


Play-Based Trauma Interventions for Sexual Abuse Treatment



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Learning Objectives



- Describe 8 play-based interventions to utilize in clinical practice with sexually abused children & adolescents
- Describe areas of clinical need for children & adolescents who have been victims of childhood sexual abuse
- Discuss advantages & limitations of using play-based interventions in clinical practice with sexually abused children & adolescents

Let's Break the Ice!



Categories

- Blue: Something I like
- Red: Something I don't like
- Green: Myself/family/friends
- Gold: Hope/dream/goal
- Silver: Ask a question
- ☺: Free Choice



Ice Breaker

- Purpose: Engagement & assessment
- Materials: Don't Break the Ice™ (Milton Bradley), stickers
- Modality: Individual, group, family
- Age Range: 5 years – 18 years



Core Components of



Trauma-Focused Interventions

Core Curriculum on Childhood Trauma

- Enhance practitioners' understanding of traumatic experiences
- Increase practitioners' ability to provide effective, individually tailored services
- Core concepts
- Core components
- Core skills



(National Child Traumatic Stress Network, 2014)

Core Components

- Many treatment protocols have evidence for being efficacious with traumatized children
- Age-appropriate treatment approaches for traumatized youth are available
- These protocols share many core components
- These components serve as treatment targets for traumatized youth



(National Child Traumatic Stress Network, 2014)

Core Components

- Screening & triage
- Systematic assessment, case conceptualization, & treatment planning
- Psycho-education
- Addressing children & families' traumatic stress reactions & experiences
- Trauma narration & organization



(National Child Traumatic Stress Network, 2014)

Core Components

- Enhancing emotional regulation & anxiety management skills
- Facilitating adaptive coping & maintaining adaptive routines
- Parenting skills & behavior management
- Promoting adaptive developmental progression
- Addressing grief & loss



(National Child Traumatic Stress Network, 2014)

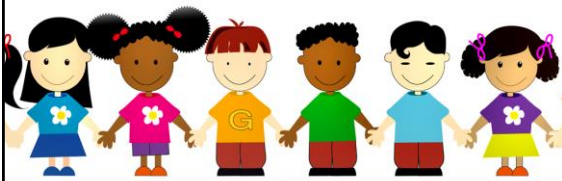
Core Components


- Promoting safety skills
- Relapse prevention
- Evaluation of treatment response & effectiveness
- Engagement/addressing barriers to service-seeking



(National Child Traumatic Stress Network, 2014)

Treatment Planning





Making a List & Checking it Twice

Purpose: Collaboratively assess & rank therapeutic needs


Materials: Index cards

Modality: Individual

Age Range: 7 years – 18 years

Emotional Regulation





Revealing Your Feelings


Purpose: Facilitate emotional expression

Materials: Crayola Switcher™ markers, paper


Modality: Individual, group, family

Age Range: 5 years – 18 years

Adaptive Coping



Positive & Negative Thinking



Purpose: Differentiate between adaptive & maladaptive cognitions


Materials: Index cards, paper, marker, tape

Modality: Individual, group, family

Age Range: 8 years – 18 years

Trauma Narration & Organization






Twisted Thinking

Purpose: Reframe distorted cognitions of guilt, blame, & responsibility

Materials: Twister®, tape, circle cutter, colored cardstock

Modality: Individual, group, family

Age Range: 8 years – 18 years




It's not that Simple

Purpose: Normalize obstacles to disclosure

Materials: Plah-doh, small magnet, large magnet

Modality: Individual, group, family

Age Range: 8 years – 18 years



Unpacking My Baggage

Purpose: Process traumatic experiences

Materials: Paper bag, index cards, drawing material

Modality: Individual

Age Range: 5 years – 18 years

Unpacking My Baggage

- My feelings about it
- My thoughts about it
- Why it happened
- What does it mean
- My memories about it



Safety Skills



Who, What, Where, & When

Purpose: Increase personal safety skills

Materials: Paper, tape, marker

Modality: Individual, group, family

Age Range: 6 years – 11 years



Termination



From Start to Finish

Purpose: Facilitate termination by reviewing & acknowledging therapeutic growth

Materials: Paper, scissors, drawing materials

Modality: Individual, group, family

Age Range: 6 years – 18 years



Advantages & Limitations



Advantages of Directive Interventions

- Consistent with components of ESTs and best practice parameters
- Emphasize skill-building with repetition
- Can target specific areas of change



Advantages of Directive Interventions

- Easy to incorporate into practice
- Conforms to time limitations imposed on treatment
- Provide concrete examples of therapeutic work for parents/caregivers



Disadvantages of Directive Interventions

- Relational limitations
- Less expressive, sensory elements
- Inappropriate pacing may be iatrogenic
- Risk of haphazard application
- Not operating from 1 theoretical orientation



Additional Considerations



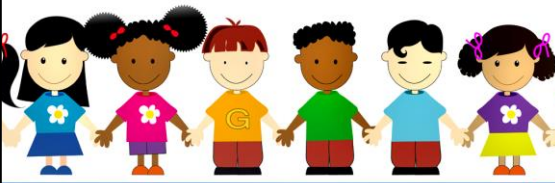
A row of six diverse children holding hands. From left to right: a girl with black hair in a blue dress, a girl with dark skin and braids in a pink shirt, a boy with red hair in an orange shirt with a 'G', a boy with dark skin in a green shirt, a boy with black hair in a light blue shirt, and a girl with dark hair in a purple shirt and yellow skirt.

Questions & Answers



A row of six diverse children holding hands. From left to right: a girl with black hair in a blue dress, a girl with dark skin and braids in a pink shirt, a boy with red hair in an orange shirt with a 'G', a boy with dark skin in a green shirt, a boy with black hair in a light blue shirt, and a girl with dark hair in a purple shirt and yellow skirt.

Closing Remarks



A row of six diverse children holding hands. From left to right: a girl with black hair in a blue dress, a girl with dark skin and braids in a pink shirt, a boy with red hair in an orange shirt with a 'G', a boy with dark skin in a green shirt, a boy with black hair in a light blue shirt, and a girl with dark hair in a purple shirt and yellow skirt.



Play-Based Trauma Interventions for Sexual Abuse Treatment

Core Components of Trauma-Focused Interventions (*National Child Traumatic Stress Network, 2013*)

- Screening & triage
- Systematic assessment, case conceptualization, & treatment planning
- Psychoeducation
- Addressing children & families' traumatic stress reactions & experiences
- Trauma narration & organization
- Enhancing emotional regulation & anxiety management skills
- Facilitating adaptive coping & maintaining adaptive routines
- Parenting skills & behavior management
- Promoting adaptive developmental progression
- Addressing grief & loss
- Promoting safety skills
- Relapse prevention
- Evaluation of treatment response & effectiveness
- Engagement/addressing barriers to service-seeking

Ice Breaker: This getting-to-know-you activity is a modified version of the board game Don't Break the Ice™ (Milton Bradley). Players share information about themselves based on the color of sticker located on the underside of the ice cube in the game.

Making a List & Checking It Twice: The client and therapist create a ranked list of issues to be addressed in treatment.

Revealing Your Feelings: Players take turns coloring in shapes with Crayola Switcher Markers™, revealing the feeling word written inside the shape.

Positive & Negative Thinking: Index cards with positive and negative cognitions are selected by players, read out loud, and categorized as a positive thought or a negative thought.

Twisted Thinking: This cognitive-behavioral technique uses the game Twister™ (Milton Bradley) as a format for identifying and reframing distorted cognitions of guilt, blame, and responsibility for sexual abuse. Common distorted cognitions of guilt, blame, and responsibility are reframed during the course of play.

It's Not That Simple: This intervention acknowledges and explores the dynamic of secrecy inherent in sexual abuse and normalizes obstacles to disclosure. A small magnet represents the child, a large magnet represents help, and Play-Doh® represents obstacles to disclosure.

Unpacking My Baggage: Players take turns selecting colored index cards and processing aspects of traumatic/abusive events based upon the color of the card selected (e.g. emotions, thoughts, causality, meaning, memories).

Who, What, Where, & When: To differentiate between appropriate situations to discuss sexual abuse, players take turns selecting index cards with different scenarios written on them & deciding if the scenario is a time to talk about the sexual abuse or wait.

From Start to Finish: A chain of paper people is created to represent the client's therapeutic growth.

Distorted Cognitions and Reframes for "Twisted Thinking"

- I should have told sooner.
I didn't tell sooner because I was scared and confused.
- I should have said "no."
I couldn't say "no" because the abuser was someone I trusted.
- It's my fault because I kept the abuse a secret.
I kept the abuse a secret because I was worried what would happen if I told.
- It is my fault because my family is upset with me.
People can have their own feelings. It's not my fault if people are upset.
- It's my fault because I knew no one was supposed to touch my private parts.
Even if I knew my private parts weren't supposed to be touched, I couldn't stop the sexual abuse because I was scared and didn't know what to do.
- It's my fault my family broke up after I told about the sexual abuse.
My family broke up because the abuser hurt me and committed a crime.
- It's my fault because I shouldn't have trusted the abuser.
I was tricked into trusting the abuser.
- I feel guilty because the abuser got in trouble after I told.
The abuser got into trouble because they committed a crime, not because I told.
- I think it's my fault because I touched the abuser too.
I was tricked into touching the abuser.
- I think the abuse is my fault because I didn't tell the abuser to stop.
I didn't tell the abuser to stop because I was being tricked into going along with the sexual abuse.
- I think the sexual abuse is my fault because I am a bad kid.
Nobody deserves to be sexually abused because of the way they act. I am important and deserve to be taken care of.
- It is my fault because sometimes my body felt good when it was being touched.
Some parts of my body are supposed to feel good when they are touched. That doesn't mean the sexual abuse is my fault.
- I think the abuse is my fault because I took gifts and treats from the abuser.
The abuser tricked me by giving me gifts and treats so I would keep the sexual abuse a secret.
- I made the sexual abuse happen because I wore sexy clothes.
Nothing I wore caused the sexual abuse. The abuser is the one who caused the abuse.
- I think the abuse is my fault because I liked being treated special by the abuser.
I deserve to be treated special. Treating me special did not give the abuser the right to hurt me.
- I think the abuse is my fault because I had to go to a foster home after I told.
I had to go to a foster home to keep me safe, not because I did something wrong.

Note: The activity "Guilt Trip" from Paper Dolls and Paper Airplanes (Crisci, Lay, & Lowenstein, 1998) served as a guide to develop the distorted cognitions and corresponding reframes for the intervention "Twisted Thinking."

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