

Creative Interventions for Traumatized Children

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Creative activities, presented within the context of an empathically attuned therapeutic relationship, engage children and enhance the effectiveness of trauma treatment. Developmentally appropriate and engaging activities motivate children to participate in treatment, facilitate skill building, and lead to a greater sense of enjoyment in the therapeutic process.

The purpose of this article is to provide therapists with creative interventions for some of the components of trauma treatment namely, psychoeducation, relaxation skills, affective expression, cognitive restructuring, and gradual exposure.

Interventions

Psychoeducation

The aim of psychoeducation is to normalize feelings and reactions to the trauma, dispel myths and inaccurate cognitions, and instill hope. The Crumpled Paper Throw Game helps children learn and process information in a playful manner. The practitioner explains the game as follows:

Crumple a piece of paper into a ball, stand behind the tape line, and throw the paper ball toward the hoop I will make with my arms. If you get the crumpled paper through the hoop, you earn 1 point. If you miss, I will ask you a question. You get 2 points for each question you answer correctly. If your answer is not correct, I will read the answer to the question, and then you will have the chance to answer again and earn 2 points. (Optional: At the end of the game, trade in points for prizes: 1–10 points = 1 prize; 11 or more points = 2 prizes.)

Below is a sampling of questions from the book, *Cory Helps Kids Cope with Sexual Abuse* (Lowenstein, 2014):

Question: *What are some feelings kids may experience when they have been sexually abused?*
Answer: *Kids who have been sexually abused may feel sad, scared, or mad. Lots of kids who are sexually abused feel like they did something bad. Therapy is a place where kids can talk about their feelings so they can begin to feel better.*

Question: *How come kids might keep the sexual abuse a secret?*
Answer: *There are lots of reasons why kids are scared to tell about the sexual abuse. They might worry they will get in trouble if they tell. They may think other people won't believe them. Or maybe the abuser told them not to tell. It's really hard for kids to tell about the sexual abuse.*

Question: *How do children feel toward the abuser?*
Answer: *Some children are angry at the abuser, some children still like or love the abuser, and some children feel both ways (they are angry at the abuser AND they still like or love the abuser). There is no right or wrong way to feel—whatever you are feeling toward the abuser is okay.*

Question: Does sexual abuse always hurt or feel bad?

Answer: Sexual abuse may hurt. But sexual abuse can also feel good. It can feel good when someone is touching your vagina or penis. It is important for kids to know that they are not weird or bad if the sexual abuse felt good.

Question: How can talking about the sexual abuse help kids feel better?

Answer: Talking about the sexual abuse can help the really scared feelings go away. One of the things we will do in therapy is tell your story of the sexual abuse. Don't worry, we will do it when you are ready, and we will talk about it a little at a time to make it easier. Telling your story about the sexual abuse will help you feel better.

The practitioner should modify questions to suit the child's treatment needs and developmental level. Movement exercises can be integrated into the game to add to the appeal of the activity and to teach relaxation skills. The practitioner can participate in these exercises along with the child to model and to set a playful tone. Examples include:

Stomp your feet five times, freeze your body for five seconds, then take five slow deep breaths.

Do the shoulder scrunch by scrunching your shoulders up to your ears, then relaxing them and moving them around five times.

Make your body go tall and stiff like uncooked spaghetti then make your body go wiggly like cooked spaghetti.

Relaxation Skills

Relaxation training helps children manage their physiological responses to trauma. Two of the most commonly used and effective relaxation skills are deep breathing and progressive muscle relaxation (PMR). Deep breathing (also known as diaphragmatic breathing) involves slow, deep breaths through the diaphragm to initiate the body's relaxation response. PMR involves purposefully tensing and then relaxing muscles in the body.

An engaging intervention that can teach diaphragmatic breathing is the Cookie Breathing Game (Lowenstein, 2016). Children are instructed as follows: "Put your hand on your tummy, where your belly button is. Slowly breathe in through your nose for three seconds and feel your tummy move out. Slowly breathe out through your mouth for four seconds, and feel your tummy move in. Make sure your shoulders and chest are relaxed and still. Only your tummy should be moving in and out. To help you learn this special way of breathing, imagine a yummy batch of cookies that just came out of the oven. As you breathe in, smell those yummy cookies! But they're hot, so you have to blow on them to cool them down. As you breathe out, blow on the cookies to cool them down."

A game is then played to help the client practice. The practitioner and client take turns rolling the dice. When an even number is rolled, the player does Cookie Breathing properly and slowly two times. When an odd number is rolled, the player gets a point. The first player to get four points wins.

Another playful tool that can teach diaphragmatic breathing is Goodyear Brown's Personalized Pinwheels (2005). Children are provided with pinwheels (or they can make their own with kits purchased from specialty stores), asked to hold them close to their mouths, and blow. They are then told to hold the pinwheel an arm's length away and rotate it with their breath, which requires children to take deeper breaths. This activity is helpful in retraining children to take deep diaphragmatic breaths that are controlled in both their inhalation and their expulsion of air.

The Tighten and Relax Dance (Cavett, 2010), is a fun activity to teach PMR. The child is taught how tense muscles contribute to feeling stressed. The practitioner and child first dance stiffly with tight muscles, then dance in a loose manner, then flop onto a chair. Next, the practitioner and child lie on the floor and tighten and relax muscle groups. By participating alongside the child, the practitioner strengthens the working alliance, and models the technique.

Repeated practice is required when building relaxation skills; thus, home-based practice exercises are strongly encouraged. Parents should be included in the session so they can coach the child to practice the relaxation strategies at home.

Affective Expression

A central goal in trauma treatment is to help children develop awareness of internal emotional states and to be able to appropriately label what they are feeling. Guess Which Hand (Lowenstein, 2014) is a fun game that builds the client's emotional vocabulary and encourages feelings expression.

The practitioner writes a feeling word (i.e., happy) on a small piece of paper, folds it several times to form a paper clump, and places it in one hand. The practitioner puts her hands behind her back, moves the feeling word from hand to hand a few times, then places both closed hands in front of her. The client tries to guess which hand is holding the feeling word. If the client guesses the correct hand, both the client and the practitioner take turns telling a time they experienced the feeling. The client earns a point for telling about the feeling, plus a bonus point for guessing the correct hand. (If the client did not guess correct hand, then the client still earns one point for telling about the feeling.) The client can earn a bonus point for showing with face and body what the feeling looks like. The game is repeated several times with new feeling words added for each round. If desired, the client can be awarded a small prize once ten points are earned.

Utilizing a variety of engaging interventions helps children strengthen affective expression skills. There are many creative techniques in the literature from which to choose. Feelings Hide-and-Seek (Kenney-Noziska, 2008), Feelings Ring Toss (Dyson, 2011), Feelings Tic-Tac-Toe (Lowenstein, 1999), and Lego Emotion House (Grant, 2016) are fun activities that encourage the expression of

emotions. Catch a Feeling Face (Logan, 2010) and Letting the Cat Out of the Bag (Lowenstein, 2002) help children match feelings with facial expressions and body poses. Mancala Feeling Stones (Van Hollander, 2011) allows children to quantify feelings.

Cognitive Coping

Most traumatized children have negative, irrational, or unhelpful thoughts about the trauma, which often lead to heightened feelings of anger, anxiety, and hopelessness. Cognitive coping refers to interventions that teach children the connection between thoughts, feelings, and behaviors, and to challenge and correct cognitive distortions.

Learning cognitive coping can be an abstract and dull task for children. Helpful Thoughts (Lowenstein, 2014) is an intervention that enables practitioners to use an age-appropriate and experiential method to connect cognitions, affect, and behaviors. Further, it is a non-threatening way of helping children challenge and correct their maladaptive assumptions. A step-by-step demonstration of the Helpful Thoughts activity can be found on the author's YouTube channel (<http://www.youtube.com/user/lowensteinliana>).

Gradual Exposure

Many children who have been sexually abused experience frightening images and intrusive thoughts of the trauma. Creating a trauma narrative is a gradual exposure technique in which "repeated reading, writing, and elaboration of what happened during the trauma desensitizes the child to trauma reminders" (Cohen, Mannarino, & Deblinger, 2006, p. 119). One of the goals of creating the trauma narrative "is to unpair thoughts, reminders, or discussions of the traumatic event from overwhelming negative emotions such as terror, horror, extreme helplessness, shame, or rage" (Cohen, Mannarino, & Deblinger, 2006, p. 119). In the context of a safe and trusting therapeutic relationship, children learn that recalling memories of the trauma and gradually telling their story does not lead to overwhelming emotions they experienced at the time of the trauma.

Many children are reluctant or unable to verbally articulate the details of their traumatic experience. As such, the trauma narrative can be accomplished by play reenactment or drawing. Children (and adults) often lack the words to adequately describe their traumatic experiences, but they can show what happened. Play reenactment and drawing both provide an appropriate means for children to communicate, and allows for the external, concrete, and manageable representation of the trauma experience. Additionally, play reenactment and drawing facilitates the reduction of anxiety to trauma memories through repeated visual re-exposure in a safe therapeutic environment.

If play reenactment is the chosen modality, then the child should be provided with a variety of appropriate toys and miniature figures so he/she can create a detailed narrative. As the child is recounting the narrative with the figurines, the practitioner should take a photo of each significant scene. This ensures that the client has a visual and concrete representation of the trauma narrative, and it facilitates the processing of the story. This will also assist the client in later sessions if the narrative is shared with the parents.

During the processing of the trauma narrative, the practitioner asks questions, such as the ones below, to elicit details and sensory reactions (adapted from Cohen, Mannarino, & Deblinger, 2006):

1. What is happening? (Draw or show me with the toys in the room.)
2. What happened next? (Draw or show me with the toys in the room.)
3. Tell me more about it. (Draw or show me with the toys in the room more about what happened.)
4. Tell me again the part about... (Draw or show me again with the toys in the room the part about...)
5. What are you saying to yourself when it is happening? (Draw a word bubble and write or show me with the doll that's you what you are saying to yourself.)
6. What is your brain thinking when it is happening? (Draw or tell what you are thinking, or hold the doll that's you and describe what you are thinking when it's happening.)
7. What are you feeling when it is happening? (Draw it, describe it, or hold the doll that's you and tell what you feel when it's happening.)
8. What about it made you feel that way?
9. When it was happening, what did you want to do? (Draw it, describe it, or use the toys to show what you wanted to do.)
10. What do your eyes see when it is happening? (Draw it, describe it, or hold the doll that's you and tell what you see when it's happening.)
11. What do your ears hear when it is happening? (Draw it, describe it, or hold the doll that's you and tell what you hear when it's happening.)
12. What does your nose smell when it is happening? (Draw it, describe it, or hold the doll that's you and describe what you smell when it's happening.)
13. What else do you want to say about what happened? (Draw or show me with the toys in the room anything else you think is important about what happened.)

Clinical judgment must be used in order to formulate questions that are appropriate to each client's unique situation.

Although play reenactment and drawing offer an engaging and developmentally appropriate means for children to create their trauma narrative, some children may still be reluctant to share details of the trauma. The practitioner can offer other creative methods such as:

- Write each paragraph of the narrative onto a separate cardboard puzzle piece, then put the puzzle together.
- Create people figurines out of marshmallows and pretzel sticks then recount the trauma using the marshmallow people.
- Tell the story by searching items online in Google Images, then print the images and create a collage.

The above methods lower the threat level of the intervention and help to break through the resistive barrier. Once the client is more engaged, then the practitioner can ask exploratory questions to elicit greater detail and to process thoughts and feelings.

Attending to the Process

There are a wide range of therapeutic techniques from which to choose when working with traumatized children. The practitioner must choose techniques based on the child's developmental capacities, interests, and treatment needs. Regardless of the techniques used, they will not be effective unless they are delivered within the context of a positive and supportive therapeutic relationship. Moreover, practitioners must pay special attention to the process underlying each technique. Selecting techniques appropriately and focusing on the process will help the practitioner utilize techniques in a theoretically and clinically sound manner, and prevent a simplistic, haphazard approach.

References

Cavett, A. (2010) *Structured play-based interventions for engaging children and adolescents in therapy*. PA: Infinity Publishing.

Cohen, J., Mannarino, A.P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York, NY: Guilford Press.

Dyson, P. (2011). Feelings ring toss. In L. Lowenstein (Ed.), *Assessment and treatment activities for children, adolescents, and families, Volume Three: Practitioners share their most effective techniques* (pp. 51–53). Toronto, ON: Champion Press.

Goodyear-Brown, P. (2005) *Digging for buried treasure: 52 more prop-based play therapy interventions for treating problems of childhood*. Nashville, TN: Sundog.

Grant, R.J. (2016). *Play based interventions for autism spectrum disorder and other developmental disabilities*. New York, NY: Routledge.

Kenney-Noziska, S. (2008). *Techniques, techniques, techniques: Play-based activities for children, adolescents, and families*. West Conshohocken, PA: Infinity Publishing.

Logan, M. (2010). Catch a feeling game. In L. Lowenstein (Ed.), *Assessment and treatment activities for children, adolescents, and families, Volume Two: Practitioners share their most effective techniques* (pp. 32–33). Toronto, ON: Champion Press.

Lowenstein, L. (1999). *Creative interventions for troubled children and youth*. Toronto, ON: Champion Press.

Lowenstein, L. (2002). *More creative interventions for troubled children and youth*. Toronto, ON: Champion Press.

Lowenstein, L. (2014). *Cory helps kids cope with sexual abuse: Playful activities for traumatized children*. Toronto, ON: Champion Press.

Lowenstein, L. (2016). *Creative CBT interventions for children with anxiety*. Toronto, ON: Champion Press.

Van Hollander, T. (2011). Mancala feeling stones. In L. Lowenstein (Ed.), *Assessment and treatment activities for children, adolescents, and families, Volume Three: Practitioners share their most effective techniques* (pp. 60–61). Toronto, ON: Champion Press.

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Liana Lowenstein is a Clinical Social Worker, Certified Play Therapist-Supervisor, and Certified TF-CBT Therapist who is known internationally for her best-selling books including: *Paper Dolls and Paper Airplanes: Therapeutic Exercises for Sexually Traumatized Children* (1997); *Creative Interventions for Children of Divorce* (2006a); *Creative Interventions for Bereaved Children* (2006b); *Creative Family Therapy Techniques* (2010); *Cory Helps Kids Cope with Sexual Abuse* (2014); and *Creative CBT Interventions for Children with Anxiety* (2016). She presents trainings across North America and abroad and provides consultation to therapists worldwide. She has been working with children and families since 1988 and continues to maintain a private practice in Toronto. Liana is winner of the Monica Herbert award for outstanding contribution to play therapy in Canada.

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