

Supercharge Your Supervision Skills

Presented by:

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and

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Shape of the Day

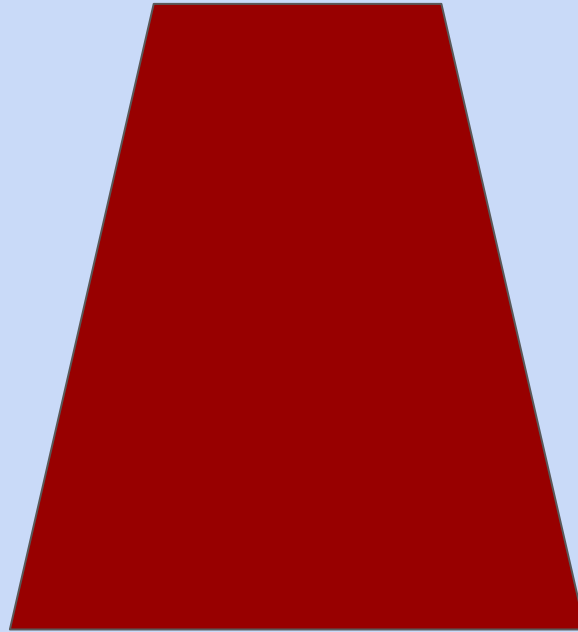
9:00 start

10:45- 11:00 morning break

12:30 - 1:30 lunch

3:15 - 3:30 afternoon break

5:00 end



Outline

- Setting Intention
- Roles
- Strengthening your Foundations:
 - Intersectionality
 - Interpersonal Neurobiology
- The Nervous System/Polyvagal Theory
- Getting to Know your Autonomic Nervous System
- Using the ANS in Supervision
- Compassion fatigue, vicarious trauma, burnout

Have on hand

Rock (light coloured)

Sharpie or permanent marker

Figurines (15-20) and/or Dr. Karen Fried's virtual sandtray: <https://onlinesandtray.com/>

Sandtray or large sheet of paper or cookie sheet. Anything to contain the figurines.

Plain paper and crayons, coloured pencils or markers

Setting Intention

Think of yourself as a supervisor.

Using your figurines and “sandtray” find a figurine that represents your strengths.

Add something that represents your challenges.

authenticity, **balance**, believe, build, *regulate*, **celebrate**, **change**, clarity,
comfort, commitment, community. **compassion**, confidence, congruence,
connection, **creativity**, cultivate, **curiosity**, dedication, education, empathy,
empowerment, energy, enrich, **expand**, explore, fulfilment, **growth**,
happiness, **harmony**, help, HONESTY, hope, **humility**, imagination, inspire, kindness,
learn, listen, **nurture**, optimism, **passion**, *patience*, perseverance, perspective,
progress, **recharge**, reflect, **refresh**, simplify, strength, resilience, trust, **challenge**,
intuition, vulnerable, unique, enough, *relax*, intentional

Supervisor Roles

1. Teacher (Didactic & Evaluative)

- Supervisor takes responsibility for determining what is necessary for the supervisee to learn. Evaluative

comments are also part of this role.

2. Counsellor (processing)

- Supervisor addresses the interpersonal or intrapersonal reality of the supervisee. In this way, the supervisee reflects on the meaning of an event for him/her/themself.

3. Consultant

- Supervisor allows the supervisee to share the responsibility for learning. Supervisor becomes a

resource for the supervisee but encourages the supervisee to trust his/her/their own thoughts, insights,

and feelings about the work with the client.

From presentation - The Use of Developmental Supervision Models with Therapists More Experienced in Play Therapy By Lynn Louise Wonders, LPC, CPCS, RPT-S

Cultural and Diversity Needs

Embrace a stance of compassion, humility, and curiosity

“Cultural competence is not just about acquiring knowledge. It is also about having the humility to say what we do not know”
(Hardy & Bobes, 2016, p. 14 ,in Bonds II, 2022)

Be aware of the influences of power/privilege that may be present in the supervision process with individual supervisees



Neurodiversity Considerations

- **Neurodiversity** is the diversity that exists in neurotype among humans. It is understood that many forms of diversity (ethnicity, gender, etc.) exist. Everyone is neurodiverse (all humans).
- **Neurodivergent** is a term that refers to individuals that diverge from societal constructed concepts of what is “typical” and “normal” in terms of navigating a society’s systems. Neurodivergent identity would include (but is not limited to) Autistic, ADHD, sensory differences, learning differences, intellectual development disorder, Tourette syndrome, etc.

Dr. Robert Jason Grant,

The AutPlay® Therapy Handbook

Being Neurodiversity affirming in Supervision

- **Neurodiversity affirming** is the application of viewing Neurodivergent people through an affirming lens. At its most basic, it promotes value, self-worth, strengths, and positive identity as a Neurodivergent person.
- This is done through the relationship of the supervisor to the supervisee, the language used with the supervisee, the way in which the supervisee is taught, approached and valued.
- Affirming principles view neurodivergence as a difference not a deficit.

Neurodiversity in the Supervision Relationship

- We need to recognize and embrace neurodiversity, understanding that different neurobiological profiles can influence learning styles and communication preferences.
- We can then tailor supervision approaches to accommodate diverse neurobiological needs
- For example:
 - Use of eye contact- may feel threatening to some (neurodivergent) people
 - Touch or no touch- for example handshakes used or not as a greeting gesture
 - Ways of expressing empathy can differ
 - Misgendering

Ableism

- The discrimination of and social prejudice against people with disabilities based on the belief that typical abilities are superior. (Dr. Robert Jason Grant)
He also states that no one is immune from ableist conditioning.
- System of oppression in society
 - some bodies are more valuable than others,
 - limits the potential of people with disabilities.
- People with disabilities are assumed
 - to be less worthy of respect and consideration
 - less able to contribute and take part in society
 - of less value than other people.
- Ableism can be conscious or unconscious
 - is embedded in institutions, systems and the broader culture of a society.
(BC's Office of the Human Rights Commissioner <https://bchumanrights.ca/glossary/ableism/>)
- Marshall Lyles believes that ableism is based on fear.

Examples of Possible Ableism in Supervision

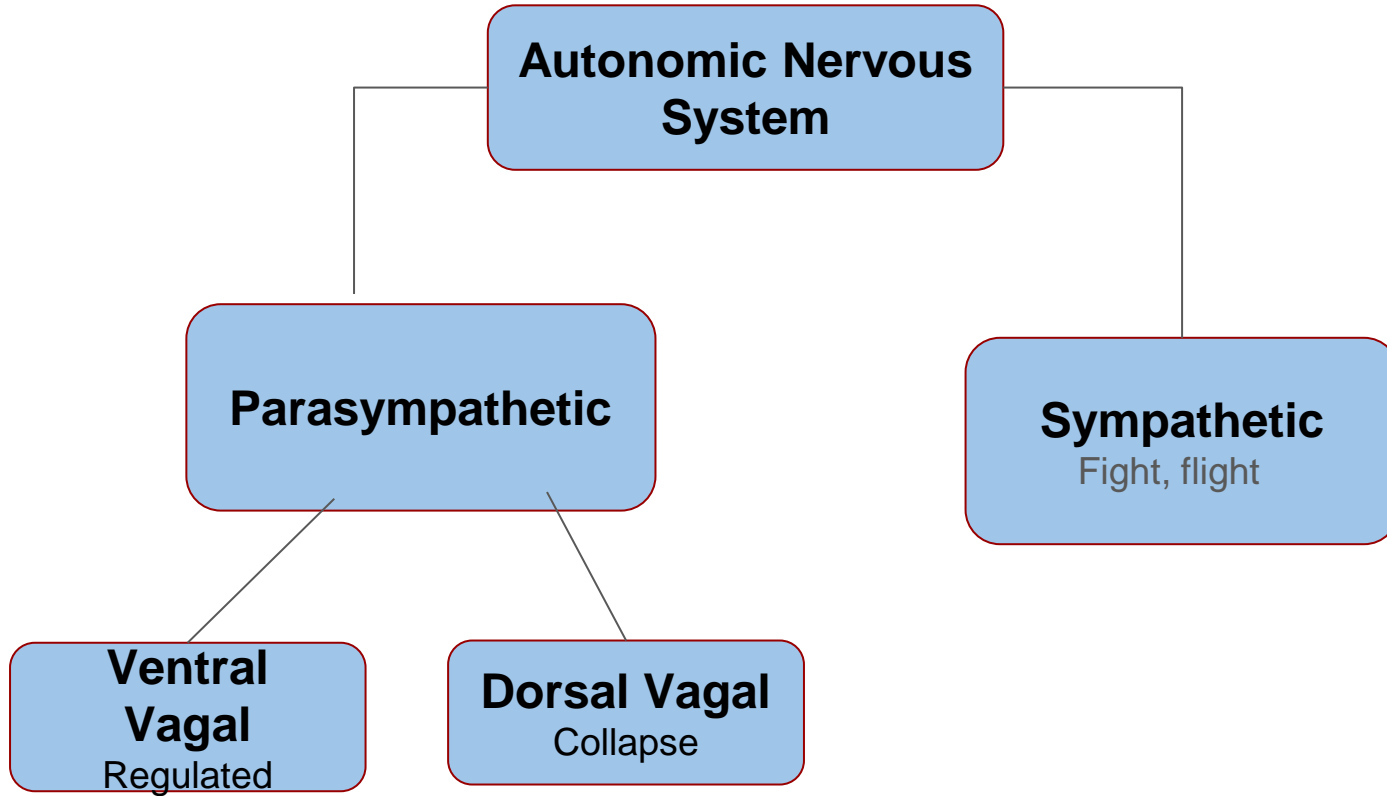
- Having an office space/ or event venue that doesn't have the accommodations that supervisees with varying abilities may need
- Framing disability as tragic or inspirational
- Asking invasive questions about the medical history /personal life of the person with the varying ability
- Micro-aggressions with expressions such as
 - “That’s so lame”
 - “It’s like the blind leading the blind”
 - “My ideas fell on deaf ears”
 - “I’m super OCD about how I clean my apartment”

A stack of five smooth, grey stones is balanced on a rocky beach. The stones are stacked from largest at the bottom to smallest at the top. The background features a calm sea, a rocky coastline, and a sunset sky with soft, golden light. The word "Experiential" is written in white text in the upper right corner.

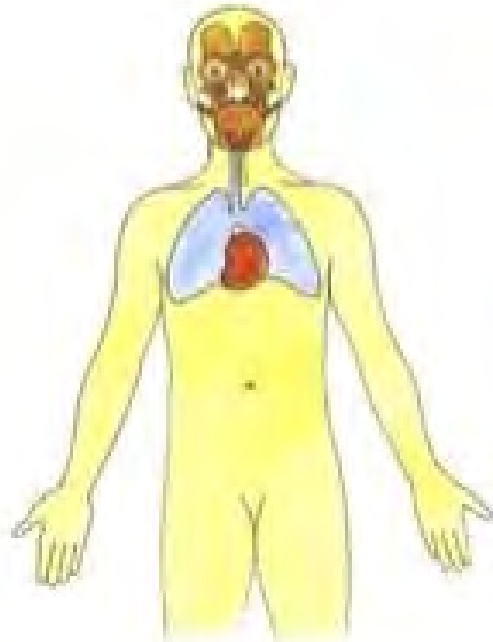
Experiential

The Nervous System

Divided into 2 branches: the central nervous system and the peripheral nervous system.



The Vagus Nerve and the Body



Ventral vagus



Dorsal vagus

Nervous System Symptoms of Regulation and Dys-

regulation

All symptoms of dys-regulation arise out of perceptions of the events in our lives. When we integrate our perceptions, we change the symptoms
 ter the art of how to intearate our nercentions and how to reqi

Sympathetic -
Flight, Fight
Hyper-arousal Symptoms

lated/ven

Parasympathetic/Ventral Vagal-
Regulated Symptoms (Mindful/
"Attached to Self")

Parasympathetic/Dorsal Vagal-
Collapse, Immobilization
Hypo-arousal Symptoms

Perceptions of Threat/Challenge

Neuroception of Safety

Perceptions of Threat/Challenge

Hyper-alert

Think logically/clearly

Helplessness

Hyper-vigilant

Able to make conscious choices

Appear life-less

Increased heart rate

Able to make eye contact

Non-expressive

Defensive

Display a wide range of
emotional expression

Numbing

"Pounding" sensation in the head

Feel "grounded" and "in the body"

Lack of motivation

Anxious

Able to notice breath

Lethargic/Tired

Excessive motoric activity

Poised

Dulled capacity to feel significant
events

Overwhelmed, disorganized

Internal awareness of both mind and
body

Emotional constriction

Highly irritable

Able to communicate in a clear
manner

Depression

Uncontrollable bouts of rage

Isolation

Aggressive

Dissociation

Dissociation

Nervous System Symptoms of Regulation and Dys-

regulation

All symptoms of dys-regulation arise out of perceptions of the events in our lives. When we integrate our perceptions, we change the symptoms
 ter the art of how to integrate our perceptions and how to regulate

Sympathetic - Flight, Fight Hyper-arousal Symptoms

Perceptions of Threat/Challenge

Hyper-alert
 Hyper-vigilant
 Increased heart rate
 Defensive
 "Pounding" sensation in the head
 Anxious
 Excessive motoric activity
 Overwhelmed, disorganized
 Highly irritable
 Uncontrollable bouts of rage
 Aggressive
 Dissociation

lated/v

Parasympathetic/Ventral Vagal- Regulated Symptoms (Mindful/ "Attached to Self")

Neuroception of Safety

Think logically/clearly
 Able to make conscious choices
 Able to make eye contact
 Display a wide range of
 emotional expression
 Feel "grounded" and "in the body"
 Able to notice breath
 Poised
 Internal awareness of both mind and
 body
 Able to communicate in a clear
 manner

Parasympathetic/Dorsal Vagal- Collapse, Immobilization Hypo-arousal Symptoms

Perceptions of Threat/Challenge

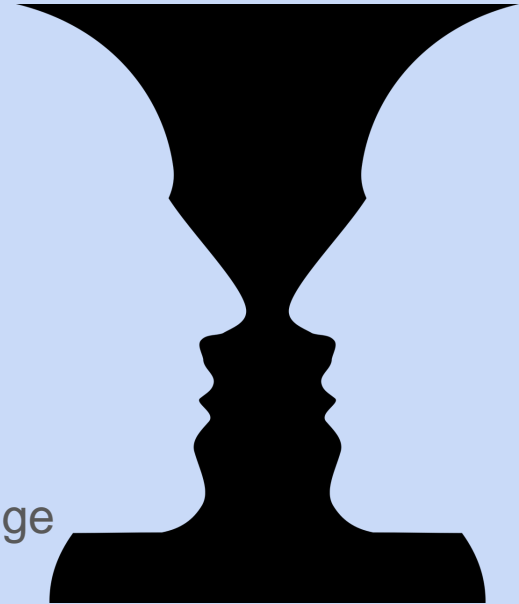
Helplessness
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 Dulled capacity to feel significant
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 Emotional constriction
 Depression
 Isolation
 Dissociation



Perception

It determines whether at any given moment, say when thinking about the challenging situation with a supervisee, your ANS is

- regulated (parasympathetic ventral state), or
- dysregulated in either a
 - sympathetic (mobilized) or
 - parasympathetic dorsal (immobilized)
- Can you handle the challenge or not?
 - Answer is based on your perception of the challenge



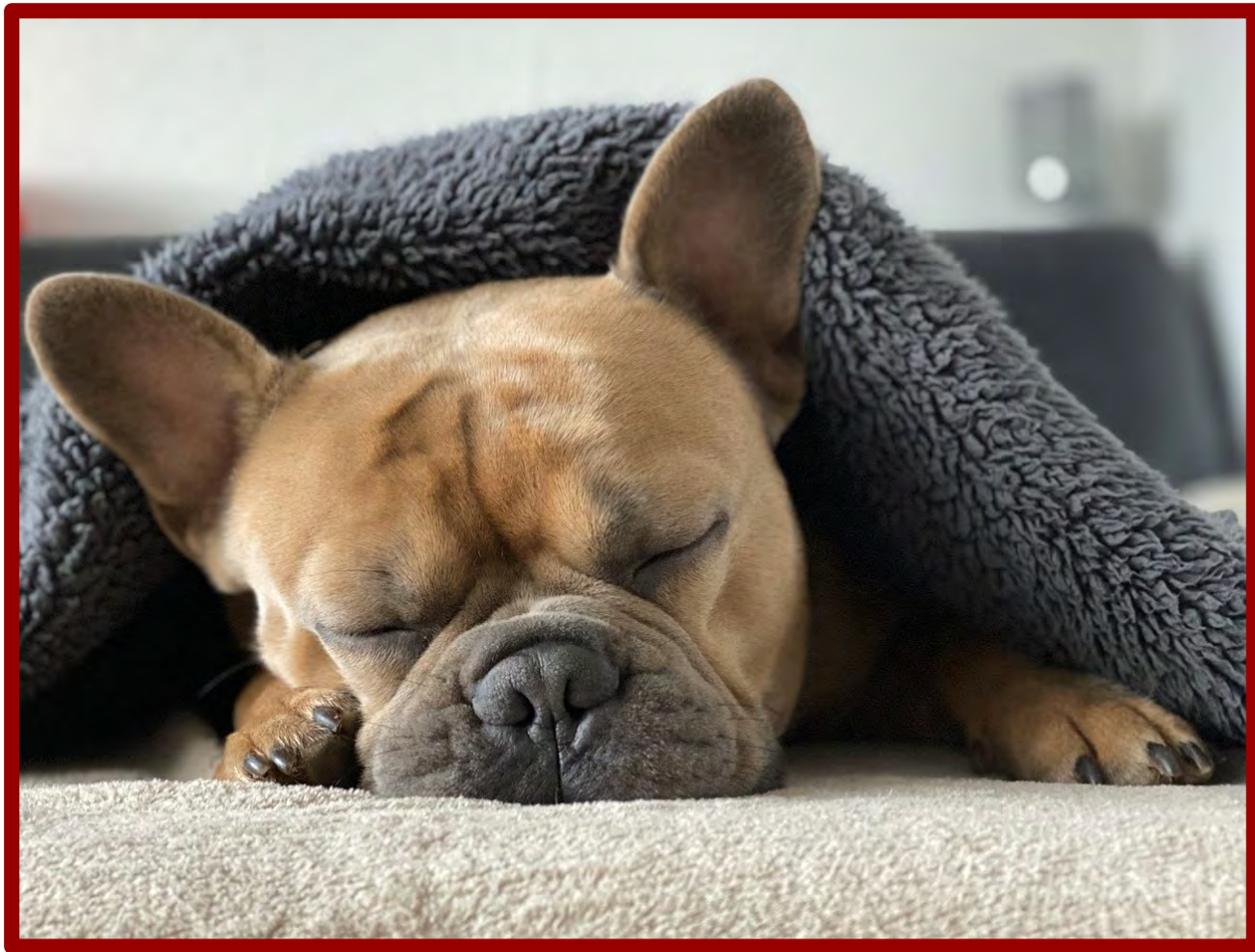
Perception

"Two people looking at the same painting will form two different subjective impressions of that painting. In a similar way, each person has a subjective way of experiencing interoceptive information from the body, and this is influenced by past experiences, current mental and emotional conditions, and the current hormonal and neurochemical milieu."

~The Healing Power of the Breath written by Richard P. Brown, MD and Patricia L. Gerbarg, MD

From Recalibrate: A Newsletter for Therapists by Katherine Eastlake.

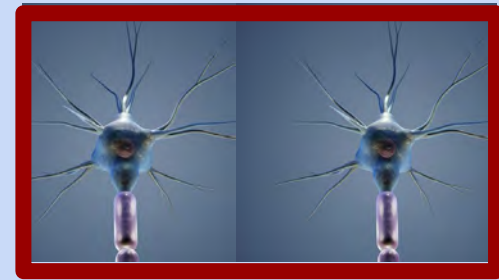




Understanding your Autonomic Responses



Mirror Neuron System



- Located in the insula of the brain
 - ferries information received from the outside world
 - they are part of resonance circuits
- Mirror neurons fire both when we are doing a particular action and when we observe that action (in another person).
- Dan Siegel (2007) states that the insula is the conduit for the flow of information that allows us to form pictures of the state of our own bodies and of one another's minds.
- *"This is how we come to resonate physiologically with others – how our respiration, blood pressure, and heart rate can rise and fall in sync with another's internal state."* (Siegel 2010)

Bonnie Badenoch : *The Brain-Savvy Therapist's Workbook*(2011)

Neuroception

- A term coined by Dr. Stephen Porges
- How the ANS subconsciously receives information
- It scans inside, outside and between nervous systems looking for and responding to signs of safety or danger
- Safety and genuineness go hand in hand



Sympathetic Activation

- Move into mobilization
- Fueled by adrenaline and cortisol
- Prepared for fight or flight
- Focused on survival
- Neuroception of danger



Mobilization

What does mobilization look like for you: what happens in your body, what do you feel and what do you think?

Do you usually go into flight or fight?

Vagus Nerve

Responsible for regulation

Bundle of nerves that start in the brainstem and connect many places in the body including the the lungs, the heart, and organs around the abdomen.

Ventral Vagal State

- Sense of being part of the world
- Connected to self
- Able to reach out to others
- Open to change
- Willing to look at possibilities
- Neuroception of safety



Go back to a time when have you been in this ventral vagal state by yourself or with others.

What was happening in your body

What were you feeling?

What were you thinking?

Dorsal Vagal

- If the challenge is perceived as being more than can be overcome with fight or flight then the NS goes has a Dorsal Vagal response - immobilization.
- This is a state of disconnection to self and others, numbing/dissociation.
- The system is offline - in conservation mode
- Also known as Dorsal Dive
- Neuroception of a threat to your life



What does dorsal vagal feel like for you:
What happens in your body, what do you
feel and what do you think?

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Experiential

The Autonomic Ladder

**Parasympathetic
Ventral Vagal**

Sympathetic

**Parasympathetic
Dorsal Vagal**

**Neuroception of
safety**
Social, engaged,
connected

**Neuroception of
danger**
Mobilized, action
taking, fight and
flight

**Neuroception of
life-threat**
Immobilized, shut
down, collapsed

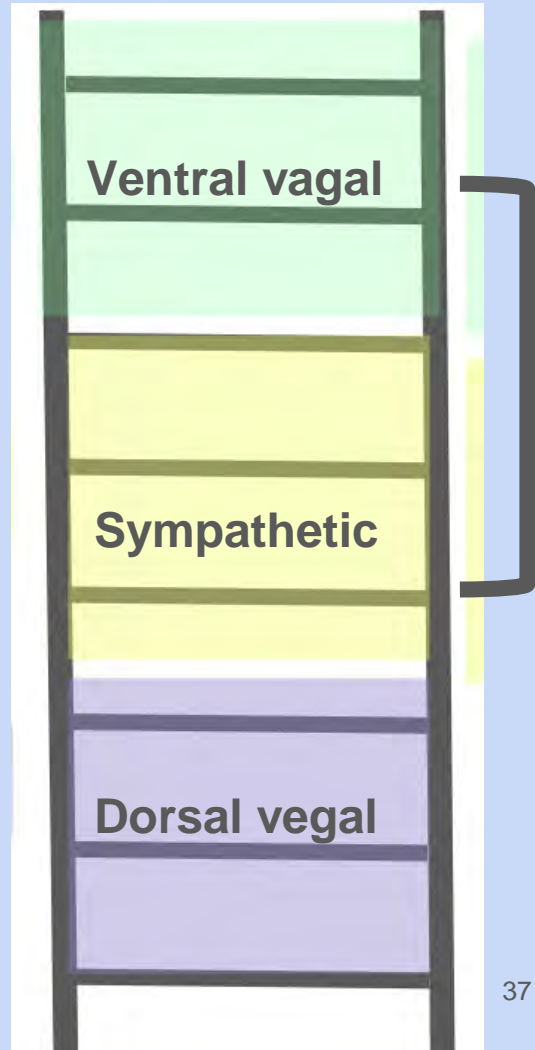
Dual States



Image by [Michael Bußmann](https://pixabay.com/users/michael_luennen-2998623/?utm_source=link-attribution&utm_medium=referral&utm_campaign=image&utm_content=1792817) from [Pixabay](https://pixabay.com/?utm_source=link-attribution&utm_medium=referral&utm_campaign=image&utm_content=1792817)

Play

- The ventral vagal system and sympathetic systems work together to activate the state of play
- It allows and strengthens the ability to move between activity and regulated
- If there is too much sympathetic arousal then the play turns from fun to fear

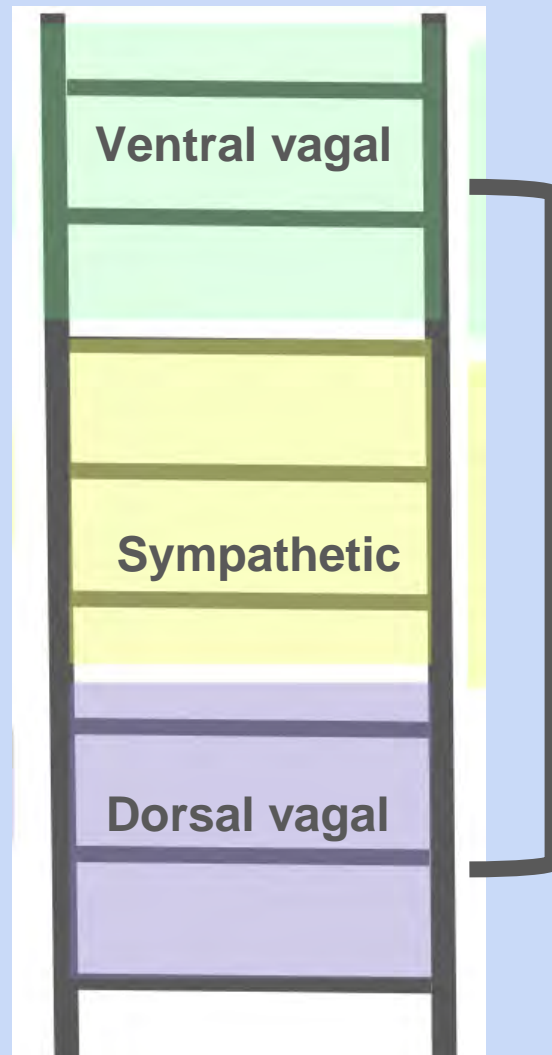


Stillness

- How are we able to be still without going into shutdown?
- Ventral vagal and dorsal vagal work together to bring safety into being still.
- Supports experiences of intimacy and other social behaviours that require stillness: savasana, meditation, visualisation



Stillness



Social Engagement System

- The ventral vagal pathway from the heart connected with pathways that control muscles of the face and head, regulate how you see, hear, speak, express emotions with your face, and turn and tilt your head, forming a “**face-heart**” connection (Porges, 2003).
- Send signals of welcome or danger

What creates a neuroception of safety?

- Vocal prosody
- Congruent facial expression- smiles
- Safe, soft empathic eye contact
- Authenticity

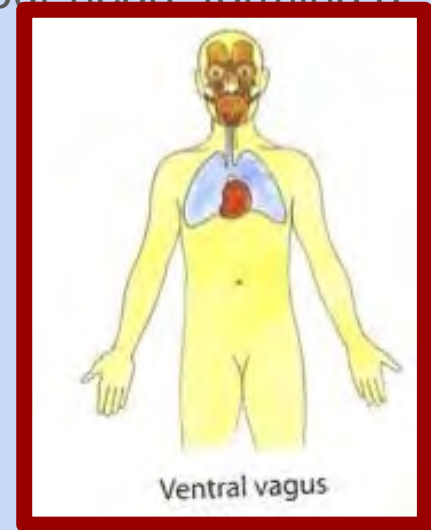




Image by [htuuli](https://pixabay.com/users/htuuli-2878336/?utm_source=link-attribution&utm_medium=referral&utm_campaign=image&utm_content=2878336) from [Pixabay](https://pixabay.com/?utm_source=link-attribution&utm_medium=referral&utm_campaign=image&utm_content=2878336) 41

Signs of Welcome

What feels welcoming to you?

Their eyes signal safety when

Their tone of voice sounds welcoming when

Their face expresses regulation when ...

Their gestures convey an invitation when ...

4 Threats/Challenges to the Brain & Cultural Considerations

Cultural humility involves curiosity and open dialogue

“No one knows everything. Be curious. Add to the conversation.”

Liliana Baylon & Lisa Dion Webinar: “4 Threats and the Set Up Through a Cultural Lens.”

1. Physical and emotional safety
2. Perception of the unknown
3. Incongruence in the environment
4. “Shoulds” and unmet expectations

From Lisa Dion *Aggression in Play Therapy*



4 Threats: 1. Physical and Emotional Safety

- The brain is constantly scanning for cues of danger
- Many individuals/groups receive threats to their safety
- Discrimination and fear of rejection create fear
- Lack of safety creates stress and trauma, making it very challenging to take in new information and learn
- The evaluative process may feel like a threat



4. Threats: 2. Perceptions of the Unknown



- A supervisee who is an immigrant may be often living with the unknown.
- **Awareness of your supervision process:** A supervisee may have had other supervisors (in other regions/countries) and may not know you do supervision or that it can be collaborative
- **Evaluation:** Is evaluation part of your role with a supervisee? Are the parameters and goals clear?
- **Conditioning :** Awareness of our own and supervisee's conditioning (as much as possible) as well as that of their clients and parents/caregivers is important when discussing cases.

4 Threats: 3. Incongruence in the environment

- **Incongruence** = things don't make sense or don't match up.
 - The brain likes patterns so this is dysregulating
- Again, consider the immigrant or the neurodiverse person living in a neuronormative world
- Different cultures may use tone, facial expressions and inflection in unfamiliar ways, for example, in some cultures smiling when not feeling happy is encouraged
- Supervisees may mask or try to please us as a survival skill
- Supervisees or supervisors might not share parts of identity, such as pronouns used for fear of rejection or misunderstanding
- Conditioning will impact feelings of incongruence



According to Rogers, this state of incongruence leads to feelings of anxiety, and a person will employ certain defense mechanisms with the goal of reducing this anxiety and maintaining congruence. (1957)

4 Threats: 4. “Shoulds” and Unmet Expectations

- What shoulds does your supervisee’s cultural background bring into supervision?
- Supervisees often feel that they “should” know more vs. embracing the learner’s mindset and embracing their authenticity at the same time
- Supervisees might feel that they should agree with all parts of the supervisor’s theoretical orientation when they do not.
- The supervisee with a learning challenge may feel like they have to show their knowledge in a certain way.



Projective Process and Supervision

- **“The set up or the offering.”** is a Synergetic Play Therapy concept
- It describes a projective process in which we get to feel what it’s like to be the client/supervisee
- **Mirror neurons** and **resonance circuits** in the brain (insula) and nervous system are involved
- Through this process we get to feel:
 - What the supervisee is feeling in the moment (and our nervous system reacts accordingly)
 - The supervisee can feel what we’re feeling as we’re interacting
 - In fact, Porges states that we can recognize the state of each other’s NS
 - We can experience the feelings the supervisee’s client was offering up to the supervisee



How the Projective Process Supports Supervision

- Leads to deeper understanding of the supervisee's experiences with various clients and cultivates empathy
- Allows us to feel what the supervisee may not be telling us such as:
 - overwhelm
 - confusion
 - feeling incompetent/ inadequate/imposter syndrome
 - we can then respond with empathy and help them notice if this feeling is theirs or perhaps the client's offering or both.



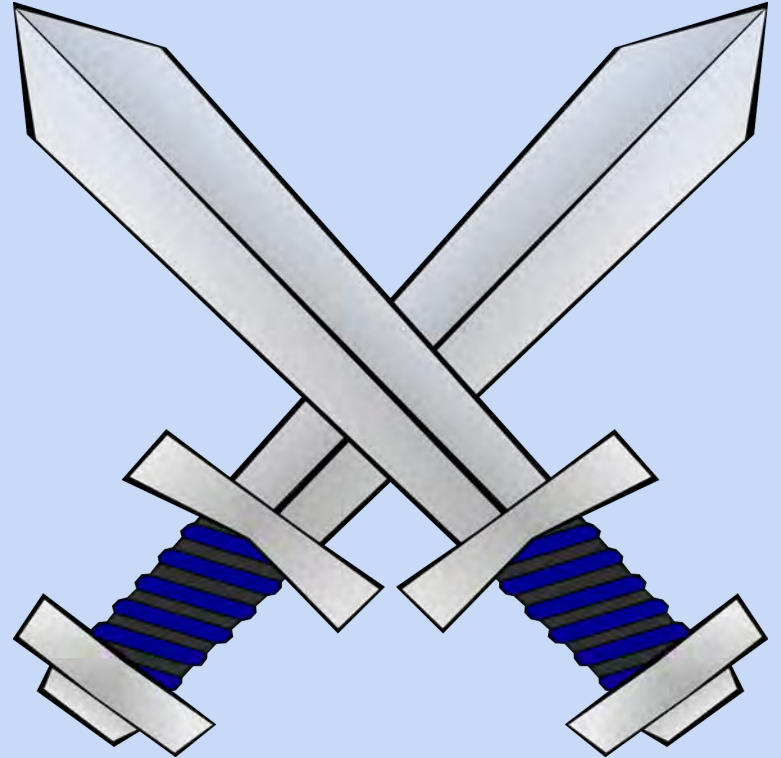
The Projective Experience at Work

Notice what comes up as you hear this

What do you feel in your body?

Where do you feel it?

What are your thoughts and feelings?



Transference and Countertransference



- **Transference** involves the supervisee's projection of feelings about someone else onto their supervisor.
- **Countertransference** is the redirection of a supervisor's feelings toward the supervisee. It involves the therapist's unconscious feelings and attitudes that are triggered by the client's behavior or characteristics.

These processes are often unconscious.

Guest, J. D. & Williams-Thompson, K. (2021).in n L. Fazio-Griffith & R. Marino (Eds.), Techniques and Interventions for Play Therapy and Clinical Supervision

An Interpersonal Neurobiology view of Transference/Countertransference

- Through the mirror neuron system and resonance circuits we feel what it's like to be the client/supervisee, whether we want to or not.
- We will feel the client/supervisee's dysregulated nervous system states and we can then model regulation to help them move towards the uncomfortable material.

- Though both parties will feel the dysregulation and have a shared experience, the client/supervisee and the therapist/supervisor will each have their own associations to the felt sense of what's coming up in the play therapy space.

Examples of Countertransference in Supervision

- Having a **very strong emotional response** (that wasn't there before the supervision session)
- Wanting to **rescue the supervisee** from uncomfortable feelings/situation
 - *We only want to rescue somebody (a supervisee/client) that resonates with a part of us that feel still needs rescuing. (Dr. Gabor Maté)*
- **Mirroring (The Set-up/Offering/Projective Process):** The supervisee may be our “mirror” in that they are currently struggling with what we are challenged with in sessions as a play therapist or supervisor. (This also happens within the client-therapist relationship.) MWE (Siegel)



Image by [Tom](https://pixabay.com/users/analogicus-8164369/?utm_source=link-attribution&utm_medium=referral&utm_campaign=image&utm_content=3437467) from [Pixabay](https://pixabay.com//?utm_source=link-attribution&utm_medium=referral&utm_campaign=image&utm_content=3437467)

The 8 senses

- Sight
- Smell
- Taste
- Touch
- Hearing
- **Interoception**
- Proprioception
- Vestibular



Interoception & Empathy

Interoception- “How you know ?” question (**Lisa Dion**);

awareness of body cues that tell us we’re thirsty, hungry, need to use the bathroom, and that we are dysregulated.

Without interoceptive awareness, we don’t know when to use the mindfulness practices we’ve been taught.

This awareness is **correlated with the capacity for empathy** for others.

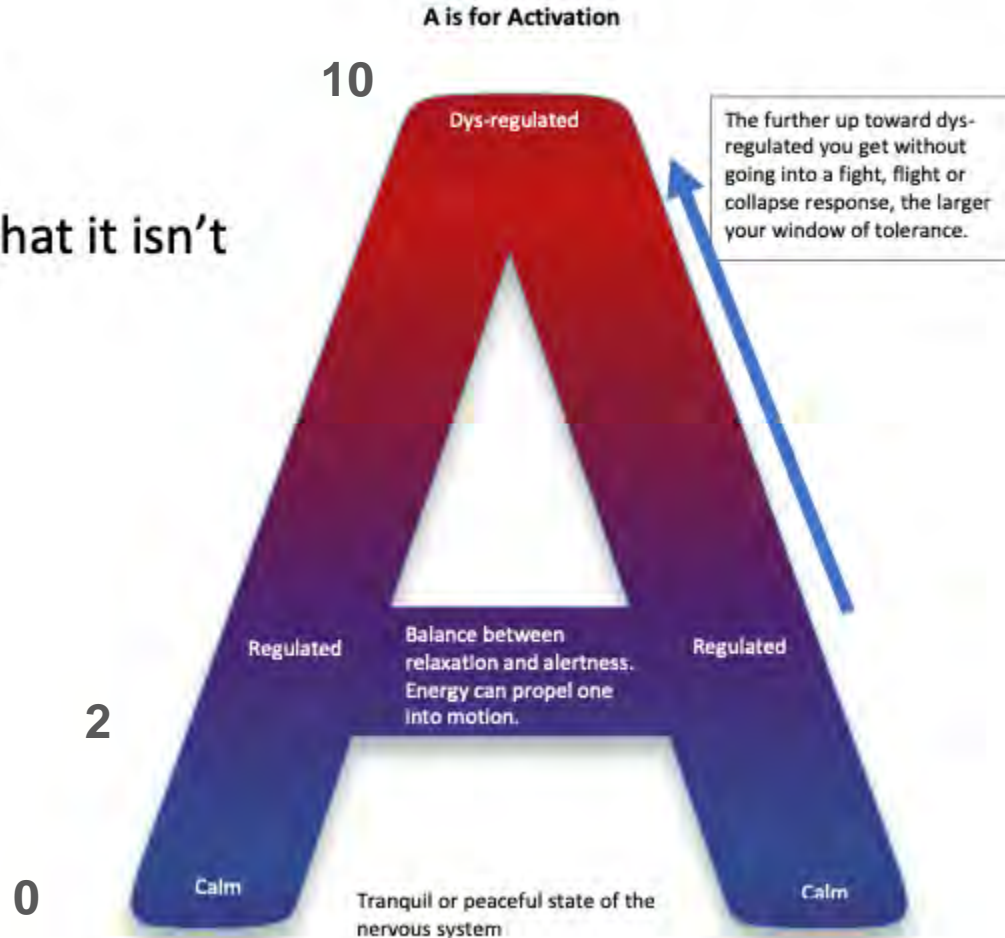
Link between Interoception and Empathy: Bonnie Badenoch says that **empathy** starts in the mirror neurons in our resonance circuits and

1. Interoception: awareness of bodily states
2. Interpretation: understanding what we’re feeling and
3. Attribution: awareness that it might be happening in the other



Regulation

- What it is and what it isn't



Co-Regulation

- We learn to self-regulate by co-regulating first
- Bonnie Badenoch: The Myth of Self-Regulation
- Watch Youtube video:
<https://www.youtube.com/watch?v=nkl6s3rApXc&t=158s>



Bonnie Badenoch, The Myth of Self-regulation

Regulation strategies

- Interoception- needs to come before regulation.
- Naming the experience out loud
- Normalizing
- “Name it to Tame it”(Drs Dan Siegel & Tina Payne Bryson)
- Breath
- Movement /Proprioceptive input
- Promoting interoceptive awareness with touch vs. always naming



Synergetic Play Therapy® - Regulation Activities

Listed below are just some examples of activities that can be used to help regulate a dys-regulated nervous system. It is wise to do these activities pro-actively, as well as in moments of dys-regulation. It is also important to follow the body's innate wisdom back to a regulated/ventral state. These activities are important to be done alone AND also with someone.

- Run, jump, spin, dance with pauses to take deep breaths- you can make a game and have child jump high to touch something high on a wall or in a door frame
- Run, jump, etc. and crash into something soft (i.e. jump on a bed and crash repeatedly)
- Bounce on a yoga ball
- Roll across the floor back and forth
- Sit in a chair and push up with your arms (as if trying to get out of the chair) ...keep some resistance
- Massages
- Deep pressure on arms and legs (you can slowly apply pressure down arms and legs in a long stroking motion)
- Eat (particularly something crunchy)
- Drink through a straw
- Take a bath or shower
- Wrap up in a blanket and snuggle (a little tightly for some pressure)- of course, do this safely.
- March or sing during transitions
- Play Mozart music in the background during challenging times of the day if in hyper-arousal
- Play Hard Rock/Fast/Bass music if in hypo-arousal
- Carry heavy things or push heavy things around
- Do isometrics (wall pushups or push hands together *(looks like you are praying)*)
- Walk quickly
- Run up and down steps
- Shake head quickly
- Hang upside down off of a bed or couch
- Play sports
- "Doodle" on paper (this one can be a bit more distracting, but sometimes works)
- Hold or fidget a Koosh ball, rubber band, straw, clay
- Rub gently or vigorously on your skin or clothing
- Put a cold or hot wash cloth on face
- Dim the lights if in hyper-arousal
- Turn on the lights if in hypo-arousal
- Read a book
- Swing
- Learn about "Brain Gym"-tons of ideas
- Yoga
- Snuggle
- Dance
- Move, move, move- anyway that it feels good to your body
- Describe what is happening in your body out loud- "My tummy is going in circles", "My legs feel heavy", etc...
- Breathe, breathe, breathe- make sure that your inhalation is the same length as your exhalation

Regulation ideas: some ways to activate the ventral vagal state

- **Activating facial muscles**
 - Drink through a straw
 - Yawning while applying pressure to tension points in jaw
 - Cold water on neck and face- activates diver's reflex
- **Daily practices for activating the vagus nerve**
 - Gargling
 - Humming
 - Gag reflex activation with toothbrush on both sides of mouth
 - Cold shower- end regular shower with 1 min+ of cold water breathe through shock
 - Deep breathing
 - Sunlight exposure
 - Sleep on your side with a pillow between your knees
- **Weekly practices**
 - Yoga/pilates/light exercise
 - Social interaction
 - Listening to music
 - Mindfulness practices
 - Good sleep and nutrition



Attunement

- Attunement is a “communication dance” - read/feel the cues of one another and respond
- Attunement to self involves
 - Authenticity
 - Congruence
 - Connection to self – regulated (ventral vagal)



Supervision Interventions

- **Attune to the environment**
 - Sit in silence and notice the environment. Identify 5 sensory experiences within the room by naming sounds, sensations, or thoughts.
- **Attunement Visualization**
 - Create an internal representation of an environment that depicts attunement. Include all objects or images that symbolize all required elements. Once completed, draw this image or reproduce it in a sand tray to externalize representation.

Play in Supervision

Play in supervision, like play for children, provides a safe distance for supervisee/supervisor interactions due to the metaphoric nature of the play experience.

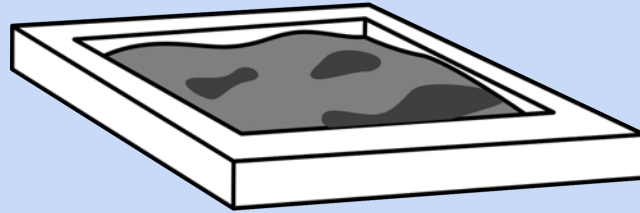
Catharsis: Engaging in cathartic play in supervision is critical for the release of pent up negative emotions. Catharsis enables therapeutic change by discharging negative emotions and increases conscious awareness and control over them – teaching mastery in the process, increasing **Self-Expression, Facilitating Communication, and Access to the Unconscious.**

Mellenthin & Willard (2021)

Two great resources for information and playful activities (see References section): :
Supervision can be Playful (2008)
Techniques and Interventions for Play Therapy and Clinical Supervision (2021)



Sandtray in Supervision



- helps explore countertransference in a way that is symbolic and nonverbal and more consistent with the nature of our work with kids. Dr. Eliana Gil *Supervision Can be Playful* (2008)
- allows for a right-brain to right brain attunement (Set up or offering) Synergetic Play Therapy
- encourages vertical integration linking body, the limbic region, and the cortex in the right hemisphere of the brain. Bonnie Badenoch (2011)

Finding a congruent clinical theory

Experiential from Marshall Lyles “Using Sandtray Protocols” in Play Therapy” Workshop 2023

1. Read each phrase and find a figurine that matches the phrase for you. Trust the right brain to do the choosing!
 1. How people develop in healthy ways.
 2. What happens to interrupt development (dysfunction)?
 3. How does the person return to healthy development (functional)?
 4. What happens in the therapeutic process?
 5. Role of the therapist.
1. Share the sandtray with your partner/group of 3
 - When witnessing your partner’s work, ask them to share their sandtray with you.
 - While listening, note and reflect back phrases that you hear them say.
 - Notice areas of contrast/ ask clarifying questions as needed while staying in the metaphor

Clinical Play Therapy Theories

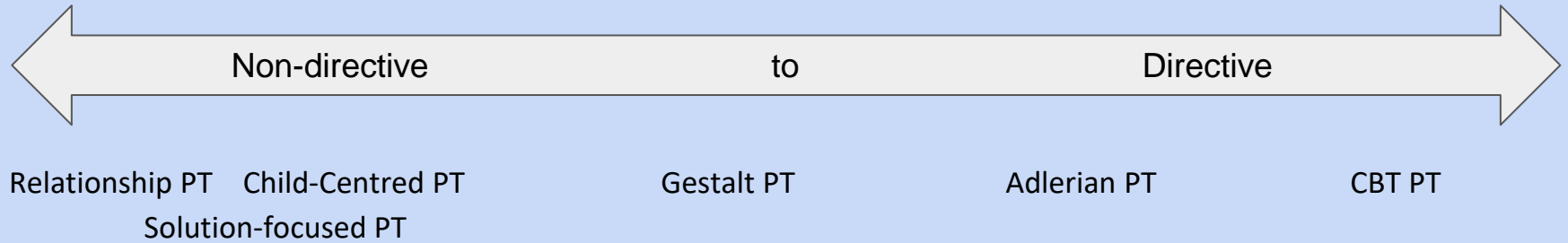




Image by [Alexa](https://pixabay.com/users/alexas_fotos-686414/?utm_source=link-attribution&utm_medium=referral&utm_campaign=image&utm_content=3657139) from [Pixabay](https://pixabay.com/?utm_source=link-attribution&utm_medium=referral&utm_campaign=image&utm_content=3657139)

Information on Trauma

“**Trauma** is in the nervous system, not in the event” **Peter Levine** (2007)

Trauma involves experiencing something that the nervous system is unable to cope with. The person’s **perception** of the event and their ability to respond to the event (not the nature of the event itself) determines if it’s traumatic or not.

Bessel van der Kolk *The Body Keeps the Score* (2014):

Defines **trauma** as an overwhelming experience that can disrupt an individual's **sense of safety**, connection, and ability to regulate emotions.

He states that for lasting healing from trauma to occur, clients need help in feeling safe to inhabit their bodies, and in tolerating feeling what they’re feeling and knowing what they know.

Trauma & Polyvagal Theory

Supervisees/clients who have experienced trauma have a range of difficulties in:

- co-regulation
- feeling safe with others
- being in physical proximity with others
- being touched or touching others and
- establishing trust in their social relationships.



“The main neural circuits that optimize behavioural defense, disrupt the circuits that maintain physiological and mental health.”

Andrea Cashman ‘Insights and Takeaways from the Polyvagal Theory for Trauma Clients’

Trauma-informed Supervision

We have no way of knowing what our supervisees may have witnessed or experienced in their lives and as such, we need to provide supervision which is trauma-informed .

Key principles of a trauma-informed approach:

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical and Gender Issues



Compassion Fatigue

- **Compassion fatigue** - a state of tension and preoccupation of the stories and trauma experiences described by clients/supervisees
 - .Compassion means to suffer with.



Vicarious Trauma

- **Vicarious trauma** - *cumulative* effect of contact with survivors of violence or disaster or people who are struggling.
 - Happens to you over time as you witness cruelty and loss and hear distressing stories, day after day, and year after year. (Mellenthin & Willard, 2021)



Photo by [Susan Wilkinson](#) on [Unsplash](#)

Burnout

- **Burnout** - physical, emotional, or mental exhaustion accompanied by decreased motivation, lowered performance, and negative attitudes towards oneself and others.([ww.apa.org](http://www.apa.org))

We use the relationship to allow the client (*or supervisee*) to experience the regulation affects in effective tolerable doses in the context of a safe environment. So that overwhelming, traumatic feelings can be regulated and integrated into the client's (supervisee's)emotional life.



Dr. Allan Schore
Founder of Interpersonal Neurobiology along with Dr. Dan Siegel

Avoiding burnout requires regulation of the mind + body

- We need to **model regulation** in supervision (either online or in person) to regulate ourselves and model to our supervisees how to regulate.
- By helping the supervisee understand and learn how to regulate moment to moment in session and in between sessions, we can help them avoid the cumulative effects of trauma on their nervous systems.

- Both supervisor and supervisee need to **regulate the body** as one of the ways to avoid vicarious traumatization that leads to burnout. The other regulation that is needed is **regulation of the mind** (Dr. Gabor Maté)

Regulation of Mind: Perception is the key

- **Changing thinking/perception is the key to regulating the mind.**
- Black and white/all or nothing thinking is dysregulating and keeps us in lower brain areas.
- Seeing the complete picture (challenges and benefits) keeps us more in the prefrontal cortex.
- Family or absolute beliefs about how a person needs to be such as “ I can handle everything myself”, “It’s not ok to be angry”, etc. can lead to dysregulation and disease (Dr. Gabor Maté)
- Naming strengths in supervision creates safety which then allows a supervisee to hear where the challenges might lie.

Burnout Factors

- Dr. Gabor Maté states compassion fatigue is a myth and that it is actually a lack of compassion for ourselves. **When we practice self-compassion we naturally set boundaries for ourselves that decrease burnout.**
- Chance of burnout increases for supervisee has a client who is a “mirror” (remember the projective processes)
 - The supervisee may also be our “mirror” in that they struggle with what we struggle with in sessions as a play therapist or supervisor.
- Burnout can also occur because supervisee’s work is incongruent for them, or they simply have too many stressors at work and in life and something needs to change.



Challenges in Supervision

- Confusion
- Supervisees sense of incompetence as a new clinician
- Supervisee who is very hard on themselves
- Supervisee that presents as “knows it all”
- Supervisee who is “in their head”
- Quiet client/supervisee
- Resistant supervisees
- Aggression in the playroom
- Setting limits that the supervisee needs to stay regulated at any moment
- Helping Supervisees work with parents
- Helping Supervisees trust the process
- Giving feedback that promotes growth while minimizing potential threats to the supervisee's nervous system. (neuroception of safety)
- Helping Supervisees find a theoretical orientation that fits for them
- Other??

Developing the “Play Space” (Winnicott 2005) in Supervision



Photo by [Jason Leung](#) on [Unsplash](#)

A stack of five smooth, grey stones is the central focus, balanced on a rocky beach. The stones are stacked from largest at the bottom to smallest at the top. The background features a calm sea, a rocky coastline, and a sky with soft, golden light from a low sun, creating a serene and contemplative atmosphere.

Experiential

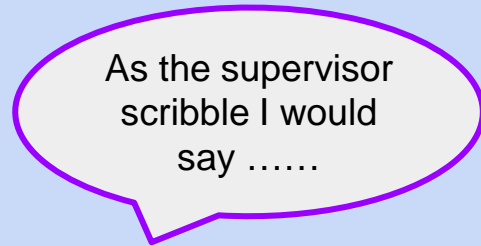
Playful interventions

1. Take your paper and fold it in 3.
2. Close your eyes and bring to mind the most challenging supervisee (client)
Think about how you see yourself in this dynamic. I want you to notice your body and if that sensation were a scribble what would it look like? Make this scribble on the far left section of your paper.
3. On the right side of the page, using a different colour, make a scribble of how you see the supervisee.
4. In the middle section, using a different colour, make a scribble of how these 2 sides interact.

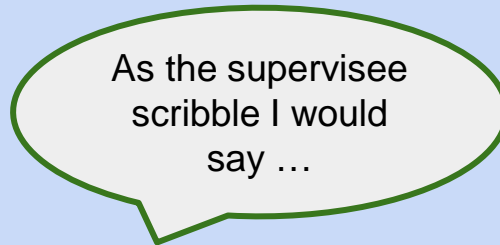
Pick up the colour of the first scribble and on the back of the sheet draw a text bubble with that colour. Do the same with each other colour you used.

Now allow each of those scribbles to talk. If the scribble of you in this supervisee/supervisor dynamic could talk, what might it say?

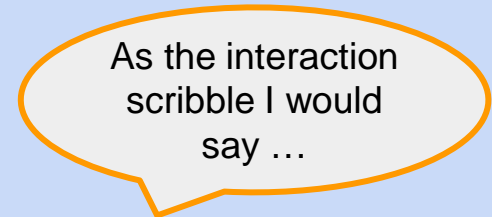
Do the same for each of the other colours: How you see the supervisee, Then how you think the supervisee sees themselves.



As the supervisor
scribble I would
say



As the supervisee
scribble I would
say ...



As the interaction
scribble I would
say ...



Heartfelt:

1. Draw a heart.
2. Draw an image of the most challenging supervisee (client).
3. On the back of the heart, write a note to the supervisee (client) summarizing your feelings as symbolized in the image you drew within the heart.

What was your word?



DANKE!

THANK YOU!

MERCI!

GRAZIE!

GRACIAS!

DANK JE WEL!

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Exercises for Social Engagement

Basic Exercise

Exercise for Social Engagement

Salamander Exercise