

## **Theraplay® with Children with Selective Mutism**

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Theraplay® was selected to treat five year old male twins with Selective Mutism. The children were referred for play therapy by their preschool administrator and their mother. Midway through their second year of preschool, the children had spoken no words or sounds at preschool. The mother reported that the children spoke at home to each other, to her, to a sibling, and to two other family members. They had attended activities away from home but had not spoken in any situation outside the home. The mother was interviewed about the psychosocial history and current status of each child and completed a Child Behavior Checklist (CBCL) which indicated clinical significance for one child in the “withdrawn” category and no items of clinical significance for the other. Two individual non-directive play therapy sessions were completed for each child in order to determine the treatment of choice prior to beginning Theraplay. The children met the criteria for Selective Mutism as defined in Diagnostic and Statistical Manual- IV-TR.

I hypothesized that the twins reinforced each other’s Selective Mutism, so each child was offered individual therapy beginning with the third meeting. I spoke to the mother frequently but did not include her in treatment because the children would not speak to others in her presence. I led each child through activities from the Theraplay dimensions of structure, engagement, nurture and challenge. The treatment was generally the same for both, and each child completed eleven individual Theraplay sessions.

Engaging and nurturing Theraplay activities included: hand stacks, sticker exchanges on hands and face, “boat rowing”, “owie checks”, lotioning, feeding, cotton ball touching, strength checks. The activities promoted an experience of reciprocity between the therapist and the child, provided an opportunity for the child to be noticed and nurtured, and allowed the therapist and child to exchange eye contact and appropriate touch. The children experienced these aspects free from the stress and dynamic of speaking and performing. Each child engaged in the activities with positive affect.

Each child also participated in challenging and structuring Theraplay activities. Early activities often involved blowing, such as cotton ball hockey, and bubble or feather blowing. The games were intriguing enough to each child that he did not realize, or become concerned that he was making sounds with his breath. I guided some of the games so that the breathing became rhythmic, promoting relaxation and regulation for the child. Other games were silly enough, such as balloon release (blowing up a balloon and letting it go so that it makes noise and spurts about the room), that he would laugh aloud, again not realizing that he was making sounds. While other play therapy methods would employ the use of reflection or possibly reward in response to the child’s new sounds, neither was employed in Theraplay. I assumed that bringing the child’s use of sound to his attention would disrupt the joyful experience and the engagement in activity. It could also apply performance stress and raise the

contentious issue of silence to him, igniting the oppositional aspect of the condition.

Another common structured activity included imitating animal movements. The child and I took turns moving as different animals, and soon our movements were accompanied by animal sounds. Some additional challenge activities which were useful included: hide and seek, follow the leader, movement to songs, basketball games, stop and go games, marshmallow throws, and balancing games. Physical movement elevated each child's mood and enthusiasm.

During an activity, the child who was classified as "withdrawn" on the CBCL spontaneously exclaimed, "I'm gonna be a racecar." He made relevant sounds, used words and asked questions in further games. For approximately four sessions, this child talked in age appropriate sentences during play therapy. He was not talking in other situations. Gradually, he began to converse with extended family. Then he would talk to his mother in the presence of others, but not to others. He would then speak to teachers at school. The therapist joined the preschool class in gross motor activities, during which the child talked to the therapist in the presence of peers. About one month later, he whispered to peers during play. At the end of his preschool year, the child spoke in age appropriate ways to peers and teachers. The child was actively involved in Theraplay throughout this process of generalization but "talking" was not addressed directly, rewarded, or otherwise noticed by therapist or teachers except through participation in conversation and activity. I believe that this child was less invested in the Selective Mutism and tended to follow his twin's lead. The Theraplay sessions seemed to give him another option for interacting with others.

The other child progressed similarly, but more slowly. In fact, his progress was challenged upon noticing the sibling's communication. He displayed angry affect and oppositional behavior. I hypothesized that this child was angry about his twin's broken "pact of silence" and he needed some ego restoring experiences. This was addressed in therapy by adding a "feeling check", and playing challenging games in which the child could "win" and re-connect with self esteem. At the end of the preschool year, he spoke in whispers in therapy and in the classroom. He spoke to his mother in front of others but not yet to others. Both children proceeded to kindergarten the next year.

In summary, the eleven sessions of Theraplay served as an effective intervention for the treatment of Selective Mutism. The treatment focused on relationship development through experiencing reciprocity, positive attention, joy, and surprise non-verbally. The activities also offered emotional catharsis through laughter and physical activity, success through completion and winning, relaxation, and opportunity for self regulation. By refraining from requirements to relinquish silence in order to engage in relationship and fun, the treatment did not reinforce the anxiety and oppositional components of Selective Mutism. Once the children experienced confidence and joy in relating, verbal communication emerged as one of many ways of relating to others. The Theraplay activities were curative factors in the resolution of the twins' Selective Mutism.

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