Module 1: Understanding States of Activation

Module Focus: Beginning the journey into neurobiology where we will learn about the brain, states of activation of the nervous system and regulation

Supportive Tenets:

1. The child's symptoms are understood as expressions of the **activation of the autonomic nervous system**.

Reading: *Read Chapter 3 (Understanding the Nervous System), Chapter 4 (What Regulation Really Means) and Chapter 6 (The Basics of Regulating) from Aggression in Play Therapy: A Neurobiological Approach to Integrating Intensity to further understand regulation.*

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. Explain what regulation is and isn't according to Synergetic Play Therapy

Handouts Needed: The Brain, Nervous System Symptoms

Understanding the Brain:

Brain Stem/Reptilian Brain

- It is the most active part of the brain at birth.
- The Reptilian brain is responsible for your autonomic functioning including arousal levels, sleep cycles, and breathing patterns.
- We are consciously aware of very little of what we experience in any given moment. <u>We feel so much more than we are aware of.</u>

<u>Notes:</u>

Diencephalon

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

Notes:

Limbic/Amygdala/Hippocampus

- The limbic brain develops between ages 0-5.
- One of the roles of the amygdala is to assign valency (pos or neg evaluation) on experiences.
- The amygdala assumes “guilty until proven innocent”
- The therapist is part of the checks and balances system to the amygdala helping organize and bring in more data to the child’s awareness. This helps soothe the amygdala while creating context so the child can integrate their experience and put a cohesive narrative together.

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

1.

2.

3.

4.

Notes:

Prefrontal Cortex

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

Notes:

Understanding the Nervous System

- 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 and perception changes moment to moment
- All "trauma" is also a matter of perception as there is no such thing as a universal trauma.
- You can be in multiple activations simultaneously and can freeze at any point in the process.

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

Notes:

What is Regulation?

- Conscious regulation means "connect to modulate". It does NOT mean calm.
- It is a myth that you can always be regulated or even attain a state of consistent regulation. Regulation is not better than dysregulation and both are needed for growth.
- Regulation also means being ventrally activated.

- We use regulation to move towards the uncomfortable sensations, not to get away from them.

Notes:

Attunement between the Therapist and Child:

- 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 connecting and modulating the intensity.
- Exaggeration of an experience is not attunement.

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? Hyper-aroused?

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. Don't forget to make observational statements! It isn't all about me and my experience.

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Synergetic Play Therapy® Tenets

1. The child's symptoms are understood as expressions of the **activation of the autonomic nervous system**.

2. The child projects his/her/their inner world onto the toys and the therapist, setting them up to **experience his/her/their perception** of what it feels like to be him/her/them.

3. The therapist's ability to use **mindfulness to attune** to themselves and the child is an essential component for co-regulation.

4. The therapist becomes the **external regulator** modeling and co-regulating the child for integration and re-patterning of the activation of the autonomic nervous system.

5. The therapist's ability to be **congruent and authentic** in language and non-verbal signals allows the child to feel safe in the relationship and engage in **reflective awareness**.

6. The therapist supports the child in **integrating his/her/their perceptions** of the perceived challenging events and thoughts in his/her/their lives.

7. The therapist supports the child in getting in touch with the child's **authentic self**; who the child truly is rather than who the child thinks he/she/they should be.

8. The **therapist is the most important toy in the playroom**. In SPT, toys and language are not required.

9. The **synergy** between the therapist's authenticity, attunement, congruence, and nervous system regulation support the child in learning how to **attach to self**, the cornerstone of all healing.

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Nervous System Symptoms of Regulation and Dys-regulation

All symptoms of dys-regulation arise out of perceptions of the events in our lives. When we integrate our perceptions, we change the symptoms in our nervous system. It is wise to master the art of how to integrate our perceptions and how to regulate the symptoms that arise in our bodies to help return us to a more regulated/ventral state.

Sympathetic - Flight, Fight Hyper-arousal Symptoms	Parasympathetic/Ventral Vagal-Regulated Symptoms (Mindful/ "Attached to Self")	Parasympathetic/Dorsal Vagal-Collapse, Immobilization Hypo-arousal Symptoms
Perceptions of Threat/Challenge	*Neuroception of Safety*	*Perceptions of Threat/Challenge*
Hyper-alert	Think logically/clearly	Helplessness
Hyper-vigilant	Able to make conscious choices	Appear life-less
Increased heart rate	Able to make eye contact	Non-expressive
Defensive	Display a wide range of emotional expression	Numbing
"Pounding" sensation in the head	Feel "grounded" and "in the body"	Lack of motivation
Anxious	Able to notice breath	Lethargic/Tired
Excessive motoric activity	Poised	Dulled capacity to feel significant events
Overwhelmed, disorganized	Internal awareness of both mind and body	Emotional constriction
Highly irritable	Able to communicate in a clear manner	Depression
Uncontrollable bouts of rage		Isolation
Aggressive		Dissociation
Dissociation		

Synergetic Play Therapy® - Regulation Activities

Listed below are just some examples of activities that can be used to help regulate a dys-regulated nervous system. It is wise to do these activities pro-actively, as well as in moments of dys-regulation. It is also important to follow the body's innate wisdom back to a regulated/ventral state. These activities are important to be done alone AND also with someone.

- Run, jump, spin, dance with pauses to take deep breaths- you can make a game and have child jump high to touch something high on a wall or in a door frame
- Run, jump, etc. and crash into something soft (i.e. jump on a bed and crash repeatedly)
- Bounce on a yoga ball
- Roll across the floor back and forth
- Sit in a chair and push up with your arms (as if trying to get out of the chair) ...keep some resistance
- Massages
- Deep pressure on arms and legs (you can slowly apply pressure down arms and legs in a long stroking motion)
- Eat (particularly something crunchy)
- Drink through a straw
- Take a bath or shower
- Wrap up in a blanket and snuggle (a little tightly for some pressure)- of course, do this safely.
- March or sing during transitions
- Play Mozart music in the background during challenging times of the day if in hyper-arousal
- Play Hard Rock/Fast/Bass music if in hypo-arousal
- Carry heavy things or push heavy things around
- Do isometrics (wall pushups or push hands together (*looks like you are praying*))
- Walk quickly
- Run up and down steps
- Shake head quickly
- Hang upside down off of a bed or couch
- Play sports
- "Doodle" on paper (this one can be a bit more distracting, but sometimes works)
- Hold or fidget a Koosh ball, rubber band, straw, clay
- Rub gently or vigorously on your skin or clothing
- Put a cold or hot wash cloth on face
- Dim the lights if in hyper-arousal
- Turn on the lights if in hypo-arousal
- Read a book
- Swing
- Learn about "Brain Gym"-tons of ideas
- Yoga
- Snuggle
- Dance
- Move, move, move- anyway that it feels good to your body
- Describe what is happening in your body out loud- "My tummy is going in circles", "My legs feel heavy", etc...
- Breathe, breathe, breathe- make sure that your inhalation is the same length as your exhalation

Module 2: Understanding the The Set Up/Offering

Module Focus: This module is all about the history of SPT, starting to understand the Set Up/Offering and the therapist's role in the healing process.

Supportive Tenets:

1. The child projects his/her/their inner world onto the toys and the therapist, setting them up to **experience his/her/their perception** of what it feels like to be him/her/them.
2. The therapist's ability to be **congruent and authentic** in language and non-verbal signals allows the child to feel safe in the relationship and engage in **reflective awareness**.

Reading: *Read Chapters 7 (The Set Up) and Chapter 8 (Authentic Expression) in Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity to further understand The Set Up*

Learning Objectives:

1. Describe how Synergetic Play Therapy was inspired, the tenets, the history, and its main play therapy influences
2. Explain how children use The Set Up/Offering in play therapy to set the toys and the therapist up to feel how they feel
3. Describe how children are looking for templates to help pattern and re-pattern their states of activation.

Handouts Needed: Primary Influences

What is Synergetic Play Therapy®? (Also known as SPT)

Synergetic Play Therapy® (2008) is a research-informed model of play therapy blending together the therapeutic power 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.

Synergetics (a term coined by physicist Buckminster Fuller) is the study of systems in transformation, with an emphasis on total system behavior unpredicted by the behavior of any isolated components.

Synergetic Play Therapy honors both the therapeutic power of play, the science that governs relationships, and the development of the therapist, recognizing that it is ultimately **the interplay between these three systems** that support deep transformation for both therapist and child.

The word itself is also reflective of what is happening in the playroom and how integration and healing occurs. As the therapist attunes to their own internal systems and then attunes to the internal systems of the child, a union of systems occurs. In this union, a synergy forms, allowing for co-regulation to emerge. The co-regulation supports both the therapist and the child in their ability to move towards the uncomfortable thoughts, feelings, and body sensations that they would not have been able to move towards as easily on their own.

During this "synergy of systems", the therapist and child enter something akin to a "Synergetic field' where right hemisphere to right hemisphere communication emerges, allowing for integration and transformation.

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.

The Introduction to Synergetic Play Therapy course focuses on non-directive application as a foundation.

Allan Shore says that we use the relationship to allow our patients "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 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 (pg. 37). Schore, A. N. (2003). *Affect regulation and the repair of the self.* New York, NY: Norton.

The Set Up/The Offering:

- The child sets the toys and the therapist up to feel how he/s he/they feels- SPT Tenet
- The Set Up/The Offering is not a manipulative process. It is an offering of brilliant information to help us understand what it feels like to be the child.
- The therapist is going to feel The Set Up/Offering whether they want to or not.
- The therapist and child will share a "felt sense resonant" experience, but will have different associations to the felt sense. This is what allows a therapist to join the child's world, but stay simultaneously knowing they are separate.
- The child's mirror neuron system is looking for templates to copy, so that they can pattern and re-pattern their states of activation.
- The Set Up/Offering doesn't just occur in the playroom. It occurs for all people as we are constantly projecting our inner reality onto life around us to learn about ourselves.
- The Set Up/Offering is just one of the brilliant capacities we have to help us to see ourselves and our un-integrated painful memories. In other words, to look into a mirror and/or revisit that which still needs to be healed.

*"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 (*pg.*119)* Iacoboni, M. (2008). *Mirroring people: The new science of how we connect with others*. New York, NY: Farrar, Straus and Giroux.

"For "full" emotional communication, one person needs to allow his state of mind to be influenced by that of the other." Siegel, D. J. (2010). The mindful therapist: A clinician's guide to mindsight and neural integration. NY: Norton.

<u>What is Deflective vs Reflective Awareness?</u>

<u>Notes:</u>

Reflective Questions:

- What is something I learned that felt really significant?
- What is something I am curious about and want to understand more?

To Work On:

1. Feel The Set Up/Offering. Get curious about the Offering, how others set me up, and how I set others up.
2. If I am feeling courageous, try naming my experience just to see what happens.
3. What is one goal I will set for myself to work on?

Module 3: Becoming an External Regulator

Module Focus: Dedicated to deepening an understanding of what it means to become an external regulator to help children expand their windows of tolerance, re-pattern their nervous system and integrate their experiences.

Supportive Tenets:

1. The therapist's ability to use **mindfulness to attune** to themselves and the child is an essential component for co-regulation.
2. The therapist becomes the **external regulator** modeling and co-regulating the child for integration and re-patterning of the activation of the autonomic nervous system.
3. The therapist supports the child in **integrating his/her/their perceptions** of the perceived challenging events and thoughts in his/her/their lives.

Reading: *Read Chapter 5 (Developing Yourself as an External Regulator), 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*

Learning Objectives:

1. Explain the "funnel analogy" as a way to understand what children are attempting to integrate in their play therapy sessions
2. Describe how Synergetic Play Therapy approaches boundary setting
3. Describe what it means to become the external regulator in a session to help a child integrate their challenges

Handouts Needed: Becoming an External Regulator Key Points, Types of Reflections, Setting Boundaries in Play Therapy

"Rocking the Baby" in the Playroom

- As the child is playing and activation occurs (through The Set up/Offering), the therapist feels the resonance 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 is better able to move towards the uncomfortable thoughts, feelings and sensations in order to integrate them into their emotional life.
- Reminder: We only regulate when regulation is needed. "The baby isn't always crying."

“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." Siegel, D. J. (2010). The mindful therapist: A clinician’s guide to mindsight and neural integration. NY: Norton.

Notes:

Becoming an External Regulator

- 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).
- 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.
- The attuned therapist titrates the intensity so that the child stays at the edge of their window of tolerance.
- The attuned therapist recognizes that they are both a “me” and a “we” in each moment.
- The therapist recognizes that every moment in the playroom is a moment of transference and countertransference.

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 capacity to integrate perceived data in an experience.
- The water coming into the funnel represents the data of the experience itself.
- As the child interacts with their inner and outer world, the water flows into the funnel. In most moments, the data is within the window of tolerance (within the funnel's capacity to hold it) and therefore the water flows through the funnel (the experience gets integrated).
- During perceived challenging experiences, 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 (widening of their funnel) supports the child in moving towards the data that originally could not be integrated.
- When it goes down the funnel- we see a moment of integration!!

Notes:

More on the Projective Process:
Whatever has not "gone down the funnel" will be projected out into the world, onto others, objects, etc. This includes un-integrated painful experiences, as well as disowned parts of self. "Disowned part" means any part that hasn't been loved yet. Whatever we have not been able to integrate into our lives, make sense of, or regulate through will be projected outward.

In SPT, through the use of play and the co-regulated relationship, we are helping the child move towards their challenging thoughts, feelings and sensations so that they can integrate their

painful experiences and disowned parts of themselves into their lives. (ie. get it down their funnel)

Types of Reflections

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

Boundaries:

- In SPT, limits and boundaries are set to help the therapist stay present and be the "external regulator", unless there is a safety issue.
- Boundaries are organic and arise as needed.
- We try not to say "no," and instead acknowledge and redirect.
- Repair is important after ruptures

Notes:

Flooding:

- When the therapist or 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!
- Implement the tips for flooding found in the Aggression in Play Therapy book chapter

Notes:

Reflective Questions:

- What is one thing I learned about becoming an external regulator that I did not know before?
- What is my pattern when I get flooded? Shut down? Try to control? Dissociate? What clues does my body give me that let me know I am about to flood? How can I use this knowledge in session to help me stay in my window of tolerance?
- What did I learn about setting boundaries from an SPT perspective that I find interesting and useful?
- 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?

To Work On:

1. Notice where I more easily emotionally flood in sessions and get curious about how I can bring in more regulation, set boundaries, or track the play to support me staying in my window of tolerance.
2. If I can, either audio or video record a session. Track my types of reflections to see which ones I do often and which ones I don't do and practice these.

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Becoming an External Regulator Key Points

- All behavior is an attempt at regulation, including aggression.
- Regulation occurs in a moment of mindful awareness. Regulation does not necessarily mean calm. Regulation means "connected".
- Children borrow the regulatory capacity of the adult as they attempt to integrate their challenging internal states.
- Integrating intensity starts with the adult becoming the external regulator.
- Becoming calm is not the goal of facilitating; the goal is helping children stay connected to themselves in the midst of their dysregulation so they can learn to feel it without becoming consumed by it.
- One of the primary ways that children learn is through observation, by way of the mirror-neuron system. The mirror-neuron system allows the children to copy the regulatory strategies used by the adult.
- Adults must regulate first before they can help children regulate.
- As children engage the adult, the adult will feel the dysregulated states of the children's nervous systems, through a process called *resonance*.
- Breath, movement, and naming your experience are key elements in the regulation process and can be used to support integration of aggression and dysregulation.
- Becoming mindfully aware is the first step toward regulation and integration.

Dion, L. (2018). Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity. Norton Publishing.

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Types of Reflections in Synergetic Play Therapy®

* All reflections are authentic congruent statements in response to The Set Up in the child's initiated play and stories. It is important to use a variety of reflections with an emphasis on the use of Observational Statements. It is important to use a variety of reflections to promote regulation and integration in the child's brain as the child works through their challenging thoughts, feelings and sensations. Attunement is required for all reflections to have a regulatory effect.

Observational Based- Helps the child become aware of what they are doing while promoting a sense of "I am with you and tracking you".

Statements that are just the facts (the "obvious")

- Examples: The car is crashing into the house. Superman and Batman are fighting each other

"You" Statements (In SPT, the therapist refrains from statements telling the child how they feel such as "You are angry" unless it is obvious)

- Examples: You are working so hard to get that open. You really want to keep the castle safe.

Body Based- Helps the child become mindfully aware of what is happening in their own body.

Describe what is happening in your body

Use sound, breath and movement when needed for regulation

- Examples: There is a swirly feeling in my stomach. It is hard to take a deep breath.

Limbic Based- Helps the child feel "felt" and "understood" by the therapist. Also helps the child become curious about their own feelings.

Describe your own feelings

- Examples: I feel scared. I don't know how to feel right now when I watch them fight.

Cortex Based- Helps the child become curious about is happening in their own minds.

Describe your mental faculty

- Examples: My brain feels foggy. My attention keeps wandering and I have to keep bringing it back.

Relational Based- Helps the child become aware of what is happening in the relationship itself.

Describe what is happening relationally between you and the client

- Examples: You are over there and I am over here. We are drawing together.

Setting Boundaries in Play Therapy: A Synergetic Play Therapy Approach

The primary purpose for setting boundaries in a play therapy session is to support the therapist in being able to stay within their own window of tolerance (capacity to hold the intensity in any given moment) and thus support the child in being able to move towards the uncomfortable thoughts, feelings and sensations the child is attempting to integrate. The exception to this purpose is when there is a safety issue. If there is a safety issue, the therapist does whatever is needed to keep both themselves and the child safe.

The moment to set the boundary is when the therapist perceives the play/stories are about to be outside of their window of tolerance and/or they are beginning to feel emotionally flooded.

Setting boundaries is a flexible experience as the therapist's window of tolerance changes from moment to moment. What might feel ok in one session might not feel ok in another session. It is important for the therapist to honor their own window of tolerance in any given moment. Personal history, current life events, how the body is currently feeling, etc all influence the window of tolerance and the ability to stay present and attuned to the child.

When setting boundaries, it is important to acknowledge before redirecting. "Jamie, this is really important…show me another way". Acknowledging before redirecting helps the child understand that the therapist is not disapproving of the urges and behaviors being demonstrated, but rather redirecting the expression so that the therapist can still stay present with them in the play. This helps the child not internalize shame from the boundary.

Setting the Boundary:
As boundaries are set, 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 feeling out of it. Feelings can be discussed later.

Redirect with Action:

- Gesture where you want the energy to go
  Example: Joey is attempting to hit you on your head with a sword…
  "Joey, hit me from here down." (gesture everything below your head)
- Bring in containment to keep it moving
  Example: Susie is dumping sand onto the floor…
  "Susie, this is important for you to do. The sand needs to come out." Grab a shower curtain and quickly put it on the floor and invite her to continue dumping.
- Pretend
  Example: Joey really wants to dump sand onto your head or put it in your hair

"Joey, pretend to dump it on me." Once he does, respond as if it were just dumped on you.

Redirect with Words:

- "Show me another way"
  Example: Matt is handcuffing you and it really hurts
  "Matt, I know you want me to understand, show me another way"
- "I don't need to hurt/my body doesn't need to hurt to understand"
  Example: Laura is throwing marbles at you and you've attempted twice to acknowledge and redirect. "Laura, I don't have to hurt to understand. Show me another way."

Emotional Flooding:

- 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 help the child have a perception of safety in the moment!
- If flooding happens for the therapist or the child, repair offers healing and integration for both the therapist and the child.

Tips to help the therapist from emotionally flooding:

- Get out of tunnel vision by pausing throughout the play and looking around the room. Orient yourself to time and space.
- 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.
- Regulate yourself in the midst of the dysregulation, allowing yourself to be in the intensity without being consumed by the intensity
- Use your breath and movement to ground yourself.
- Name your experience out loud to help calm your amygdala.
- Make sure you are using observational statements throughout your sessions to track the play and help your rational brain stay engaged.
- Set boundaries! Acknowledge and redirect when you start to feel that the play is going outside of your window of tolerance.

Module 4: Partnering with Caregivers/Tracking the Play

Module Focus: Working with and supporting children's most important relationships- the ones with their caregivers. Without the ability to understand caregivers and work to create win/win experiences, we may find ourselves in a sea of resistance. This module also introduces the Therapeutic Stages of SPT.

Supportive Tenets:

1. The therapist supports the child in getting in touch with the child's **authentic self**; who the child truly is rather than who the child thinks he/she/they should be.
2. (Supportive Principle) The therapist regulates the caregiver, so that the caregiver can regulate the child.

Reading: *Read Chapter 14 (Supporting Parents During Aggressive Play) from Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity to learn what to do when a caregiver is in the room during aggressive play and how to set boundaries with caregivers in the room.*

Learning Objectives

1. Discuss the implications for caregivers being in their own grief process when they bring their children to play therapy
2. Describe what it means to become a caregiver's external regulator
3. Discuss the importance of setting goals and speaking in terms of what is important to the caregiver when partnering with them in therapy
4. Describe the Therapeutic Stages in Synergetic Play Therapy

Handouts: Tips for Talking to Caregivers, Good Communication, Therapeutic Stages in Synergetic Play Therapy, Starting Points

Understanding Caregivers and becoming their External Regulator

- Caregivers are in some stage of the grief process
- Caregiver's are often set up to fail from all of the pressures to "get it right"
- Calm the anxiety! Become the prefrontal cortex for the caregiver.
- Take yourself off the pedestal- Caregivers will try to regain their power
- Empower Caregivers!
- Remember that the caregiver is setting the therapist up to feel how they are feeling!
- Caregivers need templates
- We treat the caregiver how we would like the caregiver to treat the child

Notes:

Intakes with the 4 Threats/Challenges in Mind

- The purpose of the intake is to establish the relationship and get just enough information to create buy-in for the caregivers.
- Be attuned to the physical and sensory needs of the caregiver
- Decrease the unknown by suggesting the format for use of the time- caregivers share what is going on with their child, set goals, explain play therapy process, and answer any questions/logistics
- Be Congruent!
- Be careful of placing "shoulds" onto caregivers!
- Be authentic and "rock the baby" when needed

Goal Setting

- Make Sure Goals are Age Appropriate
- Not All or None. Instead use terms like Increase or Decrease
- Be Specific- how will you know the goal has been achieved?

The Resistant Parent

- There is no such thing as a resistant parent. What is resistance?
- Speaking in terms of what is most important to a caregiver is the key to working with resistance.
- Give Caregivers Permission to be themselves
- Important for therapist to look at their biases towards caregivers

Caregiver's in the Session

- If the child won't come in room, meet them where they are at (in the waiting room, car, etc)
- If caregiver comes into room during 1st session, set goal of helping the child trust themselves
- When a caregiver is in a session, the therapist's role switches to that of a coach. It is extremely important that the caregiver is on the ground or next to the therapist in some way and not watching from a distance. The therapist now has three nervous systems in the room to regulate- child's, caregiver's, and theirs!
- The caregiver is only in the room if they need to be in the room.
- The therapist regulates the caregiver, so that the caregiver can regulate the child.

Translating the Play:

- Link what's happening in the playroom back to the agreed upon therapy goals.
- It is important to stay away from "set up" language when explaining the process (unless the caregiver was in the room in the session).

The Therapeutic Stages in SPT and Starting Points

The child progresses through a series of stages beginning with the Orientation phase and ending in Termination. The Orientation phase includes the child determining if their relationship with the therapist will allow them both to be fully authentic and whether or not the therapist will also be authentic. The majority of the time the child is in the Working Stage as they learn how to move towards their uncomfortable thoughts, feelings and sensations. The SPT therapist becomes the External Regulator co-regulating the child towards their inner intensity supporting the re-patterning of the child's nervous system activation and an integration of the perceptions of the challenging events in their life. As integration and re-patterning occurs, the child begins to demonstrate more moments of connecting to themselves, thus increasing their ability to self regulate. These moments are defined as empowerment. Once the child is in the empowerment stage, defined by a shift in play and patterns indicating the child's ability to stay connected to themselves for longer periods of time, the child will either continue to move towards the Termination or they will go back to the Working Stage to process another challenge. During the termination phase, the focus is on strengthening and myelinating the newly formed neural pathways as well as creating closure for the therapy.

Identifying the child's Starting Points is another tool used for tracking progress. Each time a child begins a journey through the SPT Therapeutic Stages, the therapist identifies the "starting points", which include key elements of the play and the child's state of dysregulation. What the play and patterns will likely look like once integrated and attachment to self is more easily accessible are then identified and used to help the therapist identify the progress being made.

<u>Notes:</u>

Reflective Questions:

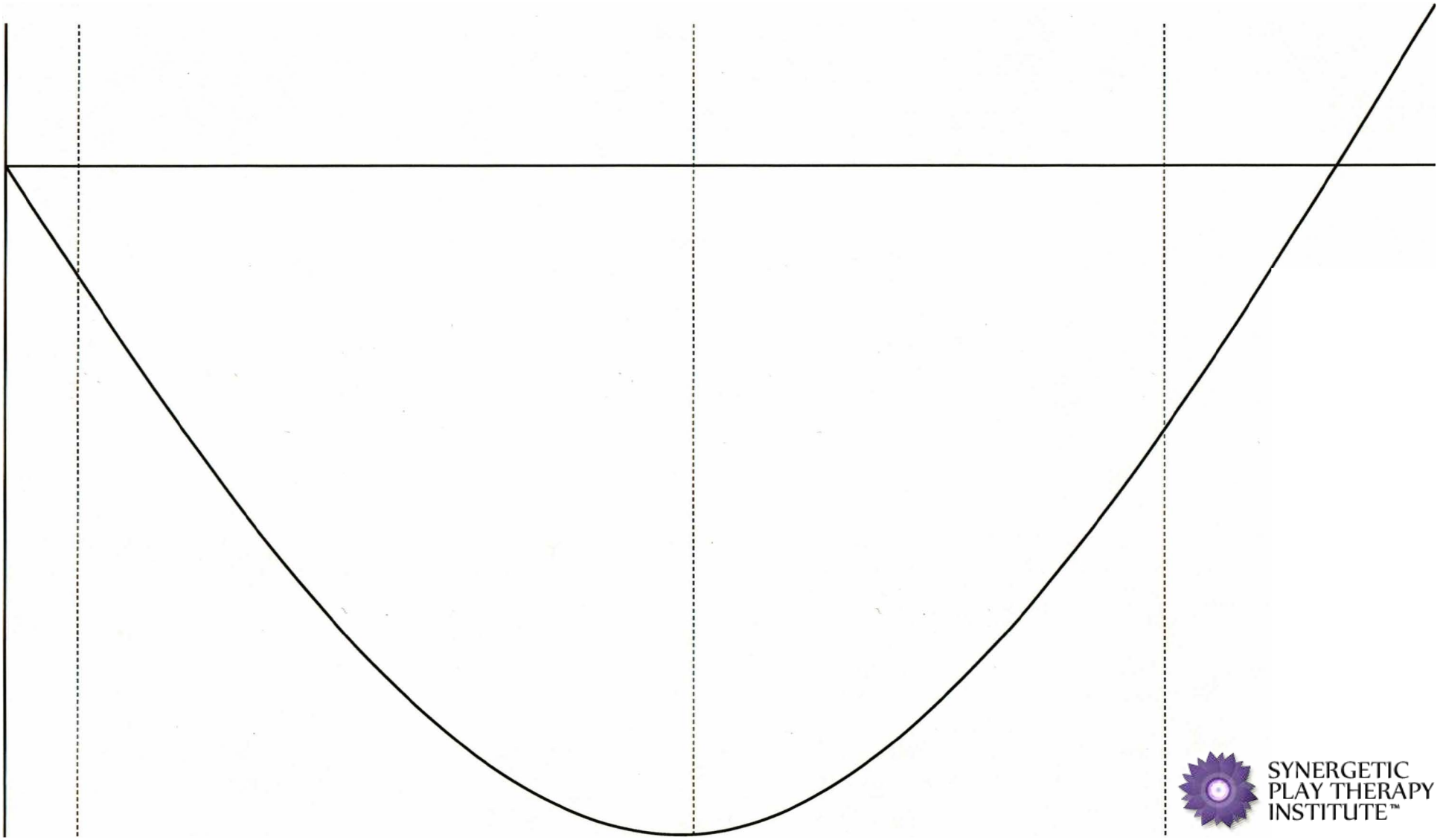
- What are two things I'm going to do differently when working with caregivers?
- In what ways might I be contributing to caregiver pressure or shoulds?

To Work On:

1. Set goals for my clients if I don't already have them - go back and look through my notes to see if I need to modify them in any way.
2. Practice talking to caregivers in terms of goals when I meet with them.
3. Bring a caregiver interaction to my consultation to further my growth- play an audio or show a video if possible.
4. Get curious about where my clients are on the Therapeutic Stages and their "Starting Points. (Reminder: These topics are explored in depth in the Certification program and this course is a tiny introduction)

Therapeutic Stages in Synergetic Play Therapy®

Orient Working Empowerment Termination



SYNERGETIC PLAY THERAPY INSTITUTE™

Adapted from Drs. Byron & Carol Norton, by Lisa Dion, LPC, RPT-S

Module 5: Understanding Attachment and Emotional Age

Module Focus: Further deepening understanding of attachment, attachment to self, emotional age and attunement.

Supportive Tenets:

1. The **synergy** between the therapist's authenticity, attunement, congruence, and nervous system regulation support the child in learning how to **attach to self**, the cornerstone of all healing.

Learning Objectives:

1. Discuss Synergetic Play Therapy's perspective on attachment
2. Explain why interoception is the pre-req for the ability to regulate and co-regulate and why this is a key focus in an SPT therapy session
3. Describe the difference between a child's emotional age and their chronological age

Reading: *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*

Handouts: Developmental Stages, Interoception

What Is Attachment?

<u>What We Were Taught:</u>

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).

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.

<u>New Addition to Attachment Theory:</u>

- 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 to themselves when they think about or are around that person.
- When we learn to attach to self we can be in a 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- we are building resiliency in the child.

Notes:

How Does An Attachment to Self develop? Rocking the Baby!

- 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 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."

Assessing Emotional Age:

Tracking on the SPT Therapeutic Stages

- Therapy is about the first three stages
- 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:

Notes on the 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

Developing Interoception:
Notes:

Reflective Questions:

- What insight or questions do I have about attachment based on what I learned today?
- What developmental question(s) do I go back to? How can I use this information to help me be the external regulator in session?
- What things do I do to help me develop my interoceptive sense outside of sessions? What new ways would I like to try?

To Work On:

1. Get curious about my own patterns of attachment or detachment from myself and how these patterns impact me in my life and as a therapist.
2. Bring part of a video or audio recording to my consultation if possible to further my growth.

Growing Up in Play Therapy
Developmental Stages in Synergetic Play Therapy

In Synergetic Play Therapy it is rare to begin the play therapy process with a child in the last 3 stages, as the success of the last three stages are influenced by the first three stages. Typically a child enters the last 3 stages during the empowerment phase of the play therapy process when their emotional age becomes more aligned with their chronological age.

Do I exist? In-utero - first few months of life

- Often no language or eye contact
- Spacey and not grounded feeling in the room
- Often child stays in one spot and plays with only one or two things
- Therapist will often question the significance of his/her/their existence in the room due to child playing alone and not interacting
- Therapist often completely ignored
- Feeling of hypo-arousal in the room
- Hard to mobilize energy
- Therapist often feels like they are in a fog

Is the World OK? Birth - 18 months

- Play focuses on the unpredictable and scary nature of the environment
- Therapist is set up to feel unsafe and not be able to trust what is happening around them
- The therapist might be the witness to scary things occurring in the environment or might be an active participant in the play
- Often the play is emphasized with hyper-arousal and anxiety

Am I OK? 18 - 36 months

- Play focuses on the therapist not feeling ok about him/her/their self
- Therapist is set up to feel insecure, wondering what he/she/they did wrong, inadequate, like a failure/not good enough

How much can I do? 3 - 6 years old

- The emphasis is on quantity instead of quality

How well can I do it? 7 - 11 years old

- The emphasis is on quality instead of quantity unless it is about mastering something

Adapted from Duey Freeman's Developmental Model with credit to Heather Gunther, Certified SPT Therapist, for Do I Exist? Stage.

Interoception: The "Hidden Sense"

July 2017

Have you ever felt hungry? How about feeling the need to use the bathroom? Or tired? Here's a better question… How did you know WHAT you were feeling? Most of us are able to sense what is happening inside our bodies thanks to our eighth sensory system, the "hidden sense," interoception.

What is the Interoceptive System?

The Interoceptive system gives us the ability to *feel* what is happening inside our body. It has special nerve receptors all over our bodies including our internal organs, bones, muscles and skin. These receptors send information to the brain which uses it to determine how we feel. The purpose of the interoceptive system is to help our bodies stay in a state of optimal balance known as homeostasis. If the body needs energy, you feel hungry, so you eat. If the body is fatigued, you feel tired, so you sleep. Hunger, fatigue, need for the bathroom, body temperature, nausea, pain, sexual arousal… all of these conditions are sensed by the interoceptive system. As if that role wasn't enough, the interoceptive system is also responsible for allowing us to feel our emotions.

Interoception and Emotions

When you think about it, most of our emotions are linked to physical sensations in our body. For example, you walk out from a store and notice that someone has put a dent in your car and there is no note. You may feel your muscles tighten, your fists and teeth clench, your heart beat quicken, and your face get warmer. These are sensations that you recognize as feeling angry. Noticing these sensations is linked to interoception. Hence, interoception is linked to our emotions. Research has shown that our ability to read our own physical signals directly relates to how well we can identify and regulate our emotional states. And this, in turn, directly impacts our ability to accurately read another person's physical and emotional cues.

The Interoceptive System and Sensory Processing Disorder

When it is working well, we can sense what our body needs and take action to meet that need. We can experience an emotion and be able to accurately identify what we are feeling (excited, sad, angry, etc.). But like the other seven sensory systems, this system can experience processing difficulties. A person can have modulation difficulties within this system. He may be over-responsive to interoceptive inputs. He may feel pain more acutely or for longer periods of time than other people. Similarly, a person may be under-responsive to interoceptive information. She may not be aware of pain signals unless they are extremely intense.

A person can also have sensory discrimination deficits in this system. He may be aware of vague internal sensations but cannot accurately identify where these sensations are originating from or what they represent. This can cause a person to feel confused, distracted, or anxious. He cannot meet his body's needs because he cannot tell

what they are. Is that twinge in my middle a sign that I am hungry? Need to go to the bathroom? Am I about to be sick? How to do you what action you need to take if you don't know what the signs mean? What's more, if you have difficulty understanding your body's internal sensations, trying to understand your emotions would be very difficult. This can result in a person becoming overwhelmed by emotions and reacting in inappropriate ways – physical aggression, emotional shut down, or inappropriate laughing or smiling are common.

What Else Does Interoception Impact?

Because the interoceptive system has a foundational role on our general physical and emotional regulation, it is not surprising that it also directly impacts several other important skill areas. These related areas include self-regulation, self-awareness, social thinking, flexibility of mind, problem solving, intuitive social skills and social participation.

Can You Improve Interoception?

Yes, you can improve a person's ability to perceive and understand their body's interoceptive messages. Research demonstrates that the system can be improved by working with an Occupational Therapist who is trained in sensory processing and can develop and implement strategies for a client directed at their particular interoception subtype (e.g. Sensory-Under Responsivity or Sensory Discrimination Disorder of the interoceptive system). This type of work focuses on learning to attend to interoceptive signals in a specific way. Improving interceptive awareness (IA) by increasing the client's ability to notice sensations, give meaning to these sensations, and eventually to use the client's improved interoceptive awareness to build related skills.

References:

Interoception: The Eighth Sensory System (2016). Retrieved from https://docs.wixstatic.com/ugd/b303b5_ab07aaedc04c45b3a96e519fc262ecd1.pdf

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Mehling, W.E., Proce, C. Daubenmier, J.J., Acree, M. Bartmess, E., & Stewart, A. (2012), The multidimensional assessment of interoceptive awareness (MAIA). PLoS One, 7(11), e48230. Doi:10.1371/journal.pone.0048230.

Module 6: Sand, Art, and Aggression in Synergetic Play Therapy®

Module Focus: Explore how to facilitate sand, art and aggression through an SPT lens

Supportive Tenets:

1. **The therapist is the most important toy in the playroom.** In SPT, toys and language are not required.

Reading: *Read whatever chapters you haven't yet and/or finish reading Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity*

Learning Objectives:

1. Explain how to use regulation as a way to help integrate aggressive energy in the playroom
2. Describe how to facilitate the use of sand from a Synergetic Play Therapy perspective in the playroom
3. Explain how to facilitate the use of art from a Synergetic Play Therapy perspective in the playroom

Handouts Needed: Take time to re-read all of the handouts for a final integration

Sand in Synergetic Play Therapy

- The tray itself represents the child's emotional body and the sand represents the child's e-motions.
- In order to turn your tray into a regulation tool, you need a turkey baster, sifter, funnel, scoop and bucket.
- The tools help simulate the flow of energy in the nervous system.
- Sand can be flooding for some children/therapists. Don't assume it feels good.

  <u>Working with Sand</u>
  - Do not put hands in the tray unless invited to do so.
  - Help cultivate mindfulness in the child when possible.
  - You don't always have to use words. Sound, breath and movement are ways to regulate the child while they are in the sand tray.
  - Continue to use observational statements and <u>avoid evaluation and interpretation</u>.
  - Your presence and engagement is the container that helps hold the intensity and supports the child's ability to move towards the uncomfortable thoughts, feelings and sensations that arise.
  - The child's process in the tray will be a reflection of the activation in their nervous system.

When the child uses toys in the sand, many therapists want to search for meaning. Instead, what is the feeling that is arising as a result of how the child is playing in the sand? What is The Set Up/Offering?

Notes:

Art in Synergetic Play Therapy

- Working with art is similar to working with sand as the art itself will also be a reflection of the activation in the child's nervous system.
- The therapist continues to be the external regulator, just like when facilitating sand.
- In SPT, we focus on the process of creating the art over the end result.
- Avoid evaluation or interpretation.
- Approach art as if it were another toy- what is the feeling that emerges as they create and relate to their art?

  Working with Art
  - It is important to be present throughout the entire process.
  - Let the child know how much time they have when they start an art project.
  - Avoid questions during a non-directive process, as we want to keep them in the experience.
  - If a therapist asks too many questions or the child perceives them as invasive in their space, the child may not feel free enough to express themselves.

Notes:

Aggression in the Playroom

- Aggression and death play are symbolic expressions of extreme states of hyperarousal and hypo-arousal.
- The goal is to integrate the energy, not shut it down or stop it.
- Remember ONE FOOT IN AND ONE FOOT OUT! It is essential to have a neuroception of safety while simultaneously feeling the dys-regulation.

  Regulation: Need to Regulate!!!
  - If therapists do not regulate and co-regulate during intense play, they risk increasing the intensity of the play (in a dys-regulated way)
  - If therapists do not regulate during intense play, they risk experiencing "vicarious trauma" and "compassion fatigue".

- The therapist's ability to stay present and within their own window of tolerance is the container when intense play arises.
- If the therapist is not present/grounded/authentic, the child will increase the intensity until the therapist has no choice but to "show up!"

Notes:

Regulate through Hyperaroused/Aggressive Play- fighting, bombs, danger in environment, etc

- Breathe! (especially in between hits, shots, swings, etc)
- Ground the energy.
- Match intensity- how would you really respond if this were happening to you?
- Be Vocal! This is not the time to be quiet.
- Be authentic! Don't pretend or fake it.
- If asked to become the challenger, have the child script the play and go very carefully.
- Set boundaries as needed.

Notes:

Regulate through Hypoaroused/Death Play- you are dead or can't move

- 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. Notice and come back to your body/breath.
- Set boundaries as needed.

Notes:

What to do when you are Dead

- Stay Dead!
- Dead people can't talk.
- Talking exception: If the child is young and a lot of time goes by, you can remind the child that they are in charge and can make you come alive when they want to.
- Talking exception: Hold child accountable to the time, still give time warnings for the session ending.
- Fall facing the room in the fetal position with your head covered (protect).
- Don't fully close your eyes or find a way to peek. Keep tracking the play silently.

Notes:

Reflective Questions:

- What did I learn about facilitating art and sand that I did not know before?
- What can I do to regulate myself and stay connected to the child the next time aggression enters the playroom?
- How have I grown as a therapist and as a person in this course?
- What is my favorite part about Synergetic Play Therapy?

To Work On:

1. Take the time to journal about what I have learned in this course. What am I taking away from my learning? What do I still want to understand?
2. Do something really nice for myself to tell myself thank you for taking the time to learn and study and grow. I was/am worth it!

Thank you so much for joining me on this journey. I hope you found new learning, inspiration, growth and new possibilities in this course. Remember that you are the most important toy in the playroom.

Take a deep breath, trust yourself and rock the baby.

In Gratitude,

Lisa