



Welcome! We will begin promptly at 1pm CDT US time.

If you would like to, please introduce yourself in the chat with your name, position title, organization, and location!

Have a piece of paper and different colored pens/pencils nearby for a brief activity!

The Power of Play

Domestic Violence and Trauma-
Informed Play Therapy Interventions
for Youth

Objectives

- Participants will learn about the effects of children witnessing domestic violence
- Participants will learn about the use of non-directive play therapy, specifically Child-Centered Play Therapy for trauma processing in youth
- Participants will learn general skills for responding to trauma play from children, and supporting parents in witnessing and processing their children's trauma play

Non-Objectives

- This training will **not** teach you how to conduct play therapy
- Therapy should only occur with a trained clinician, generally with at least Master's level education
- Filial therapy
- Poll: How familiar are you with non-directive play therapy?



Violence and Abuse

- What is abuse?
 - Systematic pattern of behaviors in a relationship that are used to gain and/or maintain power and control over another.
- What is domestic violence?
 - The following conduct constitutes domestic violence if it occurs in a relationship:
 - Physical abuse – body abuse
 - Emotional abuse – feelings abuse (heart)
 - Psychological abuse – Fear (mind)
 - Sexual abuse – force or coercion as well as degradation, cheating, etc.



Children's Exposure

- Direct victim of the violence
- Hearing a violent event
- Being involved as an eyewitness, intervening, or being used by a parent (shield, threats, etc.)
- Aftermath



Children's Exposure

- Younger children (starting in infancy) are at higher risk for adverse effects
- Every child is different
 - Gender
 - Family role
 - Internalizing vs. Externalizing
- Lethality of perpetrator – witnessing/experiencing more severe abuse more frequently
- Resilience: Coping Skills and Social Support



Children's Exposure

- 50-70% of children who witness domestic violence also witness child abuse
- Research shows that children who witness domestic abuse have greater ongoing mental health effects than children who directly experience abuse

ACEs

- Adverse Childhood Effects
- 1995-1997
- 17,000 participants
- Abuse, neglect, exposure to domestic violence, exposure to substance abuse, mental illness in household, parental separation/divorce, incarceration of household member

ACEs





Effects of Domestic Violence on Children

- Emotional
 - Shame, guilt, and self-blame
 - Confusion about conflicting feelings towards parents
 - Feelings of helplessness and powerlessness
 - Anger
 - Grief of losses
 - Burdened
 - Ambivalent



Effects of Domestic Violence on Children

- Cognitive
 - Feels responsible for the violence
 - Blames others for their behavior
 - Feels it is okay to hurt others to get what they want, express anger, and feel powerful
 - Low self-concept (cannot change situation)
 - Unable to ask for what they need
 - Can't identify what they need
 - Feel anger is bad because others get hurt
 - Learn strict gender roles



Effects of Domestic Violence on Children

- Social
 - Passivity with peers
 - Poor anger management and problem-solving skills
 - Excessive social involvement to avoid being at home
 - Isolated – no friends, or distance in relationships
 - Difficulty trusting others
 - Relationships start intensely and end abruptly




Effects of Domestic Violence on Children

- Sense of Connectedness
 - Low self-esteem and sense of self-worth
 - Perfectionism
 - Can't trust own perceptions of the world and/or others (crazy-making)
 - Survivor's guilt and pleasure guilt
 - Separation of cognitive/emotional and physical selves
 - Difficulty integrating a sense of self which is whole (dissociative tendencies)
 - Emotional and experiential numbness – inability to be creative and to play, to feel joy
 - Spiritual or existential questions



Child-Centered Play Therapy




**"It is in playing, and only in playing,
that the individual child or adult is able
to be creative and to use the whole
personality, and it is only in being
creative that the individual discovers
the self."**

-D. W. Winnicott, British Pediatrician



Play Therapy

- A child organizes and understands their world through the work of play. It is the child's language.
- Play serves a developmental purpose; physical and motor, social and emotional, and intellectual.
- It is through play that children can express and then manage the strong and painful feelings that happen when they are exposed to violence.
- Children find healing for their experiences of trauma through play, and they know what they need.



Child-Centered Play Therapy (CCPT)

- Play method originally created by Virginia Axline – published book *Play Therapy* in 1947.
 - Book is largely theoretical in nature.
- Translated into practical interventions and extended into Filial Therapy by Bernard and Louise Guerney.
- Originally, CCPT was heavily influenced by principles of Carl Rogers (humanistic or client-centered model).



Child-Centered Play Therapy

- Treats most mental health disorders and a variety of presenting problems – acting-out and internalizing
- Good for children who need to process trauma and attachment difficulties
- Empowerment emphasis, good for kids who are helpless and disempowered because of trauma
- Can establish or re-establish a "learned secure" attachment to the therapist
- Determine when client is coming to closure through:
 - Progression through play stages
 - Resolution of play in session/shift in play themes
 - Symptoms and functioning in other settings



Axline's Eight Principles

1. The therapist must develop a warm, friendly relationship with the child in which good rapport is established as soon as possible.
2. The therapist accepts the child exactly as they are.



Axline's Eight Principles

3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express their feelings completely.
 4. The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to them in such a manner that they gain insight into their behavior.
- Poll: What might reflection of a child's feelings sound like?



Axline's Eight Principles

5. The therapist maintains a deep respect for the child's ability to solve their own problems if given the opportunity to do so. The responsibility to make choices and to institute change is the child's.

6. The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way and the therapist follows.



Axline's Eight Principles

7. The therapist does not attempt to hurry the therapy along. It is a gradual process and recognized as such by the therapist.

8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of their responsibility in the relationship.

Goals

- Better able to understand, articulate, and regulate emotions: client can express difficult emotions in healthy ways.
- Client works to strengthen self-esteem, form identity, increase feelings of self-efficacy and understand own capacity and worth.
- Client processes their traumatic experiences and integrates these memories into self.
- Client is able to identify their needs, express their needs, and rely on their caregivers to meet their needs.
- Client is able to assert healthy boundaries in relationships with others, especially with caregivers after violence.



What's In A Playroom?

- Nurturance toys: Baby dolls, puppets, kitchen, dollhouse
- Communication toys: Megaphone, phones, walkie-talkie
- Aggression toys: Nerf guns, soldiers, dinosaurs, toy weapons
- Mastery toys: Water toys, nerf basketball, cards, legos, board games
- Creative Expression toys: Dress-up, paper, paint, play-doh, sand tray, money, emergency medical kit, toy animals
- **This is not an exclusive list**



What's In A
Playroom?



What's In A
Playroom?



What's In A
Playroom?



Logistics

- 30-45 minute weekly sessions
- Typically, 10 sessions or more
- Average length of treatment at DAP is 7.5 months
- Start with "This is your play therapy room. You can do or say almost anything you want here" in every session prior to entering room



Logistics

- Rules and limits only established as needed for safety
- 5 minute and 1 minute warnings
- Kids are not expected to clean up after sessions
- Therapist stays close to client, attuned, at client's level but does not use touch
- Chat: Why might the clinician not use touch?



Limit-Setting

- Only when something unsafe or destructive is imminent
- Provides safety and/or security (helps to provide containment)
- Some common rules (no throwing things at therapist, sand stays in sand trays, etc.)



Empathic Listening

- Reflecting what client does
- Therapist needs to *want* to see the world as the child does
- Therapist tracks/narrates client behavior and feelings
- Therapist tracks *with* affect/emotion



Empathic Listening

- Sounds like a sportscaster – blends into the background
- No questions
- No encouragement, suggestions, hints
- No helping a child unless asked
- No praise or criticism (no judgment)



Imaginary Play

- Clients will bring therapist into play
- Client often will ask therapist to play-act a role
- Therapist gets direction from client about what to do (therapist is actor, client is director)
- When in role, empathic listening is lessened or removed, and therapist engages in play role



Child-Centered Play Therapy

- <https://www.youtube.com/watch?v=6q6mBXXHFxs>



Feelings Heart

- Happy
- Sad
- Angry
- Confused/Mixed-Up
- Scared
- Nervous/Anxious
- Lonely (Sometimes used)
- Must use 5 of the feelings




Play Themes

- Power and Control
- Aggression
- Emotions
- Good vs. Evil
- Winning and Losing
- Identity
- Grief and Loss
- Mastery of developmental tasks
- Nurturance
- Regression



Play Themes

- Trauma re-enactment and mastery
- Attachment
- Boundaries
- Danger/threat and safety/rescue/persecution
- Resilience
- Persistence
- Problem-Solving
- Desires and wishes
- Cultural symbols and rituals



When Is Play Therapy Not Indicated?

- *Poll: Is play therapy appropriate for children with disabilities?*
- Autism
- How old is “too old” for play therapy?
 - Developmental age
 - Client preference



Supporting Parents and Caregivers

Caregivers

- Be clear with parents and caregivers what play therapy is and how it is useful
 - Share resources to explain it
 - Client-centered treatment – provide full information up front, involve caregiver (and client as applicable) as partners in treatment
- Psychoeducation with parents/caregivers
 - Need for consistency in treatment
 - Length of treatment – continue to discuss as treatment progresses
 - Chat: What might influence the length of treatment?
 - Importance of intentional endings
 - Support and safety planning for child and caregiver surrounding ending


Caregivers

- Conduct regular check-ins with caregivers
 - Symptoms and behaviors
 - Across settings – home, school, in public, etc.
 - Check-ins may be with or without client depending on developmental age and content of sessions
 - Therapist is transparent with children about when they check in with caregivers and what the general content of conversation was, allows child to ask questions
- Trust and confidentiality
 - Keep content of sessions confidential and communicate this to client beforehand, as well as exceptions to confidentiality
 - “Client is making a good use of their time in therapy”
 - Do not share content, actions unless specific safety concerns arise
 - Before reporting (to systems or caregiver), discuss with client
 - Poll: Is it normal for kids to begin regressing emotionally and/or behaviorally when they are in therapy?




How to Talk with Caregivers About Play Therapy

- “It’s just play, how does it help?”
- “Shouldn’t they be talking about their problems?”
- Play is a language for children
- Putting children in charge lets them have control and mastery over trauma
- Child has experience of having a time focused on them – communicates importance and makes them a priority
- Has been used with kids who have experienced trauma for over 25 years




How to Support Trauma Play in Children

- What does traumatic play look like?
- Re-enacting past events, sometimes repetitively
- Actions, dialogue, scenarios, themes
- Can look disorganized to outsider – creating meaning from chaos
- Can include developmental regression surrounding or during play



How to Support Trauma Play in Children

- Allow child to engage in play fully
- Provide support and acceptance of play, even if themes are hard
- Vicarious trauma or triggers – create self-care plan if necessary
- Understand that child may need to end play suddenly, or become dysregulated after play
- Support child and assist in regulation; partner with child to continue to develop self-efficacy and mastery



How to Support Trauma Play in Children

- Understand collateral impacts of trauma play – others who experienced trauma may be triggered by play
- Importance of providing space for child to fully engage in trauma reenactment, such as play therapy room
- Provide nonjudgmental narration and redirection (“It feels good for you to play about the police coming but Bobby is feeling so scared. Let’s play with dinosaurs for now and later, you and I can talk and play about the police.”)

Individual Youth Services at DAP

- Intake Assessment/DA
- 6 to 9 months of weekly individual therapy sessions (on average – dependent on severity of traumatic experience, consistency of treatment, and any ongoing crisis)
- Trauma therapy
 - Play therapy for younger children
 - Talk therapy for teens (with some play)
- Focus of treatment is on child's symptoms and behaviors
- Attachment lens
- Collaborative with safe caregivers (generally moms)
- Work through ambivalence
- Prevention framework

Other Youth Services at DAP

- **Early Childhood Services**
 - Children 0-6 and parent; weekly via Zoom after intake process
 - Dyadic, strengthens parent-child relationship and then uses this as a tool to process trauma and make developmental progress
 - Immediate openings
- **Group Services**
 - Two groups per year, spring and fall
 - 9-12 year olds processing trauma, building emotion recognition and coping skills, and creating connection with peers with similar experiences
 - Now enrolling for Spring 2021 group – over Zoom
- **Parent/Caregiver Group**
 - Tuesday nights, 7-9 pm, via Zoom
 - Drop-in style, no attendance requirement, topics vary between weeks
 - Focuses on building community between caregivers, providing some psychoeducation and skills-building, and giving caregivers time to process experiences

DAP Services

- Case Management
 - Service connection and resource-building for current DAP clients
 - Coordinated Entry housing services
- Advocacy
 - Safety planning
 - Orders for protection
 - Harassment restraining orders
 - Chatline



DAP
DOMESTIC ABUSE PROJECT

Chat online with our Legal Advocates! We are here to answer questions, connect you to resources & offer support.

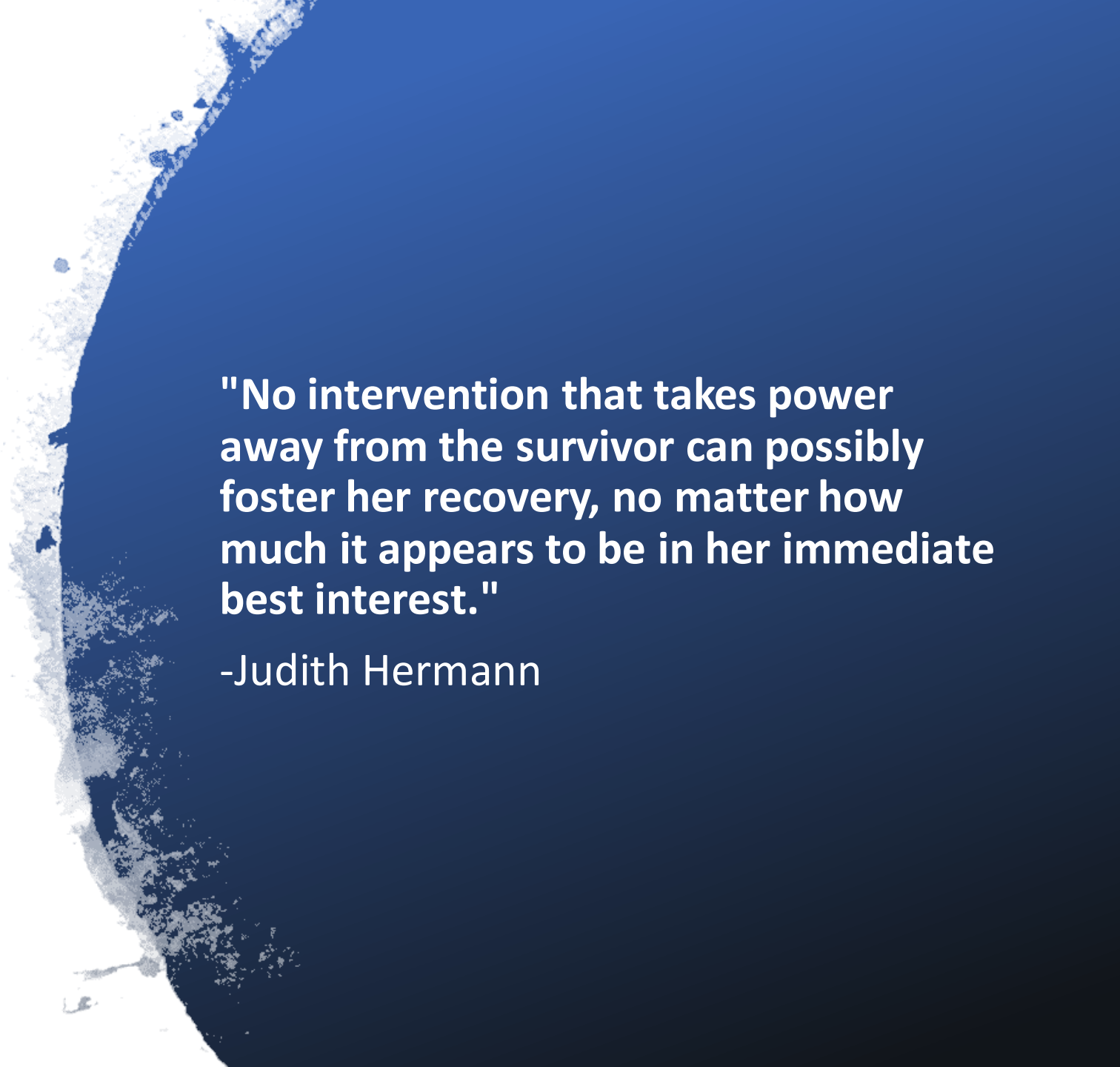
Weekdays 9am to noon



<https://www.resourceconnect.com/dap/chat>
<http://www.domesticabuseproject.com>

DAP Services

- **Victim/Survivor Services (Women's Group)**
 - 16-week group therapy service for victim/survivors of domestic violence
 - Psychoeducation (boundaries, self-esteem, cycle of abuse, etc.) and processing
 - Some individual services, usually upon completion of group services
 - Immediate openings for military-connected survivors
- **Intervention and Prevention Services (Men's Group)**
 - 24-week (sometimes longer) group service
 - Psychoeducation (cycle of abuse, use of power and control, etc.) and processing
 - Some individual services, usually upon completion of group services
 - Change Step group – specifically for military-connected individuals



"No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in her immediate best interest."

-Judith Hermann

Referrals

- [DAP](#)
- [The Family Partnership](#)
- [Washburn Center for Children](#)
- [Headway Emotional Services](#)
- [The Family Enhancement Center](#)
- [Fraser](#)
- [Family Innovations](#)
- [Search for a play therapist through the Association for Play Therapy](#)

Resources

- <https://www.nytimes.com/2020/07/21/parenting/play-therapy.html>
- <https://www.youtube.com/watch?v=SbeS5iezIDA>
- <https://cssp.org/wp-content/uploads/2018/08/core-meanings-youth-thrive-protective-promotive-factors.pdf>
- <https://s3-us-east-2.amazonaws.com/edaw-webinars/wp-content/uploads/2020/02/05140759/000-Entire-Children-Youth-Advocate-Manual.pdf>
- <https://www.cdc.gov/violenceprevention/aces/about.html?>
- https://cdn.ymaws.com/www.a4pt.org/resource/resmgr/publications/Why_Play_Therapy_is_Appropri.pdf

Thank you!

Questions?

