Play Therapy for Traumatized Children

An Integrated Model for Working with Childhood Trauma Utilizing Directive and Nondirective Techniques

The Impact of Trauma on Children

Traumatic events can be stressful, debilitating, painful, and confusing. Recovery includes helping individuals restore physical and emotional control and safety. Treatment best done in context of a safe relationship and hope.

- Traumas are laid down differently in memory: explicit versus implicit memories
- Traumas are often fragmented or compartmentalized experiences
- Dissociation is highly linked to trauma
- Dissociation occurs along a continuum: normative, episodic, and a range of disorders
- Dissociating during traumatic events good predictor of development of later PTSD
- Brain chemistry and the impact of stress
- Trauma affects the whole person: Responses must be wholistic

Clinical Goal: Assimilation of Fragments

Removing Dissociative Barriers: Mastery

The process of assimilation:

- What did you say to yourself about that?
- As you said that, what did your body do?
- What were you looking at/hearing?
- How did you feel?

Not every child will be a success story, but we should assume everything is reversible until proven otherwise.
Impact on specific domains in complex trauma

- Attachment is often a central issue
- Biology: Recent research on the effects of stress on the development of the brain (0-4, most vulnerable) (Siegel, 1999; Perry & Szalavitz, 2006; Stien & Kendall, 2004)
- Affective and Behavioral Dysregulation
- Dissociation (more common in females)
- Cognitive functioning (deficits in overall IQ, need special ed., lower grades, poor scores on tests, 3x the dropout rate)
- Issues of identity: Self-image and self-esteem

Consensus areas for treatment recommended by NCTSN

- Six Core Components of complex trauma intervention (NCTSN):
  - Safety (the child feels cared for)
  - Self-regulation (helping child modulate arousal)
  - Self-reflective information processing (reflect)
  - Traumatic experiences integration (resolution)
  - Relational engagement (appropriate attachments)
  - Positive Affect Enhancement (self-worth)

As a result, my approach to treatment includes:

1. Lead with non-directive approach with child which allows for child to be in charge and 2) allows natural healing mechanisms to emerge
2. “tickle the defenses” create opportunities to stimulate natural healing mechanisms
3. Directive strategies: gently challenge child’s defenses in service of the child and obtain systemic support (shift to psychoeducation)
   - Engage/educate parents to do work at home

Utilizes three phases of treatment (Judith Herman)

- Phase One Goal: Focus on Safety
  - Primarily active approach through advocacy and case management: Safety in school and home (child’s environment) (Medical): Parent services/coaching
  - Predictability of child’s therapy environment
  - Assess child’s utilization of Post-Traumatic Play and other natural healing strategies (Gil, 2006)
  - Observation of defensive mechanisms: Pacing
  - Address acute symptoms with caretakers/child

Introducing the Play Therapy Room: The Tour

Play Therapy Offices

- Sand Therapy
- Art Therapy
- Dollhouse, babies, bottles
- Trucks, fire engines, cars
- Masks, capes
- Puppets and Theater
- Constructive toys
- Medical
- Food, plates
- Miscellaneous: Music
**Phase One: Safety and Assessment**

- Orient the child to environment and clinician
- Establish therapy relationship (foundation of work) & set context
- Meet child where child is
- Provide nondirective therapy primarily
- Include play-based assessment techniques
- Allow for accessing of natural reparative resources (Post-trauma play)

**Brain Science Suggests Play Useful: Encouraging Plasticity**

- Relationship (touch)
- Novelty
- Physical Exercise (Aerobic)
- Mindfulness or focused attention
- Nutrition
- Sleep
- Repetition & sensorimotor stimulation

**The Benefits of Child-Centered Play Therapy**

- Offers child opportunities for self-direction
- Avoids power struggles
- Allows child to externalize whatever is on his/her mind
- Encourages self-regulation
- Based on belief that play offers child varied communication opportunities
- Relationship-promoting

**Cautions**

- Externalization does not necessarily mean child is ready to see, confront, or deal with externalized material in any other way than that provided through play
- Play therapy variables: Externalization, safe-enough distance, projection, management, processing
- The dangers of “rushing in”

**Phase One: Safety Efforts**

- The initial phase of treatment is designed to establish a therapy relationship (comfort and security), to orient the child to the environment to gain some assessment information, and to create a treatment plan that works in the best interest of the child. Finding those invested in the child, who is primarily interested in the child, is critical. In addition, asking parents for assessment information allows us in helping the child.

**First Phase of Treatment – Parental Engagement (Cont’d)**

- Advocate & Case Manager: Foundation
- Case coordination
- Finding those invested in child
- Clarifying what’s going on to best of our ability
- Maintaining focus on risks

**Parents’ assessment instruments include:**

- Child Behavior Checklist (Achenbach – ASEBA)
- Child Sexual Behavior Inventory (Friedrich – PAR)
- Trauma Symptom Checklist for Young Children (TRSCC-YC – PAR)
- Trauma Symptom Checklist for Children (Briere – TSCC – PAR)

**Attachment-Based Therapies**

- Guiding parents to support, set limits, manage problem behaviors, answer questions
- Crisis intervention with parents: Referrals to groups, readings (Common issues: family loyalty and splits: who knows: system procedures)
- Identify family strengths and available resources (attention to the presence of cultural practices and integration of those)
Play-Based Assessment Techniques: Integrating directives gradually

- Art
  - Free picture: Anything you want, anything that comes to mind
  - Self-portrait
  - Kinetic Family Portrait: A picture of you and your family doing something together, some type of action

Benefits, Challenges, and Use of Art Therapy

- Staying with the metaphor
- Amplification
- Finding thematic material
- Prioritizing and locating entry points
- Exploration vs interrogation

Art Therapy a Valuable Assessment Tool


Processing Art

- Right versus left-hemisphere activity
- Subjective experience of “life of the picture
- Developmental issues: On or off-target
- Words or messages
- Spending time with the art
- Amplification questions/comments

Build a World: Sand Therapy

- As you can see, this box is filled with soft, white sand
- Pick as few or as many miniatures and build a world in the sand
- ...or anything that comes to mind
- No right or wrong way to do this
- Tell me about what you’ve built

Color Your Feelings
**Environment and Safe Environment Project**

- Developed by Barbara Solol and Karen Schneider
- Projective Technique
- Basket of miniatures the child can take
- Pick an animal, then build an environment
- Now make the environment safe
- New directive

**Individual Play Genogram**

- Draw a picture of a family play genogram
- Pick a miniature that best shows thoughts and feelings about everyone in your family
- Pick a miniature that shows relationship between you and others

**Other Expressive Techniques**

- Individual Play Genogram
  - Draw a picture of a family play genogram
  - Pick a miniature that best shows thoughts and feelings about everyone in your family
  - Pick a miniature that shows relationship between you and others

**Phase One: Post-Trauma Play Can Emerge Naturally**

- Children bring their traumas into the room
- The unconditional witness
- Valuing what is created/showing interest
- Therapeutic curiosity

**Post-Traumatic Play: Natural Reparative Mechanism**

**Post-Traumatic Play: Gradual Exposure**

- Inviting, documenting, facilitating, intervening
- Observing changes
- Affective variables/discharge
- Differences in relational interactions
- Changes in out-of-session behaviors
**Definition of PTP**

- Definition:
- Post-Traumatic Play is a unique type of play employed by traumatized children. This play has several characteristics:

**Characteristics of Post-Trauma Play**

- Literal
- Robotic, rigid, extremely structured
- Repetitive
- Usually non-interactional
- Children can seem self-absorbed
- Can utilize sounds
- Flat affect seen/joyless

**Advantages of trauma play**

- Intent:
  - Mastery through gradual exposure, tolerance and expression of affect, controlled recall
  - Organization versus fragmentation/chaos
  - Creation of Narrative (explicit vs implicit)
  - Active versus passive stance
  - Remembering while not having acute pain
  - Processing or “working through”
  - Eventual assimilation/suppression of processed material

**Facilitation and/or spontaneous play TF-PT**

- Provide literal symbols
- Ask child to bring symbols from home
- Set context: express interest in learning more about/understanding event(s)
- Show versus tell
- When spontaneous, observe, document with care & precision

**Assessing Trauma Play for Usefulness: Search for Change**

- Changes
  - In characters
  - In story themes
  - In beginnings or endings
  - In sequence
  - In affective expression
  - In verbalizations or interpersonal exchanges

**External Interventions with Trauma play that gets “stuck”**

- Behavioral narratives
- Efforts to change sequence
- Wondering outloud
- Eliciting personal interactions/movement of some kind
- Role-playing
- Open-ended questions
“Stuck” trauma play

- Videotaping
- Mirroring
- Story Boards
- Shifting from Non-Directive to Directive
  - The need for more distance
  - The need to access resources and create changes in play

Desired Outcome

- Explicit narrative with acquired meaning
- Expression of affect
- Processing accomplished at developmental level (Eventual cognitive re-evaluations)
- Coping strategies/Mastery
- Future orientation: View of event(s) in the past and realistically (“Something that happened to me, not who I am”)

Traumatic Material
Integrated, Loss Processed

Phase Two Goals and Approaches:
Trauma-Focused Work: Overriding Goal: Empowerment/Integration

- Trauma-focused work, by definition, attends to traumatic experiences, although approaches vary. Attempts are made to:
  - help children clarify and understand their thoughts, feelings, sensations, responses;
  - identify cognitive confusions and discuss;
  - assist to identify, express, and regulate emotions and self-soothe, develop healthy alternative coping strategies;
  - experience mastery through controlled recall; organize a narrative; utilize supportive system/attach; future orientation

Phase Two: process trauma which emerges naturally or invite participation

Phase Two Includes Sessions regarding Mindfulness Stress Reduction and the Use of Bio-Dots, Psychoeducation about “Other Kids Who Are Abused”, Teaching the CBT Triangle, and then a Few Specific Tasks about the Abuse and Narrative

The Emphasis on Conscious Processing

When children select their symbols, their metaphors, their stories, their outcomes, their helpers, their struggles, their victories…must they be linked to real-life experiences? And what risks do you run in doing so?

(Example of “This mommy has no Milk”)
The Need to Face Carefully

- “Though the single most common therapeutic error is avoidance of the traumatic material, probably the second most common error is premature or precipitate engagement in exploratory work, without sufficient attention to the tasks of establishing safety and securing a therapeutic alliance.” Judith Herman, 1992, 1997, p.172

A Metaphor: Bubble Wrap and Clarity

- Respecting defenses

“And the day came when the risk to remain tight in the bud was more painful than the risk to blossom” Anais Nin

Phase Two: More Directive Tasks: Challenging Denial

Reconstructive Tasks
- The child is given task to pick a miniature, doll, puppet that represents himself and something that represents alleged offender. “Show me what happened first, next, next”
- Situational: Where were you, what happened then?
- Repeat and sequence

Cartoon Narrative
- This is what you’ve told me so far, then this, then this. (Draw it out for child or child draws on page with given)
- Fill in bubbles for head, heart, and feet... what you said to yourself, what you felt, what you did

Phase Two

The Color Your Life Technique (O’Connor)

Sand: Before and After I Told About the Abuse

Phase Three: Social Reconnection

Flowers in Vase: Resources in Your Life

Hope for the Future: Glass Half-Full, Half Empty
SAYING GOODBYE PROPERLY

CELEBRATION DESIGNED TO
REVIEW MATERIALS; OFFER
RESOURCES; OBTAIN
COMPLETED ASSESSMENT
INSTRUMENTS; MAKE
REFERRALS AS APPROPRIATE;
CELEBRATE THE COMPLETION
OF TREATMENT.

Goal Three Work and Approaches

- Phase Three Goal: Social Reconnection and Future Orientation
  - Pair Therapy, Group therapy, and family therapy
  - Discussion of trust and safety (what’s been learned) Anchoring in resources
  - Promoting competence and well-being
  - Prevention and skills training (education and family dialogue)

Rationale for Use of Expressive Techniques

- Opportunity for varied expression & externalization of self
  - Assists communication
- Allows for safe distance through projection, management, processing
- Intrinsically pleasurable & user friendly
- Brings forth metaphors and helps narrative formation
- Offers opportunities to contain, master, regain personal control
- Challenges defenses gently

Rationale for TF-CBT

- Focuses on direct management of trauma
- Active use of parental support
- Creates self-monitoring possibilities
- Teaches control through mastery of thoughts, feelings, and behavior
- Treats the system to address trauma variables (fear, safety) through direct skill-building & specific techniques (relaxation, in vivo work)

The Sequence of Interventions

- There is a consensus of areas to target in therapy:
- There are varied, evidence-based and evidence-informed, trauma-informed practices:
- Dr. Bruce Perry suggests the most critical factor is not WHAT we do (all have merits) but WHEN we do it!

Basic Principles of NMT: Dr. Bruce Perry, Child Trauma Academy

- Hierarchy of increasingly complex functions relate to optimal functioning:
- “Lower” parts, brainstem and midbrain mediate simple regulatory function; more complex functions mediated by neocortical structures.
- Experiences leave a “record” within matrix of brain, dependent on nature of experience and time in development
- Developmental challenges & relationships contribute to risk or resiliency: mediating factors
Helpful Manual for CBT


Important Assessment/Treatment Models

- Bruce Perry’s Neurosequential Model of Therapy
- Pathways Assessment-Based Trauma Model (Chadwick Center, San Diego, CA)
- An Integrated Model for Treatment of Early Child Abuse (Cincinnati Children’s Medical Center, 513-558-9007)

Resources Abound

- Complex Trauma Working Group of the Panamerican Child Traumatic Stress Network (www.actuntam.org/inicio/nav.es/pactytp_ct)
- TF-CBT (www.musc.edu/tf-cbt)
- CBT for physical abuse
  - Dr. David Kolko (www.pitt.edu/~kolko/)
  - EMDR for children
    - EMDR for children (www.childtrauma.com/endrch.html)
- Integrative Treatment of Complex Traumas and Self-Trauma (www.therapeuticmemoryrecovery.org)
Evidence-Based/Practice-Informed

Keeping up with data
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT: Deblinger, Cohen & Mannarino)
- Parent-Child Psychotherapy (PCPT: Lieberman & vanHorn)
- Child Parent Interaction Therapy (Eyerberg: UC Davis)

Measuring your effectiveness
- Circle of Security (Cooper, Hoffman, Marvin, & Powell)
- Filled Therapy (Guerney)
- Child Parent Relationship Therapy (CPRT: Landreth and Bratton)
- Neurosequential Model of Therapy (NMT: Perry)

Others in process.

SELF-CARE IS CRITICAL TO OUR CLIENTS

I have worked with trauma since 1973. I have had bouts of burnout. I use expressive therapies for self-care as well as humor, time in nature, time with animals and nonabused children, I turn to my family. I use mindfulness and yoga.

Citations in Handout
- Siegel, D. J. (1999). The developing brain: How relationships and the brain interact to shape who we are. NY: Guilford Press

Selected References

Citations in Handout
- Perry, B. & Szalavitz, M. (2006). The boy who was raised as a dog. Basic Books

References (Cont’d)
References (Cont’d)


References (Cont’d)

- Homeyer, L. & Sweeney, D. Handbook of Sandplay Therapy. (available from Self Esteem Shop)

Professional Association/Organizations

- National Center on Child Abuse and Neglect (NCCAN)
- The National Child Traumatic Stress Network (NCTSN)
- National Center on the Prevention of Child Abuse (NCPCA)
- American Professional Society on the Abuse of Children (APSAC)
- Childhelp USA
- The Child Trauma Academy (E-LEARNING ON TRAUMA AND ATTACHMENT)
- American Association on the Treatment of Sex Offenders (ATSA)

American Art Therapy Association (AATA)
Association for Play Therapy (APT)

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