

SUPPORTING INDIVIDUALS: SYSTEM RESPONSE & SUPPORT

Sunday, 1:00 – 2:30

Agenda

- Effects of Abuse on victim
- Interventions for D/HOH children
 - ▣ Play therapy
 - ▣ Sandtray
 - ▣ Art
- Interventions for D/HOH adults/perpetrators

Background Info

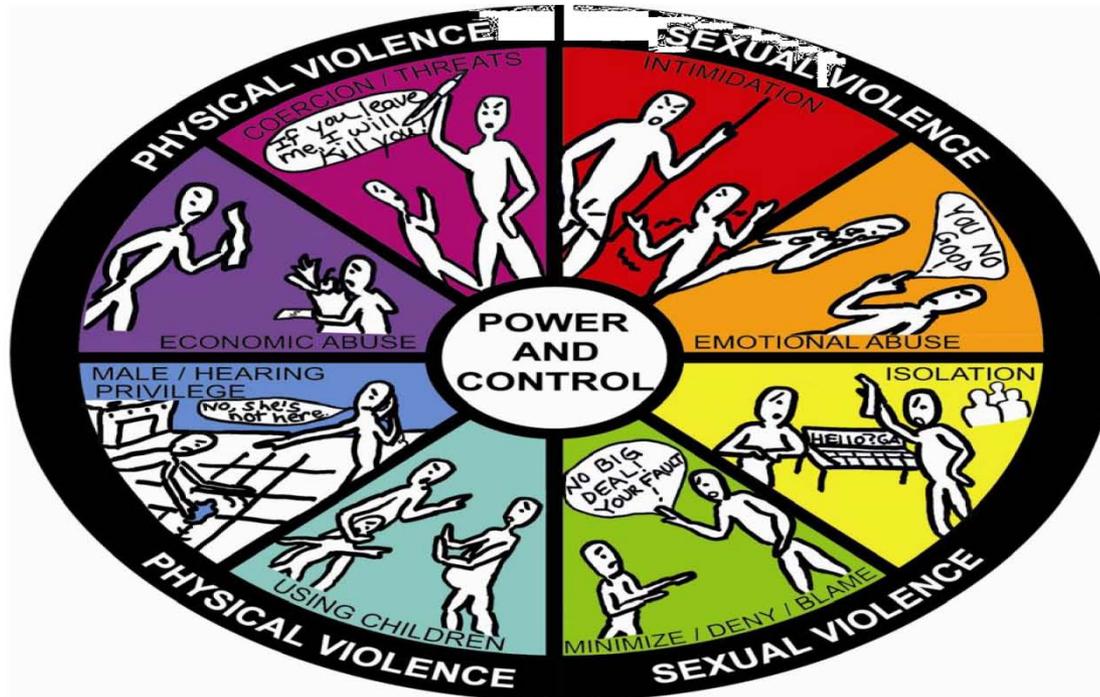
- In the 1990s, the number of sex offenders processed through our courts increased 50% over the prior decade.
- Studies show that between 40 and 80% of all perpetrators were once victims
- Therapists must be willing and able to treat both the victim and the perpetrator



CRAP

- Many providers believe that perpetrators violate the rights of others for these reasons:
 - ▣ Control
 - ▣ Revenge
 - ▣ Anger
 - ▣ Power





Abused Victims

- Psychological, Interpersonal, and Behavioral

- Psychological

- PTSD
 - Sleep Disturbance
 - Suicide
 - Self injury
 - Eating Disorders
 - Enuresis/Encopresis

- Interpersonal

- Anger
 - Trust
 - Relationships

- Behavioral

- Withdrawal
 - Acting out
 - Sexual Acting Out

Therapeutic Responses

- Therapy must take a developmental approach
 - Play is the language of children
 - Adolescents may need activity-based therapy
 - Adults process information primarily through talk
 - There is no universally accepted protocol for treatment.
- Case Example:
 - A gunman enters a school and kills a number of children. Survivors are traumatized, bewildered, and shocked.
 - In the first 24 hours, how would you respond to:
 - A 5-year-old?
 - A 12 year-old?
 - An 18 year-old?
 - A 35 year-old?

Case of Maya

- Maya was a 6 year-old deaf male who lived at home with his mother. Although she had a borderline IQ, she was not abusing Maya. Instead, she chose many intimate partners who were aggressive and tried to use them for financial stability. In turn, they used her for sex and many of them were violent with her. One of her former partners confronted her new partner at her home, shot and killed the new partner. The murder took place in front of Maya and his mother. CPS felt they didn't have enough evidence to remove Maya from his mother's custody. She participated in services, but continued to date aggressive men. Maya was unresponsive in therapy and became encopretic.

Case of Maya: Continued

- After several attempts at building a relationship with Maya, he began to talk and play with toys. His progress was slow and did not seem to generalize to his life. After several months with little progress, Maya's mother had a physical altercation at work in which the police responded. CPS now felt they could remove Maya. Within 2 weeks in foster care, Maya began communicating and no longer needed to wear a diaper.

Why play?

- Play works in the metaphor.
- Think of your own most traumatic sexual experience.
- Maya's play with toys and the box.
- Play is using specially selected toys for therapy
- Find a play therapist in your area (www.a4pt.org)



Forms of Play Therapy

□ Art Therapy

- ▣ Therapist uses selected art techniques to facilitate therapy
- ▣ Is more engaging and inviting than talk

- ▣ Let's create something...

□ Sandtray Therapy

- ▣ Allows the victim to create a world in the sand
- ▣ Allows therapist to see progress through the trays

Sample Treatment Protocol

- 1. Rapport (B)
- 2. Make therapy safe (B)
- 3. Trust (B) (Define it, why it's important, how abuse has affected)
- 4. Disclose (O) Talk about sexual history, create a journal
- 5. Share (v) Tell victimization story in safe environment
- 6. (V) Understand how person was abused physically/sexually/emotionally, and the impact. Explore how one survived, name the abuser, self-care and nurturance.
- 7. Id the difference between sexually reactive and sexually offending behavior. (B)

- 8. (B) Gain awareness of feelings and why. Identify appropriate vs inappropriate expressions of feelings.
- 9. (o) Explore healthy vs. unhealthy fantasies and how those impact behaviors. Chart fantasies, replace with healthy sexual fantasy.
- 10. (o) Understand thoughts, feelings, behaviors related to sexual offenses. ID why perp acted out.
- 11. (B) Teach healthy intimacy, reproduction, sex, and touch.
- 12. (B) Learn about healthy human relationships. Understand sexual ID, accept sexual orientation.

- 13. (V) increase awareness of how victimization impacted identity development. What does client like and dislike about self?
- 14. (V) ID the root of feelings about perpetrator. Normalize, then find a way to let go of feelings, promote recovery.
- 15 (B) ID beliefs about gender roles.
- 16. (B) ID how relationships have changed between client, family, and friends.
- 17. (V) Increase capacity for empathy. Be more open to emotional responses of others.
- 18. (o) Name person(s) victimized and address the short and long term impact of abuse on their life.
- 19. (O) Understand assault cycle and how it applied to this circumstance (next slide). Write a relapse contract in therapy.

- Assault cycle:

1. Deviant Fantasy
2. Reinforcement of fantasy
3. Objectification
4. Victim selection
5. Decision to offend
6. Planning
7. Grooming
8. Offense
9. Rationalization
10. Shame
11. Return to “normal”

- 20. (v) Understand how vicimization affected person in past and present in various domains including emotionally, physically, sexually, and psychologically
- 21. (B) ID what you have control over and how the story can be changed.
- 22. (B) ID supports and resources
- 23. (V) ID risky behaviors
- 24. (B) Aftercare plan
- 25. (B) Closure

Working with deaf parents

- Working with deaf parents is generally no different from working with hearing parents, with a few exceptions
 - ▣ If added disability
 - ▣ Lack of specific resources
 - ▣ Lack of knowledge of rules, laws, etc
- CASE: Raul is a deaf adult with an IQ of 69, had a job, had a deaf wife, and had 3 hearing children.
- Skills Training
- Role Play
- Different paradigm from “therapy”