

WHY CLAYTHERAPY IS EFFECTIVE IN TREATING CHILDHOOD TRAUMA

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Therapeutic play with children is an effective clinical intervention that has been successfully utilized by counselors for many years. Various mediums of play therapy have been exercised ranging from free play to structured projects with great therapeutic success. CLAYtherapy is one version of play therapy where clay (or Play Doh®) is used as a therapeutic tool. Thousands of therapists who currently employ CLAYtherapy can attest to both the usefulness and the effectiveness of this new medium with children.

However, the question remains. Why does CLAYtherapy work? Stated another way, what makes the addition of clay so effective as a therapeutic tool when working with children? To answer this question, we must focus on the existing social psychological research in an effort to gain further insight regarding the power of clay with children. This short paper is a brief explanation with case examples of that power and the resulting clinical effectiveness.

There are three steps to consider when working with children who have been abused, neglected, and/or traumatized. The **first** step is to create and maintain a therapeutic relationship with the child. Clay therapy is an extremely effective tool in gaining and maintaining the therapeutic relationship, which keeps the child engaged and actively participating in the clinical process. The **second** step of CLAYtherapy is to generalize themes from clay therapy to the child's life by specifically addressing therapeutic issues of identified problems through the use of clay. Paul R. White, LCSW explains steps one and two in great detail in his book, *CLAYtherapy, A Manual Of Therapeutic Applications Of Clay With Children*. The focus of our attention will be on the **third** and final directive of clay therapy, which is to engage the child in cognitive reframing and redirecting cognitive distortions and misattributions regarding their social environment. To discover why clay therapy works with children, we must better understand the process of cognitive reframing, attribution formation, and the impact of cognitive dissonance within the child.

When counselors first engage an abused or traumatized child in therapy they often interact with a child who demonstrates and/or reports feelings of hopelessness, helplessness, and frustration. Typically, children attempt to make sense of their social environment by searching for explanations as to their current condition (*involvement in foster care, children of divorcing parents, physical, sexual, environmental abuse and neglect, etc.*). In utilizing a pre-conventional level of development, children often internalize self-perceived incorrect attributions regarding their current situation. Children report things such as, "*I am to blame for my parents divorce.....I should have been a good boy*", or, "*I'm in foster care because I am bad*". To untie this twisted knot of literal logic, we need to 1) understand what and how the child's attributions were initially formed, 2) replace unhealthy distortions with realistic and healthy ideations, and 3) to reinforce the new thinking process with working, age-appropriate examples from their environment.

According to Harold Kelley's model of attribution processes (Kelly, 1967, 1973), it is a matter of assigning cause to one of three aspects of a behavioral episode – the **person** (*the actor or source*

of the behavior), the **entity** (the person or object in the environment that the actor is reacting to), or the **occasion**, (the time and place in which the behavior takes place). Ideally, to assign cause to one of the three sources, we need to have information about *covariation* between the source and the behavior. We need to know if a behavior occurs when a particular cause is present and does not occur when a particular cause is absent. To make such covariation judgments, we need to know about more than one behavioral episode (*does the behavior occur in the presence of other people, with other entities, or on other occasions*). Consider the following scenario and Figure 1 as it summarizes the information needed to establish covariation between a behavior and it's potential cause.

Mike and Jeff were discussing a mutual acquaintance named Alan. "I met Alan for the first time yesterday", says Mike, "and he is a really hostile guy. He insulted my friend John numerous times." "Oh no," Jeff says, "I have known Alan for years and he is usually very nice. Your friend John must have done something serious to make Alan mad."

Figure 1. Establishing covariation using consensus, distinctiveness, and consistency information.

"Alan Insulted John"	
CONSENSUS <i>Do other people insult John?</i>	Yes – Behavior <i>does not</i> covary with Alan (person) No – Behavior <i>does</i> covary with Alan
DISTINCTIVENESS <i>Does Alan insult others?</i>	Yes – Behavior <i>does not</i> covary with John (entity) No – behavior <i>does</i> covary with John
CONSISTENCY <i>Does Alan always insult John?</i>	Yes – Behavior <i>does not</i> covary with the occasion No – Behavior <i>does</i> covary with the occasion

In this scenario, Mike and Jeff disagree regarding the interpretation of a particular hostile behavior by Alan. Mike believes the hostile behavior is a reflection of Alan's personality, Having somewhat different information to go on, Jeff believes that Alan's hostile behavior was a reaction to the situation Alan found himself in (*having been provoked by John*). Mike and Jeff are disagreeing about whether the hostile behavior was **diagnostic** of (caused by) the *traits* or *states* of the actor (Alan). In other words, did the hostile behavior reveal anything about Alan's underlying dispositions or personality?

As we work with children, we attempt to better understand the construction and derivation process of, (*often self-perceived and inaccurate*) attributions leading to cognitive thinking errors, self-blame, distorted reality, and negative thinking. Through the use of clay therapy, we can identify thinking processes, correct inappropriate, self-harmful perceptions, and empower children with survival skills to endure, survive, and even thrive through emotional hardship. However, identifying misattributions and unhealthy thinking is only half of the equation. To effectively treat the troubled child, we must look to the works of Leon Festinger and Cognitive Dissonance Theory.

Attributions are thumb nail sketches of attitudes. They are like pre-attitudes that exist as we are attempting to make sense of our environment. As we formulate our attributions, we search our environment for consonant elements that support our attribution, and distance ourselves from dissonant elements that oppose our attribution in an effort to maintain attitude-behavior consistency. For example, after my wife and I purchased a new Jeep Wrangler, we took great amusement in viewing their creative television commercials. We would gather around the TV (often running in from the other room) to consume our fill of positive attributions (consonant elements) regarding the recent Jeep purchase. The Jeep commercials served to enforce attitude-behavior consistency (“*I like the Jeep...I bought the Jeep*”), thereby maintaining internal consonance. Equally so, whenever we would see a competitors television ad (i.e. Ford Explorer), while channel surfing, we would quickly flip the channel. Hearing positive things about a Ford Explorer would be a counter-attitudinal act leading to increased internal dissonance. After the consonant and dissonant elements have been processed, an attitude is solidified. However, we continue to actively seek consonant elements in our environment that support our attributions and attitudes, and actively distance ourselves from dissonant elements in our environment that do not support our attributions and attitudes in an effort to maintain attitude-behavior consistency – a consonant internal state.

Leon Festinger (1957) summarized his dissonance theory in one sentence, by stating that, “two elements (beliefs and/or behaviors) are in a dissonant relation if, considering these two alone, the obverse of one element would follow from the other. This could be expanded into the following explanation:

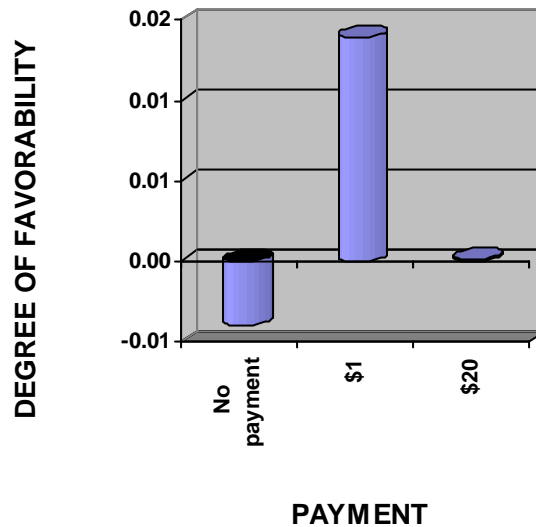
- Inconsistencies can exist among a person’s cognitions (beliefs, attitudes and values) or between cognitions and behavioral actions.
- Cognitive inconsistency (which Festinger called cognitive dissonance) is an unpleasant internal state, and gives rise to pressures to reduce it.
- Cognitive dissonance can be reduced (cognitive consistency restored) through a change of attitudes or beliefs or through a change of behavior.

Festinger and Carlsmith (1959) conducted a research study designed to induce inconsistency between people’s beliefs and actions (counter-attitudinal act). The study took the guise of a motor coordination test where participants worked alone for thirty-minute intervals on two boring tasks. On the first task, they were given a large board with forty-eight knobs, and asked to continuously turn each knob 90 degrees for fifteen minutes. On the second task, they were given a peg-board and asked to place spools on each peg. When all the pegs were spooled, they were asked to record the time and begin again (for fifteen more minutes). After the second trial, the researcher asked the participant to “introduce” the next participant to the study, and in the process, earn some money. The amount of money was the major manipulator of the study – some participants were given \$20 to explain both tasks, and say that the experiment was fun, interesting, exciting, etc.; others were given \$1 to make this false description. The “new participant” was actually an experimental confederate who voiced concerns about participating in the study. After describing the tasks to the new participant as fun, interesting, and exciting, the actual participant was given a post-test questionnaire asking them to report their true feelings regarding the study. What would most people predict in this study? One might think that the person paid \$20 to describe the tasks to the new participant as fun, interesting and exciting would

express more positive attitudes toward the tasks than the person being paid the \$1. This is what the prevailing learning theories in psychology would have predicted. The more someone is rewarded for the act, the more positive the act becomes – the basic principal of reinforcement. However, the research findings that Festinger and Carlsmith produced through this study were completely contrary to this expectation. Those paid \$20 to say nice things about the study evaluated it as much *less* favorably than those paid only \$1. Figure 2 explains the effects of payment differences on task evaluation.

Festinger and Carlsmith discovered via their cognitive dissonance research design that when people engage in a counter-attitudinal act, they experience internal dissonance (anxiety, arousal), and are intrinsically motivated to reduce their state of dissonance and establish a state of consonance (internal peace, balance, calm). There are three known modes of dissonance reduction; internal justification, external justification, and trivialization. The people in the \$20 group who made the false description (a lie) utilized external justification for engaging in the counter-attitudinal act – “*I lied for the \$20*”. However, the people in the \$1 group lacked such external justification and actually shifted their cognitions to believe that the boring tasks were, in fact, fun, interesting and exciting, thereby relieving their dissonance and establishing internal consonance. The first rule of human psychology is that people want to be seen by themselves and others in the most positive light. Seeing one self as dishonest violates this principal. Therefore, lacking external justification for the counter-attitudinal act, subjects in the experiment

Figure 2. Effects of payment differences on task evaluation



actually shifted cognitions to favor the boring tasks in an effort to maintain attitude-behavior consistency, thereby achieving a state of internal consonance. The third mode of dissonance reduction (trivialization) was introduced in the early 1990’s where researchers identified event

discounting as a tool in alleviating dissonance (i.e. – “*It was just a stupid research test....no big deal....I lied because it really didn’t matter*”).

When working with traumatized children it is important to accurately determine the underlying constructs of the child’s perception of cause/effect behavior. As previously stated, children rely on a pre-conventional level of development (literal thinking) and typically rely on the consensus information (person attribution) in their causal interpretations. That is to say, children usually turn blame inward and neglect entity and situation elements in establishing causation. As we work with children, we can ascertain their derivation process that leads to unhealthy thinking as we examine their development of attributions utilizing Kelly’s model of attribution processes. Once we have determined the target attributions, we design an intervention that will redirect unhealthy attributions with desirable and realistic ideations. This is done by creating inconsistencies between the child’s attitudes and their behavior. For example, a six year-old reports the he wears pull-ups to bed at night for nocturnal enuresis (after ruling out a general medical condition). The counselor may say, “*Are you a big boy or a little boy?*” The child will respond, “*I’m a BIG boy!*” The counselor responds, “*Yea, you are a big boy! And it’s okay to wear diapers (a heavily loaded word) to bed....I know a lot of kids who do that. But they are much younger than you....hmmm*” (reflectively thinking). The child is left with feelings of internal dissonance due to the counter-attitudinal act. Either I am a big boy who does not need diapers at night, or I am a little boy who still needs them. As mentioned earlier, people want to be seen by themselves and others in the most positive light. How can the child be a self-proclaimed “big boy” and consistently engage in “little boy” behavior? Asking the child if this is change worthy behavior minimizes their ability to trivialize the issue thereby reducing internal dissonance. “*I want to be able to spend the night with my friend without fear of bed wetting or being teased about having to wear pull-ups!*” The child is left with either admitting and internalizing perceived negative self-characteristics such as, “*Okay, I’m just a little boy*” (very rarely done), or actually changing cognitions about bed-wetting as demonstrated in Festinger’s research in an effort to regain internal balance (consonance).

Traditional talk therapy and non-directive play therapy only are less effective as a treatment modality with this sub-population of clients. Directive play therapy (CLAYtherapy) is a much more effective tool in the identification, exploration, and treatment phases of counseling. CLAYtherapy is an unequalled direct play therapy tool with traumatized children. For example, as the child and counselor process related issues regarding bed wetting, they construct a characterized Play Doh toilet (called “Mr. Flush”) to reinforce the therapeutic lesson. The child then takes Mr. Flush home. Thereafter, every time the child sees Mr. Flush, he remembers the detailed issues processed in the counseling session. Mr. Flush serves as an environmental cue regarding the new goals of being a “big boy” that were voluntarily adopted via dissonance exposure. The Play Doh character also serves to demonstrate that the child can master aspects of his environment (personal empowerment replaces helplessness and hopelessness). The child makes a Play Doh “masterpiece” using his hands. The counselor then generalizes that the child must then be the master of his hands. Taken a step further, the child must also be the master of his brain, as the brain tells the hands what to do. Where do we keep the ability to master our bed-wetting? Of course, we keep that ability in our brains. Therefore, if you are the master of the Play Doh, and the master of your hands, and the master of your brain, then certainly you can be the master of your bed-wetting!

Children of all ages report great fondness in working with Play Doh. Creating their own therapeutic masterpiece allows for extended duration and intensity regarding clinical processing in a manner that resembles more play than work. Children stay longer, uncover further, and resolve more successfully. Children consistently report excitement about engaging in their next counseling session and are found to actively participate at unprecedented levels. Children simply allow themselves to relearn more effective and efficient methods of processing their thoughts and controlling their behavior while connecting to the therapist and having fun.

The power of accurately assessing existing attribution (via Kelly's model of attribution) processes, therapeutic manipulation of consonant and dissonant elements within the child (utilizing Festinger's cognitive dissonance theory) is clinically realized through CLAYtherapy. When the theories of Kelly and Festinger are combined with the utilization of CLAYtherapy in engaging and maintaining therapeutic focus by generalizing clinical issues through the use of CLAYtherapy the counselor reaps an exceptional and unparalleled clinical bonanza.

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"I have been working with children utilizing CLAYtherapy techniques over the past decade and have found it to be the most powerful and effective clinical tool yielding extraordinary therapeutic outcomes. It's like magic!"

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