



Undergraduate Review

Volume 7

Article 15

2011

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Recommended Citation

LaMotte, Julia (2011). Psychotherapeutic Techniques and Play Therapy with Children Who Experienced Trauma: A Review of The Literature. *Undergraduate Review*, 7, 68-72.

Available at: http://vc.bridgew.edu/undergrad_rev/vol7/iss1/15

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Psychotherapeutic Techniques and Play Therapy with Children Who Experienced Trauma: A Review of The Literature

JULIA LAMOTTE



Julia is a senior in the psychology department, graduating in May of 2011. This research began in the summer of 2010 as an Adrian Tinsley Program Summer Grant under the direction of Dr. John Calicchia and has provided background to a two semester honors thesis on a sub-type of trauma. Julia has presented this research at the 2010 Adrian Tinsley Undergraduate Research Summer Symposium and the Massachusetts Statewide Undergraduate Research Conference. Julia plans to attain a research assistant position after graduation and ultimately pursue a PhD in Clinical Psychology.

This research examined the use of Play Therapy with children who have experienced emotional, physical or psychological trauma. Past research supports other therapeutic modalities as being effective with children after a traumatic experience, though the validity of play therapy lacks comprehensive quantitative and qualitative support. Based on the concept that play is the natural language of children, this form of treatment is developmentally appropriate, specifically with children under the age of twelve. For the purposes of this research, trauma was categorized in to Type 1 (single occurrences) and Type 2 (recurring trauma). A review of the literature found that although there has been an increase in the use of play therapy, there are disparities in the suggested styles; directive versus child-centered. Though play therapy is becoming increasingly more validated, the field lacks longitudinal studies and research outside of the United States.

Keywords: play therapy, trauma, children, literary review

The use of play as a therapeutic modality for communicating with children has been used for over eighty years (Freud, 1928). Over the past twenty to forty years, many researchers have debated the efficacy of this form of treatment and unanimously espoused the need for more qualitative and quantitative studies covering a wider spectrum of childhood disorders (Leblanc & Ritchie, 2001; Baggerly & Bratton, 2010; Snow et al., 2009; Bratton, Ray, Rhine & Jones, 2005). Research on play therapy spans a myriad of disorders and meta-analyses and literary reviews for specific childhood problems are rare or do not exist. Overall, though it is commonly agreed upon that play therapy can be effectively used with children who have experienced trauma, a review of this neglected concept has been yet to be done (Ogawa, 2004). Moreover, evaluating the credibility of play therapy as a whole is important, however, dissecting the validity of specialized forms of play therapy is crucial for understanding its potential applications. The purpose of this paper is to assess and synthesize the literature on action based psychotherapeutic modalities for children in order to present a developmentally based and integrated treatment model that could be used with children who have experienced trauma.

Dyregrov & Yule (2006) concluded that although there was a high prevalence rate of PTSD among children worldwide, there was limited empirical support for treatment interventions. This research showed that Cognitive

Behavioral Therapy (CBT) was the most commonly accepted treatment but failed to consider play therapy. Considering the influx of play therapy research over the past forty years it is interesting that this form of treatment is still fighting to be considered a possible intervention option. A recent study done by Cohen, Mannarino and Rogal (2001) surveyed 240 child and adolescent psychiatrists and nonmedical professionals who worked with children who had experienced some form of trauma. The results of this study showed that pharmacotherapy and psychoanalytic theory were the most preferred modalities among medical respondents whereas CBT and family therapy were most preferred among nonmedical professionals. Responses to a descriptive study regarding play therapy showed that 17.1% of nonmedical respondents used it as their first line of treatment versus 6.8% of medical respondents. The discrepancy between psychiatrists and nonmedical professionals on which form of treatment to use with children raises a red flag as to the professional's reasoning for using particular treatment modalities. However, it is important to note that there is no empirical basis to support the use of psychopharmacological interventions with children who have experienced trauma; nonetheless, 95% of medical respondents endorse this modality. This suggests that children are being unnecessarily medicated when other, validated, forms of therapeutic intervention are available.

Trauma in Children

Terr (1991) defines a traumatic experience as one that affects a child's ordinary coping mechanisms, leaving them temporarily helpless. Childhood trauma can be broken into two categories dependent on the nature of the event. Type I trauma refers to a single event that is relatively time limited and unexpected such as the sudden death of a parent. Type II trauma refers to a reoccurring stressor such as repeated sexual abuse or residing in a war torn country. For the purposes of this literary review, both Type I and Type II trauma were examined.

The diagnosis of PTSD was not included in the Diagnostic and Statistical Manual of Mental Disorders (DSM) until 1980 and is based off symptoms that are relative to typical reactions in adults not children. Childhood manifestations of PTSD can be significantly different from adult symptoms based on the developmental level of the child (Piaget, 2003). Certain behaviors are age-appropriate and normal depending on the developmental level of the child, and therefore one must consider the baseline of normative development in order to conclude that a child's behaviors are abnormal. For example, depression in adults often manifests as lethargy and hopelessness however in children depression is often manifested as irritability and inattention. Since the DSM diagnosis of PTSD is central to adult expressions of the disorder, researchers and clinicians

should not limit diagnosis solely to diagnostic criteria.

The majority of trauma focused research looks at reoccurring traumatic events and often the recommended treatments are relative to this type of trauma. In a review of single incident trauma, Adler-Nevo and Manassis (2005) found that the majority of treatments used CBT or Eye Movement Desensitization and Reprocessing (EMDR) and that little had been published on play therapy. Furthermore, the goal after a single incident trauma is to provide relief in a relatively quick manner by reducing the severity of PTSD symptoms and help the child continue with normative development. Since play therapy is focused on the internal processing of the traumatic event in the child, short term treatment protocol is not readily available. The findings of Adler-Nevo and Manassis (2005) are similar to the present study in that the majority of the examined research focuses on Type II trauma.

Natural Disasters

After a natural disaster, it is instinctual to fulfill one's basic needs by seeking safety. Unfortunately, the psychological effects of a disaster go untreated which can derail development and cause long term impairment. Children, who are at a critical age in development, can suffer tremendously when their experiences are not sufficiently expressed in action and play. Unfortunately, adults often assume that children are capable of using language as a modality of expression to work in therapy. Since children's preferred language of expression is action and play, using language-based therapy is akin to providing adult therapy to a person in a foreign language they do not understand. The purpose of crisis intervention is to restore the victim's functioning to pre-disaster levels (Aguilera & Mesnick, 1974). It is crucial for children to make sense of the events which children can regain a sense of control through play therapy (Shelby & Trednick, 1995).

Let me turn here now to a discussion of play therapy by presenting specific cases and outlining the therapeutic style and outcome. Dugan, Snow and Crowe (2010) describe working with two young boys post Hurricane Katrina. John, age four, exhibited repetitive post traumatic play, distress, separation anxiety, excessive crying and regression in bathroom behaviors. After eight weeks of non-directive play therapy, John ceased aggressive play and appeared to be less anxious. At first John's play themes included violence and abrupt endings but later developed into engaging play with the therapist, introducing themes of nurture. Their second client, Michael age nine, was also experiencing anxious symptoms and had developed many fears especially those associated with change. Michael's initial sessions demonstrated themes of power, control and safety. Though Michael continued therapy for twenty six sessions,

his parents noticed a decrease in aggressive behavior and an increase in a sense of security.

Similarly, Satapathy and Walia (2006) described a ten day home-based psychosocial intervention for a nine year old burn victim in India. Therapists reported a reduction in anxiety levels and social withdrawal cessation by day six. The young girl benefitted from the home-based intervention where her parents could play an active role in her psychological recovery. This supports similar findings that report a strong social support can protect against the development of mental and or physical (Yule et al, 1999). Baggerly (2007) simplifies the therapeutic process in to seven basic steps; normalize symptoms, manage hyper-arousal, manage intrusive re-experiencing, increase accurate cognitions, increase effective coping, seek social support and foster hope. Through this process of support the child will be able to restore normative development to pre-trauma functioning.

Chronic Illness

It has been reported that approximately 10 million children under the age of 18 suffer from some form of chronic illness including mental and physical ailments (Goble, 2004). This paper will focus solely on chronic physical illnesses and their effects on psychological functioning from a developmental perspective. Though the illness may directly affect the child, it is also important to consider the psychological effects on family functioning and school participation. Many chronic illnesses can be more debilitating to young children than adults since their also negotiating crucial developmental milestones while coping with the sequence of events from chronic illness.

Farmer, Clark and Marien (2003) espouse a family-centered care model when working with children with chronic illness; this holistic approach fulfills the medical, educational, therapeutic, and social needs of the patient. Rather than limiting the treatment to the child's disease, this approach attempts to connect the mind and body to heal the child from a holistic paradigm. In considering both biological and environmental factors, this approach fulfills both the physical demands and psychological needs of a sick child. Though the model is idealistic for the patient, within the current health care system it poses financial stress upon insurance carrier's ability to provide benefits. Currently there are limited psychological resources available let alone offered to CSHCN though research argues for their necessity.

Beyond verbal based therapeutic expression of anxiety and depression associated with some chronic illnesses, play therapy can work as an expressive medium for children's underlying psychological distress related to medical interventions. Expressive and creative art therapies are used to help individuals

to express their feelings and obtain symptom relief through symbolic expression (Webb, 2009). Play therapy can also be used, which is based off the idea that playing is a child's most natural form of communication (Landreth, 2002). Hospital visits can be traumatic because of repeated invasive medical procedures which can be better managed by anxiety-reduction techniques. Play therapy can use medical-specific toys to allow children to engage in reenactments to alleviate stress about their illness or up-coming medical procedures. Webb (2009) describes that medical procedures can be disempowering to children and that playing serves to reverse these feelings by gaining back control.

Goodman (2007) narrates a therapist's experiences while working with a young boy suffering from Leukemia. After months of chemotherapy infusions, bone marrow transplants and spinal taps, the boy was introduced to a psychologist to help understand his feelings during these stressful experiences. Using art therapy, the boy initially drew his family as a cactus plants representative of the being poked and prodded. The therapist was able to counter-cat many of this young boy's thoughts my positive re-framing and assurance that he had not acquired the illness from being "bad." It is common for children who are chronically ill to assume blame for their diseases. Therefore the psychologist plays a critical role in thwarting these negative notions.

Chronic illness is more prevalent than acute illness within the United States (Lowe & Lyne, 2000). Hence, it is vitally important that we provide sufficient psychological care for patients going through chronic physical illnesses. This would not only reduce the physical symptoms, it would help the patient manage the psychological costs involved in managing a chronic illness and the resulting financial costs upon the medical community. Considering the crucial developmental changes children go through before the age of eighteen, it is important that we create mechanisms such as play, art and expressive therapies that allow children to restore their psychological functioning back to normal.

Abuse

Within the trauma literature, articles pertaining to the use of play therapy for child abuse and domestic violence are the most voluminous. The National Abuse and Neglect Data System (NANDS) statistics from 2005 found that approximately 3.3 million referrals of child abuse or neglect were received by Child Protective Services and other similar government agencies in the United States. When dealing with maltreated children, Klorer (2000) stresses the main objectives of play therapy as symbolic reenactment of the trauma and safety education to prevent future victimization.

A recent longitudinal study (Reyes and Asbrand, 2005) assessed the trauma symptoms of eighteen sexually abused children from ages seven to sixteen and found a strong association between the perpetrator's relationship to the child and the duration of the abuse. Results show that, the mean length of abuse was two years when the perpetrator was a family member and six months when the perpetrator was a non-family member. At the onset of the study many of the children reported high levels of anxiety, post-traumatic stress, depression and sexual distress. After nine months of play therapy, many of their reported symptoms were ameliorated, however, dissociation, sexual concerns, anger and sexual preoccupation were still prevalent. Perhaps if the study continued on longer, more of the symptoms would have diminished.

More specifically, trauma-focused behavioral therapy (TF-CBT) provides coping skills for children while alleviating distressing thoughts and emotions. Neubauer, Deblinger and Sieger (2007) describe the therapeutic process through their case study with Mary, age six, who had a long history with domestic violence and alleged sexual abuse. Neubauer et. al, outline the course of the sixteen week sessions and the goals of therapy. Since children have a difficult time verbalizing their thoughts, the therapists used different play modalities to explain the difference between one's feelings, behaviors and thoughts. Most importantly, the way that we think about an event in turn affects our feelings and behaviors. Enabling the child to become aware of their thoughts in relation to a specific event and process any negative emotions associated allows the child to regain normal emotional development. All TF-CBT needs to be developmentally appropriate for the child who has experienced the trauma.

Limitations

The majority of the published articles on play therapy with children who have experienced some form of trauma give case studies explaining effective therapy techniques. The problem with this lies in the publishing error, in that only successful cases will be published. Not once was play therapy deemed unnecessary, counter-productive, or a failure. This suggests that play therapy is valuable across all different variables and with all types of trauma. More longitudinal studies are necessary in order to capture a better understanding for the world of play therapy.

Play therapy has been categorized primarily into directive and non-directive therapeutic technique methods. Subset modalities using Jungian (Green, 2008) and Alderian (Morrison, 2009) theories have been used effectively to treat trauma survivors. A study surveying 247 clinicians found that less directive interventions, specifically psychoanalytic theory and cognitive

behavioral therapy as the most preferred line of treatment for childhood post-traumatic stress symptoms (Cohen, et. al, 2001). Post-research analysis suggests that creating an eclectic play therapy model deriving from different schools of psychoanalytic theory would be most beneficial to children who have experienced trauma. Combining both directive and non-directive modalities would allow for a balanced therapeutic relationship between the clinician and the patient. Rather than limiting the therapeutic environment to one theorist, a dynamic approach that combines the use of play therapy and cognitive behavioral therapy would be optimal.

Considering technological advances to the concept of playing, creative freedom is becoming limited through electronic toys. Frey (2006) suggests the use of videos to create a dissociative state for children in which to encourage introspection and insight. Though this form of play therapy seems to be advantageous, increased usage of electronic toys inhibits natural creativity. Children are losing the ability to play freely but rather act out scripts derived from television episodes. The use of play therapy is threatened by the diminishing idea of free-play. If children are no longer able to express themselves through toys, then they are losing their natural ability to convey emotions. Having Hollywood created characters depict feelings does not leave room for children's natural imagination. Hence play therapy becomes insignificant if children lose the ability to play.

Although play therapy remains inadequate in specific scientific criteria (Phillips, 2010), case study examples suggest significant long-term advantages in restoring normative development in children following a traumatic event.

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