

INTRODUCTION AND OVERVIEW: HOW TO USE THIS BOOK

We have spent the majority of our respective careers working with people and predominantly working with children and adolescents. Our combined experience covers a vast area of work in both community-based and residential settings, with normal functioning patients¹, those with learning disabilities, and lower-functioning patients, both male and female, and youth with a wide variety of problems in varied life circumstances.

We have worked with youth who have been abused sexually, physically, emotionally, and psychologically, as well as children who have been victims of neglect and/or suffer from attachment disorders. We have worked with youth who have engaged in violent acts including the sexual abuse of others, and with youth who have run away from home and/or have been labeled as incorrigible.

In our work, most of our patients have been youth who have suffered loss, death of family members, placements in foster care and/or in adoptive homes, and youth who have had problems but remained in an intact family that has been willing to work toward their child's improved health and recovery. During the past few years we have focused most of our work with children and adolescents in residential treatment settings. For purposes of this book, and based upon our current experience, we will refer to children, adolescents, males, and females as patients.

We have tried to organize this book in several different ways. The exercises are organized by ease of use, potential difficulty, and level of intrusiveness. The exercises are divided into chapters titled Warm-up Exercises (**W**), Introductory Exercises (**I**), Intermediate Exercises (**M**), and Advanced Exercises (**A**). Each exercise is level indicated with **W**, **I**, **M**, or **A** before the number of the exercise, and titled, e.g., the first exercise in this book is titled/labeled Exercise **W - 1 • MONSTER LEGS**. The title Exercise **W** indicates it is a warm-up level exercise, "1" indicates it is exercise number one in this category, and "Monster Legs" is the name of the exercise. Some exercises are double labeled with two levels as they appear to fall in between two levels.

When using experiential treatments it is always necessary to warm-up groups that are new and where members are not familiar with each other. Even groups that have worked together for a period of time can benefit from warm-up exercises to set the mood for more advanced work. One does not want to jump into advanced work without first working the group through easier and less-threatening exercises. When using experiential exercises, you will find that most patients engaged in this work learn gradually. Patients learning and becoming more comfortable with this work occurs as they work through the various types and levels of exercises. The exercises often build upon each other, and therefore, patients learn in stages.

After each exercise we have placed a summary table (see Figure 1). The summary table is useful to give the facilitator a quick reference and overview of the exercise, and includes eight categories for each exercise.

First, we identify the purpose of each exercise, which we discuss at the beginning of the exercise. If the exercise's objective is to develop group cohesion and trust, we note that under the purpose section. In some cases the exercises serve multiple purposes which are noted, i.e., exercises that promote trust, team work, involve movement to energize the participants, and touch, etc.

Second, each chart indicates the level of that particular exercise: Warm-up Exercises (**W**), Introductory Exercises (**I**), Intermediate Exercises (**M**), and Advanced Exercises (**A**).

Third, we have identified exercises by participation style, based upon the use of groups. Some exercises can be or should be done with a large group (**LG**); most warm-up exercises should be done with the entire group regardless of the group's size. Other exercises require that the participants be divided into smaller groups of a certain size in order to conduct the exercise properly (**SG**). Some exercises require participants to work in pairs (**P**) such as in role-plays, or can be done on an individual basis in one-to-one counseling/therapy sessions (**IC**).

¹ Normal functioning refers to patients of average or better I.Q. and with few or no learning disabilities.



Fourth, we have estimated the appropriate amount of time (in minutes) necessary to conduct each exercise using a standard group of 10-12 people. If the group you are working with has 20 people, then the time would be increased and possibly doubled; with 30 people the time possibly could be tripled and so forth, unless otherwise indicated. Always allow a little extra time to conduct the exercise, and then time to process the exercise with the group.

Fifth, we have indicated whether the exercise requires certain materials such as music, art supplies, handouts, flip chart paper, rolls of newsprint, crayons, pens, paint, old magazines, etc. You should review the exercise first before conducting it to make sure necessary supplies are readily available. Exercises involving music will have recommended songs or types of music to be used. One can be creative and select music of one's choosing in most cases. If there are worksheets for the exercise they can be found in Appendix A. If the exercise requires a lot of movement we suggest that the room be cleared of furniture and pointed or sharp objects to avoid accidental injury.

Sixth, we have attempted to indicate any cautions/precautions necessary and associated with the exercise. Some exercises require a lot of physical activity. We use a physical activity level (**PAL**) to indicate the level of activity: low (**L**), medium (**M**), and high (**H**). Low means there is minimal and in some cases no physical exertion on the part of participants and high indicates there is a lot of physical exertion that might parallel exercising. Medium is the level between low and high and means that there will be some physical exertion but not excessive and not low. Patients or persons with physical limitations or disabilities should be given a warning about the exercise and the option to not participate.

Seventh, if the exercise can be modified, you will find a **YES** in this category, which indicates we have included one or more possible variations for that particular exercise.

Eighth, we have developed a set of process questions for many of the exercises. **YES** in this category means we have listed one or more suggested process questions for that particular exercise. Process questions are suggested questions only and they can be modified or eliminated at the discretion of the group facilitator (the clinician or trainer conducting the exercise). All exercises should be debriefed/processed immediately afterward with the participants. A set of basic process questions is on page 34.

FIGURE-1 SAMPLE EXERCISE SUMMARY TABLE

Purpose	Description
Level	W, I, M, or A
Group size	LG, SG, P, and/or IC
Time ~ in minutes	Estimated number of minutes to complete exercise
Materials needed	As indicated
Cautions	None; or as indicated, PAL = L, M, or H
Variations	None or YES
Process questions	Basic or YES



Although this book is designed primarily for use with children and adolescents, we encourage anyone using these exercises to first experience the exercise before doing it with a patient or group of patients. One way of understanding the exercises and ensuring their success is to practice them by yourself or with other colleagues or friends. Therefore, these exercises can also serve the function of staff training and development.

Become familiar with them and the potential outcomes. When conducting the exercise with patients, the facilitator and all persons present should participate in them. You need to be sensitive to your level of comfort with these activities. Many people are reluctant to participate in experiential exercises because they are shy, uncomfortable, and/or embarrassed doing activities in front of others. If you are not willing to participate in them, it may be best that you not facilitate them.

We hope you find the exercises contained herein useful in your work. They can be fun for everyone involved while promoting personal growth and healing. As we noted above, if you know the source of an exercise that is not referenced we would like to hear from you. We are also interested in hearing from you if you know variations of exercises, related exercises, or new and different exercises. Good luck in your work!

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