



Recertification of SPT Credential, Class 2: Exploring the Nervous System in the Playroom

Completion Date of this Module: _____

Class 2 begins the journey into neurobiology where we will first learn about the brain and the dys-regulated states of the nervous system.

Learning Objectives:

1. Explain the link between nervous system states and the symptoms that show up in the playroom
2. Describe the importance of regulation in the playroom
3. Demonstrate how the therapist can become the external regulator so that the child can begin to learn how to regulate
4. Explain what the concept “rocking the baby” means in Synergetic Play Therapy

The Brain: See Handout.

Read Chapter 3 (Understanding the Nervous System) from Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity to further understand the brain and the nervous system

Parts of the Brain

Brain Stem/Reptilian Brain

- Is the most active part of the brain at the time of birth.
- The Brainstem is responsible for your freeze, flight, fight, collapse responses; as well as autonomic functioning including arousal levels, sleep cycles, and breathing patterns.
- Every second our brain processes 400 Billion Bits of Sensory Data (Dispenza, 2007), and we are only aware of less than 1%, which means that much of what occurs in the playroom is below our conscious awareness.

Diencephalon

- Referred to as the relay station helping the sensory data move to higher levels of the brain.
- Olfactory data bypasses the diencephalon.

Limbic/Amygdala/Hippocampus

- The Limbic brain develops between ages 0-5.
- One of the roles of the amygdala is to determine whether there's a threat or challenge associated with any of the sensory data coming in.
- The amygdala assumes “guilty until proven innocent”
- The Hippocampus is known as the “Master Puzzle Maker” (in conjunction with the pre-frontal cortex) in the brain helping make meaning out of the data and helping determine the accuracy of the amygdala's assessment.

Four Threats/Challenges of the Brain: (Lisa Dion)

- 1.
- 2.
- 3.
- 4.

Prefrontal Cortex

- This part of the brain is responsible for abstract thinking, executive functioning, future planning, and decision making.
- Developed by 25 years old.

Notes:

Understanding the Nervous System (see handout)

- Your autonomic nervous system (ANS) has two branches; a sympathetic branch to rev you up and a parasympathetic branch to slow you down.
- All activation of the ANS is based on perception; all trauma is also a matter of perception as there is no such thing as a universal trauma.
- Excerpt from Lisa's book *Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity* (pg.41) -

"It can be useful to conceptualize the activation of the autonomic nervous system as occurring in stages based on the degree of challenge in our perception. We begin in a freeze response as we orient to the potential threat. The freeze response in the sympathetic nervous system is short-lived, as its primary goal is to help us turn toward the data, pause, and gather more information to make a decision about what to do next. The second and third stages continue with sympathetic activation, allowing us to move into a fight or flight response. Initially we will attempt to flee, but if we can't, we will engage our fight response. If we are not able to flee or fight, we can move into dual autonomic activation, with both sympathetic and dorsal activation. This is a bit like having one foot on the accelerator and one foot on the brake. We can't figure out what to do, but we haven't quite collapsed yet. It is at this point that some dissociation can start to occur. If there is still no resolution to the threat or challenge, we will move into the next phase, which is the collapse response of the dorsal parasympathetic branch. It is at this point that we perceive that we can't do anything about the situation. Our system will start to shut down, and our movements will become slower. Our heart rate and blood pressure will drop, and if it happens quickly, we can faint (Schwartz & Maiberger, 2018; Elbert & Schauer, 2010).

You will feel the child's nervous system dys-regulation in the Set Up!

Notes:

"Rocking the Baby" in the Playroom

- As the child is playing and activation occurs (through the set up/offering), the therapist feels the set up in their own nervous system and allows it to come into conscious awareness.
- The therapist then activates their ventral state (e.g., breathe, movement, a congruent/authentic response). The therapist is "poised" in the dysregulation ("one foot in, one foot out").
- As the attuned therapist regulates, the child borrows the therapist's regulatory capacity. The child is

supported in staying in their window of tolerance.

- In the context of this safe environment, the child moves toward the intensity and perceived challenges in order to integrate into their emotional life.
- Reminder: We only regulate when regulation is needed. “The baby isn’t always crying.”

*We are developing our capacity to be an external regulator, the primary role of the therapist in SPT

Read Chapter 5 (Developing Yourself as an External Regulator) and Chapter 6 (The Basics of Regulating) from Aggression in Play Therapy: A Neurobiological Approach to Integrating Intensity to further understand regulation and becoming the external regulator.

Attunement between the Therapist and Child:

- All of the brain research shows us that the healing agent in all therapies is the level of attunement between the therapist and the child, not the metaphor or symbolism of the toys (although these are helpful tools to create attunement in the therapeutic process).
- We are not thinking our way through the dysregulation, we are feeling our way through it. We are constantly modulating the intensity.
- Exaggeration of an experience is not attunement.

Allan Shore (2003, pg. 37) says that we use the relationship to allow our patients “to re-experience dysregulating affects in affectively tolerable doses in the context of a safe environment, so that overwhelming traumatic feelings (freeze, fight, flight, collapse) can be regulated and integrated into the patient’s emotional life” We are constantly working with our clients window of tolerance to expand their ability to hold strong emotions of all kinds.

Notes:

Reflective Questions:

- What did I learn that inspired me about the brain and the nervous system?

- What do I tend to do in sessions when the child is hypo-aroused? Hyper-aroused? What do I do when I am hypo-aroused? Hypo-aroused?

- What questions do I have for my consultant? (if receiving consultation)

- Which questions did I miss in the quiz?

To Work On:

1. Get curious about the different states of dysregulation that I am experiencing in the playroom.

2. Get curious about how I want to model regulation in the playroom.
3. Give myself permission to be a little more authentic in the playroom.
4. Don't forget to make observational statements! It isn't all about me and my experience.

Quiz Review: (Multiple Choice & True/False)

1. It is most important for the therapist to be _____ in their actions/words/body language in order to create safety for a child in the playroom.
 - a. Positive
 - b. Congruent
 - c. Idealistic
 - d. Divergent
2. What part of the brain is the only part of the brain considered "fully wired" by birth?
 - a. Prefrontal cortex
 - b. The Limbic system
 - c. Diencephalon
 - d. The reptilian brain
3. Which of the following is a threat/challenge that the amygdala is scanning for:
 - a. Physical Safety
 - b. Perceptions in the Unknown
 - c. "Shoulds" and unmet expectations
 - d. Incongruence in the environment
 - e. All of the above
4. The Reptilian brain is connected with which of the following:
 - a. Freeze, flight, fight and immobilization responses
 - b. Arousal levels and sleep cycles
 - c. Breathing patterns
 - d. All of the above
5. You go into a _____ response when you perceive that you can do something about the perceived threat or challenge.
 - a. Sympathetic
 - b. Homeostatic
 - c. Dorsal Parasympathetic
 - d. Inhibitory
6. Which of the following is NOT a Sympathetic response:
 - a. Hyper-alert
 - b. Hyper-vigilant
 - c. Lethargic/Tired
 - d. Increased heart rate
7. "Rocking the Baby" in the playroom involves:
 - a. The therapist feels the activation from "the set up" in their own nervous system

- b. The therapist activates their own ventral state while staying “poised” in the dysregulation (“one foot in, one foot out”)
 - c. The therapist co-regulates child, helping the child move towards the intensity and perceived challenges in order to integrate them
 - d. All of the above
8. True or False: In order for therapists to attune to the child, they must first attune to themselves.
9. True or False: Synergetic Play Therapy offers guidelines, not rules. It is important to see if they are congruent with who you are.
10. True or False: It is common for a child to try to rescue the therapist or shut the therapist down when the therapist expresses specific feelings that the child has not been allowed to express or feel in their own life.

References:

Dispenza, J. (2007). *Evolve your brain: The science of changing your mind*. Deerfield Beach, FL: Health Communications.

Schwartz, A., & Maiburger, B. (2018). *EMDR therapy and somatic psychology: Interventions to enhance embodiment in trauma treatment*. New York, NY: Norton.

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