

Medical Trauma in Play Therapy

Lisa Dion, LPC, RPT-S

Objectives

- ✦ Describe the connection between a child's nervous system activation and the symptoms displayed in and out of the play room
- ✦ Explain some of the similarities and differences between the role of a play therapist and the role of a child life specialist in a medical setting
- ✦ List at least 4 creative play interventions to help children heal from medical trauma

Objectives

- ✦ Describe what it means to become a child's external regulator in a play therapy session for trauma integration
- ✦ List the 4 threats that need to be addressed for a child to feel safe in a play therapy session allowing for trauma integration
- ✦ Describe common traumatic stress reactions related to Medical Interventions and Procedures

Synergetic Play Therapy (2008) is a research-informed model of play therapy blending the therapeutic powers of play with nervous-system regulation, interpersonal neurobiology, physics, attachment, mindfulness and therapist authenticity. It's primary play therapy influences are Child-Centered, Experiential and Gestalt theories.

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.

-Lisa Dion

According to the National Child Trauma Stress Network, up to 80% of children who undergo medical procedures experience some form of traumatic stress and 20-30% of parents and 15% of children experience chronic stress from medical procedures.

<https://www.nctsn.org/what-is-child-trauma/trauma-types/medical-trauma/effects>

Pediatric medical traumatic stress refers to a set of psychological and physiological responses of children and their families to pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences. Medical trauma may occur as a response to a single or multiple medical events.

- National Child Traumatic Stress Network

Examples of medical procedures/ interventions

Common Traumatic Stress Reactions related to Medical Procedures/Interventions

- ✦ Thinking a lot (unwanted, intrusive thoughts) about the illness, injury, or procedure
- ✦ Feeling distressed at thoughts or reminders of it
- ✦ Having nightmares and “flashbacks”
- ✦ New fears related to the medical event
- ✦ New somatic complaints (bellyaches, headaches) not explained by medical condition

- *National Child Traumatic Stress Network*

Common Traumatic Stress Reactions related to Medical Procedures/Interventions

- ✦ Avoiding thinking or talking about the illness, injury, or hospital experience, or things associated with it
- ✦ Displaying less interest in usual activities
- ✦ Feeling emotionally numb or detached from others
- ✦ Feeling in a daze or “spacey”
- ✦ Increased irritability
- ✦ Trouble concentrating or sleeping
- ✦ Exaggerated startle response
- ✦ “Hyper-vigilance”— always expecting danger

- *National Child Traumatic Stress Network*

Why do medical interventions create the potential for such a high level of traumatic stress?

Understanding the Brain

Functions of the Brain

- ❖ Reptilian
- ❖ Limbic
- ❖ Prefrontal Cortex

4 Major Perceived Threats

- ❖ Physical Safety
- ❖ Perceptions in the Unknown
- ❖ Incongruence in the Environment
- ❖ “Shoulds” and Unmet Expectations

- Lisa Dion

Understanding the Nervous System



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 - Fight, Fight Hyper-arousal Symptoms

Perceptions of Threat/Challenge

- Hyper-alert
- Hyper-vigilant
- Increased heart rate
- Defensive
- “Pounding” sensation in the head
- Anxious
- Excessive motoric activity
- Overwhelmed, disorganized
- Highly irritable
- Uncontrollable bouts of rage
- Aggressive
- Dissociation

Parasympathetic/Ventral Vagal - Regulated Symptoms (Mindful/ “Attached to Self”)

Neuroception of Safety

- Think logically/clearly
- Able to make conscious choices
- Able to make eye contact
- Display a wide range of emotional expression
- Feel “grounded” and “in the body”
- Able to notice breath
- Poised
- Internal awareness of both mind and body
- Able to communicate in a clear manner

Parasympathetic/Dorsal Vagal - Collapse, Immobilization Hypo-arousal Symptoms

Perceptions of Threat/Challenge

- Helplessness
- Appear life-less
- Non-expressive
- Numbing
- Lack of motivation
- Lethargic/Tired
- Dulled capacity to feel significant events
- Emotional constriction
- Depression
- Isolation
- Dissociation

© 2010 Compiled by Lisa Dion, LPC, RPT-S
Updated 2021

Medical Interventions can impact the perception of safety and thus activate the ANS

Helping Children Heal

Three key concepts

- ❖ What is regulation?
- ❖ The Set Up/The Offering
- ❖ Becoming the child's external regulator

Regulated Nervous System

What is regulation?

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

The child sets the toys and the therapist up to feel how he/she/they FEEL

The Set Up/Offering

We need a mirror to learn about ourselves...

we are constantly projecting our inner reality onto life around us

“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 (Iacoboni).”

– from *Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity in the Playroom*

“Presence involves being aware of what is happening as it is happening, being receptive to our own inner mental sea, and attuning to the inner life of another person. Being present for others means we resonate with what is going on in their inner worlds, creating the essential way we feel their feelings.”

– Dan Siegel

Siegel, D. J. (2010). *The mindful therapist: A clinician's guide to mindsight and neural integration*. New York: W.W.Norton & Company, Inc.

Exploring the Set Up

Becoming the External Regulator

“Much like the mother who is implicitly modeling for the child her own struggles to regulate her dys-regulated state, therapists must be able to resonate empathically with our clients, psychobiologically feeling their difficult, intense states. Without this ability to self-manage, we can’t help the client to regulate. Such work implies a profound commitment by both participants in the therapeutic scenario and a deep emotional involvement on the therapist’s part.” Dales and Jery.

Dales, S., & Jery P. (2008). Attachment, affect regulation and mutual synchrony in adult psychotherapy. *American Journal of Psychotherapy*, 62(3), 283-312.

“As the challenging thoughts, emotions and body sensations arise in the session through the play, the child borrows the therapist’s regulatory capacity as their own regulatory capacity develops.”

“In order to help re-pattern a child’s nervous system, the child first needs an external regulator to help integrate the dysregulated state in their nervous system. Integrating intensity must first start with the therapist.”

–Lisa Dion

One foot in and one foot out

“For “full” emotional communication, one person needs to allow his state of mind to be influenced by that of the other.”
“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.”

–Dan Siegel

Siegel, D. J. (2010). *The mindful therapist: A clinician’s guide to mindsight and neural integration*. New York: W.W.Norton & Company, Inc.

Developing the capacity to become the External Regulator requires:

- ❖ The therapist must be willing to feel what is happening in their own body without wanting to avoid or become consumed by the experience
- ❖ The therapist must work through their own fears and past experiences related to the play and stories

Using mindfulness to open up to internal feelings and sensations and not defend against them in some way, the therapist begins to modulate the intensity using authentic dialogue describing cognitive, emotional and sensorimotor states, as well as bodily sensations through breath and movement... the child begins to learn that is safe to move towards the intensity (Ogden et al., 2006; Siegel, 2010)

Becoming the External Regulator: The boy with the shark puppet

“Genuine emotional responses will be evoked in the therapist who is emotionally attuned to the child.”

—Dales and Jery

Dales, S., & Jery P. (2008). Attachment, affect regulation and mutual synchrony in adult psychotherapy. *American Journal of Psychotherapy*, 62(3), 283-312.

Countertransference and Authenticity

Authenticity and disclosure is about the therapist's genuine and congruent experience of internal states as they relate to the child's or teen's initiated play and stories.

Synergetic Play Therapy

Interventions for Medical Trauma Integration

Child Life Specialists

Child life specialists are pediatric health care professionals who work with children and families in hospitals and other settings to help them cope with the challenges of hospitalization, illness and disability. They provide children with age-appropriate preparation for medical procedures, pain management and coping strategies, and play and self-expression activities. They also provide information, support, and guidance to parents, siblings, and other family members.

Play Therapy for Medical Trauma

- ❖ The play therapist may need to provide treatment in a therapy room or in the medical setting itself
- ❖ The play therapist may need to work individually with the child, with the family and/or with the medical staff
- ❖ The play therapist may need to provide non-directive and directive interventions to support the child's and family's healing
- ❖ Many interventions can be both non-directive and directive

Non-directive Play

- ❖ The child's physical injuries, the location of treatment and the child's traumatic stress allow for a non-directive process
- ❖ The play therapist becomes the external regulator as the child sets the therapist and toys up to feel his/her/their experience. The play therapist works with the child's regulatory system supporting their ability to move towards their uncomfortable thoughts/emotions/sensations for integration.

Directive Play

- ❖ If a child's illness, injury or trauma prevents him/her/them from being able to engage in non-directive play
- ❖ Preparing for an upcoming procedure - make the unknown known!
- ❖ The play therapist still becomes the external regulator as the child sets the therapist and toys up to feel his/her/their experience. The play therapist works with the child's regulatory system supporting their ability to move towards their uncomfortable thoughts/emotions/sensations for integration

Nature Play

- ❖ Nature is a natural external regulator and is able to safely access the sensory body where trauma is stored
- ❖ Types of nature interventions: nature sounds, nature pictures, nature huts, nature metaphors, Gestalt dialoguing, and symbolic play in nature

Family Impact

- ❖ All family members need support! Medical trauma is family trauma!
- ❖ Parents and caregivers often want to rescue, make it better, take the pain away - teach them how to “be with” so they can become external regulators
- ❖ Offer support and education when needed

Family Play

- ❖ Art
- ❖ Music/Drumming Circles
- ❖ Nature Play
- ❖ Sand tray
- ❖ Tell the narrative

With repeated observation of the therapist's willingness to stay authentic and present, a disruption of the old neural firing can occur bringing the potential for a new experience, giving the child permission to also move towards challenging internal states.

(Badenoch, 2008; Schore, 1994; Siegel, 1999)



Further Learning

- ✦ FREE Lessons from the Playroom Podcast and webinars
- ✦ FREE handouts/resources under "Free Resources" at synergeticplaytherapy.com
- ✦ Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity in Play Therapy
- ✦ Online 1-3 hour courses at learn.synergeticplaytherapy.com
- ✦ 6 month online Introduction to Synergetic Play Therapy Training course
- ✦ Synergetic Play Therapy Certification Program

synergeticplaytherapy.com



FOLLOW US
ON SOCIAL MEDIA


