

Theraplay with Two Boys with Down Syndrome
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I have utilized elements of Theraplay® in my work with two boys diagnosed with Down Syndrome. I saw both of them as clients at Family Support Network, where we provide home-based family therapy to prevent child abuse and neglect. Both of these boys' families sought services because the parents reported struggling with communicating with them and wanted to have better regulation of stress and mood for their children.

One of the boys was a six year old African American male with Down Syndrome and many traits on the Autism Spectrum. He was almost entirely non-verbal and had the intellectual and emotional development of a three year old, as reported by his psychologist. I utilized approximately 15 minutes of Theraplay activities at the end of every session with his family. His mother and grandmother, who both lived with the child and co-parented him, always participated in the sessions with the child and me. Sometimes his 16 year old sister and 11 year old cousin, who the child identified with strongly, would participate as well. I alternated Engaging and Structuring activities heavily, and included some challenge activities that the boy was able to do. The nurture activities were used as "slow down" times, because the child was soothed and calmed by them. I generally used nurture activities when he had a lot of sensory input and was becoming overly excited.

Initially, this child was incredibly resistant to Theraplay activities, especially those involving touch or closeness. He would run away, say or sign "no" repeatedly, and he even began to pretend he was asleep so I would stop (he lay down and snored with his eyes open--very hard not to laugh!). After several sessions (about twice as long as normal), he began to reciprocate play, stay in our play spot for most of the session, and only say "no" once or twice.

Towards the end of my one year of work with the family, this child allowed all of us to touch his head during games, would take stickers off our noses and place them on his own, and would verbalize words during songs and "peanut butter jelly" as best he could. His mother and grandmother began to utilize some of the Theraplay activities in his daily schedule to help him transition home after school and to bedtime.

Another child I utilized Theraplay with, was a 12 year old Caucasian male with Down Syndrome. This child had a strong speech impairment and severe stutter, but could verbalize some words with great effort. He became stuck and fixated on preferred objects and activities; for example, he often carried around one clothing hanger, but would carry several if he was anxious or had a bad day. His family was struggling with redirecting him away from his preferred activities and wanted to engage with him more at his level.

I only occasionally utilized Theraplay activities with this child, his mother, and sometimes his adult sister that lived in the home. I incorporated the Theraplay games to provide the family with non-verbal, developmentally appropriate games they could play with the child to engage him and provide him with self-esteem and nurture. The boy responded very well to every game I brought, but would become either overwhelmed or disinterested after about 4 activities. I was never sure if he became too over stimulated or was just done.

Unfortunately I did not get a chance to try more Theraplay with him, as his mother was uncomfortable practicing the activities between sessions and asked to utilize the session time for other, more directly behaviorally-focused activities. It is noteworthy that this boys' mother had a history of trauma and despite being warm and nurturing, had great difficulty being playful.

Some struggles I have encountered with working with Down Syndrome children with Theraplay are: they do not have the physical capacity to successfully complete many of the challenge activities, they are often very limited in their ability to understand or reciprocate play in many of the games, and they have strong sensory preferences and are highly sensitive to touch and closeness.

On the plus side, Theraplay helped these families engage their sons in positive shared activities that were geared towards their developmental level. The boys learned to accept directions through structuring activities, work on engagement and attunement with their parents and older siblings, to be soothed by nurturing activities (many of which met their sensory needs), and to have fun and build self-esteem through the challenge activities.

I am glad I was able to utilize Theraplay with these boys, as no other treatment model I know of would have reached them so quickly.