



Trauma-Informed Sensory-Based Methods for Children, Adolescents and their Families Practices

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Outline

- **Overview of Presentation**
- **Trauma**
- **Violence and Trauma: Impact upon Children**
- **Trauma-Informed Practices: Sensory-Based**
- **Creative & Expressive Arts & Play Therapy:**
- **Art**
- **Storytelling & Narratives**
- **Sandplay**



▪ <https://www.google.com/search?client=firefox-b-1-ab&q=Art+pictures>

Introduction

- The interplay between childhood traumatic experiences, such as abuse, neglect and exposure to violence can impact cognitive processing, disruption in emotional regulation and possibly create mental health challenges in children, youth and their families.
- Best practices suggest that integrative methods which impact the mind-body, somatic sensory integration and neurobiology are essential in trauma recovery.

Prevalence of Trauma

- The CDC statistics on abuse and violence in the United report that one in four children experiences some sort of maltreatment (physical, sexual, or emotional abuse). One in four women has experienced domestic violence. In addition, one in five women and one in 71 men have experienced rape at some point in their lives — 12% of these women and 30% of these men were younger than 10 years old when they were raped.

<https://www.health.harvard.edu/blog/trauma-informed-care-what-it-is-and-why-its-important-2018101613562>

What is Trauma ?

Trauma Defined

- *Trauma* can be defined as a psychological, emotional response to an event or an experience that is deeply distressing or disturbing.
- Being involved in an accident, having an illness or injury, losing a loved one, or going through a divorce.
- Can also encompass include experiences that are severely damaging, such as rape or torture.

Complex Trauma

- Complex trauma happens repetitively. It often results in direct harm to the individual. The effects of complex trauma are cumulative. The traumatic experience occurs in a particular time frame or within a specific relationship, and often in a specific setting.

<http://centerforanxietydisorders.com/what-is-trauma/>

What is Trauma (cont.)

Post Traumatic Stress Disorder

- Posttraumatic stress disorder (PTSD) is serious mental illness characterized by symptoms of avoidance and nervous system arousal after experiencing or witnessing a traumatic event.
- EX. Military combat, automobile accidents and injuries, to rape and abuse.

<https://psychcentral.com/disorders/ptsd/posttraumatic-stress-disorder-ptsd-symptoms/>

Developmental Trauma

- Forms during a child's first three years of life. The result of abuse, neglect, and/or abandonment, developmental trauma interferes with the infant or child's neurological, cognitive, and psychological development. It disrupts the victim's ability to attach to an adult caregiver.

<http://centerforanxietydisorders.com/what-is-trauma/>

Signs of Trauma

- **Preschool Children**

- Fearing separation from parents or caregivers
- Crying and/or screaming a lot
- Eating poorly and losing weight
- Having nightmares

- **Elementary School Children**

- Becoming anxious or fearful
- Feeling guilt or shame
- Having a hard time concentrating
- Having difficulty sleeping

- **Middle and High School Children**

- Feeling depressed or alone
- Developing eating disorders and self-harming behaviors
- Beginning to abuse alcohol or drugs
- Becoming sexually active



<https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-str>

Intimate Partner Violence

- Intimate Partner Violence (IPV), also referred to as domestic violence, occurs when an individual purposely causes harm or threatens the risk of harm to any past or current partner or spouse. While abuse often occurs as a pattern of controlling and coercive behavior, an initial episode of abuse may also be cause for concern.
- Tactics used in IPV can be physical, sexual, financial, verbal, or emotional in nature against the partner. Individuals may also experience stalking, terrorizing, blame, hurt, humiliation, manipulation, and intentional isolation from social supports and family.
- Children are the hidden or silent victims of IPV, and some are directly injured, while others are frightened witnesses.
- Children with IPV exposure are more likely to have also experienced emotional abuse, neglect, physical abuse, and community violence.

<https://www.nctsn.org/what-is-child-trauma/trauma-types/domestic-violence>

Impact Children

- Office of Child Abuse and Neglect (2003) notes that 10 to 20 percent of children are at risk of being exposed to domestic violence.
- Exposure has adverse consequences for children
- Childhood trauma



The Adverse Childhood Experiences (ACE)

- Study conducted by the U.S. Centers for Disease Control and Prevention and Kaiser Permanente assessed associations between childhood trauma, stress, and maltreatment and health and well-being later in life.
- Almost two-thirds of the participants (both men and women) reported at least one childhood experience of physical or sexual abuse, neglect or family dysfunction, and more than one of five reported three or more such experiences. Women were significantly more likely than men to report more traumatic experiences in childhood.
- ACE scores were found to be highly correlated with serious emotional problems, health risk behaviors, social problems, adult disease and disability, mortality, high health care and other costs, and worker performance problems.

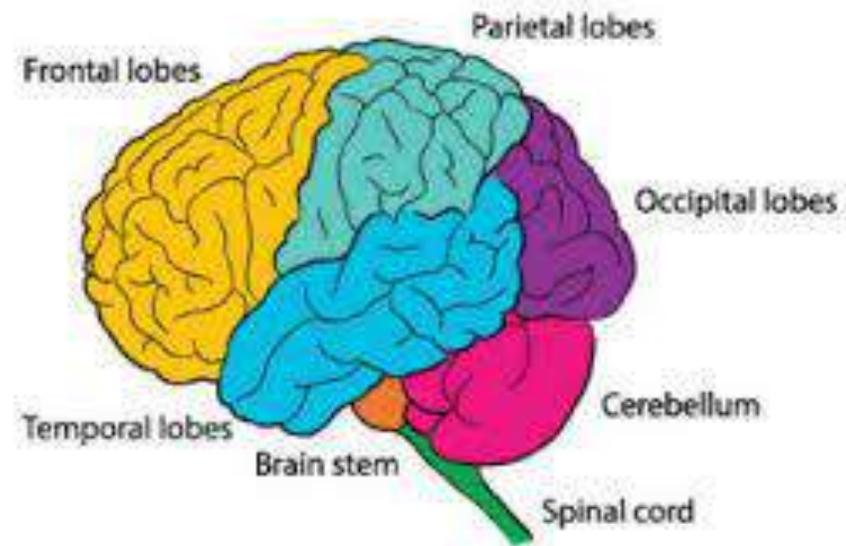
<https://www.psychologytoday.com/us/blog/modern-day-slavery/201707/trauma-informed-care-and-why-it-matters>

Consequences of Maltreatment

Impact on children	Impact on Infants & Toddlers
Type of maltreatment	Possible long-term growth delays
Age & Developmental levels of child	Neurological impairment
Length of time maltreatment was perpetrated	Delay in motor skills
Individual resilience physical, cognitive, social & emotional of child	Interrupted attachment & bonding

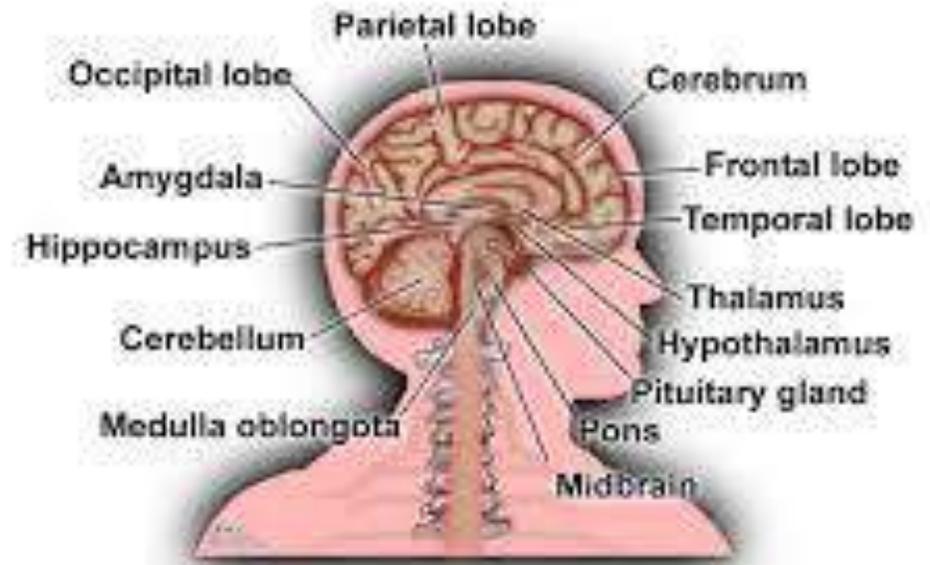
Impact (Cont.)

- Early attachment
- Repeated losses affective mood related conditions
- PTSD
- Disruptive behavioral symptoms
- Anxiety
- Neuroscience – traumatized brain



Neuroscience of Maltreatment

- Traumatized children-
hypervigilant as a protective
means
- Helps them identify threats in
their environments
- Hypervigilance leaves them in
state of psychological arousal
- Respond to everyday events as
threats (fight-or flight)



Siegel, D.J. (2000) The developing mind: Toward a neurobiology of interpersonal experience, New York: Guilford press

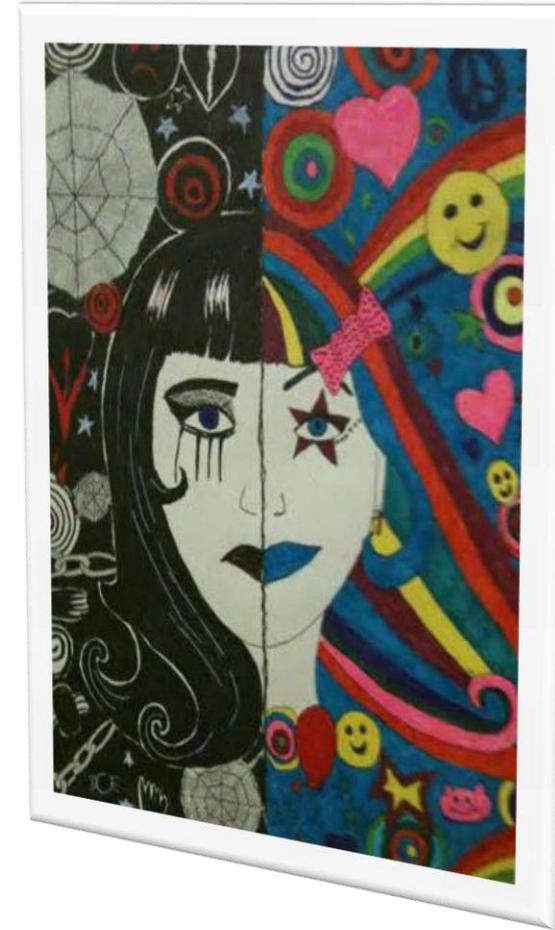
Trauma-Informed Approach Is....

- According to SAMHSA's concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed:
 1. *Realizes* the widespread impact of trauma and understands potential paths for recovery;
 2. *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
 3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
 4. *Seeks to actively resist re-traumatization.*"

<https://www.samhsa.gov/nctic/trauma-interventions>

Creative and Expressive Art Interventions

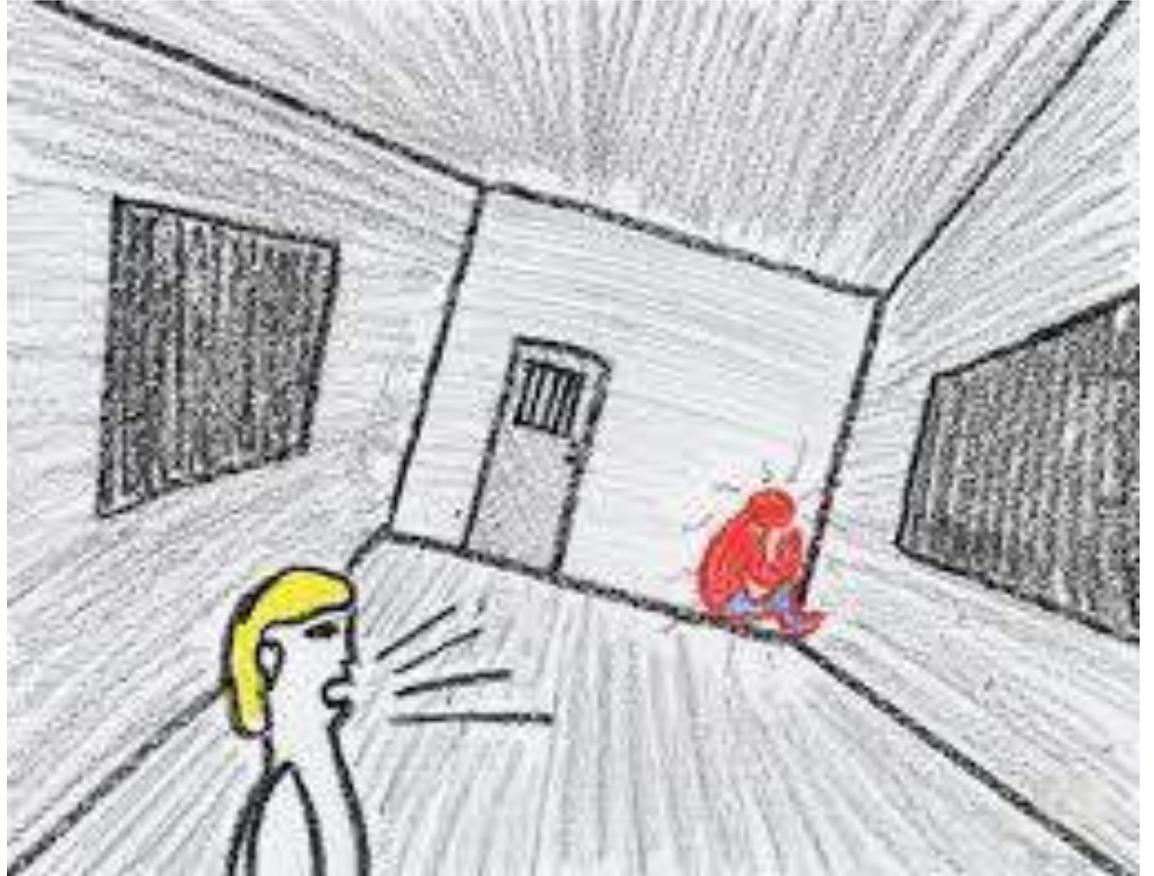
- Expressive arts therapy has been identified as a viable intervention with traumatized individuals
- Expressive therapies = music, art, movement, mindfulness, poetry, photography, drama, play therapy and sandplay
- *Creative and expressive methods can impact neurodevelopmental changes*
- Emphasis is on the externalization of inner trauma and development of affective regulation



<https://www.psychologytoday.com/blog/arts-and-health/201406/creative-arts-therapy-and-expressive-arts-therapy>

Sensory Based Trauma Interventions

- Approaches which address the sensory response to trauma, beyond the cognitive areas.
- Somatic experiencing
- Neurodevelopmental approaches



Expressive Arts Therapies

- Expressive art therapies involving art, music, dance, drama, play and sand play are considered trauma-informed
- Why trauma-informed? Because of their ability to allow for processing of the trauma narratives through a nonverbal means.
- International Society for Traumatic Stress Studies confirms the value of expressive arts therapies and acknowledges expressive arts as accepted ways to access nonverbal material

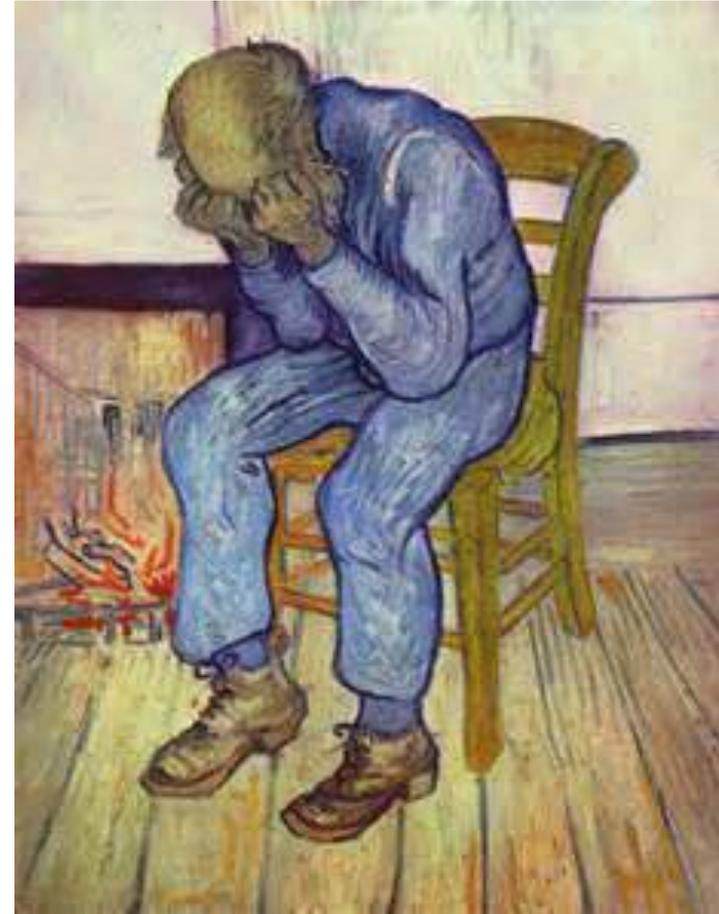


Foa, Keane, Freidman, & Cohen, 2008

<https://www.trauma-informedpractice.com/>

Benefits of Expressive Arts

- Kinesthetic
- Auditory
- Visual
- Neurological
- Neurodevelopmental



Malchiodi, 2011a

Neurobiology & Expressive Arts

- **Creative and expressive techniques can assist in accessing trauma memories**
- **Integrative powers**
- **Connection between mind, body, and feelings.**
- **The sensory experience of sand play reaches the limbic system and meaning is stimulated.**

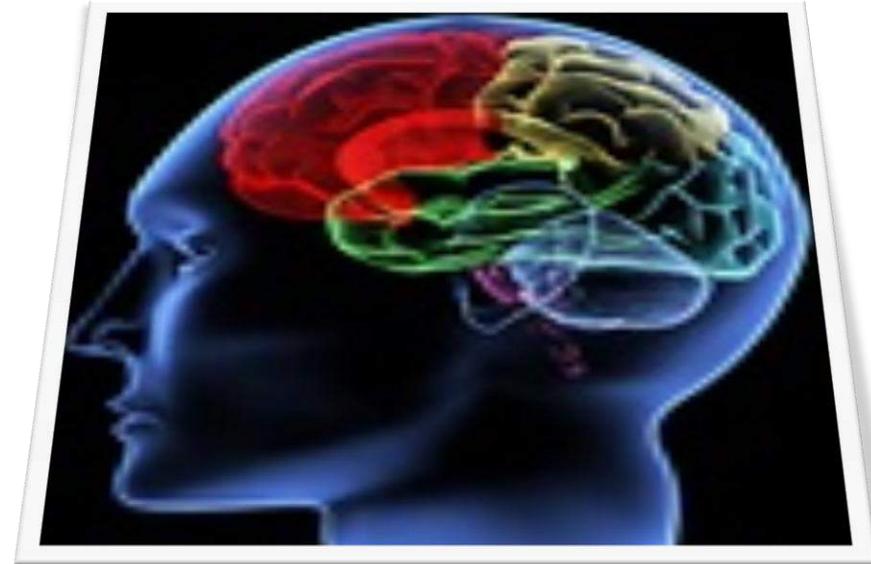


- (Bandenoch, 2008)

Cultural Competence

To be culturally competent, systems and organizations are required to: • have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively with people of diverse backgrounds; and • have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts of the communities they serve

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To be linguistically competent, systems and organizations must have the capacity to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including persons of limited English proficiency, those with low literacy skills, and individuals with other communication challenges; and • have policies, structures, practices, procedures, and dedicated resources to support the linguistic needs of diverse populations.



National Center for Cultural Competence. (n.d.). Cultural Competence Definition and Framework. Retrieved January 13, 2008, from <http://gucchd.georgetown.edu/nccc>.
Goode, T., & Jones, W. (2004). National Center for Cultural Competence. Linguistic Competence Definition. Retrieved January 13, 2008, from <http://gucchd.georgetown.edu/nccc>.



**Trauma-Informed Practices: Sensory Based
Using Art, Storytelling, Narratives & Sand Tray Therapeutic
Methods in Conjunction with Evidenced Based Practice Models**

Child Parent Psychotherapy

- CPP is an intervention model for children aged 0-5 who have experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or behavioral problems, including posttraumatic stress disorder. The treatment is based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. Therapeutic sessions include the child and parent or primary caregiver. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a vehicle for restoring the child's cognitive, behavioral, and social functioning. Treatment also focuses on contextual factors that may affect the caregiver-child relationship.
- Acronym:
- CPP
- Targeted Populations:
- 0-6; both males and females; for youth who have experienced a wide range of traumas and parents with chronic trauma

<https://www.nctsn.org/interventions/child-parent-psychotherapy>

Trauma-Focused CBT

- TF-CBT is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. It is a components-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques. TF-CBT has proved successful with children and adolescents (ages 3 to 18) who have significant emotional problems (e.g., symptoms of posttraumatic stress disorder, fear, anxiety, or depression) related to traumatic life events. It can be used with children and adolescents who have experienced a single trauma or multiple traumas in their lives.
- Acronym:
- TF-CBT
- Targeted Populations:
- 3-21; both males and females; for children with Posttraumatic Stress Disorder (PTSD) or other problems related to traumatic life experiences, and their parents or primary caregivers

<https://www.nctsn.org/interventions/child-parent-psychotherapy>



Trauma-Informed Art Therapy

Expressive arts, play therapy and related approaches support trauma recovery using neurodevelopment and mind-body best practices.

Emphasis is on how creative interventions support the essential areas of trauma-informed care-- safety, empowerment, resilience, and self-efficacy.

Art Therapy: Highlight of Key Concepts

**A non-verbal form of communication which bypass the sensors of a client who has suppressed memories
Provides distance for the client and subsequently facilitates an objective view of their personal challenges.**



Goals of Art Therapy

- Therapist hears the message of the client and helps the client move toward resolution of the conflict.
- There is mental discomfort & disequilibrium when there is deep conflict and unresolved trauma. *Art might create an opening for discussion.*

“Art is the most effective mode of communication that exists.”

John Dewy, Art as Experience

Every Child is an artist. The problem is staying an artist when you grow up.”

Picasso

The Process

Colors &
Symbols

Feeling
Tone

Manifest
Content

Associative
Content

Meaning
Content

Three Levels of Content Interpretation

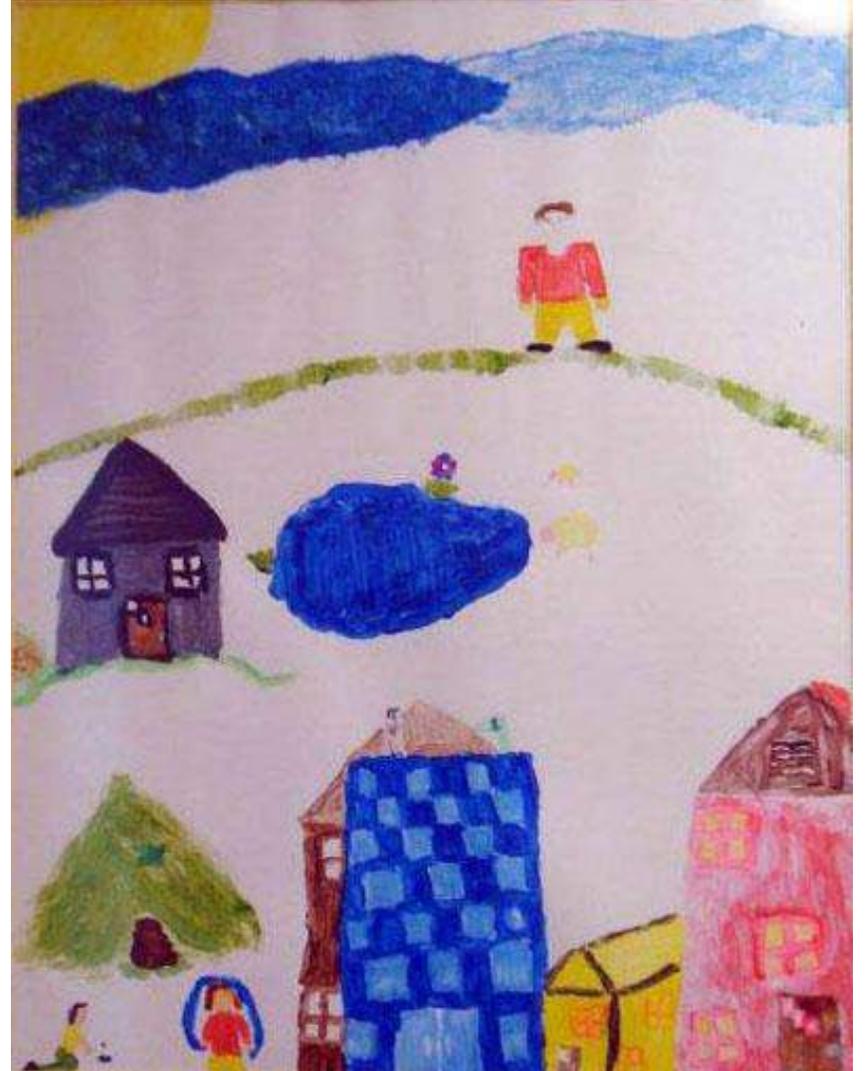
- **Manifest** (surface) topic or subject matter must be explored first.
- **Associative** Content-derived from title or stories about the drawings.
- **Implied** (latent) content-considers the symbolism of the drawing.

Manifest Content

- Similar to manifest content of a dream
- Actual content of the drawing is evaluated.
- **EXAMPLE:** Girl draws two houses close together and connects them with a sky bridge. Labels one house with her name, the other with the therapists name. Drawn prior to termination.

Associative Content

- Derived from title to or stories about drawings
- Explored to form additional hypotheses
- Note child's commentary while drawing



Implied Content

- Consider the symbolism of the drawing
- You must learn about the symbols common within a given culture, community and specific to your client
- Approach the child's drawing's from two perspectives.
- 1. View the picture's content while ignoring all human figures. Then the figures are viewed, ignoring all other content.
- Helps you refocus attention on specific details of the picture



Implied Content (cont.)

2. Themes

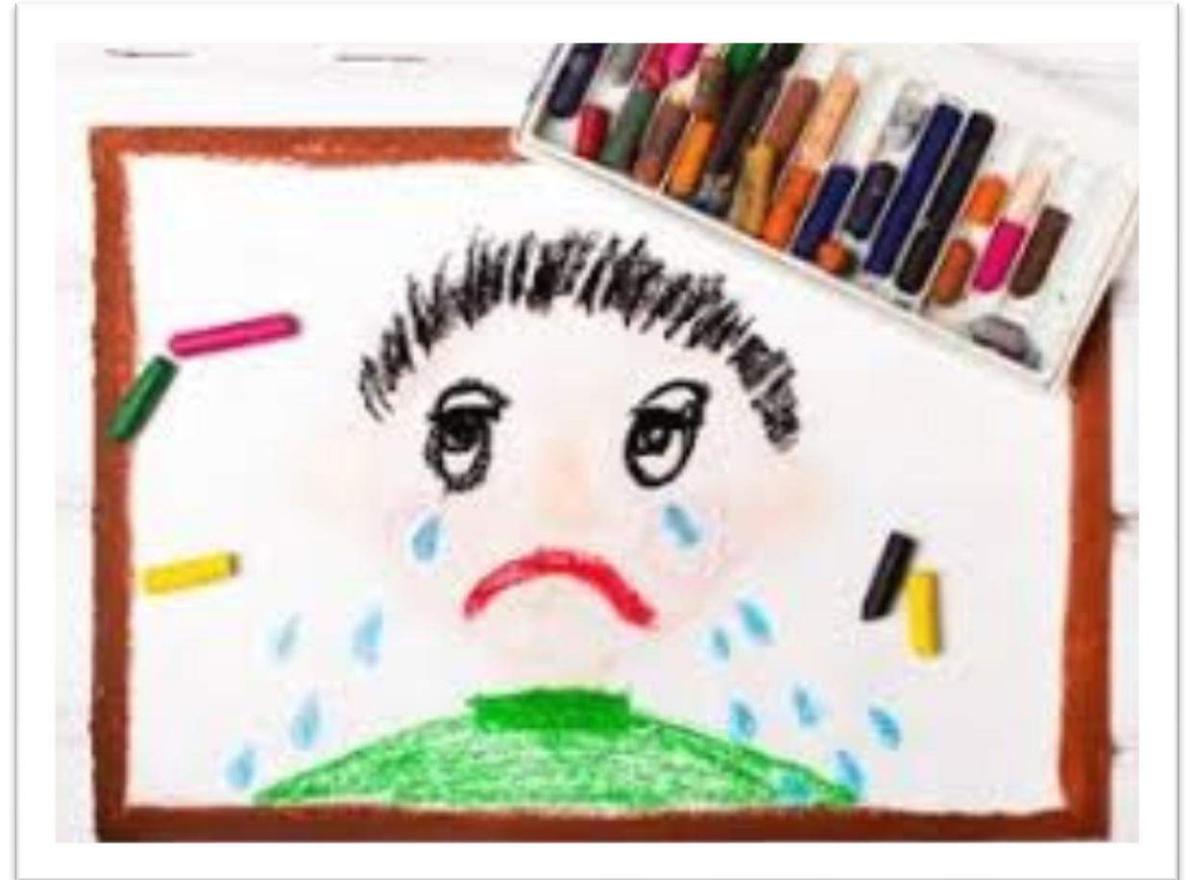
Look for themes which appear over and over again

- Will provide additional hypotheses that would have remained allusive had the pattern only occurred once or was not recognized as repetitive



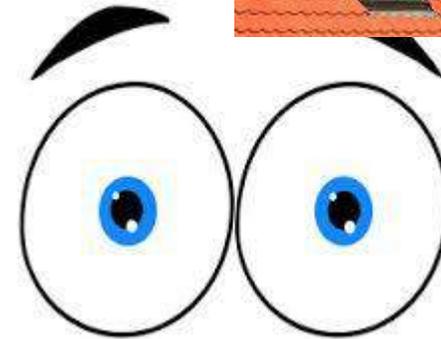
Process Interpretation

- Observe how the child responds to the presentation of materials
- Which materials are selected
- How are they handled
- How are they put together
- Note the child's attitude toward the creative process



Mental Illness in Artwork

- ***Sun-symbol*** for father,
Spider-symbol for mother.
- **X-ray vision**-poor ego boundaries
- **Roof**-lots of overflow of the unconscious and fantasy life



Interpretation of Human Figures

Face

- The face might be interpreted as the social feature of drawing.
- Children who deliberately omit facial features in drawing while showing delineation in other parts of the body may be indicating difficulties with interpersonal relationships.

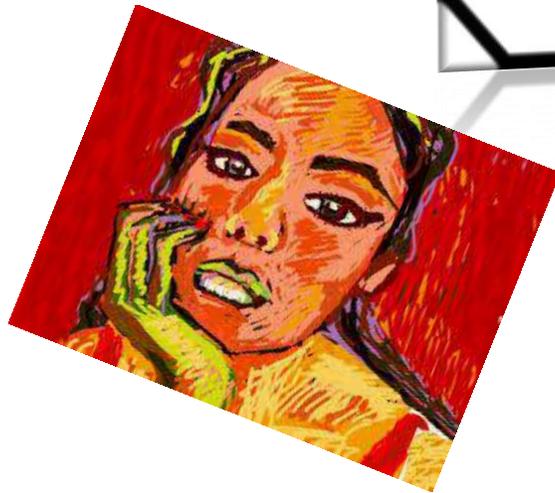


Quick Steps to Processing Art

- 1. Allow yourself to react to the picture**
- 2. How does it make you feel?**
- 3. What is it saying to you?**
- 4. Think about your client and connect**
- 5. Now, look for themes within the picture**
- 6. Go back and ask yourself what is picture saying or not saying?**
- 7. Make a clinical decision to discuss with client or just allow to be a visual representation of the client.**

I Am Activity

I Am Activity



Two Versions of “ I Am”

- 1. **“I AM.”** Using a picture of a hand, have your client write something on each finger
- 2. **“I AM- another version.”** Using a silhouette of a body have the client write on each part (ex. Arms what and how they feel within their arm. Connect the discussion prior experiences.

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