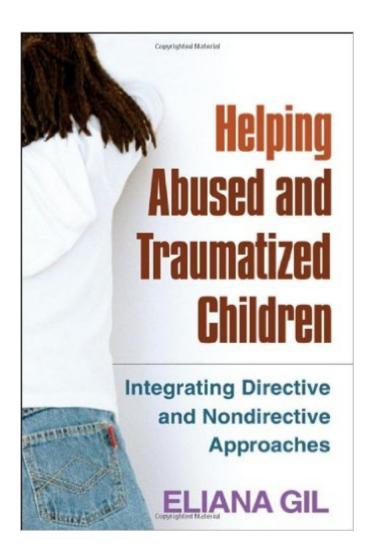
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Helping Abused And Traumatized Children: Integrating Directive And Nondirective Approaches





Synopsis

Presenting an integrative model for treating traumatized children, this book combines play, art, and other expressive therapies with ideas and strategies drawn from cognitive-behavioral and family therapy. Eliana Gil demonstrates how to tailor treatment to the needs of each child by using both directive and nondirective approaches. Throughout, practical clinical examples illustrate ways to target trauma-related symptomatology while also helping children process painful feelings and memories that are difficult to verbalize. The book concludes with four in-depth cases that bring to life the unique situation of each child and family, the decision-making process of the therapist, and the applications of developmentally informed, creative, and flexible interventions.

Book Information

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WHAT COUNSELORS WILL LEARN FROM THIS BOOK(1) In play therapy, children can identify with objects or symbols, project their thoughts and feelings onto those symbols or objects, and then process difficult, painful, or conflictual material in a protected and safe way that respects defensive mechanisms and pacing.(2) How to conduct an extended developmental assessment which allows clinicians to evaluate a child's overall functioning, identify symptomatic behaviors, assess the impact of trauma, and assess the child's phenomenological experience of the abuse, including the perceptions of parental support and guidance. From this assessment, a clinician can then determine therapy plans with specific, measurable goals.(3) Clinician tools: Play Genogram; Family Genogram; a Sand World; the Child Behavior Checklist (CBCL); the Child Sexual Behavior

Inventory (CSBI); the Trauma Symptom Checklist for Children; a video describing three kinds of touching: safe, hurtful, and the touching of private parts; the House-Tree-Person drawing, the Draw-a-Person, and the Kinetic Family Drawing; Family Puppet Therapy; the Talking, Feeling, Doing game; using Playmobil hospital toys.(4) How to teach children to stop unwanted thoughts, using a timer and the replacement of nice memories.(5) How to deal with four types of parental denial of sexual abuse: denial of facts; denial of awareness; denial of responsibility; and denial of impact. How to educate parents about the nature of abusers who are seductive, initiate sex, and threaten the child into silence.(6) How the clinician's greatest priority is the safety of the child.(7) How the parents of abused children often have their own painful histories of childhood abuse.

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