A Neurobiological Approach to Using Play in Therapeutic Practice with Children
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Objectives

✤ Describe how play therapy works from a neurobiological perspective
✤ Learn how to set boundaries without shaming or shutting down the child
✤ Learn how to become the external regulator and why it is necessary to support the client’s ability to integrate their challenging thoughts, sensations and emotions
✤ Learn how to make aggressive play therapeutic

Objectives

✤ Understand how to work with the intensity of aggressive play without the therapist’s own nervous system shutting down resulting in compassion fatigue and burn out
✤ Learn how to develop a stronger regulatory capacity in your clients
✤ Learn the four primary threats of the brain and how to use this information to create a neuroception of safety in the session
✤ Understand how our own “window of tolerance” can impact the child’s healing process
Objectives

- Learn the concept of “The Set Up” in Synergetic Play Therapy and how to use this information to facilitate a client’s process
- Understand how to use principles from Interpersonal Neurobiology and Synergetic Play Therapy to support deeper integration and the re-patterning of the client’s nervous system

Synergetic Play Therapy (2008) is a research-informed model of play therapy blending the therapeutic powers of play with nervous system regulation, interpersonal neurobiology, physics, attachment, mindfulness, and therapist authenticity. It’s primary play therapy influences are Child-Centered, Experiential, and Gestalt theories.

Although Synergetic Play Therapy is a model of play therapy, it’s also referred to as a way of being in relationship with self and other. It’s an all-encompassing paradigm that can be applied to any facet of life, and subsequently any model of play therapy can be applied to it or vice versa. Synergetic Play Therapy is both non-directive and directive in its application.

–Lisa Dion

We use the relationship to allow our client “to re-experience dys-regulating affects in affectively tolerable doses in the context of a safe environment, so that overwhelming traumatic feelings can be regulated and integrated into the client’s emotional life.”

–Allan Schore
Functions of the Brain

- Reptilian
- Limbic
- Cortex

4 Major Perceived Threats

- Physical Safety
- The Unknown
- Incongruence in the Environment
- “Shoulds” and Unmet Expectations

- Lisa Dion

“I have to pay attention to what is going on inside of me. I have learned to trust and make use of my own feelings and body sensations when I work with adults. In working with children, this aspect of the work is even more important for children are sensitive and very observant. If I pretend to look interested when I am bored, I rarely fool a child… she needs to know that when she looks into my eyes that I am telling the truth”

-Violet Oaklander
Regulated Nervous System

What is regulation?

We use regulation to move towards the uncomfortable feelings and body sensations, not to get away from them.
The child sets the toys and the therapist up to feel how he/she/they FEEL

We need a mirror to learn about ourselves…
we are constantly projecting our inner reality onto life around us

“...It turns out that as we observe others, our brains create a full simulation— even the motor components— of what we are observing. It is as if for a moment we imagine being the person we are observing. Our brain actually attempts to feel what the other person is experiencing and it treats what we observe as an experience shared with others. “Our mirror neurons fire when we see others expressing emotions, as if we were also making those facial and body expressions. By means of this firing, the neurons also send signals to the emotional brain centers in the limbic system to make us feel what other people feel (Iacoboni).”

— from Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity in the Playroom
Exploring the Set Up

Becoming the External Regulator

“The mother is literally a regulator of the crescendos and de-crescendos of the baby’s developing autonomic nervous system.” Schore.

“Much like the mother who is implicitly modeling for the child her own struggles to regulate her dysregulated state, therapists must be able to resonate empathically with our clients, psychobiologically feeling their difficult, intense states. Without this ability to self-manage, we can’t help the client to regulate. Such work implies a profound commitment by both participants in the therapeutic scenario and a deep emotional involvement on the therapist’s part.” Dales and Jery.

“As the challenging thoughts, emotions and body sensations arise in the session through the play, the child borrows the therapist’s regulatory capacity as their own regulatory capacity develops.”

“In order to help re-pattern a child’s nervous system, the child first needs an external regulator to help integrate the dysregulated state in their nervous system. Integrating intensity must first start with the therapist.”

–Lisa Dion
Developing the capacity to become the External Regulator requires:

- The therapist must be willing to feel what is happening in their own body without wanting to avoid or become consumed by the experience.
- The therapist must work through their own fears and past experiences related to the play and stories.

“Presence involves being aware of what is happening as it is happening, being receptive to our own inner mental sea, and attuning to the inner life of another person. Being present for others means we resonate with what is going on in their inner worlds, creating the essential way we feel their feelings.”

– Dan Siegel

“The first element could be called genuineness, realness or congruence. The more the therapist is himself or herself in the relationship, putting up no professional front or personal facade, the greater is the likelihood that the client will change and grow in a constructive manner.”
“This means that the therapist is openly being the feelings and attitudes that are flowing within at the moment. The term “transparent” catches the flavor of this condition: the therapist makes himself or herself transparent to the client;”

- Carl Rogers, A Way of Being

“The client can see right through what the therapist is in the relationship; the client experiences no holding back on the part of the therapist.”

- Carl Rogers, A Way of Being

Countertransference and Authenticity

Authenticity and disclosure is about the therapist’s genuine and congruent experience of internal states as they relate to the child’s or teen’s initiated play and stories.