TRAUMA & ATTACHMENT-BASED FAMILY PLAY THERAPY

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Presented at:
NACSW Convention 2014
November, 2014
Annapolis, Maryland
Trauma & Attachment-based Family Play Therapy

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What you will learn today
Objectives

- Increase your knowledge about the impact of trauma and attachment on the brain
- Increase your ability to understand behavior of children and adolescents using an interpersonal neurobiology framework with cultural sensitivity
- Identify the therapeutic powers of play with the treatment process
- Learn at least 3 play & expressive arts strategies to assess and work with families
Trauma and the brain

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Brain and Development

- Brain continues to develop after birth through adulthood

- Stimulation is needed for neural pathways to be made and strengthened
Impacts on a sensory and cognitive level in the brain:

- Brain remembers emotions, images, feelings and physical sensations and produces a physiological response

- Limbic System

- Frontal Lobes
Limbic System

- “Primitive Brain”
- Sits on top of the brain stem and acts as the alarm system for the body
- “Seat” of emotions and triggers emotional responses
- Can communicate with the frontal cortex to balance emotional and rational (thinking) responses
Limbic System

Amygdala

- Acts as the body’s alarm system
- Emotion processing center that ideally connects with prefrontal cortex to regulate emotional responses when not disrupted

(Structured Sensory Intervention for Traumatized Children, Adolescents and Parents by Steele and Raider)
Limbic System

Hippocampus
- Memory of events regarding emotions and memory storage
- Interacts with the amygdala to process emotions and memories
- Deficits traced to excessive cortisol which affects ability to turn off excessively stimulated amygdala

(Structured Sensory Intervention for Traumatized Children, Adolescents and Parents by Steele and Raider & The Child Survivor: Healing Developmental Trauma and Dissociation by Joyanna L. Silberg)

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Memory & Trauma

- Implicit
  - Sensing of events, non verbal memory

- Explicit
  - Verbal memory of events

- Processing traumatic events requires Iconic Synchronization
  - Process implicit memories by giving them symbolic form then connecting these symbols language to process in the frontal lobes

(Structured Sensory Intervention for Traumatized Children, Adolescents and Parents by Steele and Raider)
Frontal Lobes

- Controls motivate and reward centers
- Personality traits
- Abstract and concrete thinking
- Decision making
- Learning and reasoning
- Delaying gratification
- Developing empathy for others
Brain Hemispheres

Corpus Callosum

- “Superhighway” that connects right and left hemispheres
- Underdeveloped may:
  - Inhibit ability to integrate visual information (right side) with verbal coding (left side)
  - Respond to events in contradictory ways
  - Difficulty with recurring re-experiencing of traumatic sights and sounds via flashbacks
What do you see?
Developmental Continuum of Impact

**Emotional**
- Affect Regulation

**Social**
- Relationships
- Interactive skills

**Physical**
- Growth
- Health

**Cognitive**
- Memory
- Executive Function

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Trauma Impact Factors

- Age and developmental level at time of event
- Inherent resiliency
- Coping skills
- Access to support
- Understanding of the event
- Response to the event
Dissociation

- Defined as:
  "a disruption in the usually integrated functions of consciousness, memory, identity or perception of the environment" (APA)

- Complex system of neural connections between limbic and cortex regions that includes orbital areas

- Adaption and survival process after traumatic events

- Past trauma experiences encoded in implicit memory contributes to dissociation process via sensory information
Impact of Trauma

- Severity of impact occurs within a continuum

- Can alter brain structure due to chronic stress with abuse- hyper arousal and constant state of hypervigilance which affects concentration, memory and school performance

- Impacts ability to develop healthy attachments by impairing trust, safety and security, a positive sense of self and the ability to feel connected to the community

- Shame, guilt, blaming self

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Emotion Regulation

- Learned ability to adapt and manage feeling states and physical arousal levels in response to stimuli

- Seen as a way to maintain homeostasis of the biological and behavioral responses to emotions
Emotion Neurobiology & the Research of Jaak Panksepp

- Studied animals and identified 7 foundational emotion neural pathways or “Circuits”
- Primary Motivated-Emotional Circuitry inherited genetically
  
  - SEEKING- Desire System/Core circuitry moves us forward
  - RAGE- Anger System when we are thwarted
  - FEAR- Anxiety System to alert danger
  - PANIC/GRIEF- Separation Distress System crucial for attachment and mediates the separation-distress calls (crying); parallels the CARE system
Emotion Neurobiology & the Research of Jaak Panksepp

Special Purpose Circuits

- **LUST**- Sexual Urges not usually activated til puberty, linked with SEEKING system
- **CARE**- Nurturance System maternal love and caretaking
- **PLAY** System produces feelings of joy
Emotion Neurobiology

Still Face Experiment Video
Emotion Regulation & Attachment

- Co-regulation:
  - Infants and young children rely on parents initially to facilitate emotion regulation
  - NMT and Dr. Bruce Perry

- Lack of consistent parental positive affect and responses to infant needs influences the neurological foundation of emotion regulation
  - NMT Intimacy Barrier

- Children who are able to regulate emotions can use these skills to interact with peers positively and sustain focus within classroom environment
Brain Development & Attachment

- Chronic exposure to stress results in high levels of stress hormones - cortisol, epinephrine and norepinephrine
  - Negative effects on emotion regulation, cognitive development and brain development
  - Cause damage to Broca’s Area, Wenicke’s Area and cause problems in
    - Memory and learning
    - Thinking and emotion regulation
    - Interpretation of emotions
    - Delays in expressive and receptive language
Distress signals release of epinephrine and norepinephrine

Caregiver’s positive response signals serotonin and other neurotransmitters

Results in child’s ability to regulate emotional state and become adept at managing stressful situations in healthy ways
Attachment Styles

Attachment Video
Brain Development & Attachment

- Brain’s plasticity is highest during early years of life.
- Environment impacts brain development and lays the foundation for regulation on a biological and behavioral level.
- Study by Perry & Pollard (1997)
  - Size of the brain of a severely neglected 3 year old child was significantly smaller than non-neglected child of same age.
Brain Development & Attachment

- Mirror Neurons
  - Study of human and monkey to identify neuropathways with interactions
  - Mirror neurons are essential for empathy
  - Mirror neurons and attachment
Brain Development & Attachment

Studies have shown children raised in abusive environments and placed in nurturing stable environments can reverse the negative effects

- 2006 study of Romanian orphans who experienced global neglect showed a reversal of negative effects when placed in a positive caregiving and enriched environment
Trauma Impact on Social & Peer Competence

• Begins in infancy via reciprocal matching with caregivers
• Family and extended family contexts support learning prosocial skills
• Exposure to prolonged trauma can lower social competence due to:
  • Hypervigilence to environment for protection
  • Decreased attention to obtain new information
  • Distorting information when it contains socially aggressive content
Treatment Needs

Trauma and Attachment Family Therapy Using Play and Expressive Arts Interventions

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What does it mean?

Trauma and Attachment treatment is a specialized approach to address:

- The developmental needs of the child
- The impact of trauma
- The impact of attachment
- Implementing effective, researched strategies appropriately
Focus of Trauma and Attachment Treatment

- Assessing the attachment needs of the child by observing the interactions among family members
- Identify factors contributing to symptoms manifestation
- Identify potential trauma symptoms and establishing safety & security within the environment of the child
- Repairing attachment bonds among family members
What is play therapy?

Association of Play Therapy (1997) defines play therapy as:

“…the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development.”
What is expressive arts therapy?

- Uses the therapeutic aspects of nonverbal expression to resolve social and emotional issues.

Expressive Arts includes:

- Art
- Sand tray
- Dance and movement
- Music
- Drama
Benefits and Therapeutic Aspects of Play

The American Academy of Pediatrics states:

“Play allows children to create and explore a world they can master, conquering their fears while practicing adult roles, sometimes in conjunction with other children or adult caregivers. As they master their world, play helps children develop new competencies that lead to enhanced confidence and resiliency they need to face future challenges.”

Pediatrics, Volume 119, Number 1, January 2007
Benefits and Therapeutic Aspects of Play

- Play is natural and fun behavior to establish a working therapeutic alliance
- Reduces resistance and is universal across all cultures
- All children play
- Communication: “Play is to the child what verbalization is to the adult— the most natural medium for self-expression.”
Benefits and Therapeutic Aspects of Play

- Cathartic: allows safe expression and release of intense emotions.

- Abreaction: allows the child to re-experience the event in a new way to gain a sense of mastery.

(Taken from Therapeutic Powers of Play, Edited by Charles E. Schaefer, 1993, New Jersey, Aronson)
Neurobiology of Play and Attachment: Porges & Panksepp

- Polyvagal Theory (Porges)
  - Human preference is Optimal Zone of Social Engagement

- Emotional System (Panksepp)
  - Play occurs in the safety of CARE and SEEKING circuitry
  - These circuits necessary also for attachment to occur
Neurobiology of Play and Attachment: Porges & Panksepp

Porges’ View of the ANS
The metaphor of safety

Environment: outside and inside the body

Nervous System

Safety
- Optimal arousal level
- Rest and digest
- Parasympathetic ventral vagal system
- “Social Engagement System”
- Eye contact, facial expression, vocalization

Danger
- Hyperarousal
- Increased Heart Rate
- Sympathetic System
- Mobilization – “fight-flight”
- Dissociated rage, panic

Life threat
- Hypoarousal
- Decreased Heart Rate
- Parasympathetic dorsal vagal system
- Immobilization – “freeze”
- Dissociated collapse

Wheatley-Crosbie, adapted from Porges, 2006
Neurobiology of Play and Attachment: Porges & Panksepp

From the cortex down
Psychological processes:
Thoughts
Imagination
Beliefs

From the outside in
External senses/
Awareness of body in space:
Special senses
Vibration, touch
Proprioception

From the inside up
‘Internal milieu’/
Interoception:
Pain, temperature
ANS afferents
Fluid borne chemical signals

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Benefits and Therapeutic Aspects of Play

- Trauma intervention must first intervene at the sensory level in the limbic system to make significant changes.

- Cognitive part of intervention occurs in the frontal lobes after limbic system calm.
Benefits and Therapeutic Aspects of Play

➤ Play therapy and expressive arts allow access to the sensory level before accessing the cognitive level to re-experience and reprocess the event within a safe context and develop mastery.

➤ Play allows for fun and re-establishing positive relationships between children and parents.
Play Based Family Therapy Models

- Family Play Therapy developed by Eliana Gil
- Theraplay Model developed by Ann Jernberg and
- Filial Therapy developed by Bernard Guersey
Integrated Model to Address Trauma and Attachment

Attachment and trauma models that underlie the foundation

- Circle of Security based on the work of John Bowlby and Mary Ainsworth
- Neurosequential Model of Therapeutics by Dr. Bruce Perry and Mindsight by Dr. Daniel Seigel
  - Mirror Neuron Science & Neurobiology of Emotions
  - Affect Regulation
  - Intimacy Barriers
Integrated Model to Address Trauma and Attachment

Phases of Treatment

- Assessment Phase
- Engagement Phase
- Realignment Phase
- Attunement Phase
- Termination

All sessions are videotaped for:

- Assessment of strengths and behaviors to change by therapist to determine what interventions to use
- Feedback with parents about strengths and discussion of how to facilitate change

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Integrated Model to Address Trauma and Attachment

Assessment Phase

- 3 - 4 Sessions
- Directed Activities to identify interaction patterns
- Identify developmental stages of children and attachment needs
- 4/5th Session is feedback session with parents facilitate discussion of strengths and obtain parent assessment of what they would like to change
Integrated Model to Address Trauma and Attachment

Assessment Phase & Therapist’s Role

- Provide safe, nonjudgmental environment
- Observe interactions between all family members
- Non-directive observation vs. directing activities
- Assess attachment needs and relationship patterns
- Provide feedback to parents on strengths and facilitate ideas for areas to change

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Integrated Model to Address Trauma and Attachment

Engagement Phase

- Focus is to develop therapeutic relationship between parents and therapist through alignment & acceptance (key for parent sessions)

- Establish therapeutic environment for all family members

- Activities are low stress, collaborative and fun
Integrated Model to Address Trauma and Attachment

Engagement Phase & Therapist’s Role

- Provide safe, secure therapeutic environment for all family members (safety person)

- Develop alignment with parents through non-judgmental atmosphere of acceptance to build relationship

- Provide low frustration, high fun, collaborative and age appropriate activities

- Psychoeducation to parents about attachment, interpersonal neurobiology and the power of positive parent-child relationships
Integrated Model to Address Trauma and Attachment

Realignment Phase

- Activities focused on:
  - enhancing positive relationship building among family members
  - targeting insecure attachment behaviors and underlying emotional process

- Parent sessions focused on identifying emotional triggers of parents and IP to increase self-awareness
Integrated Model to Address Trauma and Attachment

Realignment Phase & Therapist Role

- Provide activities to target relationship patterns that need to be changed within supportive and safe atmosphere

- Continue non-judgmental, supportive environment for parents

- Provide feedback to parents during parenting sessions about strengths and explore patterns for change
Integrated Model to Address Trauma and Attachment

Attunement Phase

- Parents develop capacity for identifying the emotional needs of their children and meeting them appropriately because they have increased self-awareness

- Parents develop ability to help regulate their children’s affect effectively

- Children develop a sense of safety & security with their parents
Integrated Model to Address Trauma and Attachment

Attunement Phase & Therapist’s Role

- Continue providing non-judgmental, supportive environment for parents
- Identify activities that will enhance emotional connection between parents and their children
- Continue feedback to parents in parenting session to identify growth and encourage continued attachment behaviors
- Identify readiness for termination process to begin

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Integrated Model to Address Trauma and Attachment Readiness for Termination
Creative Interventions
Family Play Therapy Strategies: Eliana Gil

- Family Aquarium
- Family Puppet Show
- Family Play Genogram
- Family Sandtray
Engagement Phase

- Meditations & Mindfulness Breathing: Yoga Pretzels/ Bubbles
- Chutes & Ladders/Feelings Uno/Feelings Candyland/Dart Gun Feelings

Complete A Sentence Jenga/ Slappy Hands Bright Spots or Feeling Faces Cards/ Feelings Charades

- Peek-a-Boo, London Bridges, Balloon Volleyball
Realignement & Attunement Phase

- Family Shields (Who is in my family? What do I like to do with my family? What do I like about my family? What would I like to be different?)

- Angry Pie Transformed to Peaceful Pie

- Mother May I game
Resources

- Child Trauma Academy with Dr. Bruce Perry
  - Neurosequential Model of Therapeutics
- Mindsight with Daniel Seigel
- The Interpersonal Neurobiology of Play by Theresa A. Kestly
- Trauma and Recovery by Judith Herman, M.D.
- The Child Survivor: Healing Developmental Trauma and Dissociation by Joyanna L. Silberg
- Dissociation in Traumatized Children and Adolescents Edited by Sandra Wieland
- Circle of Security Intervention by Powell, Cooper, Hoffman and Marvin
- Play in Family Therapy by Eliana Gil
- Creative Family Therapy Techniques Edited by Liana Lowenstein
Thank you!

Questions or Comments?

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