

THERAPLAY & EMDR

INTEGRATING TRAUMA WORK AND CHILD'S PLAY

PHYLLIS STRAUSS, PH.D., CLINICAL PSYCHOLOGIST, EFRAT, ISRAEL

As holistic medicine is finding its place in conventional health centers, there is a parallel movement toward integrative psychotherapy within the world of mental health. In the 1970's clinicians who drew from more than one school of thought were considered avant-garde and called themselves "eclectic." Today many graduate schools in mental health offer courses in "integrative" psychotherapy and experienced practitioners in mental health are continually seeking to broaden their expertise. My own efforts in this regard have led me to seek advanced training in two currently separate schools of psychotherapy – in attachment based Theraplay® and in a trauma oriented EMDR, or Eye Movement Desensitization and Reprocessing. My experience suggests that there is a natural pairing of these two therapeutic approaches, particularly when treating traumatized children. This article summarizes the ideas that prompted an enthusiastically received Theraplay workshop for the EMDR-Israel child-trauma therapists in July 2008.

THE ARGUMENT FOR INTEGRATION

As treatment modalities both Theraplay and EMDR have common lines of development, historically, practically and theoretically. Both Theraplay and EMDR were developed to treat syndromes on the trauma spectrum, but on opposite ends of the developmental spectrum. EMDR was developed to process traumatic experiences in adults; today Child-EMDR is a recognized sub-specialty, the clinicians within it continually adapting the protocol to meet the needs of traumatized children. Theraplay, on the other hand, was developed as a dyadic relationship-based play therapy for children with developmental delays and attachment disorders. Today we know that developmental trauma is often at the core of an attachment disorder and, in effect, Theraplay therapists are also treating traumatized children. Both these approaches to treatment began decades ago as focused protocols, ostensibly short-term interventions. Over the years each of these modalities has developed significantly, widening the range of application and extending the expected course of treatment. Each of these approaches has at its heart a structured protocol, driven and supported by sound theory. Both draw strongly on research and theory from developmental neuropsychology and recognize the importance of optimal arousal for therapeutic change. A common theoretical basis allows one therapist to learn and practice both models. Furthermore, the theories behind both support an active and directive therapeutic attitude. The structure and planning of the course of treatment as well as the individual therapy session coupled with intense attunement and responsiveness toward the client in session is the backbone of both therapies. So the same therapist can be comfortable with both modalities in theory and in practice.

Each modality provides an essential element to the overall treatment of traumatized children; while as a stand-alone, both EMDR and Theraplay lack the strength the other treatment modality most aptly provides. Theraplay is very effective at restoring health in many areas affected by a traumatic experience – trust, affect tolerance and regulation, intense fear and sadness. Theraplay provides the neglected or traumatized child with new information about a safe world through direct experience; however, this here-and-now reparative experience may not defuse the traumatic triggers, i.e. memories, sufficiently to promote a generalized response. The nature of traumatic memories is such that they may be isolated, encapsulated

and protected from new learning. It is entirely possible for the child's overall functioning and relationships to improve, while he remains vulnerable to traumatic memories. Herein lays the difficulty with the exclusive use of Theraplay for explicit trauma and the need to integrate a specific trauma treatment protocol. EMDR fills this need by attending directly to memories that trigger dysfunctional behavior and disrupt relationships. The way EMDR does this is described briefly in the next section. The EMDR protocol, however, is less specific about the way a clinician restores healthy function if the resolution of the trauma does not do so spontaneously. This is an area of creative development within EMDR with clinicians drawing ideas and techniques from other modalities such as narrative or behavioral therapy. Active Theraplay play enables the child to develop her vitality in the therapeutic setting.

Trauma damages relationships; therefore, an important contribution of Theraplay to an integrated trauma treatment flows directly from its efficacy as an attachment therapy. Traumatic experiences are those that violate assumptions of safety and security. The breakdown of these assumptions among children undermines the relationship with the adult caretaker, even when the adult caretaker is not directly responsible for the trauma. Recovery and healthy development requires the restoration of this basic trust between the child and his parents or caretakers. Furthermore, when trauma inhibits the child's capacity for trust, he'll be reluctant to trust his therapist and won't allow the direct treatment and reprocessing of the traumatic memory. When this happens, Theraplay activities can be used to help the child experience the therapist as an intimate and benevolent caretaker, thus strengthening the therapeutic alliance and paving the way for the handling of volatile traumatic material with EMDR. Restoring the capacity for relating is both the main thrust of Theraplay treatment and a precondition for explicit trauma work. Thus the relationship reparative strengths of Theraplay and the trauma cleansing strengths of EMDR complement each other.

TRAUMA WORK & CHILD'S PLAY

EMDR processing creates positive associations in the place of exclusive and highly negative associations. Traumatic experiences are highly charged negative learning experiences. They often create nearly indelible memories (at the physical, emotional and sensory levels) that are triggered when danger is sensed; dysfunction ensues when these warnings become generalized or inappropriate, signaling danger in a currently innocuous situation. The power of EMDR appears to lie in the activation of these memories in a safe and controlled therapeutic environment, aided by bilateral stimulation of the brain, which has been shown to promote information processing (for example the client following with her eyes the therapist's hand movements from left to right, by having one's hands squeezed first the left then the right, or by holding buzzers that buzz in the right then in the left hand). This promotes a kind of reevaluation on both the conscious and unconscious level and ultimately the warning signal aspect of the memory dissipates or becomes more appropriate.

The EMDR protocol is complex, and like Theraplay involves the taking of a thorough history which forms the basis of the treatment plan. The treatment plan involves stabilization and preparation for the reprocessing and desensitization phase, described above. It is only at the beginning of the desensitization that the treatment is focused upon a specific trauma in explicit memory and the thoughts, feelings, images, and body sensations that are associated with it. Technically, the reprocessing protocol has eight steps through which the clinician guides the client to imagine the worst image of the traumatic experience; to identify an irrational negative self-evaluation that stemmed from the trauma and the potentially healthy evaluation ("negative and positive cognitions"); to experience the associated affect and

sensations in the body; and then to move his eyes following the direction of the clinician's hands, while noticing whatever happens while the traumatic memory is activated. At the end of this process the target memory is accessed and associated with a positive belief about the self, something learned or gained from the experience. This final step of the reprocessing protocol is called the "installation of the positive cognition." Positive cognitions can range from something as basic as "I'm safe" to something emotionally restorative such as "I'm worthy."

Clearly the complexity of the protocol described above demonstrates that EMDR was initially developed as an adult treatment. Nevertheless, the entire protocol with its essential element of bilateral stimulation is used in clinical practice with children; the cognitive aspects of the reprocessing protocol have been subjected to considerable creative adaptations. Theraplay activities are naturally suited to help the child internalize positive cognitions because Theraplay is all about giving the child an experience of herself as loveable, powerful, worthy of care and protection. These are the antitheses of the negative cognitions that ensue from traumatic experiences – guilt, vulnerability, helplessness and worthlessness. Theraplay activities integrate with and contribute to EMDR trauma treatment by providing an immediate validation of renewed strength when the trauma has been processed. It means little to a child to say "I'm worthy" or "I'm strong" or "I'm safe," but when he's at the receiving end of a nurturing game or when he succeeds at a challenging activity, he knows these "cognitions" in the deepest and most real way. An example of the use of a Theraplay activity to enact a positive cognition is to have a child who has recovered from a traumatic leg injury to jump and pop balloons with her feet. This is a fun, affective and effective way to "install" a positive cognition such as "I have strong and healthy legs."

Children grow and heal naturally through play. Theraplay therapists perceive children, independently and in interaction with their parents, through the prism of the four basic modalities of healthy parenting – structure, engagement, nurture and challenge. The Theraplay therapist thinks in terms of the capacity for functioning within each modality and plans play activities that will develop those capacities in the parent or child. The skills that are developed through Theraplay training enable the Theraplay therapist to fine-tune simple child's play into therapeutic experiences. Similarly, understanding the nature of the child's trauma and its effect upon him and his experience of the world can suggest the nature of the corrective therapeutic play experience. The nature of the trauma or the child's response may suggest that the child needs to experience his own strength, to overcome fear and anxiety, to regulate his arousal, or to trust a parent to care for her. It often happens that children who suffer from complex trauma, which comes of repeated, chronic or severe injury, fail to acquire a developmentally appropriate capacity for emotional regulation. Therapy is needed to develop these inner resources prior to the commencement of trauma treatment. EMDR therapists call such stabilizing and ego strengthening therapeutic activities "resource development." Theraplay provides immediate, emotionally activated, reparative experiences toward these therapeutic goals. Sometimes a child weakened by trauma will require a full course of restorative Theraplay treatment before he is strong enough to acknowledge his trauma or trusting enough to share it with her therapist.

RUPTURE & REPAIR

Traumatic memories disrupt the relationship between a person, his self and the world around him. The degree of disruption depends very much on the nature and duration of the trauma, as well as the age and nature of the child. Often these memories are still dissociated and not yet accessible to the child in the early stages of treatment. In the case of severe or chronic developmental trauma, when it is

necessary to complete a whole course of Theraplay treatment before the child is safe and stable enough to consciously attend to traumatic memories, it can happen that a traumatic memory is triggered by a Theraplay activity. When it appears that traumatic material has surfaced during the Theraplay treatment, the bilateral stimulation of EMDR can be used to soothe the child and help the memory to pass. This can be conceptualized as a Nurturing Theraplay activity. When this happens it is important to remember that in Theraplay treatment the attachment and not the trauma is the focus of treatment and one must exercise clinical judgment about the extent to which it is appropriate to allow the traumatic memory to disrupt the attachment therapy, for to do so may reenact the way the trauma has disrupted the primary attachment. Some therapists use separate settings for trauma processing to preserve the safety of the Theraplay treatment. Setting aside the trauma in this way gives the child control over her experience and orients her to the here and now, where she experiences safety and appropriate control.

Trauma always involves some loss of control, so enabling the capacity for effective and appropriate control is an essential part of trauma treatment.

Theraplay treatment alone can be planned to provide many opportunities for behavioral control; however, a critical arena where control needs to be restored is the inner being, among the thoughts and feelings. Until this internal control is restored thoughts, feelings and sensations intrude upon the psyche and spoil the present experience, as described above when a traumatic memory intrudes upon a Theraplay activity. One of the ways the adult EMDR protocol develops this capacity is through the practice of focused attention that is demanded by several levels of dual attention: pairing current stimulation (eye-movement) with memory activation, alternating sets of eye-movement/internal experience with relating, verbalizing and sharing with the therapist in the here-and-now of the therapy session. Child EMDR has much the same structure using sets of stimulation while the child focuses on a memory, idea, or drawing. These exercises of dual attention are structured into EMDR to mediate the intensity of the exposure to trauma. Sometimes these accommodations are insufficient and the dynamic processing stops. When the processing becomes stuck in this way in an adult client, the therapist intervenes in a number of ways: by changing the bilateral stimulation, orienting the person to his body, and finally offering what's called a "cognitive interweave," a question or information to re-stimulate the intended free flow of thought. Interweave techniques have also been adapted for children and this is another area where Theraplay contributes to the trauma treatment.

Children tend to process simple traumas with EMDR so quickly that they seem to dissolve like magic, but the processing of complex, chronic or severe trauma is bumpy with many stops and starts over several or many sessions.

As often happens, I learned how Theraplay could smooth this process by noticing the spontaneous solutions child clients found for themselves. Children, who have experienced Theraplay, prior to trauma-oriented or other issue-oriented therapy, often initiate or request Theraplay activities when they need a break from the current tension of therapy. This is a commonly noted phenomenon and in retrospect it is no surprise that it would happen when the EMDR trauma processing halts. I saw that the resources that had been developed through Theraplay could be accessed and activated by allowing or even introducing these activities in order to mediate the intensity of focused trauma treatment. I began to use Theraplay activities to facilitate the trauma processing, using challenging activities to restore power, nurturing for comfort or to mitigate loneliness, or engaging activities to reorient the child when he appeared to withdraw due to overwhelming negative affect. These accommodations enabled the child to return to the EMDR processing that had appeared to reach an

impasse and continue to resolution, much in the same way the adult is returned to processing by a "cognitive interweave" described above.

Complex or severe trauma obviously requires many sessions to resolve; Theraplay rituals provide a comfortable structure. Traumatized children are especially needy for structure because traumatic experiences have disrupted the order and predictability of their lives. Predictability in therapy, in the timing and structure of the session, helps to restore the sense of order. The EMDR reprocessing protocol for adults is very standardized; the adaptation for children is necessarily more flexible. Even so, EMDR child therapy still retains the structure of a focused treatment, but the focus is on trauma, and an ever-resolving experience of trauma. EMDR reprocessing starts with one target and then follows a path of free association through the images, ideas or sensations connected in the unconscious to the traumatic target. So, in reality, the client can't really know what to expect from a reprocessing session. Knowing that familiar Theraplay activities will be part of her session can increase her sense of order and safety in therapy. The routine use of Theraplay activities as opening and closing rituals lend a much-needed framework to ongoing trauma treatment. Activities such as check-up and lotioning or personalized hand-shakes are particularly good in that regard. For the treatment of simple traumas in a single session, Theraplay activities may be used to enhance the safety of the therapeutic or parental relationship, to develop the child's personal resources of strength, confidence, lovable-ness or as a reinforcement of therapeutic gains during that session.

SAFETY & FAMILY FIRST

Even for a simple trauma, the EMDR protocol requires that treatment start from a place of strength and safety. For children, often this is a memory or drawing of a safe place once experienced or imagined. A Theraplay trained therapist sets the stage for trauma treatment with ease by evoking the immediate and present experience of power and safety through Theraplay activities. EMDR child therapists recognize the importance of having a parent present, perhaps applying the bilateral stimulation that may take the form of alternating tapping on the knees, hands or shoulders. It is intuitively obvious that the safest "safe place" for a young child is a secure attachment with a primary attachment figure. For the Theraplay therapist the presence of the parent is essential to the treatment and a critical part of Theraplay training. Theraplay activities directly enhance this relationship and empower the parent. This is very important because very often when a child is hurt, the parent feels inadequate. Active involvement of the parent is doubly reparative. The dyadic nature of Theraplay creates a stronger system to maintain the benefits of trauma treatment into the future for the dependent child. Trauma treatment is about defusing triggers and relegating traumatic memories to the past, and for this EMDR is very effective. With the added benefits of Theraplay, the integrated treatment goes beyond relief and provides the structure and mechanism for creating a safer beneficial environment.

ONWARD

For me, the wedding of Theraplay and EMDR happened naturally in my clinic. I have shared with you some of the ways I see these treatments working together. Theraplay therapists are expert at creating safe, ego-enhancing experiences for the child, empowering experiences for the parent, and positive experiences for the dyad. EMDR therapists are expert at reprocessing traumatic experiences so that they are not only innocuous but also form the basis of positive healthy experiences. Traumatized children need and deserve an integrated treatment that gives them the very best chance of a full recovery. As I reflect upon my experience and communicate with other clinicians, I hope to contribute to the development of an

integrated treatment model. I'd like to acknowledge the contribution of Jennifer Obeid-Campbell, Phyllis Rubin and others who have shared their experience with me through the Theraplay List Serve.

For more information:

Eye-movement Desensitization and Reprocessing (EMDR) in Child and Adolescent Psychotherapy, Ricky Greenwald Psy.D., Publisher: Jason Aronson (New York), 1999

Through the Eyes of a Child: EMDR with Children, Robert H. Tinker, Ph.D. and Sandra A. Wilson, Ph.D. Publisher: W. W. Norton & Company (New York and London), 1999

Small Wonders: Healing Childhood Trauma with EMDR, Joan Lovett, M.D., Publisher: The Free Press (New York), 1999.

For an online review of the above see Traumatology Book Reviews at <http://www.fsu.edu/~trauma/v6i3/v6i3a2.html>

What Makes Theraplay® Effective: Insights from Developmental Sciences, Jukka Mäkelä, The Theraplay Institute Newsletter, 2003, (viewable on our website).

Various publications by EMDR Developer, Francine Shapiro, available at the EMDR Institute: www.emdr.com