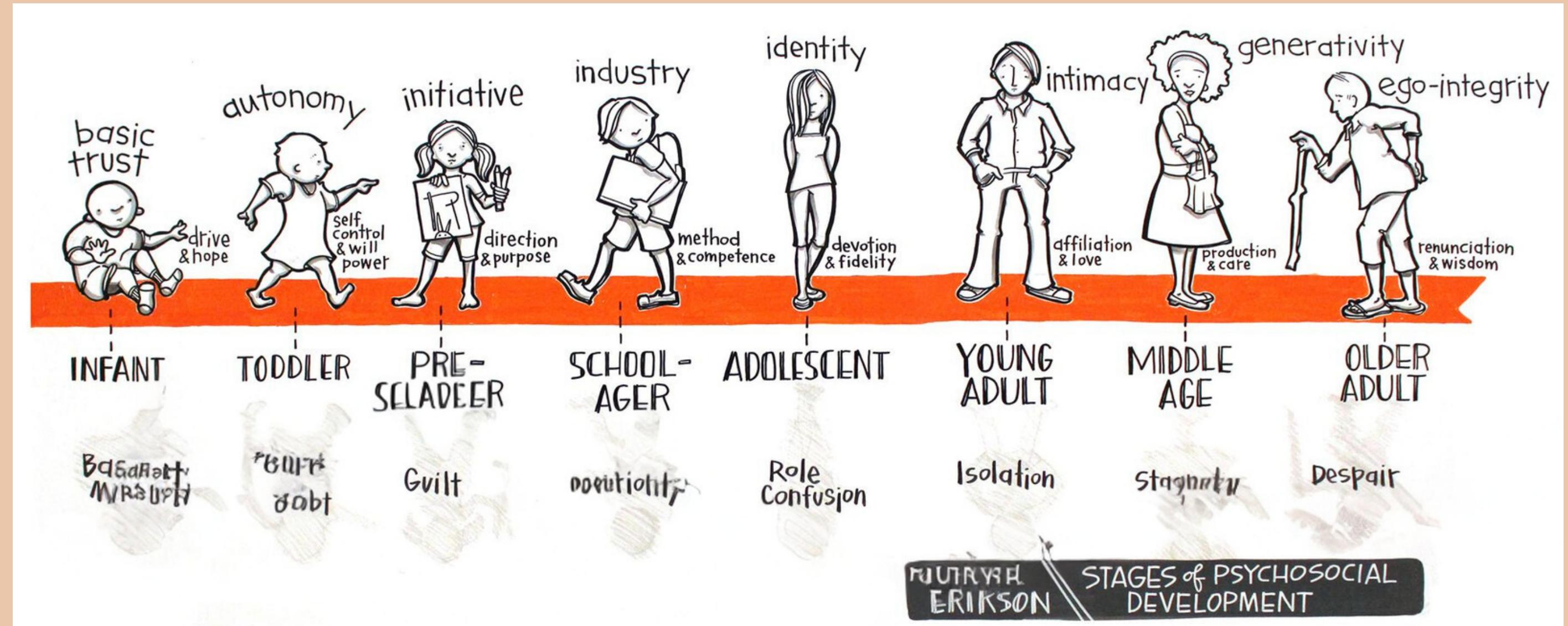

Effective Therapeutic Tools for Children in an IBH setting

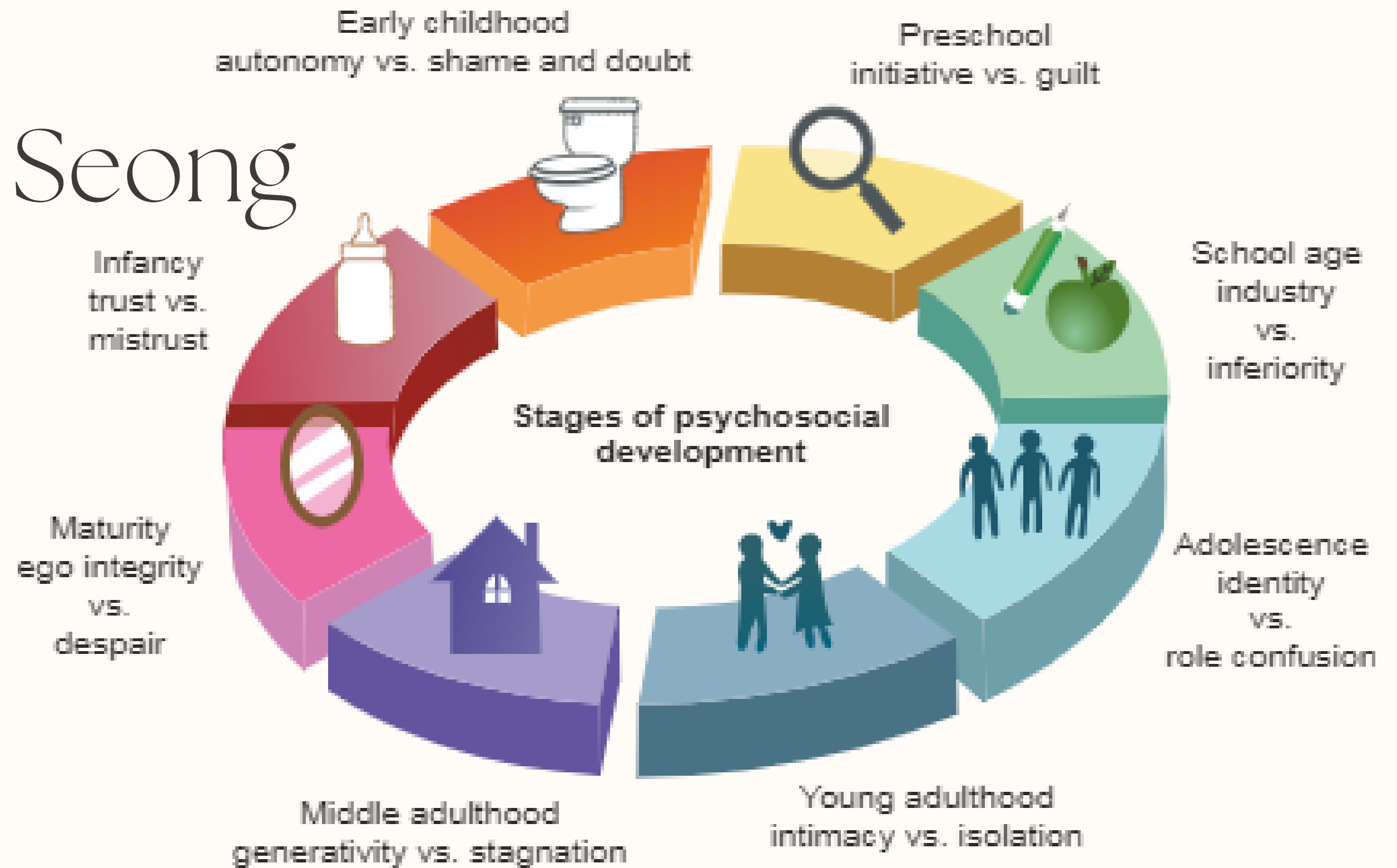
RICKELLE HICKS, MA, CAS, LMFT

Treatment in Light of Development



Verywell

Joshua Seong



Preschool 3-5 Initiative versus Guilt

QUESTION: "AM I GOOD OR BAD?"

VIRTUE: PURPOSE

CRUCIAL EVENT: PLAY/EXPLORATION

EXPLORING NEW TASKS, USING NEW SKILLS

EXPERIMENTING WITH POWER



PLAY IS THE HIGHEST
FORM OF RESEARCH.
ALBERT EINSTEIN

Interventions

SAND TRAY

- ALLOWS CHILDREN TO SHOW THEIR EMOTIONS RATHER THAN ARTICULATE THEM
- ALLOWS CLINICIAN TO GATHER INFORMATION RE: COGNITIVE FUNCTIONING, PROCESSING
- SYSTEMIC INFORMATION
- EFFECTIVE IN TREATING TRAUMA
- EXPRESSION OF EMOTIONS WITHOUT THE DISTRESS OF VERBALIZING
- CLINICIAN CAN USE FOR PAST OR PRESENT CIRCUMSTANCES
- STUDY IN 2019 EVALUATED 33 STUDIES AND ALSO FOUND SIGNIFICANT IMPROVEMENTS IN BOTH KIDS AND ADULTS, ESPECIALLY THOSE WHO WERE EXPERIENCING TRAUMATIC STRESS OR WHO LIVED WITH DISABILITIES OR LANGUAGE ISSUES.



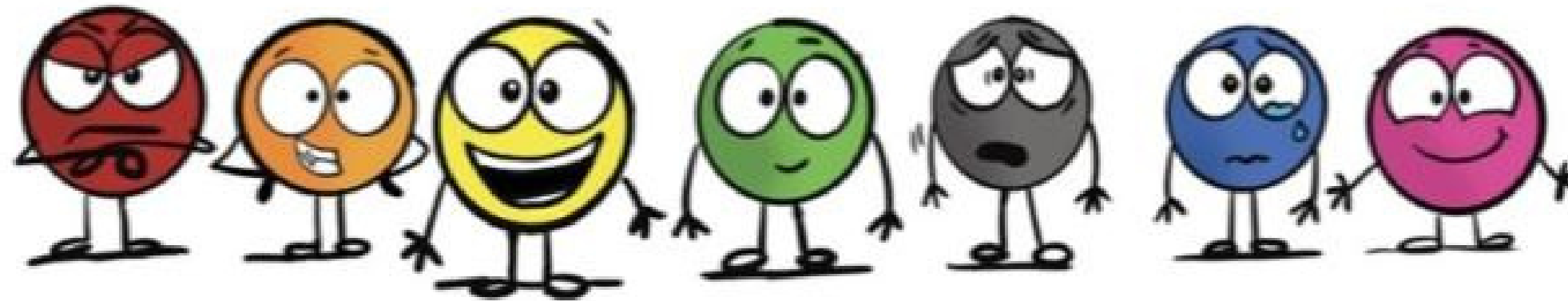


Expansion of Emotional Vocabulary

- IF KIDS HAVE A LANGUAGE FOR THEIR FEELINGS THEY ARE ABLE TO UNDERSTAND THEM AND THEN REGULATE THEM
- GIVING KIDS THE GIFT OF VERBALIZING EMOTIONS BENEFITS THEM ACROSS EVERY ENVIRONMENT - SOCIALLY, ACADEMICALLY, PSYCHOLOGICALLY AND PHYSIOLOGICALLY
- HELP PARENTS TO REFLECT FEELINGS BACK TO REINFORCE THIS OUTSIDE OF SESSION



SPOT YOUR EMOTIONS



ANGER	CONFIDENCE	HAPPINESS	PEACEFUL	ANXIETY	SADNESS	LOVE
Annoyed	Brave	Optimistic	Focused	Worried	Left out	Compassion
Mad	Accepted	Delighted	Relaxed	Afraid	Hurt	Appreciated
Furious	Encouraged	Hopeful	Calm	Concerned	Lonely	Special
Frustrated	Prepared	Cheerful		Embarrassed	Tired	Valued
Irritated	Grateful	Silly		Overwhelmed	Upset	Cherished
	Proud	Goofy		Nervous	Disappointed	Empathy
	Determined	Positivity		Scared	Down	Treasured
		Overjoyed		Ashamed	Miserable	
		Surprised		Stressed	Discouraged	
		Joy		Shy	Bored	
		Excited		Uncomfortable		

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Polyvagal Theory

-Steven W. Porges

Stephen W. Porges, PhD | Polyvagal Theory
(stephenporges.com)

-Nervous system awareness and regulation

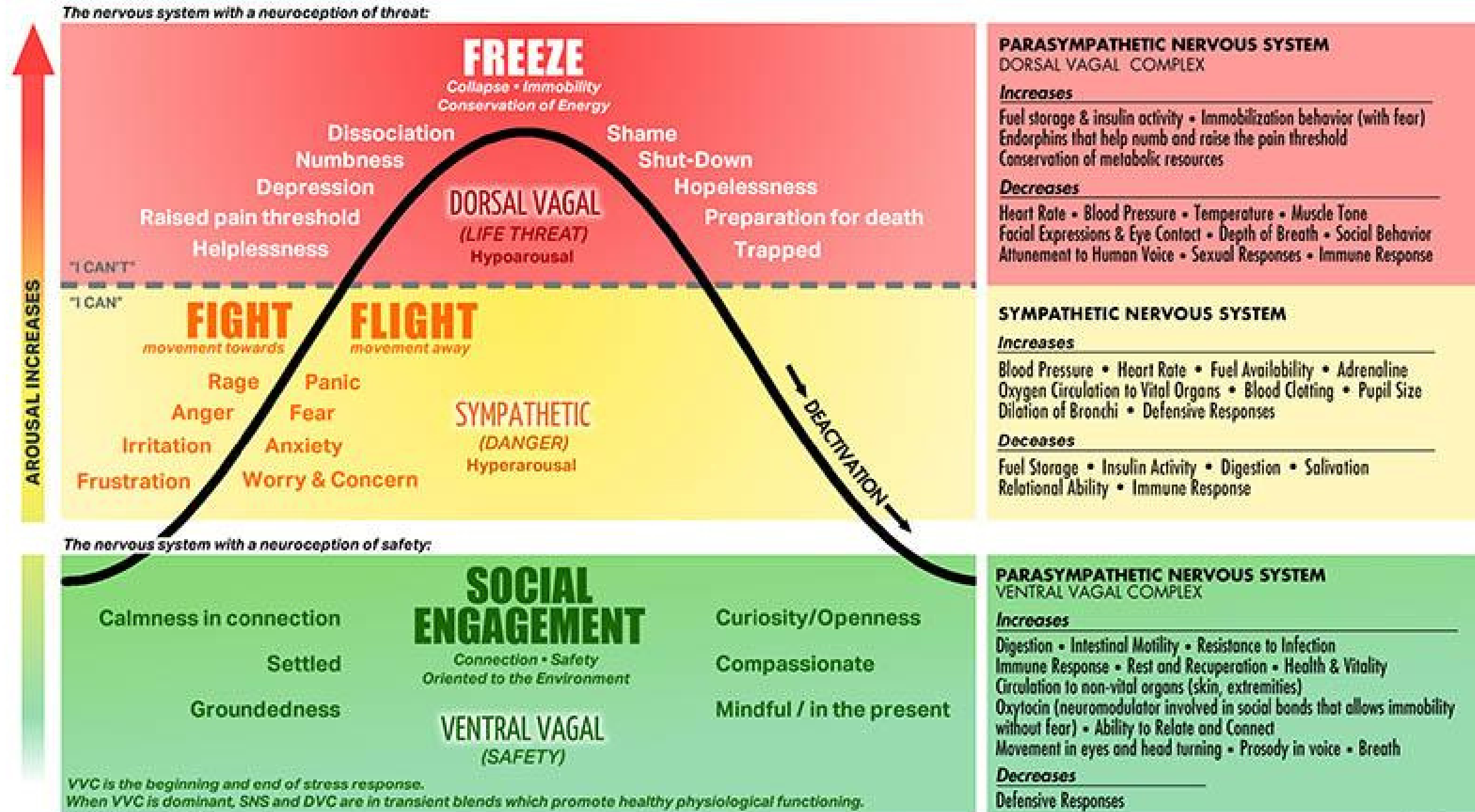
-Mind/body connection and physiological cues

-Helps caregivers sort out behaviors

-Regulate, Relate, Reason

-We are always working within a systemic framework

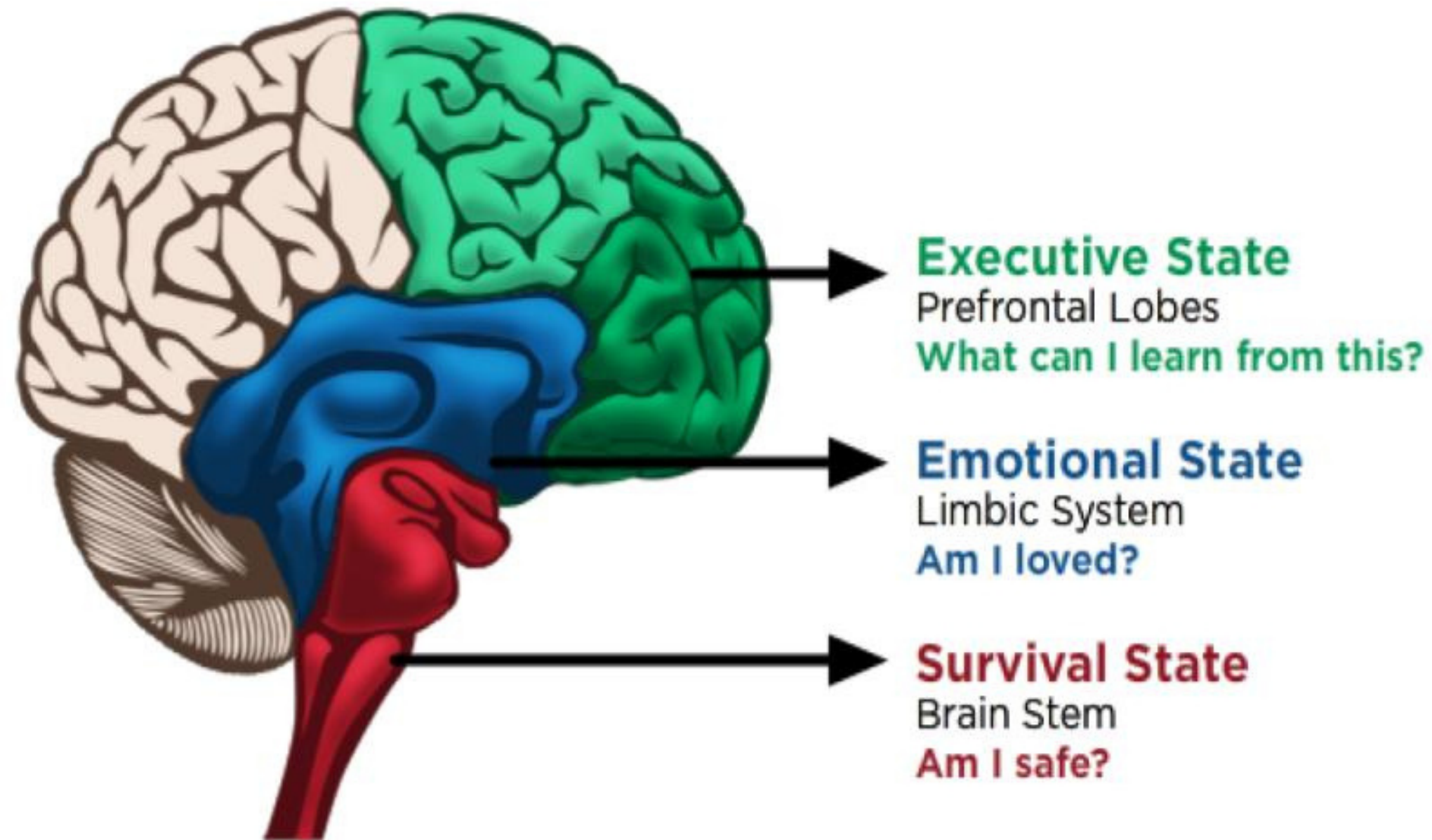
POLYVAGAL CHART



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Adapted by Ruby Jo Walker from: Cheryl Sanders, Anthony “Twig” Wheeler, and Steven Porges.

rubyjowalker.com

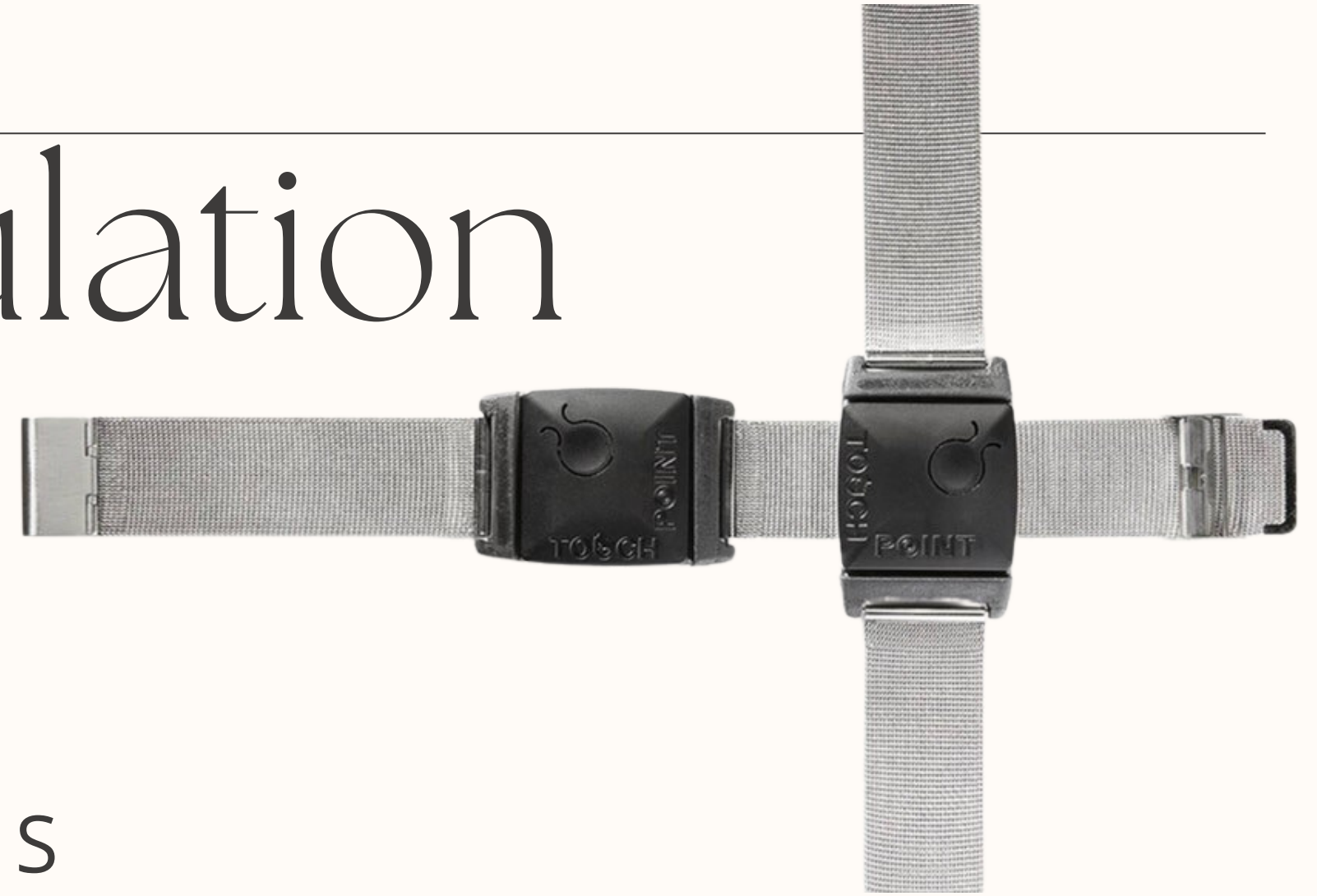


Bilateral Stimulation

How it Works

- BLS DELIVERS STIMULATION TO BOTH SIDES OF THE BODY ACTIVATING BOTH HEMISPHERES (L AND R) OF THE BRAIN WHICH ALLOWS FOR MORE EFFICIENT PROCESSING OF EMOTIONS, EXPERIENCES AND INCIDENTS.
- BLS IS THOUGHT TO MOVE THE TRAUMATIC MEMORIES TO PARTS OF THE BRAIN THAT CAN BE PRODUCTIVE IN PROCESSING AND GET CLIENTS OUT OF A “STUCK” STATE
- ONE STUDY SHOWED A DECREASED STRESS RESPONSE IN THE AMYGDALA, THE AREA OF THE BRAIN THAT WORKS TO PROCESS FEAR AND OTHER EMOTIONS, FOLLOWING BLS. THIS STUDY LOOKED AT MORE THAN 1,000 INDIVIDUALS AND TRACKED SUBJECTS’ RESPONSES TO BOTH EMOTIONAL AND PHYSICAL DISTRESS.

Bilateral Stimulation



- TOUCH POINT SOLUTIONS

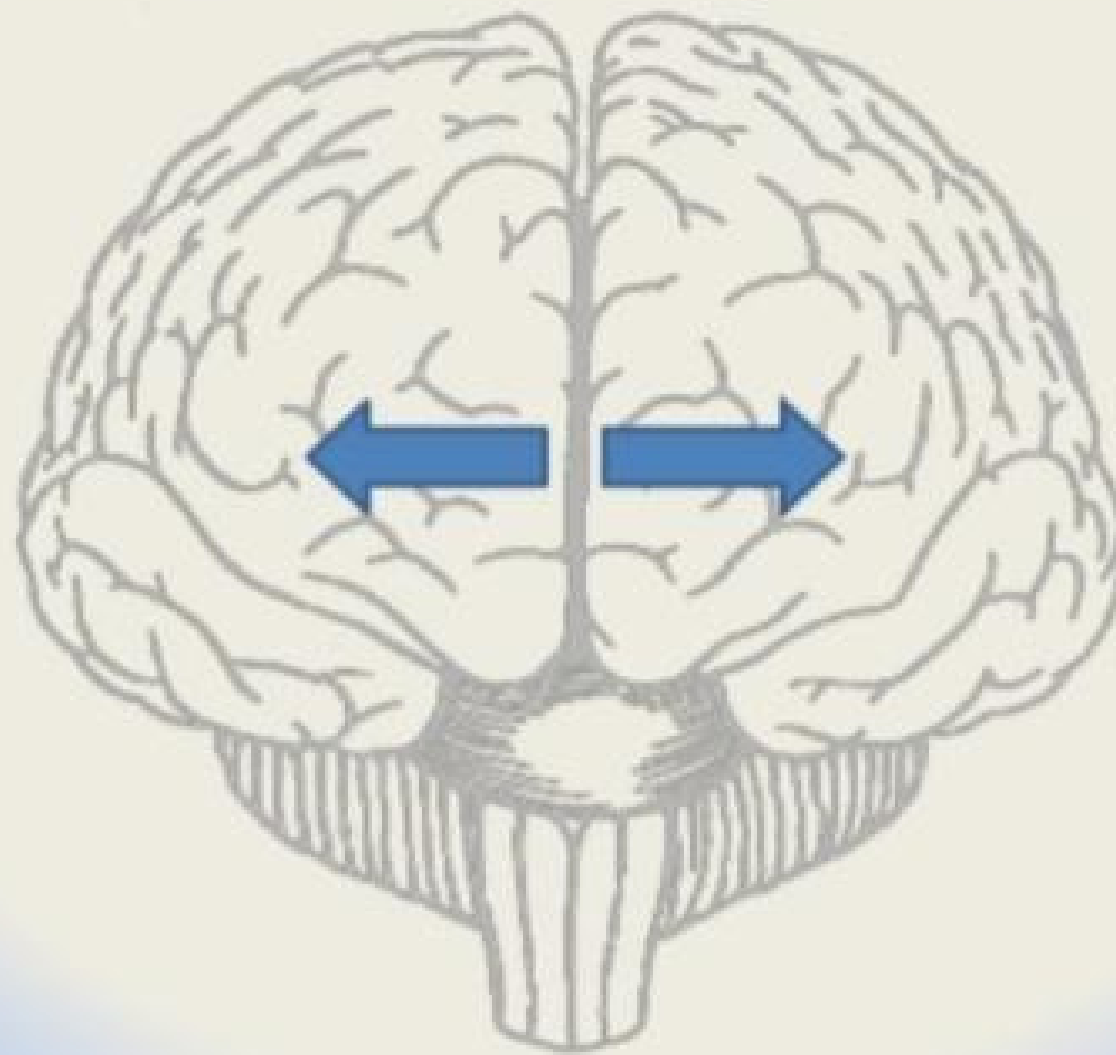
WEARABLE STRESS RELIEF DEVICE | TOUCHPOINTS - THE TOUCHPOINT SOLUTION™

- BUTTERFLY HUG

- CO-REGULATION WITH CAREGIVER

- ROCKING / RHYTHMIC ACTIVITY

Bilateral Stimulation (BLS) is any rhythmic alternation of stimulation between the left and right hemispheres.



Teaching Patients How to Regulate/Self-soothe

- BUILDING FOUNDATIONAL COPING SKILLS DURING SESSION AND GIVING ASSIGNMENTS TO PRACTICE FOR REINFORCEMENT/IMPRINTING OUTSIDE OF SESSION
- FOCUSING ON BIO-PSYCHO-SOCIAL-SPIRITUAL HEALTH
- INCORPORATING EXTERNAL SUPPORTS AND SCAFFOLDING
- CREATE A CALM DOWN CORNER FOR THE PATIENT AT HOME
- RESCUE BACKPACK
- COMMUNICATE WITH IMPORTANT ADULTS IN THE CHILD'S LIFE

Ages 5-11

Industry versus Inferiority

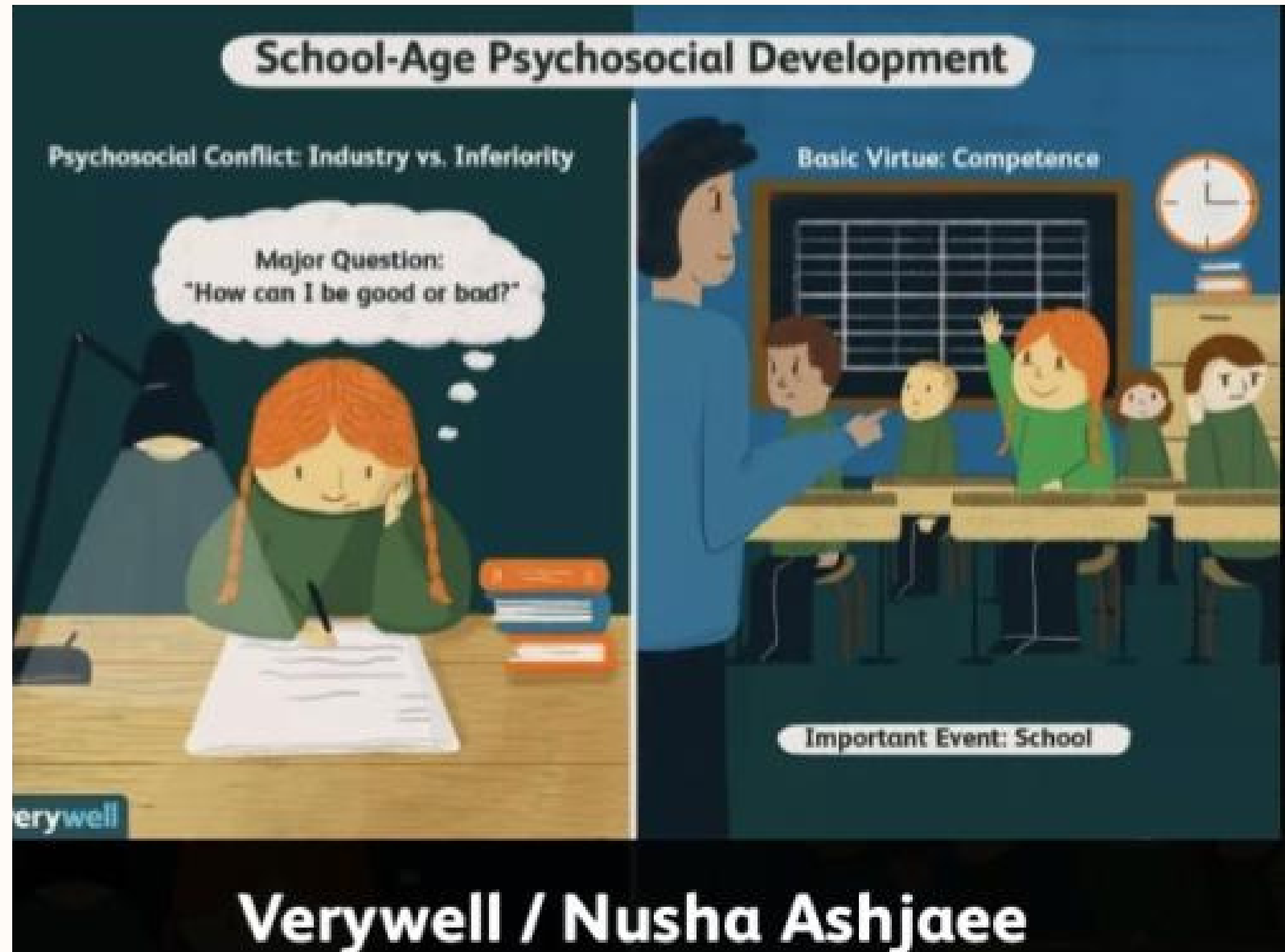
YOUR QUESTION: "CAN I BE GOOD?"

VIRTUE: COMPETENCE

CRUCIAL EVENT: SCHOOL/LEARNING

NECESSITY OF BEING SUPPORTED IN LEARNING NEW
SKILLS

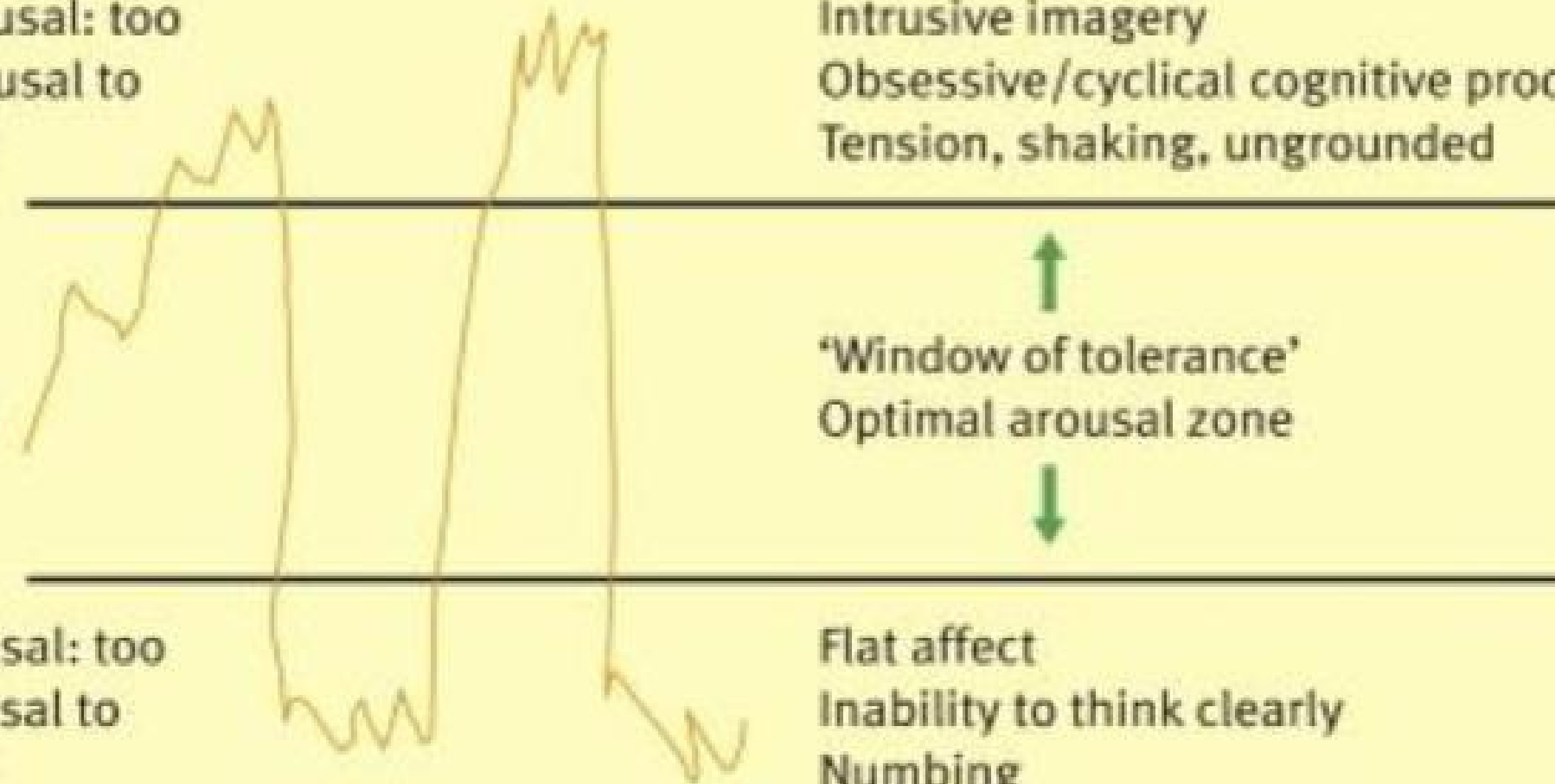
FOUNDATIONAL FOR SELF-ESTEEM, SELF-WORTH AND
SENSE OF COMPETENCY IN RELATION TO OTHERS



The 'window of tolerance': maintaining optimal arousal for trauma-focused therapy

Hyperarousal: too much arousal to integrate

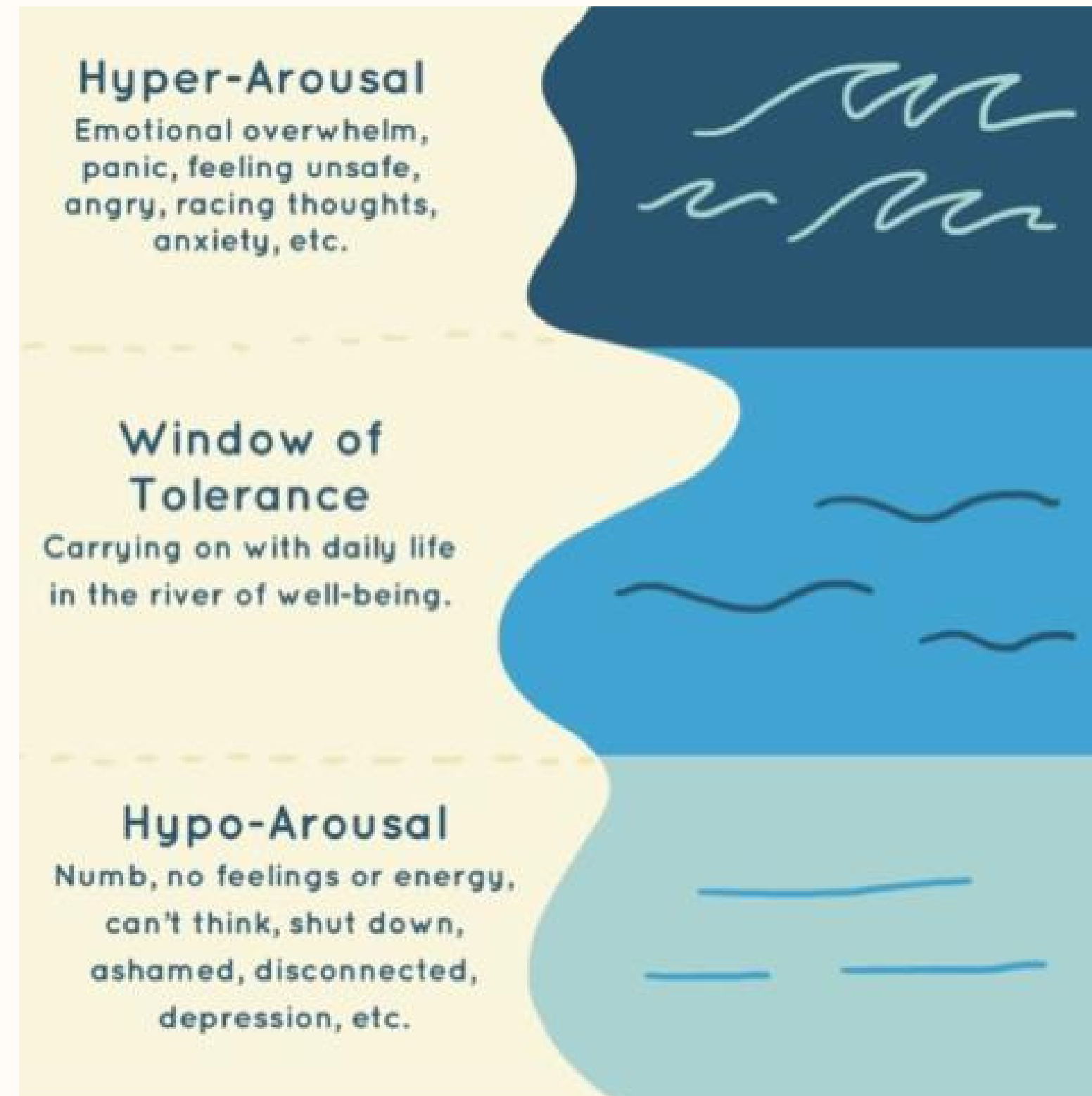
Emotional reactivity
Hypervigilance
Intrusive imagery
Obsessive/cyclical cognitive processing
Tension, shaking, ungrounded



Hypoarousal: too little arousal to integrate

Flat affect
Inability to think clearly
Numbing
Collapse

(Adapted from Ogden and Minton 2000)¹⁰



Interventions

Kinetic Family Drawing

1. Who is there?
2. What is everyone saying?
3. What is everyone feeling?
 - Gives clinician systemic information
 - Utilize scale for continuum thinking and relationship rating
 - Assess emotional age, developmental stage, verbal and cognitive abilities



Emotional Thermometer

FEELINGS THERMOMETER



Considerations

TRAUMA HISTORY

DEVELOPMENTAL AND COGNITIVE CAPACITIES

FAMILY SUPPORT

TIMELINE OF TREATMENT PLAN

MODALITIES

Credits

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VERYWELLMIND

BABYSTEPSDIARY.COM

DIANEALBER.COM

Thank You