

## Revolusionizing Play & Therapeutic Practice with Children

Lisa Dion, LPC, RPT-S

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## Objectives

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- ✦ Examine how play therapy works from a neurobiological perspective
- ✦ Explain the link between a child's nervous system states and their play
- ✦ Identify the four primary threats of the brain and how to use this information to create a neuroception of safety in a play therapy session
- ✦ Examine the Synergetic Play Therapy concept of "The Set Up" in the playroom as a way to understand what the child is trying to communicate

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## Objectives

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- ✦ Examine what it takes to become the "external regulator" in the playroom to support nervous system integration
- ✦ Explain the significance of congruence and authentic expression in the play therapy process
- ✦ Identify strategies for maintaining regulation in the midst of intense play, aggression and death in the play room
- ✦ Identify at least 2 strategies for working with aggression in the playroom without experiencing the nervous system shut down leading to vicarious trauma

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## Objectives

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- ✦ Identify at least 2 strategies for setting boundaries without shaming or shutting down a child's play
- ✦ Define "emotional flooding" and identify at least 2 strategies to employ when this happens in a play therapy session
- ✦ Explain how a play therapist's own "window of tolerance" can impact the child's healing process
- ✦ Examine 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

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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*

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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*

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## Functions of the Brain

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- \* Reptilian
- \* Limbic
- \* Cortex

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## 4 Major Perceived Threats

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- \* Physical Safety
- \* Perceptions in the Unknown
- \* Incongruence in the Environment
- \* "Shoulds" and Unmet Expectations

*- Lisa Dion*

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"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

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**Nervous System Symptoms of Regulation and Dys-regulation**

*All symptoms of dys-regulation arise out of perceptions of the events in our lives. When we change our perceptions, we change the symptoms in our nervous system. It is wise to master the art of how to change our perceptions and how to manage the symptoms that arise in our bodies to help return us to a more regulated/ventral state.*

<u>Sympathetic Response- Freeze, Flight, Fight, Hyper-arousal Symptoms</u>	<u>Parasympathetic/Ventral Vagal Response- Regulated Symptoms (Mindful/Attached to Self)</u>	<u>Parasympathetic/Dorsal Vagal Response- Collapse, Immobilization, Hypo-arousal Symptoms</u>
<i>Perceptions of Threat/Challenge</i>	<i>Neuroception of Safety</i>	<i>Perceptions of Threat/Challenge</i>
Hyper-alert	Think logically/dearly	Helplessness
Hyper-vigilant	Able to make conscious choices	Appear life-less
Increased heart rate	Able to make eye contact	Non-expressive
Defensive	Display a wide range of emotional expression	Numbing
"Pounding" sensation in the head	Feel "grounded"	Lack of motivation
Anxious	Able to notice breath	Lethargic/Tired
Excessive Motoric Activity	Poised	Dulled capacity to feel significant events
Overwhelmed, Disorganized	Internal awareness of both mind and body	Emotional constriction
Highly irritable	"In the body"	Depression
Uncontrollable bouts of rage	Able to communicate verbally in a clear manner	Isolation
Aggressive		Dissociation
Dissociation		

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## Regulated Nervous System

What is regulation?

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We use regulation to move towards the uncomfortable feelings and body sensations, not to get away from them.

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The child sets the toys and the therapist up  
to feel how he/she/they FEEL

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

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"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*

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Exploring the Set Up

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## 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.

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"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*

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## 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

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"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*

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“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.

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“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;

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“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*

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## 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.

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