

Play and Attachment Therapies connected through Neurobiology

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Play therapy is a specialized mental health medium which includes many forms of evidence-based interventions designed to effectively assist children healing from trauma, abuse, grief, emotional dysregulation disorders as well as many other childhood challenges, experiences and issues. Play Therapy is suitable for children from infancy to about 16 years of age, but can also be adapted for young people in their late teens, and even for adults, including the elderly (O'Connor & Schaefer 1994). Because children are still developing, it is important for the play therapist to consider many areas of the child's presentation upon entry into service, including **attachment** strengths and weaknesses.

Human brain development and the importance of relationships is becoming an integral part of the Child Play Therapists role when considering treatment goals and outcomes. Children cannot heal alone and require a significant co-regulator/adult to support them through the healing journey. How this is done within the context of Play Therapy or Attachment therapy sessions can include a variety of interventions, styles, philosophies and techniques. No matter what the style or therapeutic philosophy however, is the imperative consideration of the neurobiological understanding of each client's symptomology and emotional presentation.

In play therapy, much of what is referred to or cited comes from four primary domains of neuroscience research: attachment, trauma, disruptive disorders and developmental disorders (O'Connor et al, 2016). Most recently, however, there is exciting information which considers neuroscience research relating play, therapeutic attachment techniques and therapist characteristics in relation to clinical practice (Hong et al, 2015) and to the healing process (Lindaman, 2016). Included in these characteristics is the focal point: *Attachment relationships significantly influence brain development, emotional regulation and templates for future relationships*. Both Attachment and Play therapists currently may include several neurobiologically informed practices such as Theraplay (Booth & Jernberg, 2009), Greenspan and Weider's DIR/Floortime (O'Connor et al, 2016), Dyadic Developmental Psychotherapy (Hughes et al, 2012) and Neurosequential Model of Therapeutics (Perry, 2009) to name a few. Children who come from deprived early experiences could benefit from attachment-based play therapies that offer the experience of caring,

attuned interactions. These caring experiences calm the limbic area of the brain by building new neural pathways which helps to create the sense of safety - which in turn leads to building healthy attachment relationships. (Geller & Porges, 2014).

Neurobiologically-informed therapy practice helps to explain the important work play therapists and attachment therapists do with children through a scientific perspective. It also supports validity, clinical decision-making and offers opportunity to consider the clients neurobiological presentation in order to maximize positive development and healing.

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