

**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



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**Let's Break the Ice!**



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### 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



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### Ice Breaker

Purpose: Engagement & assessment

Materials: Don't Break the Ice™ (Milton Bradley), stickers

Modality: Individual, group, family

Age Range: 5 years – 18 years



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### Core Components of



### Trauma-Focused Interventions

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### 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)*

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### 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)*

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### 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)*

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### 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)*

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### Core Components

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



*(National Child Traumatic Stress Network, 2014)*

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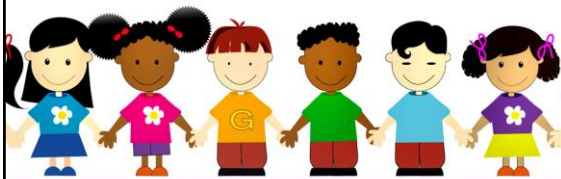
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### Treatment Planning



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### Making a List & Checking it Twice

Purpose: Collaboratively assess & rank therapeutic needs

Materials: Index cards

Modality: Individual

Age Range: 7 years – 18 years

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### Emotional Regulation



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### Revealing Your Feelings

Purpose: Facilitate emotional expression

Materials: Crayola Switcher™ markers, paper

Modality: Individual, group, family

Age Range: 5 years – 18 years

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## Adaptive Coping



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## 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

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## Trauma Narration & Organization



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### 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

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### 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

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### Unpacking My Baggage

Purpose: Process traumatic experiences

Materials: Paper bag, index cards, drawing material

Modality: Individual

Age Range: 5 years – 18 years

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## Unpacking My Baggage

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



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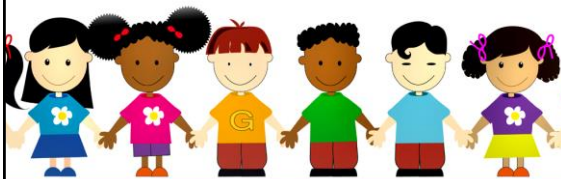
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## Safety Skills



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## Who, What, Where, & When

Purpose: Increase personal safety skills

Materials: Paper, tape, marker

Modality: Individual, group, family

Age Range: 6 years – 11 years



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## Termination



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### 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

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## Advantages & Limitations



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### Advantages of Directive Interventions

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



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### 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



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### 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



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### Additional Considerations



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

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### Questions & Answers



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

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### Closing Remarks



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

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## **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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