

## Theraplay Activities for Older Children and Young Teens

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With its start in working with preschoolers, Theraplay is perhaps best known for strategies for younger children. Yet most therapists work with school-aged children and teens. How can Theraplay principles be utilized to reach these older children?

From the beginning, Ann Jernberg emphasized the need to meet a child at the child's emotional stage while involving the child in activities that are more appropriate for the child's chronological physical age. Often children present with dynamics which suggest that there are unresolved issues from earlier developmental stages. A child may be able to perform cognitively-based school tasks, but emotionally may need experiences more suited to a younger child. The principle is to engage children in activities that feel ego-syntonic (the child doesn't feel babied) but concurrently meet the child at the developmental/emotional age reflective of the presenting problems.

For example, consider an eight-year-old who gets frustrated easily. It is hard for him to participate in games with other kids without quitting or disrupting the activity. He knows the rules. He wants friends. But he messes up his opportunities because of this problem. What kind of Theraplay activities will help him learn to manage the frustration so that he can inhibit his impulse to quit or tantrum? Thinking about the core needs of Structure, Engagement, Nurture, and Challenge, this child needs to internalize Structure so that he can inhibit his behavior. He needs to be challenged to practice this process. Experiences that help him practice waiting and regulating the impulse will help him.

A child who is depressed or shy may need practice being more active and physically engaged. The therapist might invite the child to give the starting signal after the game is played a few times, whereas for a child who needs more regulation, the therapist needs to stay in charge!

Many activities can be adapted to meet different treatment goals. As in all Theraplay, the therapist may emphasize one of the dimensions more than the others. Often it is in the transitions between activities that the therapist can intervene to provide the optimal arousal, regulation, and attunement. (See "High and Low Fives," below.)

However, when we plan our sessions, we structure them around activities. Here are several that illustrate how Theraplay can be used with school-aged children and young teens.

1) Thumb Wrestling: School-aged kids play this a lot. But we make it a Theraplay game by increasing the Structure and Engagement. The therapist makes the rules. He requires the child to wait for the signal to start, but makes the waiting fun. He also makes sure that the child starts off winning and only gradually is frustrated by losing intermittently. Here is the play-by-play:

Therapist: "We are going to do some Thumb Wrestling. Let's sit with our knees touching. You put your other hand on my wrist and I'll put my other hand on your other wrist." This setup engages physical contact at three points: knees, wrists, and hands. It brings in the child just the right distance for being engaged and makes it very hard for the child to lose eye and physical contact. "I am going to count, and when I get to 3, we will start. We will move our thumbs with each count (the therapist physically moves the child's thumb alternately with his own, showing him the alternating moves). Whoever pins the other guy's thumb wins. But wait until I say '3,' because it may not come when you think." The therapist then counts in a variety of ways, with the child not knowing when the "3" will come up to start the game.

The child has to listen and wait. Examples of starting rhythms: "One for the money. Two for the show. FOUR to get ready. THREE to go!" OR, (singing) "I like you and you like me. Here we go, it's 1-2- THREE." Or, "10, 9, 8, 7, 6, 5...THREE." The surprise element makes the waiting fun and helps the child practice inhibiting the impulse to jump the gun. Making sure that the child wins the first two or three rounds keeps him engaged. (Learning how to throw a match believably is an important Theraplay skill!)

**Donut or Pretzel Challenge:** This activity adds Nurture. Therapist and child sit cross-legged, knees touching. Adult holds donut on index finger. Instructions: "I am going to tell you to take a small, medium, or tiny bite. Your job is to see if you can get to the last part of the donut before it falls off." The child is not allowed to touch the donut, but the adult rotates it as necessary to facilitate success. The therapist maximizes engagement by seeking eye contact with each bite. Getting a donut with sticky chocolate frosting helps keep it on the therapist's finger. For a child who is very easily frustrated, it pays to have a second, backup donut in case the first one happens to fall off too quickly.

**Donut or Pretzel Dare:** This is a similar activity that works best with a parent. Parent and child sit together, knees touching. Donut is placed on parent's index finger. To increase Engagement, the therapist coaches the parent to work on eye contact while the parent and child alternately take their bites. The parent is also told to give the instructions: "We'll take turns getting bites. The goal is to see if we can work together to keep the donut on my finger until someone can eat the last bite before it falls off. I will tell you whether to take a small, medium or large bite."

**I Say/You Say:** This is a mirroring game with a lot of fun thrown in. The child and therapist stand, facing each other about four feet apart. Instructions: "I am going to say something and do something and after I am done, I want you to copy me exactly." The therapist starts out by saying "Boo!" in a surprisingly loud voice and simultaneously pretends to fall backward. Almost every child will laugh and then copy this. Examples of other fun things to say or do:

The therapist says, "No!" in a normal voice and stamps her feet. Then she says, "Never!" a bit louder, stamps her feet and waves her arms. Then, "Never! Never!" jumping and stamping and waving arms like a two-year-old having a tantrum. In the author's experience, most kids find this very funny. Oppositional kids have been known to fall on the floor laughing when they see this one.

The therapist makes a buzzing noise while waving her arm in a random figure eight, getting increasingly louder, and finally slapping her hands together, as if swatting a fly.

The therapist does an about face, turning 360 degrees, while saying, "around."

If the relationship has been established and if it fits into the treatment goals, here is an especially fun way to end this activity. The therapist says, "I," while standing in place. The child repeats this. Then the therapist says, "Like," taking a step toward the child. The child then follows, taking a step closer to the therapist. Finally, the therapist says, "You!" throwing her arms up in the air. At this point, the child has his arms in the air and is close to the therapist, and the therapist ends the game by lifting the child under his arms and swinging in a circle if the child is comfortable with this. If the therapist is unable to do this, or if this "surprise" would be poorly attuned to this child's comfort, the therapist can end the game with a two handed High-Five. When parents do this game with the child, another nice way to take advantage of the child's arms being up in the air is to surprise their child with a hug.

**M & M Hockey:** This activity can have an important Nurturing component, in addition to providing Structure and Challenge. The setup: Child and Therapist stand at opposite ends of a small table (four feet by two feet is a great size for this). The therapist gives the child a straw. She places two M&Ms in the center of the table. The instructions: "We are going to play M&M hockey. When I say 'Go!' you try to blow one of the M&Ms off my side of the table and I will try to blow one off your side." The therapist then points specifically to the table edges, which serve as goals. She continues: "If you blow it off my side, I have to feed it to you and if I get a goal, you have to feed it to me." For older children, this latter rule is altered to "If you get a goal, I'll give the candy to you and you can eat it. If I win one, you give it to me and I get to eat it." At this point, more Structure is added. "If the M&M goes off the side, it is a Time Out and it is placed on the table where it went off. Also, when someone gets a goal, there is a Time Out. We are allowed to touch the M&Ms only with our breath.

If you touch it with your hand or straw, or if you start before I say 'Go,' there is a very severe penalty. The M&M is re-placed on the table half the distance to the goal." The therapist demonstrates how, if the M&M is near the goal and there is a penalty, it moves halfway back, similarly to what happens in "Shoots and Ladders." The therapist sticks very closely to the rules. This actually appeals to school-age kids, who can be quite serious about following the rules. To keep the game interesting, after playing for 3-4 M&Ms, the therapist uses different "pucks." Goldfish crackers, Cheerios and small, letter pretzels work well because they tend to fly off the table quickly. To change the pace, Necco wafers and foil-wrapped chocolate coins are fun because when air gets under the candies, they tend to rise up like little flying saucers. Hershey kisses can be fun items to finish with, since they don't roll in a straight line, most children value them, and the therapist gets to symbolically feed the child a "kiss."

**Pillow Ride:** This is especially good for Engagement. In the author's experience, this is the all-time favorite game for school-age children. One does need a bit of space, enough room to pull the child around on a pillow safely. If the floor is very hard, caution must be used that the child does not fall backwards and bump her head. We have had pillows custom-made, but it is not that hard to find suitable ones. The ideal pillow is about 20-24 inches square and has sturdy handles attached at the corners. Instructions: Therapist says, "We are going to do a Pillow Ride. Sit here in the middle of this pillow with your legs crossed. Hold on to the handles very tightly." The therapist has the child hold the handles close to the pillow so that the therapist can hold onto the ends of the handles. "You are the driver. When you look at me right in my eyes, the pillow will go. When you look away, it will stop. The longer you look, the faster it will go." The therapist models looking away or closing eyes to illustrate the arrangement. The therapist then lets the child direct the starting and stopping, but maneuvers the pillow around the room in different directions. It is important to note that the pillow does not have to move very fast to be fun. It seems faster to the child than it actually is.

**Magic Carpet Ride:** This is a game similar to the Pillow Ride, but different enough to feel like an entirely different activity. The therapist takes a soft blanket and folds it lengthwise twice, so that it is long and narrow. Then on one end the blanket is doubled back for the last 20-25 inches to make a seat for the child. The therapist positions himself at the other end of the blanket and holds the corners. The child sits facing the therapist and holds the sides of the blanket at the point where the folded edge is doubled. The rules are identical to those for the Pillow Ride. However, the experience is quite different, and for many children, more challenging, as it is hard to stay vertical while on the low-lying blanket.

**Pillow Balance:** This activity is a nice step up from the Pillow Ride and a great challenge for older children or young teens who might like to skateboard, surf, or snow board. It can be a great confidence builder for anxious children. The child stands in the middle of the pillow. The therapist shows the child how to take a stance with one foot ahead and the rear foot a little to the side and turned at an angle for balance. The instructions are the same as for the Pillow Ride, except the therapist adds, "If you feel that you might fall, fall on me so you don't hit the floor." In practice, kids seldom fall (although they often step off to the side). But this invitation signals the therapist's willingness to protect the child and to be in physical contact. When pulling the pillow, it is good to start moving very slowly and test the child's skills in order to help the child succeed from the beginning.

**High and Low Fives:** Theraplay employs physical connection whenever appropriate as a way to promote emotional closeness and engagement. Of course the kind and amount of this varies in every case, depending on the child's history (e.g. of trauma) and comfort. Even typical young teens, for example, are often uncomfortable with hugs, even with their parents! Most kids are quite comfortable giving "High Fives," however. Here is a way to expand this to become a Theraplay activity that includes physical closeness and regulation, and challenge. At the end of a game (e.g., M&M Hockey or Thumb wrestling), the therapist gives a High Five to the child. But then the therapist alters the procedure by putting his hands down low and inviting the child to give High Fives there. Then the therapist continues to adjust his hands, so that one is palm-up and one palm down; one hand is up and one down; then one up with palm up and one down with palm up...all of the variations, including turning palms sideways. Another variation, especially for children who need work on regulation, is to prescribe whether the slaps are soft, medium, or hard in intensity. This approach provides challenge and regulation as well as physical contact and the emotional closeness of shared laughs. It is a game that can be repeated from session to session.

Theraplay with school-age children and young teens can be very satisfying. For children with pre-verbal issues around regulation and attachment, these approaches give the therapist a path to meeting the emotional needs without the child feeling infantilized. For children who are capable of verbalizing their concerns, these Theraplay approaches often build the therapeutic relationship quickly and enable the therapist to utilize more mature skills, e.g., problem solving and clarifying family or peer concerns.

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