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Sandtray Therapy With Traumatically Brain-Injured Adolescents

CYNTHIA A. PLOTTS, Texas State University--San Marcos
JON LASSER, Texas State University--San Marcos
STEVEN PRATER, Texas State University--San Marcos

Topics: 47 Neuropsychology; 58 Rehabilitation

The purpose of this paper is to consider the appropriateness and utility of sandtray therapy techniques with adolescents who have suffered a traumatic brain injury (TBI). TBI is one of the most common causes of acquired disabilities during childhood and may result in temporary or permanent neuropsychological problems, with the level of recovery often corresponding to the severity of injury. Consequently, individuals with TBI may experience social, emotional, and behavioral challenges requiring varied levels of support and treatment. Many of these individuals experience serious disruptions in their family, school, and social systems that may exacerbate the effects of the primary physical injury and complicate recovery, even with adequate medical and rehabilitation resources. The likelihood of behavioral and/or personality change following a moderate to severe TBI is quite high, both as a function of the injury itself and in response to the disruptions in environmental systems. While a number of therapeutic approaches have been recommended for work with the TBI population, these recommended interventions often focus upon structured behavior change and management techniques. While necessary and effective, such interventions may not adequately address the intrapersonal and interpersonal dynamics of the child or teenager. There is a paucity of relevant literature addressing the use of techniques such as sandtray therapy for treating clients who have suffered a TBI. Sandtray, which began as Margaret Lowenfeld's "World Technique", utilizes a small sandbox and miniature objects (e.g., animals, human figures, vehicles, plants, etc.) that the client selects and arranges in the sand. When the production in the sand is complete, the therapist may guide a discussion about the production with the client, although verbalization is not considered a necessary component of this technique. The sandtray technique also allows nonverbal clients to express themselves in a manner that is most comfortable for them. Sandtray provides individuals with the freedom and safety to express thoughts and feelings where there are neither rules, pressure to speak, nor expected outcomes to evaluate. Sandtray therapists may also choose to concentrate on aspects other than the content and interpretation of the sandtray production, such as the process of selecting and placing objects in the sand or how the sandtrays evolve over time. Although sandtray techniques have been used with targeted populations (e.g. clients with eating disorders, traumatized children, etc.), there are no published accounts of sandtray applications to TBI clients. A brief overview of the incidence, nature and effects of TBI is given, along with a history of sandtray therapy. The effects of sandtray therapy with other special populations (trauma resulting from abuse, a major loss, a major life change, or a chronic or terminal illness) are also chronicled. The merits of using sandtray approaches with TBI clients are considered, with an emphasis on the interface of low verbal-expressive techniques and some key features of TBI, including language, memory, and executive function impairments. Four case studies (three males and one female) of TBI adolescents in a residential facility treated with sandtray therapy are presented and discussed. Each of the four subjects sustained a severe TBI during childhood or adolescence. Residential treatment was sought because behavior had become unmanageable in less restrictive settings. These case studies provide a brief history of each client as background information and detailed information regarding the sandtray therapy. Photographs of sandtray productions are provided, along with commentary that integrates presenting problems, therapeutic process, and progress. This discussion is followed by recommendations for further work in this area.

ons cost effective for publishers? Although controversial, with passionate arguments on each si</fo:block>e°-À˜®¸S-hat exist and hence deny needed services. This paper examines the controversies that exist regarding the use of demographically adjusted norms. Questions addressed will include: Does the use of ethnic specific norms improve the sensitivity and specificity of neuropsychological tests? What, if any, factors may be overlooked if these norms are used? What, if any, real differences may be masked by the use of demographically corrected norms? Are we making adjustments for real pathology? What level of adjustment is necessary? For example, since there is often greater variability within an ethnic group than between groups, do we need norms for each and every ethnic subgroup? Is the development of ethnic specific demographic corrections cost effective for publishers? Although controversial, with passionate arguments on each side, it is critical that neuropsychology begin broad and open discussions of these important issues <fo:block space-after.optimum="10pt"></fo:block></fo:block>

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