

SPRINTS – Sand Play Reprocessing Integrating Nonverbal Trauma-interventions and Self-Stabilization. A Pilot Study

Leinberger B., Tritt K., Loew T.H.

University Hospital, Dept. of Psychosomatics, Regensburg, Germany



Playgrounds become graveyards...
Source: Reuters



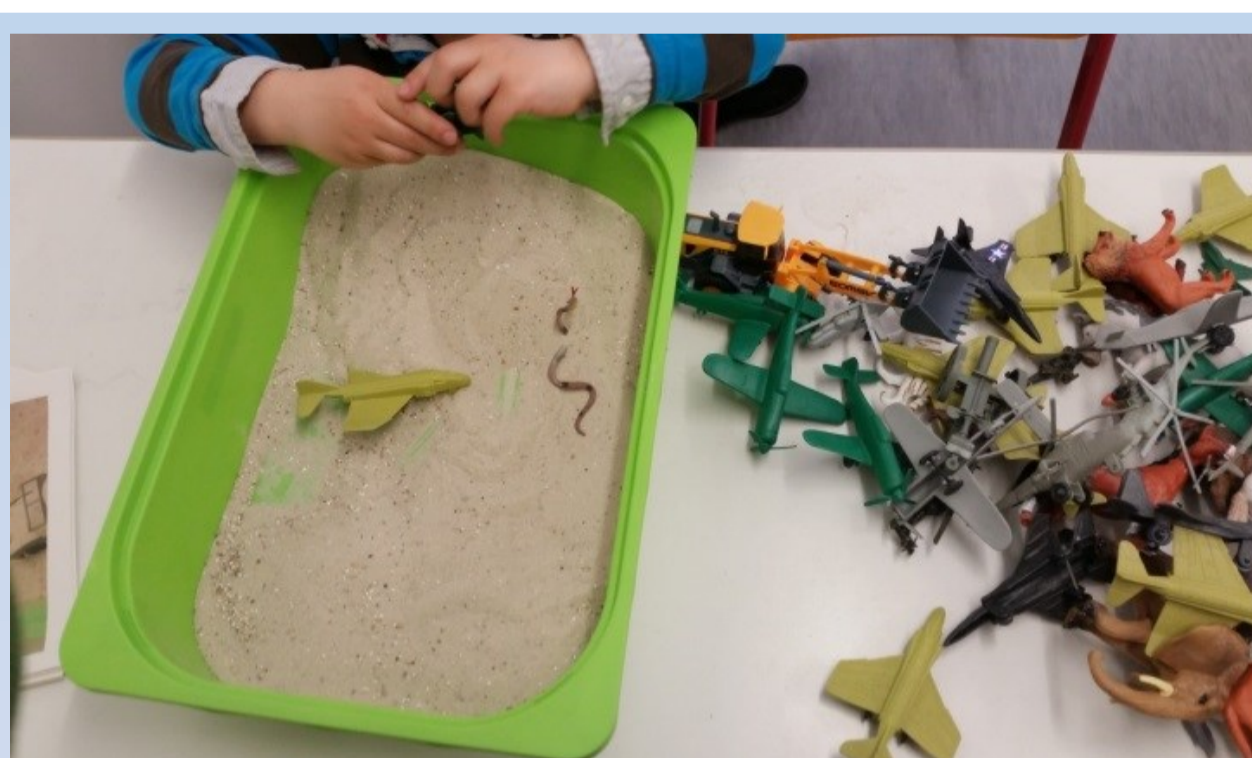
Refugee Kids at the Greek-Macedonian Border
Source: EPA
Unicef Picture of the Year 2015

Introduction

“Germany” seems to be the synonym for refugee’s crisis. Up to now in the last two years more than a million people arrived, half of them younger than 20 years, most of them more or less traumatized. Just now the 5000 psychotherapists specialized for this age group have enough work with the 12 million children and adolescents living already in our country serving about 200.000 patients a year. So what should we do with the new round about 150.000 patients? Our idea is to integrate multipliers within the trauma-therapy so that one professional therapist gets five times more effective. These specially trained non-professionals we call Trauma-Helpers (TH).

Results

7 out of 9 children improved their scores significant, comparing pre- post results (see mentioned tests). At the end only two needed further individual trauma therapy. There was no need for interpreters during the sessions, because children after an at least 3 month stay in Germany and being in school know enough German to cope with the situation. 10 Arabic children with one therapist in the group would not work, following other cultural experiences, but with 10 adults be-sides, every child is able to concentrate on his own reprocessing. We used the classroom, the children already knew from school, for the sessions, which, was very helpful. In a standard individual treatment, the children and the parents often don’t present regularly because of cultural reasons, e.g. they have fear to be patients in the “Crazy People Clinic”, as they name the psychiatric hospitals, or they simply don’t find the locations. But being part of a peer group, they like to come, therapeutic relationships develop and the children even feel the behavior improvements. Our results remain stable even in a 6 month follow up.



Find more on youtube:

Traumahelfer Regensburg

DVDs/ Manuals soon available in
English, Spanish, Arab, Turkish, Kurdish, Farsi
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Method

- 10 TH first learn a bundle of self-stabilization techniques: Slow paced breathing (reduced breathing frequency 6 / min), SURE (somatic universal regulative exercise; a movement therapy), Tapping (deriving from EMDR) and other bilateral stimulation techniques, which are near to daily living experiences children have (e.g. drawing slopes (lying “8”) and experience the sand play therapy. 9 children (traumatized by flight and / or war) from Syria, age 5 to 12, diagnosed with the UCLA Child traumatic Stress Inventory, the Depression Self Rating Scale (DSRS) and the Children – Impact of Event Scale - CRIES-8, had 10 weekly Sessions within 3 Months. Every child had his own personal TH who had to stay during the two 20 min lasting free – nonverbal – therapeutic play rounds within each session. If the TH observed emotions or excitation in the child, he or she offered self-stabilization exercises which he or she performed together with the child in a manner that the children are able to perform the techniques even alone outside of the therapy sessions. The sessions were both started and closed with a sing together including handclapping in a choreographic manner, a simple way to introduce and perform two established methods for self-stabilization: Singing actually is slow respiration technique and hand clapping is a kind of bilateral stimulation to stop probable dissociation.

1 Year follow up

UCLA	CRIES-8			DSRS				
	prä	post	Kat	prä	post	Kat		
39	2	25	14	3	18	15	3	7
68	7	112	16	1	21	34	13	16
6	14	drop out	15	3	drop out	11	9	drop out
42	3	30	20	7	9	21	2	12
60	4	17	38	3	11	18	2	11
39	19	13	28	29	11	13	13	2
40	21	20	28	15	19	15	18	0
35	16	12	32	12	28	18	24	0
41,125	10,75	32,7	23,875	9,125	16,7	18,125	10,5	6,8
Cut off			Cut off			Cut off		
>24			17			19		

Example: Changes in Sandplay and Selfstabilization drawing the lying „8”

A., male, Session	Sandplay	Selfstabilization drawing
1		
2		
5		
10		

Discussion

If enough people are to be motivated to do our 2 day preparation course for TH and commit themselves to assist in 10 one hour sessions following one hour super-vision each time (learning on the job) and at least one children psychotherapist SPRINTS is an easy to applicate concept and cost effective, too: 10 traumatized children in an individual setting would need at least 20 hours of diagnostics and at least 50- 100 hours of treatment. In our concepts 20 hours of diagnostics are followed by only 20 hours of engagement in group-therapy and supervision and maybe followed by 20 hours individual therapy for the still suffering children, the capacity of one therapist at least doubles and could even amount on five times more patients in the same time.

We`re already in contact with

Switzerland, Austra, France, Greek, Italy, Israel, Turkey, Libanon, USA, Columbia,Peru, Nicaragua, Cuba India, Brasile, Southafrica, Nepal