

Chapter Review of *Play Therapy With Traumatized Children*

By Anne Koenig, M.S., L.P.C.

Garry Landreth's *Innovations in Play Therapy* devotes an entire chapter towards examining the history, characteristic symptoms and treatment approaches of play therapy with traumatized children.

It is an unfortunate reality that sooner or later most registered play therapists will receive a call from someone in the community requesting help for school children who have been exposed to an unexpected event that may range from the death of a beloved teacher to a violent event such as a hostage taking or even a terrorist attack.

Psychological trauma is defined by Eth and Pynoos (1985) as “when an individual is exposed to an overwhelming event resulting in helplessness in the face of intolerable danger, anxiety and instinctual arousal.” Tess (1991) calls this “Type 1” trauma, a single sudden stressor. Most practitioners are used to treating “Type II” trauma which can be the result of being exposed to long-standing ordeals

While “Type II” trauma is not the focus of Chapter 18, Landreth does discuss a case of a 9 year old male student who had been battling cancer when suddenly his popular school principal died. When Landreth entered the classroom, he found the teacher and all her students including the young boy sobbing. The teacher explained that when the news of the principal was shared, the young boy asked if he would die next. Wisely, Landreth took the boy aside and talked to him about his cancer. It was the first time an adult was willing to talk with him about the ordeal he faced.

The parents of the child were furious with Landreth until he explained how damaging it was to the child to not have a way to express his angst. There seems to be a prevailing attitude among parents and some professionals that children cannot handle conversations around illness and death. Fortunately, Landreth was also able to comfort the parent's concerns, fears, and bewilderment as well as educate them in how to help their child. Working with our young patients almost always involves working in tandem with the caregivers.

Unfortunately when treatment is delayed or hampered by attitudes or other constraints, the results for children may include, suppression, displacement, and identification with the aggressor, splitting and self-anesthesia. Hopefully, before the child reaches such place, the symptoms; recurrent, intrusive distressing visual recollection of the event, repetitive behavior, trauma, specific fears, and changed attitudes such as “life must be endured not cherished” Tess (1991), would be noticed and addressed.

Characteristic symptoms identified more recently by the American Psychiatric Association (1994) include: re-experience through nightmares and play, avoidance of stimuli associated with the event, numbing of general responsiveness, hypervigilance, irritability and difficulty sleeping.

Once the signs are evident, how might the therapist best assist a traumatized child through the use of play therapy? Landreth discusses a few techniques in working with school children soon after the Federal building in Oklahoma City was bombed. In one instance, a 7 year old girl reached for the finger puppets and stuffed them in the mouth of the toy alligator. With great effort she removed the puppets from the alligator’s interior and lined them up on a table. The author noted the importance of tracking her play; in other words giving words to her play communication (non-verbal) was noted as critical in meeting the child’s need to be heard.

Another 9 year old boy who experienced the bomb had a wise teacher who knew of the child’s history of having self-esteem issues and referred him to Landreth. At first, the boy justified why the building had been bombed including himself as being the cause. As the play progressed, guns the boy handled accidentally shot the toy identified as the mother which may have been his chance to deal with his original Type II trauma.

Helpfully included in the reading, is a list of play items to be packed and ready to go at moment’s s notice. When the call does come requesting your services, it seems that time is of the essence. Bottom line, being prepared and knowing what to expect is one way play therapists can serve those who are in most need of expert intervention.