

Using Play Therapy for Treatment of Childhood Sexual Abuse



Sueann Kenney-Noziska, MSW, LCSW, RPT-S

---

---

---

---

---

---

---

---

Learning Objectives



---

---

---

---

---


---

---

---

**Learning Objectives**

- Define integrative play therapy
- Understand dynamics of sexual abuse and the disclosure process
- Describe how posttraumatic play can be utilized in clinical practice with sexually abused children



---

---

---

---

---

---

---

---

## Learning Objectives



- Describe treatment targets for children & adolescents who have been victims of childhood sexual abuse
- Identify and link play-based interventions to treatment targets for sexual abuse
- Describe cultural influences which may impact treatment of sexual abuse

---

---

---

---

---

---

---

---

## Let's Break the Ice!



---

---

---

---

---

---

---

---

## Categories

- Blue: Something I like
- Red: Something I don't like
- Green: Myself/Family/Friends
- Gold: Hope/Dream/Goal
- Silver: Ask a question
- ☺: Free Choice



---

---

---

---

---

---

---

---

**Ice Breaker**


**Purpose:** Engagement & assessment

**Materials:** Don't Break the Ice™ (Milton Bradley), stickers

**Modality:** Individual, group, family

**Age Range:** 5 years – 18 years

(Kenney-Noziska, 2018)




---

---

---

---

---

---

---

---

**Integrative Play Therapy**




---

---

---

---

---

---

---

---

**Integrative Play Therapy**

- Requires skill in various approaches with differential application as clinically indicated
- Therapeutic powers of play
- Therapist needs to be nondirective & directive depending on what is needed

(Drewes, 2011)




---

---

---

---

---

---

---

---

### Integrative Play Therapy

- Technical eclectic
- Theoretical integration
- Common factors
- Assimilative integration



(Drewes, 2011)

---

---

---

---

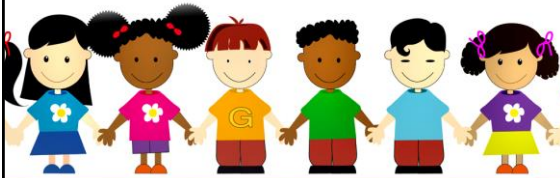
---

---

---

---

### Childhood Sexual Abuse




---

---

---

---

---

---

---

---

### Childhood Sexual Abuse

- Current rates of childhood sexual abuse indicated 1 in 7 girls and 1 in 25 boys will be sexually abused before their 18<sup>th</sup> birthday (Townsend & Rheingold, 2013)
- 90% of victims know their abuser (Finkelhor, 2012)
- Not all individuals who sexually abuse children are pedophiles (ATSA, 2017; SOMAPI, 2017)
- Adolescents who engage in sexually abusive behaviors are categorically different than adult sex offenders (ATSA, 2017)




---

---

---

---

---

---

---

---

### Childhood Sexual Abuse

- Childhood sexual abuse involves grooming of victims & their families
- Children typically delay disclosing sexual abuse (McElvaney, 2013)
- Disclosure of sexual abuse is a process which may be traumatogenic & potentially detrimental (Swingle et al, 2017)
- Barriers to disclosure continue to outweigh facilitators (Alaggia, Collin-Vezina, & Lateef, 2017)



---

---

---

---

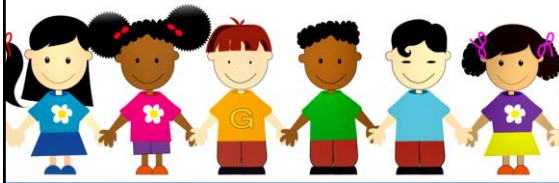
---

---

---

---

### Disclosures of Sexual Abuse



---

---

---

---

---

---

---

---

### Disclosures of Sexual Abuse

- Victims often delay disclosure or fail to disclose altogether
- Disclosure of sexual abuse is a process rather than a single event
- Children do not give one detailed, clear account of abuse
- Disclosures generally unfold gradually
- Children typically "test" reactions and present the abuse in a series of "hints"



(Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, & Tracking, 2016)

---

---

---

---

---


---

---

---

**Factors that Deter Disclosure**

- Embarrassment & shame
- Expectations that the disclosure recipient would blame them
- Fear they would not be believed or not helped
- Didn't want to upset anyone
- Wanted to protect the abuser
- Fear of the abuser



*(Lyons & Ahern, 2011)*

---

---

---

---

---

---

---

---

**Sexually Victimized**



**Children & Adolescents**

---

---

---

---

---


---

---

---

**Sexually Victimized Children**

- Highly diverse population with varying risks for mental health problems
- Victim characteristics & abuse characteristics influence risk factors
- Sexual abuse is usually not the only trauma sustained
- Psychiatric comorbidity is common & has treatment implications



*(Saunders, 2012)*

---

---

---

---

---


---

---

---

**Best Practices in Assessment**

- Thorough assessment with ongoing monitoring of symptoms & progress
- Screen for polyvictimization
- Standardized screening measures should be employed
- Questions about the sexual abuse should be asked



*(Saunders, 2012)*

---

---

---

---

---


---

---

---

**Best Practices in Assessment**

- Ask about initial presenting problems
- Assess for comorbid psychiatric conditions
- Be aware that avoidant coping is problematic because it masks symptoms



*(Saunders, 2012)*

---

---

---

---

---

---

---

---

**Assessment Measures**



---

---

---

---

---

---

---

---

### Assessment Measures

- NCTSN Standardized Measures to Assess Complex Trauma  
<http://www.nctsn.org/trauma-types/complex-trauma/standardized-measures-assess-complex-trauma>
- National Center for PTSD (U.S. Department of Veterans Affairs)  
<https://www.ptsd.va.gov/professional/assessment/overview/index.asp>




---

---

---

---

---

---

---

---

### Assessment Measures

- APA Online Assessment Measures  
<https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures>
- Western Psychological Services (WPS)
- Psychological Assessment Resources (PAR)




---

---

---

---

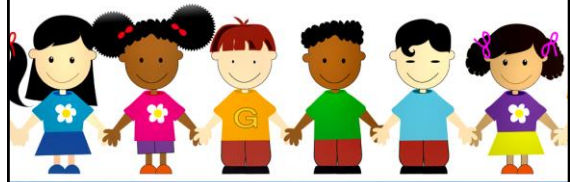
---

---

---

---

### Dynamics of Childhood



### Sexual Abuse

---

---

---

---

---

---


---

---



**Child Sexual Abuse Accommodation Syndrome**

- Secrecy
- Helplessness
- Entrapment & accommodation
- Delayed disclosure
- Retraction



*(Summit, 1983)*

---

---

---

---

---


---

---

---

**Traumagenic Dynamics Model**

- Traumatic sexualization
- Betrayal
- Stigmatization
- Powerlessness



*(Finkelhor & Browne, 1985)*

---

---

---

---

---

---

---

---

**Adverse Childhood Experiences**



---

---

---

---

---

---

---

---

### Adverse Childhood Experiences

- Ongoing study examining the association between childhood adversity & long-term health & well-being
- ACE score measures cumulative stress due to adverse experiences
- ACE's have a strong, graded relationship to numerous problems throughout the lifespan



(Adverse Childhood Experiences, 2017; Anda, 2013)

---



---



---



---



---



---



---

### Adverse Childhood Experiences

- Abuse
  - Emotional
  - Physical
  - Sexual
- Neglect
  - Emotional
  - Physical
- Household Dysfunction
  - Parental separation or divorce
  - Household substance abuse
  - Household mental illness
  - Mother treated violently
  - Incarcerated household member



(Adverse Childhood Experiences, 2017; Anda, 2013)

---



---



---



---



---



---



---

### Adverse Childhood Experiences

- ACEs are common
- Tend to occur in clusters
- Problems tend to be comorbid
- Effects are enduring, powerful, & cumulative



(Adverse Childhood Experiences, 2017; Anda, 2013)

---



---



---



---



---



---



---

### Adverse Childhood Experiences

- Long-term impact on brain structure & function
- Alter our stress response
- Negatively impact neurodevelopment in childhood
- Lead to increased risk of unhealthy behaviors, risk of violence or revictimization, disease, disability, & premature mortality



(Adverse Childhood Experiences, 2017; Anda, 2013)

---



---



---



---



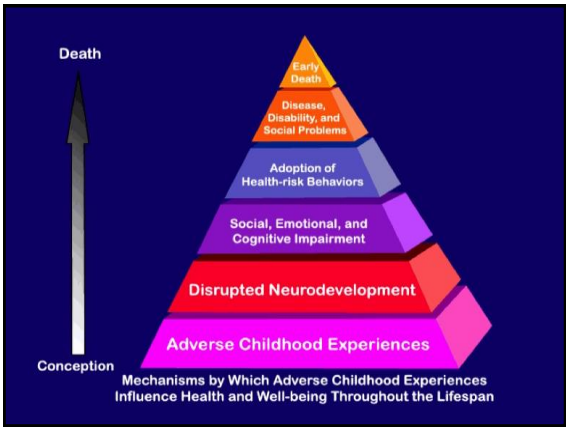
---



---



---




---



---



---



---



---



---



---




---



---



---



---



---




---



---

**Compared to someone with an ACE score of 0, those with an ACE score of 4 or more are:**

- Twice as likely to be smokers
- 7 times more likely to be an alcoholic
- 10 times more likely to have injected street drugs
- 12 times more likely to have attempted suicide



(Adverse Childhood Experiences, 2017; Anda, 2013)

---

---

---

---

---

---

---

---

**Trauma's Impact on the Brain**



---

---

---

---

---


---

---

---

**Trauma's Impact on the Brain**

- Prefrontal cortex
- Hippocampus
- Amygdala
- Corpus callosum
- Cerebellum



---

---

---

---

---


---

---

---

**Trauma's Impact on the Brain**

- Neurochemical & structural changes occur in the brain as a result of complex trauma
- Abused children can have 7-8% less cerebral volumes
- The corpus callosum of maltreated children is smaller than non-abused children
- Abused children excrete greater amounts of cortisol & catecholamines than non-abused children



(CDC, 2017; Lanius, Bluhm, & Frewen, 2011; Perry., 2013; van der Kolk 2014)

---

---

---

---

---


---

---

---

**Trauma's Impact on the Brain**

- Affective, behavioral, & sensorial dysregulation can occur as the result of the neurobiological impact of trauma
- Higher functioning parts of the brain are "off-line" during trauma
- Trauma creates neural pathways that keep the brain in a constant state of hyperarousal



(CDC, 2017; Lanius, Bluhm, & Frewen, 2011; Perry., 2013; van der Kolk 2014)

---

---

---

---

---


---

---

---

**Trauma's Impact on the Brain**

- Trauma is primarily stored as sensory, fragmented memories in the lower parts of the brain
- Trauma is stored without a linguistic component
- Play, art, & expressive interventions allow access to traumatic information stored as right-hemispheric material



---

---

---

---

---

---

---

---




---

---

---

---

---


---

---

---

**Trauma-Informed Practice**

- Blends neuroscience, psychology, & medicine
- Recognizes psychological & physiological impact of trauma
- Therapy must focus on physical experiences & self-awareness



*(Steele & Malchiodi, 2012)*

---

---

---

---

---


---

---

---

**Trauma-Informed Practice**

- Emphasizes sensory-based trauma interventions to access the right hemisphere of the brain
- Timely, developmentally appropriate interventions with sensory-based, somatic, cognitive, & behavioral approaches
- Address biological, physiological, neurological, & psychological areas



*(Steele & Malchiodi, 2012)*

---

---

---

---

---

---

---

---




---

---

---

---

---


---

---

---

**Posttraumatic Play Therapy**

- Posttraumatic play is an essential component of trauma recovery for children
- It is a creative product of the child
- Provides a natural, reparative way of post-trauma healing
- Offers externalization to establish a safe distance from traumatic events
- Allows the child to process & manage traumatic memories



*(Gil, 2017)*

---

---

---

---

---


---

---

---

**Posttraumatic Play Therapy**

- Provides abreaction for trauma to be more manageable & less intense
- Provides gradual exposure & systematic desensitization
- Allows retelling & processing for regulation
- Allows creation of a narrative
- Promotes mastery & control



*(Gil, 2017)*

---

---

---

---

---

---

---

---

### Posttraumatic Play Therapy

- Occurs in the context of a larger treatment picture
- Advances therapy & may prepare children for additional services &/or more direct work
- Occurs in the context of a safe, therapeutic environment
- Dynamic vs. toxic posttraumatic play



(Gil, 2017)

---

---

---

---

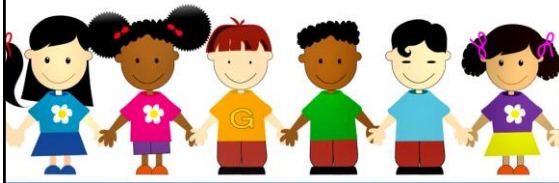
---

---

---

---

### Dynamic vs. Toxic



### Posttraumatic Play

---

---

---

---

---

---

---

---

#### Dynamic

- Affect available
- Seeks interaction with clinician
- Available for emotional connection
- Breath fluid
- Fluid physical movement
- Evidence of release
- Focused investment in play

#### Toxic

- Affect constricted
- Play is focused & isolated
- Unavailable for emotional connection
- Breath shallow/held
- Physical tension
- No evidence of release
- Rigid interactions with play



(Gil, 2017)

---

---

---

---

---


---

---

---



<u>Dynamic</u>	<u>Toxic</u>
<ul style="list-style-type: none"><li>• Story starts/ends differently</li><li>• Story has new information/characters</li><li>• Presence of new themes</li><li>• Play occurs in different locations in room</li><li>• Adaptive outcomes emerge</li><li>• Rigidity loosens over time</li></ul>	<ul style="list-style-type: none"><li>• Story starts/ends unvaried</li><li>• Story is repetitive, without change</li><li>• Thematic material fixed</li><li>• Play must be presented in the same place</li><li>• No new outcomes emerge</li><li>• Play remains ridged</li></ul>



(Gil, 2017)

---

---

---

---


---

---

---

---

<u>Dynamic</u>	<u>Toxic</u>
<ul style="list-style-type: none"><li>• New characters are added/deleted</li><li>• Role-playing emerges</li><li>• Child's voice is given to story characters</li><li>• Temporary increase of symptoms</li><li>• At-home behavior improves</li></ul>	<ul style="list-style-type: none"><li>• No new characters are introduced</li><li>• Play still/no role-playing</li><li>• Child's voice is not present</li><li>• Symptoms increase and stabilize</li><li>• At-home behavior deteriorates</li></ul>



(Gil, 2017)

---

---

---

---

---

---

---

---

## Using Thematic Play



---

---

---

---

---

---

---

---

### Play Themes

- Content
- Affect
- Relationships
- Context



---

---

---

---

---

---

---

### Therapeutic Responding

- Remain in the metaphor as long as possible
- Look for therapeutic “windows”
- Make deeper reflections after you have an understanding of play themes
- Pace of responding should be balanced



---

---

---

---

---

---

---

### Primary Goals

- Relationship goals
- Deconstruct the trauma
- Reconstruct the trauma
- Mastery of the trauma
- Create life narrative



---

---

---


---

---

---

---

Case Example



McKenzie

---

---

---

---

---

---

---

---

Case Questions & Discussion



---

---

---

---

---

---

---

---

Audience Activity



---

---

---

---


---

---

---

---

What did you see?



---

---

---

---

---

---

---

**What did you see?**


Purpose: Perspective taking

Materials: Tray with miscellaneous items, pen, paper

Modality: Individual, group, family

Age Range: 6 years – 18 years

(D. Monroe & S. Yeung, personal communication, June 9, 2011)



---

---

---

---

---

---

---

Treatment Guidelines & Components



---

---

---

---

---

---

---

### Guidelines & Components

- Evidence-based treatments
- PTSD Practice Parameters *(American Academy of Child & Adolescent Psychiatry, 2010)*
- Treatment of Complex PTSD *(Cloitre, Courtois, Charuvastra, Carapezza, Stolbach, & Green, 2011)*
- Core treatment components *(NCTSN, 2018)*



---

---

---

---

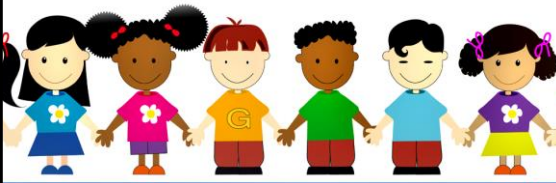
---

---

---

---

### Evidence-Based Treatments for



### Children & Adolescents

---

---

---

---

---

---

---

---

### Evidence-Based Treatments

- Recommendations are "quite inconsistent"
- Assessments need to be comprehensive and, if the child is older than 7, involve the child
- Fundamental aspects of PTSD guidelines *(American Academy of Child & Adolescent Psychiatry, 2010)* remain important independent of specific approaches
- Cognitive-behavioral approaches have the most support for being effective



*(Landolt & Kenardy, 2016)*

---

---

---

---

---

---

---

---

### Evidence-Based Treatments

- Evidence regarding treatments of children & adolescents with complex PTSD are lacking
- More studies on preschool age children are needed
- Future treatment protocols should integrate findings on neurobiological mechanisms in trauma



(Landolt & Kenardy, 2016)

---

---

---

---

---

---

---

---

### Mental Health Interventions



### in Child Maltreatment

---

---

---

---

---

---

---

---

### Mental Health Interventions

- Focusing treatment to match interventions to specific problems is the key to EBTs
- Typically, interventions are either child-focused for emotional problems or parent mediated for behavior problems
- Emerging evidence suggests that non-brand named programs that contain common elements may be just as effective as EBTs



(Fitzgerald & Berliner, 2018)

---

---

---

---

---

---

---

---

Update on Sexual Abuse



↳ Trauma Treatments

---

---

---

---

---


---

---

---

**Sexual Abuse & Trauma Treatments**

- CBT is supported as the first-line treatment approach but, there is also room for provider & client choice (Dorsey et al, 2017)
- Including parents/caregivers & requiring explicit trauma exposure may not be necessary (Dorsey et al, 2017)
- Longer treatment is associated with superior treatment gains (Benuto & O'Donohue, 2015)
- It is unclear whether individual, group, or family modalities provide better gains (Benuto & O'Donohue, 2015)



---

---

---

---


---

---

---

---

Core Components of



Trauma-Focused Interventions

---

---

---

---

---

---

---

---

**Core Components**

- Motivational interviewing
- Risk screening
- Triage to different levels & types of intervention
- Systematic assessment, case conceptualization, & treatment planning
- Engagement/addressing barriers to service-seeking



*(National Child Traumatic Stress Network, 2018)*

---

---

---

---

---

---

---

---

**Core Components**

- Psychoeducation about trauma reminders & loss reminders
- Psychoeducation about posttraumatic stress reactions & grief reactions
- Teaching emotional regulation skills
- Maintaining adaptive routines
- Parenting skills & behavior management



*(National Child Traumatic Stress Network, 2018)*

---

---

---

---

---

---

---

---

**Core Components**

- 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



*(National Child Traumatic Stress Network, 2018)*

---

---

---

---

---

---

---

---



**Trauma-Focused**



**Play Therapy Interventions**

---

---

---

---

---

---

---

---

**Assessment**




---

---

---


---

---

---

---

---



**Making a List & Checking it Twice**

Purpose: Collaboratively assess & rank therapeutic needs

Materials: Index cards

Modality: Individual

Age Range: 7 years – 18 years

*(Kenney-Noziska, 2018)*

---

---

---

---


---

---

---

---

## Psychoeducation



---

---

---

---


---

---

---

---

### Figuring Out the Puzzle



Purpose: Psychoeducation

Materials: Card stock, marker, scissors

Modality: Individual, group, family

Age Range: 6 years – 18 years

(Kenney-Noziska, 2018)

---

---

---

---


---

---

---

---

### It's not that Simple



Purpose: Normalize obstacles to disclosure

Materials: Plah-doh, small magnet, large magnet

Modality: Individual, group, family

Age Range: 8 years – 18 years

(Kenney-Noziska, 2018)

---

---

---

---

---

---

---

---




---

---

---

---

---

---

---

---

**Emotional Regulation Skills**

- Broad set of skills for identifying, managing, & responding to emotions
- Includes describing, understanding, experiencing, & responding to emotions
- Cognitive coping & positive thinking
- Mindfulness
- Coping effectively, consistently, & competently




---

---

---

---

---

---

---

---

**Feelings Hide-&Seek**


Purpose: Facilitate emotional expression

Materials: Index cards

Modality: Individual, group, family

Age Range: 5 years – 18 years

(Kenney-Noziska, 2018)




---

---

---


---

---

---

---

---



**Revealing Your Feelings**

**Purpose:** Facilitate emotional expression

**Materials:** Crayola Switcher™ markers, paper

**Modality:** Individual, group, family

**Age Range:** 5 years – 18 years

(Kenney-Noziska, 2008)

---

---

---

---

---

---

---

---




---

---

---


---

---

---

---

---



**On a Scale of 1 to 10**

**Purpose:** Quantify emotional distress

**Materials:** Index cards, construction paper, tape

**Modality:** Individual, group, family

**Age Range:** 6 years – 18 years

(Kenney-Noziska, 2018)

---

---

---


---

---

---

---

---



**Pushing My Button**

Purpose: Process specific emotions

Materials: Construction paper, writing material, paper bag

Modality: Individual, group, family

Age Range: 5 years – 18 years

(Kenney-Noziska, 2018)

---

---

---


---

---

---

---

---



**Relaxation Memory**

Purpose: Progressive muscle relaxation

Materials: Memory cards to go with the "relaxation training script" (Koeppen, 2002; <https://www.youtube.com/watch?v=aaTDNYjk-Gw>)

Modality: Individual, group, family

Age Range: 5 years – 14 years

(Kenney-Noziska, 2018)

---

---

---


---

---

---

---

---



**Positive & Negative Thinking**

Purpose: Differentiate between adaptive & maladaptive cognitions

Materials: Index cards, paper, marker, tape

Modality: Individual, group, family

Age Range: 8 years – 18 years

(Kenney-Noziska, 2008)

---

---

---

---


---

---

---

---

**I Think I Can!**  
**Purpose:** Develop positive self-talk  
**Materials:** The Little Engine that Could®, index cards, paper, drawing materials  
**Modality:** Individual, group, family  
**Age Range:** 5 years – 10 years  
(Kenney-Noziska, 2018)



---

---

---

---

---

---

---

---

**Trauma Narration**



---

---

---

---


---

---

---

---

**Double-Edged Sword**  
**Purpose:** Process disclosure/discover experience  
**Materials:** Paper, marker, dice  
**Modality:** Individual, group, family  
**Age Range:** 8 years – 18 years  
(Kenney-Noziska, 2018)



---

---

---

---

---

---

---

---



### Unpacking My Baggage

**Purpose:** Process traumatic experiences

**Materials:** Paper bag, index cards, drawing material

**Modality:** Individual

**Age Range:** 5 years – 18 years

(Kenney-Noziska, 2018)

---

---

---

---

---

---

---

---



### Unpacking My Baggage

- My feelings about it
- My thoughts about it
- Why it happened
- What does it mean
- My memories about it

(Kenney-Noziska, 2018)

---

---

---

---

---

---

---

---

### Safety Skills



---

---

---

---

---

---

---

---

**Who, What, Where, & When**

Purpose: Develop discretion when discussing sexual abuse

Materials: Paper, tape, marker

Modality: Individual, group, family

Age Range: 6 years – 11 years

*(Kenney-Noziska, 2008)*




---

---

---

---

---

---

---

---

**My Neighborhood Helpers**

Purpose: Personal safety

Materials: Paper, people cut-outs, tape, drawing materials

Modality: Individual, group, family

Age Range: 5 years – 12 years

*(Kenney-Noziska, 2018)*




---

---

---

---

---

---

---

---

**Evaluating Treatment/Termination**




---

---

---

---

---

---

---

---



### From Start to Finish


Purpose: Facilitate termination by reviewing & acknowledging therapeutic growth

Materials: Paper, scissors, drawing materials

Modality: Individual, group, family

Age Range: 6 years - 18 years

*(Kenney-Noziska, 2018)*



---

---

---

---

---

---

---

---

### Cultural Considerations



---

---

---

---

---


---

---

---

### Cultural Considerations

- ADDRESSING Framework *(Hays, 2016)*
- Collectivist cultures may place the value of family reputation over the needs of the victim *(Sawrikar & Katz, 2017)*
- Cultural issues in disclosures of child sexual abuse *(Fontes & Plummer, 2010)*



---

---

---

---

---

---

---

---

### ADDRESSING Framework

- Age & generational influences
- Developmental disabilities
- Disabilities acquired later in life
- Religion & spiritual orientation
- Ethnicity
- Socioeconomic status
- Sexual orientation
- Indigenous heritage
- National origin
- Gender



(Hays, 2016)

---

---

---

---

---

---

---

---

### Cultural Barriers to Disclosure



---

---

---

---

---

---

---

---

### Cultural Barriers to Disclosure

- Shame
- Taboos and modesty
- Sexual scripts
- Virginity
- Status of females



(Fontes & Plummer, 2010)

---

---

---

---

---

---

---

---

### Cultural Barriers to Disclosure

- Honor, respect, and patriarchy
- Religious values
- Reporting costs
- Cultural supports for disclosure



(Fontes & Plummer, 2010)

---

---

---

---

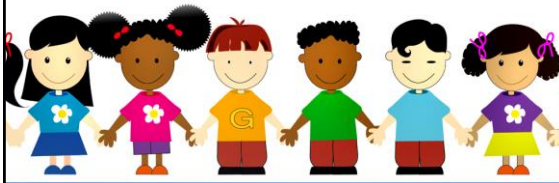
---

---

---

---

### Additional Considerations



---

---

---

---

---

---

---

---

### Questions & Answers



---

---

---

---


---

---

---

---

Closing Remarks



---

---

---

---

---

---

---

---

The Star Thrower



---

---

---

---

---

---

---

---

~ Thank-You ~



noziska@iinet.com

---

---

---

---

---

---

---

---