Integrative Play Therapy for Sexually Traumatized Children & Adolescents

Practice Parameters for Children & Adolescents with PTSD (American Academy of Child and Adolescent Psychiatry, 2010)

- Routinely screen for trauma & PTSD symptoms
- Formally evaluate for PTSD as indicated
- Consider differential diagnosis
- Comprehensive treatment based upon severity & degree of impairment of PTSD
- Include interventions for comorbid psychiatric disorders
- Trauma-focused psychotherapies should be considered first-line treatment
- SSRIs can be considered
- Medications other than SSRIs may be considered
- School-based accommodations may be necessary
- Restrictive & coercive interventions are not endorsed
- School- or community-based screening for PTSD should occur if a traumatic event affects a significant number of children

Best Practices for Treatment of Complex PTSD (Cloitre, Courtois, Charuvastra, Carapezza, Stolbach, & Green, 2011)

First phase
- Patient safety
- Symptom stabilization
- Improvement in life competencies

Second phase
- Exploration of traumatic memories to reduce emotional distress
- Reappraising meaning of traumatic memories
- Integrating traumatic memories into a coherent, positive identity

Approved Interventions
- Anxiety/stress management
- Cognitive restructuring
- Bilateral stimulation
- Case management
- Education about trauma & its impact
- Emotion–focused interventions
- Interpersonal effectiveness training
- Meditation/mindfulness
- Narration of trauma memory
- Sensorimotor/movement therapies
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(Cloitre, Courtois, Charuvastra, Carapezza, Stolbach, & Green, 2011)
Core Components of Trauma-Focused Interventions (National Child Traumatic Stress Network, 2018)

- Motivational interviewing
- Risk screening
- Triage to different levels & types of intervention
- Systematic assessment, case conceptualization, & treatment planning
- Engagement/addressing barriers to service-seeking
- Psychoeducation about trauma reminders & loss reminders
- Psychoeducation about posttraumatic stress reactions & grief reactions
- Teaching emotional regulation skills
- Maintaining adaptive routines
- Parenting skills and behavior management
- Constructing a trauma narrative
- Teaching safety skills
- Advocacy on behalf of the client
- Teaching relapse prevention skills
- Monitor client progress/response during treatment
- Evaluate treatment effectiveness

Picking Up the Pieces: A precut outline of a person is cut into 5-6 pieces. A coping strategy for picking up the pieces of your life post abuse/post trauma is written on each piece of the outline. The outline is then put back together with the end result being a person-shaped image with coping self-efficacy statements.

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 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.

Don’t Lose Your Marbles: Clients identify adaptive cognitions to replace specific maladaptive cognitions.

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.

The Innocence of Childhood: (Crisci, Lay, & Lowenstein, 1998) Using a photo of the child and “Attribute Statements” reflecting innocence, this activity allows the child to understand their victim status in sexually abusive relationships.

A Mountain of Strengths: (Crenshaw, 2006) The client fills the interior of a mountain with personal strengths and talents.
**Up the Ladder**: A hierarchy of anxiety-provoking thoughts, stimuli, & triggers is created by the client to depict low, medium, and high levels of distress.

**I am so Much More**: The client designs 6 people cut-outs/figures to represent self-traits, personal roles, and goals for their future. The people cutouts are taped/glued over the identified problem.

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


ATSA (2017). Practice guidelines for assessment, treatment, and intervention with adolescents who have engaged in sexually abusive behavior. Association for the Treatment of Sexual Abusers: Beaverton, OR.


