"Out of My Head" ©
A Personal History Bag ©
Intervention Technique for Young Children with PTSD

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The Preschool 0-5 Program in Riverside California focuses on social-emotional development of children and the relationships they have with their family members and caregivers. Children are identified through a screening project utilizing a collaborative team approach between the Public Health Department and the Mental Health Department with the aid of the Devereux Early Childhood Assessment (DECA). The DECA examines four areas of child development; Initiative, Self-Control, Attachment, and Behavioral Concerns to give an overall measure of Total Protective Factors. When concerns are found in these areas outreach is made directly to the families. Here is where the opportunity for intervention begins. Over the course of treatment, individual and specialty needs are discovered and addressed. Below is a detailed case study describing a particular intervention, titled a "History Bag" and eloquently renamed "Out of My Head" by a 4-year-old client.

The intervention goal is:

- to make concrete the child's traumatic memories
- provide a tangible and safe container to hold the memories
- increase the child's overall communication surrounding the event
- match the developmental stages of the child

Demographic Information

D is a 4-year-old bi-racial male of Caucasian and Native American descent. He was referred for evaluation due to screening concerns reported by the DECA in the areas of Self-Control, Behavioral Concerns, and Total Protective Factors. He is currently in his 7th foster care placement and has been reunited with his two younger sibling's ages three and two. Upon outreach from the Preschool Program the foster mother reports D has been exhibiting extreme behavioral difficulties such as biting, kicking, hitting, lying, story telling, demonstrating manipulative behavior, impulsiveness, harm to animals and defiance towards caregivers and family members, resulting in a possible loss of placement. The family, which is considering adopting D, sees therapy services as the only hope to save this child from continued upheaval of ongoing multiple placements.

Assessment Process & Initial Interventions

The psychologist was invited into the foster parents home, accompanied by a clinical therapist to observe the client and siblings. While the evaluator obtained information from the foster mother and gathered specific information known related to the client's history of abuse the clinical therapist assessed the client's knowledge for colors, numbers, verbal abilities and interaction with his siblings. This initial visit served as an opportunity to gather information about D, his current foster family, the family impression of D's development and D's typical style of interaction with his foster family and siblings.

During the second visit the evaluator again met D at his foster home with his foster mother and siblings, this time to observe D and his siblings in a free play situation. Following this visit concerns regarding D's level of aggression, play themes of fighting and attacking others was evident. D also revealed in play knowledge of going to a hospital if hurt because "they'll bring you back to life with the thing for your face." During the free play D had his animals repeatedly fall in water, almost drowned, and attempted to kill the bad guys who returned time after time regardless of play that resulted with the police coming or death of the character. Strengths were noted during this session of D's positive response to praise by his large smile and cooperative manner when redirected. D's foster mother explained their main concern at present time was D's aggression, violent tantrums prior to bedtime and difficulty with sharing and playing cooperatively with his siblings.

Over the course of 6 home visits D, his siblings and the psychologist engaged in play therapy with games promoting cooperation, taking turns, cheering siblings for success in games and praising client for positive behavior. D's foster mother reported overall D became much better at sharing and interacting cooperatively with his siblings. Her concerns were changing now with D "flipping out at Office Max" when shopping for school supplies for over one hour, with D screaming uncontrollably, and yelling "STOP" at the top of his lungs. Upon further discussion of where in the store this was located, the foster mother realized D's reaction took place in the aisle with scissors. Scissors had been used as an object against him during physical and sexual abuse. His foster mother also began to report D's tendency to "space out" during periods of the day and share memories of past abuse "out of the blue". During play sessions D would act as if he were vomiting, hold his stomach and fall to the ground then arise and change the topic as if nothing had happened when the name of his biological mother or father were mentioned by the psychologist

<u>"Out of My Head" Intervention Concept/Theory</u>

Given D's extensive history of abuse and concerns in behavior it appeared his symptoms of PTSD (i.e. repetitive play themes related to his trauma, reported nightmares, disassociate states, flashbacks, avoiding thoughts and feelings related to the trauma, restricted affect, and verbal denial of abuse) needed to become the primary focus of treatment. The transition in his treatment could now be achieved given the positive working relationship and sense of trust established between the psychologist and D during play therapy sessions previously held.

The psychologist examined D's individual needs and developmental concerns in order to develop a unique and age appropriate manner to have D work through his trauma. The "Out of My Head" intervention has been successful (see the outcome portion below for details). D had experienced the stages of trust versus mistrust from birth to 18 months and autonomy versus shame and doubt from 24 months to 36 months, as outlined by Erik Erikson's psychodynamic stages of life span development within the setting of an abusive and neglectful environment (Erikson, 1980). Therefore D learned to distrust caregivers and given the lack of support and opportunities to try things at an age appropriate level shame and doubt resulted. The intervention designed to help D through his trauma would need to address these developmental stages.

The intervention must also take into consideration D's level of intellectual development and according to Piaget given D's age he would be at the preoperational period (Piaget 1952). During this period the main characteristic is the development of symbolic function, the use of symbols, language, images, or gestures to represent objects and events. Children at this level also express egocentrism; the belief the world is organized, created and centered on oneself.

Given D's history he will need to learn he did not create the abuse, deserve the abuse and the world does not always respond with abuse.

In addition, D's speech delay was a source of frustration for D. When trying to explain himself or tell his foster mother or psychologist what he was thinking he often would state, "I can't know." Therefore, an intervention that would involve art, utilizing D's drawings to aid in the understanding of his words could serve as beneficial.

"Out of My Head" Personal History Bag Intervention & Application

The goal of this intervention is to create a tangible way for children to work through trauma, develop internal locus of control, develop concrete language and expression related to the trauma, make progressive steps of correction within the stages of trust versus mistrust with their caregivers, increase attachment with their caregivers and promote positive correction within the stage of autonomy versus shame and doubt.

The intervention idea of a personal "history bag" is generated. A history bag is a concrete, tangible object, made of material, which the client freely chooses from a fabric store and sews together with his caregiver and therapist. Once the history bag is created the child places pictures they draw, stories they write, etc. related to their memories of abuse inside the history bag for safekeeping. This allows the child to take the memories "out of my head" as D stated during this intervention and place them in a tangible object. This allows the child to free their minds of associated emotions to the trauma and focus their attention to current development versus reoccurring traumatic memories that keeps the child developmentally stuck.

In order to build on the therapeutic relationship and provide corrective measures for the life span stage of trust versus mistrust the client, therapist and the primary caregiver together sew the pieces of fabric with "stitches of love" to make the history bag a strong and safe place to put "yucky memories." The child helps as age appropriate with the creation of the history bag by holding the fabric while being cut, using scissors with supervision, guiding material through the sewing machine, pressing buttons and pulling thread to signify and develop the sense of ownership. This step promotes the corrective measures for the stage of autonomy versus shame and doubt. The act of creating their history bag with their caretaker and therapist also promotes the sense of attachment and trust resulting in a contradictory positive experience related to their trauma. The bag is finished with a drawstring top to open and close the bag so that the child can add to their bag as they desire, and take out items with a sense of control and authority, resulting in a locus of control shift from external control to internal control for the child. Furthermore, tangible safe storage of these difficult memories are then allowed to shift from the abstract to very concrete pieces of paper, necessary to meet a child's developmental need for sensory knowledge and help contain and resolve images of past experiences. This level of control contributes to the child's increasing sense of autonomy and decreases the sense of being the victim of their memories. The child's actions of placing the memories via their drawing transforms the event they had no control of into a memory they can physically contain in their personal history bag, taking the memory "out of my head."

The caretaker and therapist then promote the use of the history bag to the child. Stating, "Let's try out your history bag. Draw me a picture of something that happened a long time ago that was yucky." The client then draws a picture and is asked to tell about their picture. The therapist or caregiver then writes verbatim the client's description of their drawing. When the client is done they are encouraged to put the picture away in their history bag, they can close the bag, turn it upside down and see their memory being physically contained. The therapist would verbalize facial reactions of the child during this process, state aloud they appear proud,

are smiling, in charge of their memories. The client is asked if there's another memory they would like to put in their history bag and the procedure repeats itself until the client states they are done or "it's all gone." Should the client begin to draw the same picture over and over, or recite the same story over and over the therapist and caregiver can show the client their pictures and state, "Yes, I see you already put that memory in you history bag," having the client view their own drawings and thus challenging at an appropriate level any preservation the client may have and decreasing their anxiety or need to repeat the same event over.

Outcome

For D, the use of the history bag intervention which he coined "Out of My Head" minimized his trauma response to external stimuli, created a language for him to discuss his fears and thoughts with his foster mother at an age appropriate level and allowed his foster mother an increased understanding and insight into the hellacious memories this young boy was re-experiencing on a daily basis.

In times of distress D will tell his foster mother, "I need my history bag, I'm remembering something," and ask to draw, thus sharing his experience with a loving person. When finished he will often smile, look at his foster mother with wide eyes and say, "That's good Mom, I got it out of my head." Then turn and run off to play. This intervention has increased the empathy D's foster mother feels for him and enhanced their relationship to one of a previously insecure-ambivalent style to a now approaching secure organization style. Future applications may find that as D grows older he can use his own drawings as a child to help him understand his infancy and early childhood. This will hopefully decrease the chances for disassociation, denial and misunderstood fear and anger which so many children with early trauma are left to resolve in their adolescent or adult life, when other stages of life span development should be obtaining focus.

Further Significant History

D is the 5th child born to his biological mother with 8 siblings all of whom have been removed from the care of their biological parents by Child Protective Services (CPS). Both biological parents have a reported history of intravenous drug use for the past 12-17 years. Records indicate that D has four older half-siblings from his mother's previous relationships and four younger siblings sharing the same biological father. Limited knowledge regarding the older half-siblings indicates their biological father is currently incarcerated in a state prison for the mentally ill. D has contact with only 1 half-sibling age 9 on a monthly monitored basis and was denied sibling placement with his half-brother due the 9 year old "acting out sexually with the younger children," therefore requiring individual placement.

D's younger siblings are as follows: a brother age 3, sister age 2 and twin boys currently over 1 year. D was placed in his current foster home in September 2002 after failing six previous placements due to defiant and aggressive behaviors. This shift reunited him with his 3-year-old brother and 2-year-old sister who had been placed in the same foster home three months earlier. D's younger twin brothers were born with severe medical needs and reside together in a separate placement from D, though monitored sibling visits are held on a monthly basis.

Medical reports state the condition of the D following removal by CPS with the following: six rotten front teeth, a urinary tract infection, pink eye, impacted ear wax, head lice and open spider bite wounds found all over the body covering head to toe. CPS records indicate that no clothing or shoes for D were located in the home and IV needles were located in open areas of the home where the child could reach. D disclosed incidents of physical abuse and sexual abuse. In discussing the physical abuse the child would report having guns and knives held to

his head and throat, being physically beaten by his biological father and older half-sibling. He witnessed domestic violence between his parents and recalls an incident with a near drowning by a lake in which the ambulance came and placed a mask over his biological mother. He states being sexually abused by his father and repeatedly recalls having scissors placed in his anus as well as other objects. D also recalls watching his mother engage in intercourse with various men in front of him, with his brothers and father watching. It is reported that D also has scars on his body near his genitals.

At present his biological mother had her parental rights terminated. His biological mother reportedly has medical concerns of HIV, Hepatitis C, diabetes, asthma and an undisclosed terminal illness. His father was recently discharged from incarceration and is serving probation. His parental rights have also been terminated.

Developmentally D's pregnancy and delivery information is unknown as well as milestones achieved prior to removal by CPS in 2002. D has had oral surgery to address his six front rotted teeth and to place a bridge and false teeth in their place. He currently has an Individualized Education Plan for speech therapy and receives services twice a week in a group setting. At D's initial placement within the current foster home he was considered "developmentally delayed."

Diagnostic Summary

Axis I: Post Traumatic Stress Disorder
Reactive Attachment Disorder

Axis II: No Diagnosis

Axis III: Speech Delay, asthma

Axis IV: 40/40 Major impairment in several areas, school, family relations, judgment, thinking, mood, defiant at home, etc.

Epilogue

In February of 2005 D and his siblings were adopted by their foster family. The therapist, Emma Girard, was invited to attend the official proceedings and celebration!

Bibliography

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