



EMDR in the Play Therapy Room: Advanced Topics in Dissociation and Wounded Attachment



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ERASER TOOL



How dissociation is adaptive

“Dissociation’s saving grace is its ability to magically save the child away from pain, frightening thoughts or realities, or from overwhelming emotions.

In short, when life is just too painful, or too scary, dissociation comes to the rescue”

Lynda Shirar: Dissociative Children: Bridging the inner and outer world

Take a Moment...

Think of your present caseload of child clients. Look at Symptoms of Dissociation for Children in your handout. Day 2 Handouts.

Identify clients on your caseload that have behavioral, emotional, cognitive and biological shifts.

Symptoms and Behaviors

- Behavioral
- Emotional
- Cognitive
- Physical



International Society for the Study of Trauma and Dissociation (ISSTD): :
<http://www.isst-d.org/>

Today's Mission: Goals of Treatment of Dissociation: Morning

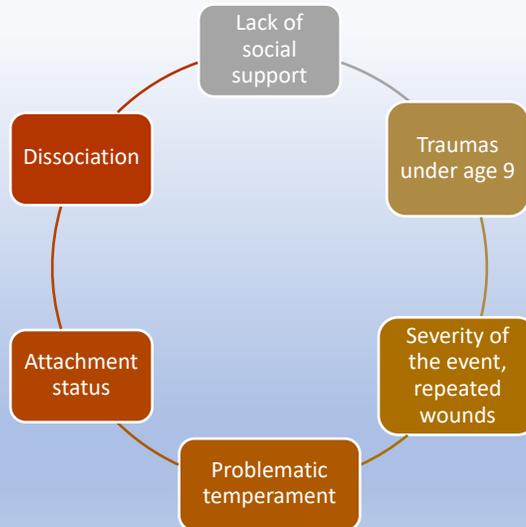
- Understanding the function of dissociation in complex trauma
- Identify signs and symptoms in children: Structural Dissociation theory
- Explain to child/caregivers what they are experiencing in regards to trauma and dissociation and how its creating difficulties
- Raise the integrative capacity of the child and caregivers
- Identify triggers and meaning of behavior. Therapist, family unit (over time) bring into focus the meaning of behavior pattern.

Afternoon:



- Directive/projective play techniques for inviting child's "parts" into treatment
- Increasing curiosity, safety, validation, respect and acceptance of ALL parts. Understand the function of each part
- Working to create a team even with protective and hostile parts: create opportunities for integration
- Increase Window of Tolerance using cognitive, emotional and sensorimotor soothing/grounding tools
- Phase 4: organic to the moment: Bridging from play and Seize the moment "Sticking your toe in"

Factors that Complicate Trauma Processing



Ann Beckley-Forest & Annie Monaco
playfulemdr.com

Client Statements..

7 yr. boy after he stole a toy at school: *"I know they said I did something bad, but I don't remember". I don't know why they are lying about me.*

9 yr: *"I feel like a little boy sometimes."*

6 yr: *I saw myself steal in the store, but it wasn't me. I seemed older, like 21 when as I was stealing the candy bars"*

16 yr: out of country adoption: *"I don't remember my childhood or what happened". "I have a bad memory"*

14 yr: trafficked: *"I don't feel like I am in my body. "I feel like I am floating"*

11 yr: *"Ms. Annie, I know you are talking to me but you seem so far away and I can't really hear you."*

Client Statements

6 yr: *"I hear voices that tell me to fight people and protect myself when kids or my brother are trying to hurt me"*

10 yr foster child: *"I know I flip over desks in the classroom, but I don't know why" I feel like I am in a dream watching myself"*

9 yr foster child: *"There are other people inside of me.. They say things I don't like to hear. Sometimes they scare me"*

4 yr : *Sshhh. It's a secret. It's the bad boy inside of me that does those things. I am afraid to tell you as he will hurt me."*

7 yr adopted: *"My head hurts, there is so much fighting in my brain!"*

6 year old abuse: *"She can't come today. I am here instead"*

Caregivers/Teachers Statements

- "When I talk to her, she is not listening nor responding. She is ignoring me".
- "Its like he is two different kids at times- and I never know who is in my house. He lies and denies things that we see him doing!"
- "One minute she is in class behaving, and then its like a switch and she is in a rage, flipping a desk in the classroom"
- He has the best average for Math, but there are days that he appears to struggle with adding simple numbers!"

Extreme Form of Dissociation

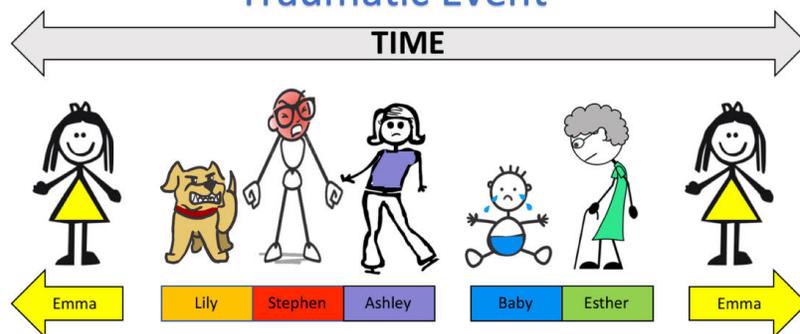
These dissociative parts (Self States) completely **control** the child's behavior.

The child presents to others as if he is **different people/kids** at different times. This happens when the separate parts control both behavior and his awareness.



Extreme Dissociation

Traumatic Event



Misdiagnosed as...

Children

- ODD (Oppositional Defiant Disorder), ADHD
- Learning problems, Seizure Disorders
- Bipolar Disorder, Depression, Anxiety disorders

Adult

- Bipolar, Schizophrenia , Delusional/Psychotic Features
- Neurological Conditions or symptoms, Memory Problems

Case Formulation Sheet

- Pick one child case that is the most challenging to you.
- Over the course of the day, you will identify steps for treatment



Starting the Conversation...

*Questions should be asked gradually in the course of interactions, with curiosity and interest but not as an **interrogation!** We prioritize emotional safety over information gathering.*

- ISSTD website with caregivers/teachers
- Fran's scale
- Erickson's Stages of Development
- Starting the conversation sheet
- "ALLMEE" Doll (comes later in the training)
- Other options: Sand, clay, dolls, figurines, etc



International Society
for the Study of Trauma
and Dissociation

Non-Member Professional
Resources

Resources

Frequently Asked Questions

[Trauma FAQs](#)

[Dissociation FAQs](#)

[Child & Adolescent FAQs](#)

[FAQs for Teachers](#)

[Annotated Bibliographies](#)



Checklist of Indicators of Trauma and Dissociation in Youth ©CIT-DY Checklist

CIT-DY is a newly developed comprehensive checklist geared for parents, caregivers, clinicians, and educators to fill out electronically or via a hand-filled version. This checklist is to be used for children as young as three years old through 18 years old. It is a guide to assist in assessing and diagnosing children with complex trauma.

<https://www.waterscounselingandtraining.com/checklist-for-trauma-assessment>

Erickson's Stages of Development

- SEE HANDOUT
- Utilize with parents or caregivers or systems like residential in Phase One of EMDR
- Assist the caregivers understand where the child is "stuck" in developmental phase.
- Discuss what the child is possibly carrying in terms of negative beliefs
- Use as part of the treatment plan and what you are recommending for parents to do

Starting the Conversation – Asking Children and Teens about Dissociation (see handout)

- Some kids have told me _____ How about you?
- They feel blank or foggy
- They have an imaginary place they visit in their mind
- They feel like they are watching themselves, not really there
- They overhear fights (or mean words or a voice) going on in their mind
- They have toys or imaginary friends that really talk to them or are really alive. (In dissociation the imaginary friend may feel more real, or like they can take over or boss the child around)

Starting the Conversations continued...

- People tell them they did stuff they do not remember doing.
- They sometimes forget things that they are supposed to know, like who important people are or important things that happened.
- They sometimes think they should be called a different name.

Continuing the conversation

Questions to ask after a lapse in awareness or shift observed by the therapist:

- *I think you changed channels back there – does that happen a lot?*
- *Where do you go in your mind when you are not here?*
- *Can you tell me more about other things you are hearing or seeing right now?*

Also for teens –

- *Some kids see posts or comments online that they don't remember doing*
- *Feel like they are playing another person when they are on different sites or games*

Case Formulation Worksheet

- What questions do you need to ask the child/teen?
- What questions do you need to ask the client's caregivers and system?



Three Principles for Exploration of Parts

- 1. Curiosity** : therapeutic reflections show interest without intrusion, “I’m wondering..”, “I am curious”
- 2. Safety**: recognizing that parts exist for protection
 - a) Validation
 - b) Acceptance
 - c) Respect
- 3. Gradual Exposure**: using play/arts/somatic is grounding and provides emotional distance.

Play therapy room as the safe container for parts

Toys/materials are grounding to the senses:

- Sand tray & miniatures of characters and scenery
- Role play items such as simple costumes, foam swords, household props
- Doll house
- Puppets



Play room as projective space for parts of the self

Pioneering play therapist Violet Oaklander used the ideas of *Gestalt theory* to frame the drive towards wholeness and healing possible in the safety of the play therapy room



Metaphor

- Metaphors are the gentlest way to cross the bridge into traumatic material and topics
- Post-traumatic play may be projective, an experiment with the self in metaphor (Eliana Gil)
- Child-responsive reflections can be used to convey curiosity, safety, and gradually exposure to the traumatic material held in a fragmented way by the parts of the child.
- Reflections also used to teach child about their inner world



Play Therapy example

6 year old "Sally": History of traumatic injury at age 2 by her teen parent caregiver; Now being raised by grandparent

Signs and Symptoms of dissociation:

- "acts like different kids", rages
- periods of collapse/excessive sleep
- persistent imaginative role playing, becomes agitated when challenged
- First day in playroom clue during disorganized, destructive play: "Sally can't come here. She is a baby. I am the Wolf"



Example, continued

Child Centered play themes over several sessions:

- Conflicts involving smaller animals getting hurt, sometimes protected, sometimes "tricked" by stronger animals.

Therapist looks for ways to use reflections and observations **within the play** to:

- show curiosity about parts
- to explore role of aggressive parts
- reflect acceptance and safety
- gradually increase awareness of internal reactions as part of the preparation for facing the trauma narrative more directly later on

Transcript



Sally: This is Peter Rabbit, but I don't know why he can't talk

Therapist: You are wondering about that.

Sally: He wants to say something but he can't.

Therapist: Some rabbits freeze up when they are frightened.

Sally: He got scared bythat lion over there....here, you be the lion, make him roar

Therapist: (roaring)

Sally: Wait, I am the lion (ROARING)

Therapist: *(using reflection to increase her identification with all the parts)* Lions roar to scare away anything dangerous. You are a powerful protector, Lion.

Continued

Sally: wait – is he scaring the rabbit, or protecting it? He is scaring the rabbit... Can you be the rabbit?

Therapist: (in a tiny voice) when you try protect me with your big roar, you end up scaring me, lion... and you get us in trouble *(this is a reflection which parallels the child's own experience of her own aggressive part)*

Sally: (as the lion) I don't actually want to scare YOU, Peter. Just the bad guys.

Therapist: (as the rabbit) I know. But you do sometimes...

Sally: "I'm sorry Peter, here is a carrot" I really just want them to be friends.

Wood Chop Pose

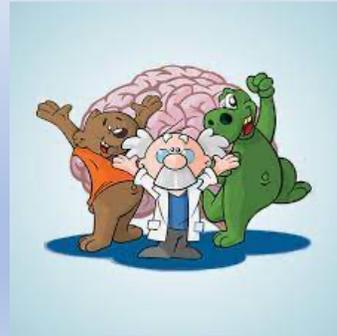


Go outside and feel the sun



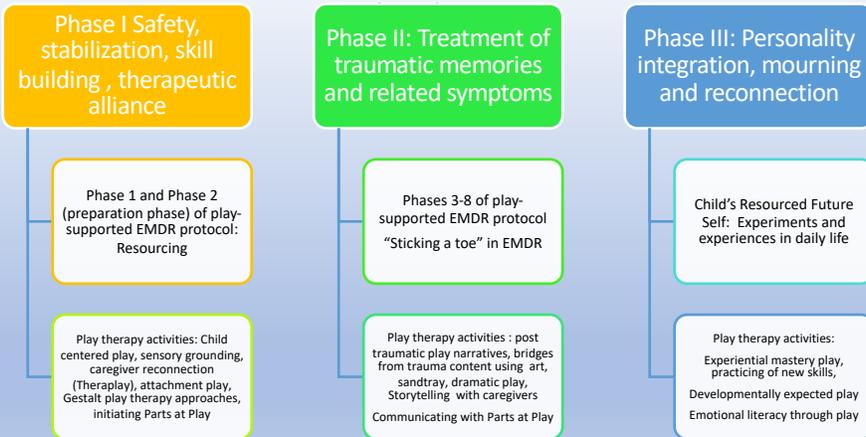
Play Supported EMDR

- Phases of Trauma treatment:
“Play Supported EMDR” for Complex Trauma
- Structural Dissociation
- Annie’s case
- Guided Experience



Play Supported EMDR for Complex Trauma (see handout)

Ann Beckley-Forest, Annie Monaco, www.playfulemdr.com



EMDR Phase 1 and Phase 2: Stabilization/Increasing integrative capacity

*Problems: Low mental efficiency: Internal family fighting,
Child/Family exhausted*

Therapists work on below before moving to desensitization.

INCREASE:

- Attachment to others; co-regulation-leads to self regulation
- Interoception and energy regulation system: hungry, thirsty, feel pain, body
- Social Engagement Action system
- Curiosity, exploration, creativity
- Developmentally appropriate activities
- Future hopes and dreams



Case Formulation Sheet

What do I need to address with this child and family?

Strengthen which of the following?

- Attachment?
- Body interoception?
- Social?
- Curiosity? Exploration? Creativity?
- Developmentally Appropriate activities?
- Future Hopes and Dreams?



Three Principles for Exploration of Parts

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Therapists/Caretakers/Child Guidelines

Three principles: Curiosity, Safety and Gradual Exposure

Therapist and *caretakers* are modeling on how communication should happen with parts including:

- Exploration of parts of self
- Validation, acceptance and respect of parts’ feelings, thoughts and wants
- Modeling that all parts need attention and we do not eliminate any parts of self. This is referencing the aggressive and hostile parts!

Group Experience

Now I want to model for you the principles and some curiosity questioning:

(Principles: Curiosity, Safety, Validation, Acceptance, Respect)

- Encourage communication between parts
- Encourage understanding, compassion, respect and empathy between parts
- Identifying the function of the part

Guided Exploration utilizing the Play Parts of Self Intervention

Virtual: Get a piece of paper or markers or your sandtray

In person: Sandtray

Get into a quiet place in your mind...

Relax, take several deep breaths... be open to the experience.

Notice your thoughts and your body sensations..

*by Annie Monaco

Case Formulation

- Curiosity is the key for therapists, caregivers and child to be successful.
- How will you focus your curiosity with this child?



Structural Dissociation: Division of the personality

Wired to complete tasks in daily life (ANP)

Children: attachment to others, eating, play, school, social engagement, exploration, learning to ride a bike, etc

Wired to have defense against major threat (EP)

- When a trauma happens, there is co-existence of the two. A child has to alternate between the reexperiencing of traumatizing events and avoidance of reminders of the traumatic experience with a focus on functioning in daily life

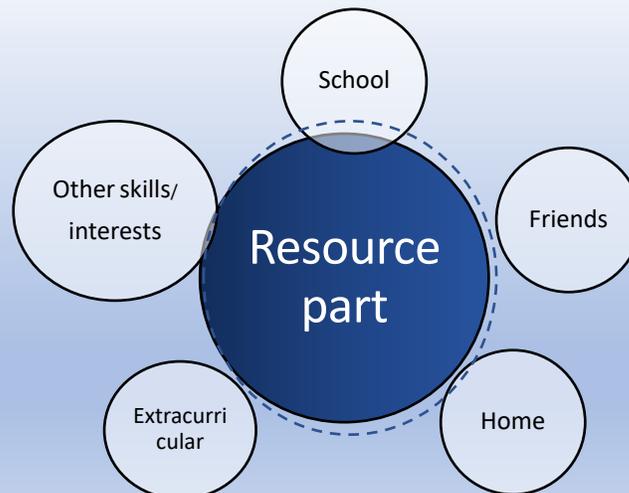
Trauma happens... Structural
Dissociation happens...

Going
on with
Kid Life
(ANP)

Trauma
parts
(EPs)



Phase 2 Preparation:
Resource part needs to grow!



Defense Action Systems

Trauma Parts



16 year old Stan from Chinese orphanage. Adopted at 9 yr

(Happy) Resource Part: Loves doing new things

(School) Resource Part: Liked to learn

Attachment Cry: desperate to sleep with parents in bedroom. Clingy, crying for hours.

Fight: Physically attacks mom

Flight: deny that he did anything wrong. "I don't remember"

Freeze: when he does something wrong (spill food)

Submit: trying to please everyone

Instinctive Animal Defense System

Mobilizing

Fight: attacking self (suicide) or others, carefully observing others behaviors and ready to protect, rage, suspicious of people's intent.

Flight: fleeing, trapped feeling, denial, forgetting, wanting to die. **Avoidance of emotions- doesn't want to talk in therapy.

Attachment Cry

When Fight or Flight are not possible, and possibly before the Freeze response...

- “cry for help”,
 - Trying to regain attachment to the caregiver
 - Clingy, and “don’t leave me!”
- “See me, Hear me, Save me!”

Immobilizing Defense Action Systems

Freeze: We have exhausted our options of fight, flight and attachment cry. Feelings of scared, fearful, and behaviors of panic attacks, numbing, spacing out, can be dissociation.

Submission: submit as it is a no-win situation. Child will put up with it as there is no way out. Just give in. Think “Its my fault”. Try to please others.

- Feelings of Depression, shame and Ashamed, Depressed. Feelings of hopelessness.

Case Formulation Sheet

- List your child's defense actions: flight, fight, freeze, attachment, submission parts. What does this look like?



Self- states, Parts of self

In their internal system, world or “family”, they might have:

- Different ages
- Names
- Hair color
- Gender
- Memories
- Attitudes





Whose Driving the Bus?

Who drives the bus (Executive Control)

- when they come to see you?
- when they go to school?
- When they go out in public?
- When they are at home?
- When they are with biological siblings?
- With adopted siblings?

Do they switch drivers often?

Self Care: Lunch



Laughing Yoga



Laughing Yoga (and dancing, playing, chanting, laughing, singing, drumming) engages the parasympathetic response and Ventral Vagal.

- Increase social engagement
- Increases oxygen to the brain
- More energy, motivation
- A connection between people
- Relief of stress



How do Self States look?

- These self states can in conflict with each other, shout and make noises in the head of the child and it can be intrusive to the child/adult
- The child can possibly starts to experience themselves as weird



Why do dissociative parts appear in children?

VICTIM SELF STATES

Hold the unprocessed trauma experience: including body movements, (fight or flight), sensations, memory, emotions, thoughts

Can't express their emotions during the trauma: distress, horror, fear, anger, sadness

Unprocessed sensory experiences; intense pain in parts of the body that were hurt during the time of trauma

Protector Parts

Can be:

- Helpful to the child
- Narrator part
- Defensive Actions (ready to protect child)
- Critical to the Child
- Imitating a past perpetrator

Protective Self States may form to help the child

Common: are helpers/ rescuers or hero figures, maternal figures, babies, affective states (laughing or scared) or a beloved pet. Sometimes a new family can be imagined.

Internal helpers: Help the child for instance they can help the child in school, help the child in difficult social situations, Help the child with coping with anything difficult.

Helpers to unmet needs: They might have an internal mother figure, an internal part that feeds the child, talks to the child, in order to help the child with unfulfilled needs.

Parts that cause us to lose sleep!

Protective Parts (fight): making sure the victim parts are safe and protective

Perpetrator States (fight): Other states have stored the perpetrator's energy, violent structure, and intent..

These are also called Introjects.



Case Formulation

- Who drives the bus at home, school, etc?
- What Victim parts exist?
- Helper Parts?
- Protective Parts/ Perpetrator energy parts?



Extended Preparation (Phase 2) Interventions with Dissociative Children

- 1) Therapist/Child/Caregivers gain curiosity, exploration and listening of the self-states (*Parent Tip Sheet*)
- 2) Strengthen the most mature part of self. (Resource Part) Teach the parent/child when they are dissociating
- 3) Gain data about transition moments from self to dissociated part
- 4) Explore parts (which parts is living in Trauma Time) and reduce Conflict and Phobia between parts
- 5) Teach caregivers/kids how to respond to parts: ignoring makes it worse!! Team work, inner cooperation, harmony

Parents Tip Sheet

- Principles of Exploring Parts
- Meaning of Behavior: be a detective! Every behavior is for a reason!
- Important concepts
- Language to use



Development of the Resource Part of the child

- Plant the seed of how the child can grow in capacities and take care of themselves.
- We are helping the child (along with caregivers) to grow the future self.
- We are MODELING to the parents and to the children a new way of operating and developing this self.
- Most mature self becomes the Reflective part of the client *“Grown up you, big kid you, most mature self”*

Basic Tools to Teach Dissociating

Hand Fan



CIPOS : Jim Knipe, edited for children by Ann Beckley-Forest

TV Remote



Hand Fans for Children



Completely open fan: Present in the room. “You can hear me, I am making sense, and you know that you are present in your chair and in the room. You can see colors, windows, and feel things.”

Half Fan: Semi-present. “You are somewhat present but feeling foggy or distant”.

Completely Closed Fan: Dissociated. “You can’t hear me, I am far away, I am somewhere else. I sounded faded, you feel like you are in a fog. You are thinking about the memory”.

Originated by Ana Gomez, changed/edited by Annie Monaco

CIPOS child style/TV Remote

(Continuous Installation of Present Orientation and Safety: Jim Knipe)

Strengthen Present Orientation

- Are you in the play room or in school?
- Can you hear the musical instrument I am playing
- Can you tell me how many paint brushes I have?
- Just think of this for a few seconds and then bounce on the ball!

Remote Control: Are you on my Channel? Can you come back?

Transition Moments: Triggers

Obtain Details of how a child/adult goes from "ok" to into symptoms, bad moods or acting out behaviors.

- "I don't know" can't work!! (example)
- Explore the triggers/environment/strong reaction and which self states are triggered by cues
- Explore with caregivers/clients how the trigger relates to the original trauma and what the self states underlying motive was for the strong reaction

Joyanna Silberg

Amnesia: Help child remember problem behaviors

Lack of ongoing memory problems has such severe consequences for at home, school, or with peers.

Take out the reasons not to remember:

- getting punished
- embarrassment about the event,
- pain of confronting things about themselves that are inconsistent with their world view.
- Give a reward for remembering?

Case Formulation Sheet

Strengthen Caregivers/Resource Part

Transition Moments: When does the child shift?

- With certain caregivers, biological sibling
- School: feels stupid or can't learn, being left out
- Being criticized, told no, not getting what they want
- Positive comments or happy situations
- Being touched
- Having to do something difficult



Extended Preparation Phase Children/Dissociation

- 1) Therapist/Child/Caregivers gain curiosity, exploration and listening of the self-states
- 2) Strengthen the most mature part of self
- 3) Gain data about transition moments from self to dissociated part
- 4) Explore parts: Trauma Time, Phobia's, Internalization of messages, function of each part
- 5) Teach caregivers/kids how to respond to parts: ignoring makes it worse!! Team work, inner cooperation, harmony

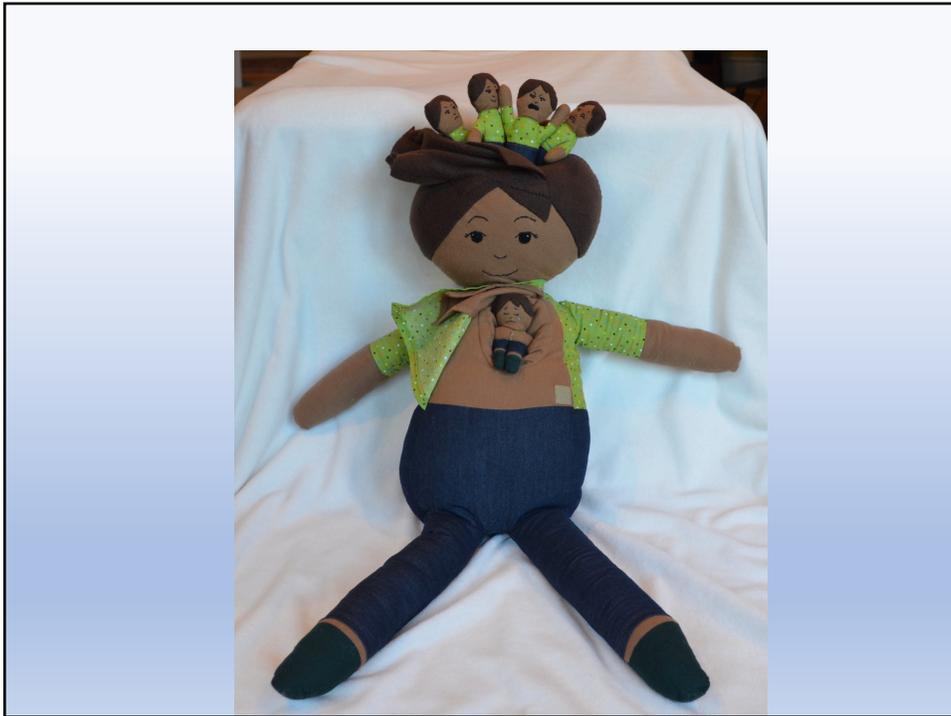
Exploring Parts

How to Explore Parts?

- Therapist's Play Room is all set up for parts of self to be played out!
- Sand, Art, Clay
- "Almee"
- Play Room Parts of Self Intervention

Dissociation Doll: "Almee"





“Allmee’s parts of Self



In your session... what might you see?

Young Parts are the most common to witness

What they might look like:

- Frightened and untrusting
- Clingy and needy
- Crying and temper tantrum for hours
- Insecurely attached with an attachment cry
- Idealize their perpetrator and deny their history
(I miss my mommy!!)

What Protective Parts might be saying to the Child (*Communication*)

- *Don't listen to them! They will hurt you!*
- *They are full of lies! Don't trust them!!*
- *They are like ___! This is another bad person/ enemy!*
- *"They will ask a lot of questions". Your questions make us nervous.. You will lock us up in the hospital... Your questions stir up emotions and make up some of us angry, rageful and some are sad."*
- *You must be loyal to your inside family!*
- *We will kill "you"- if you speak!*

Relevant concepts for the therapeutic work Regarding the internal system

Low Mental Efficiency

Family and child are exhausted from dealing with these parts.
(Psychoeducation, Integrative Capacity)

Internal conflict in the system can be occurring among all the parts.

Parts may be amnesic to each other
(Exploring Parts and developing dialogue)

Trauma related phobias

Phobia of traumatic memories/inner experience. Phobia of parents to child's parts
(Explain the function, validate each part)

Internalization of messages: Perpetrator parts (Psychoeducation: mirror neurons and differentiation between self and perp).

Trauma Time

Parts stuck in the past
(Helping victim parts know they are not living in the past.)

Parent collaboration

(Psycho-education about parts, detective into behaviors, teach curiosity)

Monaco, 2021

Treatment Recommendations

- Therapist, Child - explore the Self states. Teach parents to explore and develop dialogue among the parts
- Engage the (Hostile) protective parts with compassion and kindness. They never had this!!!
- Teach children/caregivers what to do if the parts are frightening them
- Teach the child that they are imitating the perpetrator

What's the Goal? (see sheet)

- We want all voices heard
- We want everyone to get along
- Does everyone know each other's story?
- Do we have caring towards each other? Do we have appreciation if a part carried a trauma?
- Everyone can find ways to resolve a conflict
- Everyone has resources they can use?
- Encourage Integration: "we want to work as a team"
- Encourage responsibility for all behaviors across self states.

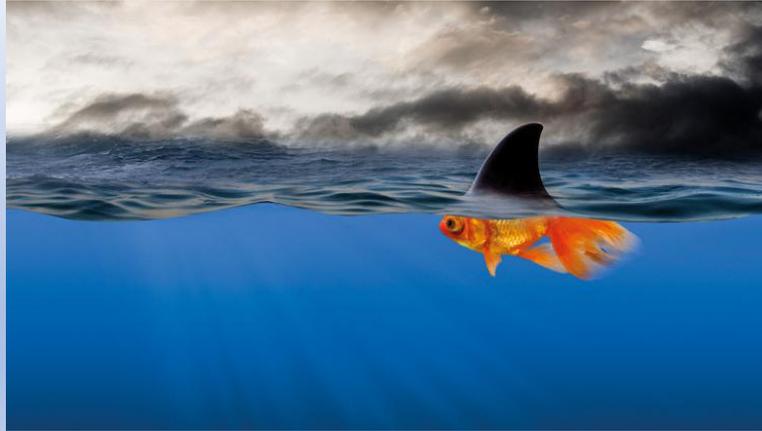
Which Part to start with?

Meet and Engage the Monster:

- We need to start with the more difficult and challenging parts of self.
- We have to let them know we are ready to listen, understand their needs and accept them. Compassion! They have never had that!!
- These protector parts are standing in front of the baby and young parts and "blocking you" from helping them to heal.



Its really just a fish....



Case Formulation Sheet

How will you explore these parts?

What do you need to increase?

- Safety?
- Respect?
- Openness?
- Compassion?
- Having Parts Listening to each other?
- Dialogue?



Teaching Parents/Children

- Model for the client on how to not talk directly at them but WITH them.
- Sometimes simply checking in with the voice will have a positive effect because they are not used to having anyone check in with them.
- Encourage not to ignore reject the hostile parts
- Anger: Parts are afraid of disappearing and tend to think that the therapist wants to destroy them or get rid of them since this is usually what the client wants!!
- **Intervention: Repeatedly assure the protective/defensive parts we do not want to rid them.**

Trauma Related Phobia's

Child and Caregivers are phobic:

- of the parts
- Of the inner conflicts
- Of past memories

Explore Phobia's with External and Internal Family

The whole External Family may want to avoid the trauma's and parts.

"I tell him that is in the past. He is in a good home now". He should have fun. He should forget about it"

Trauma Parts hear: "those people (adopted parents) are trying to get rid of us. Don't they know what we have been through?. We need to fight for our existence"

Internal System Phobia

The Kid Part (ANP) does not want to deal with the past trauma's.

"I don't want to talk about the past. I don't want to come to counseling anymore. It doesn't bother me."

Trauma parts feels "We saved him from that abuse and now he is ignoring us? Lets fight for our existence!!

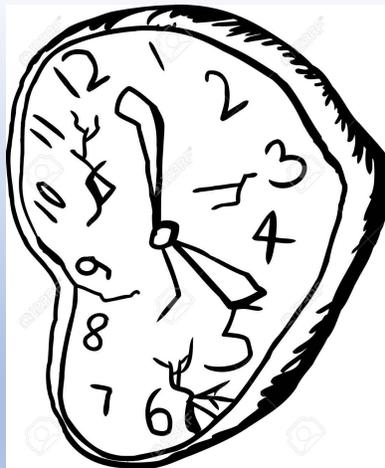
Defense System and Protective parts get activated...

And then it is a mess...

Phobia's! Internal Family Conflict

- The more clients try to ignore or get rid of these different parts or voices, the higher the conflict.
- Most parts have a positive intention even if it doesn't feel that way!
- The main goal in working with voices, is to reduce the existing conflict and improve cooperation.
- ****The system of parts will naturally reflect the type of conflict that has been experienced by the client as he or she is growing up.

Stuck in Trauma-time



Time Orientation/ Grounding

- Play, Scents, grounding and soothing options
- Do they know that you live with your mom and Dad?
- Do they know they are not (at the orphanage or with that perp)
- Look at your current body to see how the body has grown, and to look at a calendar to recognize the passage of time. (Waters)
- Can you share with the parts what it is like to eat food (smell, taste, eat, swallow) or what it is like to get hugs? What does that feel like?
- Do they know you are in 4th grade?

Who are the Protector Parts?

- They were born from the most painful feelings, allowing the person to dissociate the most traumatic aspects and continue to deal with daily life
- They have little or no time orientation. They live in trauma time, unaware that time has gone by and the present is currently safe
- They are unaware that the danger is over and remain stuck in defense. They may either be suspicious of others or focused on repeating damaging behaviors to avoid pain or punishment from others (thinking that by inflicting pain) themselves, they have more control over what is still perceived as an out of control situation.

Delores Mosquera

Protector Parts

- Their main goal is to be protective!!
- They are usually not trying to harm..
- Would be willing to try new suggestions
- Encouraging kids to talk to them about comments or behaviors that are frightening or bothersome is a KEY ASPECT in the progress towards better functioning.
- When clients can communicate their needs and wants, and what works and doesn't work, parts can modify their way of responding.

Why do angry parts surface? When something needs to be done

- Show up when the child feels stressed, pressured or not feeling good.
- Often get triggered when the child must address or deal with something in particular
- Their reaction can either be in response to a perceived threat or to notice that other parts are not up for the job or cannot handle what needs to be done.
- Ex: criticize a child for not getting work done
- Ex: mom taking away video games

How to Talk to Protective Parts

Thank the protective parts: “Thank you for taking care of Stan when he was young”

Explore Triggers: Oh I wonder if every time your mother gets mad, you have this part that is trying to protect you and picks up a knife to hurt her so you won’t get hurt? Takes care of the younger parts:

“What do you think the baby part needs”

“Do all your parts know they are sharing one body?”

Continuation

Time orientation : “You have a new family now”

Comply: They do not have to comply with the parts request to hurts others, themselves, or keep silent and don’t tell the therapist or others valuable info.

Inform them of consequences: “All parts of you will have to go to the hospital”

Break

Mirror Neurons

The child is assimilated the physical stance, the screaming, the shouting, the threats and finally the violent actions of the perpetrator through the use of mirror neurons.

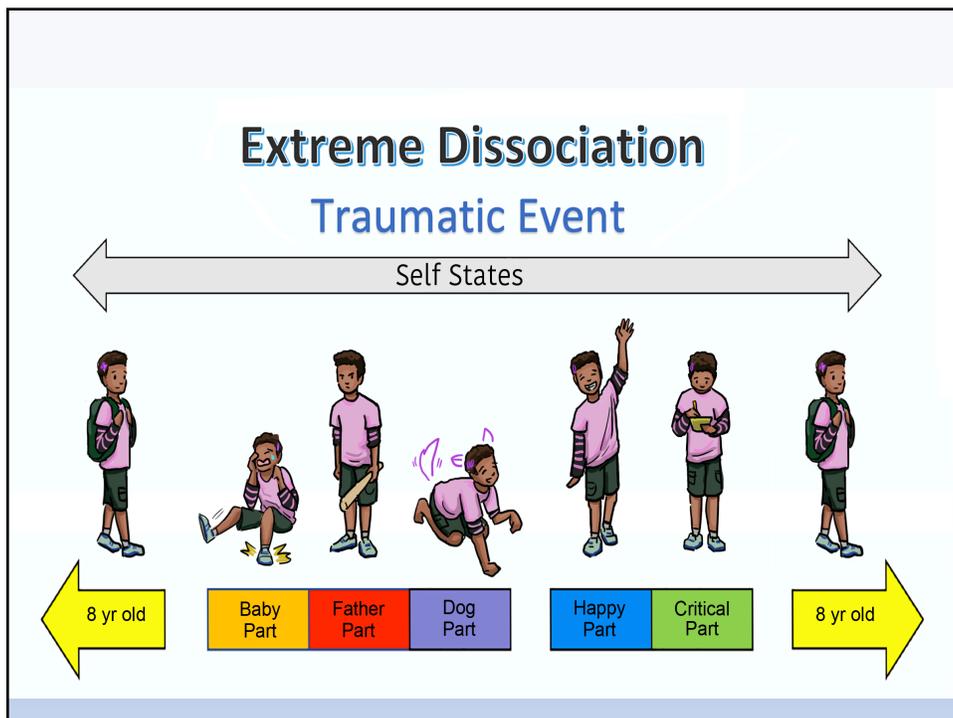
Subconsciously copying the behavior of adults...

Protective Part or Monster Part?



Caregivers/Perpetrators: Internalizing messages of the past

- Child learned how to be a violent person from the harmful adults
- Their body is recalling what has been learned from the past.
- In their own self identity, they have internalized messages and attitudes and repeat them



“Monster” Parts



- Much more forceful in than other dissociated parts
- They are extremely intrusive with relationship with therapist, parents, siblings, school.
- Destructive inside the playroom/office
- They can be violent, sexually offensive, destructive, extremely controlling
- Child is hesitant to talk about this introject part.
- Child feels helpless, hopeless as the introject is SO powerful

“It takes me over”

The helpless child feels like he has no control over this part. “It takes me over”. They don’t have the energy or persistence to deal with the introject part. They feel it is too powerful or too strong and dangerous.

Letting go of a perpetrator introject part while living in an unsafe home is nearly impossible.



Monster Parts can be....

- Intimidating/disruptive: home and in session
- Angry at the child's helplessness or weakness and they allowed or caused the abuse
- Can very much feel like a scary older adult
- Can be an imitation of a perpetrator part



Monster Parts

Present themselves as the original perp engaged in the original traumatic actions. It looks and feels like the actual perp!



Perpetrator Introjects

- A child would rather imitate the perpetrator and feel strong and safe than imitate a weak victim!!
- This part helped them survive and kept them alive. May not want to give up this part that can keep them safe from bad people.

"I wonder if this part can only come out if you are really in danger"

Copying/Imitating the Perpetrator

Child has a mask on! The child and perpetrator have similarities but they are not the same. Important to point this out?

- *Where did you learn to hit? (behavior)?*
- *Oh you learned it from him. So you copied him?*
- *So you have a Dad part of you?*

Reframing the Scary Voice

- *Your past feelings are talking to you*
- *That is your voice of scared feelings..*
- *This is the voice that signals you that bad things are going to happen.*

Teaching to inform the voice of feeling scared.

"Does this voice know how much this upsets you"

Is this voice aware of how frightened you become when you say those things?

In Person and Virtual

- Guided experience: build the sand tray based on what I guided them to do.
- Virtual people watch our 11 minute video

Sandtray version of Play Room in pairs

- Work in pairs
- Use the sandtray
- Only share what you are comfortable sharing

The Play Room Parts of Self Intervention

- See the internal world as a family
- Neutrality: each part is treated with kindness
- Parts contain valuable information for healing
- Important to “poke” but not overwhelm
- Pacing matters
- Therapist stays curious
- Hostile parts are potential allies to the therapist
- Encourage responsibility for all behaviors across parts (Waters, 2016)

Explore with a partner..

- *Where would that part go?*
- *Does that part have a name, how old do they feel?*
- *What do they like doing or not doing?*
- *What do they want us to know about them? If you look inside what are they trying to say?*

Other options:

- *Who is the protective part? How do they protect?*
- *What do the parts want to accomplish?*

Stick in the Toe for EMDR processing

Three things therapists should know...before asking a client to stick a toe in.

- Child must have engaged in a safe and therapeutic relationship with you.
- Child understands why you are bringing up past events.
- Child engages in activities in your office (with your prompting) that keep them in the window of tolerance.