Play Therapy + Trauma Focused Cognitive Behavioral Therapy = Successful Trauma Resolution

Presented by:
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Objectives

• **1.** Review basic principles of Trauma Focused Cognitive Behavioral Therapy and Play Therapy

• **2.** Participants will learn about the ACE Study and how it relates to early trauma and brain development; research supporting Play Therapy and brain development to reduce symptoms of trauma

• **3.** Participants will learn integration of these two models through practical application of techniques using the PRACTICE Model
A Strategy to Help

- Psychoeducation
- Stress Management
- Affect Expression and Modulation
- Cognitive Coping
- Creating the Trauma Narrative
- Cognitive Processing
- Parent-Child Sessions
- Behavior Management Training
- Evaluation

TF-CBTWeb
A web-based learning course for
Trauma-Focused Cognitive-Behavioral Therapy

Contact Us
Trauma Focused Cognitive Behavior Therapy

• Founders are Judith Cohen, Anthony Mannarino and Esther Deblinger
• In 2006 published first book Treating Trauma and Traumatic Grief in Children
• TF-CBT is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events.
• It is a components-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques.
• Children and parents learn new skills to help process thoughts and feelings related to traumatic life events; manage and resolve distressing thoughts, feelings, and behaviors related traumatic life events; and enhance safety, growth, parenting skills, and family communication.
Facts about TF-CBT Model of Practice

• TF-CBT is designed to be a relatively short-term treatment, typically lasting 12 to 16 sessions. Over 80 percent of traumatized children who receive TF-CBT experience significant improvement after 12 to 16 weeks of treatment.

• Treatment may be provided for longer periods depending upon individual child and family needs.

• TF-CBT can be used as part of a larger treatment plan for children with complex difficulties.
Why Use TF-CBT

• TF-CBT is best delivered by creative, resourceful therapists who have developed close therapeutic alliances with their clients.

• This treatment is designed to be provided in a flexible and developmentally appropriate manner to address the unique needs of each child and family.
Does TF-CBT Work?

• Trauma-Focused Cognitive-Behavioral therapy is the most well-supported and effective treatment for children who have been abused and traumatized. Multiple clinical research studies consistently have found it to help children with PTSD and other trauma-related problems, and it has been rated a **Model Program** and **Best Practice** for use with abused and traumatized children. TF-CBT currently is being used successfully in community service agencies across the country.

• TF-CBT has proven to be effective in addressing posttraumatic stress disorder, depression, anxiety, externalizing behaviors, sexualized behaviors, feelings of shame, and mistrust. The parental component increases the positive effects for children by reducing parents' own levels of depression and emotional distress about their children's abuse and improving parenting practices and support of their child.
Cognitive-Behavior Play Therapy & Traditional Play Therapy—Similarities

• Therapeutic relationship—Establish contact with child, engage, engender trust. Multiple studies in neuroscience have documented improved treatment outcome are based on this (Lambert and Barley, 2001, Shirk, Karver and Brown, 2011).

• Communication via Play—Play is the treatment modality as well as means which client and therapist communicate.

• Therapy is a safe place and provides child with sense of security and safety

• Obtain clues to understanding child: how views self and others, conflicts and fantasies and problem solving approaches.
Crenshaw-Mordock Model toward implementing TF-CBT using Play Therapy

A Decision Grid for Play Therapy

Coping Track

Child with Weak Ego Resources
- Coping Approach
- Psychoeducation
- Focusing on Developing Coping Skills
- Building Defenses and Teaching Pro-Social Skills

Invitational Track

Child with Strong Ego Resources
- Invitational Approach
- Relationship Building
- Focusing on Resources and Safety
- Gradually Confronting Trauma

Orientation to a Positive Future
Basic CBT encourages use of coping model to teach protective skills until an appropriate time is identified to process trauma.

Therapist must decide if the client has significant ego strength to begin trauma processing without causing dysregulation or regression that may affect ability to function in school, home, and/or social situations.

Can move from coping to invitational using clinical judgement.
Components of FSPT

Flexibly Sequential Play Therapy for Trauma Treatment

Flexibly Sequential Play Therapy (FSPT)
A components model for play-based trauma treatment.

- Enhancing Safety and Security
- Assessment and 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
- Relaxation and Stress Management
- Parents as Soothing Partners
- Continuum of Disclosure
- Experiential Mastery Play
- Trauma Narrative
Why consider Prescriptive Approach

• Combines elements of directive and non-directive approach to Play therapy, as well as CBT.

• Focuses on Importance of Therapeutic relationship which is stressed in all approaches in play therapy and supported by brain based research studies.

• Allows for empirically based research and use of assessment tools and measures to look at efficacy of treatment.

• Allows for parent training and participation in therapy leading to improved outcomes.

• It takes in developmental and age related considerations.

• Provides a model-guide book to treatment which can be tailored to individual client needs.
TF - CBT Essential Components Practice Model

Theoretical Basis: Cognitive Behavioral, family empowerment
Establishing and maintaining therapeutic relationship with child and parent

P - Psychoeducation about childhood trauma and PTSD
Parenting component including parent management skills

R - Relaxation skill individualized to the child and parent

A - Affective modulation skills adapted to child, family and culture

C - Cognitive coping: correcting thoughts, feelings and behaviors related to trauma

T - Trauma narrative: assisting the child in sharing a verbal, written, or artistic narrative about the trauma(s) and related experiences, and cognitive and affective processing of the trauma experiences

I - In vivo exposure and mastery of trauma reminders if appropriate

C - Conjoint parent-child sessions to practice skills and enhance trauma related discussions

E - Enhancing future personal safety and enhancing optimal developmental trajectory through providing safety and social skills training as needed.
The Andrew Example
Indications for Play Therapy

Do you know a child/person who:

• Is not realizing its full potential academically or socially?
• Has nightmares or has disturbed sleep?
• Is at risk of being/is excluded from school?
• Has suffered trauma?
• Has suffered emotional, physical, or sexual abuse?
• Is (or in the process of being) adopted or fostered?
• Is withdrawn or continually unhappy?
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• Bullies others or is bullied themselves?
• Displays inappropriate behavior?
• Does not play?
• Suffers because of separated/divorced parents?
• Suffers from anxiety, stress or phobias?
• Has suffered a loss or bereavement of any kind?
• Is ill, disabled, or autistic?
Defining Play Therapy

• Noun: A form of psychotherapy used chiefly with children, in which patients act out situations in play that are expressive of their emotional problems, conflicts, etc.

• APT defines play therapy as "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development."
Founders of Play Therapy & Approaches

Founders:
• Virginia Axline
• Violet Oaklander

Current Leaders:
• Gary Landreth
• Louise Guerney
• Daniel Sweeney
• Linda Homeyer
• Charles Schaefer
• Kevin O’Connor
• David Crenshaw
• Susan Knell
• Paris Goodyear Brown

Major Approaches:
• Non-directive Play Therapy
  Child-Centered Play Therapy
• Directive Play Therapy
  Cognitive Behavioral Play Therapy
• Prescriptive Approach
  * A skilled practitioner will adopt a mix of all approaches according to the circumstances
Who Benefits from Play Therapy?

• Play therapy is effective in treating trauma experienced at any age.
• Play therapy is especially appropriate for children ages 3-12 years old.
• Teenagers and adults have also benefited from play therapy techniques and recreational processes.
• Families are able to connect and develop a better understanding of one another and develop alternatives and solutions for dysfunctional communication and interaction patterns.
• In recent years Play Therapy interventions have also been applied to infants, toddlers, and adults within mental health, agency, and other healthcare contexts.
How does Play Therapy Work?

• **Play therapy** is utilized to help children cope with difficult emotions and find solutions to problems (Moustakas, 1997; Reddy, Files-Hall, & Schaefer, 2005).

• By confronting problems in the clinical Play Therapy setting, children find healthier solutions. In the safety of the setting they are able to release the trauma narrative and pair new thinking with new actions.

• Play therapy allows children to change the way they think about, feel toward, and resolve their concerns (Kaugars & Russ, 2001).

• Even the most troubling problems can be confronted in play therapy and lasting resolutions can be discovered, rehearsed, mastered and adapted into lifelong strategies (Russ, 2004).
Why does Play Therapy Work?

Play Stimulates Behavior Changes Through the Brain

• Play Therapy **facilitates safety** in the environment and relationship which allows the brain to explore and learn. In the presence of fear or toxic stress learning capacities are blocked to engage survival tactics. In the presence of play, the brain can learn, enjoy and achieve mastery.

• Play fosters the **development** of an area of the brain called the **orbital frontal cortex** and its linkages to other parts of the brain play a **large role** in decision making.

• **Play builds** needed **neuronal connections** that influence memory, learning, emotional regulation, and social intelligence.

• Engaging in play improves brain function and prevents behavior from becoming fixed **increasing** ability to **adapt to change**.
HOW CHILDREN DEVELOP
SKILLS THROUGH PLAY

01
A child is naturally curious.

02
The child’s curiosity drives them to explore through play.

03
As a child explores through play they discover new things and learn.

04
The child finds learning and exploring fun!

05
A child likes to repeat activities that are fun.

06
Repeating fun play activities helps a child to achieve mastery of their skills.

07
A child who is mastering new skills feels confident!

08
A confident child feels capable of attempting their next challenge.

Adapted from "Curiosity, Pleasure and Play: A Neurodevelopmental Perspective" written by Perry, Hogan and Marlin (2000)
Important Facts about Brain Development

• Secure and safe emotional attachment is vital for the growth and development of a child’s brain.

• Problem solving is considered one of the best ways to support brain development.

• The brain develops in a sequential fashion. Must address problems at developmental level that problem occurred.

• The brain cannot learn or problem solve in the presence of fear or threat.

• Unpredictable stress leads to increased sensitization and trauma symptoms.

• Emotional development ceases at point of traumatic stress = emotional/thought/behavioral reaction patterns will be repeated from that emotional/developmental stage.
Play Therapy and the Brain...

• While adverse experiences may negatively alter the functional ability of the developing brain, it is also clear that therapeutic experiences can change the brain in ways that heal and restore healthy functioning (Perry & Hambrick, 2008). The crucial assumption here is that therapeutic interventions must be able to impact the brain at the level of the disorganizing trauma.

• Matching the neurodevelopmentally appropriate therapeutic activities to the specific brain region affected, in a patterned, repetitive process is the key to successful treatment for maltreated or traumatized child (Perry and Hambrick, 2008).

• Since brain regions respond to specific types of sensory input (Miranda, Arthur, Mahoney, & Perry, 1998; Perry & Pollard, 1998), intervention strategies must be matched to the brain region affected both in sensory input and the developmental level of the child at the time of the insult.
Neuroscience and Play Therapy

• Trauma creates neural pathways that keep the brain in a constant state of hyperarousal. The neuroscience of play based interventions directly works to counteract a revved up nervous system and supports the development of healthy, meaningful connections, and long-lasting coping responses.

• Play is not only the child’s language, but the brain’s language, in forming vital neural connections that strengthen resilience when playing.

• Play therapy is a way of untangling brain pathways that are causing distress, and that it directly helps the creation of healthy new connections.

• Repetitive body conditioning happens during play – which is exactly what is needed for self-regulation.

• Play is an essential component of our existence. This is true for adults and children alike. The neuroscience of trauma and play fits well with all play therapy approaches and is not only respectful of the various processes, but it enhances them.
Facing Trauma through Play Therapy

- Children project their feelings and experiences onto toys creating a psychological distance from which to explore traumatic material.
- Play therapy allows the child to externalize their story where it can then be better understood and reworked therapeutically creating a sense of mastery.
- Play therapy is a therapeutic approach which provides an opportunity for children to play out feelings and problems using toys to symbolically represent their inner and outer worlds.
- Play is a child's natural language and way of making sense of their experiences. Through the use of play the therapist can enter the child's world and communicate with the child at his or her level.
Trauma Revisited

• Child/Person can revisit the trauma in safety
• Begin to understand past trauma
• How it impacts current behavior
• Child/Person puts words with it and is able to integrate it instead of acting it out in behaviors
In Play Therapy the Traumatized Child Learns:

- That the world can be safe consistent and predictable
- That feeling both positive and negative are acceptable
- To trust and attach to other people
- That they are not defined by their trauma
- To be creative and resourceful in confronting problems
- Develop a greater capacity to cope
- To experience behaviors and feeling of control/mastery
- To develop an internal source of evaluation
- To be more self directed responsible and autonomous
- To develop and enhance sense of self and become more self accepting.
Major Therapeutic Powers of Play

- Facilitates communication
- Self-Expression
- Access to the unconscious
- Direct teaching
- Indirect teaching
- Fosters emotional wellness
- Catharsis
- Abreaction
- Positive emotions
- Counterconditioning of fear
- Stress inoculations
- Stress management
- Enhances social relationships
- Therapeutic relationships
- Attachment
- Social competency
- Empathy
- Increases personal strength
- Creative problem solving
- Resiliency
- Moral development
- Accelerated psychological development
- Self regulation
- Self esteem
During Play Therapy, we are looking for themes...

- Nurturance
- Abuse
- Alienation
- Confusion
- Attachment
- Abandonment
- Parenting problems
- Existential issues
- Angst
- Identity
- Ego dystonic/syntonic
- Trauma
- Anger
- Defiance
- Substance abuse
- Authority issues
- Adjustment problems
- Grief
- Reactive attachment
- Sensory integration
- Rigid responses
- Idiosyncratic to the person
Outcomes of Play Therapy

Play Therapy Helps Children:

• Become more responsible for behaviors and develop more successful strategies.
• Develop new and creative solutions to problems.
• Develop respect and acceptance of self and others.
• Learn to experience and express emotion.
• Cultivate empathy and respect for thoughts and feelings of others.
• Learn new social skills and relational skills with family.
• Develop self-efficacy and thus a better assuredness about their abilities.
ACT Model by Gary Landreth

- **A- Acknowledge** – Acknowledge what you see/hear. “I know you want to hit me with that ball.”

- **C- Confront** – Confront with the rule. “I am/people are not for hitting.”

- **T- Target** – Target behavior. “You can hit...; You can target...; You can throw it over there.”
Examples of a Play Room
### Non-Directive Play Therapy & Trauma Focused- Cognitive Behavior Therapy

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<td>Interpretations/Connections not made by therapist unless child introduces first. Therapist communicates unconditional acceptance not interpretations.</td>
<td>Interpretations/Connections introduced by therapist. Therapist brings conflict into verbal expression for the child.</td>
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<td>Praise should not used by therapist. Praise communicates that the therapist does not accept child but wants them to be a certain way.</td>
<td>Praise is a crucial component. Praise communicates to child which behaviors are appropriate and reinforces.</td>
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The ACE Study

The Adverse Childhood Experiences Study

Provides unequivocal evidence that abuse & neglect have a predictable effect on physical health in middle age.
ACE Study

- Adverse childhood experiences
- Mentally ill parent?
- Addicted parent?
- Incarcerated Parent?
- Separated/ Divorced Parents?
- Domestic violence/ sexual abuse? (witness or victim)
- Poverty?
- Humiliation?
Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
The ACE Study

Key Finding:

The more adverse experiences in childhood, the more likely the person is to develop mental and physical problems later in life. The earlier we can intervene, the better.

For more information join the ACEs Connection:

www.acesconnection.com
Pretests and Post-tests to Measure Change

- Pediatric Symptom Checklist-parent/teacher and child,
- Vanderbilt ADHD Diagnostic teacher/parent/child rating scales
- [WWW.brightfutures.org](http://WWW.brightfutures.org)
- UCLA-PTSD Reaction Index for Children
- Center for Epidemiologic Studies Depression Scale (CED-S) [www.depression-help-resource.com](http://www.depression-help-resource.com)
- Daily sleep Diary-From Sleep researchcenter
- Beck Depression Inventory-II (BDI-II)
Psycho-Education

• Books that Work-Will be available at tables after workshop
• NCTSN-Parent and Child Resources-Create a parent educational Book, copy information from TF-CBT workbook.
• Association for Play Therapy-Website, brochures, research studies.
• National Center for PTSD-Veteran’s Administration
TECHNIQUES for Integration, Relaxation and Meditation

• **Deep breathing** for different age groups (Prescriptive)
  The Pinwheel; Simon Says; The Cup; chocolate chip cookie breathing.

• **Sand Tray Play Therapy:** (Non-Directive or Directive)

• **Mandalas:** Use a circle as the surface area to be covered, by markers, crayons, multimedia. Using lines, shapes and colors, describe how you feel now, in the circle.

• **Solution Squeeze/Stress Balls:** (Prescriptive): Using a balloon, fill with flour, sand, or hair gel, creating a ball to be kneaded and squeezed as needed.

• **Meditation and visualization:** --- Apps: mediationoasis, buddhify, sleepfulness

• **Calm Down Balloon:** (Prescriptive): Balloon, beads, breath

• **Power Stick:** (Prescriptive)

• **The Sense-Able Sack:** Sensory integration for all age/emotional stages (Prescriptive, helps with grounding) Prepare a sack using items that will appeal to sight, sound, taste, touch and smell.
Power Stick

Directions:

• Leaving about 6 inches of string, twine or rope hanging off one end of the stick tape the end of the rope that is on the stick. Wrap the stick with rope, string or twine around the stick to the other end. (easiest way is to turn the stick and let yarn or twine twist around stick) do not cut end of string or yarn off.

• Take a piece of tape and tape around the end of stick making sure to go over end of yarn or string so it will not unravel leaving about 6 inches of string at both ends and cut. Add beads. Tie the ends to hold beads on.

• With extra thread, you may also thread beads on a string or thread and wrap around your power stick.

• Use your imagination to decorate the stick by using yarn, twine or rope, decorating with beads, glitter, feathers, paint, etc.
Affect Modulation

• On Monday When It Rained-Kachenmeister and Berthiaume
• Proud of my Feelings-Leghorn
• Feeling Playing Cards, Feelings Flash Cards
• Color My World
• Cognitive Behavior Triangle-Event-Thought-Feeling-Behavior
• Positive Mantra/Self Talk
• Problem Solving
The Lizard and the Wizard

The brain is organized in a hierarchical fashion, such that all incoming sensory input first enters the lower part of the brain.

Important to pair cognitive/language (upper brain) and experiential/affective (lower brain) interventions.
**ACT** on Embracing the Lizard!

- **Acknowledge:** There’s that lizard again; When the lizard feels.... I know where that goes (fight/flight, freeze) ... **BREATHE**

- **Acknowledge:** The lizard needs safety; Begin to embrace the lizard .... **BREATHE**

- **Confront:** I am safe now

- **Confront:** I act on purpose/not on the problem.... **BREATHE**

- **Target:** The wizard/My goal/purpose is .......... **BREATHE**

- **Target:** The wizard/I act on ...... **BREATHE**
Cognitive Coping

• Correcting Distortions-Blame Pie
• Progressive Logical Questioning-I am afraid to......
• Radio Talk Show- Therapist asks questions in regard to trauma, safety, what others would like to know
Activity

• Calm Down Balloon
• Solution Squeeze
References


• Medical University of South Carolina-Project Best Fact Sheet.
Presentation 2
Developmental Example
Indications for Play Therapy/TF-CBT
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- Is not realizing its full potential academically or socially?
- Has nightmares or has disturbed sleep?
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• Humiliation?
Childhood Experiences Underlie Chronic Depression

% With a Lifetime History of Depression

ACE Score

0 1 2 3 >=4

Women
Men
Childhood Sexual Abuse and the Number of Unexplained Symptoms

Number of Symptoms:
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

Percent Abused (%)
- 0
- 5
- 10
- 15
- 20
- 25
- 30
- 35
- 40
- 45

History of Childhood Sexual Abuse
Adverse Childhood Experiences vs. Smoking as an Adult

ACE Score

%
ACE Score vs Intravenous Drug Use

% Have Injected Drugs

ACE Score

p<0.001
Childhood Experiences vs. Adult Alcoholism

- ACE Score 0: 0%
- ACE Score 1: 1%
- ACE Score 2: 2%
- ACE Score 3: 3%
- ACE Score 4+: 4%

% Alcoholic
ACE Score vs. COPD

<table>
<thead>
<tr>
<th>COPD</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent With Problem</td>
<td>0%</td>
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• Unpredictable stress leads to increased sensitization and trauma symptoms.

• Emotional development ceases at point of traumatic stress = emotional/thought/behavioral reaction patterns will be repeated from that emotional/developmental stage.
How does Trauma Effect the Brain?

• **Attachment**: Trouble with relationships, boundaries, empathy, and social isolation

• **Physical Health**: Impaired sensorimotor development, coordination problems, increased medical problems, and somatic symptoms

• **Emotional Regulation**: Difficulty identifying or labeling feelings and communicating needs

• **Dissociation**: Altered states of consciousness, amnesia, impaired memory

• **Cognitive Ability**: Problems with focus, learning, processing new information, language development, planning and orientation to time and space

• **Self-Concept**: Lack of consistent sense of self, body image issues, low self-esteem, shame and guilt

• **Behavioral Control**: Difficulty controlling impulses, oppositional behavior, aggression, disrupted sleep and eating patterns, trauma re-enactment.
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<td>Interpretations/Connections not made by therapist unless child introduces first. Therapist communicates unconditional acceptance not interpretations.</td>
<td>Interpretations/Connections introduced by therapist. Therapist brings conflict into verbal expression for the child.</td>
</tr>
<tr>
<td>Praise should not used by therapist. Praise communicates that the therapist does not accept child but wants them to be a certain way.</td>
<td>Praise is a crucial component. Praise communicates to child which behaviors are appropriate and reinforces.</td>
</tr>
</tbody>
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Trauma Focused Cognitive Behavior Therapy

• Founders are Judith Cohen, Anthony Mannarino and Esther Deblinger
• In 2006 published first book Treating Trauma and Traumatic Grief in Children
• TF-CBT is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events.
• It is a components-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques.
• Children and parents learn new skills to help process thoughts and feelings related to traumatic life events; manage and resolve distressing thoughts, feelings, and behaviors related traumatic life events; and enhance safety, growth, parenting skills, and family communication.
Facts about TF-CBT Model of Practice

• TF-CBT is designed to be a relatively short-term treatment, typically lasting 12 to 16 sessions. Over 80 percent of traumatized children who receive TF-CBT experience significant improvement after 12 to 16 weeks of treatment.

• Treatment may be provided for longer periods depending upon individual child and family needs.

• TF-CBT can be used as part of a larger treatment plan for children with complex difficulties.
Does TF-CBT Work?

• Trauma-Focused Cognitive-Behavioral therapy is the most well-supported and effective treatment for children who have been abused and traumatized. Multiple clinical research studies consistently have found it to help children with PTSD and other trauma-related problems, and it has been rated a Model Program and Best Practice for use with abused and traumatized children. TF-CBT currently is being used successfully in community service agencies across the country.

• TF-CBT has proven to be effective in addressing posttraumatic stress disorder, depression, anxiety, externalizing behaviors, sexualized behaviors, feelings of shame, and mistrust. The parental component increases the positive effects for children by reducing parents' own levels of depression and emotional distress about their children's abuse and improving parenting practices and support of their child.
TF- CBT Essential Components Practice Model

Theoretical Basis: Cognitive Behavioral, family empowerment
Establishing and maintaining therapeutic relationship with child and parent

P- Psychoeducation about childhood trauma and PTSD
   Parenting component including parent management skills
R- Relaxation skill individualized to the child and parent
A- Affective modulation skills adapted to child, family and culture
C- Cognitive coping: correcting thoughts, feelings and behaviors related to trauma
T- Trauma narrative: assisting the child in sharing a verbal, written, or artistic narrative about the trauma(s) and related experiences, and cognitive and affective processing of the trauma experiences
I- In vivo exposure and mastery of trauma reminders if appropriate
C- Conjoint parent-child sessions to practice skills and enhance trauma related discussions
E- Enhancing future personal safety and enhancing optimal developmental trajectory through providing safety and social skills training as needed.
**Trauma Narrative**

- **People** who are exposed to traumatic events have a profound need to make sense of them and survivors of trauma may require professional support to help them do so. Since survivors often find post-trauma thoughts and memories difficult to tolerate, therapy can provide a variety of techniques for coping with them on a daily basis. **Telling the trauma story is one of the most effective coping strategies for dealing with trauma-related distress.** Talking about a traumatic experience helps organize memories and feelings into a more manageable and understandable psychological ‘package’. Telling the story, or developing a trauma narrative, is a significant step in the trauma recovery process no matter what array of symptoms is present.

- The use of narratives with traumatized children is a common therapeutic technique used to help them resolve persisting symptoms of trauma and return to their usual routines. Art and play can provide opportunities to tell their stories, use the support of adults and gain mastery over their fears. Some therapists help children develop narratives through art activities such as painting, drawing and sculpture. Others use sand play, dollhouses, puppets and other toys to encourage children to tell their stories. Traumatized children may also participate in groups with age-mates who have had similar experiences, complete story books to tell and illustrate their memories, or engage in dramatic re-enactments of what they have experienced.
Why Trauma Narrative

• Helping control intrusive and upsetting trauma imagery
• Helping to reduce avoidance of cues, situations, and feelings associated with trauma exposure
• Identify unhelpful cognitions about traumatic events
• Helping the child recognize, Anticipate, and prepare for trauma reminders.

• GOAL: to break apart unpleasant associations between thoughts, reminders, or discussions of trauma from negative emotions, such as fear, horror, or helplessness and begin to create new meaning for future after trauma.

• Cohen, Mannarino, and Deblinger, 2002.
Case Example Play Therapy Trauma Narrative Work-David 8 y/o Developmentally Delayed Male
Creating Safety- Use of Reflection and Concept of Therapist as a Megaphone (Goodyear-Brown)
Example of Child Regression
Adult Trauma Narrative
Adult Trauma Narrative
Adult Trauma Narrative
Adult Trauma Narrative
Limitations/Difficulties
Creating Safety

• Identifying people who provide support and safety in environment.
• Activities to reinforce safety in different environments
  • Animal Bracelet/Necklace
  • Safety objects to label and carry
  • Create rituals for beginning and ending session

Being genuine and present with the child
• I’m here
• I hear you
• I understand
• I care
Create Your Own Narrative

• Safe/Grounding picture
• Startle
• Thwarted Intention (Fight/Flight)
• Freeze
• Body Sensations
• Self Repair
• Best Outcome
Play Therapy is successful because...

• 75% of children referred will show a positive change.

• Builds on the normal communicative and learning process of children.

• Toys are like the child’s words and play is the child’s language.

• The positive relationship between therapist and child in session can provide a corrective emotional experience.

• Play Therapy may also be used to promote cognitive development and provide insight about resolutions of inner conflicts or dysfunctional thinking in the child.
Play Therapy and the Family

- Play Therapy is implemented as a treatment of choice in mental health, school, agency, hospital, residential, and recreational settings with clients of all ages.
- Families play an important role in children’s healing processes.
- The Play Therapist will make decisions about how and when to involve some or all members of the family in the Play Therapy.
Limitations/Difficulties

• Parent Involvement—maybe absent or not willing to participate, child in foster care system
• Parent/caregiver may not be strong enough and/or traumatized also limiting involvement in trauma processing.
• Developmental considerations
References


• Medical University of South Carolina-Project Best Fact Sheet.
References


• Medical University of South Carolina-Project Best Fact Sheet.