

Structured Sensory Interventions for Traumatized Children, Adolescents and Parents: SITCAP in Action

TRAUMA AND LOSS ARE NOT SEEN AS DIAGNOSTIC DISORDERS BUT AS PAINFUL EXPERIENCES WITH WHICH THE CHILD IS STRUGGLING TO COPE. INTERVENTIONS INVOLVE CHILDREN IN THEIR OWN HEALING SO THAT THEY FEEL SAFE AND EMPOWERED.

Caelan Kuban, PsyD

Since 1990, the National Institute for Trauma and Loss in Children (TLC) has pioneered strength-based, resilience-focused interventions with young people. As a core piece of these interventions, the helping adult becomes a witness seeking to understand the deeply painful experiences of traumatized children. How traumatized youth interpret themselves, their interactions with others, and their environment guide treatment. We often hear traumatized youth say:

If you don't think what I think...feel what I feel...experience what I experience...see what I see when I look at myself, others, and the world around me...how can you possibly know what is best for me?

Childhood trauma is marked by an overwhelming sense of terror and powerlessness (Steele & Kuban, 2013). Loss of loving relationships is yet another type of trauma

that produces the pain of sadness and grief. The resulting symptoms only reflect the neurological, biological, and emotional coping systems mobilized in the struggle to survive. Young people need new strategies for moving beyond past trauma, regulating emotions, and coping with future challenges.

Neuroscience confirms that trauma is experienced in the deep affective and survival areas of the brain where there are only sensations, emotionally conditioned memories, and visual images (Levine & Kline, 2008; Perry, 2009; van der Kolk, 2006). These define how traumatized youth view themselves and the terrifying world around them. Reason, language, and logic needed to make sense of past experiences are upper brain cognitive functions that are difficult to access in trauma (Levine & Kline, 2008; Perry, 2009; van der Kolk, 2006). This explains the limitation of traditional talk therapy or narrowly cognitive interventions. Therefore TLC's Structured Sensory Interventions for



PENNSYLVANIA COALITION AGAINST RAPE

125 North Enola Drive • Enola, PA 17025

717-728-9740 • 800-692-7445 • TTY 877-585-1091 • pcar.org

© 2014 Pennsylvania Coalition Against Rape. All rights reserved.

STRUCTURED SENSORY INTERVENTIONS

Traumatized Children, Adolescents and Parents (SITCAP) starts with the lived experience of youth which drives their behavior.

SITCAP provides the opportunity to safely revisit and rework past trauma, beginning with sensory memories which youth have experienced and stored. Trauma-related symptoms can be reduced and resilience strengthened to support post-traumatic growth as youth engage in SITCAP (Steele & Kuban, 2013). The process is designed to support safety, emotional regulation, and empowerment.

Getting started with drawing:

- Gather paper & drawing tools (pencil, markers, crayons) & prepare the space
- Set the stage for the activity with an initial prompt like “Draw me a picture that you can tell me a story about” or “Draw a picture that shows me what your worry looks like”
- Give minimal/no direction on the actual drawing
- Make your presence feel safe & comfortable
- Observe the drawing and offer silence
- Ask curious questions, not analyzing

Every SITCAP session is structured to begin and end with safe activities such as guided imagery or breathing techniques that engage youth in self-regulation practice. Trauma-focused questions are open-ended and tied to the non-language, sensory-based activities used to address common themes of trauma such as worry, fear, hurt, and anger. These questions are designed to keep the practitioner in the role of a curious witness rather than the “all knowing” therapist.

With the adult as a curious witness, youth are able to take the lead and set the pace of intervention. They are giving permission to say “yes” or “no” to whatever they are asked to talk about and discover that saying “no” is honored. This genuine interest is essential to allow the youth to experience the intervention as safe and the practitioner as trustworthy. Their safety remains the primary focus. The SITCAP process helps youth identify ways their body responds to stress. Young people recognize how post-traumatic memories can be activated by current events and learn to “resource” their body to regulate their reactions.

SITCAP IN ACTION

SITCAP uses drawing as a primary therapeutic activity. Drawing allows children to access and externalize the sensations, memories, and iconic images shaped by trauma (Steele & Kuban, 2013). Drawing activities can focus on the primary themes of trauma—terror, worry, hurt, anger, revenge, guilt, shame, and powerlessness. The drawing process yields far more information than only asking youth to talk about their experiences. Drawing also enables young people to create new images of self that are strength based and resilience focused.

ERICA'S SAFE PLACE

Erica, a 16-year-old, was exposed to multiple sexual assaults in her home. She was asked to draw a picture to tell a story about what happened to her. She drew a picture of her abuser and the room where the abuse took place several times a week. At the bottom of her paper, she drew a box and identified this as the “Dance Area.” This was not only the room where she was repeatedly abused, but also the room where she would come and dance for hours. She turned her place of terror into a place of safety. There she could engage in a self-regulating activity that buffered the fear she felt every night when it was time to go to bed. This was significant information that had not been discussed previously but was only revealed through her drawing.

STRUCTURED SENSORY INTERVENTIONS

Music and dance became the resources of resilience and self-regulation that were integrated into her treatment plan. Erica's story demonstrates that we can help youth trapped by traumatic memories to create a safe refuge where they can begin to regulate the constant worry of being traumatized (Steele & Kuban, 2013).

Questions you might ask as a curious witness:

- "Who is there?"
- "Where are you?"
- "What was the worst part?"
- "How big is your worry?"
- "Where does worry live in your body?"
- "What makes worry feel better/worse?"

MICHELLE'S NEW VIEW

Michelle is a 17-year-old with a history of abuse, neglect, sexual assault, and rape. The adult expressed curiosity by asking this trauma-specific question: *"Of all that has happened that brought you here today, what was the worst part for you?"* Michelle was encouraged to tell her story by drawing a picture. She described her worst experience as, "the rape, but not the rape itself... I am an outgoing, strong girl. I was the only girl on our school football team my sophomore year—I am tough! Every day I look back on the situation and just hate myself for letting the rape happen."

Providing Michelle with an opportunity to tell her story through drawing was a turning point. In spite of months of "talking through" her rape with a very caring aunt and good friends, it was visual images and trauma-specific questions that led to a shift in her view of herself. Michelle looked up from her paper and exclaimed, "I *did* do everything I could to try to stop the rape from happening. It *wasn't* my fault." The

visual representation allowed Michelle to see that she did everything she could do to escape that situation. SITCAP's healing value is supported by research and practice history in varied settings with youth who have experienced a wide range of trauma-inducing situations.¹ Young people move from trauma to resilience as they reframe their thinking. The SITCAP model uses the traumatized youth's own experiences to guide treatment. Trusting bonds and repetitive safe and structured activities provide new opportunities for youth to view themselves and their world with hope and resolve. *Being empowered to participate in their own healing gives young people a renewed sense of self-control, safety, and purpose.*



STRUCTURED SENSORY INTERVENTIONS

NOTES

Further information on research supporting SITCAP programs is listed on the California Evidence-Based Clearinghouse and the Substance Abuse Mental Health Services Agency (SAMHSA) National Registry of Evidence-Based Programs and Practices (NREPP).

ABOUT THE AUTHOR

Caelan Kuban is Director of The National Institute for Trauma and Loss in Children (TLC), a program of the Starr Global Learning Network. Caelan provides training across the country to professionals working with traumatized children and families. As a Certified Trauma Consultant-Supervisor, she provides trauma assessment and short-term trauma intervention for children and adolescents utilizing trauma informed and evidence based practices including TLC's SITCAP model.

REFERENCES

- Levine, P., & Kline, M. (2008). *Trauma-proofing your kids: A parents' guide for instilling confidence, joy, and resilience*. Berkley, CA: North Atlantic Books.
- Perry, B. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. *Journal of Loss and Trauma, 14*(4), 240-255. [doi:10.1080/15325020903004350](https://doi.org/10.1080/15325020903004350)
- Steele, W., & Kuban, C. (2013). *Working with grieving and traumatized children and adolescents: Discovering what matters most through evidence-based, sensory interventions*. Hoboken, NJ: John Wiley & Sons.
- van der Kolk, B. (2006). Clinical implications of neuroscience research in PTSD. *Annals of the New York Academy of Sciences, 1*, 1-17. [doi:10.1196/annals.1364.022](https://doi.org/10.1196/annals.1364.022)



PENNSYLVANIA COALITION AGAINST RAPE

125 North Enola Drive • Enola, PA 17025

717-728-9740 • 800-692-7445 • TTY 877-585-1091 • pcar.org

© 2014 Pennsylvania Coalition Against Rape. All rights reserved.