

CLINICAL EDITOR: In this article, readers will find a discussion and review of Trauma Focused Cognitive Behavioral Therapy (TF-CBT) play interventions along with rationale for using such interventions with children.

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Playful Trauma Focused Cognitive Behavioral Therapy *with Maltreated Children and Adolescents*

Play therapists understand the healing value of play therapy for traumatized children and that evidence-based interventions must inform our practice. The following article describes a Center for Disease Control (CDC)-approved treatment for traumatized children, Trauma Focused Cognitive Behavioral Therapy (TF-CBT) with play interventions. TF-CBT for children and adolescents was developed by Cohen, Deblinger, and Mannarino (2006) as an approach to treating traumatized children. TF-CBT is based on the collaboration of clinical research by two independent research groups, Cohen and Mannarino and Deblinger and Heflin. The TF-CBT model includes multiple components to address specific phases of treatment that both theory and practice indicate are important.

The components of TF-CBT are:

- Psychoeducation and Parenting skills
- Relaxation
- Affective modulation
- Cognitive coping/processing
- Trauma narrative
- In vivo mastery
- Conjoint child-parent sessions
- Enhancing future safety (Cohen, Mannarino, Deblinger, 2006, pp. 45)

Cohen, Mannarino and Deblinger (2006) allow for flexibility within the TF-CBT model, based on the clinical assessment of the child by a trained therapist. For example, the clinician can determine the order of the components based on the needs of the child. The developers also allow for the clinician to address the components with varying techniques. Being creative and flexible are important attributes noted by the TF-CBT developers and are typical of play therapists.

The abundant play therapy literature provides techniques that are developmentally appropriate for each of the components of TF-CBT. Below are



examples of how play therapy and TF-CBT can be integrated to provide for the best practice which involves empirically validated treatment and developmentally appropriate techniques.

The first component of TF-CBT is psycho-education, weaved throughout the treatment, and used for normalizing trauma responses and addressing cognitive distortions related to the trauma. The clinician may determine which are helpful based on the presenting problems and on-going dialogue with the parent and child. Various techniques have been proposed by Crisci, Lay, & Lowenstein (1998) to address psycho-education issues. The *Paper Airplane technique* is an intervention well suited to beginning the psycho-education discussion "what is abuse?" The *Sexual Abuse Game* allows the child to look at feelings, the process of disclosure (telling), and learning (psycho-education about abuse). The *My Helpers technique* allows a young child to think about whom in the community will help with different situations. An older child/adolescent may use the *Design a Support Person technique* to think about what he or she needs and seek that out. The *Opinion Poll* provides for assessment and discussion about responsibility and blame related to abuse. As with standard TF-CBT, pie charts may be used to visualize the clients assignment of blame/responsibility. Another tool for discussing cognitive distortions is "What Abusers Know About Kids" and "How Abusers Use This Knowledge To Trick Kids."


The *Trick hat* (Grotzky, Camerer, & Damiano, 2000) or *Abuser's Bag of Tricks* (Crisci, G., Lay, M., & Lowenstein, L., 1998) are playful ways of addressing accountability and responsibility as well as for tertiary child abuse prevention. Tricks ranging from physical threats to relationship-based threats are discussed and the child acts out how they would respond. The *Who, What, Where and When game* (Kenney-Noziska, 2008) can be used to process with the child situations during which it is helpful to discuss abuse and when it may be more socially appropriate to wait.

The second component of TF-CBT is Parenting Skills, including behavioral strategies for parenting. These seem to be more powerful after the relationship has been strengthened with several play sessions involving parent and child. In addition, to parent-child play sessions, play techniques can also be utilized when addressing the parent-child relationship. For example, the "*Me and my Mom Technique*" allows the child to assess changes in the relationship before and after the abuse occurred (Crisci, Lay, & Lowenstein, 1998).

The third component of TF-CBT, Relaxation can be taught to children using playful interventions. Bubbles are a common visual for discussing deep breathing. An intervention, the *Tin Soldier/Ragdoll intervention* can be adapted to fit the toys that are more accessible for children. For example, a hard two foot action figure (i.e., superman) and a floppy stuffed animal can represent tight and loose muscles. Relaxation can be engaging by pretending to be kittens or hibernating bears while doing deep breathing or watching a stuffed animal move up and down on the clients diaphragm.

The fourth component of TF-CBT is Affective Expression and Modulation. Discussing feelings, when done in a creative way that matches the child's interests, is engaging. One affect expression technique described by the TF-CBT developers is the *Color Your Life Technique* by Kevin O'Connor (1983) and several adaptations such as the *Color Your Heart technique* (Goodyear-Brown, 2002). It can be helpful to use Gingerbread man drawings for children to express their feelings about trauma such as to represent the feelings of several family members following the incident. Puppets teach about feelings identification in self and others. Feelings cards can be useful for playing Feelings Charades. Most children enjoy interventions such as *Fruit Loops Feelings, Mood Music, and Mood Manicure* (Goodyear-Brown, 2002). Interventions such as *I Feel Hopscotch* (Goodyear-Brown, 2002) are helpful for active children. Often the most defensive boys respond when playing *Feelings Basketball* and *Feelings Bowling*. Little folks enjoy *Fishing for Feelings* with magnetic fish captured by a little fisher who then describes when he has had that feeling. *Revealing Your Feelings* is a magical intervention for processing feelings (Kenney-Noziska, 2008).

The introduction of the Cognitive Triangle, an essential CBT component, helps the child understand the connection between feelings, thoughts, and behaviors. Play interventions such as the *Acting on my Feelings technique* (Crisci, Lay, & Lowenstein, 1998) may be beneficial.

A young child with light brown hair, wearing a blue headband and a blue and white striped tank top, is blowing bubbles. The child is looking upwards and to the right. Several blue bubbles of various sizes are floating in the air around the child. The background is a solid, bright blue color.

“Bubbles are a common visual for discussing deep breathing.”

The next component of TF-CBT is constructing a written narrative and processing the trauma experience. A written narrative provides a structure for the child to define concrete events related to maltreatment. This may be done playfully by acting as a news reporter and having the child tell the story. Play therapy interventions such as the *Go Fish* and *My Autobiography techniques* (Crisci, Lay, & Lowenstein, 1998) are helpful in writing a narrative.

A combination of directive and nondirective approaches in the sessions can enhance the child's processing of trauma. Play can be helpful for acting out memories (i.e., in the doll house, or sand tray) which facilitates the healing process. One may use themes of the child's play to gain insight into the world of the child and how they experienced the trauma. Following the processing of the written narrative, several techniques such as Gil's *Genogram* with sand tray miniatures allow for further communication of feelings through metaphor (2005). Dr. Dee, a Native American psychologist, uses culturally consistent interventions such as making Talking Sticks, which process the traumas across the life of a child, in her use of TF-CBT.

Play interventions assist in addressing cognitive distortions. When overwhelmed with anxieties the *All Tangled Up technique* (Goodyear-Brown, 2002) allows the child to not only see the pervasiveness of her anxieties but also see that the feelings can be "cut down" with the message being that she can make anxieties more manageable. *The Repairing Self Esteem technique* for processing feelings and thoughts related to the self following trauma, and the *King of Nashville technique* (Goodyear-Brown, 2002) to process feelings of post-abuse empowerment *The Twisted Thinking game* can be helpful for discussing irrational thoughts (Kenney-Noziska, 2008).

TF-CBT includes assignment of blame and responsibility to those related to the abuse or trauma. A playful option for this activity is the *Paper doll technique* (Crisci, Lay, & Lowenstein, 1998) where paper dolls are labeled by the child and band-aids are placed on the people the child feels were hurt the most. Dot stickers represent blame and stars bravery. As the child places the stickers, there is discussion of bravery, blame, and hurt. Several other play therapy interventions including two others by Crisci, Lay, and Lowenstein (1998) relate to blame/responsibility: *Gertie and Gordie: The Guilt Free Kids* and *The Guilt Trip* which is especially helpful for boys as the game board is a race track.

The next component of TF-CBT is In Vivo Mastery during which the child gains exposure to anxiety provoking stimuli utilizing a hierarchy describing the steps from least to most anxiety provoking. For example an adolescent may not want to go to school following sexual abuse at the school. Through use of this component the child may be able to drive by the school, go up to the steps of the school, enter the foyer, go into the school, and eventually go to the site of the abuse. When discussing this in session, toys (i.e., a toy school and human figures) can enhance the expression of both therapist and child. Orange construction cones may be labeled with the steps of the hierarchy with the child literally walking from one to the next and discussing their SUDS (Subjective Units of Distress Scale) ratings.

The final TF-CBT component is Enhancing Future Safety for which play therapy interventions may be beneficial. A megaphone can be utilized while talking about the child's right to say no. Puppet play or role playing with props including a director's clapboards can be empowering while acting out future situations when the child may be approached. Hoola hoops are beneficial for discussing boundaries. The road map for tertiary prevention (Crisci, Lay, & Lowenstein, 1998) is a helpful illustration of difficult times that may need to be addressed preventatively or may cause recurrence of symptoms.

The play therapy literature abounds with interventions related to each of the components of TF-CBT. TF-CBT provides a structure to ensure that important factors related to healing are addressed. Together, Trauma Focused Cognitive Behavioral Therapy and playful interventions provide an empirically validated model for the treatment of child maltreatment with interventions that are developmentally engaging and assist both the therapist and the child in communicating.

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