**CAT 209 Media Directive Profile Worksheet**

|  |  |
| --- | --- |
| **Directive Title:** Sock Puppet Making for Children with Trauma (from a family member that inflicted physical/sexual or emotional abuse) | |
| **Approximate Finished Size:** 3” x 10” (varied sizes) puppets | |
| **Materials:** |  |
| Fabric Materials:  * Various scrap fabric, some cut into 1” x 12” strips * 20 clean, washed socks of various colors, styles, lengths, thicknesses * 5’ of burlap  Clean up:Paper TowelsVinegar or Scent-Free cleaning spray (sometimes aluminum wire leaves a dark gray residue on surfaces)Table cover: newsprint OR plastic (if there is a roll available) and masking tape to secureSmall whisk broom (hand) | Tools:(6) Sharpies: Black(5) Scissors  * A large pillow with synthetic fill * At least 100 various buttons for eyes  Lehigh 1/16-in x 190-ft Natural Twisted Jute RopeLion Brand Large Eyed Blunt Needles, Assorted Sizes, 6/PackLion Brand Large Eyed Sharp Needles, Assorted Sizes, 6/PackRubber Bands |
| **Mix of music**- Chosen by a client from a pre-selected list of options to give a sense of control, also to make more fun for the kids! | Plastic Gloves in case someone is intolerant to material |
| **Purpose:** Resolve past childhood/ family issues, leading to less anger and depression, greater self-esteem, security, and confidence.  **Goal:** Decrease statements of being a victim while increasing statements that reflect personal empowerment. Through work with the puppet, working with client to identify the positives and negatives of being a victim and the positives and negatives of being a survivor (this can come through specific dialog between client and puppet (who represents perpetrator). Encourage and reinforce the statements that suggest movement away from *viewing self as a victim* and toward *personal empowerment as a survivor*. | |
| **Procedure:**  • This is a 90-minute group for 10 children between the ages 8-11 in adjunctive hospital setting (a program that is associated with a hospital, clients are suggested to join by their psychiatrists who are associated with hospital. 90-minutes includes setup and cleanup.  **Prep BEFORE they arrive:** On a side table, lay out the socks and stuffing for clients to choose from. Down the center of the table that clients will be working on, space evenly down a 4’ x 12’ table with 10 chairs around it:   * 4-5 needles of various sizes and 4 spools of thread, 2 pairs of scissors, Sharpie markers * A pan with various buttons (at least 50 varied) * Various fabric squares, strips and scrap, twine, rubber bands * 4-5 needles of various sizes and 4 spools of thread, 2 pairs of scissors, Sharpie markers * Various fabric squares, strips and scrap, twine, rubber bands * A pan with various buttons (at least 50 varied) * 4-5 needles of various sizes and 4 spools of thread, 2 pairs of scissors, Sharpie markers   **Welcome** everyone and do a verbal check-in. Remind them about confidentiality. Say, “Welcome back everyone, today we are going to make puppets! (hold up example). But we aren’t going to make just any kind of puppet. Puppets give us a chance to make a representation of someone and then talk to him or her in a safe way. You know, how sometimes it wasn’t safe in the past to say how you felt, right? Well this is a place where you can say whatever you want.  Today we are going to make a puppet of the person in our life that you are often most angry with, the person you have been working on in therapy the most. You don’t have to tell the group who this is, unless you want to, in fact, you can give your puppet a totally different name.  After your puppet is done, we are going to do some role playing. That just means we will talk together, using the puppets. But for now, I want you to focus on creating a puppet of the person in your life that person we talked about.  Are there any questions? *Answer questions, there will probably be some due to the multi-step process.*  **• Time Marker 10:00 minutes:** Direct the group over to the side table with socks and stuffing and demonstrate how to stuff the sock with stuffing. Then demonstrate how to tie it off with a fabric strip or a rubber band.  **• Time Marker 15:00 minutes:** Put on music. Walk around the room and observe to see if anyone is getting stuck. If everyone is working well, place yourself in a far corner (so you are not standing directly behind someone and making them uncomfortable). If they are getting stuck, gently ask her or him some of the questions about what they have created so far. Offer gloves to anyone you notice needs them. This is an activity where there will most likely be questions about the project, what you can make, some of the children may need help with tying off the puppet body areas. Keep an eye out in particular for anyone getting very quiet and pulled in.  **• Time Marker 45:00 minutes:** Say, “You have about 10 more minutes to work.”  **• Time Marker 55:00 minutes:** “It looks as if everyone is about done, if you aren’t, we’re going to stop for now so we can talk about the work.” Ask the group who feels comfortable talking about their work. Look for an opening with the first person who talks about their puppet, describing it. Ask him/her to talk to ask their puppet a question and then respond. Look for statements that suggest victimization and help the child to reframe into statements that reflect personal empowerment. Encourage movement away from viewing self as a victim and toward personal empowerment as a survivor. Ask for the next person to talk and ask the group to help with the reframing statements if needed (to keep the energy within the group, this also helps the client get the voice of a peer in their head, which can be very persuasive and impressionable, just another way to remember the positive empowering statements in a future time of distress, the more positive references, the better.  **• Time Marker 1:28:00 minutes:** It is time to clean up. Ask the participants to put the materials back in the box and throw out any scrap. Close the group by reminding the members about confidentiality, reminding them about the next meeting (date and time), the importance of their attendance, and thank them for their participation. | |
| **Therapeutic Properties of the Media:**  “Wadeson (2000) notes that fabric work can foster a sense of female solidarity, though its use is not limited to women. One aspect of the enticement for women might be the familiarity and comfort generated by engaging in activities they learned from their mothers and grandmothers.”  Moon, C. H. (Ed.). (2011). *Materials and media in art therapy: Critical understandings of diverse artistic vocabularies*. Routledge.    “By creating stories through play, puppets function as a way of communicating with a child about a difficult or uncomfortable topic, such as death. Puppets also help to validate a child’s feelings of anger, fear, or sadness about the death without directly talking about the loss before the child is ready to do so…Children are responsive because of the engaging context, which fits with their developmental ability to understand play and communicate through it. Objects such as dolls, puppets, sandtray, and toys are used to assist children in externalizing their problems. The objects offer possibilities for exploring stories and their characters, while also assisting children in separating themselves from their problems so they may replace dominant stories with preferred narratives about their lives (Butler, Guterman, & Rudes, 2009)…. In summary, children also have an opportunity to express themselves through reenactment or verbalization of their experiences. Young children and adolescent trauma victims can benefit from the use of puppets because it is a creative outlet that explores feelings, thoughts, and behaviors and demonstrates experiences in a manner for a counselor to understand (Epstein et al., 2008).”  Armstrong, N. F. (2015). Creating space for connection: A column for creative practice. *Journal of Creativity in Mental Health*, *10*(3), 324-338.  “Puppets and masks allow for role play and exploration of thoughts and feelings. Clients are given the opportunity to project emotions, concerns, and ideas through their creations. Play-acting with puppets and masks allows clients to explore inner feelings and outer experiences. It helps them express issues that they might be inhibited to share otherwise. Masks may be created utilizing paper plates, paper bags, and construction paper. Art catalogs sell the cardboard outlines of masks for very reasonable prices. Cutting and pasting a variety of materials on a circular piece of cardboard or oak tag may form a paper collage mask. Materials – such as magazine pictures, newsprint, felt, sequins – and all types of textures – such as feathers, cotton and burlap – may be utilized.”  Buchalter, Susan. A Practical Art Therapy (p. 91). Jessica Kingsley Publishers. Kindle Edition.  “The use of dual play with puppets allows for safe touching experiences, as the cloth is a barrier to direct touching. These examples illuminate types of touching, yet, importantly, they also … define… the boundaries of interpersonal space.”  Hass-Cohen, Noah. Art Therapy and the Neuroscience of Relationships, Creativity, and Resiliency: Skills and Practices (Norton Series on Interpersonal Neurobiology) (p. 208). W. W. Norton & Company. Kindle Edition. | |
| **Appropriate Populations:** Child Survivors with Trauma  **Ways that childhood trauma can present itself:**   1. **Physical/Sexual/Emotional Abuse**     * **History of physical, sexual, or emotional abuse**    * **Painful memories of abusive childhood experiences are intrusive and unsettling.**    * **Nightmares and other disturbing thoughts related to childhood abuse interfere with his/her sleep.** 2. Neglect Experiences    * History of parents who were neglectful of his/her emotional and physical needs.    * Feelings of low self-esteem, lack of confidence, and vulnerability to depression are related to his/her childhood experiences of neglect.    * Parents were involved with substance abuse and this led to neglect of their child-rearing responsibilities.    * Parents' involvement in work and their own self-centered experiences led to neglect of the children. 3. Chaotic Childhood History    * Childhood history as chaotic, related to frequent moves, substitute caretakers, financial instability, multiple parental partners, and the in-and-out presence of stepsiblings.    * Growing up in an alcoholic household, which led to significant instability.    * One of his/her parents as seriously mentally ill, resulting in multiple periods of hospitalization and instability at home.    * Parents as irresponsible and antisocial, leading to many legal and interpersonal conflicts. 4. Repressive Parents    * Parents as rigid, perfectionistic, and hypercritical, resulting in him/her consistently feeling inadequate.    * Parents were threatening and demeaning, resulting in feelings of low self-esteem.    * Parents were hyper-religious, resulting in rigid, high expectations of behavior and harsh discipline.    * Emotionally repressive atmosphere at home during his/her childhood as a result of his/her parents' lack of nurturance, encouragement, and positive reinforcement. 5. **Irrational Fears**     * **Early-life experiences have led to continuing irrational fears in the present.** 6. **Suppressed Rage**    * **Early painful experiences have resulted in feelings of anger and unexpressed rage.**    * **Expression of suppressed feelings of rage toward his/her parents for their treatment of him/her during childhood.**   Jongsma, Arthur E.. The Adult Psychotherapy Progress Notes Planner (PracticePlanners) (pp. 96-97). Wiley.  **Associated Features/SYMPTOMS**   * Reports of childhood physical, sexual, and/ or emotional abuse. * Description of parents as physically or emotionally neglectful as they were chemically dependent, too busy, absent, etc. * Description of childhood as chaotic as parent( s) was substance abuser (or mentally ill, antisocial, etc.), leading to frequent moves, multiple abusive spousal partners, frequent substitute caretakers, financial pressures, and/ or many stepsiblings. * Reports of emotionally repressive parents who were rigid, perfectionist, threatening, demeaning, hypercritical, and/ or overly religious. * Irrational fears, suppressed rage, low self-esteem, identity conflicts, depression, or anxious insecurity related to painful early life experiences. * Dissociation phenomenon (multiple personality, psychogenic fugue or amnesia, trance state, and/ or depersonalization) as a maladaptive coping mechanism resulting from childhood emotional pain.   Jongsma, Arthur E.; Peterson, L. Mark; Bruce, Timothy J.. The Complete Adult Psychotherapy Treatment Planner: Includes DSM-5 Updates (PracticePlanners). Wiley | |
| **Adaptations:**  Bring in magazine for or items that can be glued to the outside of the mask. | |
| Creative Options: Offer black Sharpie (Permanent Ultra-Fine Point Markers, Black, Pack Of 12) for drawing on the masks. Or paint markers. | |
| Theory: Psychoanalytic, Mindfulness, DBT (which I will be training in this summer) | |

|  |  |
| --- | --- |
| **Sock Puppet open and closed** | |
|  |  |