

Using mindfulness to open up to internal feelings and sensations and not defend against them in some way, the therapist begins to modulate the intensity using authentic dialogue describing cognitive, emotional and sensorimotor states, as well as bodily sensations through breath and movement... the child begins to learn that is safe to move towards the intensity (Ogden et al., 2006; Siegel, 2010)

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## The Basics of Regulating- mindfulness, breath, movement, naming the experience

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## Emotional Flooding

It happens!

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Emotional flooding happens in every play therapy model, because emotional flooding is part of relationship.

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# Window of Tolerance

## Hyperarousal Zone

**2. Sympathetic "Fight or Flight" Response**  
Increased sensations, flooded  
Emotional reactivity, hypervigilant  
Intrusive imagery, Flashbacks  
Disorganised cognitive processing

## Window of Tolerance Optimal Arousal Zone

**1. Ventral Vagal "Social Engagement" Response**  
State where emotions can be  
tolerated and information  
integrated

## Hypoarousal Zone

**3. Dorsal Vagal "Immobilitation" Response**  
Relative absence of sensation  
Numbing of emotions  
Disabled cognitive processing  
Reduced physical movement

Adapted from Ogden, Minton, & Pain, 2006, p. 27, 32; Corrigan, Fisher, & Nutt, 2010, p. 2

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## One foot in and one foot out

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"For "full" emotional communication, one person needs to allow his state of mind to be influenced by that of the other."  
"Integration is not the same as blending. Integration requires that we maintain elements of our differentiated selves while also promoting our linkage. Becoming a part of a "we: does not mean losing a "me."

*-Dan Siegel*

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## Tips to help with flooding

- ❖ Orient around the room
- ❖ Use breath and movement to keep you grounded
- ❖ Don't forget to make observational statements
- ❖ Set boundaries!
- ❖ One foot in and one foot out!

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## Boundaries and Limits

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## Boundaries and Limits

- \* Boundaries are set to help the therapist stay present and be “the external regulator”
- \* Empathize and re-direct instead of saying “no”
- \* Repair is important after ruptures

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## As you set boundaries, the following are important:

- \* Take a deep breath to ground yourself
- \* Get present so that the child can energetically feel you
- \* Use a non-threatening, yet serious voice
- \* Make eye contact when possible, but don't force it
- \* Acknowledge before redirecting
- \* Keep your feelings out of it!

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## Redirect with Action

- \* Gesture where you want the energy to go
- \* Bring in containment to keep it moving
- \* Pretend

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## Redirect with Words

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- ✦ "Show me another way"
- ✦ "I don't need to hurt to understand"

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## Observational Play

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In order to become attuned to their clients,  
therapists must be open to their own bodily and  
emotional states  
(Schore, 1994; Siegel, 2007)

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The therapist focuses on body sensations and  
AUTHENTICALLY models modulation of internal  
states through:

1. verbalization of emotions
2. regulation of bodily sensation
3. dialogue regarding internal mental states

(Ogden et al., 2006)

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## The Observer

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- ✦ Observational Statements
- ✦ Authentic Experience as the Observer
- ✦ Voicing the Toy

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“Genuine emotional responses will be evoked in the therapist who is emotionally attuned to the child.”

*-Jery Dales*

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## What to do with aggressive play?

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## Concerns about aggression in the playroom

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- ✦ Will I reinforce the aggression?
- ✦ What if I get hurt?
- ✦ What if the child gets hurt?
- ✦ What will the parents think if aggressive play is a part of the therapy?

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The Oxford Dictionary defines aggression as “hostile or violent behavior or attitudes towards another with a readiness to attack or confront.”

It is a normal biological response that arises when our sense of safety or our ideas about who we think we are, who others are suppose to be and how we think the world is suppose to operate are compromised. Aggression can be expressed outwardly such as in hitting, biting, kicking, and yelling or it can be expressed inwardly resulting in self-harming behaviors. - Lisa Dion

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## You have to regulate!

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- ❖ If the therapist does not regulate during intense play or stories, he/she/they risks increasing the intensity in the play (in a dys-regulated way)
- ❖ If the therapist does not regulate during intense play or stories, he/she/they risks experiencing “vicarious trauma” and “compassion fatigue”

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## You have to regulate!

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- ❖ The therapist’s ability to stay present is the “container” when intense play or stories arises
- ❖ If the therapist is not present/grounded/authentic, the child or teen will increase the intensity until the therapist has no choice but to “show up!”

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## Dramatic Play

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## Regulating through Hyper-arousal

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- \* Breathe! (especially in between hits, shots, swings, etc.)
- \* Be vocal! This is not the time to be quiet.
- \* Ground the energy
- \* Match the intensity- how would you really respond if this were really happening to you?

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## Regulating through Hypo-Arousal

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- \* Breathe, breathe, breathe!
- \* Wiggle your toes
- \* Bilateral input
- \* Imagine filling the room with your energy- get as big as the room (don't let yourself disappear energetically)
- \* Contemplative practices- your mind will wander, you will get sleepy, you will want to check out!

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## Dying in the Playroom

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- \* Stay Dead
- \* Dead people can't talk
- \* Talking exception: If the child is young and a lot of time goes by, you can remind them that they are in charge and can make you come alive when they want you to.
- \* You are still the pre-frontal cortex- track time

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## Dying in the Playroom

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- \* Fall facing the room in fetal position
- \* Cover your head
- \* Don't fully close your eyes (if possible). Find a way to peek

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The therapist must work at the edge of the window of tolerance and the regulatory boundary of the dys-regulated states in order to expand those boundaries. This working space needs to be right on the border of uncomfortable. -Synergetic Play Therapy

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With repeated observation of the therapist's willingness to stay authentic and present, a disruption of the old neural firing can occur bringing the potential for a new experience, giving the child permission to also move towards challenging internal states.

(Badenoch, 2008; Schore, 1994; Siegel, 1999)

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## Further Learning

- \* FREE Lessons from the Playroom Podcast (download on itunes) and monthly webinars
- \* Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity in Play Therapy
- \* 6 month online Introduction to Synergetic Play Therapy Training course or supplemental course
- \* 6 Day Synergetic Play Therapy Intensive Trainings
- \* Synergetic Play Therapy Certification Program

For more information, please go to [synergeticplaytherapy.com](http://synergeticplaytherapy.com)

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PLAY THERAPY™**

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