

## Certification Retreat #1 Quiz Questions

### Objectives:

- 1- Explain “the Values” framework and discuss how this applies to the families you work with and yourself in play therapy.
- 2- Demonstrate how to work with fears as a way to develop yourself as a play therapist.
- 3- Explain the importance of Interoception and how this is the first step in re-patterning the child’s behavior in the playroom.
- 4- Identify the 5 types of reflection statements used in Synergetic Play Therapy®.
- 5- Explain the 4 steps of how the Mirror Neuron system works in Synergetic Play Therapy®.
- 6- Explain how attunement between therapist and child is essential in order to heal disorganization in the lower brain stem and re-pattern the nervous system.
- 7- Determine how the play therapist’s ability to use mindfulness to be congruent and authentic in their language and non-verbal signals allows the child to feel safe in the relationship and engage in “reflective awareness.”
- 8- Discuss when a caregiver needs to be in a session and the key skills to teach the caregiver when in the playroom.
- 9- Describe how to explain Synergetic Play Therapy® to caregivers.
- 10- Describe how to explain the Nervous System to caregivers.
- 11- Describe how to explain the Synergetic Play Therapy® “Therapeutic Stages of Change” to caregivers.
- 12- Describe how to explain the Synergetic Play Therapy® Process of Change to caregivers.
- 13- Explore the attachment process from a Synergetic Play Therapy® lens and how to use this information to promote healing in the playroom.

Please choose the best answer to each question.

1. Our values are determined by which of the following?
  - A. A void + a perception of pain**
  - B. What we hope to accomplish
  - C. How we want to spend our time
  - D. None of the above
2. When engaged in our highest values, which of the following statements are true?
  - A. We have energy surplus
  - B. We are organized
  - C. We have internal motivation
  - D. All of the above**
3. When working with families, it’s our job to link information to their values for which of the following reasons?
  - A. To have them change their values
  - B. To keep them engaged in the process
  - C. So, it is meaningful to them
  - D. Both B and C**
4. When a therapist labels a caregiver as lazy or resistant, it means which of the following?
  - A. They are not a good fit for that therapist

- B. The therapist is not communicating in their values**
  - C. They are not ready to have their child participate in therapy
  - D. All of the above
  
- 5. From an SPT perspective, which of the following statement(s) are true?
  - A. Imagining our fears coming true and seeing the gifts in that happening, can help us integrate them.
  - B. Integrating our fears helps us grow our windows of tolerance
  - C. Both A and B**
  - D. It is best to avoid our fears
  
- 6. Seeing the benefits of a fear coming true serves us in the following ways?
  - A. We are able to see a bigger picture
  - B. By integrating the fear there is no longer a charge for us
  - C. We no longer have a lopsided perception
  - D. All of the above**
  
- 7. Which of the following statements are true?
  - A. Interoception is a precursor to learning to self-regulate
  - B. Interoception is the 8<sup>th</sup> sense
  - C. Interoception can be considered the “how do you know” sense
  - D. All of the above**
  
- 8. What are some of the benefits of increasing a child’s interoceptive awareness?
  - A. It enables a child to pay attention to the clues their body is giving them
  - B. It supports a child in learning to act upon these clues
  - C. Both A & B**
  - D. They will be excited about being able to feel their bodies
  
- 9. Why might there be some benefits to an SPT therapist developing their own interoceptive awareness?
  - A. Increased ability to attune and better recognize the set up
  - B. Increased ability to recognize their own regulatory needs
  - C. Better able to identify when they are close to their edge of window of tolerance
  - D. All of the above**
  
- 10. Which of these are examples of reflective statements?
  - A. Body-based and Relational
  - B. Insula-based
  - C. Cortex and Limbic
  - D. Both A and C**
  
- 11. Except for in dramatic play, which types of reflections are used about 70% of the time?
  - A. Body-based and Relational
  - B. Observational**
  - C. Cortex and Limbic
  - D. Insula-based

12. Which of these are not part of the workings of the mirror neuron system?
- A. Detecting a sequence and then creating a map of it.
  - B. Predicting the sequence
  - C. Copying the pattern
  - D. Explaining the pattern**
13. Having a deeper understanding of the mirror neuron system can help us do which of the following?
- A. Use a nuanced approach in offering and modeling regulation strategies
  - B. Understand the child's story
  - C. Repattern generational patterns of strategies not serving us
  - D. Both A and C**
14. As clients are trying to create new templates, or neural representations, which of the following statements are true?
- A. Authenticity and congruence support the recognition of patterns
  - B. Repetition is beneficial
  - C. It's helpful if we model templates that are easy to copy
  - D. All of the above**
15. Which of the following statements are true about attunement between the therapist and the child?
- A. It allows the therapist to act as a mirror for the child.
  - B. It allows the child to become aware of their own internal experiences.
  - C. It allows the child to feel felt and seen.
  - D. All of the above.**
16. In the playroom which of the following statements are true of an SPT therapist's role?
- A. To be both directive and non-directive
  - B. To act as an external regulator
  - C. To set strict boundaries that teach the child about appropriate behavior
  - D. Both A and B**
17. An SPT therapist uses mindfulness to be congruent and authentic for which of the following reasons?
- A. So the child does not have to work to make sense of the therapist
  - B. So the child can focus inwards and engage in reflective awareness
  - C. So the child can have fun while in the playroom
  - D. Both A and B**
18. Which of these are examples of congruent and authentic behavior, on the part of an SPT therapist, when anxiety is present in the playroom?
- A. A therapist that suggests playing a game to alleviate the anxiety for a child
  - B. A therapist that names feeling anxious while smiling at a child
  - C. A therapist that names feeling anxious and acknowledges tension in their shoulders**
  - D. None of the above
19. When is it not appropriate to have a caregiver in the room?

- A. The child is struggling to separate from caregiver
  - B. Caregiver wants to know what's going on in the playroom**
  - C. Child requests caregiver to be in room and it makes sense in the therapy process
  - D. The therapist has assessed that the caregiver is ready to be in the room
20. What are the key points to cover in a caregiver training session?
- A. Therapist being in the coaching role
  - B. The Set-Up and regulation
  - C. Use of observational and reflective statements
  - D. All of the above**
21. When explaining Synergetic Play Therapy to a caregiver, which of the following statements would an SPT therapist likely say?
- A. Your child is going to set me up to feel certain ways
  - B. I will share details about the play with you
  - C. Your child will be involved in a process, and I will be able to track their progress and discuss it with you.**
  - D. None of the above
22. When talking to caregivers about Synergetic Play Therapy, which of the following statements are true?
- A. It is helpful to be able to talk about SPT in different ways
  - B. It is helpful for caregivers to feel validated and respected
  - C. It is helpful if the caregivers see you as an expert
  - D. Both A and B**
23. When explaining the nervous system to caregivers which of the following statements would an SPT therapist likely share?
- A. All states of arousal serve a purpose and are normal
  - B. My goal will be to help your child learn to be calm
  - C. Different regulation strategies work for different people
  - D. Both A and C**
24. What are some ways an SPT therapist might use the nervous system sheet with caregivers?
- A. To help reframe behavior as information about arousal states
  - B. To help normalize behaviors as attempts at regulation
  - C. To share ideas about regulatory strategies
  - D. All of the above**
25. Which of the following is NOT included in the SPT Therapeutic Stages of Change?
- A. Orienting
  - B. Working Stage
  - C. Preparation**
  - D. Empower
26. Which of the following are benefits of explaining the therapeutic stages of change to caregivers?
- A. They will see that there is a process
  - B. They will understand exactly how many more sessions will be needed

- C. You will be able to use it to track progress
  - D. Both A and C**
27. Which of the following are not part of the process of change?
- A. Awareness of current experiences or state
  - B. Judging others' behaviors**
  - C. Making a different choice
  - D. Recognizing there are choices and alternatives
28. Which of the following are benefits of explaining the process of change to caregivers?
- A. They will understand that exploring the current state of "what is" is important
  - B. They will understand that we can't jump to changing behavior as that is the final stage
  - C. They will understand that children need to perceive more benefits to choosing an alternative behavior, before they will make a different choice.
  - D. All of the above**
29. Which of the following are important to understand when looking at attachment from an SPT perspective?
- A. Our relationships with our primary caregivers play a role in attachment
  - B. We are attached to our perceptions of another person
  - C. A self-object is a representation of the child's relationship to self
  - D. All of the above**
30. Looking at attachment from an SPT perspective, which of the following statements is not true?
- A. Attachment styles are unchanging**
  - B. Mindfulness represents moments of attachment to self
  - C. Secure attachment to self is the cornerstone of healing
  - D. We can demonstrate different styles of attachment with different people
31. Ultimately, my attachment style in any given moment is primarily based upon my attachment to which of the following?
- A. Myself
  - B. My perception of others
  - C. My primary caregivers
  - D. Both A and B**
32. Attachment from an SPT perspective offers which of the following?
- A. The idea that a child can shift their perceptions even if the system doesn't shift
  - B. The idea that a child can have different attachment relationships even with the same person
  - C. Hope
  - D. All of the above**
33. When working in the playroom with a child and caregiver from an SPT attachment perspective, which of the following are true?
- A. It can be helpful to start with the question "are they too close or too far apart?"
  - B. It's important to focus on creating a neuroception of safety for the child

- C. Our focus is on supporting the caregiver to be the external regulator rather than expecting the child to change to make the caregiver more comfortable
- D. **All of the above**