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SF APT PLAY THERAPY WORKSHOP

NEUROBIOLOGY AND ATTACHMENT

Volume 27, Number 3, June 2016, p. 1
Upcoming Events

The San Francisco Bay Area Chapter of the California Association for Play Therapy Presents:

Neurobiology of Play in Attachment and Neurosensory Play Therapy in the Treatment of Childhood Trauma

With Distinguished Presenter: Ken Schwartzenberger, LCSW, RPT-S

Saturday, June 25, 2016 8:30AM to 4:30PM
University Union 311, California State University East Bay,
25800 Carlos Bee Blvd., Hayward, CA 94542

The Central Coast Chapter of the California Association For Play Therapy Presents:

The Miracle of Healing: Somatic Experience, Play Therapy and Trauma

With Distinguish Presenter: Kristy Schadt, MFT, RPT-S, S.E.P

Saturday, July 23, 2016, 8:30AM to 4:30PM
French Hospital Copeland Health, Education Pavilion,
1823 Johnson Ave., San Luis Obispo, 93401

REGISTER

REGISTER
GOALS

Children
- Eliminate self harm behaviors.
- Eliminate sexualized behaviors.
- Increase self regulation (affect/emotion and behavior) skills.
- Decrease/Eliminate physical aggression – hitting, kicking, biting, and pushing.
- Decrease fears, worries, anxiety, and obsessive compulsive behaviors to include….
- Decrease non-compliant behaviors and tantrum behaviors.
- Decrease impulsive behavior.
- Increase frustration tolerance.
- Increase ability to delay instant gratification.
- Increase ability to sustain attention and complete tasks.
- Increase ability to delay instant gratification and ability to wait and share with other children.
- Increase age appropriate interpersonal skills.
- Increase compliant behavior – ability to comply with directives from caregivers and parents.
- Increase conflict resolution and problem solving skills.
- Increase coping skills related to trauma symptoms and functional deficits.
- Increase self soothing skills.
- Improve ability to make decisions and carry out tasks.
- Improve ability to self care and improve personal hygiene skills.
- Increase academic functioning and organizational skills.

Caregivers
- Increase nurturing and protective parenting skills.
- Increase ability to manage client’s negative and problematic behaviors.
- Provide guidance and instruction in trauma care methods to use with client.
- Provide caregivers with safety plans and increase supervision skills to protect client.
- Increase active listening (reflection and acknowledgement) communication skills with client.
- Provide support and guidance in caring for client.
- Instruct and guide caregivers in providing safe physical affection to enhance development of client.
- Increase caregivers self regulation in interactions with client.
- Increase self care and social support systems.
- Provide caregivers with alternative (non-punitive) methods of discipline to use with client.
- Eliminate use of physical punishment and threats to physically punish client.
INTERVENTIONS

Children
- Provide safe and empowering mediums (play, art, sandplay, collage, role play, drama play) in session.
- Provide therapeutic activities for the safe release of emotions and to practice self regulation skills.
- Provide therapeutic activities that allow for the safe release of anger and aggression.
- Practice self control and the appropriate expression of anger through pretend play and play activities.
- Provide therapeutic play activities that allow for the safe reenactment of trauma events.
- Provide therapeutic activities that assist client in expression of grief and loss.
- Engage client in therapeutic activities to allow for the safe expression of feelings of grief and loss.
- Provide therapeutic play activities to allow client to safely express feelings of self-blame and shame.
- Assist in learning age appropriate self regulation (affect and behavior) skills.
- Assist in learning assertiveness and communication skills.
- Assist in learning coping mechanisms and practice skills in pretend play.
- Assist in learning self control and anger management skills.
- Assist in learning to sustain attention and complete tasks.
- Rehearse and practice through role play social interaction skills.
- Assist in learning cooperative interaction and effective problem solving skills.
- Assist in learning to accept directives and limits from caregivers and authority figures.
- Assist in learning self soothing and desensitizing methods to gradually eliminate fears and anxiety.
- Assist in learning coping mechanisms and practice skills taught through role play in pretend play.

Caregivers
- Instruct, model and guide caregivers in safety and protection for client.
- Assist caregiver in learning active listening and communication skills.
- Assist caregiver in learning therapeutic limit setting and redirection skills.
- Assist caregiver in learning methods to safely redirect aggressive behaviors with physical outlets.
- Model and guide parents in the use of therapeutic limit setting in session.
- Assist caregiver in learning nurturing parenting skills.
- Assist caregiver in supporting client’s school experience and academic functioning.
- Assist caregiver in learning to mutually assist client in self regulation of affect and behavior.
- Instruct and guide in learning trauma care methods to use with client.
- Guide and coach in child-parent interactions in therapeutic activities.
RESPONSE

Children

- Client demonstrates increased ability to self regulate feelings and behaviors.
- Client accepts guidance and redirection in safety methods that prevent self harm and injury.
- Client exhibits no self harm ideation or self harm behaviors in session.
- Client exhibits no pretend self harm play behaviors in session.
- Client exhibits improved self regulation of impulsivity, frustration tolerance and anger.
- Client accepts limits with 2-3 verbal prompts in session.
- Client engages in therapeutic play activities with therapist in session.
- Client demonstrates improved ability to accept limits as evidenced by fewer verbal prompts.
- Client continues to have difficulty accepting limits in session.
- Client demonstrates increased ability to delay instant gratification in play activities.
- Client exhibits improved ability to sustain attention and complete tasks in play activities.
- Client demonstrates improved on-task behaviors as evidenced by fewer verbal prompts.
- Client demonstrates ability to sustain attention for increased lengths of time (5-10 minutes).
- Client exhibits improved problem solving skills and competency in activities in session.
- Client demonstrates ability to express feelings of grief and loss through play activities.
- Client exhibits feelings of guilt, self-blame and shame in session.
- Client exhibits decreased feelings of guilt, self-blame and shame in session.
- Client expresses fears and worries regarding past trauma experiences and current events in play.
- Client unable to identify and verbally express feelings regarding......
- Client demonstrates ability to identify and verbally express feelings regarding....
- Client exhibits repetitive and compulsive behaviors in therapeutic play activities.
- Client exhibits decreased repetitive and compulsive behaviors in therapeutic play activities.
- Client exhibits poor interpersonal skills and inability to play cooperatively in session.
- Client exhibits inability to share with others in play activities.
- Client exhibits physical aggression in play activities.
- Client exhibits decreased physical aggression in play activities.
- Client exhibits reenactments of past trauma experiences in play activities.
- Client exhibits decreased reenactments of past trauma experiences.
- Client exhibits decreased sexualized behaviors and themes of sexual abuse in session.
- Client exhibits no sexualized behaviors in play sessions.
RESPONSE (Continued)

Caregivers
- Caregiver accepts therapist’s parent skill instruction and guidance.
- Caregiver engages in therapeutic activities with client and therapist.
- Caregiver utilizes power to control client’s behaviors in play activities.
- Parent demonstrates inability to set limits consistently in family session.
- Parent demonstrates increased ability to set limits with client in family session.
- Caregiver demonstrates an understanding of use of basic methods of safety and protection for client.
- Caregiver demonstrates ability to listen and communicate more effectively in session.
- Caregiver is resistant to attempting limit setting methods introduced by therapist.
- Caregiver demonstrates ability to use therapeutic limit setting and redirection with client in session.
- Caregiver employs limit setting methods to safely redirect aggressive behaviors of client.
- Parent demonstrates guidance of therapist in the use of therapeutic limit setting in session.
- Caregiver demonstrates ability to provide nurturing and acceptance of client’s feelings in session.
- Parent demonstrates therapeutic play skills taught by therapist.
- Parent has difficulty allowing child to lead the therapeutic play activities and imaginative play.
- Caregiver exhibits ability to support and encourage client in school and academics.
- Caregiver demonstrates ability to mutually assist client in self regulation of affect and behavior.
- Caregiver accepts therapist’s guidance in learning trauma care methods to use with client.
- Caregiver accepts therapist’s guidance and coaching in child-parent interactions with client is session.

PLAN

Children
- Provide weekly mental health services for client and family.
- Increase frequency of mental health sessions to address current family crisis/problematic behaviors.
- Provide mental health rehabilitation services for client and family.
- Provide safe and empowering therapeutic play activities to address symptoms and behaviors.
- Introduce increased limit setting in play session to reinforce client’s ability to accept directives.
- Provide increased structure in therapeutic activities to reinforce client’s self-regulations skills.
- Introduce termination with client and prepare for closure sessions.

Caregivers
- Develop safety plan with caregiver to address self-harm issues.
- Consult with parents about client’s progress in therapy.
- Consult with parents to obtain feedback about client’s behaviors and symptoms in the home.
- Provide parent skill instruction in managing client’s behaviors in the home.
- Provide caregiver instruction and modeling of effective limit setting methods.
- Provide parent guidance in responding to client’s moods and accompanying negative behaviors.
- Assist parent in responding to client’s tantrum and non-compliant behaviors.
- Assist caregiver in recognizing client’s feelings and giving child verbal acknowledgement.
- Assist caregiver in learning safe physical affection and age appropriate nurturing.
- Consult with parents to discuss need for psychiatric/psychological assessment/evaluation.
- Consult with day care providers/teachers to obtain information about the client’s levels of functioning.
- Discuss plan for termination of individual and family mental health services.
PROGRESS NOTES

| DATE, ACTIVITIES | SERVICES SUBMITTED FOR SC/MC REIMBURSEMENT HAVE BEEN DETERMINED TO BE MEDICALLY NECESSARY. SEE MEDICATION PLAN FOR ADDITIONAL INFORMATION REGARDING MEDICATION SERVICESRecorded here. Include associated travel/documentation time. LOCATION IS AT THE CERTIFIED SITE UNLESS NOTED. |
| CODE, HOURS & MINUTES PER STAFF PERSON | 5-12-15 |
| ICD 10 Code: | F34.8 |

Disruptive Mood Dysregulation Disorder

Time: 53 min.

Goals:
- Increase self-regulation skills as evidenced by reducing tantrum episodes from 3-4x/week to 1x/week; decrease physical aggression incidents with peers from 3-5x/week to 1x/week;
- improve communication with parents as evidenced by increasing positive interactions between family members from 1-2x/day to 3-4x/day.

Intervention:
- Individual interactive therapy session with client. Therapist provided client with therapeutic play activities to practice problem solving and interpersonal skills through role play - used therapeutic limit setting to redirect unsafe behaviors - provided sensory soothing play activities to strengthen sensory response systems and self-regulation skills - reflected client’s feelings of hurt and anger in pretend play - used encouragement to reinforce self-regulation skills - used praise to reinforce client’s positive communication and behaviors.

Response:
- Client actively participated in therapeutic play activities with toys and play materials - client exhibited ability to sustain attention and successfully completed art activities. Client used pretend play and role play to imitate interactions between family members and practiced self-control of anger and problem solving with others. Client demonstrated ability to modulate/regulate dysregulated mood and anger feelings and accepted redirection before tantrum behavior. Themes in clients’ play included anger, repetitive conflict and fighting between toy figures, worry and separation fears by the baby toy figure, and high needs for nurturing and protection.

Plan:
- Provide family therapy session with client to focus on strengthening clients’ communication skills and ability to self-regulate emotions and behavior during interactions with family members and peers.

Signed:

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CLIENT’S NAME: ___________________________ CHART No.: ____________
This is the first of four ‘previews’ that provides more detailed information about the play therapy training and what attendees can expect to experience in this workshop. In each preview, I reference some of the video clips used in the training and include suggested books to read and websites to visit before attending the workshop. I also include samples of experiential exercises I use in the workshop and a couple of ‘playful interventions’ that assist children in strengthening attachment relationships and trauma recovery.

I begin the workshop by examining the *interpersonal neurobiology* of play in attachment and neurodevelopment and sensory attunement in the child-parent dyad.

A child’s sensory capacities are genetically prepared to respond to human interaction to enhance *neurodevelopment* and *attachment*. A child’s developing senses include sight, sound, touch, taste, smell, balance (vestibular), and body movement/position (proprioception). Attachment connections are formed and reinforced through sensorial contact – gazing, smelling, tasting, hearing, touching, rocking, feeding, bathing, playing, vocalizing and movement expressions - (read more – *Infant/Child Mental Health, Early Intervention, and Relationship-Based Therapies: A Neurorelationship Framework for Interdisciplinary Practice* – Connie Lilas 2009).

A child’s sensations are shifting in direct relationship to the parents’ facial, vocal and movement expressions. The brain develops as a reflection of these child-parent interactions – neurons fire and wire together – neural patterns and pathways form – (read more – *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are* – Daniel Seigel, 1999).

Child-parent play interactions involve an interchange of sensory information that strengthens attachment. Neuroscience has shown that play systems located deep in the subcortical areas of the brain come on line during repeated sensory play interactions and allows for the child to enter into ‘social engagement’, which is necessary for attachment formation - (Interpersonal Neurobiology of Play: Brain-Building Interventions for Emotional Well-Being – Theresa Kestly, 2014).

In this part of the workshop I provide information about *prenatal* play and *sensory attachment* and show video clips from *Make Way for Baby*, *Babies Know*, *Amazing Talents of the Newborn* and *Helping Toddlers Learn* videos of parents interacting with infants and toddlers in attachment-based neurosensory play.

I explain how to identify the *sensory preferences* (sensory stimuli that provokes a response of pleasure, enjoyment and soothing regulation) and *sensory stressors* (sensory stimuli that provokes a response of dislike, discomfort, and dysregulation) for children and how to develop a sensory profile that is uniquely individual for each child. I introduce a *sensory checklist* assessment tool to use to develop a *sensory profile* for children - (read more – *Raising a Sensory Smart Child* – Lindsey Beil, 2005) - website sensorysmartschild.com.

*Interpersonal neurobiology* entails mutually synchronizing playful exchanges between the child and parent attachment figures that shape the child’s neural rhythms – helps regulate physiology – including hormone levels, cardiovascular function, sleep rhythms, immune function and stress response systems. The child’s developing nervous system depends on *synchrony* and *sensory attunement* with attachment figures for neurophysiologic stability, rhythm regulation and dyadic co-regulation – (read more - *Theraplay: Helping Parents and Children Build Better Relationships Through Attachment-Based Play* - Booth & Jernberg, 2010).

*Experiential Learning Exercises*
In this part of the workshop attendees participate in attachment-based play activities exercises such as; tracing hands, pretend face painting, playdough, music and movement, non-directive play with toys, and voicing toys in pretend play. Attendees are invited to complete a sensory checklist and identify their own sensory profile.

*Playful Interventions*
*Nearsensory play activities* can creatively be integrated into all of a child’s play. The therapist and parent can use activities that provide sensory-based experiences that focus on vision, hearing, touch, smell, taste, balance and movement - (read more – *Raising An In-Sync Child* – Carol Kranowitz, 2010).

Multisensory play activities such as playing with play dough or a favorite toy, painting, coloring, listening to music, singing rhyming songs, dancing, jumping, climbing, rolling around on the floor, tapping, drumming, or playing hide and seek – during play sessions enhance a child’s sensory processing/integration and sensory modulation abilities leading to improved self-regulation – (read more - *The Out-of-Sync Child Has Fun: Activities for Kids With Sensory Integration Dysfunction* – Carol Kranowitz, 2003).
Throughout the workshop I share my play therapy experiences and the stories of the children and families I have had the privilege to work with – I believe that play therapy has deep meaning and value for the child.

In this part of the workshop, I continue the discussion about neurodevelopment and review the functions of the nervous system in and its role in attachment formation and in shaping a child’s stress response systems.

The central nervous system (CNS) includes multiple branches that control intake and responses to sensory input in the child-parent play interactions and in the child’s environment. I present a brief overview of these neural circuits starting with the autonomic nervous system (ANS), a part of the peripheral nervous system that regulates internal organ functions, such as heart rate and breathing. It consists of two branches the sympathetic and parasympathetic nervous systems – the sympathetic nervous system (SNS) potentiates – the ‘accelerator’ - and activates the body, especially during emergencies (“fight-or-flight”) - the parasympathetic (PNS) dampens – the ‘decelerator’ – puts brakes on the body (“freeze-rest”).

I review the research findings of Steven Porges and polyvagal theory regarding the ventral vagal nervous system and ‘neuroception’ – sensing safety, a prerequisite for ‘social engagement’ – and how the SNS and the PNS responds to safety and to danger and its importance in neurodevelopment and attachment – (read more - The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation – Steven Porges, 2011).

Sensory modulation is the process of balancing and coordinating the flow of sensory signals and involves modalities such as intensity, rate, duration and rhythm. It involves rhythm and cycles of rest and recovery periods from intense sensory stimulation to prevent sensory overload that increases anxiety and discomfort for the child. It is the child’s ability to adjust to the ups and downs of sensory experiences and maintain a calm state of regulation – (read more – Infant/Child Mental Health, Early Intervention, and Relationship-Based Therapies: A Neurorelationship Framework for Interdisciplinary Practice – Connie Lilas, 2009).

A child’s stress response system is shaped by the attachment dyad - attentive, nurturing care shapes the child’s developing stress response systems to regulate emotions – attunes capacity to self soothe, respond to feelings, thoughts, experiences. I show video clips from Life’s First Feelings video that illustrates playful co-regulation and a child’s stress response in the child-parent dyad – (read more - The Neurobehavioral and Social-Emotional Development of Infants and Children - Edward Tronick, 2007).

In play therapy sessions my goal is to form safe and empowering relationships with honor and respect for the child - being present, listening, validating and accepting child’s emotions and behaviors – playing together with the focus on the child - in the present experience of the play – (read more - Play Therapy: The Art of the Relationship – Garry Landreth, 1991 and Experiential Play Therapy – Byron & Carol Norton. In Contemporary Play Therapy: Theory, Research and Practice. Edited by Schaeffer & Kaduson, 2006).

In this part of the workshop I provide instruction in conducting play therapy sessions using therapeutic responses, voicing toys, therapeutic limit setting, and playing with the child. I show video clips of my play sessions with children that illustrate experiential play therapy and neurosensory play techniques and I explain how to translate ‘metaphorical themes’ in a child’s play.

**Experiential Learning Exercises** –
Attendees select miniature toys and sensory fidget toys and are invited to practice play skills in dyads - together we translate the metaphorical themes in pretend play sessions.

**Playful Interventions** –
Practice making safe/empowering contact with a child – use facial expression - smile - maintain safe distance (3-5 feet) - position self at eye level or lower – roll a ball – use quiet tone of voice – begin with statements of observations – “I see those shoes – they look real fast” – “that picture of that guy on your shirt looks so strong” - limit questions – invite child to play with toys – be patient – give child time.

During playtime mirror and reflect the facial expressions, voice intonation and body movements of the child during the play experience – stay in emotional attunement – limit questions - try to speak for the toys – have the toy say something about how it feels about what is happening in the play) - and give a high five goodbye at end of the play.
Throughout the workshop I share my play therapy experiences and the stories of the children and families I have had the privilege to work with – I believe that play therapy has deep meaning and value for the child. In this part of the workshop I review the concepts of interactive regulation and co-regulation in the child-parent attachment dyad – the way a child learns self-regulation of affective states. I examine the impact of trauma on neurodevelopment and attachment relationships. I introduce trauma-informed neurosensory play therapy techniques to use with children and their families.

A child’s responses to stress can take the form of hypo-alert, hyper-alert, or flooded emotions for the child and are also referred to as ‘load conditions’. The ability to maintain a calm and alert state and recover back to the alert processing state following a stress response is referred to as ‘self-regulation’. The self-regulation of affective states requires the assistance of parents/caregivers and is shaped by – interactive and co-regulation - the repeated neurosensory interactions with attachment figures.


Trauma changes the child’s developing brain and overwhelms a child’s ability to self-regulate emotional reactions and coping abilities. Children exposed to chaotic and traumatizing experiences during early sensitive times in the child’s development result in chaotic, developmentally delayed, dysfunctional brain organization – (read more – Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society, Bessel Van Der Kolk, 1996).

I show clips from Bruce Perry’s video First Impressions: Exposure to Violence and a Child’s Developing Brain and Trauma, Brain and Relationship.

Child’s brainstem acts reflexively, impulsively, and aggressively to any ‘perceived’ threat or danger - child may view the situation through the ‘lens’ of trauma and see the event as dangerous - child’s cognition dominated by limbic areas of the brain, focusing on non-verbal cues - facial expressions, hand gestures and body position - may be reactive to ‘sensory triggers’ reminiscent of some aspect of the trauma such as sights, sounds, smells, touch, taste, movement, memory. This reaction occurs instantaneously, before the neocortex, the thinking brain, can analyze the threat, filter and verify the incoming information and respond in a rational way – therefore it is very difficult for child to ‘stop -think and act’ – (read more - Emotional intelligence: Why It Can Matter More Than IQ - Daniel Goleman, 1994)

Autonomic nervous system’s response to a perceived threat: SNS activates (arousal) - PNS tries to soothe by activating social engagement area of brain - (brain seeks to be soothed by a safe person) – traumatized brains’ social engagement area goes off-line when stressed, making it difficult for others to soothe - sympathetic response continues to escalate - if threat continues, parasympathetic response takes over and initiates freeze, dissociate or fold response. I show video clips of neurosensory play therapy with children that illustrate trauma reactions to sensory triggers.

Neurobiological research evidences that stress and trauma experience is encoded in central nervous system – forms a ‘neuronal blueprint’ - (diencephalon and limbic) regions of brain are overly sensitized and highly emotionally reactive – neurosensory play activities (especially vibration) calms overactive diencephalon brainstem - soothes child’s central nervous system - resets brain rhythms - reduces fear, anxiety – results in child feeling safe and in ‘social engagement’. – (read more - Trauma Through a Child’s Eyes: Awakening the Ordinary Miracle of Healing, Peter Levine & Maggie Kline,).

Experiential Learning Exercises –
Attendees are invited to play in dyads using sensory toys, playdoh, crayons and paper to practice neurosensory play therapy skills in experiential play.

Playful Interventions –
Introducing sensory-based play activities calms the child’s central nervous system, assists with self-regulation and helps child be in ‘social engagement’. Try some of these neurosensory activities – play dough (soothes crying child) – tactile play, smelling, tasting and touching, playing with ball, sand and water play, drawing, coloring – finger painting, building – tearing up paper, Legos, climbing, sliding, pushing and balancing, music - ryhming, singing, tapping, dancing and body movement.
Throughout the workshop I share my play therapy experiences and the stories of the children and families I have had the privilege to work with. In this part of the workshop I discuss trauma play and review the principals of neurosequential therapeutics. I explain guided interaction with parents in play sessions and how to develop a sensory diet of daily activities schedule to assist a child in modulating reactions to post trauma triggers and to increase a child’s self-regulatory skills. I present a model of ‘trauma care’ and introduce ‘time-in’, a trauma-informed intervention for a dysregulated child.

Children communicate about their trauma by recreating the experiences in pretend and imitative play. Children use imaginative – fantasy play to safely disguise trauma and the emotionally charged issues associated with traumatic experiences. I show video clips of play therapy sessions that illustrate trauma re-enactment and point out the metaphorical themes and the neurological function of the play.

Neuroscience has validated neurosensory care for childhood trauma. Neurosequential therapeutics informs us that most child therapy models ignore fundamentals of neurodevelopment – developmentally misinformed - work from top > down of brain – important to work from bottom > up of brain - access the brain at the level of trauma- focus on the area of dysregulation - activate dysregulated brainstem – use patterned and repetitive neurosensory play therapy activities - changes the child’s brain - provides the lower brain areas patterned neural activation necessary for reorganization and formation of new neural systems - trauma induced brain damage repaired – (read more - Applying Principles of Neurodevelopment to Clinical Work with Maltreated and Traumatized Children- Bruce Perry

I have learned that physical affection in the attachment relationship is critical for the development of the central nervous system and the brain. Research shows that it lowers levels of stress hormones, cortisol and norepinephrine and enhances the immune system - helps children in sensory integration, increases self-regulation skills and reduces physical aggression and tantrum episodes. It is essential in forming secure attachment and mediates separation trauma. – (read more – Touch, Tiffany Field, 2003) and (Touching: The Human Significance of the Skin – Ashley Montagu, 1986) and (The Dialogue of Touch, Viola Brody, 1997).

I show how to design and use a daily schedule of sensory activities - steady diet of multisensory activities that provide soothing tactile, vestibular, and proprioceptive experiences along with emotional engagement - resets the brains normal rhythm patterns, prevents sensory overload and helps child maintain self-regulation - (read more – Raising a Sensory Smart Child – Lindsey Beil, 2005) - website sensormartschild.com. - Web site for sensory (fidget) toys - trainerswarehouse.com

I discuss several key things I have learned about connecting with parents and engaging them in neurosensory play with their child. Parents are guided in dyadic neurosensory interactions in play sessions. In attunement with the child’s lead, rhythm and pace, parents are prompted in reflecting child’s play action and emotion. I show video clips that illustrate guiding parents in play sessions with their children.

I discuss making an individualized safety plan – trauma care plan for each child, that includes - increased supervision – stay close/proximity to child - provide protection (safety) – physical affection - sensory soothing activities - modify environment - remove sensory triggers - increase neurosensory play and sensory comforts - schedule increments of multi-sensory activities - use positive reinforcement - avoid punishment. I introduce ‘Time In’ as an alternative intervention for a dysregulated child - informed by neuroscience - separate child from stimulus triggers – help soothe child’s central nervous system - redirect child’s behavior - stay close to child – take a deep breath together – place playdoh into child’s hand – provide co- regulation - assist child in learning self-regulation - shape stress response systems. I end the workshop with a discussion of self-care for caregivers – play therapists too!

Experiential Learning Exercises –
Attendees participate in self parenting & ethno-cultural reflection – (think of your childhood experiences - way you were parented) – make-up a sensory diet schedule.

Playful Interventions -
Make-up a daily activities chart - utilizing the child’s identified sensory preferences (favorite and soothing visual, auditory, tactile and movement activities). Set limits by redirecting child’s behavior – try using ‘time-in’" - Try out some neurosensory play strategies such as initiating a game of hide and seek, using play dough or clay to shape something ‘together’, playing in the sand or water, bouncing a ball, drawing, painting, singing and rhyming, laughing, tapping/drumming, dancing or marching to music – make it a game – have fun playing together!
The Association for Play Therapy (APT) is the parent organization of CalAPT. The Association for Play Therapy observes a dual membership policy. Dual membership requires that persons joining CalAPT join APT, and that persons living in California who join APT also become members of CalAPT.

The purpose of dual membership is to increase collaboration and interaction between APT and its state branches – a partnership CalAPT supports!

Being an APT member provides you with discounted rates for full day trainings, Quarterly Journals, and the Play Therapy Magazine. Membership also allows for discounted rates for the Annual National Play Therapy Conference. To renew your membership please talk with your nearby chapter or visit the APT Website at: http://www.a4pt.org/memberapp.cfm

We encourage all play therapists and CALAPT members to seek formal credentialing with the Association for Play Therapy. For more information, go to http://www.a4pt.org/?page=Credentials or contact:

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