The Pairing of Two Diverse Models Within a Play Therapy Session

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Mental health practitioners who work with young children know that helping children learn how to master control over their emotions is no small feat. Children, unlike adults, are unable to make significant emotional changes without a supportive, attuned caregiver co-regulating them through the process.

Most often, children with dysregulated emotional systems require interventions which help their bodies unconsciously experience soothing and calming from an external source, such as a supportive attuned co-regulator, BEFORE they can consciously begin to master triggered emotions in a controlled and motivated way independently. There is growing evidence which endorses the concept that children require a secure relationship with a supportive adult to help them master control over their emotions prior to working on regulating triggers from past experiences of trauma.

Combining Theraplay® with other modalities has been known to be an effective way to support the complexities of many childhood mental health issues. Theraplay's magic supports early foundational healing components via a bottom-up approach and is respected within the neuro-sequential models of thought. Cognitive Behaviour Play Therapy (CBPT) treatments offer a top-down approach and are at the other end of the spectrum when considering mastering control over triggered responses.

Theraplay® has evolved over its inception and has become known as one of the primary foundational play-based interventions for its ability to effectively support children with emotional regulation issues. Theraplay is considered a bottom-up approach because it taps into the lower regions of the brain and limbic system. Theraplay helps children by offering structure to the parent-child dyad through endorsing in-sync, nurturing responses via playful interactions which effectively co-regulate the child. One of Theraplay's many assets is its ability to assist the caregiver to help the child unconsciously internalize new reactions to stress. Attunement, by definition, is the process of feeling emotional synchronicity with another person. This involves the sharing of feelings within a dyadic moment (Gray, 2007). Theraplay endorses the building of synchronicity by providing activation, support and foundational healing by incorporating attuned, empathic

responses during playful engaging moments to assist the dyadic dance.

Baylin (2018) describes how specific attachment-figure based methods, including Theraplay, help to disarm the child's defense system and promotes the awakening of the child's Social Engagement System (SES). Initially, the prefrontal regions of the brain must be engaged to achieve emotional regulation which then allows the child to work on a more conscious level of mastering emotions (Baylin, 2018). Polyvagal Theory affirms these types of dyadic playful interactions efficiently calm our physiological state and shift our flight/flight behaviours to trusting relationships (Porges, 2015). As well, play, is considered to be an important neural exercise for practicing the detecting of trust versus danger in relationships (Norris, et al, 2020). The physically active, face to face play used in Theraplay combines safety cues with up-regulating states of arousal and down-regulating states of overstimulation. These playful moments promote co-regulated experiences and provides integration to the Social Engagement System and prompts signals of safety. Over time, the child's inner responses begin to solidify towards security which then supports the child's eventual ability to self-regulate emotions and stress-like situations on his own, without the caregiver's presence.

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Cognitive Behaviour Play Therapy (CBPT) is rooted in evidence-based theory of Cognitive Behavioral Therapy (CBT). It is considered a top-down approach as it activates the higher regions of the brain – namely the cortex and neo-cortex. CBPT utilizes play-based interventions to help children change their thoughts, feelings, and behaviors by restructuring each in a developmentally appropriate manner (Drewes, 2019). It includes cognitive and behavioral interventions which help children gain mastery over their environment while being an active participant to change (Drewes, 2019). CBPT can offer support to the healing journey of a child who experiences uncontrollable emotions by offering the ability to cognitively learn the science of how their body works in conjunction with their emotions. Hierarchical in nature and problem-focused, CBT involves teaching skills and coping strategies to help children effectively deal with a wide range of emotional responses (Castagna et al, 2020).

Recent studies demonstrate how the inclusion of a supportive attachment figure can positively support the healing journey of a child long term. Bosmans (2016) review of CPT when paired with attachment interventions asserts that restoring trust in insecure parent-child attachment relationships can be integrated within CBT and could contribute to its treatment outcomes.

A combination of supports such as the implementation of Theraplay with age appropriate CBPT techniques can make a long-lasting impact of change for a child who struggles with emotional vulnerabilities, dysregulated trauma responses, and attachment insecurities. The following case will demonstrate how the combination of using Theraplay and CBPT helped a little boy master control over the "Big Mad" and helped him to form a secure bond with his primary carer.

Case Example

Mark was a smart but feisty little boy for 7 years of age. He had a right to be given his earlier history of neglect and abuse. Mark had been placed in 3 foster homes, before being placed with Laura at the age of six. Laura was an experienced carer who understood childhood trauma and was open to doing all that she could to help Mark feel safe in her home but she readily admitted it was hard work and exhausting at the best of times. It was reported that Mark was vulnerable to episodes of intense anger, recurring nightmares and sleep challenges as well as controlling behaviours, especially during transition times. Struggles with social issues at school were prevalent and often caused him to be sent home on suspension. He was repeatedly in trouble for violent behaviour such as fighting with his peers and for physical aggression towards his teachers.

Child Psychotherapy was requested to support Mark's healing journey and to assist Laura with therapeutic parenting strategies in the hopes that Mark would not need to be moved again. Treatment planning occurred and several observational assessments were conducted, to assess Mark's relationship with Laura as well as to assess Mark's trauma and grief responses. The Marschak Interaction Method Assessment (MIM) was implemented to observe the dyad's strengths as well as to assess areas which required support for Mark, for Laura, and for their relationship.

Results from the MIM demonstrated Mark's vulnerabilities. He appeared to be in a constant state of hypervigilance which presented as oppositional defiant behavior. He constantly moved around, checking the room and doors that led to the hallway. It was positive to see that he often circled back to be physically close to Laura which demonstrated his ability to use her as a 'secure' base.

Laura presented with many strengths. She was observed to be calm and often used a soft voice which Mark seemed soothed by. Although Laura had many strengths, Mark's hypervigilant presentation and controlling behaviours appeared to exhaust her. Mark was not easy to engage and after many attempts to complete each of the directive card activities unsuccessfully, Laura would move on to the next task.

Children who experience early traumatic experiences, including disrupted attachments, most often present with many symptoms and challenges in their social, emotional, behavioural and cognitive development. Mark's presentation was certainly an indication of his emotional vulnerability. Impairment of the brain from early chronic stress can impact virtually every aspect of development. Because both the emotional and cognitive components are vital to relationships, their proper development, functioning and reciprocal regulation are essential to the healing journey, especially for a young child (Cozolino, 2006). Thus, it was recommended that the therapeutic treatment plan include a combination of Theraplay and play based techniques which included directive CBPT-based activities to support this little boy's healing journey.

The structure of each session included 40 minutes of CBPT time alone in the playroom with the therapist and then a 20-minute rejoining segment with Laura for Theraplay-ing. Directive CBPT tasks included activities which helped Mark become more comfortable with feelings such as Feelings Tic Tac Toe, and Feelings Bean Bag Toss. These directive CBPT activities encouraged Mark to slowly process emotions and supported the mindfulness of his internal responses in a safe space and fostered a cathartic release of pent-up energy and triggered responses.

As therapeutic rapport began to solidify, Mark began to comfortably share specific details of his world with the therapist. He talked about when he felt mad at school or at home and would tie memories from the past into these sharing moments. Mark labelled one feeling "THE BIG MAD" when he recalled an incident at school where he threw a chair in his classroom. He stated, "I think the BIG MAD made me do it!" This was the open window the therapist was waiting for. Mark was ready to consciously begin working on methods to help him become a master of his feelings rather than the feelings be in charge of him.

Mark was a curious and smart little boy and he was easy to engage when the therapist brought in specific CBPT mediums such as a picture book on how the human body works to demonstrate the physiology of stress or materials to make a volcano erupt (to demonstrate how emotions can make us blow-up out of control). Mark became motivated to learn how to master his overwhelming emotions through the use of the CBPT activities. He was also excited to share these strategies with Laura when it was time to join her for the end portion of his sessions.

The joining at the end of each session was to implement Theraplay to include Laura as Mark's co-regulating carer. The theory behind scheduling the sessions in this way was to help Mark feel nurtured after working emotionally hard during the individual component of sessions. Being soothed, nurtured and to experience being delighted in at the end of processing difficult memories was the goal for using Theraplay in this way. Mark would eagerly run into Laura's waiting arms and receive her welcoming hug when reunited. During Theraplay, he responded with enthusiasm to his favorite magic carpet/blanket games and especially welcomed the opportunity to cuddle with Laura while eating fishy crackers. During these moments, Mark would share openly about the Big Mad and would tell Laura what strategies he learned to be in charge of it. His favorite technique during Theraplay was what we called 'feather blowing' fingers. Mark would wiggle his fingers across Laura's hand and blow on them as if they were feathers. This became their magical way of greeting each other and as later reported, their way to help Mark transition from Laura onto the school bus.

The CBPT strategies he was learning was providing Mark and Laura a common language to communicate about his feelings as Mark learned and gained mastery over these emotional experiences. It was affirming to hear Laura report that she was incorporating Theraplay's nurture and structure into her daily routines with Mark. Although everyone involved knew Mark had a long road of healing ahead of him, he was well on his way to gaining mastery over some of his emotions and was beginning to form a trusting relationship with his carer. This was most likely the first relationship he had ever had that was consistent, attuned, nurturing and provided a balance of structure, engagement, and challenge to create a sense of feeling enjoyed, cared for and protected.

Conclusion

The combination of implementing CBPT and Theraplay within a therapy session, although completely different in style, work well together and are quite effective at supporting a client's healing journey. By introducing CBPT strategies children can begin to consciously learn

age appropriate yet effective ways to master control over triggered responses which can then be supported by the attuned caregiver. The caregiver welcomes the child via Theraplay and provides immediate co-regulating, attuned, synchronised experiences which ultimately aid in the growth and stability of the child's foundational development. This in turn blueprints the child's inner working model as secure, safe and adored. This therapy combination provides a strong, comprehensive model which supports healing from the bottom-up as well as from the top-down and meets in the middle to support healing, regulation AND long-lasting mastery. All things necessary to repair a hurting heart.

Feelings Tic Tac Toe – a directive CBPT Game which is similar to the old game of Tic Tac Toe. Instead of using X and O's, the grid is left blank and each person draws a feeling face in an open space. Once drawn the person tells what the feeling is and when they felt that feeling.

Feelings Bean Bag Toss – a directive CBPT game where the participants throw a bean bag into a large drawn out grid on the floor that has feeling faces in each grid. Wherever the bean bag lands, the person gets to name the feeling, act out the feeling and/or say when they experienced that feeling.

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Lorie Walton, RP, CPTS, CTT/ST has been a dedicated CAPT member since 2000 (President, Committee & Board Chairs and recipient of the Monica Herbert Award). 23 years owner of Family First and Executive Director of Theraplay Canada since 2020, Lorie offers clinical consultation, internship opportunities, supervision and trainings across Canada.

The Canadian Association of Play Therapy has an extensive list of Play Therapy supervisors who provide CAPT students and interns with supervision, teaching and share their knowledge about the wonderful world of play therapy.

Here is the current list of Play Therapy Supervisors in Training:

Leslie Pearson is from Sherwood Park, Alberta. Leslie utilizes both directive and child-centered approaches from a variety of theoretical orientations. Leslie is a Registered Psychologist in private practice in Alberta.

Heddy Swigger is from Mississauga, Ontario. Heddy utilizes child-centered play therapy and filial play therapy. Heddy is a MSW, RSW and CPT.

Rachel Dundas is from Strathmore, Alberta. Rachel utilizes play therapy alongside EMDR, she specializes in working with children and adults who have trauma experiences. Rachel is a Registered Psychologist.

Ricky McIntyre is from Saint John, New Brunswick. Ricky utilizes child centered play therapy, sand tray, IFS and EDMR. Ricki works with people of all ages and provides services in both French and English. Ricky is a MSW, EMDR trained, and WPATH trained.

Cheryl Hulburd is from Fernie, British Colombia. Cheryl utilizes non-directive, sand tray, puppetry and EMDR. Cheryl is a MSW, RSW, CPT, EMDR certified and EMDR consultant.