Neurobiology is now revealing that optimal growth occurs right at the border of comfortable and uncomfortable. This fun research based workshop will take you to new frontiers and possibilities in play therapy as we explore what it takes to maximize growth and integration of the child and the therapist.

Objectives:
1. Participants will learn ways to keep themselves and their child clients at the window of tolerance for maximum growth during a play therapy session
2. Participants will learn the importance of authenticity and congruent emotional expressions as an integral part of helping deepen the child’s experience during the play.
3. Participants will understand some of the research and neurobiology behind expanding a child’s emotional tolerance in a play therapy session.

The following research excerpts are taken from the article: Dion, L., Gray, K. (2014). Impact of therapist authentic expression on emotional tolerance in synergetic play therapy. International Journal of Play Therapy. 23(1), 55-63.

What is a window of tolerance? What is emotional tolerance?
Schore (2003) explains that therapists use the relationship to allow clients “to re-experience dys-regulating affects in affectively tolerable doses in the context of a safe environment, so that overwhelming traumatic feelings can be regulated and integrated into the patient’s emotional life” (p. 37).

Review Nervous System
Nervous System continued:

Child sets therapist up to feel how they feel
As the child’s feelings and memories arise in the therapy, the attuned play therapist will begin to feel the corresponding internal states through a process called resonance. The therapist focuses on body sensations and authentically models modulation of internal states through verbalization of emotions, regulation of bodily sensations, and dialogue regarding internal mental states (Ogden et al., 2006). As the child observes the therapist shifting back and forth from the edges to the center of the window of tolerance that the child’s mirror neuron system may become activated. Then if the child perceives the therapist to be in-tune with them, they will allow their traumatic experiences and protection patterns to begin to emerge into conscious awareness. Badenoch (2011) describes the resonance process between client and therapist as follows:

When the relationship is experienced as safe enough, the dissociated experiences will begin to come into conscious awareness. As we resonate together, the activation will amplify and, if our window of tolerance is broad enough to contain this energy and information, our patient will also experience a widening of his or her window. In the research of Carl Marci and colleagues (Marci & Reiss, 2005), these moments of autonomic synchrony were subjectively experienced as empathetically rich interpersonal joining. This research showed that within the session, our nervous systems will flow into, out of, and back into synchrony many times. This rhythm is parallel to the dance of mother and infant as they move from attunement to rupture and back to repair over and over, laying the foundation for security, optimism, and resilience. (p. 195)

These experiences of sitting at the edge of the window of tolerance in an attuned and mindful state have the capacity to catalyze changes in the brain’s self-regulatory capacity.
Authenticity and congruent expressions (somatic, emotional and cognitive)
To date, there is little research on therapist authentic expression with children. The closest explorations of this topic are studies conducted regarding therapist self-disclosure (Capobianco & Farber, 2005; Ginsberg, 2011). No published research has directly addressed the impact of expressing present thoughts, feelings and body sensations in response to the child client’s stories and play, except for Dion, L., Gray, K. (2014). Impact of therapist authentic expression on emotional tolerance in synergetic play therapy. International Journal of Play Therapy. 23(1), 55-63.

Countertransference:

Authenticity requires presence, attunement and the ability to accurately read non-verbal communication (Siegel, 2007). The therapist’s ability to attune to the client is the foundation of all healing as it creates the opportunity for the co-regulation of challenging internal states (Schore, 2011).

Authenticity, from the Synergetic Play Therapy perspective, refers to the therapist’s ability to attune to self and other with the willingness to express internal states through non-verbal and verbal expression. Authenticity in this model is not referring to disclosure of factual statements about the therapist’s personal life or opinions, but rather the therapist’s genuine and congruent experience of internal states as they relate to the child’s initiated stories or play.

In order to become attuned to their clients, therapists must be open to their own bodily and emotional states. This is a crucial step in the interpersonal attunement process and is at the core of integration (Schore 1994; Siegel, 2007). When a therapist allows the client’s emotional state to influence his or her own, be able to see how these inner shifts can offer insight into the internal world of the client (Hariri, Bookheimer, & Mazziotta, 2000). The result is that the client feels felt by the therapist (Siegel, 2007).

It is when therapists are not authentic and unable to accurately read their own internal states that they increase the risk of miscommunication with their clients (Siegel, 2010).
How to identify windows of tolerance within the therapist and the child?
In therapy, a client's painful memories and emotional states become reactivated and are brought into the session. When these states are outside of the client’s window of tolerance, the client will begin to move away from those emotions in an attempt to avoid the intensity. If the therapist can then consciously feel the intensity and move towards the heightened emotional states, the client learns that it is okay to move towards the experience rather than run away from it (Siegel, 2010). What was once an intolerable state of bodily activation and emotional tension in the client can move into the client’s window of tolerance with conscious awareness (Siegel, 2007). The implication is that the same process can occur between a therapist and child client.

Clara Video part 1- Observing the window of tolerance

Synergetic Play Therapy (SPT)
A core principle of SPT is the therapist's ability to be authentic and congruent in his or her expressions, coupled with the ability to model regulation through the crescendos and decrescendos of the therapist’s internal state that are in resonance with similar crescendos and decrescendos in the client’s arousal system (Schore, 2006). This allows the therapist to stay on the edge of the window of tolerance, and serves as a catalyst for the re-patterning of the dys-organization in the lower brain centers of the client.

Genuine emotional responses will be evoked in the therapist who is emotionally attuned with the client. Much like the mother who is implicitly modeling for the child her own struggles to regulate her own dysregulated state, the therapist must be able to resonate empathically with the clients, psychobiologically feeling their difficult, intense states. Without this ability to self-manage, the therapist cannot help the client to regulate. Such work implies a profound commitment by both participants in the therapeutic scenario and a deep emotional involvement on the therapist’s part. (Dales, 2008, p. 300)

Synergetic Play Therapy also sets forth that the therapist must work at the edge of the window of tolerance and the regulatory boundary of the dys-regulated states in order to expand those boundaries. This working space needs to be right on the border of uncomfortable. Bromberg (2009) describes these heightened moments in the therapeutic relationship as needing to “feel safe, but not too safe” (p. 90). The ability for the therapist to engage in mindsight and to authentically express emotions in order to
regulate keeps the intensity of the bodily sensations, emotions, and thoughts in tolerable doses within the therapeutic relationship. Tolerable doses need to be aroused so that the client can learn more adaptive ways of regulating (Schore, 2006).

As challenging emotional states or enactments (Schore, 2011) enter the play precipitated by the child client, the attuned therapist uses mindfulness to attempt to open to these internal feelings and sensations and not move away or defend against them in some way. The therapist is then able to begin to modulate the intensity using authentic dialogue describing cognitive, emotional and sensorimotor states, as well as model regulation of bodily sensations through breath and movement. As a client observes the therapist staying at the edge of the therapist’s window of tolerance, the client begins to learn that it is safe to move towards the intensity (Ogden et al., 2006; Siegel, 2010). The client also notices that the therapist remains in contact throughout these regulation activities (Schore, 2006). If, on the other hand, the therapist is not willing to be authentic and experience his or her own bodily, emotional, and cognitive states while working towards modulating these inner experiences in the window of tolerance, the therapist will move away from these states (Schore, 1994), potentially leaving the client feeling unsafe in the therapeutic dyad, lost in relationship with the therapist, and unseen (Siegel, 2010).

**Widening the Window of Tolerance**
With the child’s mirror neuron system activated, the therapist’s mindfulness and authentic expression can initiate new neural firings that can become associated with the feelings in the neural nets of the past memories (Badenoch, 2008; Siegel, 1999). With repeated observation of the therapist’s willingness to stay authentic and present, a disruption of the old neural firing can occur bringing the potential for a new experience, giving the child permission to also move towards challenging internal states. Every enactment is also potentially an act of modification where the client can integrate new information that can help rewire the past encoded experience (Badenoch, 2008; Schore, 1994; Siegel, 1999). Research shows that with dedicated amounts of repetition, neural systems can change, but that most therapeutic interventions do not achieve this goal (Perry, 2006). Research also shows that as clients begin to move towards their challenging internal states, new neural connections can be created until a critical state is reached that results in a new neural organization (Tyson, 2002).

**Clara part 2-Widening the window of tolerance**
References:


