

Healing Relational Trauma Through Play

Pre Training Reading



Australian
Childhood
Foundation

How can adults support children's play?

These thoughts/ideas are both for educators and for parents – assist parents to support their children's play.

Help children feel safe and be safe

- Arrange safe places for children to play, indoors and outdoors, in parks and playgrounds.
- Provide safe boundaries and limits on their play to ensure that it's a positive experience for all.

Provide positive role modelling

- Positive role modelling is an important means by which children can learn socially acceptable ways to experience emotions.
- Children who have experienced trauma may have difficulty in fully experiencing some emotions, and providing an environment in which the child can begin to safely experience these emotions will be helpful. If educators/caregivers can tolerate trauma-related emotions, then, over time, children can learn that it is safe to express these emotions.
- Role modelling appropriate reactions in social situations including adult to adult interactions, supports and shows children appropriate social interaction skills.
- This may also show children they can trust adults.

Provide a time and a place

- Arrange time for play.
- Don't schedule too much in a child's day.
- Try to make it possible for children to finish play that they're very involved in before having to move on to do something else. If something else can't wait, give children warning of the change. The play space may be able to be protected so the game can be continued later (for example, providing a play table rather than using the kitchen table – which needs to be cleared for meals– as a play space enables play experiences to be stopped and started by the child.)

Provide playthings

- Provide children with some playthings (such as dolls, building blocks, playdough and paints).
- Also allow children to find their own playthings both inside and outside. For example, fabrics, boxes, leaves, gumnuts, puddles, pots and pans to put things in and pour with, low walls to walk along, cushions to crawl over, pegs to put into small holes and sort into colours, everyday clothes to dress up in, and garden spades to practise being grown up.

- Seeing what a child enjoys doing will give you more ideas of the things they may like to play with. They may ask for particular toys or books that relate to their current interests. Finding children something they really love can help them to know their likes and dislikes are valued and respected, which helps to build their sense of self.
- The best playthings encourage creative play and can be used for many things as the child grows. These include bats and balls, paper to draw on and various drawing materials (pencils, textas, crayons and paints), blocks, dress-ups, dolls, puppets and toy animals, sandpits, water and mud, things to push, pull and ride on (for instance, cars and trucks, wagons and tricycles), containers of all shapes and sizes, playdough and clay, musical instruments, and songs, stories and books.

Follow a child's lead

- Children need opportunities to play and work out feelings in their own way.
- Resist the temptation to criticise, direct or turn play into a lesson.
- Show support by being near, noticing and accepting what the child is playing rather than directing or taking the lead away from the child (for example, saying "I see you're singing your baby to sleep in the cradle" is supportive, but saying "Now the baby is asleep – what do you think the mother will do next?" is directing and taking the lead away from the child).
- Rehearsal and repetition can improve children's difficulties with attention and short-term memory.
- Verbal memory can be strengthened by the use of written reminders, cue cards, timers and electronic reminders (e.g., phone alarms).

Provide opportunities for children to play with others

- Children benefit from playing on their own, with other children of varying ages and with adults. However, children can easily become overwhelmed and tired if there are too many children or not enough things to go around. Keep playtimes manageable for the child – not too long and not too many people.

Offer guidance

- Children need the support of adults to learn how to manage their feelings and social situations. This is essential social learning. Most children need help to negotiate these things, and you need to be aware and available to help when needed.

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 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- any way 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-

Play and trauma aggression

What Is Play?

Play is a meaningful and primary occupation for children. Play has been said to facilitate flexibility in thinking, adaptability, learning, problem solving, exploration to gain a sense of mastery over one's environment, integration of information from the environment, and development of social, intellectual, emotional and physical skills" (Stagnitti, 2004).

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Play is important to healthy brain development and allows children to use their creativity while developing their imagination, dexterity, and physical, cognitive, and emotional strength (Ginsberg, 2007).

Research by Dr. Karyn Purvis, scientists have discovered that it takes approximately 400 repetitions to create a new synapse in the brain, unless it is done in play, in which case it only takes 10 to 20 repetitions. Whether it be board games, crafts, puzzles, or imaginative games, a child is always learning.

For those children that have experienced trauma and stress, play can also become a way in which a child can process and integrate their experiences. It can be a way to illicit feelings, experiment with and explore responses these feelings and perhaps include in the play what it was that they needed.

Play is said to be complex and difficult to define (Hyder, 2004. Stagnitti, 2004.), however during the 1990's various theorists put forward characteristics of play and proposed that play;

- Is more internally than externally motivated.
- Transcends reality as well as reflects reality.
- Is controlled by the player.
- Involves more attention to process than product.
- Is safe.
- Is usually fun, unpredictable, pleasurable.
- Is spontaneous and involves non-obligatory active engagement. (Stagnitti, 2004).

Play is often defined as an activity done for its own sake, characterised by a means rather than end, flexibility and positive affect (Smith & Pellegrini, 2008).

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Jean Piaget's stages of play identified in his research are: (1) practice play, (2) symbolic or make believe play and (3) games with rules. Three factors that influence the quality, quantity and nature of children's play are: (1) materials/environments, (2) peer interaction and (3) adult guidance. The match of the child's present developmental abilities to the activities in the environment is identified as the most important aspect of planning for children's play (Yawkey & Silvern).

Trauma and play

Children's recovery from trauma will be enhanced through interactions with carers which promote physical activity that stimulates lower order parts of the brain responsible for movement, play and balance.

Carers can be supported to offer children chances to act and react in playful ways which are likely to lead to intensely positive experiences. These opportunities relieve the burden on traumatised children shifting their attention from the past. They also powerfully connect children and carers in shared activities that promote trust and belonging.

Children with trauma backgrounds need support to engage positively with peers in social situations. Carers and other individuals will need to appreciate the importance of their role in modelling social skills and respectful interactions.

To support children who are displaying the trauma related reactions use soothing words, physical contact and play.

Tips for handling stress with a traumatised child include repetitive and rhythmic actions, music and movements such as dancing, drumming, singing and safe touch can help with the restoration of delayed brain development.

Play therapy

Play is a vital activity in childhood. It has a core role in the child's mental health.

The importance of playing in ego development and the interplay between internal and external reality (Klein 1930, 1932, 1955).

When playing the child feels relief because they transfer fantasies, anger, anxiety and guilt to other objects that are not their primary caregiver.

For very young children (2-3 years old) the inner experience is equivalent to and mirrors the external reality. Ideas are direct replicas of reality, so they are always true.

Children aged 4-5 years are able to integrate reflection or mentalisation, so ideas are not necessarily direct replicas of reality but are linked to reality.

When a child lives in a disorganised emotional universe, experiencing the inner life as diffuse and unintegrated, not only their capacity to play will be impaired but the use of verbal interpretation will be disruptive and lead to further disorganisation.

When working with very young or very traumatised children, the carer must help to develop their capacity to play. Through play children will discover what they feel, think, and want, and what others feel and believe.

Playing is an essentially intersubjective activity.

Play enables the construction/organisation of internal and external realities.

The ability to 'play' with these internal and external realities leads to greater autonomy, freedom and robustness of the child's psychological organisation.

When playing is not possible it needs to be developed, either within the family, educational or clinical context.

(The intersubjective nature of play development and its role in child psychoanalytic psychotherapy – Vera R. R. Ramires

What Is Aggression?

Dictionary

- The action of a state in violating by force the rights of another state, particularly its territorial rights; an unprovoked offensive, attack, invasion, or the like:
- any offensive action, attack, or procedure; an inroad or encroachment:
- the practice of making assaults or attacks; offensive action in general.

Lisa Dion (Book: Aggression In Play Therapy)

“Aggression is a symptom of the sympathetic nervous system activation when a child is perceiving a threat or challenge.... It is a normal biological response that arises when our sense of safety or our ideas about who we think we are, who others are suppose to be, and how we think the world is suppose to operate are compromised...”

Case Examples

Lisa Dion (Book: Aggression In Play Therapy)

Imagine Dave, age 4, is outside on the playground of his preschool. He is playing with his most favourite toy - the truck. This isn't just any truck; this truck is a loader. You can put sand in the back, and you can dump it out. Dave is completely fascinated by this truck. As Dave is exploring everything this truck can do, another child walks over and takes the truck out of his hand. In an instant, Dave goes from Happy-go-lucky to angry. He gets up and goes over to the children who just took his truck and pushes him.

- What would most likely happen next?
- What did Dave learn in this scenario?

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What would most likely happen next?

- Dave would most likely be approached by a teacher and told to use his words, and that we don't hurt our friends. He might be removed from the playground.
- This has become the cultural norm, when aggression shows up the answer is to tell a child that it is not ok.

What did Dave learn in this scenario?

- Dave potentially learned that when he has an impulse in his body, he should not trust it. He also potentially learned to disconnect from his body in order to follow a set of rules and to be accepted.
- Dave learnt almost nothing about the aggressive urges inside of him other than that they are wrong. Dave didn't learn to understand what was happening inside of him, how to honour the urges in his body and to redirect their expression.
- Potentially leads to feelings of shame and guilt when feelings of anger arise.

How can we use our words and have the body expression?

Responding to Superhero & War Play

It is ok to set boundaries

- The area where this play can take place
- No hurting
- Respect the toys / people / environment
- If someone no longer wants to play to respect that
- Not to chase/shoot other children who haven't chosen to participate
- If you stop the play clearly explain why so they can understand the limits on this type of play. Model problem solving skills, eg. intermission, continue the play in drawings...

Monitor/observe the play

- Ensure the boundaries are upheld
- Support the problem solving
- Track and monitor if the play is becoming more aggressive, there is a difference between aggressive play and aggressive behaviours.
- Consider how you can resolve conflict within the play without shutting it down
- Get involved when invited! An opportunity to see more of the thinking and feeling in the play and can be an opportunity to guide the play.

Encourage

- Children to make up their own characters
- Conversation about the characters, strengths, weaknesses, skills, the story behind them etc...

Consider

- Will 'banning' will send it underground and provide you with less opportunities to support this type of play.
- Avoiding look alike items, eg. guns, consider items that encourage the use of ones imagination eg. bright colourful water pistol. Ultimately, anything can be imagined into what is needed for imaginative play.
- Consider your own values and beliefs around this type of play, gain an understanding of your services policy and how you will talk with parents on this topic if the need arises.
- If at times you can get involved in the play.

Parten's Stages Of Play

Unoccupied Play

(birth- 3 months)

Unoccupied Play lacks social interaction, objectives, and language. Children engaged in Unoccupied Play observe their world and move their bodies. Picture an infant happily watching dust particles dance in a sunbeam and kicking her legs.

Solitary Play

(3 months – 2 ½ years)

In Solitary Play, a child plays alone with little interest in other children or adults. The child is focused on and content with the activity at hand. Solitary Play is more focused and sustained than Unoccupied Play. Picture a child happily driving a toy car across the floor.

Onlooker Play

(2 ½ years – 3 ½ years)

A child watching others play without taking part is engaged in Onlooker Play. The child may show interest in the play, engage socially, and even converse with the players. Picture a three-year-old watching a group of school-age children busy with a dramatic play scenario.

Parallel Play

(3 ½ years – 4 years)

Parallel Play is when children play independently in the same area and with the same materials. They may observe and mimic each other, but they have their own goals and communication is limited. Picture children, seated at opposite sides of a table, busy with their own play dough creations.

Associative Play

(4 years – 4 ½ years)

In Associative Play, children are socially engaged with their peers and share materials, but the activity is not communal. They are playing together—at doing their own thing. Picture the play dough kids mentioned above working on their own projects while sharing materials, ideas, and conversation.

Cooperative Play

(4 ½ years and up)

Cooperative Play is the most social and organized form of play. Participants share a goal and work together to bring it about. They also share resources, make compromises for the common good, and take turns. Picture a group of children, transformed into superheroes, busy saving the world.



Based on the works of sociologist Mildred Parten Newhall (1902-1970) *While scholars agree Parten's theory has contributed to our understanding of play and provides a rough roadmap of how play develops over time, there is disagreement about whether children go through these stages in a strictly linear fashion and some think the age ranges are inaccurate.*



The Need for an External Regulator in the Playroom

This blog article was written by [Lisa Dion](#),

Founder and President of the Play Therapy Institute of Colorado and author of *Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity*.

I'm going to ask a question; the way you answer will help you understand why it is essential for therapists to become external regulators in the playroom as children work towards integrating their challenging thoughts, emotions, and sensations. Are you ready? Here it is: When babies are crying, distressed, and upset, why do we rock them? Is our goal to soothe the pain in their bodies? To settle the emotional discomfort they're feeling inside? To tell them they're not alone? To foster an environment of trust and attachment? To let them know it's okay to voice their needs? Of course, you know the answer: yes, to all the above.

But the purpose of rocking doesn't end there. As babies are swayed back and forth, they learn about the sensations in their bodies. They begin to develop a relationship with the highs and lows that exist as part of their nervous system activation while learning that it is ok to move towards their uncomfortable internal states instead of needing to avoid them.

Babies require the help of an external regulator to organise their internal experience. We might even say that babies borrow the regulatory capacity of the caregiver as their own regulatory capacity develops. Allan Schore summed it up: "The mother is literally a regulator of the crescendos and decrescendos of the baby's developing autonomic nervous system" (Bullard, 2015).

Understanding this is a key element in our abilities to help children process and integrate the challenging experiences in their lives; after all, the children we work with are babies disguised in kid bodies. Children working through traumatic experiences are often incapable of self-regulation because their nervous system states are so activated – in a particular moment or possibly – that they never learned how to self-soothe in the first place. That's where you and I come in: helping children integrate requires a repatterning of their nervous system. This starts with us.

In our work with children, we must become the external regulator. As children play, their associated thoughts, feelings and sensations arise. Their nervous systems simultaneously become activated. Some children move into sympathetic (flight or fight) activation, while others move towards a dorsal parasympathetic (collapse) response. In these moments, we must be willing to move towards these uncomfortable states much like attuned caregivers who take deep breaths to ground themselves and then pick up a crying baby. In doing so, we help regulate the hills and valleys of their emotions, helping their autonomic nervous systems learn how to respond. The end result is the children get to experience what it feels like to move from a state of dysregulation back to a state of regulation.

Like the baby being rocked, our regulation of the child's internal experience helps lay down or repattern the template for a stronger regulatory capacity. And it encourages our clients to rely on that template whenever stress enters the picture.

In Synergetic Play Therapy, a paradigm of play therapy that focuses on neuroscience, attunement, mindfulness, and therapist authenticity, the foundation is

simple: you're the most important toy in the room. And part of your job, as this toy, is external regulation.

The next time you're in a session and your child client's nervous system becomes activated as they play, take a deep breath. Allow yourself to become present. Feel the experience of the play in your own body without attempting to move away from it, avoid it, or change it. Move if you need to – gently rock or sway. Your ability to stay connected to yourself in the midst of the intensity in the play is what will begin to regulate your client. And, with each breath, remember to rock the baby, even when that baby is disguised as a child.

Bullard, D. (2015). Allan Schore on the science of the art of psychotherapy. Retrieved from [here](#).

Lisa Dion, LPC, RPT-S, is an international teacher and supervisor. She is the founder and President of the Play Therapy Institute of Colorado and creator of "Synergetic Play Therapy," a model of play therapy bridging the gap between neuro-science and psychology. She is dedicated to advancing the play therapy field worldwide through her teachings, books, and research. She is the author of *Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity*, the host of the *Lessons from the Playroom* podcast and webinar series, and the recipient of the Association for Play Therapy's 2015 Professional Education and Training Award.