



## Recertification of SPT Credential, Class 3: Regulation: What It Is and What It Isn't

Completion Date of this Module: \_\_\_\_\_

**Class 3 begins the exploration of what regulation is and how we become the external regulator to help children expand their windows of tolerance and integrate their experiences.**

### Learning Objectives:

- Explain what regulation is and what it isn't according to Synergetic Play Therapy®
- Discuss what it means to "overcome a challenge" in the play therapy process
- Describe what it means to become the external regulator in a session to help a child integrate their challenges
- Explain why you, the therapist, are the most important toy in the playroom

### Regulation/External Regulator:

What is Regulation?

- Regulation means "mindfully connected". It does NOT mean calm.
- It is a myth that you can always be regulated or even attain a state of consistent regulation. Both dys-regulation and regulation are needed for growth.
- Regulation also means being ventrally activated. The goal in the playroom is to develop the ability to activate the ventral parasympathetic system while simultaneously feeling the dys-regulation of the activated sympathetic and dorsal parasympathetic states.
- In order to become the external regulator, the therapist must develop the capacity for "dual attention", which is the capacity to have **"one foot in and one foot out"** - **feel the dys-regulation, but not get lost in it**. This is the key to attunement and not flooding (therapist or the child).

*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.*

### Notes:

### The Funnel Analogy (Window of Tolerance):

- After watching a child play in the sandbox with a funnel, Lisa created the funnel analogy as a way to conceptualize what is happening in the playroom.
- The funnel itself represents the child's window of tolerance in any given moment and/or the mind's capacity to integrate the sensory data of an experience.
- The water coming into the funnel represents the sensory data of the experience itself.
- As the child interacts with the world, the water flows into the funnel. In most moments, the sensory data is within the window of tolerance (within the funnel's capacity to hold it) and therefore the water flows through the funnel and gets integration (the experience gets integration).
- In challenging events, it's like an increase of water flowing into the funnel. Some of the water overflows, some of it goes down, and some of it gets backed up. The funnel is "flooded".

- It is important to note that in every experience some data (parts of the experience) goes down the funnel.
- In the playroom, the child is bringing to life the challenging thoughts, feelings and sensations that have not gone down the funnel. In a sense, children are engaging in exposure therapy to give themselves another opportunity in the context of a safe environment to integrate the experience. The therapist's own window of tolerance and regulatory capacity support the child in moving towards the data that originally could not be integrated.

Notes:

**Therapeutic Stages & Tracking Process Continued:** (see Handout)

*Review the Orient, Test, and Working Stages from Class 1.* The following stages are now discussed:

- Empowerment Stage: In the empowerment stage the therapist (and caregivers) begin to see the child's symptoms integrate as he/she/they begin to demonstrate new skills and respond to challenges in new ways. As the child enters the empowerment phase, the child will begin to overcome their challenges in the playroom 50% or more during the session.
- Termination Stage: When a child's developmental age matches their chronological age, as well as the goals established for therapy are met, therapy moves into the termination stage. Typically three sessions are used to complete the termination stage. The child is told how many sessions he/she/they have left and closure with both client and caregiver begins.

**Assessing Emotional Age:** (see Handout)

*Tracking on the Curve*

- There will always be a primary developmental question, although many can occur simultaneously
- The developmental questions felt via The Set Up are just one clue about the child's emotional age

Notes:

**Types of Reflections:** (see Handout)

It is important that the therapist's self-reflective statements are used in addition to observation and tracking statements in the sessions.

*Note: As play therapists learn SPT, it can be common to overuse self-reflective statements and over regulate when regulation is not actually needed. Remember, only "rock the baby" when the baby needs to be rocked as authenticity and attunement are key!*

Notes:

**Flooding:**

*Read Chapter 10 (It is Too Intense: Working with Emotional Flooding) and Chapter 9 (Setting Boundaries) from Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity to understand flooding in more detail*

- Emotional flooding happens in every play therapy model because emotional flooding is part of a relationship.
- When the child is flooded or moving towards flooding, the only task is to create a neuroception of safety!
- If flooding happens for the therapist or the child, repair offers healing and integration for both the therapist and the child.
- Boundaries are IMPORTANT! Reminder that boundaries are set to help therapists not go outside of their window of tolerance, so that they can continue to regulate the child. Acknowledge and Redirect!

**Notes:****Tips to help the therapist from flooding:**

1. Get out of tunnel vision by pausing throughout the play and looking around the room. Orient yourself to time and space.
2. Remind yourself that what you are experiencing is occurring in a play therapy session—help yourself feel the play while simultaneously knowing it is just play.
3. Tell yourself “One foot in, one foot out.”
4. Use your breath and movement to ground yourself.
5. Name your experience out loud to help calm your amygdala.
6. Make sure you are using observational statements throughout your sessions to track the play and help your rational brain stay engaged.
7. Set boundaries! Acknowledge and redirect when you start to feel that the play is going outside of your window of tolerance.

**Reflective Questions:**

- What do I do to regulate (activate my ventral state in the dys-regulation) during intense play?
  
- What do I do to regulate in my life outside of sessions? What new ways of regulating would I like to try?
  
- Where in my life do I deny certain emotional experiences?
  
- What questions do I have for my consultant? (if receiving consultation)
  
- Which questions did I miss in the quiz?

**To Work On:**

1. Track one of your clients with the following: Chart them on the SPT Therapeutic Stages; Identify their “Starting Points;” and Identify their “Emotional Age.”
2. If you can, either audio or video record a session. Track your types of reflections to see which ones you do often and which ones you don’t do and practice these.

**Quiz Review: (Multiple Choice & True/False)**

1. The Dorsal Vagal response of the \_\_\_\_\_ system is responsible for the immobilization/collapse response.
  - a. Sympathetic
  - b. Parasympathetic
  - c. Excitatory
  - d. Inhibitory
2. Which of the following is TRUE about regulation:
  - a. You can always be regulated and attain a state of consistent regulation
  - b. It means calm
  - c. It is best described as being mindfully disconnected
  - d. It occurs during moments of mindfulness when you are attached to yourself
3. What does the funnel analogy represent?
  - a. The 4 threats/challenges of the brain
  - b. The child’s window of tolerance
  - c. The mind’s capacity to integrate the sensory data of an experience
  - d. Both b and c
4. Which type of reflections are “just the facts” and include what we see happening in the play and what the child is doing?
  - a. Body Based
  - b. Limbic Based
  - c. Observational Based
  - d. Relational Based
5. Which type of reflections include describing your own feelings?
  - a. Body Based
  - b. Limbic Based
  - c. Observational Based
  - d. Relational Based
6. In order to become the \_\_\_\_\_, the therapist must develop the capacity for dual attention which is the capacity to have “one foot in and one foot out”.
  - a. External regulator
  - b. Authentic self
  - c. Directive therapist
  - d. Child’s funnel
7. When emotional flooding occurs it is important to:
  - a. Describe what is happening in your body

- b. Create a neuroception of safety
  - c. Make nonverbal movements
  - d. Explore with the client what is happening relationally between you and them
8. True or False: When testing, the child is looking for two things from the therapist: “can I be myself?” and “Are you going to be you?”
9. In Synergetic Play Therapy®, a therapist typically starts in a directive format and then switches to non-directive later in the process.
10. True or False: It can be challenging to interpret play, because sometimes what the child is bringing to life in the playroom is a felt sense, a feeling, a sensory issue, or a sound, and not literal parts of an event.