Welcome! This catalog is a collection of therapeutic interventions that have been researched and/or developed by students in the Midsouth Social Work Professional Development Initiative (MSW-PDI) at the University of Memphis. These interventions may be appropriate for use with children, youth, and families, with varying social and behavioral health needs.

Families, school staff, and others will find fun, flexible, and effective techniques applicable to many environments. For the reader’s convenience, interventions are categorized as follows:

Section I: Classroom and Group Interventions

Section 2: Home and Family Interventions

Section 3: Individual Interventions

The Midsouth Social Work Professional Development Initiative (MSW-PDI) seeks to increase the number of master’s prepared social workers who will serve at-risk populations in Memphis and the Midsouth region. The MSW-PDI is funded by a Health Resources and Services Administration (HRSA) Behavioral Health Workforce Education and Training Grant # G02HP27984.

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Classroom and Group Interventions

Stand Up! – Anti-Bullying

Get Plugged In: Circle of Influence

Good Behavior Game

The Color Wheel
**Intervention:** Comprehensive multi-tiered behavioral framework

**Issue being addressed:** Bullying/Aggression towards others

**Goals of Activity:**
- Teach effective responses to bullying
- Create dialogue about why bullying is not okay in the classroom or anywhere else
- Encourage children to exhibit socially-acceptable behaviors towards each other
- Encourage parents to talk to their child about the negative consequences of bullying others

**Activity:** Stand Up!

**Materials:**
- Pre-scripted bullying/aggression scenarios
Description:
Begin the activity by having students sit in a circle on the floor. Engage students in a discussion regarding the three types of responses they can have when approached by a bully.
1. Submissive (Giving in)
2. Aggressive (Hurting back)
3. Assertive (Standing up)

Continue the discussion by explaining that they are going to participate in role-plays where they get to act out their responses/reactions to a bully. Allow the students to participate in groups of two, while standing in the middle of the circle. One child should take on the role of the bully by acting out the pre-scripted scenario. The other child will then have to respond to the bullying behaviors while the remaining students watch silently. Once the scene is over prompt the students to discuss the scene.

Discussion prompts:
- What type of response did ______________ have? Assertive? Aggressive? Submissive?
- What advice would you give ____________ if he/she were faced with that same situation again?
- What did ______________ do well? What would you do different? The same?
Allow each child the opportunity to participate in the role-plays until everyone has had a chance to respond to a bullying scenario.

Discussion: This activity can be highly effective at reinforcing appropriate responses to bullying. It also allows students ample opportunities to practice what they learn and to see how others might react to the same situation.
It is important to encourage parent(s)/caregiver(s) to talk with their children about bullying and to reinforce that bullying others is inappropriate. Assign homework for the child to complete with parents. Instruct the child to discuss with their parent(s) the three
ways they can respond to a bully, the way that is most appropriate, and then have them draw a picture of themselves standing up to a bully that can be displayed within the home.

Why Try Program - Get Plugged In: Circle of Influence

Here’s a new activity to use the next time you teach (or re-teach) the Why Try lesson “Get Plugged In”. Simple and powerful, this visual and hands-on activity helps students grasp the importance of strong positive support systems.

Materials Needed:
Poster-sized paper
Markers
String/yarn
Tape
Scissors
White board and dry erase marker

Length of Activity:
60-90 minutes

Step 1: Introduction
Analogy/Explanation

Circles of influence are like a stone thrown in a pond. The first ripples are close to the stone, deep, and powerful. As they expand away from the stone, they become more distant, shallower, and less powerful.

We are each like that stone. The people closest to us have the most power and influence in our lives. And just as ripples extend out from a stone, we have relationships that extend out from us that may still be important, but have less power and influence the farther out they extend.

At this point the facilitator should explain this analogy while drawing an example on the board. Draw a circle (stone) with your name in the middle surrounded by circles
(ripples). Identify people who are a part of your life and put their names in the circles that represent their distance from you. Use specific names and avoid generic labels like “my family”.

Step 2: Create Posters
Hand out posters and markers and have students create their own circles of influence. As they work, here are some questions to have them think about:
1) Which family members are the most supportive of you?
2) When you are hurting, who is there for you?
3) Who knows the most about you?
4) Who can you count on to help you in an emergency?
5) Who do you say “Hi” to on a daily basis but you don’t really know anything about? (store clerks, the janitor at your school)
After creating their “circle,” students use string to link their names to the positive relationships in their lives.

Step 3: Make Connections

Hand out tape, scissors, and string to students. You will use one piece of string for each positive relationship, so some students will need more string than others. Have students tape a piece of string from their name to each name on the poster that represents a positive influence in their life.

When the poster is finished, students will have a visual depiction of their positive influences.

Step 4: Conclusion

*Processing Posters*

- What do you notice as you look at your poster?
- What would you like to see different about your poster?
- What are you willing to do to make that change?
The activity can be enhanced by comparing life to a high wire and pointing out the importance of a strong safety net.

**Analogy**
Life is like walking a high wire. You can do it without a safety net, with a very poor safety net, or a strong safety net. If the string on your poster represents your safety net, what would happen if you fall off your wire? (And we all fall off the wire).

**Next steps/Challenge**
- What small change can you make today that will make a big impact on your life tomorrow?
- What are you willing to do to improve the relationships in your life?
- Add questions from Why Try curriculum, such as:
- “What is one “conflict,” “argument,” or “power struggle” that I can give up today that won’t hurt me but will lower my parents anxiety about me?”

Good Behavior Game

The Good Behavior Game (GBG) was developed to help teachers manage classrooms without having to respond on an individual basis each time a student disrupted class. Because of the name of the strategy, many assume the game reinforces "good behavior." That is technically not correct; the Game actually reinforces voluntary control over attention and reduces the susceptibility to accidental negative reinforcement from peers in the classroom. The GBG treats the classroom as a community. The teacher is central to the GBG, because he or she sets the rules for becoming a successful student and member of the community and also determines whether each child succeeds or fails. The GBG improves the precision with which the teacher conveys and the child receives these rules, and by doing so improves the teacher-child interaction and the child’s chances for success.

Setting:
- Classroom, although similar principles can be reinforced in the home environment
- Can be used during lecture, particularly useful during a subject that many students struggle in and/or need more motivation to succeed in

Participants:
- Research suggests its effectiveness with students in preschool through twelfth grade

How to Implement GBG in Classroom:
- Explain GBG to the class
- Create group rules (helpful to have students assist and make them on a poster so they are visible to everyone)
- Define and explain behaviors that are wanted in class and explain behaviors that will result in a loss of points
- Practice appropriate behaviors (your expectations) through role play and/or rehearsal
- Designate a specific time in the day to use the GBG
- Allow students to select a group reward
- Create groups/teams (can put individual students on their own team if they wish)
- Track daily with tally marks that are visible and publically posted

**Example:**
- GBG will be implemented during social studies lecture, which is in the afternoon right after lunch
- The appropriate behaviors being reinforced include raising one’s hand (when called upon),
- leaving one’s seat (any time they leave their seat without permission), talking out (any instance of talking without permission), and engaging in disruptive behavior (any instance deemed disruptive by the teacher, including tearing up paper, passing notes, and knocking on classroom furniture)
- Have students example each inappropriate behavior

The Color Wheel

The Color Wheel allows for more flexibility in rules and expectations but still gives a uniform desired behavior(s). When a classroom has one set, specific rulebook, there are instances in which teachers / therapists must steer away from the set rules. This can confuse students about what expectations are and can cause controversy in fairness.

This is a class intervention that is composed of 3 categories:

**Green:** Free time / Low-structure activities

**Yellow:** Large or small group instruction or independent work

**Red:** Brief Transitions between activities

The student will learn which behaviors belong to each color and act accordingly.

**Steps for Implementation:**

1. **Define behavioral expectations for each color.** – Develop short list of rules that summarize expectations for each color level. Examples are provided in the chart above.

2. **Create Color rules posters** - Create a poster to be made public in the classroom for all to see.

3. **Create the Color Wheel** - Using poster board to create a circle divided into 3 sections (green, yellow, red) like a pie chart. Make or buy an arrow that spins to create the color wheel.
4. **Train students in Color Wheel procedures**- Go over each color section and the appropriate behaviors associated with each. Give specific descriptions and acceptable behaviors for each color. For example, during a red level scenario; students are allowed to go get their lunch, clear off desk, and remain quiet until time to leave the classroom for lunch.

5. **Begin Color Wheel intervention**- Try a practice round with the students to let them get a grasp of expectations and how the Color Wheel experiment works. Always give a minute warning before the wheel is spun. Give praise to students that follow the color wheel rules.

Home and Family Interventions

Bibliotherapy with Children and Families

How full is Your Bucket? – For Family Engagement

Grief and Trauma Intervention (GTI) for Children

CBT/Family Therapy for Bulimia Nervosa

Eating Disorders – Role Play

CALL OUT: Are you speaking my language? – Parent/Child interaction Therapy
Using Bibliotherapy with Children and Families

Bibliotherapy can assist children in overcoming problems by having them read stories about characters who have successfully resolved a dilemma similar to their own. Identification with a literary model can foster thought and possible resolution to a problem such as dealing with a separation, illness, death, poverty, disability, alienation, disaster, war, etc. The underlying premise of bibliotherapy is that interpreting stories is an ever-changing process to which children bring their own needs and experiences. Since students often have difficulty identifying and communicating their feelings, stories can serve to facilitate open discussion and self-understanding. If children become emotionally involved with literary characters, they are more able to verbalize, act out, or draw pictures describing their innermost thoughts.

Use of bibliotherapy is not limited to crisis situations, nor is it a cure for severe psychological difficulties. It may not meet the needs of some children, especially those who are not ready to face their specific issue. Other students may be unable to transfer insights gained from reading into their own life, or may use literature as a form of escape. Yet, these experiences with literary characters have been shown to be beneficial to many children.

The goals of bibliotherapy are to help children:

- identify and validate their feelings;
- realize that other children have problems similar to their own;
- stimulate discussion;
- foster thought and self-awareness;
- discover possible coping skills and solutions; and decide on a constructive course of action.
Implementing Bibliotherapy In the classroom and in the Home

1. Identify the needs of individuals or groups of students.

2. Locate literature that deals with emotional and developmental difficulties or unfortunate situations your student or students may be experiencing. Read the material prior to using it or recommending it. If you choose to read aloud or to refer a child to a particular story or book, be sure it is appropriate for the child's age, gender, maturity and background. The characters and plot should be realistic and include honest problem-solving. If literature is not available on a particular subject, consider books on tape or videos to assist children in learning ways to cope with their problems. Seek administrator approval if you plan to use bibliotherapy on topics that may be controversial in your community.

3. Chose a method to involve a child or children with the literature. Read a story aloud to one child or to small or large groups of children. Also, students may read assigned stories or books on their own. Those children with similar concerns could meet in small groups.

4. Design follow-up activities such as asking open-ended questions, retelling the story, acting out roles, using puppets, writing reactions, tape recording thoughts, and/or using various art materials to help children discover that:

   o other children have similar feelings when confronted with comparable circumstances;
   o they are not the only ones who experience dilemmas; all children encounter some difficulties in their lives;
   o everyone has strengths and weaknesses and through self-appraisal children can learn to persevere;
   o facing a problem is the first step to solving it;
- there are a variety of ways to deal with a dilemma and that they can decide on a course of action; and

- it takes time to remedy a problem; if they are unsuccessful at first, they need to think of something else to try.

Involve children's parents in the process. Offer suggestions for additional reading selections and/or activities to assist the students in dealing with their emotions and specific difficulties in the home and alongside siblings or other family members.

How full is Your Bucket? (For Family Engagement)

This intervention is useful for children that have developmentally delays, particularly children that experience problems vocalizing feelings, emotions, and expressions. This is a great intervention resource for a school social worker to recommend for increased family expression and cohesiveness.

How full is your bucket?

Through the story of a little boy named Felix, this charming book explains to children how being kind not only helps others, it helps them, too. As he goes about his day, Felix interacts with different people his sister Anna, his grandfather, other family and friends. Some people are happy, but others are sad. Using the metaphor of a bucket and dipper, Felix’ grandfather explains why the happy people make Felix feel good, while the others leave him feeling bad — and how Felix himself is affecting others, whether he means to or not. This beautifully illustrated adaptation takes the original book’s powerful message; that the way we relate to others has a profound effect on every aspect of our lives and tailors it to a child’s unique needs and level of understanding.

Group Family Bucket Activity

Have the entire family participate in a group session reading of “How Full is your Bucket”. Have each family make a bucket out of an old basket, plastic sandwich baggie, or brown paper lunch sack. On the construction draw and cut water drops, then write or draw a picture of an activity, phrase, or person that helps to fill everyone’s bucket. Have each member of the family discuss their buckets. This should lead into a longer discussion about feelings and emotions. Ask family members to hang their buckets up in the home. Throughout the week have each family member put compliments and appreciations in each other’s buckets. Then maybe on family game
night go through and read the compliments to each other. Add some candy or pizza to make this activity extra special. The takeaway here is to have everyone establish people, activities, or positive scenarios that reminds them of positive coping skills. Also, it helps to teach children kindness and respect for others.


**Grief and Trauma Intervention (GTI) for Children**

Grief and Trauma Intervention for Children, or GTI, is an evidence-based, home or school group intervention that focuses on children between 7-12 who have PTSD due to witnessing some form of violence or disaster, such as witnessing the death of a loved one (National Registry of Evidence-based Programs and Practices, Jan 2014c). The purpose of this intervention is to improve PTSD symptoms, grief, and depression (National Registry of Evidence-based Programs and Practices, Jan 2014c). The sessions address topics such as dreams, anger, and questioning, in relation to trauma (National Registry of Evidence-based Programs and Practices, Jan 2014c). It is grounded in CBT and narrative therapy (National Registry of Evidence-based Programs and Practices, Jan 2014c).

One phase of GTI involves restorative storytelling (Ollila, 2013). This is when, after a child is given a specific topic, such as positive and negative memories and moments, and reminders of their individual trauma (Ollila, 2013). The child is then required to draw an image associated with the specific topic and discuss it with the therapist (Ollila, 2013). After that discussion, the therapist writes the shared story, and the child shares that story with other group members, and are encouraged to share that story to a trusted adult (Ollila, 2013).

This activity, and intervention, can be effective for the family as a whole. GTI is an intervention that both the child and the parent participates (National Registry of Evidence-based Programs and Practices, Jan 2014c). Also, if the parent is considered to be the child’s trusted adult, then sharing the story can create a sense of dialogue between the individuals, and in turn, can allow the child to become more comfortable with trusting and sharing information with the parents in the future.

CBT/Family Therapy for Bulimia Nervosa

Intervention:
Cognitive behavioral therapy for bulimia nervosa focuses on values attached to an ideal body image. It also aids in understanding and reducing emotional triggers that could be caused by relationships or other life circumstances. CBT focuses on identifying and altering dysfunctions thinking patterns, beliefs or attitudes, which contribute the person’s harm to themselves and their body. In addition to understanding, identifying and changing cognitive distortions, CBT helps the individual make behavioral changes in eating habits. In combination with CBT, family therapy is form of psychotherapy that is often used to promote unity within the family. It sheds light on ways that family members are supporting the harmful eating habits and suggests ways for the family to help them throughout treatment.

Activities:
- Provide education provided on maintaining a balanced, healthy diet.
- Reduce concern about body weight and shape by correcting dysfunctional schemas about self-worth.
- Learn proper coping skills to negative emotions in order to prevent future relapses.
- Monitor eating habits by keeping a food dairy/journal.
- Eat regularly (six small meals throughout the day to prevent food cravings/binging and ultimately purging.
- Challenging black-or-white, all-or-nothing thinking, etc.

Evidence-based treatment: Cognitive-behavioral therapy

Issue being addressed: Eating disorders in adolescence

Check-in: (5 minutes) Ask the client and mother to share how they are feeling today.

Opening discussion:
- What are some things that you struggled with this week?
- What are some decisions that you made regarding food that you are proud of this week?
- How have family dinners been since starting the new meal guide?

Role-play activity: (25 minutes) Ask the mother and daughter to switch roles and play one another. Prompt the patient (who is playing the role of mother) to ask questions such as, "How do you think the week went?" or "Is there anything you feel like you need to talk to your mom about?" or "How did you do with food this week?"
Allow the patient and mother to process the responses from the mother’s point of view. Discuss any differences and similarities between how the mother answered and how the daughter (patient) would have answered.
Then instruct the mother (who is playing the role of the daughter) to ask questions, such as, “How do you think Karen did this week” or “Is there anything you would like to discuss regarding your daughter’s struggles or progress with food?”
Again, allow both the patient and the mother to discuss any discrepancies or similarities between how the daughter perceives her mother would answer. Use this discussion to open up the line of communication between both family members.

**Food Activity:** (20 minutes) Bring in a variety of different food items, such as, yogurt, crackers, and cheese. Ask each member of the family to write down on notecards what comes to mind when they think of each food item. Have the family members share their answers. The patient will most likely answer with comments, such as; “gross”, “makes you fat”, “too many calories”, etc. The parents and other family members may write things like “cheese is good on crackers” or “I enjoy yogurt for breakfast.”
- Have each member share their responses
- Discuss how the patient views food with more negative emotions than their parents.
- Ask for comments regarding one another’s written responses to each food item.
- Process how different the patients react simply to these foods being in the room.
- Explain that all these things they’ve written on paper are the kinds of things going on in their minds at meal-time and begin the discussion on how to change these negative, emotion-laden reactions to healthier thoughts during meals.

**Homework:**
Encourage the family to continue utilizing their meal guide during meals and to openly communicate their thoughts and feelings at these times. Encourage the patient to be present during meal times with her family, even if she chooses not to eat what is served. Also provide patient with Thought record worksheet and encourage her to utilize the worksheet throughout the week until your next scheduled session and come prepared to discuss if she is comfortable.

**Discussion:**
Incorporating the family into treatment for an adolescent with an eating disorder is a significant aspect of successful treatment for the client. Food and meals are often
shared within family units and when one member is struggling with an eating disorder it is important for the family to address it and feel comfortable maintaining open communication regarding the subject.

Behavioral Health in children: (Parent Child Interaction Therapy)

CALL OUT: Are you speaking my language?

Description:
Appropriate for ages 10-18
This activity is designed on work on assessment and engagement. The CALL OUT: Are you speaking my language game is designed to go along with the intervention modality of Parent Child Interaction therapy.

Materials Needed:
Markers and construction paper/cardstock
Scissors
PC/ Internet Access or smartphone/Ipad can be substitute for PC
Youtube, Instagram, Facebook, Twitter

Therapeutic rationale:
This activity can be done in a group setting and applied with families. The goal of this activity is to build rapport, establish a trusting and open therapeutic environment, gather information about the client (formulate an assessment).

Application:
Part I:
On each piece of construction paper of have the client (the teenager or preteen) to write down the words or phrases that the teen has heard on the Youtube video and words that the teen uses daily amongst his or her peers. Some of the words they pick up from social media, some use words universal to teenagers/preteens, some use words that are specific to their cultural or racial ethnicity and some are words that the teenagers themselves have made up with their friends.
Part II:
The parent/clinician will use their smartphone or PC to search Youtube, Facebook, Twitter, Instagram. The idea is for the parent/clinician to attempt to identify the meaning of the word or phrase that the teen/pre-teen has written down on the cardstock. In addition, once the parent/clinician feels as though they have guessed the meaning or phrase, they will call it out! This activity is very fun and is great to use in group settings or it can be individualized as well. The idea is to demonstrate the ability to learn the language of teens. This facilitates positive rapport and open communication.

Individual Interventions

Self-Monitoring 1
Self-Monitoring 2
Art Therapy
Solution-Focused Brief Therapy for Families Exposed to Violence
Community Genogram
Behavior Toolbox
Token Economy
Busy Box
Play Therapy

Trauma-Focused Cognitive Behavioral Therapy
Cognitive Behavioral Therapy
Narrative Therapy
Social Story
Chutes and Ladders – ADHD
CBT – Memory Box
Check-In/Check-Out
Mystery Motivator Chart
Feelings Parking Lot
Relaxation Flip Book
Changing Behaviors through Self-Monitoring

Self-monitoring is an effective tool for behavior change. Self-monitoring has two components, measurement and evaluation. Self-monitoring takes advantage of a behavioral principle: the simple acts of measuring one's target behavior and comparing it to an external standard or goal can result in lasting improvements to that behavior. Self-monitoring is sometimes described as having 'reactive' effects, because people who measure and pay close attention to selected behaviors often react to this monitoring information by changing those target behaviors in the desired direction.

Self-monitoring serves the following purposes:

- to communicate an emotional state
- to communicate an emotional state that is not necessarily in line with the actual emotional experience
- to conceal an inappropriate emotional state and either display apathy or an appropriate emotional state
- to appear to be experiencing an appropriate emotion when the reality is apathy

Provide consistent feedback with self-monitoring! The student is developing an increased awareness of himself within the focused area of skill and academic development. As the student is learning to self-monitor, frequent and consistent check-ins with the student may help the student accurately self-assess. It is not expected that the student will have mastery with self-monitoring, but it is a skill that will develop over time with continued practice.
Implementing Self-Monitoring

How to do it:
There are many ways to implement a self-monitoring system or intervention with students, but basically, the technique involves sitting down with the student, defining the behavior(s) to address, and choosing and implementing an intervention or system by which the student can keep track of their own behavior and progress toward the behavioral or other goal.
The self-monitoring interventions may include visual cues, like pictures, gestures, etc. by which the student may be reminded to address the behavior indicated for intervention.
Checklists and charts may be used by students to keep track of their behaviors.
Indicators, where the student, when they see or hear something, know they need to address the behavior.
Student may create notes to themselves.
Students may look for triggers that cause the behaviors, avoiding these triggers or being aware they are present.

Why should it be used?
- Promotes independent and responsible behaviors
- Promotes independence and self esteem
- Increases coping ability
- Improves on task behaviors
- Increases productivity
- Improves self-awareness and reflection

When should it be used?
- When students have poor attention, focus, and impulse control
- When students are disorganized, scattered, etc.
- When students have trouble being prepared, forgetting materials, homework, etc.
• When students are overly talkative or social
• When students exhibit chronic or compulsive behaviors, like tapping, making sounds, etc.
• When students demonstrate other off task behaviors or difficulties attending.

Self-Monitoring 2

**GOAL:** Self-Monitoring worksheet assists client in observing one’s own behavior. It provides the opportunity to observe changes and alter any potential self-defeating behaviors. Monitoring one’s behavior allows the individual to record actions and take responsibility for their choices.

**STUDENT SELF EVALUATION**

Name: ___________________________

I listen when the teacher (or speaker) is talking. [Emoji choices: 😊😊😊, 😊😊 Định, 😊😊😊]

I follow directions the first time they are given. [Emoji choices: 😊😊😊, 😊😊 Định, 😊😊😊]

I am polite and respectful to students and adults. [Emoji choices: 😊😊😊, 😊😊 Định, 😊😊😊]

I ask for help when I don’t understand. [Emoji choices: 😊😊😊, 😊😊 Định, 😊😊😊]
I raise my hand to answer questions in class.

I take my time and do my best work.

My work is always neat and I use my best handwriting.

I finish my work on time.

Art Therapy and Mental Health

Art therapy encourages self-expression, self-discovery and emotional growth; for these reasons, it has been used in the treatment of mental illness for almost 100 years. As a form of psychotherapy, art therapy often involves both the creation of art and the discovery of its meaning. Individuals are encouraged to visualize, and then create, the thoughts and emotions that they cannot talk about. For other people with mental illness or disabilities, the creative process of art making becomes the therapy.

Art therapy uses art materials, the creative process and the verbal discussion around what is created to assess current cognitive, emotional, and social functioning. It is a means of providing therapeutic support that can be more productive than only using verbal methods of therapeutic intervention.

Individual art therapy for children is integrated with parent coaching for children and family support for adults. Through art, imagination, and creativity, individuals can communicate about their problems. In a relaxed and supportive atmosphere they learn to cope with overwhelming and painful feelings.

The purpose of art therapy is essentially one of healing. Art therapy can be successfully applied to clients with physical, mental or emotional problems, diseases and disorders. Any type of visual art and art medium can be employed within the therapeutic process, including painting, drawing, sculpting, photography, and digital art. Art therapy stands in contrast with other kinds of creative or expressive arts therapies that use dance, music or drama. One of the major differences between art therapy and other forms of communication is that most other forms of communication elicit the use of words or language as a means of communication.
Art Therapy can help with increasing:
• Self awareness
• Social skills
• Problem solving skills
• Behavior management

Implementing Art Therapy
Art therapy can take place in a variety of different settings. Art therapists may vary the
goals of art therapy and the way they provide art therapy, depending upon the
institution's or client’s needs. After an assessment of the client's strengths and needs,
art therapy may be offered in either an individual or group format, according to which is
better suited to the person.

Identify how art therapy may be used to help children. All children may benefit from
using art in a therapeutic setting, but art may be especially beneficial for children who
experience impediments to open and/or fluent verbal communication. Art therapists can
apply their techniques to helping children who have difficulties expressing themselves
for a number of reasons.

Provide a wide array of artistic mediums for children to work with. Art comes in a variety
of forms, and different children may prefer working with different materials. Offer paints,
pencils, clay, construction paper, photography, chalk and sand. Additionally, engage in
a variety of artistic activities, including dramatic play, puppetry, mask-making, mime and
dance.

Analyze artwork with a non-judgmental mindset. Art therapists are there to facilitate a
patient's understanding of self, rather than to make determinations about a patient's
artistic ability. Therefore, when you evaluate at a child's artwork, you should look to
identify elements of it that the patient may want to discuss and should avoiding assessing its artistic value.

**Encourage open discussion of artwork.** Reserve your personal thoughts and opinions and, instead, invite children to describe the elements of and explain the meaning behind their compositions. Pay special attention to nonverbal cues, as you will likely be working with children who prefer nonverbal communication, and use those cues as prompts to further explore individual aspects of the artwork.

**Maintain a positive, supportive, accepting and encouraging attitude during therapy sessions, regardless of the nature of the subject matter.**


Techniques for Implementing Solution-Focused Brief Therapy for Families Exposed to Violence

Solution-focused brief therapy is considered a time-limited approach, however the technique is often incorporated into other long-term therapy types and effects can be long-lasting.

Rather than dwelling on an individual's weaknesses and limitations, solution-focused therapy concentrates solely on an individual's strengths and possibilities to help them move forward.

The miracle question
A key element within this questioning is the 'miracle question' a question that encourages people to stop thinking about why they cannot achieve something and instead picture how their lives could be if a miracle occurred. This helps them to view life very differently and takes the focus off the cause of their problems. Instead emphasis is placed on times when their problems are non-existent.

Ultimately, the miracle question enables the individual to picture a solution. Their responses are expected to describe this solution in detailed behavioral terms, and this can have powerful implications about their need to do something different. This is thought to pave the way for small, realistic steps that will help them form an entirely different way of living. Some people may even begin to implement some of the behavioral changes they have pictured.

Exception questions
Exception questions allow people to identify with times when things may have been different for them - periods in their lives that are counter to the problem they are currently facing. By exploring how these exceptions happened, and highlighting the
strengths and resources used by the individual to achieve them, a therapist can empower them to find a solution.

Examples of exception questions a therapist may ask include:

- "Tell me about times when you felt happiest".
- "What was it about that day that made it a better day?"
- "Can you think of times when the problem was not present in your life?"

During this process the therapist will likely offer plenty of praise to encourage individuals to project their exceptions into the future and feel more confident about using their strengths and resources to achieve their new vision.

**Scaling questions**

Following miracle and exception questions, scaling questions will typically be asked to invite those taking part to perceive their problem in terms of difficulty. This tends to involve using a scale from one to 10 in which each number represents a rating of the problem (one being the worst a situation could be and 10 being the best).

By identifying where an individual's problem lies in their mindset, a therapist can go about exploring where things would need to be for them to feel that the aims of therapy have been met. From here they can establish specific goals and identify preferred outcomes. Scaling questions can also prove useful for tracking progress.

**Community Genogram**

This is a good icebreaker activity and can be utilized by a social worker practicing in any field. The genogram helps to establish rapport with the child by learning their interests, who and what is important to them, and what support networks are currently available.

**Objectives**

1. Helps Provide child/children with a safe/secure environment (this can be done in a group or individual therapy session)
2. Helps the SW learn who this child is, what is important to them, and what support networks are currently available.
3. Helps the SW develop a rapport with the client that leads to a foundation built on respect and trust.

**Method**

- This activity will involve the student drawing their everyday community. This can include, the child’s family, school, classmates, travel experiences, favorite parks, interests, church, extra circular activities, social life, grandparents, pets, siblings, ext..
- The SW will use active listening skills, ask open-ended questions, and nonverbal communication while the child draws their genogram. This is a gateway to the child’s life and can detect clues for behavior. This will be a first step in treatment and in some cases, the only opportunity given to earn trust and respect.

Behavior Toolbox

Behavior toolbox is an effective intervention to use with elementary school children that experience difficulty expressing wants in an appropriate way. The toolbox contains alternative behaviors that are effective when engaging with classmates. The toolbox will be utilized by the student in the classroom; therefore, should be placed in a visual and assessable spot.

Objectives

1. The toolbox should be used to introduce new behaviors to the student.
2. The SSW will use this toolbox as a “in the moment” teachable moment.
   **Important--To work correctly, the student must be introduced to the appropriate behavior while the inappropriate behavior is happening.

Method

- **Classroom Observation**
  The SSW will observe the child during the school day to determine reason for referral. (I will use screaming out of turn as an example.)

- **Making the Toolbox**
  The SSW will design a “Tool Box” containing alternative behaviors the child can use instead of current behavior. So for the student screaming, it will contain ideas such as: asking for a turn instead of screaming, raising hand to be called on, sharing, and asking politely.

- **Introduce the Tool Box to the student**
  SSW will introduce and discuss why the toolbox is in the classroom; additionally, the rules to use the toolbox will be agreed on.
• **In Action**

When the child starts to display inappropriate behavior (screaming) SSW will intervene and direct the child to the toolbox. Student will bring the box back to their area, open it, and pull out cards containing alternative behaviors (such as raising hand, or waiting for their turn). SSW will then provide praise when the student successfully completes their alternative behavior.

Token Economy

Token economy is a system of management that allows individuals to earn tokens for displaying specific and positive behaviors that are exchanged later for a particular reinforcement of the client’s choosing that is already predetermined (Maggin, Chafouleas, Goddard, and Johnson, 2011). When the student does some form of positive behavior, he or she will receive a previously determined token (Maggin et al., 2011). Once received a certain amount of tokens, the child can turn in those tokens for a predestined bigger prize, such as receiving a homework pass, candy, or some other positive attribute (Maggin et al., 2011). Similar to the range of who uses the token economy, it has a wide variety of environments that it may be used, such as improving social and academic skills, speech, drug addiction, and self-care (Maggin et al., 2011).

Token Economy is a school-based intervention that can also be used at home with parents and families. Parent reinforcement is very important because it reinforces the positive behavior that the token economy is attempting to promote, while simultaneously decreasing the number of negative behavior that the parents no longer want their children to participate in. Since behaviors that may cause issues in the schools can also be seen at home, this technique can be used to influence positively on the children, and in turn, positively affect the entire household.

**Busy Box**

The Busy Box can assist children and young adults who are in need of tangible stimulation, and may act out in class and/or at home due to the lack of tangible stimulation (Elswick, Neely-Barnes, and Delavega, 2014). First, the parent will retrieve a box, such as a shoebox (Elswick, Neely-Barnes, and Delavega, 2014). Within that shoebox, items the child likes and would want to receive are placed within it (Elswick, Neely-Barnes, and Delavega, 2014). Those particular items will be placed in the shoebox, and the child can have access to the items only after the behavior the child should exhibit is observed (Elswick, Neely-Barnes, and Delavega, 2014). The Busy Box can also be used to help students who complete work quicker than their classmates, and tend to get in trouble after completing their assignments early (Elswick, Neely-Barnes, and Delavega, 2014).

The Busy Box is a school-based intervention activity that parents can also complete at home. Parent involvement is important in order for the Busy Box to truly be effective for the child. This behavior can assist with the problematic behaviors that may occur within the home. If the behaviors are not presented in the home, the Busy Box could still be used with the parents, to positively reinforce the intervention to make the transition easier for the child while in school.

Play Therapy

- **Description of Intervention:** Play therapy is an evidence based practice that utilizes “the therapeutic power of play to communicate with and treat clients, particularly children” (Association for Play Therapy, 2014).

- **Appropriate Uses/Target Population:** Play therapy is used most often to address the needs of children who have experienced trauma. This would be a very appropriate intervention for a child who has been in a domestic violence situation or a child who has been abused.

- **Description of Session:** A child will enter the room with multiple toys and manipulatives. The child’s parent will sit in a chair or on the floor and let the child pick any items to play with. The therapist will observe and take notes. The play interactions are driven by the child and any indicators or links to the child’s trauma will be noted. The parent-child interactions will be observed as well (name.org).

- **Importance of Family Participation:** For this scenario it is very important that the family participates due to the fact that the trauma or violence often occurred in the home. It is important to see the child’s level of comfort or discomfort with or around the primary caregiver. The child is on neutral ground and engaging in a natural behavior, so is often times more open or free. The interactions and trauma can be addressed within the family unit and at the child’s pace.


Trauma-Focused Cognitive Behavioral Therapy

- **Description of Intervention:** TF-CBT is an approach to address trauma in children, adolescents and young adults. This approach involves the parents and the children and begins with skills building. The intervention ends with a trauma narrative that is presented to the caregiver. This approach can be used to address physical, sexual and emotional abuse. It can also be used to address trauma from things such as witnessing domestic violence or violence in general, being involved in a terrorist attack, being in a natural disaster etc.

- **Appropriate Uses/Target Population:** TF-CBT is often used within residential facilities or secure environments due to the fact that children may act out initially while having to face the things that have happened to them. However, this treatment is appropriate for any other setting as well, even in home therapy. The age group it was designed for and has shown the most success with is 3-18 years old.

- **Description of Session:** A child in TF-CBT learns multiple skills. Coping skills are a big focus. So, one session would include a worksheet (for a younger child) such as the one listed below. The only materials needed would be the worksheet and a pencil. The child/youth would talk through the coping skills and identify the ones that are most effective for helping them manage negative feelings.
• **Importance of Family Participation:** The role of the family for this intervention is crucial. Many times the parents or caregivers have not heard about the child’s trauma in such detail as what the trauma narrative describes. The child/youth gets to present it to them and the parents are coached beforehand so that they are supportive and actively listen. This method provides the child/youth the opportunity to tell their story and become desensitized to the triggering incident or incidents.

Cognitive Behavioral Therapy

- **Description of Intervention:** CBT is a well-known evidence based intervention that helps individuals make the connection between thoughts, feelings and behaviors. It can be used in any many settings and is very versatile.

- **Appropriate Uses/Target Population:** Due to the fact that CBT can be used with most age groups and can be used in many different settings, there are few limitations. One of the settings where it has become more prevalent is in the school setting. CBT has proven that it is very effective for school aged children.

- **Description of Session:** The central concept of CBT is based on the Cognitive Triangle. The cognitive triangle is used throughout most of the sessions and is often referred back to. A worksheet such as the one below would be a worksheet that would be completed in one of the initial sessions:

- **Importance of Family Participation:** Family participation is important in order to gain multi-perspectives and help the youth make necessary connections on the cognitive triangle. The school counselor or social worker is also crucial to the intervention because it is driven by the therapist.

Narrative Therapy

- **Description of Intervention:** Narrative therapy is an intervention that involves a child giving very detailed descriptions of issues they are experiencing in order to work through issues. It is collaborative but the therapist merely prompts the client and the client takes the lead.

- **Appropriate Uses/Target Population:** Play therapy is often used in schools, particularly middle school in order to build self-esteem of students. Since it is collaborative, it aids them in finding their voice and working through issues they are having in a positive way.

- **Description of Session:** A child would meet with a school counselor and fill out one of the following worksheets to address an issue that may be occurring at school that is upsetting. The school counselor would let the child have free expression, but help guide when needed. Worksheet:

```
First
next
Then
Last
```

- **Importance of Family Participation:** The school counselor would be the person assisting the youth during school, but family participation is important so that the family is aware what is going on in the school setting so things can be addressed at home as well.

Social Story

Intervention:
Social stories teach children routines, standards, and expectations in a way that is visual and interactive. It gives information about a correct behavior in a picture narrative. It is a personal, tailored intervention that invites students to be active participants in learning. It is commonly used for children on the autism spectrum or who have ADD/ADHD. The intervention should be used if the student/child struggles with grasping routines, is disorganized, needs reinforcement of class/home procedures, lacks social skills, struggles with concentration or has difficulty completing assignments. Across various settings, this intervention works to improve the child’s ability to perform routines and meet expectations.

Activities:

- Create a list/outline for the steps for the behavior that the student needs to modify.
- After identifying the steps, develop a simple sentence that clearly explains the step.
- After describing the steps in sentence form, choose a picture that represents the action.
- When the social story is created, review it with the student before the routine or procedure needs to be completed.
- After the student become familiar with the social story, they should begin to independently review it before performing the action.
- As the student becomes more competent in the routine/procedure, it can be faded out.


Evidence-based Intervention: Behavioral Therapy

Issue being addressed: Impulsivity/ADHD

Goals of activity:
- Identify rewards and consequences for actions/behaviors
- Discuss impulse control
- Teach client how to follow directions
- Teaching the importance of patience and waiting your turn

Game: Chutes and Ladders

Materials:
- Chutes and Ladders Board Game

Description:
Play the game Chutes and Ladders with the client. As you play, use the pictures on the game to discuss and teach about the rewards and consequences of certain behaviors. Explain to the client that the ladders in the game represent positive consequences and rewards and the chutes in the game represent negative/impulsive behaviors and the consequences or punishment that may follow for those behaviors. Allow the client to offer feedback on what they think the consequences of their behaviors are. For example, offer the child a situations, such as, “What do you think the consequence would be if you leave your chair without permission, while in the classroom.” Have the client identify whether that would lead to a positive consequence or a negative consequence. Once you have discussed several scenarios have the client then discuss alternatives behaviors in which they could use to avoid behaviors/actions that may lead to negative consequences or “chutes.”
**Additional Discussion Prompts:**

1. What is happening in this picture? Ask the child to identify the behavior and how it connects to the consequence.
2. Have you ever been in a similar situation? Tell me a little more about that situation. What did you learn for that situation?
3. Is this a positive choice or a negative choice? Did the character demonstrate good impulse control? Why or why not? If not, what other choice could the character have made that may demonstrate better impulse control?

**Discussion:**

This activity can also be implemented within the family setting in order to allow the child an opportunity to communicate some of the situations that cause them to struggle. This setting will also allow the parent(s)/caregiver(s) the opportunity to offer support and suggestions as to ways the client can control impulsive behaviors whether in the classroom or at home.

Evidence-based Intervention: Cognitive-behavioral therapy

Issue being addressed: Prolonged grief in childhood

Goals of activity:
- Allow the child an opportunity to identify and express feelings regarding grief/loss
- Develop new coping strategies
- Encourage open communication about grief/loss within family unit

Activity: Memory Box

Materials:
- Shoe box
- Paint
- Stickers
- Writing utensils (markers, crayons, etc.)
- Glue
- Ribbon
- Any other craft supplies desired
Description:
Begin by discussing the child’s loved one that passed away. Prompt the child to think of happy memories that they may have shared with their loved one. Ask the child questions, such as, how did that person make you feel? What were some activities that you used to do together?
After briefly discussing the person that the child is grieving, provide the child with further psycho-education regarding grief. Discuss how not everyone grieves in the same way. Talk about ways that you can remember your loved one. Discuss feelings and emotions that are present when thinking about times shared with that loved one.

The therapist will then explain to the child that he/she can use the box to create a “memory holder” or a place to put all of their memories of their loved one. Allow the child to decorate their box and be as creative as they choose. Once the box is finished, assign the child homework. Explain to the child that their homework is to take the box home and fill it with items (ex. Pictures, cds, trinkets, etc.) that remind them of their loved one. For example, if the child lost their brother, who used to love collecting baseball cards, you may suggest they add some baseball cards to their box.

Instruct the client that when they are feeling sad, and missing their loved one they can pull out their memory box and look at its contents to remind them of the happy times they shared together. This activity will also be a great way to discuss how a person can feel more than one feeling at a time when remembering someone. Perhaps they become sad when thinking of that person, but the memory they are thinking of may be a happy one, therefore; they may feel that also.

Discussion:
This activity can be particularly effective when the family as a whole is prompted to work together to fill the box. The parents, siblings, or other family members may be able to use the activity as a way to share their own memories of the loved one that has passed. They may also want to share their own feelings and ways in which they want to continue
to remember their loved one. For a follow-up family session it may be helpful to have the family discuss what it was like to fill up the memory box and what they may have learned about their loved one that they did not already know.

Often times when children are grieving they may not know how to appropriately express their feelings, which may lead them to act out. These negative behaviors will often times play out within the school setting. It may be helpful to advocate for the child so that they can bring their memory box to class and if they become upset or begin to have overwhelming feelings of their loved one that has passed away they can ask for a time-out so that they can look in their memory box and regulate their emotions by using appropriate coping strategies.

The Check-In Check-Out (CICO) program is sometimes referred to as the Behavior Education Program (BEP). Students are presented with daily/weekly goals and then receive frequent feedback on meeting the goals throughout the day. The feedback system is connected to the school wide behavior expectations. Basic features of the Check-in/Check-out program include:

- Students identified and receiving support within a week
- Check-in and check-out daily with an adult at school
- Regular feedback and reinforcement from teachers
- Family component
- Daily performance data used to evaluate progress

Why should I do it:
- Improves student accountability
- Increases structure
- Improves student behavior and academics when other interventions have failed
- Provides feedback and adult support on a daily basis
- Improves and establishes daily home/school communication and collaboration
- Improves student organization, motivation, incentive, and reward
- Helps students to self-monitor and correct
- Internalizes success and accomplishment of goals
- Students get involved and excited about the program, enjoying the structure, support, and incentives of the intervention
- Leads to maintenance free responsible behaviors, habits, and effort

**When should I do it:**

- When a student has failed to respond to other interventions and general class management techniques and interventions
- When a student is competing little to no work
- When a student is not doing home work
- When a student is not participating, being involved, or taking part in the learning process
- When a student has emotional issues, like anxiety, frustration, etc.
- When kids have attention, focus, and impulsivity issues
- When kids have very poor organization
- When a student is exhibiting behavioral problems
- When a student demonstrates low motivation and effort

**How do I do it:**

- The CICO intervention, from the book Responding to Problem Behavior in Schools, 2nd Ed: The Behavior Education Program, is a highly effective research based intervention and can be changed and adapted to suit any school or situation
- The program consists of students daily checking in with an adult at the start of school to retrieve a goal sheet and encouragement, teachers provide feedback
on the sheet throughout the day, students check out at the end of the day with an adult, and the student takes the sheet home to be signed, returning it the following morning at check in

Example:

<table>
<thead>
<tr>
<th>GOALS</th>
<th>Language Arts</th>
<th>Math</th>
<th>Reading</th>
<th>Social Studies/Science</th>
<th>Total Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Follow the teacher’s directions the first time.</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td></td>
</tr>
<tr>
<td>2. Complete all assignments in a timely manner.</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
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</tr>
<tr>
<td>3. Complete all homework assignments.</td>
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<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td></td>
</tr>
<tr>
<td>Teacher Initials</td>
<td></td>
<td></td>
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</tbody>
</table>

%age = Daily Points / Total Points x 100

Goal Achieved (circle)?  Yes  No

**Preparation** - Select a behavior that one wishes to increase or decrease during a specific class period, morning time, or all day. Make sure to clarify expected behaviors to individual children or the class and list them on the chart above. Decide the frequency (start at no more than 4 times per week) to reward children / student(s). Develop a reward menu students will find worthwhile (candy, extra recess time, exemption from homework assignment, pizza party, etc.). Using the Invisible Marker, write “M” on the day or days you expect to reward individual or class. This allows for certain degree of unpredictability so student(s) cannot cheat the system. Bonus: Each week, write a number from 1-5 in Bonus box and if criteria is met, then bonus points can be used toward the reward menu.

---

**MYSTERY MOTIVATOR CHART**

<table>
<thead>
<tr>
<th>Class/Student: _________________</th>
<th>Week of: _________________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEHAVIOR GOALS:</strong></td>
<td></td>
</tr>
<tr>
<td>1. ___________________________</td>
<td></td>
</tr>
<tr>
<td>2. ___________________________</td>
<td></td>
</tr>
<tr>
<td>3. ___________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Bonus</th>
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</tbody>
</table>
**Implementing Intervention:**

1. Explain the system to child or classroom that this is to reward good behavior.
2. Review the behavior definitions with the children and write them out so they can visualize the rules.
3. Introduce Mystery Motivator Chart. Inform students an “M” is placed in some of the boxes, but not all; and good behavior for that specific day will allow them to check their chart for the “M” and be rewarded accordingly.
   
   E.g. If student(s) have no disruptive behavior(s) for an afternoon, there will be a chance for the “M” & a reward.
4. Once the intervention is in place, keep record of each individual or class on their progress. At end of each day, allow children to view their mystery box for the day. If an “M” appears, they get to choose from the reward menu. If an “M” does not appear, give them positive regard and let them know about the opportunity tomorrow. At the end of each tally bonus points and determine if you want to reward them weekly or monthly for bonus points to receive their appropriate reward for good behavior.

Feelings Parking Lot

**Supplies:**
- Poster board
- Markers
- Toy Cars

**Instructions:**
- Draw parking spots large enough to park toy cars on the poster board.
- Have the child identify various difficult emotions they experience and write them on one side of the parking lot.
- Write various coping strategies you would like to teach the child on the opposite side of the parking lot.
- Give the child a scenario that they must identify an emotion. Example, how would you feel if someone broke your favorite toy?
- Ask the child to park their car in the feeling they would experience (drawing feeling faces with words helps smaller children)
- You can use the time to discuss the feeling and then have the child take the car and allow them to choose a coping skill they would use to manage the feeling, or one they would like to learn, and park their car there.
**GOAL:** Feelings Parking lot encourages the individual to identify emotions and e appropriate problem solve appropriate coping strategies in various settings.

Relaxation Flip Book

Supplies:
Ring to bind the cards
Scissors to cut the cards out
Printer to print the cards
Laminate

Directions:
Print the cards below and laminate each one.
Punch a hole in left top corner and use the ring to bind them.

Jaw: Chew That Carrot
Pretend that you are trying to eat a giant, hard carrot. It is very hard to chew. Bite down on it. As hard as you can. We want to turn that carrot into much. Keep biting. (Hold for 10 seconds). Good. Now relax. You’ve eaten the carrot. Let yourself go as loose as you can.

Shoulders and Neck: Hide in Your Shell
Now pretend you are a turtle. Try to pull your head into your shell. Try to pull your shoulders up to your ears and push your head down into your shoulders. Hold it tight! (Hold for 10 seconds). Okay, you can come out now. Feel your shoulders relax.
**Back: Swing up High**

Pretend you are on a swing at the park. Swing your upper body back and forth, back and forth. To get really high, use your arms to help you swing! Keep swinging! (Hold for 10 seconds). Great! You’re all done on the swing. Sit back and relax.

**Hands and Arms: Squeeze a Lemon**

Pretend you have a whole lemon in each hand. Now squeeze it hard. Try to squeeze all the juice out! Feel the tightness in your hand and arm as you squeeze. Squeeze hard! Don’t leave a single drop. (Hold for 10 seconds). Now relax and let the lemon drop from your hand. See you much better your hand and arm feel when they are relaxed.

**Arms and Shoulders: Stretch like a Cat**

Pretend you are a furry, lazy cat and you just woke up from a nap. Stretch your arms out in front of you. Now raise them way up high over your head. Feel the pull in your shoulders. Stretch higher and try to touch the ceiling. (Hold for 10 seconds). Great! Let them drop very quickly and feel how good it is to be relaxed. It feels good and warm and lazy.
Face and Nose: Get that fly off your nose!

Here comes a pesky old fly and he has landed on your nose! Try to get him off without using your hands. Wrinkle up your nose. Make as many wrinkles in your nose as you can. Scrunch up your nose real hard and hold it just as tight as you can. Notice that when you scrunch up your nose, your cheeks and your mouth and your forehead and your eyes all help you and they get tight, too. (Hold for 10 seconds). Good. You’ve chased him away. Now you can just relax and let your whole face go smooth.

Stomach: Squeeze through a fence

Now pretend that you want to squeeze through a narrow fence. You’ll have to make yourself very skinny if you’re going to make it through. Suck your stomach in, try to squeeze it against your back bone. Get it real small and tight. Hold it as tight as you can! (Hold for 10 seconds). Okay, you’ve made it! You got through the fence. Settle back and let you stomach come back out where it belongs.

Legs and Feet: Squish your Toes in the mud

Pretend that you are standing barefoot in a big, fat mud puddle. Squish your toes down and deep into the mud. Try to get your feet down to the bottom of the mud puddle. You’ll probably need your legs to help you push. Squish your toes down. Push your feet, hard! (Hold for 10 seconds).

Okay, come back out now. Relax your feet, relax your legs, and relax your toes. It feels so good to be relaxed. NO tenseness anywhere. You feel warm and tingly.
**GOAL:** Relaxation flip book is to assist individuals calm their minds in face of conflict situations enabling them to make better choices in dealing with a situation. This technique helps them manage stress and reduce the ‘fight or flight’ tendencies.