

# Play Therapy and Trauma: Foundational Principles, Practices and Modifications in Methodology

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**TTAC**  
A COLLABORATION  
BETWEEN

**NEW YORK  
CENTER FOR CHILD  
DEVELOPMENT**

**McSILVER INSTITUTE**  
FOR POVERTY POLICY AND RESEARCH  
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**The New York City Early Childhood Mental Health Training and Technical Assistance Center (TTAC)**, is funded through **ThriveNYC**, in partnership with the **NYC Department of Health and Mental Hygiene (DOHMH)**

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute on Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and the Managed Care Technical Assistance Centers (CTAC/MCTAC), which offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers

TTAC is tasked with building the capacity and competencies of mental health and early childhood professionals through ongoing training and technical assistance

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## NYC Early Childhood Mental Health **TTAC** Training and Technical Assistance Center

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*Wednesday, May 20, 2020*

Beginning at the Beginning: The Foundational Elements of Early Childhood Mental Health Consultation – Part I

*Friday, May 29, 2020*

Beginning at the Beginning: The Foundational Elements of Early Childhood Mental Health Consultation – Part II

*Thursday, June 4, 2020*

Beginning at the Beginning: Early Childhood Mental Health Consultation in Infant & Toddler Care - Part III

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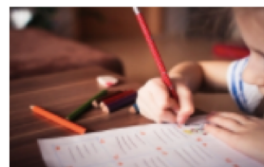


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# Agenda

## Core Components of Play Therapy

- Therapeutic Context
  - ✓ Setting
  - ✓ Materials
  - ✓ Therapist Introduction
- Working Alliance and Use of Self
- Eliciting Material
- Managing Resistance, Aggression, Dysregulation, Anxiety, Fear
- Transference
- Interpretation
- Working Through
- Termination

## Trauma Play Therapy

- Non-Directive vs. Directive Intervention
- Interpretation of Traumatic Material
- Transference in Dyadic Treatment



*“The aim of therapy with children is to awaken the urge to complete development.”*

*- Anna Freud*

# The Playroom & Materials

- A safe haven and secure base
- A microsphere
- A container
- A transitional space
- Quiet spaces, floor spaces, soft enclosed spaces, table top surfaces, chairs
- Shelves with doors, so toys can be selected
- Individual boxes for each child with name to contain a few favorite play things, products, pictures “treasures”

# The Playroom & Materials

- Resilient and cleanable surfaces, etc.
- Availability of water
- Child size table chairs
- Gym matt
- Sensory Materials

bean bag chair, therapy ball, foam bolsters and large shapes, lycra fabric, large rubber bands for pulling, full length mirror, scooter board, pillows, soft toys, shaving cream, containers of beans, sand/water table, bean bags, soft balls, weighted balls

- Expressive/regressive/plastic materials:  
water, sand, paint, clay [presses, extruders, cookie cutters, rolling pin, crayons, markers, paper of various sizes: news print, large brown paper that can be rolled out on the floor or tapped to the wall



# Lycra Body Sock



# The Playroom & Materials

- Constructive materials: wooden unit blocks
- Doll house, furniture, kitchen appliances & bathroom fixtures family figures
- Dolls, human figures (super heroes, pirates, soldiers), puppets, blankets, baby bottle
- Animal figures (domestic, wild, dinosaurs)
- Locomotor toys (trucks, cars, busses)
- Doctor kit
- Filling, dumping, nesting toys
- Bubbles
- Aggressive toys (Inflatable swords, workbench, drum & other percussion instruments, inflatable bozo)
- Kitchen, pretend food, kitchen utensils, pots/pans

# Trauma Toy List (from CPP)

- Dollhouse and human figure dolls
- Animal families (2 adults and 2 or more young per species – suggest one carnivorous species such as lions, tigers, or crocodiles, and one plant-eating species such as giraffes or zebras).
- One or two dinosaurs that are **larger in scale** than the animal families
- Dishes and pretend FOOD
- Superheroes
- Puppets
- Toys that are evocative of the child's particular trauma experience (e.g., police cars/stations, ambulances, fire trucks).
- Baby doll with bottle and blanket
- Blocks for building walls and enclosures
- Medical kit
- Play phones
- Bubbles for relaxation and fun
- Art supplies (white and colored paper, markers and/or crayons, blunt scissors, stickers, tape)
- Play Doh and/or Clay
- Puzzles and games
- Feelings chart or cards to help children learn to identify and name feelings



# Introducing the Therapist, Treatment, and Ground Rules

## Introducing yourself

“I am someone who helps boys and girls with their worries, feelings and fears and helps them to grow up.”

## Introducing the treatment process and the frame

This is a place to play and work and talk about your thoughts and feelings and worries.

It is your time and a place you can do and say things that may not be OK to say and do at other places like home and school.

I will sometimes make guesses about what I think you might be trying to tell me or what your play is about. I will not always be right about my guesses and you can tell me what you think!

## Ground rules

You cannot hurt yourself or me or anybody

You cannot break the toys or spoil the room on purpose.

We cannot touch one another in places that are private.

What you say and do in here is only for us and no one else. I will talk with your parents about general things, such as, “he likes to play about hiding and finding and wants to be sure no one will leave him,” but not exactly what you say or do, unless it is to protect you from hurting yourself or others. I will talk with your parents so they can help you with growing up.

# The Working Alliance

**“The composite of all the factors that keep the child in treatment and which enable him to remain there during phases of resistance and negative transference”**

(Sandler, Kennedy & Tyson, 1980, p-53).

Factors that keep the child motivated for treatment:

- The child's awareness of challenges, the need to address them and the child's capacity to tolerate treatment process.
- A positive tie to the therapist
- Pleasing the therapist
- Direct or indirect pleasures or gratifications
- Finding a balance between work and play- “I think we had enough at that today; let's play a little now.”
- Being understood in a unique way
- **Therapist as a new object: fully available, respectful, listens, unconditional positive regard**
- **“You are important and I will listen to what you have to say and be here and pay attention to what you show me in your play.”**

# Use of Self

- **Being fully present!**
  - *“More and more I’ve come to understand that listening is one of the most important things we can do for one another” - Fred Rogers*
  - Reflective Function – Intersubjectivity
  - **The capacity to understand and interpret –implicitly or explicitly-one’s own and others’ behavior as an expression of mental states such as feelings, thoughts, fantasies, beliefs and desires** (Fonagy, Gergely, Jurist & Target, 2002).
- **Therapist as new object**
  - *“The child must destroy the object in order to use the object.”-D W Winnicott*
  - Providing a “corrective emotional experience”
  - Consistency, predictability, positive regard



# Use of Self

## Therapist as container:

- By tolerating strong feelings without reaction or retaliation, the child learns that big feelings will neither damage the child nor the therapist and that they can be managed.
- “Your ..... feeling won’t scare me off”
- “If it’s mentionable; it’s manageable. - Fred Rogers

# The Self in Trauma Work

- The Horror (thus “Vicarious”/”Secondary” trauma)
- Metabolizing the horrible things done to small people (0-5)
- Encountering the primitive feelings of small people
- Encountering children’s Trauma-associated overwhelming primitive feelings
- Tolerating our own Sadness, Helplessness, Hopelessness, Anger, Rage, Frustration, Overwhelmed, Pain
- *What it takes for us to be able to Bear Witness;*
  - Sitting with Suffering (CPP)
  - Holding Hope (CPP)

# Strategies for Eliciting Material

- Follow the child's lead and intent
- Join the child at the child's level of play-enactment, drawing, dramatization and verbal expression- **“play is an in-between stage, falling between enacting without control and putting into words as a precondition for controlling thoughts”** (Sandler, Kennedy & Tyson, 1980, p.-121)
- Nonverbal covers a range of expression including: drawing, dramatization, direct expression and discharge in motor activity and conveying meaning in motor activity.
- Promote projection - ambiguity is the mother of projection
- Open ended questions
- Wondering
- “Show me”
- The squiggle game
- Picking up a toy figure hold it to your ear and say, “she is telling me.....” give it to the child and say, “listen carefully, I wonder what she will tell you?”



# Strategies for Managing Resistance

## Managing resistance (aids to interpretation)

**“Common to all resistance is the client holding something back or unconsciously wanting to shut something out of awareness”**

(Sandler, Kennedy & Tyson, 1980, p-58)

- Use of the third person- “many boys and girls.....” ; “ I once knew a child who.....”
- Talking through a toy or puppet
- “Holding” an interpretation, “I know this may make you angry, but.....”; “I am not scolding you, but.....”
- Referring to a “part” of the child- “I think the little boy part of you doesn’t like to know about the angry feelings inside.....”
- Identifying the resistance- “every time I talk about.....you cover your ears”
- Anticipating resistance- “you didn’t like what I said today and you may say inside, I don’t want to go there and play again or I would rather go outside with my friends to play, but I will be here waiting for you.”

# Strategies for Managing Aggression and Dysregulation

- **Displacement:** “You want to bite me but you can’t. You can bite the pillow and talk about being angry with me.”
- **Identifying the real object of anger:** “It is naughty Mama not your baby sister jane.....”
- **Destruction repair play:** Building and knocking down blocks or destroying clay and rebuilding – “Your angry feeling won’t hurt the blocks or me. We can fix things.”
- **Restrictions/Limit Setting:**
  - “I know you are only trying me out, so tell me what you want to do next”;
  - “I know you are trying me out , but I can tell you that I will just have to stop you like Mommy does”;
  - “How far do you want me to let you go? We both know I will have to stop you at some time”
  - “I think you can be boss of yourself and ..... but if you can’t, then I will have to help you to stop so you are safe and I am safe”

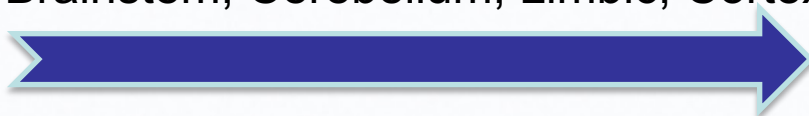
# Strategies for Managing Aggression and Dysregulation

- **Resistive materials/Sensory play:** pounding a work bench, wheel barrow walk, diving into a bean bag chair, rolling out clay, pillow sandwich, cocooning in lycra fabric, obstacle courses, bubbles, shaving cream on a mirror, tug-of-war with rubber bands/bungi cords, building and working in a tent, scoter board play, swinging in a blanket or lycra “hammock”; water, sand, beans.
- **Regulation games:** Simon Says, statues, red light-green light, musical chairs, imitation of postures, start-stop games of all types

# Developmental Trauma (Neurosequential Model) - Bruce Perry, MD

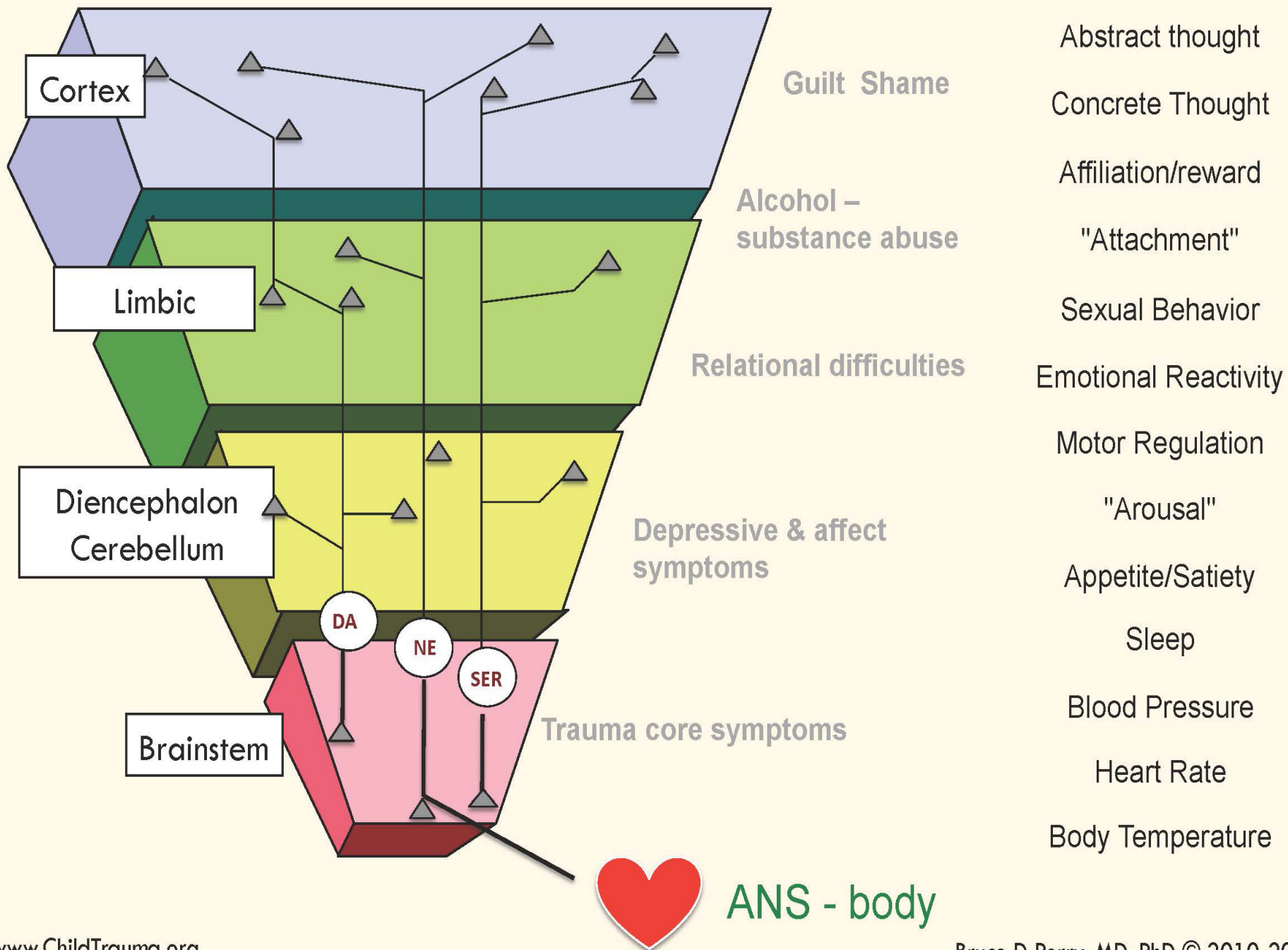
<https://www.childtrauma.org/>

- Developmental Trauma occurs in the body
- Pre-conscious Implicit memory is laid down in the primitive brain stem (survival brain – Fight/Flight/Freeze)
- Graduated, ‘bottom up’, sequential approach to treatment:
  - Brainstem, Cerebellum, Limbic, Cortex (explicit memory/language)



- ***“patterned, repetitive, rhythmic somatosensory activity”***
  - Dr. Bruce Perry
  - Dr. Bessel van der Kolk
  - Dr. Pat Ogden
- Singing, dancing, music, drumming
- Meditation, Yoga, Tai Chi, and Qi Gong, Deep breathing, Relaxation
- Equine and other animal-assisted therapies, theater groups, walking, running, swinging, trampoline work, massage, Hip-Hop





# Bodily Movement



# Increasing Regulation Decreasing Dysregulation/Hyper-Arousal

- Fidgets and other hand manipulatives
- Bubbles, pinwheels, pretend candle
- Scents, Textures
- Stress Balls
- Sensory balls (Squishy, bumpy)
- Clay, Play Dough
- **Weighted balls, vests, blankets, turtle**
- Chew Objects (crunchy foods, chew Jewelry)
- Gross Motor games (movement, marching, pressing the wall, drumming !!!)
- Progressive relaxation, meditation, breathing
- **Start/Stop, Slow/Fast, Loud/Quiet**





# Strategies for Managing Anxiety and Fear

## Use of adaptive self-statements:

- “Mom and Dad don’t get along, but they both still love me”;
- Talking through a puppet, “I am scared but the dog won’t hurt me”
- “Look at what you did so well today! You kept trying to put those tracks together until you got it, instead of throwing them.”

## Turning Passive to Active:

- “You be the doctor and do to the bear what the doctor did to you”
- “You seem to want to be the boss. You can try that out here and see what it feels like to be the boss of a grown up”
- “You can hide and I will try to find YOU!”



# Transference

- Derived from adult analysis, **transference refers to “the way in which the patient’s view of and relations with his childhood objects are expressed in his current perceptions, thoughts, fantasies, feelings, attitudes and behavior in regard to the analyst”/therapist.** (Sandler, Kennedy & Tyson, 1980, p. 78)
- A distortion of the real relationship
  - Aspects of the relationship that “Do Not Fit.”
  - **Displacement vs. transference**

# Types of Transference

- Transference of habitual modes of relating
- Transference of current relationships
- Transference of past experiences
- Transference neurosis

*“The child will always tell you; it may be in code but  
it’s our job is to decode it.*

*-Sally Provence*

# Finding Meaning in Play

- **Affect**-emotional interest in and withdrawal from objects
- **Ideation**-verbalized content, acted out themes
- **Repetition**-recurring themes and in what sequence
- **Dramatization of Themes**
- **Arrangements** of small objects in such a way that their organization signifies a configuration of conflicting forces in the child's life (microsphere)
- *“The microsphere of toys can seduce the child into an unguarded expression of dangerous wishes and themes that then arouse anxiety and lead to-most revealing – sudden play disruption, the counterpart in waking life of the anxiety dream.” (Erikson & Erikson, 1997, p. 50)*



# Interpretation

**An interpretation is a verbal intervention which is intended to direct the client's attention or consciousness in a particular way, usually toward or away from conflictual ideation and promote the discovery of meaning and origins.**

**Narration-putting into words** = Transforming direct expression of impulses into expression through thought or fantasy so that the child can exercise increasing insight or control.

# Narration

## Interpretation vs. Bearing Witness

### Bearing Witness

- to show that something exists or is true
- to make a statement saying that one saw or knows something

<https://www.merriam-webster.com/dictionary/bear%20witness>

### “Simple” Narration

- Acceptance
- Safety
- Receiving the message
- I am with you, I can see you, I believe you, I can tolerate your story and your feelings
- *“They need to know that they are not alone, that we are not afraid of being with them in that moment, and that we will help them find wholeness.” Alicia Lieberman, (personal communication, 2013)*

# Interpretation

*“ My father once remarked on the philosopher (Kant) who said that the man who first hurled a word of abuse (instead of a spear) at his enemy was the founder of civilization. That is really what analysts are aiming to do in getting patients to verbalize”*

*- Anna Freud*

# Interpretation

- **Observations**
  - “You are not interested in the blocks today and your thoughts seem to some where else.”
- **Clarifications**
  - With children, the task is often to correct the faulty reality which had been registered earlier due to the child’s immature perceptual and cognitive capacities
- **Connective statements –experience and affect united**
  - “Maybe you don’t want to talk here about what Dad does at home because that would make you feel like a tattletale and worried and frightened that Dad might get even”



# Interpretation

## Interpret from the defense to the dynamic

### Interpretation of defense

- “Every time I talk about your visits to see your Mother, you cover your ears”
- “You didn’t like what I said today and you may say inside, I don’t want to go there and play again or I would rather go outside with my friends to play, but I will be here waiting for you.”

### Interpretation of the transference

- “You **wish** I could be there to help you get dressed and lend you an umbrella.”

### Interpretation of content or dynamics

- “Your worry about the shark in the toilet might really have something to do with your fear that daddy’s anger might hurt you or mommy”

# Working Through---Application and Practice

***“Insight is significant but not sufficient.”***

**- Gilbert Foley**

***“Working through reflects an elaboration and the extension of the relevant interpretation in different contexts and directions...leading to the gradual integration of new knowledge and patterns of behavior as the process of working through proceeds...sufficient working through has taken place when the child has moved to the next level of development and established himself there.”***

**- Sandler, Kennedy & Tyson, 1980**

# Termination

- Can the child cope on her own?
- Does the child show a reasonable prospect of moving on to the next developmental phase?
- The child's experiences of being abandoned, neglected or separated from the primary attachment figure play an important part in the child's reaction to termination.
- "You will be coming in for four more sessions and then we will be saying good bye. Let's count and mark them on the calendar";
- "Let's look at the things in your box and remember together about all we did here, the feelings you had, the things you learned and how you have grown up";
- It seems that you may be a little sad that we won't be meeting together and playing anymore"; "I will miss seeing you, but I will feel happy that you are no longer.....and are growing up so well;
- You know, your mind is a little like a computer screen and you can bring up pictures and memories of me and what I said in your head when you are missing me and our time playing together."

# Termination:

## Trauma-Related Goals of CPP

- Increased capacity to respond realistically to threat
- Differentiation between reliving and remembering
- Normalization of the traumatic response
- Acknowledging the experience of trauma
- Verbalize feelings and behaviors related to the trauma
- Placing the traumatic experience in perspective
- Help child understand s/he is not to blame for trauma
- **Co-construction of a mutually meaningful TRAUMA NARRATIVE**
- Improved Quality of attachment (safety, interaction, communication, attunement)
- Symptom reduction/remission & Return to a normative Developmental Trajectory
- Effective Arousal and Affect regulation capacities
  - individual child
  - individual caregiver
  - **caregiver as effective regulator for child**



# Unstructured, Non-Directive Approach\*

- Make trauma-related toys available but wait for material to emerge
- Follow the child's lead
  - Do *not* tell the child what the characters feel or think
  - Narrate what **is** happening (Bear Witness), do not direct the trajectory of the child's play
  - **Ask or Wonder** about each character's Feelings and Thoughts
  - **Ask or Wonder** "And then what happens/ed ?"
  - If you have been assigned a role, when in doubt;  
Child as 'Film Director' technique; taking direction from the child  
(can ask child for direction using 'stage whisper')
  - Progress to Interpretation..... In service of creating the  
**TRAUMA NARRATIVE**

*\*Trauma Therapy should only be practiced with training and clinical supervision*

The problem with a completely non-directive approach is that **AVOIDANCE** is pathognomonic for PTSD !

Play becomes “reliving”, instead of “remembering”

# “Toxic (*negative*) Posttraumatic Play” (Gil, 2017)

- “Re-traumatizing” (Terr, 1991)
- “Stuck” quality
- Mastery is not achieved
- Arousal and anxiety are not relieved
- Symptoms may be exacerbated
- Requires direct intervention by clinician so that positive outcomes can occur

# Directive Approach\*

- First – Decrease Arousal !! (Neurosequential approach)
- Commentary that what happened in the **past** is NOT happening **now** !
- Techniques that introduce trauma related toys / topic into child's play or even tell the child's story (Gaensbauer et al., 1995; Gaensbauer & Siegel, 1995, 2004)
- Introducing trauma-related (but not specific) vignettes using human figures, puppets, animals
- Use of Trauma Books
- Child "Introduction to CPP" session [Child-Parent Psychotherapy]
  - We can talk about what happened here (Speaking the Unspeakable)
  - We understand that your symptoms are connected to what happened (trauma framework that will guide treatment)
  - Caregiver and Therapist are here to help (caregiver wants to protect child and there is hope)

*\*Trauma Therapy should only be practiced with training and clinical supervision*



# Interpreting Traumatic Material



## Distance from Target (Trauma)

### 1<sup>st</sup> Person/Degree: Direct Interpretation

- “I wonder if **you** are showing us how Mommy and Daddy were fighting ?”
- (Dyadic) “I wonder if CH is showing us something he remembers about mommy and daddy fighting ?”

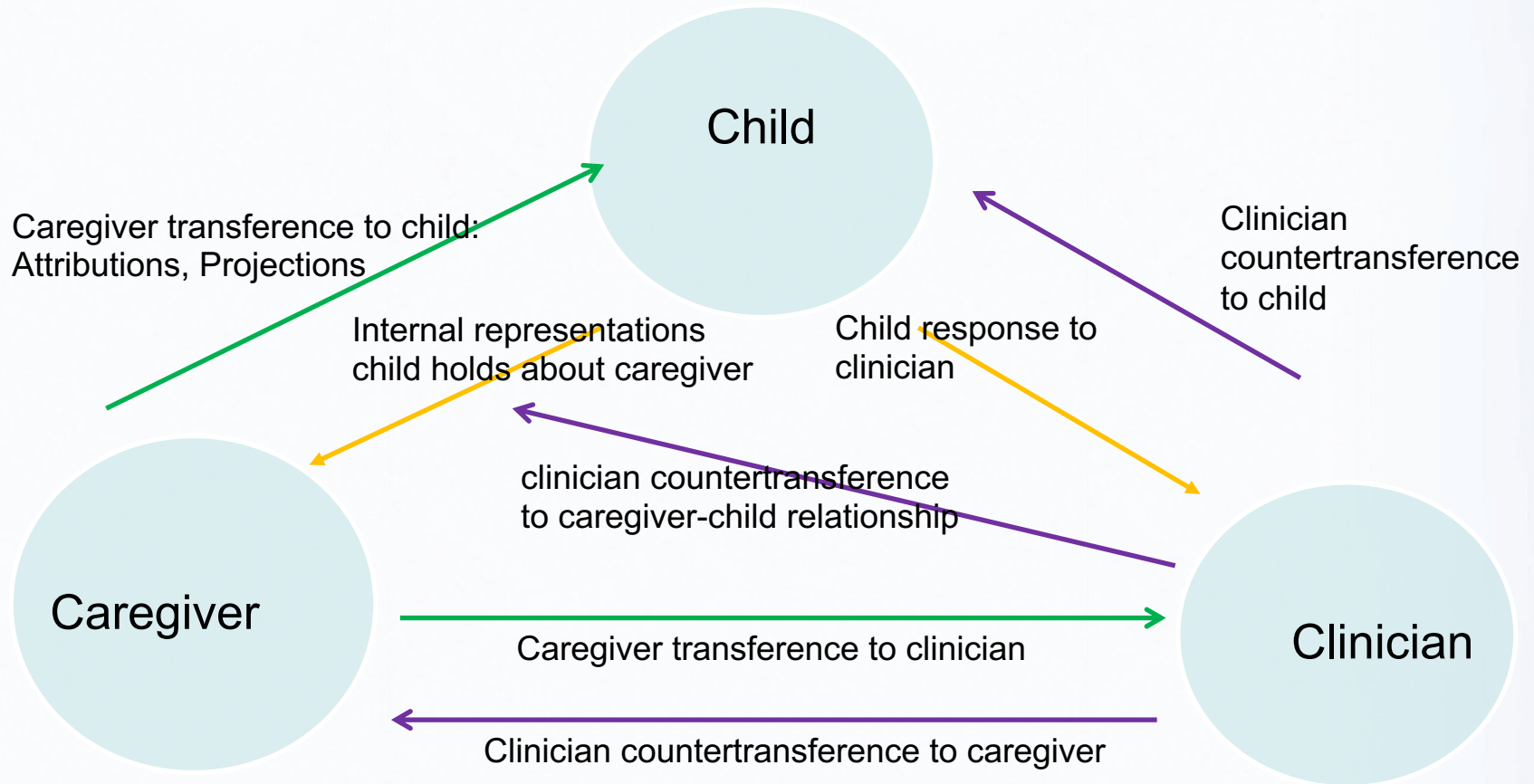
### 2<sup>nd</sup> Person/Degree: Interpretation WITHIN the metaphor

“It seems like the **dinosaur** is really scaring the **cow mommy and babies**. They can’t seem to find any place that is safe. It looks like the dinosaur always finds them”

### 3<sup>rd</sup> Person/Degree: Global/Normalizing Interpretation

- “A lot of children who see their mommies and daddies fight have big feelings in their bodies. Sometimes they can’t stop moving, or they worry all the time about their mommies”

# Transference in Dyadic Therapy (what happens in the therapeutic space ?)



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# Thank you!