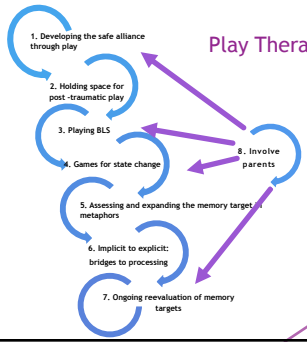
Integrating EMDR Therapy and Play Therapy with Children

Ann Beckley-Forest, LCSW, RPT-S
EMDRIA-Approved Consultant and Registered Play Therapy Supervisor
http://www.annbeckleyforest.com/
Email: ann.beckleyforest@gmail.com

8 Essentials Play Therapy and EMDR



Children- Play is their reason to be!!

Engagement

First impressions count – does your office feel like the principal's office????

Which looks like emotionally safe space?

Trauma-informed play therapists

- See earlier traumatic and upsetting events and the brain/body's response to these as the key to understanding reactivity and symptoms
- Strong body of empirical evidence supports controlled exposure to these memories and reprocessing them – the key to healing

Play therapy offers

- A way for children to reprocess these experiences and correct negative beliefs using **gradual exposure** in play
- Names: Virgina Axline, Eliana Gil, Paris Goodyear-Brown, etc.

What its not – "just playing"

- Materials are selected on the basis of their usefulness in capturing the child's emotional landscape, allowing for projection and externalization
- Therapist participation is deliberate and based on treatment goals for the child

What Play Therapy looks like

- Sand tray and miniatures : domestic, animals, landscape, monsters, etc.

Interactive and expressive materials:

- Doll house for miniatures
- Balls, blankets, pillows for sitting on
- Art supplies: markers, crayons, clay, paint, paper

What play therapists look like

Less formal, more playful
Sit at the child's level
Comfortable with kids!

Remembering what we know already

Children and young adolescents are fundamentally different from adults:

- cognitively
- emotionally
- tactile and kinesthetic learners
- experimental learners= play is the experiment.
- Rely heavily on sensory input

Principles: portals of learning

- Visual – EMDR relies heavily on this portal (images)
- Auditory – many (but not all) adults rely on this portal (*talk, talk, talk*)
- Tactile and Kinesthetic – PRIMARY portal for children under age 8

AIP is based on learning

- Promoting connections in neural networks is a hallmark of EMDR Therapy
- Developmental sensitivity, as well as other information about how child clients process and master information can move the information processing forward.
- Access to learning though more than one portal promotes the connections

Play therapy as safe space for trauma processing

- Play oriented intentionally around creating emotionally safe space for children sets up the therapeutic relationship
- Props and toys have meaning for children, which can be used therapeutically
- Props detoxify the therapy, give children an outlet for negative (and positive) affect
- Kinesthetic and sensory input is regulating

Trauma informed play therapy assessment

- Needs trauma "on the map"
- Conveys hope – we can handle this
- Needs to be manageable – not too much emotional weight for child or parent
- Needs to empower the child – "you shouldn't answer my questions unless you want to" (Passing is OK)

Trauma history, the play therapy way

- Uses story and props to ground and "detoxify" the intensity
- Contextualizes and normalizes the notion of the "bad things" that come into a person's life
- Offers a way of containing the "big stuff" until we are ready, without avoiding altogether
- Should move pretty quickly, and lots of attention to getting the client back in good shape and feeling OK by the end of the session.

The Bowl of Light

Bowl of Light

- Joyce Mills uses this Hawaiian image to explain trauma to kids
- We have been using it as a way to set up a trauma history in a way that kids will tolerate
- We tell the story and then ask for input from the child - what "stones are in your bowl?"
- Quick list, no details.
- Accepted calmly without the burden of sympathy: "OK, what else?"
- After the list, can ask the child for each item- "how much does it bother you RIGHT NOW, from 0-10, where 0 is no bad feelings and 10 is the most?)

Get the best things, too!

- Makes a good transition!
- Can make "Rainbow rays" with all the best things that have happened, one for each color

Containment

- Always help kids contain this session with breathing or lots of play – you want to teach them that working on the hard stuff is not going to be dangerous– you know how to handle it
- If time is short – don't start with trauma history

When there is an "elephant in the room"

- Non-threatening info from parents: "Also your Dad told me about a car accident."
- When it is obvious that early history was full of trauma and/or neglect (e.g., history of foster placement at age 4): "I'll just put a question mark for ages 0-4."

These suggestions are from (Greenwald, 2007)

Suggestions when parents have shared "secrets"

- Ask the child: Is there anything else that would be on the list, but you don't feel like talking about it today?
- Would it be okay to ask how old you were for that?
- Add a ? To the list (with or without the age)

Practice trauma history

- Work in pairs
- Use the Bowl of Light and Rainbow Rays in your handout
- When you are a client, be yourself at your current age. You will remember the experience better this way, BUT take care of yourself and only list what you feel OK with listing
- When you are the therapist,
  - don't let your client start talking about what happened – use the materials and distract/move on
  - Do keep a written list but write fast, no details, just age, brief description, and later, the SUDS

Scaring Parents and KIDS away from EMDR

Why do parents/ kids refuse EMDR?

- Overexplaining
- Separate consents
- Neglecting to include parents in preparation phase, exposing them to tappers and BLS
- Psychoeducation is done with big words and too much at one time
- Not keeping parent in the loop after processing

Preparation (Phase 2) Resources : Sensory-rich environment for grounding

Soft and soothing

--items such as fleece blankets, puppets and stuffed animals

Cooling

--items such as smooth stones, marbles, crystals

Stimulating

--items from the natural world – shells, pine cones, sand, water

Balancing

--swings, balance board, weighted blanket/toys

Preparation phase and the Neurosequential Model of Therapeutics - NTM (Gaskill and Perry)

- Reflective of brain hierarchy: lower to higher functions
- Somatosensory play is essential basis of regulation: music, dancing, movement, drawing, physical mastery, child-directed play
- Insight cognitive-oriented activities require relationship and regulation be already well established
- Significant early trauma requires an extended period of sensory play intervention involving caregivers

"If it is not fun, it is not play"

Play and Panskepp's circuits

- Panskepp and affective neuroscience – the science of emotions recognizes that **PLAY** is common to all mammals
- Play circuits help with regulation of calm and excitation
- Play is a path into our neurobiology

BLS for Moments of Noticing

- Positive sensory experiences
- Moments of mastery
- "How it feels to see what you have made?"
- Moments of connection

- "How does it feel in your mind and heart and body* right now?"

"mind, heart and body" from Ana Gomez

Play and CIPOS

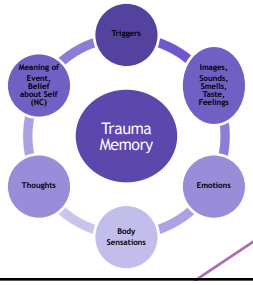
- Knipe discusses importance of the Continuous Orientation to the Present and to Safety (CIPOS) during EMDR, especially in complex trauma
- Play therapy process and setting is a form of CIPOS
  - Pacing
  - child autonomy
  - therapist reflections to the child
  - Play room as safe space

Using movement for resource development

"The Positive Cognition sword fight"

- *Pairs PC with empowering kinesthetic experience*
- *Recreates stressful conditions when the resource will be needed*
- *Is engaging and fun!!*
- *Therapist can use the movement to promote bilateral stimulation*

INFORMATION STORED IN AN UNPROCESSED MEMORY



Digesting the trauma through play

- Gradual
- Children often do not have the words to "disclose"
  - Trauma may be preverbal
  - Avoidance of the "sore spot" is a survival strategy
  - Silence may be part of the family "rules" or wider culture
  - Children do not have the vocabulary to do justice to their feelings

Recognizing post-traumatic play

- Repetition
- Urgency
- Intensity – emotional content feels "real" vs. playful
- Abrupt endings/shifts – child suddenly rejects the play as they get too overwhelmed

Concerning themes…red flags!!

- Thematic elements which warrant a closer look…
  - Cruelty of strong towards the weak
  - Characters who lie and deceive
  - Self-objects who are buried or trapped
  - Asking the therapist to be the aggressor
  - Elements of self harm present
  - Loyalty binds
  - Unresolved loss

Dynamic vs. Toxic Post-traumatic play

Dynamic

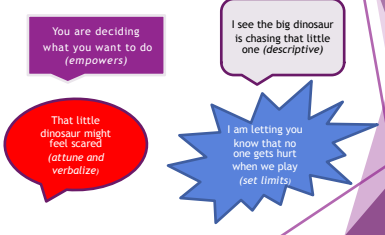
- Content may be repetitive but is gradually changing or desensitizing, may have abreactive power for the child

Toxic

- Play that is rigidly re-enactive, "stuck", potentially re-traumatizing as it does not relieve anxiety

From Eliana Gil, Posttraumatic Play in Children (2017)

The words of child-centered play.. a review



Responding to post-traumatic play in the play room

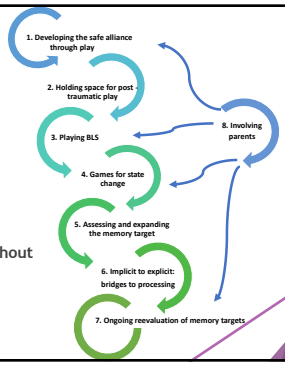
- Do invite: "you can use these things in almost any way you want" Offer structure if needed
- Do show interest through observations
- Do maintain neutral tone BUT help the child mount a vigorous defense of self-objects!
- Do use non-verbals to communicate warmth, acceptance, and interest
- Do pay attention to your internal reactions to the play
- Do give boundaries as needed
- Do use props and prompts to help child contain threats
- Don't ask questions UNLESS you are talking to the characters to help the child shift the metaphor!
- Don't express approval or disapproval - BUT do align with child in disempowering the perpetrator objects
- Don't allow play which crosses your boundaries (inappropriate touch, aggression at the therapist, deliberate breaking of toys) but use self regulation to make these boundaries as broad as possible
- Don't try out your interpretations on the child (Stay in the metaphor!)
- Don't violate the child's privacy
- Don't make the child clean up

Child-centered environment for post-traumatic play

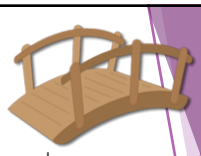
- Spending time with children in the play room in a non-directive way allows the emergence of play themes which can then be recognized, supported, contained and transformed

8 Essentials for integrating play therapy and EMDR

- Flexible
- Builds tolerance gradually
- Involve parents as appropriate throughout



From Implicit to Explicit: Building the Bridge



- Favorite materials, thematic props, and metaphors provide space to move in and out of trauma content
- The explicit presence of the self is needed for the standard EMDR protocol
- Context of the play provides some emotional distance

Assessing the memory target through observation of play (ongoing phase 3)

- Child's own play themes provide clues to the therapist in assessing the trauma-stored material
  - Negative beliefs/cognitions (NCs)
  - Affective content
  - Sensory fragments and details
- Reflecting these back to the child becomes part of the invitation "over the bridge" into processing.

"Bridges" in the Playroom

- Providing materials which elicit trauma content, such as hospital, doctor's kit for medical trauma
- Doll families and dollhouse settings for familial trauma
- Babies for attachment experiences
- Monsters and "bad guys"
- Characters in distress
- Role playing

Make the Moments in play

- Using child's own preferred themes, and the EMDR tools they are already familiar with – invite episodes of processing
- *The baby is crying and feeling sad. You were also a baby crying. I wonder how big the sadness is? And where Baby is feeling it? Let's drum on those feelings.(BLS) The baby might be feeling like its her fault, but it's not her fault (BLS). How big is the feeling now?*

Titration of trauma content

- Use the distancing of play and the tracking language of child centered play to help the child keep the trauma at a comfortable distance.
- Therapist can supply or "test out" parts of the target assessment (such as NC and PC) that the child is not able to offer up….using the language of wondering

  "I wonder if she worried that its all her fault?"
- Processing done in small bites, and children are allowed to distract or refocus on other parts of the play room to regulate

Planned trauma narratives

- As relationship and adequate preparation is in place, use life story/life narrative as the context for EMDR protocol work– using play materials: art, puppets, sandtray, etc.
- Closer to standard protocol, but stay tuned to the developmental capacity of the child
- Parents or caregivers are invited to guide/witness/support (Lovett)

Using props to set the scene (Phase 3)

"I am almost dead……"

Cognitions for Kids

"Where do you feel that feeling?"

Are we done yet?

- Children have trouble with self reporting in Re-evaluation phase
- Notice shifts in the posttraumatic play
- Involve parent interviews to track shifts outside the play room (Monaco, 2016)

Questions