



Hope and Healing Through a Child's Eyes: Treating Trauma Using Child Centered Play Therapy

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Welcome!

- Expression of Gratitude
- Background of Presenter
- Brief Introductions





What to expect

- Overview of Child Centered Play Therapy
- Brief Video of CCPT
- Description of Types of Trauma and what it looks like in playroom
- Case Study of Abby
- Impact work has on Play Therapist
- Importance of Self Care
- Examples of Self Care for Play Therapist

Child Centered Play Therapy

- Developed by Virginia Axline and based off of Carl Rogers' Person Centered Approach
- Developmentally appropriate for children
- Focus is on the relationship and not the problem/symptom
- "CCPT follows the principles of Client-Centered Therapy of creating a non-judgmental, emotionally supportive therapeutic atmosphere, but with clear boundaries that provide the child with psychological safety to permit the learning of emotional and behavioral self-regulation. Research has validated that this is a powerful method for decreasing a wide range of child problems, for **overcoming traumatic experiences**, for developing expressive freedom and creativity, and for building self-esteem and more mature, pro-social behaviors. CCPT is based on eight clear cut principles applied in a systematic way to equip the therapist with a method uniquely capable of handling the many challenges of playing therapeutically with children and achieving predictively positive results." - National Institute of Relationship Enhancement

Importance of 8 Basic Principles

- Non-directive does NOT mean unstructured!
- 8 Basic Principles provides therapeutic boundaries for both the therapist and the child helping to promote a trusting and strong relationship
- Stepping away from principles typically doesn't work- asking questions
 - Clinical decisions need to be made sometimes (mandated reporting)
 - Remind child of SAFETY and that it is part of your role

8 Basic Principles of CCPT

- The play therapist must create a warm and friendly relationship with the child. Good rapport is established as soon as possible.
- The play therapist accepts the child exactly as she is.
- The play therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings.
- The play therapist recognizes the feelings the child is expressing and reflects those feelings back to her in such a way that she gains insight into her behavior.
- The play therapist has a strong respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to change is the child's.
- The play therapist does not attempt to direct the child's behaviors or verbalizations in any way. The child leads the way and the play therapist follows.
- The play therapist does not attempt to hurry the child along. Play therapy is a gradual process and is honored as such by the play therapist.
- The play therapist establishes only those limitations that are necessary to ground the child to the world of reality and to make the child aware of her responsibility in the relationship.

8 Basic Principles and Connection to Trauma

- The play therapist must create a warm and friendly relationship with the child. Good rapport is established as soon as possible.



8 Basic Principles and Connection to Trauma

- 2. The play therapist accepts the child exactly as she is.
 - Child seen in present moment not for symptoms, behaviors or experiences
 - Child is accepted whether they are angry, regressive, dysregulated, loud or even silent



8 Basic Principles and Connection to Trauma

- 3. The play therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings.
 - Never be afraid to sing with them, dance with them, model freedom of expression!
 - Emphasis of **Feeling of permissiveness** – there is still structure and limits set if needed

There's power
in looking *silly*
and not caring
that you do.
AMY PEREIRA

8 Basic Principles and Connection to Trauma

- 4. The play therapist recognizes feelings the child is expressing and reflects those feelings back to her in such a way that she gains insight into her behavior.
- Can adjust reflections when seeming appropriate
 - Always keep developmental appropriateness in mind- incorporate non-verbals
 - Sometimes may seem appropriate to reflect on the energy of the play or room
 - Instead of "you're feeling..." you may need to change to:
 "You want me to know what it feels like to feel humiliated, gross, disgusting etc."

8 Basic Principles and Connection to Trauma

- 5. The play therapist has a strong respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to change is the child's.
 - Example of play-doh snake with case of K



8 Basic Principles and Connection to Trauma

- 6. The play therapist does not attempt to direct the child's behaviors or verbalizations in any way. The child leads the way and the therapist follows.



8 Basic Principles and Connection to Trauma

- 7. The play therapist does not attempt to hurry the child along. Play therapy is a gradual process and is honored as such by the play therapist.
 - This Principle is essential when working with traumatized children- or people of any age!
 - [Bing Bong](#)



8 Basic Principles and Connection to Trauma

- 8. The play therapist establishes only limitations that are necessary to ground the child to the world of reality and to make the child aware of her responsibility in the relationship.
 - Safety of child, therapist or property
 - Important to know your OWN comfort level and limitations when working with children experiencing trauma
 - Incorporation of boundaries and emotional safety



This message is so simple, yet it gets forgotten. The people living with the condition are the experts.

Michael J Fox



SleepingAngel.com

Trauma

- A Trauma "occurs when an individual is exposed to an overwhelming event resulting in helplessness in the face of intolerable danger, anxiety and instinctual arousal"
- Important to remember trauma is individualized; a child may be involved in a traumatic event that they don't perceive to be traumatic (another reason to let the child lead!)
- Types of trauma to expect to be seen in Child Centered Play Therapy:
 - Neglect
 - Physical Abuse
 - Sexual Abuse
 - Emotional Abuse
 - Witnessing Domestic Violence
 - Death of a Caretaker
 - Multiple placement transitions (multiple foster homes, residential settings)

What trauma looks like in CCPT

- Neglect**- not having enough of something (typically food), child may be parentified and appearing to be playing in a more mature level for his/her age, over or under nurturing
- Physical Abuse**- again it is important to not take role play literal and look at big picture of energy and focus on what child is trying to communicate, power and control is typically a theme, medical play may show up, child typically shows a need for nurturance
- Sexual Abuse**- kids may display poor boundaries, have a struggle with understanding or an indifference for privacy, depending on the age of the trauma many times toileting issues or behaviors are seen through role play, theme of power and control is a focus, normal for therapist to have an overall sense of discomfort when involved in intensive trauma play

What Trauma looks like in CCPT

- Emotional Abuse**- pay attention to shifts in child's voice/ tone, name calling, limit testing with behaviors or trust in relationship (ex. Will you still come back to see me when I treat you this way?)
- Exposure to Domestic Violence**- Child will show consistent themes of power and control and nurturance (typically due to lack of), it is important to not take role plays literal and think of the feeling you are getting in the role play and what the child is trying to communicate to you, puppets or family figures used often, role play can become very intense, child may speak to therapist in a direct tone in order to help feel in more control
- Death of a Caretaker**- use of sand tray with burials/graves, role confusions, regression in play choices/toys, themes of power and control and anger/aggression
- Multiple Placements/transitions**- 2 dollhouses, family role play between therapist and child or with figures, theme of loyalty to therapist, asking about return to playroom and planning out sessions

What it looks like in Play Therapy?

- Precarious Hygiene
- The dark
- Use of masks, puppets
- Trickery
- Hide and seek
- Secrets
- Good vs. Evil
- Feeling creeped out
- Confusion hurt/love
- Dissociation
- Passivity
- Masturbation
- Inserting objects
- Cleansing/Washing
- Stealing treasure



- Messes, Wet messes
- Eating poison, dirt, poop, pee, vomit, people
- Intoleration of feelings
- Back alive
- Devouring
- Toilet breaks
- Hypervigilance
- Aggression, Regression, Expression
- Sexual simulation
- Nurturance
- Sexual Artwork
- Precarious Boundaries

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CCPT Themes with Trauma

- Power/Control
- Anger/Aggression
- Safety/Protection/Boundaries
- Nurturance
- Independence/Dependence
- Fear
- Trust/Betrayal/Boundaries
- Role Confusion (Parentified Child)
- Overwhelmed/Chaos
- Loyalty



Case Study of "Abby"

- Age stated CCPT: 4 years and 3 months old
- Referred by: Mental Health Consultant at Head Start as a result of emotional and behavioral outbursts in the classroom
- What was known about "Abby's" trauma at intake:
 - Witness to domestic violence
 - Exposure to substances used by both parents
 - Severe neglect (at removal kids were found dirty and lice infested)
 - Suspicion of sexual abuse (no disclosure but significant toilet regression)

Case Study of "Abby"

- Consults were with DCF, Foster mother, Head Start staff (Mental Health Consultant, classroom teacher, Behavior Specialist, and Nurse)
- Focus of consults were receiving updates, voicing themes and providing psychoeducation when discussing her trauma reactive behaviors
- Setting of sessions were in a couple different spaces provided by Head Start- conference room with consistent toys provided by therapist, teachers room with mix of consistent toys provided by therapist and items in room, and counseling space at Head Start with consistent toys and new toys requested by therapist in room
- Seen for 14 months with a total of 48 sessions

Case Study of "Abby"

- Sessions #1 – 6 Abby is rapport building- using toys provided, exploration, curiosity, sensory (use of play-doh) and body focus (stretching, moving furniture), slowly starting family focus role play with themes of safety and protection, nurturance/care taking
- Session #7 Abby displays aggression for 1st time via throwing toys
- Session #8-13 role play- focused on family and school
 - important to note role confusion and inconsistency with roles
 - Abby's character/role was consistently verbally abusive
 - parentification in role play as Abby threw up and cleaned it up herself
 - Abby stated as Mother in role play, "I can't trust you to behave"

Case Study of "Abby"

- Session #14 – 18 SHIFT IN PLAY
 - Abby was objects such as the cup holder, table or toilet
 - made me "poop, pee and puke" on her and baby doll multiple times
 - instructed me to put duct tape on her and her "sister"
 - made me say as mother to her in role play, "now you're not my daughter anymore"
- In Session #16 Abby told me to pretend to shower then corrected me when I didn't do it correctly and she motioned to her privates, she said she was the "scrubbie" and she wanted me to sit between her legs- limits appropriately set
- In Session #17 announced to have a "naked dance party"
- in Session #18 she was not longer toilet and made me defecate in box and baby doll instead of on her

Case Study of "Abby"

- Session #19- role play focused on school, roles were teacher and bus monitors and kid "mis-behaving"
- Session #20- ROLE SWITCH
 - Abby made me be toilet and she sat on my lap
 - She "peed and pooped" on me and told me to say it felt "so so gross"
 - She ended session early and went back to classroom



Case Study of "Abby"

- Sessions #21-31 A Rollercoaster!
 - #21- stalled in hallway and told me "go away", "don't speak to me" and "don't look at me"- I respected to not have session and try again next time
 - #22- teacher/child role play- happy and playful
 - #23 & 24- Intense trauma focused play- back and forth between school and family role play, told me I'd "learn my lesson", put me in washer/dryer and told me, "I was to die like my mother", when I attempted to have door closed she stated, "I don't! want privacy"
 - #25-27 avoidant, playful, sensory with bouncy ball, need for organization in play
 - #28 removal of clothes which resulted in 2 limits set- appeared shamed, ended session
 - #29-31 sensory with bouncy ball and weighted blanket, school role play

Case Study of "Abby"

- Sessions #32-37- teacher focused- she allowed us to both be teachers sharing same role and caring for children in a nurturing way mostly at rest time, sometimes children were "bad" but much lighter play- a breath of fresh air for both of us!
- Sessions #38-48- **BACK TO INTENSE TRAUMA ROLE PLAY**
 - #38- teacher reported "extreme" behavioral outburst like never seen before; made me urinate and defecate on her and ask, "how does that feel?"
 - #40-made me shower with "gross shampoo" that had pee and poop in it, family members were abusers, made me "cook" her, eat her and say, "Blood tastes good"
 - #41- gross shampoo continued, made me feed her poop, made me pretend to duct tape her mouth and eyes
 - #42- "Abby" incorporated the word "pee pee" for first time with my lanyard dangling from my neck
 - #43 shampoo turned "regular"!
 - #44- incorporated phones- made me call the police in role play and "sis" went to jail
 - #47- hit me with wooden dowel (safely w/o limit set) and told me, "I am going to put this in your buttockhole"

Case Study of "Abby"

- I was notified at Session #47 that her foster parent gave her notice to DCF due to "Abby's" trauma reactive behaviors in the home and difficulty with caring for her
- I attempted an appropriate goodbye session though "Abby" did not want to have a real session, was only able to emotionally tolerate about 10-15 min where she chose 2 figures from the toy box as a goodbye token
- I was not able to continue working with "Abby" as her next foster home was about an hour away from my office
- Why I am certain CCPT was the right treatment for her
 - She wouldn't have been able to show me what her experience was if directed

What is Vicarious Trauma?

- Vicarious or secondary trauma is a process through which our inner experiences are altered in a negative and personalized way as a result of engagement with a child's traumatic journey.
- As Play Therapists, we are not only **listening** to a child's trauma narrative, but are often time invited into their trauma in a different way to both **observe** (indirectly) and **join** (directly)
 - Knowing this, it is important to understand we may have an increased chance of burnout symptoms compared to other helpers in the field*

Understanding Yourself on a Deeper Level

- Our Nervous System's response to trauma (or exposure to)
 - Hyper-arousal- anxious, overwhelmed, aggressive, disorganized, hyper-vigilance, irritable, defensive (fight or flight)
 - Hypo-arousal- tired, helpless, isolated, lack of motivation, non-expressive (freeze)
- Symptoms of burnout include though are not limited to:
 - Physical and emotional exhaustion
 - Physical symptoms
 - Dreaming about clients/caseload
 - Lack of focus
 - Irritability
 - Decreased satisfaction with work
 - Avoidance of situations, movies, media, etc.
 - Feelings or thoughts of helplessness
 - Change of world view



Self-Care for the Play Therapist

- According to an article in the International Journal of Play Therapy, "ethical standards of several primary helping professions have identified self-care as an ethical conduct obligation"
- Different Domains of Self-Care and examples through discussion
 - 1. Physical
 - 2. Spiritual
 - 3. Emotional
 - 4. Cognitive
 - 5. Interpersonal Relationships
 - 6. Professional



Self-Care for the Play Therapist

Self Care Experiential Activity

Brief Example of what of self-care may look like in Play Therapy-Supervision

Self Care for the Play Therapist

- Ideas on What to do during busy clinical day or between clients
 - Mantras/positive affirmations
 - Be creative with your schedule and when you NEED supervision
 - Take a few moments of quiet before an anticipated tough session
 - Breathe in peace and healing, breathe out anxiety/uncertainty
 - Nurture yourself- pack your favorite snack or cup of tea
 - Ask yourself after a difficult session, "Is this mine?"
 - Trust the process and honor the important work you are doing
 - Anything YOU have done during your busy day?

Thank you for honoring a child's journey through Play Therapy!



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