explore and communicate those self-perceptions using their creativity. In the group setting, it also provides an opportunity for external validation and for children to recognize that they share commonalities with others, which helps them to normalize their experiences.

Variations for this activity include:
- Begin with the reading of a book to introduce the concept of personal identity/individuality, for example, *I Am ...* by Laura McGrath, or *A Person is Many Wonderful, Strange Things* by Marsha Sinetar.
- Invite each group member to create a positive affirmation, e.g., I am ____________ written on a slip of paper that is placed inside the treasure box.
- Invite each group member to write a positive quality or strength he/she recognizes in each of the other group members and place the slips inside the respective boxes.

**About The Author**
Kerry DeBay, ATR-BC, LMHC, CTS, is a Board-Certified Registered Art Therapist, Licensed Mental Health Counselor, and Certified Trauma Specialist. She is currently the Director of Support Group Services for a non-profit agency which provides grief support to children ages 3–17 and their caregivers who have experienced a loss through death. A significant focus of her work over the past decade has been supporting children and their caregivers faced with the terminal illness or death of a loved one. She is the author of *The Grief Bubble: Helping Kids Explore and Understand Grief*, a workbook to help children process and express their grief when someone special dies.

© Kerry DeBay
The Colors of Me  
Source: Katherine Arkell

**Theme**: Self-Esteem  
**Recommended Age Range**: Six and Up  
**Treatment Modality**: Individual

**Goals**  
- Gather information about client’s strengths and feelings about self  
- Increase positive feelings about self

**Materials**  
- Assorted colors of sand (6–10 different colors suggested)  
- Small, clear plastic bottle (approx. 4–5 inches in height) with lid (usually found in same aisle as sand in craft store)  
- Small funnel  
- Colored index card

**Advance Preparation**  
Write “Good Things About Me” at the top of the index card.

**Description**  
Provide the child with a bottle and an index card. Explain the activity as follows:

> We are going to talk about good things about you today. I would like you to tell me something positive about yourself or something you are good at with each color of sand you pour into your bottle. I will write each one on the index card so when you are done you will have a record of what each color represents.

As transcriber, the practitioner writes down the name of each color (in the order it is poured into the bottle) followed by a description in the child’s own words. For example, “Blue – I’m good at math.”

Once the child has filled the bottle with sand and identified positive traits about self, the practitioner processes the activity by asking the following questions: (1) Where might you put this in your house/room? (2) Who might you share it with? (3) What other strengths could you include if the bottle had more room? (Stress this point to the child: “This is by no means a complete list, only a reminder of some of the great things about you!”)

At the end of the activity, the child takes home the filled bottle with the completed card.
Discussion
Some children struggle with identifying personal strengths. They will often ask, “What do you think I should say?” What do you think I am good at?” etc. The practitioner should avoid giving direct responses, but instead offer “hints” by asking the child, “I wonder what your teacher would say you are good at?” or “I wonder what kind of friend your friends think you are?” and so on.

Some children keep their sand intact for a layered look. Others like to slightly swish the colors together, and still others like to shake it up so all the colors are combined.

This activity can be adapted for grief/anger/anxiety issues. For example, the child identifies special memories about the person who died with each color of sand poured into the bottle, or identifies healthy ways to deal with anger or anxiety.

About The Author
Katherine Arkell, MSW, LCSW, works as an outpatient therapist at Vista Health in Bentonville, Arkansas, serving children ages 6–18 and their families. She is currently working towards completing her Registered Play Therapist Supervisor credentials. Her practice areas of interest include anxiety, depression, grief and blended families.
Positively Postings
Source: Jacqueline Melissa Swank

**Theme:** Self-Esteem

**Recommended Age Range:** Six and Up

**Treatment Modality:** Individual, Family, or Group

**Goals**
- Improve self-esteem by identifying and expressing positive qualities about oneself through writing/drawing and verbalization
- Promote positive interactions with others through a discussion about one’s positive qualities with the practitioner or other group members, family members, etc.
- Promote positive self-talk through verbalization of positive self-qualities

**Materials**
- Construction paper
- Crayons/markers, colored pencils
- Post-it® Notes/sticky notes, or different shapes of paper and tape

**Description**
The practitioner may choose to begin the activity by reading a book about self-esteem. Then the practitioner asks the client to draw an outline of her/his body (or a pre-drawn outline can be available for the client). When providing a pre-drawn outline, the client can still personalize the outline by drawing onto it her/his face or other personal features. Then the practitioner asks the client to think about positive qualities about her/himself and write each one on a Post-it® Note. When the client is finished, the practitioner has the client read them aloud and then stick them to her/his outline. The practitioner may also give “positive notes” to the client or have family members, teachers, etc. involved in this process give her/him positive notes.

When the activity is completed, the practitioner processes the experience with the client. The practitioner may say, “You really worked hard on this activity. I wonder how you feel about making positive postings. Think about a time when you thought negative things about yourself or felt angry, frustrated, or disappointed with yourself. How could your ‘positive postings’ help you?”

**Variation**
This activity can be modified for a group or family session. Members can give compliments on sticky notes to each other.
Discussion
This activity provides clients with the opportunity to focus on their strengths, instead of focusing on the problem areas. This is especially useful with families or groups that constantly focus on each others’ negative qualities. Young clients enjoy using the “sticky” notes and the practitioner can help them write or draw on the notes if needed. Clients can place the positive notes in a special place to look at when they are having a difficult time thinking about positive qualities about themselves.

Some clients may have difficulty identifying positive qualities about themselves. The practitioner may need to provide some examples to help these clients get started with the activity. Additionally, the practitioner can use this hesitation to facilitate a discussion about how the clients view themselves. Furthermore, the practitioner may want to begin with a small body outline and switch to a larger outline if several qualities are identified by the clients.

About The Author
Jacqueline M. Swank is a Licensed Clinical Social Worker and a Registered Play Therapist. Currently, she is a doctoral student in Counselor Education at the University of Central Florida in Orlando and works part-time at a psychiatric hospital for children and adolescents in Daytona Beach, Florida. She has worked in a variety of therapeutic settings with children and adolescents and their families, including residential, inpatient, partial hospitalization, and outpatient settings. She has written about innovative techniques and presented nationally and internationally at conferences.

© Jacqueline M. Swank
Two Faces
Source: Kimberly Blackmore

Theme: Self-Esteem
Recommended Age Range: Ten and Up
Treatment Modality: Individual

Goals
- Increase positive verbalizations about self
- Increase awareness of one’s own personal interests, dreams, or talents
- Identify the connection between having a sense of belonging to a group while still remaining an individual

Materials
- Two Styrofoam heads (Styrofoam heads can be purchased at Value Village)
- Magazine pictures
- Glue stick
- Scissors

Advance Preparation
Cut the two Styrofoam heads in half and glue back together so that the head now has two faces.

Description
The practitioner begins by discussing with the child how we tend to see ourselves much differently than how others see us. The child is encouraged to use the head to depict on one side a face that represents what he/she allows the world to see and, on the other side, a face he/she keeps hidden from others. The practitioner and child then compare the two perceptions.

The child decorates the two faces by cutting out various pictures or words from magazines to form a collage. The child chooses pictures or words that represent what the outside world sees and glues those to one of the faces of the Styrofoam head. On the opposite face, the child chooses pictures or words that represent who he/she is on the inside.

This concept will allow the child to better understand what identity he/she attempts to show to the world as compared with what his/her true personality may be. A discussion around peer pressure, self-esteem, and a sense of belonging may be processed further.
Discussion
The purpose of this activity is to help the child identify and understand his/her self-concept, how past experiences and other individuals can have an impact on his/her self-esteem, and what the child chooses to reveal with regards to his/her true personality, strengths, interests, talents, dreams, or wishes. Often if a child experiences little encouragement or is labeled negatively by others, this will affect the child's self-esteem, the persona he/she decides to show others, and who/where the child will go to find acceptance.

About The Author
Kimberly Blackmore, M.C., is a Play Therapy Intern with Branching Out Therapeutic Services in Brampton, Ontario. Kimberly specializes in working with children living in therapeutic foster homes or group-home settings who are experiencing a variety of emotional and behavioral difficulties. She provides individual play therapy, co-facilitates groups for children and teens, as well as individual assessments. She has completed the Canadian Association for Child and Play Therapy (C.A.C.P.T.) Certificate Program.
Paparazzi
Source: Donicka Budd

**Theme:** Self-Esteem  
**Recommended age range:** Ten to Eighteen  
**Treatment Modality:** Individual, Group

**Goals**  
- Identify personal strengths and challenges  
- Identify personal values  
- Create a personal story using pictures  
- Explore the significance of people and objects in the client’s life

**Materials**  
- Disposable camera  
- Scrapbook  
- Pens  
- Markers  
- Stickers

**Description**  
*This activity will require two sessions to complete.*

Introduce the concept of “phototherapy” (using cameras to tell a story). Give the client a disposable camera and encourage her/him to take pictures of meaningful people, places, and other points of interest in her/his life. Like the celebrities in Hollywood where the paparazzi take pictures of them, their homes, families, where they shop, eat and so forth, the client will act as her/his own paparazzi by taking pictures of the many different aspects that make up her/his life.

Encourage the client to include the following themes: strengths, support people, hobbies, home, school, etc. Remind the client that as the “paparazzi,” she/he is to capture all elements of her/his life. Develop the film before the next session.

At the next session, give the client a scrapbook to put the photos in, along with stickers, stencils, rubber stamps and other decorative supplies to enhance the scrapbook. The client will create a “tabloid magazine” using the scrapbook to hold the photos. The photos are to have captions or short descriptions to describe what they are about. Encourage the client to leave the first page blank as this will serve as the cover page. After all of the pictures have been pasted in and the captions created, encourage the client to look through the pages and then create a cover and a title for the scrapbook that captures the essence of her/his life.
Encourage the client to reflect upon the themes that are represented in the photographs. Ask how his/her strengths and challenges are revealed in the photos, or what values are represented. What does the client notice is missing (if anything)? What seems to influence a large part of his/her life?

**Discussion**
A client who presents with social and emotional challenges may lack insight and understanding about the impact people and events have on his/her life. This activity helps the client to portray his/her world through visual, concrete images, and enables her/him to share thoughts while associating meaning to events and people in her/his life.

**Reference**
Budd, D. *Empowering adolescents to realize their potential: Innovative activities to engage the 'I don't know, I don't care' responsive youth through expressive arts and play.*

**About The Author**
Donicka Budd, CYW, is a certified Child and Youth Worker with ten years of experience working with vulnerable children, youth, and families. Donicka works as a Family Support Counselor in a children’s mental health agency and has led several workshops in the Toronto area. Her innovative, playful style is illustrative of her work with her clients. She is the author of *Empowering Adolescents to Realize Their Potential: Innovative Activities to Engage the “I Don’t Know, I Don’t Care” Responsive Youth through Expressive Arts and Play* and creator of her own line of therapeutic games. She currently serves on the Board of Directors of the Canadian Association for Child and Play Therapy.
I AM A Superstar!
Source: Susan T. Howson

**Theme**: Self-Esteem

**Recommended Age Range**: Six to Fourteen

**Treatment Modality**: Individual, Group

**Goals**
- Encourage focus on positive attributes
- Increase values vocabulary
- Increase awareness of positive attributes
- Recognize that self-worth is inside, not outside, of oneself

**Materials**
- Wooden/cardboard/foam photo frames (1 per child)
- Decorating supplies such as glitter, markers, glue, shapes, stickers
- Affirmative words written on paper, such as caring, friendly, energetic

**Advance Preparation**
Cut out affirmation words for children to glue onto their frames.

**Description**
The practitioner explains to the children that they are going to make a photo frame of how they want to feel, what they want to be more like, what they value, and which words describe themselves the most.

The children decorate their photo frames with the available materials and glue affirmations around the frame. The children place a photo of themselves into the frames so they are able to connect the positive attributes to themselves. The practitioner can ask questions such as “What are your favorite words?” “Which words do you want to feel more?” “Which words describe who you are?”

Process questions can focus on which words were chosen. For example, “I know you are responsible because….”

**Discussion**
This activity empowers children to make use of the healing powers of positive self-affirmations. Self-affirmations can help children build the social and emotional resources they need to cope with the issues they are dealing with. Affirmations also help with the internalization of pro-social attitudes and values children need to achieve goals and solve problems. It is a reminder of their worth and of their ability to achieve in a difficult world.
About The Author
Susan T. Howson, MA, CPCC, CHBC, is a Professor at Ryerson University in Toronto. She has an MA in Instruction and Special Education, is a Certified Professional Coactive Coach, and is a Certified Human Behavior Consultant. Susan is also a Family and Relationship Systems Coach, an author, a keynote speaker, and a humanitarian-award winner. She has also won the International Coaches Federation PRISM award for the development of the Kids Coaching Connection Program and was a finalist for Canadian Coach of the Year. Susan has developed products (Manifest Your Magnificence Creations) that teach positive values and self-esteem.
Section Five: Termination
How I Felt the First Day

Source: Susan Kelsey

Theme: Termination
Recommended Age Range: Six and Up
Treatment 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. A picture can be worth a thousand words!

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 currently President of the Orange County Chapter 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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My Wish for You
Source: Abbie M. Flinner

Treatment Theme: Termination
Recommended Age Range: Nine and up
Treatment 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 group 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. Next, everyone in the group discusses what it was like to create the star and make a wish for their group 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?” “What will they remember about the group and their experiences participating in the group?”

Upon completion of the activity, group members are instructed to place the star in a place where they will see it often, such as beside their bed, and use it to remind them of the connection they had with the group. The star can also 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 group experience. The star becomes a transitional object for the clients, as it is a positive reminder of their experience and a permanent connection to the group. This is particularly important for children, as they may
sense abandonment when having to part with professionals and other group members once treatment is terminated.

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.
Word Search
Source: Jennifer Boshis and Sheryn Ricker

Theme: Termination
Recommended Age Range: Eight to Sixteen
Treatment Modality: Individual, Group, Family

Goals
Review and reinforce issues, concepts, and feelings discussed in therapy
Celebrate progress made in therapy

Materials
Paper sized according to the number of participants (larger for groups, smaller for individuals)
Colored erasable pencils
Sample Word Search
Access to the Internet or large (1 cm or greater) grid paper and pencils

Description
The group leader facilitates a review of issues, concepts, and feelings discussed in therapy. Then says, “We are going to make a word search that you can do or that we could give to someone else to help them learn about what we have been working on.” Depending on the ability of the participants, this can be done by generating a list of questions with single-word answers or by generating words that represent concepts that have been covered in treatment. Care needs to be taken to ensure that each group member has an opportunity to contribute to the brainstorming portion of the activity.

Once the words are identified, the word search can be created. If Internet access is available, go to www.puzzlemaker.com. Once on the site, click on the word search option in the “Puzzlemaker online” dialogue box. The words can be entered by the individual who helped to generate them or by the leader, as time allows. Once the words are entered, a different word search can be generated for each participant, along with customized solutions. The same process can be followed using grid paper but more time will be needed, and pencils should be used in case errors are made.

The puzzles can then be used in a number of different ways. The group can have a competition to see who can finish the fastest, or the first person to find any word can be awarded a prize. In parent/child sessions, the parent can be the coach and the child can be the seeker.
Once the word search is finished, have a discussion about when concepts were learned, how useful or helpful the game may have been, and possibilities for using the game differently in the future.

**Discussion**

Toward the end of therapy, it is helpful to review concepts learned that facilitate integration, assess helpfulness, and explore possible opportunities for application. Creating a puzzle is engaging and can be an effective tool for generating further discussion.

This technique can be used individually, in groups, as well as in dyadic sessions with caregivers.

**Reference**


**About The Authors**

Jennifer Boshis, BA, CYC, is a Child and Youth Counsellor at Child and Adolescent Services in Hamilton, Ontario. Sheryn Ricker, DCS, CPT, C.Psych.Assoc., is a Certified Play Therapist and the Clinical Coordinator of Psychological Services at Child and Adolescent Services in Hamilton, Ontario. Together, Sheryn and Jenn have over 25 years of clinical experience working in an outpatient children’s mental health clinic serving children and youth aged 2-18 and their families.

© Jennifer Boshis and Sheryn Ricker
What I Learned Layered Gift
Source: Liana Lowenstein

Theme: Termination
Recommended Age Range: Seven and Up
Treatment Modality: Individual, Group

Goals
- Review therapeutic gains
- Provide a positive termination experience

Materials
- Gift for the client
- Wrapping paper (two different colors)

Advance Preparation
Select a small gift appropriate to the client, for example, a stuffed animal, or journal and pen. The gift can also be a graduation certificate, or the child’s scrapbook containing work completed during sessions. Wrap the gift in five layers of wrapping paper. Alternate colors so the client can differentiate between the layers of wrapping paper.

Description
Give the wrapped gift to the client and explain the activity as follows:

“This activity will help you review your thoughts and feelings about therapy. Answer the questions below. For each question you answer, you get to unwrap a layer of the gift. Answer all the questions to get to the gift!”

1. You did many different activities in therapy. Which activities helped you the most?
2. Tell about a time in one of your therapy sessions when you felt proud of yourself.
3. Children have different feelings about ending therapy. Some children feel happy to end therapy, some children feel upset about ending therapy. How do you feel about ending therapy?
4. Tell about a positive change you have made since coming to therapy.
5. You have learned many ways to help yourself through tough times. What are some ways you can help yourself feel better when you are upset in the future?”
Discussion
This activity is appropriate for the termination phase of therapy. It helps clients review and evaluate their experiences in therapy. The activity also helps to reinforce achievements made in therapy. As the child gets closer and closer to the gift, the intensity builds, and excitement mounts.

Reference

About The Author
Liana Lowenstein, MSW, RSW, CPT-S, is a social worker and Certified Play Therapy Supervisor in Toronto. She maintains a private practice, provides clinical supervision and consultation to mental health professionals, and lectures internationally on child and play therapy. She has authored numerous publications, including the books *Paper Dolls and Paper Airplanes: Therapeutic Exercises for Sexually Traumatized Children*, *Creative Interventions for Troubled Children and Youth*, *More Creative Interventions for Troubled Children and Youth*, *Creative Interventions for Bereaved Children*, and *Creative Interventions for Children of Divorce*. © Liana Lowenstein
Termination Party
Source: Norma Leben

Theme: Termination
Recommended Age Range: Three and Up
Treatment Modality: Individual, Group

Goals
- Validate that the therapeutic relationship is built on trust
- Honor the client’s (or group’s) progress in therapy
- Provide a proper closure and positive termination experience

Materials
- Alphabet letter blocks
- Healthy snacks and beverage
- Personalized gift(s)
- Soft background music

Advance Preparation
Obtain permission from the client’s caregiver to provide party food and check if
the client has any food allergies. If preparing for a group party, obtain permission
from each of the caregivers, finding out at the same time about allergies.

Description
The practitioner explains that this is the last therapy session with the client (or the
last meeting with the group) 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.”

The practitioner helps the child (or children) take his/her turns and recall social
skills, good habits, or values learned. For example, the child has learned to be
punctual, have fun, be respectful, have self-control, etc. The practitioner validates
each of the child’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 four steps:

Step 1: The practitioner offers refreshments to the client (or the group) 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 or the group
- accomplishments the client or group has made on this journey
- current feelings toward the client or the group

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 As and Bs, 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 (or the group) 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 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). 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) to feel that he/she is being abandoned. This ceremony ends after the client (or group) examines his/her gift, finishes the refreshments, and shares hugs or handshakes, depending on his/her level of comfort.
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 will provide a model that teaches a healthy way of saying goodbye and give the client (or group) skills that will add confidence to her/his interpersonal relationships.

Reference

About the Author
Norma Leben, MSW, LCSW, ACSW, RPT-S, CPT-P. 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.
About The Editor

Liana Lowenstein, MSW, RSW, CPT-S, is an author, sought-after speaker, and practitioner with 20 years of specialized work with children, adolescents and their families. She provides clinical supervision to mental health practitioners, runs a play-therapy internship program, and consults to several mental health agencies. She has a reputation as a dynamic workshop leader and has presented trainings across North America and abroad. She is founder of Champion Press publishing company and has authored numerous publications including the highly-acclaimed books, Paper Dolls & Paper Airplanes: Therapeutic Exercises for Sexually Traumatized Children (with Crisci & Lay, 1997), Creative Interventions for Troubled Children & Youth (1999), and More Creative Interventions for Troubled Children & Youth (2002). Her newest books released in 2006 are Creative Interventions for Children of Divorce, and Creative Interventions for Bereaved Children.