

Update from the DC CoP

Tele-Play Therapy Tips for the DC CoP Community

April 15, 2020

Thank you to Maureen O’Keefe, LICSW, Clinical Supervisor at Mary’s Center and School Based Mental Health Therapist at Bruce Monroe Elementary School, for sharing her experiences with tele-play therapy during a chat for the DC School Behavioral Health Community of Practice (DC CoP). What follows is a series of tips and ideas for effective tele-play sessions offered during the 90-minute chat by Ms. O’Keefe as well as members of the DC CoP Community.

Goals and Expectations

When is tele-play therapy appropriate and when is it not?

This is a case-by-case assessment with your supervisor. Trauma work can be done virtually, but it is recommended that you prepare with your supervisor so you feel comfortable doing so. If safety is a concern, establish safety first by partnering with caregivers and seeking supervision.

How do we continue to work on treatment goals that may no longer be applicable at home? For example, how can we serve students who feel more comfortable at home than they do socializing at school?

Take some time for you and your families to adjust to the telehealth platform. During the first few weeks of virtual attunement and engagement, assess the new needs of the family. Are the previous goals still applicable? Should there be a pivot in focus? Also, readjust your expectation for a “meaningful” session. Some families may not feel comfortable with the telehealth platform and others may take longer to adjust. Is holding space and maintaining a relationship enough? What does their life look like now that they don’t have their regular routines and systems? How can you help convey hope?

Remember to consult with your supervisor as you assess the new needs of your families and their ability to engage. You may decide it is best to discharge the student until school resumes. You can also still work on previous treatment goals if you feel like they may resurface. For example, you can proactively work on building self-esteem and social skills for a student who usually experiences social anxiety. You could create a virtual social skills group with other students, or engage them in virtual games aimed at building social skills and empathy. Utilize this [online UNO game](#) as a method to engage students.



On that website, you have to partner with each other to play (strengthening communication and pro-social behavior). In individual sessions, create an anxiety hierarchy about school starting and interacting with peers again. Work on that hierarchy and gradual exposure during this time of school closure.

Resources

How can we set up technology so we see the play happening?

Ask caregivers to help by downloading Zoom; the clinician can send the session link by text message with the link. The caregiver can click the link and help the child connect to audio and video. Once Zoom is connected, ask the child to hold the phone so you can see one another. If they don't want to hold the phone, ask them to prop it against an object or wall. Then ask them to sit on the floor and play with their toys to engage in play therapy.

What supplies should be used for tele-play therapy?

- Use supplies you already have (your own child's toys, toys from your office) or purchase some from the grocery store or other retailer
- Create your own toys and ask them to create their own toys
- Engage in non-directive work where you track and reflect their play
- Use available virtual tools (videos, PDFs, websites)

[Creative Play Therapist](#) and [Creative Intervention for Online Therapy with Children](#) offer play and other creative therapies that can be delivered virtually.

What can I do if I do not have toys in my home office or if the family I am working with does not have toys or supplies at home?

- Use recyclable materials. Ask the child to go on a "scavenger hunt" and find old boxes, toilet paper/paper towel cardboard rolls, milk cartons, etc. and work with them to create toys or art therapy interventions (e.g., an old tissue box can become a worries, dreams, fears, or hopes box).
- Most children have paper or a notebook and a pen or markers. Engage them in virtual art therapy prompts. Have them draw something and have them show or tell you what they are doing.
- Use Tupperware or cups as building blocks.
- Make puppets out of brown paper lunch bags or socks.
- Google search "DIY toy ideas" for lists such as: <https://babbledabble.com/40-of-the-best-diy-toys-to-make-with-kids/>
- Play games like I Spy, Simon Says, mirroring, Red Light Green Light, etc.

How can we promote social-emotional learning (SEL) virtually?

Share your screen and watch videos that focus on SEL themes. There are many clips from the movie *Inside Out* available online, so take some time to bookmark those you like and watch them together. Include activities about the clip. For example, pause [this Inside Out clip](#) and ask the child to guess the feelings. You can also link the video clip to an art activity such as drawing their own feeling characters for the emotions that they most frequently feel. They can draw this on a paper or use brown paper lunch bags to make puppets.

How can we integrate mindfulness into tele-play therapy?

The website and mobile app [Cosmic Kids](#) provides movement-based and yoga videos for children.

YouTube Videos:

- Yoga, progressive muscle relaxation, and guided meditations
 - [Body Scan Meditation](#)
 - [Guided Meditation: Space Breathing](#)
- Box and belly breathing
 - [Deep Breathing Fish](#)
 - [Hoberman Ball Breathing](#)

Engagement Tips:

- Share your screen and play a video
- Model the skill, breath with them
- Change your Zoom background to an ocean, garden, or what the child may identify as a safe place

How can we create interactive play that focuses on evidence-based treatment such as using cognitive-behavioral therapy (CBT)?

Once comfort/rapport is established, introduce evidence-based materials and curricula into tele-therapy. CBT has many handouts that can be adapted for tele-therapy. Therapist Liana Lowenstein has created a video about [creating helpful thoughts](#).

How can we help families acquire additional resources that would assist with tele-therapy?

For Internet access, social service needs, etc., visit the [Coronavirus \(COVID-19\) Resources](#) web page maintained by the DC government. You can also refer a family to a community support worker in your agency or with an outside agency who can help them with case management related services such as housing, Internet, food, and more.

[Comcast Internet Essentials](#) is offering two months of free Internet service for families (\$10/month afterward), and current subscribers receive increased speeds at no charge. Clinicians and school staff can visit the page and submit the initial request on behalf of parents who do not have Internet access. Parents must have a valid phone number for their application to be processed. All documentation required from the child's school has been waived.

Zoom is frequently used for tele-therapy, but if it is using too much Internet bandwidth, use FaceTime or a regular phone call. Explain you are able to make these accommodations because of the current situation and inform them that under normal circumstances they aren't HIPAA-compliant. Meet them where they are and see how you can partner to support them.

Challenges Associated with Conducting Tele-Play Therapy

How can you ensure confidentiality and privacy when a client is home with others?

- Find creative locations. A participant mentioned that he has to be particularly creative when helping high school males find private locations since they are very attentive to shadows or people in the background. One therapist suggested asking an adolescent to talk outside (if they are older and have an outdoor area). Another shared that they speak with the child under the bed covers or in the bathroom to obtain some privacy.
- Use a safe word. Students can pick a safe word at the beginning of the session that they can use when they feel uncomfortable with someone else around. They can then change subjects or switch to using the chat feature.
- Background noise. Some therapists help clients to come up with ideas to produce white noise, such as a fan, to help muffle conversations.
- Chat. Use the chat feature in Zoom to write to one another (it is similar to texting) while still on video.

How can you engage students who don't have access to Zoom and ensure the same level of interaction if you can't share the screen or see their face?

Participants suggested opening the session with a grounding exercise, then checking in with feelings, and how they are doing with time. Also, assess the student's current family situation. At the end of the session, discuss what the student will do with their time in the upcoming week.

Another participant has asked older students to share music that reflects their current mood. One participant suggested the student draw a picture of how they are feeling and send a picture of the drawing.

Engaging Family Members

What are some strategies to help engage parents in the process?

Be mindful of how you explain the session purpose and how the time will be spent. Encourage the parent to dedicate 30 minutes of undivided attention and partner with them to figure out when that will be.

If you call and they are in the car or walking, still use this time to build connection and rapport while also communicating: “My work with your family is so important and I want to make sure I can hear everything you’re saying. I’d love to talk more with you in private when you have a chance to sit down. Could I call you tomorrow at the same time? Do you think you may be home and alone then?”

How can you engage in family or sibling work?

Be intentional about the structure. Bring the sibling in and include them, but work toward the clients’ treatment plan and goals. You can also adapt the treatment plan to include a sibling if the goal is around communication or self-regulation.

Create a tele-therapy information session for parents that outlines and illustrates the agenda and structure of a tele-therapy session. Be mindful to take appropriate, confidential notes during the client session. You may not be able to address every issue in the moment, but by keeping a note in your health record you will be able to come back to certain issues, or be able to contact parents afterward to find another time where a more private space for the tele-play therapy session can be secured.

Engaging Young Children and Adolescents: Individual and Group Sessions

What are some best practices and strategies to engage younger students in tele-play sessions?

The most effective way to engage younger students is with their parents/caregivers. Helping caregivers and children learn how to regulate their emotional reactions to things can be strengthened in therapeutic work, so capitalize on your access to the caregiver to help support you in these interventions.

Use of PRIDE (Praise, Reflect, Imitate, Describe, Enthusiasm) skills from Parent-Child Interaction Therapy (PCIT) to engage students and their parents in practicing [Special Time](#) on a daily basis. Sessions can model and teach Special Time and parents can practice it as homework each week. Working on the building blocks of therapeutic work by teaching emotions, emotional literacy and emotion identification is also helpful.

Use non-directive interventions with young children by asking them to show you their toys and play in front of you. You can utilize some of the following techniques:

- Track or describe their behavior (like a sports announcer).
 - “You’re putting the blue Lego on top now.”
 - “You are holding the baby in your arms.”
- Reflect their words (like a parrot).
 - Child: “The car is going fast.”
 - Therapist: “Yes! The car is going fast!”
- Praise their efforts.

- “Wow you are building such a big tower! You are so creative! You didn’t give up!”
- Great job... (insert behaviors you want to strengthen such as “having a calm body.”)

How can we sustain attention during tele-play sessions, especially for young children?

Sustaining attention involves planning 5-10 small activities per 45-minute session. Another option is to shorten the sessions and hold them more frequently, such as conducting them for 20 minutes twice a week. Consider pacing the work by first using other foundation-based interventions to allow you and the child to feel comfortable.

Make sessions interactive and engaging. Even at a young age, you can teach children mindfulness or breathing techniques and engage them in stretching or yoga. You can work on emotional identification by modeling emotional states using your own face and create a game out of it. Use YouTube to show a five-minute video related to a treatment goal and then expand on it. Bibliotherapy, the use of books in therapy, is also useful as younger students are used to reading/story time.

How do you refocus a student's attention during sessions?

Gently redirect them to put their focus on you: “I know it’s different to meet with me this way. Remember when you used to come to my office to play and we focused on each other during our time? This is the same idea! If you are busy playing your game, I can try calling you again tomorrow and when we speak it’s super important for you to be focused on the activities we are doing together.”

Or, go with the flow! “What game are you playing? What are the rules? Can you play it with other friends at the same time? Is there a character that is like you? If you could be any character who would it be? If you could create your new own character what would it do? How do you manage to get past all those hard levels?! Wow, look you just scored 20 points that’s amazing! You’re working so hard!” The above statements are rapport-building, assess for social connections, support personal identity-building and expression, and provide positive reinforcement to increase self-esteem.

What are some ways to engage children using teletherapy?

Remember that shorter and more engaging sessions may be more productive. Also, keep in mind that some children are experiencing online fatigue if they are engaging in remote/distance learning. Some ideas for engaging children that were shared as part of the presentation include:

Movement:

- Share your screen and complete exercise videos together:
 - [Exercise For Kids](#) (9 minutes)

- [Go Noodle Exercises](#) (5 minutes)
- [Exercise Brain Break](#) (4 minutes)
- Grab dice or use [Virtual Dice](#)
 - Assign a movement to each number. Engage them in thinking of the movements as well.
- Engage students in movement games that you used to do in the therapy room. Did you play basketball? Grab a trash can and ball up some newspaper and start playing!

Art:

- Use the tools available through Zoom to engage the child and make the core interventions as engaging and interactive as possible :
 - Share your screen.
 - Use the Annotate tool to allow them to draw directly on the screen.
 - Save what was created and share the image with them later.
- Use art therapy packets:
 - [COVID19 Time Capsule](#)
 - [The Oyster and The Butterfly](#)
 - [Thriving at Home](#)
- Use virtual coloring sheets
 - [Disney Coloring Pages](#)
 - [Virtual Mandala Coloring](#)

Bibliotherapy:

- Anxiety/fear identification and management: [Thunder Cake](#)
- Maintaining connections: [The Invisible String](#)
- Coping skills: [B is for Breathe](#)
- Instilling hope: [What Do You Do With a Chance?](#)
- Managing change: [Fortunately](#)
- Feeling identification: [Grumpy Monkey](#) and [Howard B Wigglebottom-Anger and Feelings](#)
- Trauma/feelings: [Once I Was Very Very Scared](#)
- COVID-19: [The Oyster and The Butterfly](#)

Additional tele-play therapy activities are listed [here](#). If a caregiver is present, coach them through completing these activities together. If the child is alone, virtually coach them, having them participate however possible.

How is Child Centered Play Therapy (CCPT) different from tele-play therapy?

Child Centered Play Therapy (CCPT) is a clinical model of engaging through play therapy. Tele-play therapy simply means using similar models in a virtual setting. Use components of CCPT such as tracking, limit setting, reflective responding, and allowing the client to take the lead. Ask the child to set toys up on the floor and play in front of the camera. If you have your own toys, allow the child to direct you as well.

How can tele-play therapy be adapted to work with adolescents?

Art, movement, and play interventions are easily adapted to work with adolescents. For movement, follow a more difficult work out video together, or be their “coach” throughout a workout routine. Movement is behavioral activation to help decrease depressive symptoms. Many adolescents still enjoy art activities such as creating virtual collages or coloring online mandalas while talking. You can expand on play by engaging them in inner child work. “Feeding the inner child” can be done through allowing them to be playful and silly. Virtually create slime or do-it-yourself Play-Doh together. Engage them in a virtual video game through screen sharing. There have been studies discussing how virtual engagement through gaming increases self-esteem and advocacy in teens.

How can you use tele-play therapy in groups?

Just as in groups held in person, it’s important to set up the group structure, norms and boundaries. Encourage privacy for all group members by asking members to meet alone and to wear headphones. Review the limits of confidentiality. Discuss as a group what the leader can do if someone is not participating appropriately. Do they get a warning? Are they asked to log off for the remainder of the session? Have the group be focused on a therapeutic theme and find activities that relate. As an icebreaker, play a game, such as I Spy, to establish respect between participants. Use movement strategies like Follow Your Beat, where everyone does three or four body movements and copies one another. Use interactive tools in the core intervention and end with mindfulness or create a group mantra.

How can we work through anxiety during tele-play therapy?

For the client, normalize the change. Allow them to engage in the way that feels most comfortable (Is their camera facing the ceiling but they are talking? Are they using the chat feature instead?). Pace the work and don’t jump in right where you left off in the office. Allow for adjustment, normalizing and pacing. If you are anxious, work with your supervisor and attend trainings to increase your sense of capability. Normalize for yourself that this is also a change for you. You are learning new techniques that feel new and unknown and will be added to your clinical toolbox in the end. Strive to model trial and error as well as flexibility.