Reducing Anxiety and Increasing Social Skills in Children With Asperger's Through Drama and Role-Playing Games

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Abstract

Children with Asperger's syndrome have higher than typical levels of anxiety; moreover, their level of anxiety is related to their degree of social skills deficits. In non-clinical populations, role-playing and drama techniques have been used successfully to lower anxiety and increase social skills. We held seven sessions of role-playing and theater exercises, conducted in small groups, focused on specific social skills (getting to know people/introducing self, working together/trust/listening, reading emotions/nonverbal cues, self-control/assertiveness, managing stress and anxiety, detecting emotions through the voice, understanding others' perspectives/cooperation). We examined whether participation in these sessions would lower anxiety and increase social skills in children with Asperger's and High-Functioning-Autism. No improvement was seen on survey measures of anxiety and social skills, but adult's observations of children both in the groups (rated by group leaders) and outside the groups (parents' reports of behaviors at home) revealed improvement in social skills and emotional regulation.

Keywords: Asperger's; Role-playing; Anxiety; Theatre; Drama; Social skills

Literature Review

Social Skills and Anxiety in Children with Asperger's

Several studies have indicated that children with Asperger's disorder/High Functioning Autism are likely to exhibit greater than typical levels of anxiety. Kim, Szatmari, Bryson, Streiner, & Wilson (2000) found that children with Pervasive Developmental Disorders exhibit more anxiety than the general population. Bellini (2004) also found that adolescents on the autism spectrum experienced more anxiety than adolescents in the general population. In particular, they showed higher levels of social anxiety: 49% experienced high social anxiety, as compared to 14% in the general population.

Kuusikko et al. (2008) examined changes in social anxiety with age in children with Asperger's Syndrome/High Functioning Autism. They found that children with AS/HFA reported more social anxiety symptoms than did control participants, at all ages. Social anxiety increased with age for AS/HFA children, while controls reported a decrease in social anxiety as they got older. These findings suggest that it is important to intervene early to reduce social anxiety in children with AS/HFA, rather than waiting in the hope that their anxiety will decrease as they mature (Kuusikko et al., 2008).

Sofronoff, Dark and Stone (2011) investigated the interrelation of Asperger's syndrome, social skills and social vulnerability (the risk a child has for being bullied). They found that children with AS had high levels of social vulnerability and that lower social skills predicted greater social vulnerability. In addition, parents of children with AS reported greater anxiety in their children than parents of typically developing children and level of anxiety was correlated with social vulnerability.

In sum, children with AS/HFA exhibit high levels of anxiety, especially social anxiety, related with their social skills deficits and social vulnerability; this anxiety does not appear to decrease with age.

Social Skills Deficits and Anxiety in Children without AS/HFA

Anxiety in childhood and adolescence has often been related to deficits in social skills and poor peer relations. Motoca, Williams, & Silverman (2012) found that youth anxiety was related to low social skills, which in turn were related to few positive interactions peer and frequent negative interactions; thus, it appears that level of social skills mediates the relation of anxiety to peer relations. Similarly, Spence, Donovan and Brechman-Toussaint (1999) found that socially phobic children more often anticipated negative outcomes from social situations and their social skills performance was less competent than their non-anxious peers. They suggested that the lack of social success in anxious children leads to negative thoughts about social situations, thus creating a negative cycle, and that improving children's social skills might break this cycle and reduce anxiety. Morgan and Banerjee (2006) found that socially anxious children anticipated more negative outcomes in a role-play activity and used verbal responses that were less responsive than other children, which might be interpreted by peers as a hesitancy to begin or continue conversations. Kim et al. (2000) conducted a longitudinal study of the social behavior of children with high anxiety; they found that these children were more aggressive, limited their parents' social life, and had poorer relationships.

Effects of Role-Playing on Anxiety and Social skills in Non-Autistic Children

Role-playing interventions have been shown to reduce social anxiety. Johns (1992) found that role-playing sessions helped reduce teachers' anxiety about parent-teacher conferences. In another study, 17 weeks of social skills training, including modeling, behavioral

rehearsal and role-playing, was more effective in reducing generalized social phobia than a similar amount of cognitive behavioral therapy; in fact, participants reached non-clinical levels of anxiety (Van Dam-Baggen & Kraaimaat, 2000).

Role-playing has also been shown to be an effective intervention for increasing social skills. Chandler, Greenspan, and Barenboim (1974) found that social skills deficits were improved by training groups focused on role-playing and referential communication; in addition, improvement in role-playing and communication skills were associated with immediate improvement in social competence and a trend for improvement in social adjustment at a 12 month follow up. In a study of the effect of music and drama lessons on children's IQ, Schellenberg (2004) inadvertently discovered that the drama lessons, but not the music lessons, had a positive effect on their social behavior. Finally, Chandler (1973) found that an intervention that focused on role-taking skills reduced children's social egocentrism and resulted in a reduction of delinquent behavior.

Interactive Drama Exercises and Role-Playing as Interventions for Children With AS/HFA

A few researchers have examined the potential of social modeling, dramatic games and role-playing to improve social skills in people with Asperger's. In one study, researchers found that after watching a series of vignettes with people in social interactions two participants with Asperger's had increased eye contact and conversation-turn-taking (Mason, Rispoli, Ganz, Boles & Orr, 2012).

Lerner, Mikami, & Levine (2011) assessed the effects of Socio-Dramatic-Affective-Relational-Intervention (SDARI) on social skills of adolescents with Asperger's and HFAD. SDARI uses improvisation games, dramatic training, child-staff relationship, and physical

activity, but does not include role-playing. Participants showed gains in social assertion and ability to detect certain emotions in others' voices; these gains were maintained after six weeks.

Three studies investigated the Social Competence Intervention Program (SCIP), an intervention for groups of children with autism, learning disabilities and ADHD. The SCIP includes drama games, but not role-playing. Anecdotal evidence from a pilot study found that participants had more awareness about their feelings and behaviors and better social interactions (Glass, Guli, & Semrud-Clikeman, 2000). A second study evaluated the effectiveness of the SCIP for five children with ASD; participants improved emotionally and behaviorally, particularly in their social interactions (Minne & Semrud-Clikeman, 2012). Finally, Guli, Semrud-Clikeman, Lerner, and Britton (2013) administered the SCIP with a larger sample size and included a control group. 38 children with autism spectrum disorder, nonverbal learning disability, and/or attention deficit hyperactivity disorder participated in the study. There were 18 participants in the experimental condition and 16 participants in the control condition. They observed improvements in social behavior in natural settings. In addition, parents and children reported improvements at the end of the study during a post-intervention interview.

Only one study has directly examined the use of role-playing to improve social skills in children with AS-HFA (Leaf et al., 2012). The researchers measured eight social skills, then chose one social skill for each child and taught it through the "cool vs. not cool " technique. In this procedure, the child watches the researcher perform a social behavior properly or improperly and then determines whether it is "cool" or "not cool." Leaf and colleagues found that participants reached mastery level for 50% of the skills with the cool vs. not cool technique alone. When they added role-playing they reached mastery level for 37.5% more of the social skills.

Conclusion

Several studies support the belief that drama and role-play exercises can help relieve anxiety and increase social skills in non-clinical populations. Since children with Asperger's are more likely to have anxiety that is related to social situations, it is plausible that these kinds of interventions could aide their development of social skills and relieve their anxiety. While a few studies have indicated that social modeling and drama exercises improve social skills in children with Asperger's, only one study with two participants has provided evidence for the benefits of role-playing for these children.

The current study was designed to examine whether a seven-session curriculum of drama games and role-playing is effective in helping children with Asperger's develop social skills and reduce general and social anxiety.

Material and Methods

Participants

Participants were 24 children ages 8-14, including 17 males and 7 females, who had a diagnosis of either Asperger's or High Functioning Autism. We recruited participants through organizations in the community and therapists who held groups for children with Asperger's. Leaders of these groups gave information about the study to parents, who contacted the researchers if they were interested in having their child participate. Children received 3 dollars after every session for participating, for a total of 21 dollars; parents were compensated for travel expenses. Funding was provided by Union College.

Procedures

Participants met in 6 groups of 4 children each, including 4 experimental groups (for a total of 16 participants) and two control groups (for a total of 8 participants). During the span of

the study, 2 participants dropped out: one in the experimental condition and one in the control condition. Groups met for 7 sessions of 1 hour each; all participants attended at least 5 of the 7 sessions. Experimental groups were led by 2 of the undergraduate researchers, including the first researcher; control groups were led by 1 of the undergraduate researchers.

The experimental group completed the role-playing and theater games curriculum (see Appendix A), which consisted of seven sessions, each focused on a specific set of social skills that were practiced through role-play and theater games. Games were adapted from two interventions of theater exercises (Guli, Wilkinson, & Semrud-Clikeman, 2008; Reddy, 2012). The structure of a session is summarized in Table 1. Each session included an introduction and warm up, a series of exercises focused on specific skills, and a conclusion including review of skills learned followed by free play. An example of a game is the **Tower of Babble**, in which participants practiced expressing emotion through vocal intonation by speaking "babble" in a made up nonsense language, doing tasks like describing a favorite movie, a favorite food, a scary dream, an exciting secret.

The control group sessions consisted of non-theatre related games such as playing catch and jumping rope. Children played with each other, but the sessions were less structured and there was no attempt to teach specific skills.

Measures

Informed consent was obtained by both the participants and their parents through a written form and all procedures were approved by the Human Subjects Review Committee at Union College. Participants and one of their parents each completed measures of the child's social skills, social anxiety, and general anxiety, both before the first group session and after the last group session, including the Children's Manifest Anxiety Scale (Reynolds & Richmond,

1997), the Social Anxiety Scale for Children-Revised (La Grega & Stone, 1993), and the Social Skills Rating System (Gresham & Elliot, 1990). The Social Skills Rating System has a version for parents; the authors adapted the Children's Manifest Social Anxiety Scale and the Social Anxiety Scale for Children-Revised so that items referred to one's child rather than oneself.

Following the last session, parents also wrote responses to an open-ended question: *Have you noticed any changes in your child's behavior/feelings since the start of this study? If yes, please elaborate.* These responses were blind coded by the two researchers using the following scale:

0 – No change reported

1 – General positive change reported (e.g., *child was happier, child loved going to group, child had more friends)*

2 - Specific relevant behavioral change reported (e.g., *child was more able to understand emotions behind facial expressions on TV shows*)

In addition, in order to assess the possibility that the benefits of participation in the group depended on the child's initial capabilities, the group leaders rated participants' social skills, willingness to participate, and verbal ability on a 5-point Likert scale following the first and last sessions.

Results

Correlations between Different Assessments of Children's Anxiety and Social Skills

Child ratings and parent ratings of the child's social anxiety were positively correlated, both before the intervention, $r(20) = .53$, $p = .01$, and afterwards, $r(20) = .460$, $p = .03$. Child ratings and parent ratings of social anxiety and of social skills were not related, either before or after the intervention. In addition, group leaders' ratings of children's social skills were

unrelated to parents' and children's ratings of their social skills, either before or after the intervention.

Correlations between General Anxiety, Social Anxiety and Social Skills

For children's ratings, social and general anxiety were positively related to each other, both before and after the intervention (time 1, $r(20) = .65$, $p = .01$; time 2, $r(20) = .66$, $p = .001$). In addition, both social and general anxiety were negatively related to social skills before the intervention (social anxiety, $r(20) = -.41$, $p = .05$; general anxiety, $r(20) = -.63$, $p = .001$) but were not related after the intervention.

For parents' ratings, both before and after the intervention, social and general anxiety were positively related to each other (social anxiety, $r(20) = .51$, $p = .01$; general anxiety, $r(20) = .51$, $p = .02$), but neither anxiety measure was related to social skills.

Effect of the Intervention on Children's Anxiety and Social Skills

Repeated measures 2 X 2 ANOVAs (group, experimental vs. control X time, pre-intervention vs. post-intervention) were conducted on child and parent ratings of general anxiety, social anxiety, and social skills. There was no main effect for time on children's or parents' ratings of social anxiety or general anxiety. There was a main effect of time on both children's and parents' ratings of the child's social skills (for children's ratings, $F(1, 20) = 4.55$, $p = .04$, $M1 = 41.1$, $M2 = 45.1$; for parents' ratings, $F(1,20) = 8.16$, $p = .01$, $M1 = 36.7$, $M2 = 40.1$). There were no significant interactions of group (experimental vs. control) X time (pre- vs. post-intervention).

Repeated measures 2X2 ANOVAs (group X time) were conducted to compare group leaders' ratings of participant's verbal skills, social skills, and willingness to participate at the first and last sessions. There was a significant interaction of group X time on children's verbal skills, $F(1,20) = 6.87$, $p = .02$ (experimental group, $M1 = 3.3$, $M2 = 3.6$; control group $M1 = 3.7$,

M2= 3.6). Verbal skills increased for the experimental group and decreased for the control group. There was a main effect of time on social skills, $F(1,20)= 30.26$, $p<.001$ (experimental group, *M1*= 2.6 and *M2*= 3.3; control group, *M1*= 2.6 and *M2*= 3.1), but no interaction of group X time. There was a main effect of time on willingness to participate $F(1,20)= 26.21$, $p<.001$ (experimental group, *M1*= 3.2, *M2*= 3.9; control group, *M1*= 3.71, *M2*=4.57), but no interaction of group X time.

Group leaders' ratings of children's social skills at pre- and post-intervention were computed by averaging observers' ratings; participants were then grouped into those who did or did not show positive change. More children in the experimental group showed gains in social skills, $c^2(1, N = 22) =5.49$, $p = .02$.

Effect of the Intervention: Parents' Observations of Change in Child

Parents' open-ended responses to a question about changes they observed in their child following the intervention were coded as showing "no change," "general positive change" (e.g., happier, more social, enjoyed coming), or "specific targeted change" (improvements in social skills addressed by the intervention or reduction in anxiety). Figure 1 compares the frequency of types of change reported for the experimental and control groups. Children in the control group most often exhibited general positive change, while those in the experimental group most often exhibited specific targeted changes.

The specific changes observed by parents of children in the experimental group were of three types:

Increased social awareness

She seems more aware of interpersonal relationships and started discussing that

aspect of books and songs with me. Previously she would just script off the stories and didn't seem to think about deeper meanings.

(She) seems more aware of others (sic) feelings. She is clearly trying to read peers facial expressions, etc. and adjust her response.

He pays more attention to people's facial expressions.
I feel this group has helped him "get" how other people feel w/facial expressions, more than he used to.

Better emotional regulation

Tries to understand what the other person is saying before he gets too upset.

…has the ability to vocalize her displeasure without losing control and vocalizes what bothers her immediately without anger or frustration.

…last week he was having an anxious time…he used a few (techniques learned in the group) and eventually gained control of himself.

Improved communication

I feel he is communicating a little bit better.
More willing to share her ideas in a group setting without concern that others might not agree.

Discussion

In this study, we used multiple measures of children's anxiety and social skills, as well as their change across the 7 weeks of the intervention, including parent and child surveys, group leaders' ratings, and parent observations. There was little consistency in ratings of a variable across the multiple measures. In addition, the parent and child surveys did not reveal significant differences between children in the experimental and control groups, while adult observers (both group leaders and parents) reported greater improvements in children in the experimental group.

One explanation of these discrepant results could be that adult observers are more sensitive to specific changes in the children that are not captured by the more general survey measures. In seven sessions, it was only possible for the intervention to focus on a few specific skills: trust, communication, reading emotions, dealing with anxiety etc. The scales used to assess social anxiety, general anxiety and social skills were more general and tapped a broader range of behaviors, so may not have given a good indication of changes due to the intervention. In addition, while these scales have been used with Asperger's populations previously, they were not developed for use with that population. Researchers reported that some children seemed to have difficulty with the task of completing the surveys. Finally, the sample size was quite small. In short, it is reasonable to speculate that adult observations might provide a more sensitive measure of change across the intervention.

At the same time, one might suspect that adult observers were responding to demand characteristics, reporting more change than had actually occurred. Moreover, the group leaders were not blind to the children's assignment to experimental vs. control group. This could have impacted their view of the changes in individual participants.

Another limitation of the small sample size is that we were unable to examine the possible effect of individual differences between subjects, such as their verbal abilities on entering the study or the number of sessions they missed. If the sample size was larger we might have seen that participants who came to every session had greater changes than those who didn't. If this was the case, then the intervention may have been more successful if attended regularly and future research and interventions should take this into consideration.

Future research should attempt to clarify the difference between the two kinds of measures of change by using a larger sample and a procedure to ensure that all children complete each session. In addition, it would be helpful to measure more specific aspects of anxiety and social skills. Lastly, it might be necessary to have more than seven sessions for this intervention to work. Further research could examine if increased number of sessions or number of times the sessions are held each week strengthens the significance.

In addition, it would be interesting to research if programs like this could work with children who have a more severe form of Autism or if it is only helpful for people high on the spectrum. Another future area of investigation is if these techniques could be used with older or younger populations. They would probably have to be modified, but role-playing might be effective for them as well.

Conclusion

Role-playing has been found to help increase certain population's social skills and decrease their social anxiety. We studied whether a role-playing and drama intervention could be used to help children with Asperger's in those two areas. We found mixed results, with some evidence that the role-playing intervention was more effective than the control condition. Future research is necessary to further investigate this possible technique/intervention. Several different groups

could use these results to help children with high-functioning autism: schools, therapists, groups for children on the autism spectrum, and parents could all use these techniques to increase their social skills and decrease their social anxiety.

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Table 1

The Structure of a Session

<u>Warm Up</u> • Discussion of how the week went and how children applied what they learned from the previous session • Brief warm up: stretching, moving, shaking different parts of the body, making different vocalizations
<u>Skill-Building Games</u> • Set of 3 – 6 games focused on particular social skills. Skills for the seven sessions were: 1. Getting to know each other/introducing self 2. Working together/trust/listening 3. Emotions/nonverbal cues 4. Emotions/nonverbal cues 5. Self-control/assertiveness 6. Managing stress and anxiety/detecting emotions through the voice 7. Understanding others perspectives/corporation
<u>Closing</u> • Discussion of what was learned in the session • Reminder to practice at home • Game of children's choice

Appendix

These Sessions were created using two books of activities. The first was *Social Competence Intervention for Youth on the Autism Spectrum* (Guli, Wilkinson, & Semrud-Clikeman, 2008). The second was *Group Play Interventions for Children: Strategies for Teaching Prosocial Skills* (Reddy, 2012).

Session One (Getting to know each other/introducing self)

- **Stretch, Shakeout, Freeze** (warm up)- Shake out your hands, arms, etc. They can then move around the room shaking different parts of their body. When I call "Freeze" everyone must stop and stand still.
- **Pass the ball** (warm up/imagination)- Everyone changes the ball to look differently. Eg. Really small and bouncy or really big and heavy. They pass it to another person in the circle who then changes it again.
- **Interviewing and Presenting** (Getting to know each other)- Children are instructed to take turns asking each other questions. Told to write down their partners answers on a piece of paper. They then present their partner.
- **Introducing Self to Others** (Getting to know each other)- role play this scene Pg 59 in Reddy

Session Two (working together, trust, listening)

- **Listen** (warm up/listening)- listen to the silence. Close your eyes. What do you hear? They are going to find out how powerful their hearing is. Send their hearing out into the middle of the room. Listen to every noise. Send their hearing out beyond the room, into the building. What do you hear? Send your hearing out into the world. Can you hear sounds on the street? How far away can you hear? How powerful is their hearing when they really focus.
- **Story** (working together)- go around the circle and each person says one line of a story. "Yes and…"
- **Leader** (Trust/working together)- One partner leads the other partner across a maze of chairs or other objects while the partners eyes are closed. If uncomfortable with that their eyes don't need to be closed.
- **Birthday Gift** (accepting/working together)- they are going to pretend that they are giving and receiving gifts. They giver can choose anything and the receiver must accept it no matter how silly it is. Accept it with great enthusiasm. pg 99 in Guli et al.
- **Sharing your things with others** (Sharing)- role play this scene pg 64 in Reddy
- **Being an Active Listener** (listening)- role play this scene pg 66 in Reddy

Session Three (Emotions, nonverbal cues)

- **Jello room** (nonverbal cues/warm up)- the room is filled with jello. Slowly reach out and put one finger in it. What does it feel like? Put your whole arm in it. Now your leg. Now the other leg. Now your head. Now move around the room. Explore but remember it is filled with jello so you can't move around easily. When you get to the end take each part of your body out of the jello and shake it off.

- **Mirroring** (following another person/working together)- They stand facing each other. The leader moves and the follower, follows the leaders movements. Must go slowly. Switch roles.
- **Feeling Dice** (Emotions)- There is a six-sided die made out of heavy paper with each side labeled a different feeling. Child rolls the feeling die and acts out the feeling on the die for everyone to see. Can't use words. Other child tries to guess the behavior that the actor is doing.
- **Stone Face Samantha/Stevie** (Emotions)- children teach an seemingly emotionless "ogre" how to express emotions. Children use verbal and visual prompts and corrective feedback to get the ogre to express emotions listed on cards. Pg 127 in Reddy
- **Guess The Feeling** (emotions)- have a person draw a card with feelings written on it. They have to make the facial expression showing that emotions. The other person guesses what the emotion is.

Session Four (emotions, nonverbal cues)

- **Two Truths and a lie** (detecting truths and listening)- have one partner say three statements. Two are truths and one is a lie. Have the other partner guess which is the lie.
- **Mood States** (emotions)- Have them walk around the room in different mood states. "happy" "sad" "angry"
- **Moving with Emotion** (emotions)- have them walk across the room in different situations. For example as if they are going through a haunted house. Pg 79 in Guli et al.
- **Camera** (emotions)- have the partners face each other. Pick a feeling and ask one participant to think how to express that feeling. Count backward from five as they make the facial expression to match the feeling. Then they freeze. I "take a picture". Stay frozen while other partner exams the expression of the person. They then have 5 seconds to copy the person across from them. "take a picture" of that person.
- **Reading the eyes** (emotions)- same as guess the feeling but have a cloth cover everything but the eyes. What changes in the eyes when the expression changes?
- **Express it!** (express using body language)- partners face each other. When I say go one tries to express a common phrase or statement to the other using only facial expressions and body language. "Help, I'm sorry, you're kidding, I don't believe you, listen to me, I'm exhausted, thank you" are examples

Session Five (Self-Control, assertiveness)

- **Rubber Band** (warm up)- have them stretch up like a rubber band till they can reach the top of a tree. Now snap and flop over like a rubber band.
- **Cloth** (warm up)- make a cloth into something new such as a basketball or a doll.
- **Returning the book** (anger management/self-control/assertiveness)- Children take turns playing a customer returning a book to the shopkeeper because it is missing a page. Customer can play Mr. or Mrs. Wimpy or Mr. or Mrs. Angry. Switch participants and have the other one play Mr. or Mrs. Strong. After each role play, I ask the shopkeeper how she/he felt during that interaction.
- **Self-Control** (self-control)- role play this scene pg 72 in Reddy
- **Being Assertive** (assertiveness)- role play this scene pg 96 in Reddy

- **Random Role Play** (self-control/in the moment decisions) – have them pick a role-play scenario from a hat. Choices are on pg 121 in Guli et al.

Session Six (managing stress and anxiety, detecting emotions through the voice)

- **Imagine you are Here** (warm up/managing stress and anxiety)- children lie down and close their eyes and are guided to imagine a series of relaxation-induced scenarios. Example is walking across high grass come to a forest. pg 209 in Reddy
- **I am a Balloon** (warm up/managing stress and anxiety)- Guides children into pretending they are balloons being inflated and deflated. pg 205 in Reddy
- **Dealing with anxiety** (anxiety)- role play this scene pg 78
- **Sound Effects** (voices)- one partner walks around the room making interesting movements. B follows directly behind not copying A's movements. B supports A's movements with sounds that fit until they seem united.
- **Say it with Feeling** (emotions through the voice)- a leader draws a feeling card and reads a sentence from a container. Then they say the sentence in that emotion. Participants then do the same thing. Reading sentences in different emotions.
- **Tower of Babble** (emotions through the voice)- Participants will learn to speak in babble a made-up language. Everyone should talk as if it makes perfect sense. Mixture of syllables. Describe your favorite movie to each other. Describe your favorite food. Tell your partner about the scariest dream you ad. Pretend you have an exciting secret you are dying to share.

Session Seven (understanding others perspectives, cooperation)

- **Sculptors and Clay** (warm up)- One person is the sculptor and the other is the clay. The person who is the clay starts by crouching on the ground. The sculptor then sculpts the clay by gently guiding the person who is the clay into certain positions by taking the person by the hand, shoulders, or touching the persons leg indicating that it should bend. Nonverbal. May be a hungry dinosaur, tired person climbing a mountain, detective solving a crime, someone opening up a birthday surprise, king or queen on a throne, or a rock star in concert.
- **Clothes change** (warm up/observation of others)- have one partner study the other partners clothes. Then have the partner turn around and change something about their outfit. Have the other partner try and figure out what is different.
- **Familiar Place** (understanding others)- Have one participant describe a familiar place and then have the other try and imagine "walking through it"
- **Fantasy role/counter role** (understanding different perspectives)- Child does a role play in a certain fantasy role such as Cinderella and then plays the counter-role: the step mother. Tries to think about the differences between the two roles and how each of them thinks
- **Bench** (cooperation/dealing with opposing wishes) – role play where two people are sitting on a bench. One person wants quiet time, the other wants company. How do they figure out how to make both people happy.