

A Synergetic Approach to Revolutionizing Therapeutic Play with Children

Lisa Dion, LPC, RPT-S

Objectives

- ✦ 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

Objectives

- ✦ 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

Objectives

- * 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

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. Its 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

Schore, A. N. (2003). *Affect regulation and the repair of the self*. New York, NY: Norton.

Functions of the Brain

- ✦ Reptilian
- ✦ Limbic
- ✦ Cortex

4 Major Perceived Threats/ Challenges

- ✦ Physical Safety
- ✦ Perceptions in 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

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

The Set Up / Offering- Synergetic Play Therapy Tenet

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/Offering

Becoming the External Regulator

“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, S., & Jery P. (2008). Attachment, affect regulation and mutual synchrony in adult psychotherapy. American Journal of Psychotherapy, 62(3), 283-312.

“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

Siegel, D. J. (2010). *The mindful therapist: A clinician's guide to mindfulness and neural integration*. New York: W.W.Norton & Company, Inc.

“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;

“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.

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, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. New York: Norton.
Siegel, D. J. (2010). *The mindful therapist: A clinician's guide to mindsight and neural integration*. New York: W.W.Norton & Company, Inc

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

Emotional Flooding

It happens!

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

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 "Immobilisation" 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

One foot in and one foot out

“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

Siegel, D. J. (2010). *The mindful therapist: A clinician's guide to mindsight and neural integration*. New York: W.W.Norton & Company, Inc.

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!

Boundaries and Limits

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

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!

Redirect with Action

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

Redirect with Words

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

Observational Play

In order to become attuned to their clients, therapists must be open to their own bodily and emotional states

Schore, A. N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. New York: Erlbaum

Siegel, D. J. (2007). *The Mindful Brain: Reflection and Attunement in the Cultivation of Well-Being*. New York: Norton.

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, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. New York: Norton.

The Observer

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

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

—Dales and Jery

Dales, S., & Jery P. (2008). Attachment, affect regulation and mutual synchrony in adult psychotherapy. *American Journal of Psychotherapy*, 62(3), 283-312.

What to do with aggressive play?

Concerns about aggression in the playroom

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

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

You have to regulate!

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

You have to regulate!

- ❖ 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!”

Dramatic Play

Regulating through Hyper-arousal

- * 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?

Regulating through Hypo-Arousal

- * 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-

Dying in the Playroom

- * 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.

Dying in the Playroom

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

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

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, B. (2008). Being a brain-wise therapist: A practical guide to interpersonal neurobiology. New York: W.W. Norton & Company, Inc.
Schore, A. N. (1994). Affect regulation and the origin of the self: The neurobiology of emotional development. New York: Erlbaum.
Siegel, D. J. (1999). The developing mind: How relationships and the brain interact to shape who we are. New York: Guilford Press.



SYNERGETIC
PLAY THERAPY™

Further Learning

- * FREE Lessons from the Playroom Podcast and webinars
- * FREE handouts/resources under “FREE RESOURCES” at synergeticplaytherapy.com
- * Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity in Play Therapy book
- * Online 1-3 hour courses at learn.synergeticplaytherapy.com
- * 6 month online Introduction to Synergetic Play Therapy Training course
- * Synergetic Play Therapy Certification Program

synergeticplaytherapy.com



FOLLOW US
ON SOCIAL MEDIA


