Play Therapy with Children who have Experienced Trauma
Lori Copeland, Ph.D., LPC-S, RPT-S
Big Country Counseling Association
Spring Training 4/21/17

Trauma – Two Definitions
• From a psychological perspective, trauma occurs when a child experiences an intense event that threatens or causes harm to his or her emotional and physical well-being.
• Overwhelming, uncontrollable experiences that psychologically impact victims by creating in them feelings of helplessness, vulnerability, loss of safety, and loss of control.

Childhood Trauma Definition (Terr 1991)
• The mental result of one sudden, external blow or a series of blows, rendering the young person temporarily helpless and breaking past ordinary coping and defensive operations.

Four Characteristics of Traumatized Children (Lenore Terr, 1991)
• Strongly visualized or otherwise repeatedly perceived memories
• Repetitive behaviors
• Trauma-specific fears
• Changed attitudes about people, aspects of life, and the future

Types of Trauma from NCTSN (National Child Traumatic Stress Network)
• Community Violence
• Complex Trauma
• Domestic Violence
• Early Childhood Trauma
• Medical Trauma
• Natural Disasters
• Neglect
• Physical Abuse
• Refugee Trauma
• School Violence
• Sexual Abuse
• Terrorism
• Traumatic Grief
Screening for Trauma

- Avoidance of trauma-related thoughts or feelings
- Intrusive memories of the event or nightmares about the event
- Hyper-arousal or exaggerated startle response
- Irritable or aggressive behavior
- Behavioral problems
- Interpersonal problems
- Other problems based on the developmental needs and age of the child

From: http://www.nctsn.org/resources/topics/trauma-informed-screening-assessment/trauma-screening

CSDC – Child Stress Disorders Checklist

Physical effects of trauma on children

- Headaches
- Stomachaches
- Tightening of the chest
- Shortness of breath
- “Amygdala alarm”
- Fatigue
- Excess energy
- Loss of appetite
- Excessive hunger
- Bedwetting
- Increased sensitivity to touch
- Decreased reactivity to physical injury
- Unconscious flinch reaction

Behavioral effects of trauma on children

- Nightmares
- Flashbacks
- Recurrent images
- Sleep disturbances
- Tantrums/aggression
- Hyperactivity
- Hyper-arousal/isolation
- Clinging to parents
- Avoidance
- Repetitive thoughts
- Panic attacks
- “Zoning”
- Regression
- Risk-taking behavior

Cognitive effects of trauma

- Inattention
- Lack of Concentration
- Excessive worries or fears
- Repetitive thoughts
- Dwelling on trauma
- Skewed memory
- Dissociation
- Preoccupation with destiny and afterlife
- Increase in irrational beliefs
- Blaming
- Changes in values and beliefs
- Escape through fantasy
Posttraumatic Play

When Terr studied the children of Chowchilla, she found that their play was repetitive, rigid, literal, devoid of pleasure, and most importantly, failed to produce the usual gains, such as decreasing children’s anxiety.

Diagnosis: Efforts were made to have the diagnosis, Developmental Trauma Disorder Included in the DSM-V but they were not successful

Gil and Posttraumatic Play

Play can be dynamic or toxic
- Dynamic – therapeutic
- Toxic - retraumatizing

Dynamic
- Allows children to externalize their memories
- Children advance from passive to more active as they decide when and what to remember
- Decreases the intensity of the trauma by giving children exposure opportunities
- Children rework unpleasant experiences
- Children gain self-efficacy
- Reduction of arousal
- Children recreate meaning from overwhelming chaos
- Advances therapy goals

Toxic
- Unproductive
- Retraumatizing
- Stuck through repetition and rigidity
- Keeps the child feeling trapped and in pain
- Everything is viewed through the lens of the trauma
- Can make things worse and cause developmental regression
- May look like dynamic play – sometimes it’s difficult to tell the difference
The TPS - Trauma Play Scale (Findling 2006)

Intense Play
• behavior has an intense, compulsive, and driven character, lacking joy or spontaneity. The child’s play is extremely focused and absorbed and seems to hold specific meaning.

Repetitive Play
• has a ritualistic quality. The child returns to specific play behaviors, sequences, or themes that must be played out the same way each time it occurs; it possesses a specific meaning for the child.

Play Disruption
• occurs when the emotion connected to the play becomes so intense that the child disrupts the play with a sudden shift as a form of dissociation.

Avoidant Play
• is characterized by the child’s disconnectedness or avoidance of the therapist. This occurs when the child lacks trust in the counselor or as a form of self-protection resulting from abuse or neglect by caregivers.

Expression of Negative Affect
• is the degree to which the child expresses negative affect (anxiety, flat affect, anger, sadness, fear, etc.). The child’s negative or lack of affect is often noted as being extreme and profound.

Core Components of Children's Trauma Interventions (NCTSN, 2013)

• Motivational interviewing (to engage clients)
• Risk screening (to identify high-risk clients)
• Triage to different levels and types of intervention (to match clients to the interventions that will most likely benefit them/they need)
• Systematic assessment, case conceptualization, and treatment planning (to tailor intervention to the needs, strengths, circumstances, and wishes of individual clients)
• Engagement/addressing barriers to service-seeking (to ensure clients receive an adequate dosage of treatment in order to make sufficient therapeutic gains)
• Psychoeducation about trauma reminders and loss reminders (to strengthen coping skills)
• Psychoeducation about posttraumatic stress reactions and grief reactions (to strengthen coping skills)
• Teaching emotional regulation skills (to strengthen coping skills)

• Maintaining adaptive routines (to promote positive adjustment at home and at school)
• Parenting skills and behavior management (to improve parent-child relationships and to improve child behavior)
• Constructing a trauma narrative (to reduce posttraumatic stress reactions)
• Teaching safety skills (to promote safety)
• Advocacy on behalf of the client (to improve client support and functioning at school, in the juvenile justice system, and so forth)
• Teaching relapse prevention skills (to maintain treatment gains over time)
• Monitor client progress/response during treatment (to detect and correct insufficient therapeutic gains in timely ways)
• Evaluate treatment effectiveness (to ensure that treatment produces changes that matter to clients and other stakeholders, such as the court system)
Attachment-Based Interventions

Trust-Based Relational Intervention (TBRI)
Introduction:  https://www.youtube.com/watch?v=T43zJDgTNPA

Circle of Security
https://www.youtube.com/watch?v=TMmuHYpNhMI

Theraplay
https://www.youtube.com/user/TheraplayIn

Components of TF-CBT (PRACTICE)

Psychoeducation about child trauma and trauma reminders
Parenting component including parenting skills
Relaxation skills individualized to youth and parent
Affective modulation skills tailored to youth, family and culture
Cognitive coping: connecting thoughts, feelings and behaviors
Trauma narrative and processing
In vivo mastery of trauma reminders
Conjoint youth-parent sessions
Enhancing safety and future developmental trajectory
Traumatic grief components

Neurobiological Interventions

• The Neurosequential Model
• Perry – The Child Trauma Academy

Resources:
http://childtrauma.org/cta-library/interventions/

Good Video for Parents: Trauma, Brain & Relationship: Helping Children Heal
https://www.youtube.com/watch?v=JvEEIMMMb0

Gil – Intervening in Posttraumatic Play
https://www.youtube.com/watch?v=ZzvO_PcfaVg

Ways that the rigid trajectory of play can be disrupted

• Verbalizing descriptive statements – this may cause a shift in the play
• Asking children to give characters a voice – might cause child to reflect on how the characters think or feel
• Changing the sequence of play – ask the child to start a midpoint to break the pattern of the narrative
• Requesting physical movement or breathing – arm movements or deep breaths may help with dissociation or rigidity
More directive ways to interrupt posttraumatic play

- Video recording – can provide distance and make children feel safe
- Reflective mirrors – sometimes children focus on the reflection to gain distance
- Story boards – increases insight and shows sequence – also helps with distance

Paris Goodyear-Brown
Flexibly Sequential Prescriptive Play Therapy

Key concepts for treating traumatized children

- Psychosomatic symptoms
- The portals for therapeutic learning
- Follow the child's need
- Kinesthetic involvement
- The dyadic dance: towards and away from the trauma content
- Identifying and handling post-traumatic play

Titrating the dose of exposure

- Sometimes kids need an abrupt shift in activity when they have pushed all the way up to their limit
- The play therapy environment should have lots of options
- The therapist has to look for cues to determine how much a child can handle and then allow them to back away from the trauma

Commonalities in current trauma treatments

- Safety
- Stabilization
- Affect regulation
- Addressing cognitive distortions
- Some form of exposure
Components of FSPT

- Enhancing Safety and Security
- Assessment & Augmentation of Coping
- Soothing the Physiology
- Increasing Emotional Literacy
- Play-Based Gradual Exposure
- Addressing the Thought Life
- Making Positive Meaning of the Post-Trauma Self

References