Gil Institute for Trauma Recovery and Education

Mission

Gil Institute is an evidence-based group private practice that provides trauma- and practice-informed mental health services to individuals, especially young children, who have endured traumatic experiences. Our specific goals are to empower clients to access reparative energy, to acknowledge and express their pain in a variety of verbal and nonverbal ways, and to reduce the power of a traumatic event or relationship, so that healthy choices become real options.

Our clinical staff is especially trained to work with children, families, and adults in individual, group, couples, or family therapy formats. In addition, our clinicians have ample familiarity with trauma-related issues such as attachment, emotional dysregulation, Post-Traumatic Stress Disorder symptoms, and related symptoms such as self-injury, dissociation, eating concerns, loss issues and sexual behaviors. We remain conversant with the current literature on the subject of trauma and effective treatments, and we offer a holistic approach, sensitive to brain development, physical and somatic impact, as well as emotional, psychological, behavioral and social difficulties.

Philosophy

Our clinicians offer their young clients therapeutic approaches that are child-sensitive, developmentally appropriate and maintain sensitivity to gender-differences and gender variances. We believe that children have the innate capacity towards self-repair and are uniquely equipped with the capacity for mastery. Some children may need to be invited or encouraged toward mastery opportunities so integrated approaches may be needed.

Our clinical interests include a focus on guiding parents to utilizing attachment-building strategies that are widely recognized as effective. In addition, we provide a range of expressive therapies to children and families, including sand, play, and art therapy that are purposefully applied to promote treatment goals.

Specialized Services

Expressive Therapies

When children utilize post-trauma play, they play out their fears and anxieties, and they face them more directly, but still at a safe-enough distance. By gradually exposing themselves and facing tolerable amounts of distress, children can arrive at a new way of understanding of their experiences.

Those working with traumatized children have found that children seem to be compelled to use play, art, sand, and puppet therapies with frequency to show and process their traumas through post-traumatic play—children's natural way of achieving gradual exposure. Through post-trauma play, children access options and resources and benefit greatly from creating solutions and

identifying resources. In that way, post-trauma play provides a goal of mastery to children and thus provides a sense of reparation.

Extended Play-Based Developmental Assessment (EPBDA)

The Extended Play-Based Developmental Assessment (EPBDA, Gil) consists of meeting individually with youth, allowing them to become comfortable with the setting and therapist. This therapeutic assessment may be concluded between 8 and 12 sessions and includes clinical observation, children's participation in a variety of play-based activities, attention to and interpretation of thematic material in children's play, completion of paper-pencil tests, if appropriate, and therapeutic dialogues.

The EPBDA has shown to be particularly useful for very young children who are less verbally expressive, for hesitant or ambivalent children who may feel compromised by demands for verbal communication, and for adolescents who may be unable or unwilling to verbally participate in an assessment or therapy.

Although originally designed for young children, the EPBDA can be adapted for toddlers and very young children (EPBDA-YC), as well as for children of all ages. The EPBDA is *not a custody evaluation or a forensic evaluation* and is not designed primarily to evaluate allegations of abuse. However, in the typical course of this assessment, clinicians will likely become privy to concerns, fears, or anxieties.

Assessment of Sexual Behavior Problems in Children (ASBPC)

The Assessment of Sexual Behavior Problems in Children (ASBPC) consist of meeting individually with young and school-age children (ages 4-12) and allowing them to become comfortable with the setting and therapist. Assessments can last from four to six individual 50-minute sessions.

Initially, clinicians do not ask children direct questions about their problem sexual behaviors. Instead, clinicians utilize a nondirective approach to gain an understanding of the child's overall functioning with particular attention to ways in which their sexual thoughts, feelings, and behaviors compare to their same-age peers.

Clinicians encourage children to externalize their thoughts, perceptions, and feelings by providing them with a variety of ways to symbolize and/or verbalize their sexual experiences and behaviors. Clinicians are trained to identify thematic material in children's play that might suggest their underlying concerns. The initial goal of the ASBPC is to gain an understanding of children's unique functioning, identify problem areas, rule clinical symptoms in or out, understand children's perceptions of their important relationships, and subsequently develop recommendations that meet the specific needs of children and their families. In addition, this assessment allows clinicians to explore sexual behaviors contextually and address the treatment needs of the child and his/her family.

For children referred for Boundary Project (family-focused treatment of sexual behavior problems in children under the age of 12 years), the ASBPC is recommended in order to help determine whether Boundary Project's structured program is a good fit for the child and his/her family at the time of the referral.

Boundary Project

Boundary Project is an evidence-informed, family-focused treatment program for children ages 4 to 12 years who present with sexual behavior problems. This is an attachment-focused, integrative treatment model that includes attention to safety issues, supervision concerns, individual risk factors, trauma histories, and familial factors that may underlie the atypical or problematic sexual behaviors.

Clinician's utilize cognitive-behavioral therapy, expressive therapies, mindfulness meditation, and they teach and practice affect regulation and impulse control strategies are presented and practiced with children and at least one caregiver. They also provide psychoeducation to parents and children in both individual and group formats. Attachment-focused activities are built into each joint parent-child session to repair or strengthen parent-child relationships that may be strained prior to treatment.

Consistent with Gil Institute's family-focused approach to therapies, Boundary Project clinicians apply equal therapeutic attention to the caregiver(s) in order to maintain positive therapy outcomes following treatment.

Trauma-Focused Integrated Play Therapy (TF IPT)

Developed by Eliana Gil, Trauma-Focused Integrated Play Therapy is relationship-based and utilizes principles of child-centered play therapy in order to:

1. allow children to self-direct;
2. give children an experience of control and mastery; and
3. permit children to access natural healing mechanisms such as post-trauma play.

By giving children opportunities to work in a permissive setting, clinicians observe and document how children utilize gradual exposure, gain an understanding of traumatic experiences, discharge affect, and begin to manage experiences that can feel overwhelming or frightening. This service is offered in 12 individual sessions (once weekly) to children and adolescents with a history of trauma. The TF IPT curriculum is administered by clinicians with specialized training and experience in trauma-informed therapies, to include completion of Dr. Eliana Gil's TF IPT training intensive.

Theraplay

Theraplay is a relationship-based, dyadic, experiential method of structured play therapy that seeks to develop secure attachments between parents and their children. Theraplay focuses on the and-now, intervening at a physiological level to capture the child's attention of his/her right

brain hemisphere, dominant area of the human brain that supports self-regulation and the development of emotional states.

Theraplay can be effectively adapted for the treatment of traumatized children as it allows for the development of safe, regulated, empowering interactions. Overall, Theraplay conveys a message to the child that that he/she is a delightful human being worth of being loved by a trusted, fun, loving adult.

The Marschak Interaction Method (MIM) is conducted prior to entering Theraplay therapy services as it identifies strengths and weaknesses in the parent-child relationship in four important domains: engagement, nurture, challenge, and structure which guides the therapy course and areas of focus. In treatment, the therapist guides the dyad or family by way of playful, and joyful engagement with the goal to enhancing attachment, trust, and self-esteem fun games and developmentally challenging activities, while fostering and expanding tender and nurturing interactions with the child. The MIM may also be used independently to assess parent-child dynamics and to formulate treatment recommendations, whether or not the family has the option of participating in Theraplay services.

For more information about these and other services offered, go to our website http://www.gilinstitute.com/

Starbright Training Institute

Starbright Training Institute is affiliated with Gil Institute and runs relevant, practical and integrated training programs related to play therapy and childhood trauma. Training opportunities are also available for the specialized services offered at Gil Institute.

For more information about the upcoming training opportunities, go to our website http://starbrighttraininginstitute.com/