

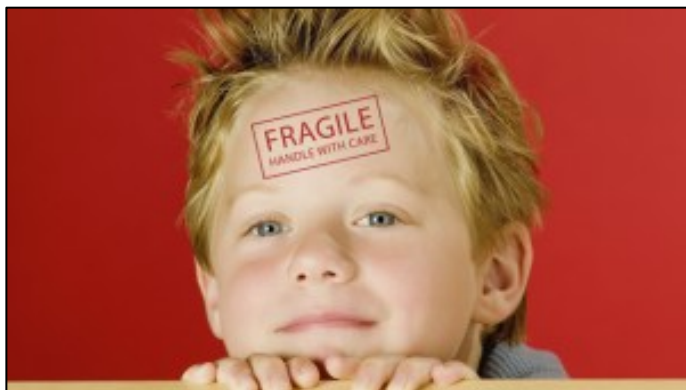


Association for Play Therapy Annual Conference Louisville, KY, October 4-9, 2016

Traumatic Brain Injury (TBI)

Centers for Disease Control and Prevention

http://www.cdc.gov/traumaticbraininjury/get_the_facts.html



TBI is the leading cause of disability and death for children and adolescents in the United States. Even more alarming, children up to 4 years old and adolescents between 15 and 19 years old are at a greater risk for experiencing a brain injury.

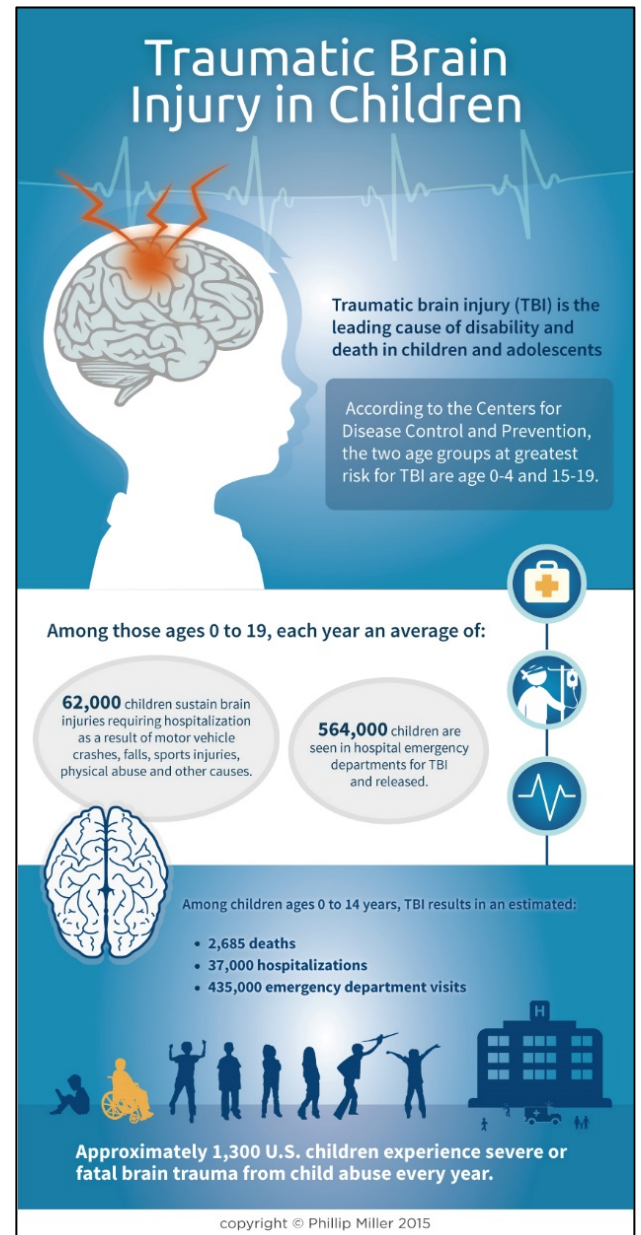
What is a TBI?

According to the CDC (2016), a TBI is “caused by a bump, blow, or jolt to the head or a penetrating head injury that disrupts the normal function of the brain.” TBI severity ranges from mild to severe, with concussions being the most common.

TBI in children

In 2009, approximately 248,418 children visited emergency rooms in the United States for sports and recreation-related TBIs (Centers for Disease Control and Prevention, 2016). In TBIs experienced by children (15 years or younger) between 2006 and 2010, 55% were caused by falls, 24% were caused by blunt trauma, 14% were caused by motor vehicle crashes, and 3% were caused by assault.

A brain injury affects an individual physically and psychologically. Some TBI symptoms include short term memory problems, impaired concentration, limited attention span, limited communication skills, and mood swings. In school-aged children, brain injury symptoms can manifest as cranky demeanor, loss of appetite, poor performance in school and disrupted sleep pattern (Brain Injury Association of America, 2015).



Common problems children have after TBI:

<http://www.brainline.org/content/multimedia.php?id=3264>

Helping Children with TBIs through Play

Depending on the severity of the TBI, children and adolescents with brain injuries often require a modified approach that takes into account their specific needs. The first recommendation for professionals is the inclusion of an interprofessional treatment team that includes all individuals who provide services to the child. By consulting with a treatment team and making plans to integrate treatment goals, play therapists can understand the necessary accommodations needed, discuss realistic goals, and can receive feedback about their client’s progress across multiple settings.

Helping this population with play therapy may also require material modifications. Play therapists must provide an appropriate environment that takes into account the child's specific experiences, developmental level, and his/her need for adaptive toys. Professionals may choose to include brain injury specific items such as: brains, heads, and hospital equipment. The inclusion of sensory-based materials such as sand, playdoh, slime, and clay can also be beneficial.

Sandplay and TBI



Sandplay in particular, has been found to be useful when working with TBI clients. The low verbal demands combined with the central task of world-making, make this intervention useful in tapping into the inner world of the client (Plotts, Lasser, & Prater, 2008). Children have the ability to demonstrate their idealized world, their fragmented worlds, or the world as they see it (Plotts et al., 2008). The non-directive aspect to sandplay can also be useful for adolescents, who may experience a sense of freedom as they break away from the demands of interpreting and responding to verbalizations, which can be difficult for those with impaired executive functioning skills.

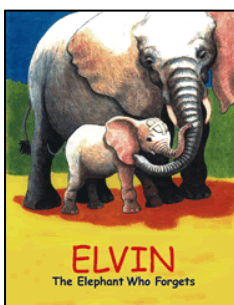
Overstimulation

Play therapists must actively monitor brain injury clients to ensure that they are not becoming overstimulated.

Sometimes, even walking into a bright and colorful playroom filled with a variety of toys can be overstimulating to a child who has a TBI. When overstimulation occurs, the child may respond to their environment in a fight or flight type of way. This could manifest as crying, aggression, anxiety, and/or confusion. Children with TBI may also wrestle with poor emotion regulation and may be unable to manage the overwhelming feelings, which could cause them to lash out in session. Play therapists are encouraged to be sensitive to nonverbal cues and have a quiet place where the overstimulated child can calm down and return to baseline.

Information from Brainline: http://www.brainline.org/content/2008/07/behavioral-considerations-associated-traumatic-brain-injury_pageall.html

Resources for Parents and Professionals



Elvin The Elephant Who Forgets

By Heather Snyder and Susan Beebe

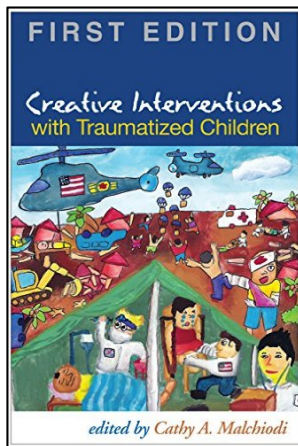
This story book for children uses the story of Elvin the elephant to explain a traumatic brain injury. In the story, a tree branch falls on

Elvin's head and afterwards, he experiences difficulties in school and problems getting along with his friends. This book is written to help elementary school aged children understand how a TBI can affect learning, emotions, behaviors, and relationships.

Quantum Leap: Cognitive and Play Therapy for Brain Injury

<http://www.blogtalkradio.com/braininjuryradio/2014/08/25/quantum-leap--cognitive-and-play-therapy-for-brain-injury>

Podcast featuring Pam Leitzell, who talks about the benefits using of play therapy with clients with Brain Injury. Starting at about 53" in, Pam discusses topics such as getting stuck in developmental periods, working through the trauma of the brain injury, and how play therapy can be used to address the specific needs of this population.



Creative Interventions with Traumatized Children (1st Ed.)

Edited by Cathy A. Malchiodi

This book highlights a range of creative approaches that help facilitate recovery from trauma. Chapter 6 is dedicated to medical art and play therapy with accident survivors with TBIs. This chapter discusses useful interventions such as bridge drawing, narrative drawing, mask making, and sensory activities. (FYI - not in 2nd edition of this book.)

The Brain Injury Association of America

<http://www.biausa.org/index.htm>

The Brain Injury Association of America is the country's oldest and largest nationwide brain injury advocacy organization. Through advocacy, the BIA strives to advance research, treatment, and education to improve the quality of life for all individuals impacted by brain injuries. On their website they have resources for children, parents, and families, and provide links to state specific associations. They also provide educational programs for professionals and offer certification classes.

Playfully submitted by Ariel Marrero, JMU Doctoral Student
with Anne Stewart, VAPT President

New Members to Date for 2016!

WELCOME HOME!

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Maranda	Conner	LaDonna	Hall
Chris	Belcher	Gary	Wilson
Mary Beth	Murray	Kim	Ramey
Katherine	Taves	Cecilia	Herola-Morris
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Yuri	Sklad	Stephanie	Calvert
Joseph	Pellegrino	Jennifer	Showalter
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Hannah	Hall	Bevin	Yowell
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Elizabeth	Papa	Jennifer	Nolley
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Reduced Registration at all national APT and branch VAPT workshops!

Visit often for updates on trainings and resources, research, and fun!

Website -see <http://vapt.cisat.jmu.edu/>

FB – see <http://www.facebook.com/pages/Virginia-Association-for-Play-Therapy/234395618441>