



Recertification of SPT Credential, Class 5: Understanding Attachment & the Self-Object in Synergetic Play Therapy®

Completion Date of this Module: _____

Class 5 begins the process of understanding attachment from a neurobiological lens and how to utilize the self object in the play process

Learning Objectives:

- Discuss Synergetic Play Therapy®'s definition and perspective on attachment
- Explain and demonstrate how to use the self-object as a way to support the client attaching to self
- Describe the link between a child's attachment styles and their nervous system states

What Is Attachment?

What We Were Taught:

Attachment is a deep and enduring emotional bond that connects one person to another across time and space (Ainsworth, 1973; Bowlby, 1969)

Attachment does not have to be reciprocal. One person may have an attachment with an individual, which is not shared. Attachment is characterized by specific behaviors in children, such as proximity seeking with the attachment figure when upset or threatened (Bowlby, 1969)

Bowlby defined attachment as a "lasting psychological connectedness between human beings" (1969, p. 194).

New Addition to Attachment Theory:

"Remember always that whatsoever is happening around you is rooted in the mind. Mind is always the cause. It is the projector, and outside there are only screens- you project yourself." – Osho

- We are not attaching to individuals but rather to our perception of individuals
- Research now demonstrates that we can have many attachment styles and attachment styles change
- Attachment styles match up with states of the nervous system
 - Hyper-aroused looks like anxious ambivalent
 - Hypo-aroused looks like avoidant
 - Fluctuating between hyper and hypo looks like disorganized
 - Regulated looks like secure

Attachment from a Synergetic Play Therapy Perspective:

- There is influence from the other individuals! Of course another person influences our perceptions, but there is more going on. It is the person's perception of the individual they are in relationship with that is ultimately determining their attachment style with that person.
- When we learn to attach to self we can be in relationship with anyone. Goal in all therapy is to help children learn how to have a secure attachment to themselves.
- Resiliency is the speed at which you reattach to yourself after you detach/become dysregulated

Notes:

How Does An Attachment to Self Develop? - Rocking the Baby! Review Chapters 4 and 5 to review what regulation really is and how to become the external regulator in *Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity*

- Babies know how to get dysregulated. The ability to self-regulate is a learned response and thus needs an external regulator.
- In SPT, the role of the therapist is to become the external regulator.
- The attuned caregiver picks up the baby, manually becomes the external regulator, and supports the child through breath, movement, rhythm, sound, naming things, and physical contact (same things we do in the playroom).
- The caregiver/therapist helps the baby move from a dysregulated state back to a regulated state... over and over and over and over again. This imprints the nervous system so that the baby internalizes the external regulator and then is able to call upon this within themselves when needed (an internal working model).
- Reminder: Don't flood the baby! We only regulate when regulation is needed. "The baby isn't always crying."

"Attachment to self is the cornerstone for all healing." – Lisa Dion

Notes:

Self-Object

The toy that gets the largest projected energy of self is referred to as the self-object; however, all toys ultimately are self-objects.

Special attention is given to:

1. Items brought from home
2. Babies
3. Toys that appear vulnerable

With the self-object as a representation of the vulnerable self in the playroom, we have an agenda to model and encourage a secure attachment with the self-object. In doing so, we help the child learn how to develop a secure attachment style with themselves.

It's important to:

1. Acknowledge the self-object
2. Treat the Self-Object as if it was a special young person
3. Help the child attach through their self-object

Video Notes: (Write down times you see Lisa acknowledge, protect, approach, repair with, or care for the self object.) How does she model secure attachment to self?

Reflective Questions:

- What insight or questions do I have about attachment based on what I learned today?
- If someone were to ask me, how does play therapy work? What is really happening in the playroom? How would I describe it now after what I have learned in this course so far?
- What questions do I have for my Consultant? (if receiving consultation)
- What questions did I miss on the quiz?

To Work On:

1. Go back and look through your notes to see if you need to modify your client's goals in any way.
2. Continue to practice talking with parents in terms of the goals when you meet with them and notice whether or not you are imposing expectations on them.
3. Continue to work on modeling regulation and naming your experience in my sessions.

Additional things to work on:

1. Get curious about your clients' use of self-objects. What is their relationship with their self-object telling you about their relationship with themselves?
2. Practice modeling and encouraging a secure attachment with the child's self-object.

Quiz Review: (Multiple Choice & True/False)

1. If a child presents with an anxious ambivalent attachment style, what state of the nervous system is activated?
 - a. Dorsal Parasympathetic/Hypo-arousal
 - b. Sympathetic/ Hyper-arousal
 - c. Regulated
 - d. None of the above
2. If a child presents with an avoidant attachment style, what state of the nervous system is activated?
 - a. Dorsal Parasympathetic/Hypo-arousal
 - b. Sympathetic/Hyper-arousal

- c. Regulated
 - d. None of the above
3. If a child brings a toy to the session or a “vulnerable” toy receives a lot of energy in the play, this toy is referred to as the _____.
 - a. Object of regulation
 - b. Self-object
 - c. Egocentric property
 - d. Object-of-person
 4. _____ is the speed at which you reattach to yourself after you detach/become dysregulated.
 - a. Elasticity
 - b. Dorsal-vagal response time
 - c. Resistance
 - d. Resiliency
 5. A self-object is put in your arms or hands. What is the best way to approach this scenario?
 - a. Give it back to the child
 - b. Ask the child to put it back on the shelf/in a container
 - c. Talk to the object and model a secure attachment to self
 - d. Ask the child how the object represents the child
 6. Which of the following is NOT one of the Developmental Stages (created by Duey Freeman, LPC)?
 - a. Is the World Ok?
 - b. How Often Can I Do It?
 - c. Am I Ok?
 - d. How Much Can I Do?
 7. Which of the following is true about a resistant parent/caregiver?
 - a. They don’t want what is best for their child
 - b. They are resistant to most forms of therapy
 - c. They are not able to attach to themselves
 - d. There is no such thing as a resistant parent/caregiver
 8. True or False: Individuals are driven by their perceived voids and perceptions of pain.
 9. True or False: Synergetic Play Therapists understand that the attachment process is to our perception of others and ultimately to ourselves.
 10. True or False: It is not important for therapists to look at their judgements and expectations that they put on parents/caregivers.

References:

Ainsworth, M. D. S. (1973). The development of infant-mother attachment. In B. Cardwell & H. Ricciuti (Eds.), *Review of child development research* (Vol. 3, pp. 1-94) Chicago: University of Chicago Press.

Bowlby J. (1969). *Attachment. Attachment and loss: Vol. 1. Loss*. New York: Basic Books. Osho, *The*

Book of Nothing: Hsin Hsin Ming, Talk # 5