Instructor’s Manual for

MAKING CHILD THERAPY WORK
WITH ROBIN WALKER, MFT

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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS
Make notes in the video Transcript for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during and after the video.

2. FACILITATE DISCUSSION
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions section provides ideas about key points that can stimulate rich discussions and learning.

3. ENCOURAGE SHARING OF OPINIONS
Encourage viewers to voice their opinions; no therapy is perfect! What are viewers’ impressions of what works and does not work in the sessions? We learn as much from our mistakes as our successes; it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

4. ASSIGN A REACTION PAPER
See suggestions in the Reaction Paper section..

5. CONDUCT A ROLE-PLAY
The Role-Play section guides you through exercises you can assign to your students in the classroom or training session.

6. SUGGEST READINGS TO ENRICH VIDEO MATERIAL
Assign readings from Related Websites, Videos and Further Reading prior to or after viewing.
PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists may feel put on the spot to offer a good demonstration, and clients can be self-conscious in front of a camera. Therapists often move more quickly than they would in everyday practice to demonstrate a particular technique. Despite these factors, therapists and clients on video can engage in a realistic session that conveys a wealth of information not contained in books or therapy transcripts: body language, tone of voice, facial expression, rhythm of the interaction, quality of the alliance—all aspects of the therapeutic relationship that are unique to an interpersonal encounter.

Psychotherapy is an intensely private matter. Unlike the training in other professions, students and practitioners rarely have an opportunity to see their mentors at work. But watching therapy on video is the next best thing.

One more note: The personal style of therapists is often as important as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personality. Thus, while we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.
Summary of Robin Walker’s Approach to Child Therapy*

Child psychotherapy is the creation of a relationship with a young person that is almost entirely focused on the emotional and social wellbeing of that child. It is the relationship itself that heals, not the techniques that so many of us are tempted to enlist. Having long discussions about behavior and symptoms is meaningless because it fails to address the underlying developmental needs of the child. Additionally, the child has heard it all before. The job of the child therapist is to do something different. That “something different” is a relationship with a neutral and respected person that strengthens the child’s sense of self and his or her efficacy in the world.

The relief of symptoms (behavioral or emotional) is a byproduct of diligent attention paid to the following five goals: building self-esteem and self awareness; improving communication; stimulating development; building an emotional repertoire; and improving the emotional vocabulary. The therapeutic relationship that embodies these goals is facilitated by a relationship that is genuine and that demonstrates interest in the child’s emotional and social wellbeing. Through activity and play, the therapist creates an environment in which the child has a “genuine experience of self.”

Rather than viewing children through the lens of symptoms and the DSM, therapists should see child clients as suffering a “loss of enchantment.” Children who find themselves in treatment have often been overcriticized, oppressed, and disallowed from having experiences that guide the unfolding of their character. For some, abuse and neglect (physical or emotional) is the norm. For many, the experience of growing up is one of subjugating their developmental needs to the often chaotic needs of others. Rather than experiencing childhood as magical, many children feel that being a child is toxic. The child therapist’s role, then, is to provide a space and a relationship that focus on the enchantments of growing and on the child’s genuine experience of self.

Play
Playing is practice. Playing is communication. The point of playing
with children in therapy is not to get them to talk to you; the playing is the communication. Through play (the mechanism through which the relationship happens), the child will learn to identify, explore, and then express their emotions. These emotions are literally “played out.” Play builds a connection and feelings of empathy. No longer is the child expected to be a dutiful soldier, but can experience the freedom of his or her character unfolding. Play is the way in which children communicate with each other and with their families. It is the child therapist’s job to help foster this connection. Further, play helps build the therapist’s credibility in the eyes of the child; it shows the child that you want to join the child in his or her world.

**Themes in Play**

By being aware of the general themes in a child’s play, the therapist can become more aware of what is important to the child’s development. An easy way to watch for themes is to look for the following three themes: grief and loss, power and control, and the emergence of self. These are themes that come out in children’s play just in the nature of the playing, the most important of which is the emergence of self.

**Universal Treatment Goals**

Emotional health is based on the ability to identify, explore, and then express the emotional world. When expressed to someone who understands, emotions change. To that end, there are three universal treatment goals to use with all children in therapy regardless of diagnosis: building self-esteem, building communication, and stimulating development. Self-esteem is not built because we adults tell children that they are worthy. Children learn self-esteem from having an experience of being able to do something. Therapists can help children with self-esteem by teaching and supporting them in learning something new. Building communication happens naturally in a genuine, warm, and caring relationship that is focused on wellness. Play stimulates development by providing an opportunity for the child to have a genuine experience of self.

Another primary role of the child therapist is to help the child build an emotional repertoire and to build an emotional vocabulary. Healthy children are always expanding the variety of emotions they experience, and to identify those emotions with words. A child therapist helps
children experience new emotions and to learn the words that go along with them. This skill will take that child a long way towards a good life.

**Stages of Child Therapy**

The four stages of child therapy are: connecting, modeling, exploring, and regression.

Connection happens when children have a sense that a therapist is with them, that they have something in common, and that they have a shared purpose. This may happen at the first meeting, or it may take time to develop.

Modeling happens naturally when the child sees how the therapist behaves, and particularly when the therapist demonstrating an emotional repertoire and an emotional vocabulary. After developing a connection, children will copy their therapists and it is the therapists’ job to be good models by communicating their own feelings and using emotional language.

Exploration is the third stage in therapy and is the bulk of what happens in a course of treatment. During this stage, the child encounters his or her true self. The therapist may guide the child to new experiences or make room for the child to fill the space with his or her own ideas. Either way, the child must be allowed the full experience, unedited or controlled by the therapist. This does not mean that anything goes. The therapist’s job is to contain the experience so that it is “experiencable.” This is the intuitive art of therapy. If successful, the child will have a Genuine Experience of Self—the feeling of being oneself.

Regression means that the child is returning to the experience of the trauma, struggle, or pain, feeling it in a safe and contained space, then moving forward. Regression is displayed in the therapist’s office as playing baby, playing games that are age-inappropriate, doing the same activity over and over, etc. The therapist’s attitude about such events should be warm and welcoming, rather than critical. The therapist’s willingness to participate in it provides a corrective emotional experience for the child.

In summary, keep in mind the following main points:

- Always be curious.
- Make room in the room.
• Don’t be in a hurry.
• Focus on life and liveliness.
• Don’t be seduced by talk therapy.
• Be genuine. Be real.
• Get out of the office once in awhile.
• It’s a relationship.

*By Ali Miller and Robin Walker
Discussion Questions

Professors, training directors, and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

1. **Can’t teach therapy**: Walker stated that you can’t teach someone to do therapy—that either you can or you can’t do therapy. What do you think he meant by this? Do you agree with him? Why or why not?

2. **Genuine**: Walker stressed the importance of being genuine when working with children, and also spoke about conveying to the child that you love playing. Do these two instructions ever feel contradictory to you when working with children? For example, how do you show up genuinely with a child when you’re not in the mood to play?

3. **Play**: Walker’s approach focuses on actively playing with children. How does this strike you? In general, do you enjoy playing games and activities with children? Are there certain games or activities you absolutely do not enjoy playing? Do you have favorite activities you like to play with children? What games, toys, and activities are currently in your toolbox and what new ones might you add after watching this video?

4. **Don’t focus on behavior**: What do you think of Walker’s advice not to focus on the child’s behavioral problems that led them to therapy, but instead to focus on building a caring relationship? Do you agree that providing the child with an emotionally focused therapeutic relationship where the child can have a genuine experience of self is enough to reduce symptoms and improve behavior? In your experience working with children, has this proved to be true?

5. **Communication**: Walker mentioned that some therapists see play as a way to get children to talk, whereas from his perspective, the playing is the communication. Where do you stand on this? How important do you think it is for children to talk in child therapy? Is playing enough?
6. **Building self-esteem:** What do you think of Walker’s perspective on building self-esteem, which focuses on teaching children how to do something? Do you agree with him that giving children affirmations like, “You’re great!” can actually make you less credible in their eyes? When you are working with children, do you teach them things as a way to build their self-esteem? Why or why not? If so, what are some things you have taught your child clients?

7. **Aggression:** Walker stressed the importance of providing children an opportunity to explore aggression in therapy, and stated that therapists are often scared of this. Do you tend to feel afraid or timid about helping kids explore their feelings of aggression? If so, why do you think that is so? How do you feel about boxing with children (with rules) or using military figurines to play war games? Do you think this is too violent and sending kids the wrong message, or do you think it is a healthy way of exploring aggression? What are some other ways you help children explore their anger and aggression?

8. **Emotional Repertoire:** What are some ways you help your child clients build an emotional repertoire and an emotional vocabulary? Do you agree with Walker that amplifying emotions and modeling how you’re feeling are effective ways of helping children build their emotional repertoires? What challenges have you faced in helping build a child’s emotional intelligence?

9. **Yes, and…:** What do you think of the technique of “Yes, and…” that Walker described? Are there any times when you think saying, “No,” is important with children? Think of a time you said no to a child and how you might handle it differently using the “Yes, and…” technique.

10. **Four stages:** What are your thoughts on the four stages in child therapy that Walker outlined: connecting, modeling, exploring, and regression? Which of these stages are you most and least comfortable working with? Which stages would you like more support with? Have you gotten to the regression stage with any of your child clients? If so, how did you handle this? Do agree with Walker that regression signals that the child is going back to the
11. **Three themes:** What do you think of the three main themes that Walker sees in child therapy: grief and loss; power, aggression, and control; and emergence of self? Are these the major themes that show up in your work with children? Have you seen any other themes? What are some of your favorite ways of working with each of these themes?

12. **Three categories:** Walker spoke of three categories of children that show up in his office: parentified, infantilized, and numb. What do you think of these three categories? Do they describe the children you have worked with? How do you tailor your approach to fit the needs of each of these types of children? What do you think are advantages and disadvantages of this type of categorization of clients? Do you see it helpful to put clients into these sorts of “boxes,” or do you find this limiting in some way?

13. **Parents:** Walker touched briefly on working with the parents of child clients. What are some challenges you have faced in dealing with children’s parents, and how have you dealt with these challenges?

14. **Theory:** What are your thoughts on the Erikson’s stage theory that Walker described? Do the challenges of the first four stages make sense to you? Have you seen these challenges play out in your sessions with children? How might you apply this theory to your own practice?

15. **Talk therapy:** Walker emphasized how crucial it is in child therapy not to talk to children in a lecturing manner, since they are being talked to by adults all the time. What do you think of this? Is this a challenge for you? Why or why not?

16. **Use of humor:** Walker frequently brings humor into his work with children and in the didactic information he provides. Do you think this is effective in helping him engage with children? Do you see any downside to using humor in therapy? How much do you bring humor into your work with clients?

17. **The approach:** What are your overall thoughts about Robin
Walker’s approach to child therapy? What aspects of his approach can you see yourself incorporating into your work? Are there some components of his approach that seem incompatible with how you work? Are there certain children you think his approach wouldn’t work with?

18. Personal reaction: How do you think you would have felt about having Walker as your therapist when you were a child? How would you feel about him being your child’s therapist? Do you think he could build a solid therapeutic alliance with you and/or your child? Would he be effective with you and/or your child? Why or why not?
Reaction Paper for Classes and Training

Video: *Making Child Therapy Work with Robin Walker, MFT*

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.

- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards. Respond to each question below.

- **Length and Style:** 2-4 pages double-spaced. Be concise. Do NOT provide a full synopsis of the video. This is meant to be a brief response that you write soon after watching the video—we want your ideas and reactions.

**What to Write:** Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about Walker’s approach to child therapy? What stands out to you about how Walker works?

2. **What I found most helpful:** What was most beneficial to you about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?

3. **What does not make sense:** What principles/techniques/interventions did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working?

4. **How I would do it differently:** What might you do differently from Walker when working with children? Be specific about what different approaches, interventions, and techniques you would apply.

5. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the sessions and didactic pieces with Walker? Other comments, thoughts, or feelings?
Role-Plays

After watching the video and reviewing the Summary of Walker’s Approach to Child Therapy in this manual, assign groups to role-play a child therapy session using Walker’s approach. Organize participants into pairs, consisting of one therapist and one child client. If time permits, rotate so each person has a chance to play each role.

This is primarily an opportunity for students to gain an experiential understanding of how it feels to be on both sides of the child-therapist relationship. The focus for the therapist should be on engaging with their child client in a genuine and interested way, and providing the child with an opportunity to have a genuine experience of self. Therefore, rather than focusing on any particular techniques, invite the therapist to focus on creating a relationship with the child through play. Therapists should keep in mind Walker’s key points that he summarizes at the end of the video:

- Always be curious.
- Make room in the room for the child to come forward.
- Don’t be in a hurry.
- Focus on life and liveliness, rather than on symptoms.
- Don’t talk to (lecture) the child.
- Be genuine and real.
- The relationship is paramount.

If possible, have some games and toys available in the classroom for the “children” to play with in their sessions. You might ask students in advance to each bring in a few items and make a pile of all the games and toys in the front of the room; each “child” and therapist can then go up to the pile together to choose what they want to play with. If no games or toys are available, encourage therapists to get creative with either making their own games or finding other ways to play.

Those who are role-playing child clients can decide whether to play children they have worked with, children they know personally, or even themselves as children. Clients should let therapists know upfront how old they are, but other than that, don’t worry about the
presenting problem or history; the point here is not to try to resolve the children’s issues but to use this role-play as an exercise in playing together and understanding how it feels to be both a child in therapy and a child therapist.

After the role-plays, have the groups come together to discuss their experiences. Invite the clients to talk about what it was like to role-play children and how they felt about the therapists’ interventions. Did they feel safe? Did they feel connected to the therapists? Did they perceive the therapists to be genuinely interested in them? Did they have a genuine experience of self? If so, what do they think helped facilitate that? Then, invite the therapists to talk about their experiences; how did it feel to conduct a child therapy session using Walker’s approach? Did they experience themselves as genuine and interested? Did they enjoy playing with the children? What was challenging and enjoyable about the session? Finally, open up a general discussion of the strengths and the challenges in applying Walker’s approach to working with children.

An alternative is to do this role-play in front of the whole group with one therapist and one child; the rest of the group can observe, acting as the advising team to the therapist. Before the end of the session, have the therapist take a break, get feedback from the observation team, and bring it back into the session with the child. Other observers might jump in if the therapist gets stuck. Follow up with a discussion on what participants learned about using Walker’s approach to child therapy.
Related Websites, Videos, and Further Reading

**Web Resources**

Website of Robin Walker  
www.makingchildtherapywork.com

Alliance for Creative Psychotherapy  
www.allianceforcreativepsychotherapy.com

Association for Play Therapy  
www.a4pt.org

Play Therapy International  
www.playtherapy.org

**Related Videos Available at www.psychotherapy.net**

Adlerian Play Therapy with Terry Kottman  
Gestalt Therapy with Children with Violet Oaklander  
Child Therapy Case Consultation with Violet Oaklander  
Narrative Therapy with Children with Stephen Madigan  
Object Relations Child Therapy with David Scharff  
Person-Centered Child Therapy with Anin Utigaard  
PTSD in Children with Frank Ochberg

**Recommended Readings**


Complete Transcript:  
*Making Child Therapy Work*

**Yalom:** Hello, I’m Victor Yalom, and I’m pleased to be here today.  
**Walker:** Hi. My name is Robin Walker, and I’m a California marriage and family therapist, and have been so for over 20 years. This DVD is about my experience in treating kids and how I can help you treat kids. I’m probably not going to say anything that you don’t already know, but I’m going to remind you of why it’s so important.

I’m not a believer that you can teach someone to do therapy, because either you can or you can’t. Mostly, you just have to be genuine and be yourself, and know the nuts and bolts. I can set the stage for learning, however. I can give you the meat and potatoes of what we’re doing, and you can pour on the gravy.

I want you to take some notes on your own inspirations. While I’m talking, you’ll be having your own ideas of what you might be doing with kids or things that might be important. Your inspirations are more important than anything I can tell you, because that makes you a more genuine person with the kids you’re working with.

What I’m going to do is try and organize the topic of child therapy for you. There are two things in this DVD that are the most important. The first is that therapy is a relationship. It’s an emotionally focused relationship based on the individual’s needs. That relationship is paramount.

The way you have a relationship is through being genuine and being interested in the individual. And if you’re speaking with a child, that means activities.

The second thing is the most important is the genuine experience of self. Children will do better in life if they’ve had an experience of themselves. And notice that I’m not saying “a genuine expression of self.” It has to be the experience. It’s not necessarily something you can even talk about. It has to be from the inside out. So your job is to help children have an experience that’s all them. And the way you do that is through activity and play.
So treating children in your practice is simply a relationship with someone who endeavors to understand. And the way that you endeavor to understand is to try to meet the child where the child lives. And that’s why I say get down on the floor and learn to play, because that’s where children live.

It turns out that there is no substitute for someone to talk to. That may not be an earth-shattering statement, but think about it a little bit. That’s what our field is based on. There is no substitute for someone good to talk to.

I’m reminded of the saying, “Are you listening, or are you waiting to speak?” Sometimes the best way to listen to a child is to sit down and play with them.

I want to reiterate about the genuine experience of self. It is not talking about the self—it is having an experience of self.

And that happens because you endeavor to understand, because you sit down with the child, and you help the child have a relationship in which your invitation is warm and that you love playing, that you love excitement, and that you love the enchantments that go along with being a kid.

**WORKSHOP FOR PSYCHOTHERAPISTS**

The child’s going to know they’re in your office for a reason. They’re there because there’s been behavior problems. Usually behavior problems is what children get referred for, or emotional problems. A child is very sad or angry or anxious or something like that. The child knows that they’re coming for a reason, and they know who you are. I always tell kids, by the way, or I tell parents to tell kids, that I’m an expert at growing up. That’s a great phrase, “expert at growing up,” because kids like experts and they know what that means, and an expert at growing up is probably a good thing. Much better than getting a shot.

So you’re building communications simply by having a relationship with the child.

I have here the Diagnostic and Statistical Manual, Fourth Edition. When I started, it was in its third edition and it was green. It’s about
to be in its fifth edition. I probably will buy the fifth edition, but hopefully never use it. Today’s DVD is going to have absolutely nothing with the DSM.

[00:05:00]
It’s going to have everything to do with your relationship with children. So let’s get rid of that. My apologies to the APA.

So if I’m not going to be talking about the DSM-IV, what am I going to be talking about? I’m going to be talking about the nature of children. My view on children who are struggling emotionally is that they are suffering from what I call a loss of enchantment.

Childhood should be enchanting. It should be fun. It should be filled with wonder and new experiences, and it should be filled with relationships that mean something to them. Many children feel that their sense of even being a child is toxic. They’re treated with criticisms. They’re always given advice on what to do and not do.

They’re constantly given instructions on how to do things. They’re constantly filled with judgments. How’s a child supposed to feel enchanted when their whole life is filled with these kinds of oppressions? You’ve heard the saying, “death by a thousand paper cuts.” That’s what I’m talking about with the loss of enchantment: death by a thousand paper cuts. As a therapist, I like to think of myself as “life by a thousand enchantments.”

It turns out that talk therapy doesn’t really work with kids. The reason is that children are talked to every day. Children who are struggling emotionally have already been talked to. If talking to them were going to help, it would already have helped.

So it’s your job to have the courage to do something besides talking to children. This is where the genuine experience of self becomes paramount.

Having a genuine experience of self is how we build our personalities, how we build our character, how we build our own development. What that means is that the experience of living becomes paramount. For many children growing up, what they have is that their experience of their own lives is subjugated to the needs of other people—parents,
teachers, siblings, friends, relatives.

Remember Winnicott? Did you learn about Winnicott? He talked about the true self and the false self. We all are born with a true self, a sense of our own being, a sense of our own experience. And that should be paramount. We also have what Winnicott referred to as a false self, which is who we are for other people. And we’re supposed to have both. It’s just that they’re supposed to be in balance, and we’re supposed to have an awareness of which is our true self and which is our false self. When you’re a child, you don’t have an awareness that there are two. You only have an awareness of what your environment tells you is true. So your job as a therapist is to help a child to have the genuine experience of self.

And I’m not saying a genuine expression of self—these are two very different words they get mixed up a lot. The expression of self is when you’re expressing yourself, but that doesn’t mean that you’re even aware of it. The experience of self is when, right now, I am me, I am doing this. When the experience is had in a relationship, it makes it real. This is a very Carl Rogers kind of thing, a genuine empathic response and things like that.

Children almost always are referred to your office for behavioral problems. If you talk about their behavior, you’re not really helping that behavior. You have to be the one to do something different. If you focus on their behavior, the behavior becomes more entrenched. Better to focus on an alternative, for instance, a genuine experience of self, or how about a lively relationship with someone who really cares?

Children are developing daily. For a child, who they were last week is definitely not who they are today. And that’s not true with adults. With adults, we do change, but we change maybe once a quarter, or we change twice a year, something like that. Who a child is today is definitely not who they were last week. They keep on growing.

Symptoms that you see in your office with children stem from upsets in development. Those upsets in development can be when big events happen at big times. For instance, a child who’s family is going through a divorce.

Let’s say that a child has thought to himself, “Ugh, I really hate my
“And on that very day, the mother or father announces that they’re getting a divorce. The child then interprets that as, “They’re getting a divorce because I thought bad thoughts about them.” That’s what magical thinking is all about in childhood. And those are the kinds of things that, quite unwittingly, children get into trouble with.

Another way that there are upsets in development are when little things happen many, many times. For instance, any child can handle a trauma that happens once in their life. But when a trauma happens over and over again, especially in the case of abusiveness or something like that, then that way of life becomes a norm, and the child yields to it.

Finally, there are differences in temperament. Sometimes a child is just born to be different than his or her parents, and that means that the relationship and the communication is always a bit of a struggle. That’s not true all the time. Sometimes parents and their children have a very nice temperament blend together. But sometimes they don’t. Sometimes your job is to help meet the difference partway through.

What I want to tell you about play is that playing is practice. It’s probably easiest to say this in animals—wolves, bears, other animals—in which the way that they play has everything to do with who they are as adult creatures. It’s no different for our children. Playing is practice.

Playing is practice in exploring and expressing social engagement, emotional expression, creativity, aggression, etc.

Playing is communicating. I’ve known some colleagues who say, “Well, if you play with the kids, then they’ll talk to you.” And while that might be true in a lot of cases, the major point is that the playing is the communication. One of the tenets that’s very important here is it is your job to help the child to identify, explore, and then express
what they’re feeling.

**IDENTIFY—EXPLORE—EXPRESS**

Let me say that again. The goal of therapy is to help a person to identify what they’re feeling, to explore what they’re feeling, and then to express what they’re feeling. The identification of what a person’s feeling is in the play. And perhaps it’s your job to help the child to identify with words. The exploration of the feeling is in the games.

For instance, some of the things you’ll see today are about aggression or control. Children need to learn to explore their feelings of aggression. Therapists are often a little bit scared to get into topics like this. I want to tell you right now, don’t be afraid to get into aggression with kids. If a child is in your office, you probably are going to be dealing with some kind of aggression.

Another thing is that power and control are always an issue for children. The reason for that is because children are controlled from the day they’re born. They always are seeking to mitigate some of the control and the power in their lives. Children who are in your office are probably there because they have problems with that. So don’t be afraid to get into issues of power and control or aggression.

Boxing with kids is a lot of fun. I know what you’re thinking. “You’re going to strike a child?” Not really. It’s all in fun. And besides, yes, it’s hitting one another, but there are rules, which is exactly why the play around boxing is important for kids in their life, also. Aggression happens, but there are rules for aggression. So listen to this.

Here’s the rules. Oh, yes. And she’s keeping score. Here’s the rules. Before and after the bout, touch gloves. Touch me gloves. You know what that is?

**Boy:** What?

**Walker:** That means we respect each other and that’s how we shake hands. Another thing, no hitting in the head. Another thing—

**Boy:** What?

**Walker:** No hitting below the belt. Okay? You ready to start?

**Boy:** Okay.
Walker: Follow the rules. Touch gloves. All right, come on.
Here comes the big one, here comes the whopper! Where did he go?

Girl: And the winner is... that guy!

Walker: One of the major goals of the child therapist is to help the child build an emotional repertoire and to build an emotional vocabulary. What that means is that the child, hopefully, should be able to have a huge variety of emotions and to be able to identify what those things are with words.

JEALOUSY—JOY—FEAR—WISDOM

There is a thing called “jealousy.” There is a thing called “joy.” There is a thing called “fury.” There is a thing called “wisdom.”

[00:15:00]

Helping a child learn those words and to learn the feelings that go along with them will take that child a long way towards a good life. Emotional health is based on the ability to identify, to explore, and to explore and express the emotional world. We started with that already with the idea of these helicopters, that having these helicopters is a way to help a child identify, explore, and express what’s in them.

When emotions are expressed to someone who understands, emotions change. Anger changes into wisdom, emotional pain changes into empathy. That’s a very important thing. That’s what happens to us as adults. Why is anger, for instance, not a collective thing? If anger were a collective thing, by the time we were 45 years old, we would be a ball of rage. But that’s not what happens.

What happens is emotions change if you express them to someone who understands. If you just express them by taking a shovel and banging a tree, it doesn’t work, because you’re still angry and you probably feel a little stupid because you hit a tree with a shovel. But when you express it to someone who understands, the emotion changes.

Remember, the relationship is paramount, and the genuine experience of self is paramount. So how do you help a child with that? Play is how you do that.

This is an activity that you can do in your office with kids. All it
involves is paper, some scissors, and some paper clips, and has everything to do with anger and aggression. I think you’ll love it.

**Walker:** Guys, gather round. Sit down on the floor here. Let me show you what we’ve got. Cut on the dark—cut on that line right there. Right.

**Girl #1:** You just cut all the?

**Walker:** Right here. Cut it right off. And if you want to make more than one, you can keep cutting. You see how where there’s a solid line and then there’s a dotted line? Only go down to the end of the line. This is going to get funner. I promise you.

**Boy #2:** Actually, that’s not a word.

**Walker:** It’s not really a word, is that really true?

**Boy #3:** Fun is a word.

**Walker:** Fun is a word, and then “funner” must be a word.

**Boy #3:** No. Funner is supposed to be like this: “even funner.”

**Boy #2:** No.

**HERE WE EXPLORE THE LANGUAGE OF EMOTION**

**Walker:** Well, here’s what I think. If I know what it means, I can figure out what “funner” means, it must be a word.

**Boy #2:** But what if you don’t know what it means?

**Walker:** I know what it means. It means more fun. How’s that? Keep going. All right. Let me ask—let’s take a vote.

**Boy #1:** Oh, my God!

**Walker:** Who knows what funner means?

**Boy #1:** I don’t know how to do it.

**Walker:** That’s cause you haven’t put on the paper clip. Here’s some paper clips, guys. Put a paper clip.

**Girl #1:** I’m so bad—

**Walker:** Well, let’s see what happens. Watch this. And then put a little fold on the top, or actually, it’s the bottom. And then you clip this like
that.

Boy #3: Oh, it is the top.

Girl #2: No.

Walker: Now, drop it. Just drop it.

Boy #1: It didn’t work.

Walker: Seriously, it didn’t work?

Boy #1: No. It just did a flip.

Walker: Wait a minute. Maybe it needs to be adjusted. Try this one.

Boy #1: It just did a flip.

Walker: Oops. Try that one.

Oh. I would say that works.

Boy #3: Oh, I want to try that. Can I try?

Walker: Wait, here. There you go. The paper clip is a way that makes it fly down a little more accurately.

WHEN CHILDREN LEARN SOMETHING NEW, THEIR SELF-ESTEEM IS BOOSTED

Basically, the paper clip makes it funner.

EXPLORING NEW THINGS GIVE A GENUINE EXPERIENCE OF SELF

Now that we’ve made our helicopters, we’re going to do something called, “Blast ‘em.” Everyone take a piece of paper.

Now, take your paper. Tear it in half, and then in half again. See, go like this. You don’t even have to be careful. Once, and then again. And now you should have four pieces.

HERE COMES A LIVING EXPLORATION AND EXPERIENCE OF APPROPRIATE AGGRESSION

Walker: That’s okay. Just crumble it. It doesn’t matter. Crumble them up. Now these are going to be bombs. Ready—bomb them!

IT’S ALSO AN EXAMPLE OF GENUINE EXPERIENCE OF SELF.

Remember when I got rid of the DSM-IV? What am I going to replace the DSM-IV with? Let me tell you. There are three universal treatment goals that you’re going to use with all of the kids you’re working with.
BUILD SELF-ESTEEM—BUILD COMMUNICATION—STIMULATE DEVELOPMENT

They are to build self-esteem, to build communication, and to stimulate development.

[00:20:00]

Self-esteem is not built by saying to kids, “Hey, nice going. Atta boy. Let’s do that again. Good going. You’re great.” You can buy those stickers. If you want to take that approach, you can buy stickers. If it was as easy as that, you could buy 10 packages of stickers, and put all the stickers on the kid’s shirt, and then the self-esteem would be there. But it doesn’t work that way, does it?

Self-esteem is built because a child has an experience of being able to do something. To do something. You can help a child with self-esteem by teaching them something. That’s how you do it. Have a sense of yourself and have a sense of the feeling that goes along with it. So if you teach a child to make a helicopter, maybe they’re better at it than you are. You don’t even have to say anything. But the child have the idea that, “Wow, I did that. Hey, look what I did.” And you didn’t have to say, “Atta boy, atta girl,” whatever. You can just look in wonder and go, “That was really fun.”

Here’s what happens when you say to a child, “Oh, you’re really good at that. Atta boy.” The child, inside their head, goes, “Yeah, but if you knew the truth, you’d know that I was a total loser. So you don’t get it. That makes you a nincompoop.” Sometimes, for you to say, “Nice going, you’re great,” is actually counterproductive. It makes you less credible than if you simply say, “Hey, I want to teach you something.” Anything, you know. I taught my son how to do arm farts.

Walker: Can anyone beat that one? Do it, do it.

He’s better at it than me now. And proud, wow.

Help a child build self-esteem by teaching the child something. Find something to teach. Also, enjoy the time spent. If you’re not enjoying it, do something different.

Building communication is easy because you do it simply in your relationship. The more the relationship becomes a genuine, warm, caring relationship, the more communication happens.
When children play catch, they’re doing more than just having fun. Catch is a relationship. It is the fundamental part of a relationship—I and thou. And if you’re playing catch with another person and the other person throws badly, it’s hard to have a relationship. You can’t catch it, and they can’t catch it. So the dynamic between throwing and catching well becomes really important. Play is practice for communicating and relationships.

You can’t play catch if you play it like this. Ahaha!

That’s not catch, that’s being a bully. So playing catch is practice in having a conversation.

Ready? Overhead.

Lefty.

Way to go.

Stimulating development happens because of the nature of play. Remember what I said in the beginning? That play is practice.

**PLAY IS PRACTICE. PLAY STIMULATES DEVELOPMENT.**

The more that you play, the more you’re stimulating development. Many of the children who come into your practice are there because of either development slowdown or, in some cases, developmental arrest. The only way to help stimulate development again is to help them find a sense of a genuine experience of self. And you can help them with that by simply being and inviting a genuine sense of self.

Playing with children helps you see things in children.

**DEPRESSION—ANXIETY—COMMUNICATION—SELF-AWARENESS—ATTENTION DEFICITS—CONNECTION**

For instance, depression, anxiety, communication abilities, self-awareness, attention deficits, and connection. These are all the things that life is made out of. These are all the things that relationships are made of.

You can see depression in a child who has no inner protestation. What that means is that, if the child feels as though he’s being alienated or that other people are talking about him or that he’s not good enough
or that she’s not good enough, an inner protestation are the words in the child’s head that says, “Wait. That’s not true. That can’t be true. Things are different than that.” Healthy people have a healthy sense of inner protestation. And playing is how children explore and express that feeling.

You’ll see anxiety in the children you’re working with because they’ll be constantly asking permission to do something or they’ll be filled with apologies. Those are outward expressions of anxiety that children themselves may not be able to express. Remember, children are great at hiding feelings because they want so badly to be good little boys and girls for the adults around them.

[00:25:00]

Communication abilities can be seen in a child’s play simply by the way that they interact with you. A child who has awkward communication abilities at school, for instance, will have awkward communication abilities with you. It will be your job to model for the child how to best have better communication skills.

You’ll see self-awareness in a child’s play because sometimes a child is so lost in play that they don’t have an idea that’s there’s another person around. The attention deficits are easily seen in child’s play because you’ll see a child that doesn’t have an ability to sit and finish something.

Here’s a joke, by the way. How many kids with ADD does it take to change a light bulb? Hey, let’s go ride bikes. Haha.

And finally, play helps build a connection. It’s the way in which children connect with each other, with their parents, and with their loved ones. As a child therapist, it’s your job to help that connection foster.

Further, play helps build credibility in the therapist. Any therapist who isn’t willing to sit on the floor, get down with the child, and start playing, which is, again, how children relate to each other and the world, is not a good therapist, in the eyes of the child anyway.

**EMOTIONAL VOCABULARY AND EMOTIONAL REPERTOIRE**

Another one of the things that you can do as a therapist is to help
a child build an emotional vocabulary and to build an emotional repertoire. An emotional repertoire simply means the ability to feel more and more things in more and more complicated or deep ways. You know, for preschoolers, they say, “mad, sad, glad. Choose one,” as though life gets down to mad, sad and glad. It doesn’t. That would be an example of a very limited emotional repertoire. I want to include joy. I want to include jealousy. I want to include rage. I want to include, you name it. How many versions of emotions are there? And the more you can help to develop, the better off the child is going to be in life.

So always be mindful of the fact that when you’re working with a child, you are going to help that child build an emotional repertoire. You do it by having a relationship and by sharing. Remember when I was saying the stages of therapy? One of the stages is modeling. So whenever you say to the child what you’re feeling, you are modeling for the child how to have a bigger emotional repertoire. Right?

Now, the emotional vocabulary goes along with that. When a child learns that there is word for the thing that they’re feeling, it opens the world up a little bit more. So let’s say the child is having some kind of tantrum or whatever. And you say, “I’ll bet you’re jealous.” “Jealous! Yes! I wished I could have what my sister had. There’s a word for that—jealousy.”

This is game called “Zero.” The goal of the game is to get the least amount of points possible. I love this game because it’s easy to learn, it’s a lot of fun, and it gives me a chance to amplify the emotion. What that means is that, any time there’s a feeling in the game, I can make it bigger as a way to model the emotional vocabulary and the emotional repertoire for children. Here’s how it’s played.

All right, four cards apiece.

**Girl:** Just like those two practiced.

**Walker:** Right. And this is our scorekeeper. The cards are placed in a square. You’re allowed to peek one time at the bottom two cards. Uh-oh, I think I know what she got. I think I know what she got.

**Girl:** I did not get a jack.
Walker: Oop! Don’t tell me.

Girl: I didn’t.

Walker: All right. You go first, okay? From here on, you trade cards, trying to trade down. Oh, I think she just traded down, all right. Now, it’s my turn. I can take the 10 or the unknown card. I’m totally taking the unknown card.

I forgot! Okay.

Oh, that’s not great. Ah, come on. I got nothing here.

Girl: Yeah, yeah, yeah!

Walker: That’s not bad. Oh, oh, oh! Yeah! I’m in.

Girl: Yeah!

[00:30:00]


Girl: Okay.

A PLAYER KNOCKS WHEN THEY THINK THEY HAVE A LOWER SCORE THAN THEIR OPPONENT

Walker: You’re knocking? Come on. All right. Look at that, I got a one there. What else have you got?

Girl: Six.

Walker: Add them up for me.

EACH CARD SCORES ITS FACE VALUE EXCEPT FOR JACKS, WHICH SCORE 11, AND THE KING AND QUEEN, EACH OF WHICH SCORE 0.

Girl: Twelve, thirteen.


One of the benefits of this game is that you only get one shot at remembering, which makes it an excellent game for kids with attentional problems or impulsivity problems. You have to remember what you’ve got here and not act too soon.
I’ve already forgotten what I have here.

**Girl:** I haven’t.

**Walker:** Let’s see what you got. Good.

**Girl:** That’s better!

**Walker:** This is the amazing Uno Attack. This is probably the best $20 you’ll ever spend on your practice. It’s just like regular Uno with a few different cards, except that you don’t draw a card, you push the button and the machine randomly spits out cards.

Here’s a game, an activity that you do with a child, that contains in the game a great deal of emotional repertoire. It’s about winning and losing. It’s about enjoying each other’s company. It’s about the anxiety of what will happen. There’s tons of emotion in the game, and all you have to do is be willing to have that emotion. You don’t play passively. You play with all your heart. As a child therapist, your job is to, what I call, “amplify” the emotion, right? So when you’re playing a game like this, “Oh, no! That’s two!” All right? So I’ve amplified the emotion a little bit.

**AMPLIFY THE EMOTION**

If I were having a relationship with an adult and I said, “Oh, no! That’s two cards!” my opponent would think I was, whatever they would think of me. However, when you’re playing with a child, they get it. It’s quite normal to amplify emotion when you’re a child. It’s also a way to show children how to have a feeling, right? If I get no cards, I can go, “Yes!” And I can amplify the emotion.

How to have a feeling. How to appropriately have a feeling. Playing army men, for instance. Amplify the feeling of aggression, right? Show a child how to have appropriate aggression. It’s completely appropriate, if you’re frustrated, to go, “Argh!” Completely appropriate. It’s not appropriate to trash the room, okay? So you’re showing a child how to do that: Emotional repertoire, emotional vocabulary.

And by the way, in emotional vocabulary, I’m not just saying words, I’m also saying, “argh.” Because maybe that’s a better word than “yikes” or, I don’t know what people would say.
Any activity you’re doing with a child contains an emotional component. Everything we do in life contains an emotional component. So all you have to do is amplify it a little bit. That helps the child with the vocabulary and with the repertoire.

I’m often asked what kind of toys you should get for your office and what kind of toys are best for child therapy. The answer is, the kind of toys you like to play with. Because if you’re just going to be going through the motions of presenting a toy and not really enjoying it, the child’s not really going to enjoy it either.

I keep this toy because this toy taught me a lesson. This is called “The Decorate and Play House.” This one has little felt things here. This has a turkey dinner, which I’ll put on the fireplace, and it has a sofa, and the cat can be curled up, maybe next to the fireplace. How’s that? And there’s a boy and a girl. There’s a bedroom and a kitchen and stuff like that. This seems like it would be a great child therapy toy.

I hate this thing. I don’t think it’s fun. I don’t want to spend time with it. I bought it because it was in the package and I thought, “This is going to be a great child therapy toy.”

It’s just not for me. The important thing about the activities that you have in your office is that they be genuine. Because remember, it’s all about the relationship. The relationship has to be true. And if it’s not, children will know.

Which leads me to this toy. This is a robot claw hand. I think it was $4 or something like that.

When I saw it in the package at the toy store, you would place your fingers through the box, into here, to make it do this. And I thought to myself, “If that thing does this, I’m buying it.”

So I bought it. Take it to my office and I’m working with an eight year old boy who was quite angry. You know, lots of situations at home and whatnot. He finds this in the drawer and he goes, “What is this? Did you know that this goes like that?”

I said, “Of course I knew it went like that. Do you think I would have bought that if it didn’t go like that? Of course, I’m going to!” The
point being, he and I now had a relationship going. I knew about his anger, and he knew about my acceptance of anger. So buy the toys that you like to play with.

“How are you today?”

“Peace, man.”

Another class of toys that I like are toys that stimulate communication. For instance, this is a Yack Back. A Yack Back is something where you talk into it and then it says what you said back. I’ve had kids go through entire conversations with themselves going back and forth like this. “How are you today?”

“How are you today?”

“Ugh, I feel horrible.”

“Ugh, I feel horrible.” It’s kind of fun. You can actually pass it back and forth to the child and you. But it’s about communication. It’s about being heard.

Yes, I have plastic poop. The good news about plastic poop is for you, a child therapist, it is 100% tax deductible. I love that. It’s important to have because, probably in your practice, you will have children who are dealing with encopresis. That’s the inability to control their bowels. It also lends credibility, believe it or not, because children love it when you have this.

Have you ever wondered why children’s games all involve getting caught? Hide and seek is about getting caught. Tag is about getting caught. Red Rover, Red Rover is about getting caught. When children play games on the playground, every game involves getting caught. I wonder why that is?

Here’s my thought on that. Getting caught is an important part of life. Children get caught every day. We all get caught every day. We’re caught in a lie, or we’re caught in a cognitive dissonance, whatever it is. The thing about getting caught is that there’s a response to getting caught.

**RESPONSES TO GETTING CAUGHT—SHAME—PENANCE—FORGIVENESS**

The response is one of either shame, penance, or forgiveness. Let’s see
an example of shame. A shameful response to getting caught is, “Did you write all over the walls?”

“Yes, I did.”

“How many times have I told you not to do that? When are you going to learn?” That’s a shaming response. Here’s another response. This is one of forgiveness. “You know, we’ve never talked about writing on the walls. I don’t want you to do it. But I do understand why you would do it. It was handy, wasn’t it? It sure looked like fun.”

Here’s a third response to writing on the walls. This is one of penance: “Uh oh. You’ve written on the walls again and you know I don’t like that. Let’s get the water and let’s clean it up.” When children get a time out, that’s a penance. And the idea with a penance is that you’ve paid off your debt, and that it doesn’t have to be an issue any more.

The problem with shame is that you can never pay off shame. You can never pay off the feeling that you’re wrong or naughty, or that you don’t belong. The difference between shame and guilt is that, in guilt, you’ve done something wrong and now you’re going to be punished. With shame, it’s that you’ve done something wrong and now you will be unloved. It’s a huge difference.

I know what you’re thinking. There’s one more response. It’s not just shame, penance, and forgiveness. What about no response? Sometimes parents or other adults just don’t notice or just don’t care to respond. Children interpret the lack of response as shameful. So it’s actually the same as being shamed.

So when you’re playing games with a child—maybe you’re playing a board game or a card game or anything like that—losing is getting caught, or not doing well in the game is getting caught. And the practice that you’re giving is either a penance or forgiveness. The forgiveness comes because the game is just plain fun, and we should keep going. The penance is, if you lose, you have to suffer the loss. That’s how playing these games is therapeutic. Play is practice.

I have here the Dictionary of Baby Names. I use this all the time with children to start conversations about identity and family involvement. I might say to a person, “Hey, let’s look up your name.”
I wonder what it means. I’m going to look up my name, Robin. It says, “For many years, this was a pet form of Robert and exclusively, a male name.” That’s interesting cause I’ve always been sensitive about my name. Sometimes, I think, “Hey, I have a girl’s name.” I make jokes about it still. “Girls were given the name Robina from the 1840s onwards.” That’s interesting.

So you can see how this might stimulate a conversation about the reason someone was named what they were. You could say to a child, “Oh, so we’ve learned what your names means. How come your parents named you that?” And the child probably will not know. Or maybe they’ll know because it was a relative or something.

But here’s the gold part. Then you say, “You know what? Let’s get Mom or Dad who’s probably in the waiting room and invite them in and ask them.” In they come. You say, “You know, we were thinking about So-and-so’s name. How come you named him or her that?” And off comes a story. And the story is always about the connection of family. It’s really an important way to start a conversation that you can finish weeks or even months later. Here’s one caveat, though, that I discovered quite by accident. I looked up the name “Kennedy.” Kennedy means, “ugly head.” So if you have any clients named Kennedy, maybe stay away from the baby name book.

This is a supermarket science experiment. I call it making an explosion.

**WHITE VINEGAR**

Okay, guys. It goes like this. First of all, what do I have here?

**Boy:** Poison.

**Walker:** Ahh!

**Boy:** Yeah.

**Walker:** What do I have here?

**BAKING SODA**

**Boy:** Dynamite.
Girl: TNT.

**Walker:** TNT. Dynamite. We’re going to see what happens when we mix them together.

I like to label things in expressive ways because it’s very important that children learn more and more about imagination. It requires imagination in order to develop compassion. That’s the ability to understand what another person is feeling. You can only do that if you’ve had experience with the imagination.

So here we go with dynamite and poison.

**HELPING KIDS USE THEIR IMAGINATION NOW HELPS THEM DEVELOP COMPASSION AND EMPATHY LATER.**

The first thing I want you to do is put a little water in each bottle. Not too much. You want to use this bottle? Just pour, like, that much.

That’s good. Right there is perfect. Now, you do it.

**Boy:** Right here.

**Walker:** It’s hard.

**Respondent:** You do it. That’s all right. I’ll hold the bottom. That’s good. Not too much. All right. Let me take that. I’ll put that over there. Now, let’s add some colors to this. You can add one color. There’s a little pink. You can add one color or you can add two colors.

**THESE ARE FOOD COLORS FROM THE BAKING SECTION OF THE MARKET**

**Boy:** Ah! I got some on me.

**Walker:** That’s okay. We’ll wash it off. A little bit more? Ooh, it’s purple.

**DO THIS PROJECT IN A CHEAP BAKING PAN FOR EASY CLEAN UP**

All right. Are you going to add another color?

**Boy:** Yes.

**Walker:** You’re going to leave yours? Swirl it around. Okay.

**Boy:** I want to use every color, Daddy.

**Walker:** All right.

All right, each of you put one spoon of this dynamite inside there. You
want to go first?

**Boy:** And then we’re going to put some poison in.

**Walker:** Now, for yours, because you have a narrow top, I’m going to make a little funnel like this. You can put it in there like that. I think yours will fit right there. It’s okay to spill a little bit. Easy, don’t blow us up. Don’t blow us up! No! That’s pretty good. Okay. You put a spoonful of that in here.

**Boy:** A spoonful of sugar—

**Walker:** —helps the medicine blow up.

Okay, I think that’s about enough. Whoa. What are you trying to do? What are you trying? Oh, that’s enough! Goodness, okay. Whoa. Okay, All right. You guys, I cannot allow you to blow the building up. Oh, what are you doing?

**Here, I’m Amplifying the Emotion (Risk, Anxiety) and Encouraging Imagination**

Give me that dynamite. Oh, you kids! All right. Now, time for the poison. I’m going to give you—I would not drink this. Wait a minute.

All right. I want you to see what happens when you pour it in.

**Girl:** Okay.

**Walker:** Wait, let’s do it, no, no, the other way. You got to do it this way. Pour it all at once. Pour it in, pour it in, pour it in! Aaaaaaaaaaaaaaaah!

Do it. Do it.

**Allowing Children to Do Things Themselves Helps Them Have a Genuine Experience of Self**

Here. Want some more poison?

**[00:45:00]**

**Boy:** Mine’s Coke.

**Walker:** It does look like that. I wouldn’t drink it. All right, go. Pour it in all at once. Uh-oh! You want more? Wait a minute. We have to add a little more dynamite first.
Boy: Okay! I will.

Girl: I will.

Walker: All right, add a little more dynamite. Well, that’s not much. Do you want to use the funnel?

Boy: No.

Walker: Here, put it right on the paper. Put it right on the paper.

Respondent: I’m going to make it more. I’m going to make it go explode.

Walker: Easy, whoa, that’s a lot! What are you doing? Oh, that is enough. Let her have some.

Boy: Wait, wait, wait.

Walker: You are trying to get her in trouble.

Boy: No.

Walker: I’ll put poison in mine.

Girl: Mine’s exploding.

Walker: Already? I wonder what’s going to happen when you add more poison? All right. That’s enough. That is enough. Whoa.

GENUINE EXPERIENCE OF SELF

Whoa! You are going to blow this building to smithereens! Give me that thing.

EXPLORING FEELINGS OF POWER, DELIGHT AND ANTICIPATION

Boy: Do it again!

Walker: I learned a concept from some of my friends who are improvisational actors. The concept is called, “Yes, and.”

“YES AND...”

When you’re playing with children, the way to make the play more and more interesting, and more and more to the point, is to have the idea of, “Yes, and...” So if a child says something, for instance, in the helicopter exercise, “Hey, I wonder if I can put two paper clips on the bottom, or four paper clips on the bottom.” The answer is, “Yes, and.” “Yes, you can. And I’ll bet we’re going to find out what happens.”
Or let’s say you’re playing a game of school, and someone says, “Can I be the bad kid?” Then, you say, “Yes. And I’ll be the teacher, but I’ll be really mean, too.” And that will make the play go on and on. Saying, “No, that’s not going to work,” doesn’t help. So just remember the words, “Yes, and...”

I’ve got my friends here to help me play school. The boy on the end is going to start by being the teacher. Everyone else is going to be kids. And I’m going to be the bad kid. So let’s play this.

Boy #1: Who can tell me the three things and the seven—

**PLAYING SCHOOL IS A WAY TO HELP KIDS EXPLORE THEIR WORLD, THEIR BEHAVIOR AND THEIR FEELINGS**

Walker: Teacher!

Boy #1: Yes?

Walker: I have to pee.

Boy #1: Turn your card, please.

Walker: Turn my card! That is so unfair.

Boy #1: Who can tell me the seven continents in our earth, in our planet earth?

Walker: Um, um, um!

Boy #1: Yes?

Walker: Poop.

Boy #1: Turn your card again!


Boy #1: Okay. Who read the chapter of Mr. Beanie?

Boy #2: I did.

Teacher, he’s grabbing my head!

Boy #1: Turn your card again!

Okay. One more time. If you talk one more time, you’re going to the principal!

Okay.
Turn your card! Go to the principal!

Walker: I don’t want to go to the principal now! Boo hoo hoo!

Respondent: Go.

Walker: No, no, no!

Walker: I want to talk a little bit about the four stages in child therapy.

FOUR STAGES IN CHILD THERAPY—CONNECTING—MODELLING—EXPLORING—REGRESSION

The four stages are connecting, modeling, exploring, and regression.

CONNECTING

Connection happens when you first meet a child. Or sometimes, you have to keep on meeting the child. You have to do something that says, “Hey, we’re together here.” This is where I like to use magic tricks, for instance. It’s a way to say, “We have something in common.” It’s a way to say, “We have a purpose here.”

MODELING

Modeling happens because you’re showing the child how you are, and they probably are going to copy you. In the case of the game of “Zero,” you could see that the girl I was playing with was mimicking my big, exaggerated emotional statements.

[00:50:00]

I was showing her an emotional repertoire and an emotional vocabulary. The children in your practice, after you’ve connected with them, will copy you. They’ll want to see how you do things. So it’s your job to be a good model. That means use emotional language. That means talk about yourself. That means talk about the way you were when you were a child. All these things helps the child to know how they can do it, too. That’s modeling.

EXPLORATION

Exploration is the next stage in therapy, and this is mostly what you’ll be doing. What this means is that every time a child comes to your office, you’re on to a different theme. Maybe it’s the same theme over and over again. It’s the exploration of the many sides of an emotional
topic that make what you do important. Remember, any little thing that happens many, many times becomes a big thing.

That’s why, for instance, anger and aggression—when someone comes in and talks about that over and over again, they’re going to have a mastery on it. The same is true with joy. Let’s not make our practices just about the darker side of emotion. Let’s include joy and connection in that, too.

**REGRESSION**

Regression is more easily seen in adult clients. In adult clients, we ask them to think back to something that happened to them when they were younger, and then ask them, “What does that feel like, what did it feel like then, and how does it impact your life today?”

With children, it’s different. Children act out regression, rather than talk about regression. When you have a 12-year-old in your practice who wants to play Candyland, it’s certainly an inappropriate game for a 12-year-old to play. But your attitude should be, “Let’s play it. That sounds like a lot of fun.” That’s the way a child can regress and to feel what it was like when they were 5 years old.

When you get regression in your practice, you know you’ve hit paydirt. That’s the child going back to the site of the trauma or struggle or pain, and then moving forward. Your attitude about welcoming the game and wanting to participate in it is a corrective emotional experience.

**Walker:** All right. Watch this, you guys. Empty bag. Nothing in it. Ordinary handkerchief. Place it in. Pass my hand over once, twice, three times. Where did it go?

Wait a minute, wait a minute. Wait.

I don’t think you can dig that deep in there.

**Boy:** Wait, I got it! It got it! I got it!.

**Walker:** Wait a minute.

**Boy:** Oh, I don’t.

**Walker:** Okay, wait. Back up, back up a little bit. I need some room
here. Okay. Once, twice, three times. Reach in. Someone reach in.

**Boy:** Yeah!

**WORKSHOP FOR PSYCHOTHERAPISTS**

**Walker:** Do you have any idea how that works? You have a look on your face. Here’s what I would do with a kid. I would break the magician’s code, and I would say, “Maybe you can figure out how that works.”

Remember that thing I said about genuine experience itself? If I tell her how to do it, it’s not a genuine experience of self. Well, it is. It’s a different one. This one is her learning something and delighting in learning. Right? Genuine experience of self. Delighting in learning. Did you figure it out?

**Woman #1:** Yes.

**Walker:** Can you do it for everybody?

**Woman #1:** Maybe.

**Walker:** Ladies and gentlemen, I have here an empty bag.

**Woman #1:** I have here an empty bag. Totally empty.

**Walker:** I have here an ordinary handkerchief.

**Woman #1:** I have here an ordinary handkerchief. I’ll now place the handkerchief into the bag.

**Walker:** I pass my hand over...

**Woman #1:** I pass my hand over—over the bag.

**Walker:** Good enough. I got to show you one other secret.

**Woman #1:** Oh.

I pass my hand over the bag.

**Walker:** Reach in and take out the handkerchief.

**Woman #1:** Reach in.

**Woman #2:** No handkerchief.

**Woman #1:** I will now pass my hand over the bag again. Reach in and take out the handkerchief.
Walker: That was great. And this is exactly what you might do with a kid.

[00:55:00]
You give the child the experience of learning it, and you give them the relationship of teaching it. That’s an awesome thing for a kid.

Here we have a very lonely flowerpot.

Watch this. Watch this. Abracadabra. Ta dum!

Now, who can figure out how to do this?


Walker: Wow, you are magic!

Girl: Can I try?

Walker: Let’s let her try.

Boy: Let’s let this lovely lady try.

Walker: Let’s let this lovely lady try.

Walker: Because you know what happens after you teach a child how to do a trick like this? They want to do it for their mom or their dad. Or their brother or sister. Or they want to get a magic trick and then they want to take it to school. Now, all of a sudden, in one instance of, say, five minutes, you have helped a child build their social world. Wow. That’s amazing.

And you know what? The child could not have done it if all they had was the magic trick and a book at home. I promise you. Have you ever seen kids try and learn magic from a book? Here’s what happens. They read it. And they go, “I’m going to go play videogames.” That’s how it goes. You can’t do it. But the relationship that’s formed when you say, “I want to teach you something so cool,” all of a sudden, the experience happened. And off they go into the world.

GRIEF AND LOSS—POWER AND CONTROL—EMERGENCE OF SELF
There are many themes in children’s play, but there are three general themes, and they are grief and loss, power and control, and the emergence of self. You’ll see these themes over and over again. And if you can identify them in your head while you’re playing, it can help
the game have a little more of a soulful feeling.

Grief and loss are things that people feel every day. It can be something big, like the loss of a family member, a grandfather who’s passed away, or a parent, or a friend. It can also be the loss of a family due to divorce or something like that. These are themes that come out in children’s play just in the nature of the playing.

Power and aggression and control is a huge one. Children are always being controlled. It’s the nature of being a child. Adults tell them what to do and how to do it constantly. So children have to master their own sense of power and control, and they do it in a game. By the way, here’s a fun game to play for that. It’s simply a question.

The question is this. If you were a superhero, would you rather have flight or invisibility? If you talk for a five minutes about whether it’s better to have flight or invisibility, you’ve helped a child to feel their feelings about power and control.

To me, the biggest and most important theme in child’s play is emergence of self. You’ll know you’re getting the emergence of self when the child says, “Hey. You know what I want to do?” As soon as you see that, as soon as you hear that, you know that the child is plugging themself into the relationship in a very meaningful way. Be on the lookout for other examples of emergence of self.

Remember Mad Libs? Mad Libs are great fun with kids. It gives children an opportunity to be creative, to be spontaneous, to laugh, to giggle, and mostly, to be a little bit naughty because Mad Libs are only really funny when they have dirty words in them. So get Mad Libs, work them with your kids.

Kids in your practice will generally fit into one of the following three categories.

**PARENTIFIED—INFANTILIZED—NUMB**

They’ll either be parentified, infantilized, or just plain numb. It’s good to know these things because as you’re sitting with a child, it will give you a clue as to what kinds of games, what kinds of activities to do with kids. Let’s take the example of an infantilized child. An infantilized child is a child that just doesn’t seem to be as mature as
they ought to be.

Probably, this is because of issues in the family in which the parents or other family members want the child to be a little bit younger, or not as mature as they should be, or not as responsible as they should be. When this child comes into your office, he probably won’t know what to do, and will want you to do it for him, and will want to follow you around.

The parentified child is the one who comes into your office and takes over. They want to tell you what’s going to happen. They don’t have a good and healthy sense of a relationship of “I” and “Thou.” These are the ones whose family probably has some unconscious need for them to grow up quickly and not be a child.

[01:00:00]

Finally, the numb child is the one who comes in and sits on your couch and just says, “I don’t know.” “What shall we do today?” “I don’t know.” This is a child who certainly is depressed but doesn’t even have the wherewithal to say, “I am this.”

Here’s a question you can ask kids to really find out where they’re at with this. You say, “Would you rather be your same age? Would you rather be just a little kid? Or would you rather be a teenager?” And how they answer that question has everything to do with whether they’re parentified, infantilized, or just numb.

If you’re working with a family, here’s a little tool about how to help a family see that the parents may be going along with the child’s symptom, right? Let’s say it’s a child who wets the bed and we’re worried about it because the child has regressed and we can’t have sleepovers and there’s a lot of problems with that.

So you ask the parents—you can only do this if the parents are on board with you. You ask the parents to make a list of four reasons that it’s good to have a 10-year-old who wets the bed. Okay? And hopefully they’ll come up with some reasons. They’ll go, “This is ridiculous but okay. Number one—” Help me out here, wow.

**Audience:** We’ve got clean sheets every night.
Walker: The sheets are always clean. Yeah. I love having a little kid around.

Audience: You feel important when he comes around in the middle of the night, when he wakes up.

Walker: Oh, I get to feel important in the middle of the night. Yeah, sure.

If a parent can make a list of four reasons why it’s good to have a kid who wets the bed, it’s kind of a funny, tongue-in-cheek way to get the idea that maybe there’s some participation on the parents’ part. But like I said, you can only do it with parents you have a good relationship with.

Activities that are good with infantilized children are those that have a little bit of rules, something for the children to aspire to, and something for the children to put themselves into. Art projects, for instance, or games in which they have to try really hard.

Activities for the parentified child are those that have fewer rules. Those are the one that give a child an opportunity to just play. For instance, Uno Attack is a great one for a parentified child. Really, the only goal of Uno Attack is to have fun.

And finally, the numb child. Numb children need to be drawn out. They need you to ask lots of questions, but not yes or no questions—questions about, “What did you do today? Or, what should we do today? Let’s play this game.” Certainly, with that child, it’s a good idea to direct the play.

Often, when a child doesn’t know what to do, I will give them a choice of four things. “Listen, we can play Uno Attack. We can make something over at the art table. We can just sit and talk (I always like to add that one), or I can teach you a card game. Which of those four things would you choose to do?” That gives the child a way to have some efficacy in the room.

**CASE EXAMPLE #1**

I had a kid come to my practice, nine years old. The presenting problem was on the soccer field one day, he missed the ball or
something like that and just melted down, crying, sobbing, kicking, flailing. His father had to pick him up and carry this flailing kid off the field. And that wasn’t the first time it happened. It had become a pattern. So they were really worried about him.

They had gotten him a psychological evaluation. I don’t know why they went first with a psychological evaluation. But that person said probably attentional problems and then ruled out, or said, “Rule out PDD NOS.” That’s really serious. PDD NOS, you know what that is? That’s pervasive developmental disorder. It’s on the autistic spectrum. NOS—not otherwise specified. What that means is, “I don’t know what we’ve got here, but there’s something about this kid’s ability to relate with others and to be outside of himself.” That was a very significant comment on the evaluation. It turns out, he may have been just very slightly Aspergery. “Aspergian” is the word I’ve heard that I like a lot.

By the way, if anyone wants to learn about Asperger’s syndrome, there’s all the books written about it. There’s one book that’s great. It’s a memoir and it’s called, “Look me in the Eye.” The author’s last name is Robison. I can’t remember his first name. It is a memoir, written by an adult, of his life with Asperger’s syndrome. He is the brother of Augusten Burroughs, who wrote, “Running with Scissors.”

[01:05:00]

And this is a great read. And as it turns out, this is the guy who somehow found his way into a job where he made and designed the guitars for KISS. You know, the ones that lit up and shot fireworks into the air and stuff like that. That was his job. He designed all those things. Anyway, this is his memoir of what it was like.

He didn’t get diagnosed until he was in his forties. And someone said to him, someone who is a psychologist said, “You know, you ever heard of Asperger’s syndrome?” He said, “No.” He probably said, “No.” And he found out about it, and it changed his life a little bit, because he said, “Oh, that is me. That’s me.” And that kind of self-awareness changed how he felt about himself and what he could do about it.
Anyway, it’s a great read to really understand what it’s like and you get to hear about KISS’s guitars. However, that’s not what I came here to talk about. What was I talking about?

**Audience:** A nine-year-old. A nine-year-old who was probably a little bit Aspergery. That kid, he didn’t want to do anything creative. He wanted to play. We played Uno once. He lost the Uno game, and cried and stomped around my office because he lost. Wow. That’s really something.

And then, one day, at one point, I was changing the speakers in my waiting room because they weren’t working anymore, and I saved the speakers because I thought he’d like to take them apart. Boy, was I right about that. He got to use a screwdriver and hammer, and we just pried those things apart, looked at all the wires and stuff, and yanked all the parts out to figure out what was inside there. He loved that.

So my intervention was to say to him, “You really love this, don’t you? This is just your style. Like, that painting we did two weeks ago, that was not your style. This is your style.” It was me noticing that he has a style. That was me encouraging him to have a genuine experience of self.

So—hold that thought. Later on, I wanted to try the creative thing again. I wanted to see what would happen if, down the road a little bit, I wanted some kind of more creative thing. This time, we used a glue gun and popsicle sticks. And he built out of these popsicle sticks a statue of a person.

And then he built—we did this for about four weeks. And he built a house to go with it. And I thought that was significant, that the kid who wouldn’t do anything hands-on would build a sculpture, because it’s very brainy. And he also wanted to be the kid who used the most glue and the most popsicle sticks of anyone in the history of my office, which he did.

And then, he didn’t want to bring it home. He didn’t want to bring the statue that he made home. He wanted it to sit on my filing cabinet for some weeks, and he wanted kids to notice it. So this was the blooming of his social awareness. Right? So this is an example of me being a bit
relentless in driving the therapy. And it worked.

It also, however, went the other way. I said, “I think I know what you would like to do. Let’s take these speakers apart.” This was a kid who didn’t have the self-possession to say, “Here’s what I want to do.”

There were two things. He was highly intelligent, and the clinical psychologist said, “Rule out PDD NOS.” And so, I thought, PDD NOS is a kid who’s going to love doing things with his hands that he can just look at all by himself, figuring something out. You know, videogames, whatever it was. And I was of a mind that if I could get his body moving a little bit, he’d probably be better off. So I had a screwdriver and a hammer. And I happened to be right. I’m not always right about it, but it was a tip-off.

Highly intelligent kids learn that they solve all their problems with their thinking. And that works until they’re about 8 or 9, maybe 10 years old, in which case, you have to have something called social skills. Or you have to have something called an emotional heart. You have to have some way of dealing with the other complexities of life.

And that’s when highly intelligent kids start to fall apart, is they rely so heavily on their brains and they have an underdeveloped sense of emotional development. The problem this kid was having is that he was flooded with emotions of failure. And it wasn’t just, “Oh, I missed.” It was, in his head, “Oh, I missed. Now, I’m a total loser. I can’t do anything right.” And then those feelings he was having of disappointment, of failure, of feeling like people were laughing at him, self-consciousness—all those feelings became completely overwhelming.

[01:10:00]

He couldn’t contain his feelings. He didn’t know how to have those feelings. What does the word “containment” mean? “Emotional containment.” Emotional containment means, how do you feel your feelings? That’s what it means. Emotional containment—how you feel your feelings. And some people are better at it than others. He was not good at it. So our work together was built on me giving him experiences of himself and then a vocabulary to go with it.
He plays on a baseball team now with no problem at all. This kid was really stiff. And then, as time went on, he became more flowy. He would walk around the room and choose things or play with things. He would look through my cabinets and go, “Let’s try this one out.” A new kind of game. Yeah, very much more resilient.

This next activity often seems a little bit politically incorrect, but it’s a great way to help kids deal with anger, aggression, power, and control. And it is playing army men. I have my friends here ready to do an army men battle. The way it works is each team sets up a scene and then take turns with an action. One person aggresses this way, the next person aggresses that way, and somehow in the middle, you get a winner.

Missile coming in in 41 seconds. Three, two one.

May I take your turn?

How dare you! We’ll drop some bombs.

Pull up! Pull up!

You’re up. Let’s see some drama.

**Boy #1:** What do you mean?

**Walker:** You know, make it big.

**Boy #2:** Why did you do that? I’m going to get you.

**Walker:** If the child chooses one of the soldiers to be a general and to be in charge, that’s an expression of the self, the emergence of self. Oh, now there’s a person. My kid who built the popsicle stick guy that used the most glue and the most sticks, that was totally an expression of self right there. Or, I’m sorry, the emergence of self. That was a model of it for him. Any time you are playing a game and a child is making up some rules, oh. Emergence of self. You’re putting yourself in the game now in a way that’s completely novel. You may not like it, but it’s still the emergence of self. And if you’re looking carefully, you’re going to find the emergence of self in all the activities that you do.

And knowing it is what makes it better. Noticing it—just for yourself, you don’t have to say anything—but noticing it kind of supercharges the relationship about it. So if you can keep those three general things
in mind, it makes what you’re doing important. It also makes it so you can talk about it to other people like parents or something like that, as something that’s more important than just playing the same game he plays at home.

**CASE EXAMPLE #2**

**Here’s a question:** What do you do when a child cheats? The answer is, you cheat back, because you are better at cheating than they are. So you’re playing a game and they’re cheating and you go, “Okay. I think I see how this is going. There’s a new rule involved and the rule is,” whatever. You articulate it, and you go, “I’m going to do that, too.” And then, maybe that’s really fun.

By the way, I have a kid who I’ve been doing this with. This was a kid who was molested for a number of years by a relative of his, and it came to light and he ends up in my office. This kid wants to control every minute of the hour, as you can imagine. That’s how he deals with his own broken psyche, is he controls every minute of his life.

And he only wants to play games that he can cheat. And he jokes about it. He goes, “I’m going to cheat because I’m going to win. I always win.” Like that. So I found a game in which the rules constantly change. It’s called Fluxx. It’s a card game. And there’s Zombie Fluxx. That’s the one I have. There’s also Martian Fluxx, which is the same thing. It’s a game where the rules—it’s too complicated for me to explain, really. But the rules involve changing the rules. So while you’re playing, all of a sudden, the rules have now changed. And this kid, all he wants to do is make popcorn and play Zombie Fluxx. And he’s doing great now.

[01:15:00]

It’s been about a year with him and he’s doing great. This is a kid, by the way, who when I met him, he was 8 years old, 9 years old, and had the reputation in class of being the gross kid in the class. He would eat things off the floor, for instance. Or he would pick his nose and wipe it on his desk, things like that.

And I would ask him about that. I’d go, “So what’s up with that up with that?” “Well, that’s who I am. I’m just the grossest kid in class,
and everyone hates me.” “Oh, really. All right. I have trouble believing that you like that,” I would say. “But if that’s the case.” So we’d joke around about that.

A year later now, he’s getting ready to start school next Monday. And he announced two weeks ago that he’s not going to be the gross kid anymore, that he’s going to go in and be just a regular kid. He announced. He announced that to his mom, by the way. Can you imagine being a parent and your son tells you that? Can you imagine the relief you would feel?

“Oh, I’m so happy. He’s really a different kid.” It’s very gratifying. Very gratifying. How did I get there? Genuine experience of self. It took me a year. Every week, being relentless of giving him an experience of himself that mattered. I brought to him the idea that he’s not toxic—that, in fact, I think he’s hysterical—and that we have a lot of fun playing together.

I mentioned that popcorn. I have a popcorn maker and it’s the old-fashioned kind where you have to put in the oil and then put in the popcorn. It’s something now that he and I do every time we meet, because it’s a ritual that’s developed. Just having that ritual and having something that he does with me that he doesn’t do anywhere else is a part of stimulating development.

It’s a part of me saying, “Oh, I love this. I can’t wait for you to get here so we can make more popcorn and play Zombies again.” He knows that that’s a time in his life that we get to have a fun experience of his own life. So I am, thereby, stimulating development just by working with him, playing with him. That’s how you stimulate development, is you like childhood. Enjoy the relationship.

I want to talk a little bit about how to integrate psychological theory with psychological practice. I’ve spoken a lot about what to do in your practice. But why does that make it theoretically sound? I want to take the example of Erik Erikson. Erikson was the father of the identity crisis. He was a Nobel Laureate, and he spoke wrote extensively about child development.

You’re probably familiar with the Eight Stages of Man. I want to
explain a little bit about how Erik Erikson’s Stage Theory is relevant in your practice. Let’s start with Erik Erikson’s First Stage of Life, basic trust versus basic mistrust. Now, remember, Erik Erikson’s concept was that there is a dynamic tension in growth and that we all are feeling all of these tensions at once but, at every age, we are more involved in one than another.

The goal of Erikson’s theory was not to land on the positive side, but rather, to be good at landing in the middle. So it’s not that you learn to trust everybody. That would be a mistake. Nor is it that you avoid mistrusting everybody. That would be a mistake. The goal with trust and mistrust is knowing when to trust the right people and how to trust them.

Erikson described that basic trust versus basic mistrust was the goal of the first year of life. Largely, this is because children must trust their parents. Without their parents, without their parents’ warm arms and healthy understanding of who they were, these children would perish. The dynamic in trust versus mistrust is exactly the same as what happens in the early stage of therapy with you.

In basic trust versus mistrust, what grows out of that dynamic is a sense of hope. The way it’s seen in the room is in the predictability of the therapeutic hour, which means that you’re there when you say you’re going to be and you’re the same person as you were last week, so that, if you say, “What shall we do,” that you’re inviting and welcoming the child to your office, but next week, you’re going to welcome the child to your office, too, and say, “What do you think we should do?”

**THE PREDICTABILITY OF THE THERAPEUTIC HOUR HELPS THE CHILD RESOLVE THE CONFLICT BETWEEN TRUST AND MISTRUST**

The predictability of the therapeutic hour means everything to this child’s understanding of trust and mistrust.

Erikson’s Second Stage of Life was called “Autonomy versus Shame and Doubt.”

If you can figure out the difference between autonomy, having a self,
and the shame that comes with having a self and doing the wrong thing, Erikson said that you develop a sense of will. He also called the sense of will the sense of resolve—the sense of, “I will be. I can make this happen.”

Autonomy versus Shame and Doubt is largely in the second to third year of life, and it is seen in your office as you notice and respect the individual. Remember, it’s autonomy versus shame and doubt. Erikson described this stage as happening because it’s a time in life when children learn to walk and learn to control their bowels. At that time, they learn that they have a self that can do those things.

**NOTICING AND RESPECTING THE CHARACTER OF THE CHILD HELPS HIM OR HER TO RESOLVE THE CONFLICT BETWEEN AUTONOMY AND SHAME/DOUBT**

As you notice more and more the child controlling himself and having a self and noting it—and, I’m not just talking about 2 year olds, I’m talking about any age children—you’re helping that child resolve that issue or to learn the difference between those two times in life.

Erikson’s Third Stage, which was roughly from 3 to 5 years old, was Initiative versus Guilt. Initiative was the idea that as a young child develops a sense of self, they also have a sense of ideas. These ideas can be as simple as, “I think I’ll get up and walk over to the kitchen.” Or it can be, “I think I have an idea for a game I’d like to play.”

The problem is that sometimes they have these ideas and they’re met with an environment that doesn’t welcome. That’s when they get the feeling of guilt. “Uh-oh. I’ve done the wrong thing. Now I’m going to be punished.”

You can help in your office by giving control of the therapeutic hour to the child. So the child is now saying—first you notice that they have a self, and now, you’re saying, “How do you want to use this time?” Remember, I will say, “I’d like to give you four ideas, and you can choose one of the four things to do.” That’s a way to make this happen.

**GIVING CONTROL OF THE THERAPEUTIC HOUR TO THE CHILD HELPS THE CHILD TO RESOLVE THE CONFLICT BETWEEN INITIATIVE AND GUILT**

With some kids, they come in and they want to own the room. Good for them. That’s them showing some initiative and learning how to
deal with having initiative in a creative and appropriate way.

And finally, Industry versus Inferiority. This is school-age kids. This is roughly from the age of 5 or 6 until about 12. I’m not going to go into adolescence today because that’s a whole chapter on its own. Industry versus Inferiority, Erikson said, is a time when children learn to get things done. On the opposite side of that, if they don’t get things done, they feel inferior to the rest of their cohort and learn that they’re not worth anything.

**DOING PROJECTS HELPS CHILDREN RESOLVE THE CONFLICT BETWEEN INDUSTRY AND INFERIORITY**

Projects means it’s something that you start and something that you finish. And that means it can be a game, as long as you finish the game. It can be things like building things out of kits, although, I must say, a lot of therapists like to build models. I think models are exercises in frustration because they never fit right together, and when you paint them, they never look right anyway.

So that would be, actually, an example of exploring inferiority, I suppose. So find activities that you can do, that you can start and then finish. That’s projects.

As you can see, all of these things are things you’re going to do in your office every hour with every client. You will be showing the child the predictability of the therapeutic hour. You’ll be noticing and respecting the fact that there’s an individual with you. You’ll be giving control of the therapeutic hour to the child. And you’ll be presenting projects that can be started then finished. This is a way to help the child wrestle with Erikson’s Stages of Life.

To help children with anger and aggression, I recommend the use of an anger log. But it’s not what you’re thinking. You’re thinking, “Anger log? Must be a way to write things down or something like that.” Nope.

Excuse me. This is an anger log. This a four-by-six that I got at Home Depot. I put a handle on it. I’ve had this for about 10 years now. And as you can see, it’s really well used.

**Boy:** And it’s really weird.
**Walker:** It started out just as a way to hammer nails into wood. And slowly, children wanted to add things onto it to kind of mark it as their own. I have here, somewhere on here, here’s a referral slip to the office from the kid who got in trouble. I thought that was funny. Here’s a dollar bill. That’s kind of funny. There’s a lot of bottle caps. There’s movie tickets.

**Boy:** What is that?

**Walker:** That is a balloon, right there.

**[01:25:00]**

The way it works is this. Here, let me have that. All right.

There you go. Wow. You’re doing good at that. If you’ve ever tried to hammer a nail into wood, you know that you have to do it in a very careful manner. If you just smash it, you’re going to end up with a really sore finger. So you have to hold it steady and give it some taps and be very controlled. It’s just like being angry.

You can’t just be angry and be crazy and let it go all over the place. You have to learn how to be angry, and to control the anger. You still be angry, you just do it in a more controlled way.

Like that. So this becomes an example, a living and breathing example. Who else wants to hammer a nail?

**Boys:** Oh, me.

**Walker:** To summarize this whole DVD, I made a list of the 10 things you should remember. There are a lot more things to remember, but these are 10 good ones, anyway. The first is, I want you to remember the ABCs of child therapy. The ABCs of child therapy are Always Be Curious. ABC. Always be curious.

**ALWAYS BE CURIOUS.**

The next time you get stuck wondering what you’re doing with a client, just remember, always be curious. And that means, be curious about what you should play. Be curious about what you should do together. And even—although I haven’t talked about talking to children a lot—be curious about them, too. Be curious about things like family dynamics.
Always be asking, “Hey, who’s the most angry person in your family?” Or, “Who do you think is the saddest person in your family?” These are great things to ask. This is about family dynamics. You could ask, “How do you and your sister get along anyway?” But don’t ask it as problem, or a solution to a problem. It’s just a curiosity. Always be curious.

You can ask about self-knowledge, which means any time you ask about what they think about themselves. That’s a great thing to ask. So you’re playing a game, and you say, “Are you a competitive person? Do you like to win a lot? Or do you really not care?” That’s a question that’s about self-knowledge.

You can ask about social competence. That just means, does the child have awareness of who their friends are and why their friends are their friends? It’s good to ask, “Who did you play with today? Who did you eat lunch with today? Why do your friends like you? Do they like you any different than other kids at school?”

These are questions about social competence. And you keep asking these questions and you’re going to get a lot of no’s, or just, “I don’t know.” So you know what you do? You ask again next week, too. Always be curious.

**MAKE ROOM IN THE ROOM**

Second point. Make room in the room. What that means is that the child comes in and you don’t have to fill every moment with something to do. Sometimes you just want to sit there until something develops. Those are great days. Sometimes the child will take the opportunity to look in a closet or in a drawer that you have and find something that you would never have presented. You also have to make room in the room emotionally, which means you have to sometimes step back a little back and let the child fill the space. So make room in the room.

**DON’T BE IN A HURRY**

Number three. This is really important. Don’t be in a hurry. I once treated a seven-year-old boy who had moved to California from out of state. He moved because his parents had had some domestic squabbles,
and it ended in domestic abuse, and Mom just left the state. The boy was referred to me by his pediatrician because he stopped eating. He stopped eating and he was losing weight. It was very serious.

And so, in my interview with the mom and with the child, I mostly was asking Mom about history and things like that, but the child came up to me and looked at me in my chair and I looked over at him and said, “What do you got there?” He said, “A pizza.” I go, “Oh, really. Can I have some?” And he pretended to give me a slice and I said, “Oh, I love pizza. Thank you so much.” And I ate it.

And he sat over here. “It’s poison.”

“Oh, no!” Remember, “Yes, and...” I’m yes-anding. “and, I’m going to die.” So guess who played that for about a half an hour, while Mom was sitting right there. It was great. It was a lot of fun. I didn’t know what the child exactly was working out, but it sure had something to do with nurturing feeling poisonous. The next week, the boy came back and his mom came with him, and she reported that she didn’t know why or what had happened, but he started eating again.

[01:30:00]

He ate an entire pizza the day after our appointment. Imagine that. But she didn’t know why that would ever be. Our third appointment was cancelled, mysteriously. And I never saw the boy again. This was a tragedy to me because, while he may have started eating for the time being, I never did get down to the bottom of what his struggle really was all about.

I think, probably, I scared the mom away because I was able to do something that she wasn’t able to do. And really, all I did was enable the child a little space in the room to tell me what he was feeling, but he didn’t tell me in words. He told me with his poison pizza. I didn’t know better. Or I knew better, I suppose, but I didn’t know at the time that I was even working fast.

If I had seen him today, I probably wouldn’t have played the game as much. I might have played it one time, but not over and over again. So anyway, that’s my little story about don’t be in a hurry. Especially young therapists want to make a difference right away.
You don’t have to make a difference right away. It’s better to let children play it out. When there’s a symptom, it took at least a couple of years for a symptom to develop. Let’s give some time for it to undevelop, as well.

**FOCUS ON LIFE AND LIVELINESS.**

Next one. Focus on life and liveliness rather than on symptoms. Can I say that again? Focus on life and liveliness rather than on symptoms. Remember, children are growing every single day. You don’t need to push it too hard to let them grow all on their own, and you don’t need to focus on the negative. You can focus on who they’re becoming and the direction that they’re going far more than you need to focus on who they’ve been.

**DON’T BE SEDUCED BY TALK-THERAPY.**

Next, don’t be seduced by talk therapy. If talking to children was going to work, it would already have worked. I promise you. The teachers talk to them, parents have talked to them, the doctors talk to them, the neighbors talk to them. Don’t be the next one to talk to them.

**DON’T BE IN A HURRY.**

Next, don’t be in a hurry. I know I already said that. I’m saying it again because it’s really that important. Don’t be in a hurry.

**BE GENUINE. BE REAL.**

Next, be genuine. If you don’t like something that’s happening, it’s okay to say so. So often, we protect kids by saying, “Oh, sure. Yeah. That’s great.” We don’t have to do that. Children need you to be genuine. They need you to be real.

And if you don’t like something, you can say, “I really don’t like that. Tell me, what’s your opinion of it?” When you invite the child’s opinion, it says it’s okay to have a difference of opinion. We can respect each other. So go ahead and just be yourself. Laugh at inappropriate jokes. I know I do.

**GET OUT OF THE OFFICE ONCE-IN-A-WHILE.**

Getting out of the office is important, too. There’s a lot of spontaneity and a lot of modeling of how to really just enjoy yourself.
Walker: Here we go. Everybody ready? One, two, three, go.

IT’S A RELATIONSHIP.

Finally, it’s a relationship. You have to make it a relationship. It can be a relationship that is fun, joyful, that also has tears and sadness and anger. But it’s a relationship. It’s you and the child. The relationship is paramount. Thanks for watching.
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About the Contributors

VIDEO PARTICIPANTS

Robin Walker, MFT, has specialized in helping children and teens in his full-time Woodland Hills, CA, private practice since 1987. He is an experienced, entertaining, and lively speaker who uses a hands-on approach to sharing his passion for helping helpers help children. He is the past president of the Los Angeles chapter of the California Association for Play Therapy, and has been a quoted expert in Child Magazine, Good Housekeeping, the Los Angeles Times, and has appeared on The Leeza Show. Also an artist, Robin Walker brings his knowledge of the creative process to his therapeutic work, helping people find more satisfying lives through the arts. He is co-founder of the Alliance for Creative Psychotherapy and can generally be found with paint on his hands. For more information, see MakingChildTherapyWork.com or www.robinwalkerstudio.com.

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Arnold Lazarus
Peter Levine
Rollo May
…..and more

**Therapeutic Issues**
Addiction
Anger Management
Alcoholism
ADD/ADHD
Anxiety
Beginning Therapists
Child Abuse
Culture & Diversity
Death & Dying
Depression
Dissociation
Divorce
Domestic Violence

**Population**
Adolescents
African-American
Children
Couples
Families
GLBT
Inpatient Clients
Men
Military/Veterans
Parents
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Step Families
Therapeutic Communities
Women