Don’t Be a One Trick Pony: Integrating Play Therapy Techniques for Complex Trauma

Elizabeth Konrath, LPC, RPT
Heather Bryan, LPC, RPT
Who are we?

- Lizzie Konrath, LPC, RPT
  - efraserlpc@gmail.com
  - MA in Counseling from Creighton University

- Heather Bryan, LPC. RPT
  - hbryan@gilinstitute.com
  - MA in Counseling at Lesley University
Goals for Today:

* Gain knowledge of research about using an integrative approach to treating complex trauma.

* Increase understanding of the benefits and obstacles to using an integrative approach to treating complex trauma.

* Gain knowledge of several different approach/practices to play therapy.

* Determine how to form treatment plans and decide what modalities to use when with clients.

* To walk away with some new tools to utilize when working with children.

* AKA- Learn some stuff….and have fun!
Define the Terms:

**Integration:**
- A fusion of one or more theories of psychotherapy
- Has a consistent theoretical basis and standards for practice.
- Be practiced in the same way by different practitioners and applied in a similar manner to different clients.

**Eclecticism**
- Use techniques from a variety of therapies, put together to best serve an individual client.
- Approaches used for two different clients may be completely different.
- Each practitioner may have very different ways of providing treatment.
Eclectic Vs. Integrative

The eclectic approach is like having a tool kit, which contains a number of possibilities, whereas the integrative approach takes a number of pieces and fuses them together into a brand new tool.
Current Research on Integration

- Most therapists claim to be integrative (Norcross and Goldfried, 2005)
- General shift away from one-size-fits-all treatment (Norcross and Goldfried, 2005)
- Research shows no one single approach is clinically effective for all clients (Drewes, 2011, Phillips and Landreth, 1995)
- Many evidence based therapies encouraged to have integrative approach when working with children and adolescents or clients with complex trauma (Shaefer, 2003)
Current Research Regarding PLAY THERAPY

IT DEPENDS!

Benefits of Integration

✵ Organic for PTs
✵ Focuses on most relevant and specific interventions
✵ Helps address treatment goals more clearly
✵ Specifically based on clients needs, not randomly chosen or forced on client
✵ Uses techniques from evidence based/evidence informed models
✵ Culturally sensitive, more diverse population of clients
✵ Addresses a myriad of symptoms/clinical issues (attachment, acute or chronic trauma, anxiety, depression, family issues, etc)
Challenges to Integration

- “Purist” models—value specialization
- Push by insurance companies, agencies, and funding sources to use short term, specific approaches
- Expensive (trainings, Certifications)
- Overwhelming
- Time consuming
- Confusing to know what to use when
- No specific organization (which treatment, by whom, for which clients, under what circumstances?)
- Lack of evidence based play therapy models
Special Consideration: Trauma

- What is complex trauma?
- The importance of Play Therapy when addressing trauma
- “Bottom Up” approach focusing on lower parts of brain before moving to upper cognition
- Integration between right and left hemispheres of brain
- Empowerment and inner healing of client in client’s natural language
- Opportunities for mastery and repair
Key Elements of a Positive Developmental Experience: Bruce Perry

- Essential to normal development as well as to any therapy for children who have missed out on these experiences or have experienced trauma:
  - Relational (safe)
  - Relevant (developmentally matched)
  - Repetitive (patterned)
  - Rewarding (pleasure)
  - Rhythmic (resonant with neural patterns)
  - Respectful
Areas for Treatment Recommended by NCTSN

Six Core Components of intervention:

- Safety (the child feels cared for)
- self-regulation (helping child modulate arousal)
- Self-reflective: information processing (reflect)
- Traumatic experiences (resolution)
- Relational engagement (appropriate attachments)
- Positive Affect Enhancement (self-worth)
Issues of Attachment/Relational Trauma

- Impact on entire family system
- Clients’ needs for control and safety (nondirective vs. directive)
- Physical and emotional safety before can address trauma
- Must have secure relationship with therapist and a caregiver outside of therapy
Different Modalities to Integrate

- What are the modalities you use? Why?
  - Fit for the client’s needs
  - Fit for therapist’s personality
  - Consider training involved
  - Supervision
Theoretical Framework

Adjustment Disorders

Trauma Processing

Attachment

Physical and Biological needs

Remember: The MODEL is not a fix, its an AVENUE
A method of enhancing attachment, engagement, self-esteem & trust in others.

Relationship-focused treatment

Interactive, physical, engaging, & fun

Based on attachment theory; modeled on patterns of healthy parent-infant interaction that lead to secure attachment

Direct, here and now experience

Guided by the adult

Responsive, attuned, empathic, and reflective

Pre-verbal, social, right brain level

Multi-sensory

Developed by Ann Jernberg in 1969
THERAPLAY: Basic Goals

- Create secure, attuned, joyful relationship
- Increase regulation
- Create a positive change in child’s and parent’s inner working models
- Optimism, competence and long term mental health
- Empower parents to carry on at home
Observable Elements

- Parents and child in session together;
- Guide parents to interact positively with their child;
- Parent has direct experience of Theraplay.
- Attuned, empathic & reflective response to child’s needs;
- Nurturing touch;
- Focused eye contact;
- Playful Give and Take;
- Co-regulation of affect by alternating active and quiet
Theraplay Domains

- Structure
- Engagement
- Challenge
- Nurture
Theraplay Dimensions for Treatment Planning

**Structure:**
- Safety
- Organization
- Regulation

**Engagement:**
- Connection
- Attunement
- Expansion of Positive Affect

**Nurture:**
- Regulation
- Secure Base
- Worthiness

**Challenge:**
- Support exploration
- Growth and Mastery
- Competence and Confidence
Theraplay Dimensions to Plan Treatment

**Nurture**: Parents are soothing, calming, and reassuring (rocking, feeding, cuddling); Make the world feel safe, predictable, warm, secure: Safe Haven

**Challenge**: With secure base, encourage child to strive a bit, to take risks, to explore and enjoy.

**Nurture most helpful for**:
- Children who are overactive, aggressive and pseudomature;
- Parents who are dismissive, harsh, punitive or have difficulty with touch and/or displaying affection

**Challenge most helpful for**:
- Children who are withdrawn, timid or rigid;
- Parents who have inappropriate developmental expectations, are competitive
Theraplay Dimensions to Plan Treatment

**Structure**: Parents co-regulate baby physically and emotionally; Assure basic safety; are trustworthy; Set up predictable sequences of organized interaction in caregiving and play routines.

**Engagement**: Provide attuned, playful interactions that help baby regulate; Focus exclusively on baby providing sensitively timed, delightful interactions; Create strong connection and optimal arousal, joy.

**Structure most helpful for:**
- Children who are overactive, undirected, overstimulated, or who need to be in control;
- Parents who are poorly regulated or disorganized, have difficulty setting limits/being a confident leader, rely on verbal/cognitive structuring, or are over or under stimulating

**Engagement most helpful for:**
- Children who are withdrawn, avoidant of contact or too rigidly structured;
- Parents who are disengaged, preoccupied or inattentive, out of synch with the child, rely on verbal/cognitive engagement, who do not enjoy the child
“Typical” Theraplay Treatment Approach

- 25 weekly sessions (approximately)
  - Intake Interviews – Developmental History
  - Marschak Interaction Method (One session for each parent)
  - Parent Feedback and Treatment Planning (1x every 3-4 sessions)
  - First Three Treatment Session (Parents Observe)
  - Parents More Actively Participate (After 2nd feedback meeting)
  - Later Sessions Parents Actively Plan/Facilitate
  - Final Goodbye Theraplay Session w/ Child and Parents
  - Final Parent Session
  - Periodic (Quarterly) Check in Sessions (4 over next 12 months)
Extended Development Play-Based Assessment: Eliana Gil, PhD

- Assess child’s overall functioning
  - (Greenspan’s dimensions)
- Identify vulnerabilities/strengths
- Contextual/Systemic work

Utilizes play and art therapy techniques to assess a child’s functioning.
Goals of EPBDA

- Identify “symptomatic” behavior
- Assess trauma impact
- If appropriate, provide diagnosis
- List risk factors
- Provide treatment recommendations
EDPBA Techniques

• Sand Tray
• Color your feelings
• Free drawing
• Self-portrait
• Kinetic family drawing
• Family genogram
Trauma-Focused Integrative Play Therapy
Eliana Gil PhD

★ Structured integrated treatment model which encompasses the basic principles of evidence-based practices such as TF-CBT and three-phase trauma treatment model originally proposed by Dr. Judith Herman.

★ Utilizes expressive therapies to help engage children in the treatment process.

★ Combination of directive and non-directive
TF IPT Goals of Treatment

- To create an environment of safety, trust, and comfort
- To process traumatic material
- To encourage social reconnections
- To return to pre-trauma developmental functioning
TF IPT: 3 Phase Model

Phase 1: Establish Safety (sessions 1-5)

- Setting the context (orientation and demonstration of session routine)
- Build a world in the sand
- Free drawing/collage
- Color Your Feelings
- Play Genogram
- Environment Project
- Affective Scaling
- Mindfulness/Breathing
- At Home Review
TF IPT: 3 Phase Model

- Phase Two: Processing Traumatic Material (sessions 6-10)
  - Mindfulness Stress Reduction
  - Psychoeducation
  - Cognitive Triangle
  - Timeline/Color Your Life
  - Before and After I Told (Drawing, Collage or Sand tray)
  - At Home Review
TF IPT: 3 Phase Model

- Phase 3: Social Reconnection (sessions 11-12)
  - Focus on Resources (Flowers in the Vase, Shields)
  - Learning Optimism
  - At home review
  - Saying Goodbye/Graduation Celebration
Other Modalities Commonly Used in Play Therapy:

- Family play therapy
- Equine therapy
- Sand Tray
- Art/Expressive therapy
- Filial Therapy
- Trauma-Focused CBT
From Theory to Application: Bridging and Integrating
Case Study: Jayden

- Five year old Caucasian male
- referred for an EPBDA due to sexually acting out behavior and alleged sexual abuse of himself and his half sister.
- presents with the following behaviors that are of concern: extreme mood disturbances, nightmares, separation anxiety, bed wetting, increased anxiety, excessive self stimulating behaviors (frequent masturbating), startle reflex to loud noises, symptoms of childhood depression and an inappropriate knowledge of sexual behaviors for his age.
WWPTD?

★ How do you begin?
★ Break into groups to:
★ Create treatment plan
  ★ Determine what are the client’s/family’s needs
  ★ In what order you would address these needs?
★ What modalities can you use to address those needs?
Jayden’s Treatment goals:

- Identify “symptomatic” behavior, assess impact of alleged trauma, identify risk factors and provide treatment recommendations.
- Increase feelings of safety and ability to self-regulate.
- Resolution of traumatic experience
- Self-reflective
- Increase safe and appropriate attachments and positive self worth.
Timeline of Treatment

- Extended Play Based Development Assessment
- Child-centered play therapy and Integrative trauma based play therapy
- Individual counseling for Jayden’s mother
- Group counseling for Jayden’s maternal grandparents
- Theraplay
Case Study: Oliver

7 year old Hispanic male

In foster care in Guatemala until age 2; adopted by devoutly religious Mormon family

No information about prenatal care or first two years of life

Physically and sexually abused by family relative from ages 5-7

Presenting problems include: difficulty with affect regulation, running away, aggression, impulse control, sexualized behaviors, poor social skills, depression

Mother sought services to keep Oliver in her home; was also seeking RTC for him.
WWPTD?

✦ How do you begin?
✦ Break into groups to:
✦ Create treatment plan
  ✦ Determine what are the client’s/family’s needs
  ✦ In what order you would address these needs?
✦ What modalities can you use to address those needs?
MIM

• Observations?
Timeline for Treatment

1. Assessment: Background info, Marschak Interaction Method
2. Theraplay /Parent coaching
3. Sandtray
4. Directive work transitioning to Nondirective/Child Centered work
5. Circle of Security
6. Family therapy (Equine Therapy)
“not every child will be a success story, but we should assume everything is reversible until proven otherwise”
Bessel van der Kolk
FOR MORE INFORMATION

THERAPLAY:
Phyllis Booth, MA, RPT-S, THE THERAPLAY INSTITUTE OF CHICAGO

- PHONE: 773-753-4674
- EMAIL: phyllisbbooth@yahoo.com
- WEBSITE: WWW.THERAPLAY.ORG

On TF-IPT and EPBDA
Gil Institute for Trauma Recovery and Education
- PHONE: 703.560.2600
- Website: www.gilinstitute.com
References


References


References


References

