A publication of the Canadian Association for Child and Play Therapy (CACPT)

Playground

Fall 2011

Heart Centered Play Therapy™: Daniel's Healing

Rules Versus Principles: The Process of Ethical Decision-Making

Filial Therapy: What Every Play Therapist Should Know

CANADIAN ASSOCIATION FOR CHILD AND PLAY THERAPY

CACPT Announces Three Play Therapy Certificate programs in Canada!!!

CACPT
Play Therapy Certificate Program

The Play Therapy Certificate Program is an intensive training course run by the Canadian Association for Child and Play Therapy (CACPT). The program is the only one of its kind in Canada, is 30 days in length.

The Program Covers

1. **Theory and Approaches:** Play Therapy Process, Theoretical Models, Assessment, Family Play Therapy, Group Work, Filial Therapy, Theraplay.
2. **Techniques:** Sandtray, Puppets, Storytelling, Games, Art.
3. **Populations:** Trauma, Abuse, Grief & Loss, Attachment, Learning Disabilities, ODD, Anxiety.

Toronto, Ontario, July 16 – 27, 2012

London, Ontario, May 14 – June 22, 2012

British Columbia – Dates and location to follow

LEVEL I

The students will be introduced to the history of play therapy, rationale for the use of play in therapy, various therapeutic powers of play, theoretical approaches to play therapy, and phases of play therapy. Practical material will also be provided, including how to develop therapeutic rapport, conduct a play therapy assessment, develop a treatment plan and incorporate play into family sessions. Best-practice tips on record keeping and other ethical issues will also be provided, as well as research to support the effectiveness of play therapy.

LEVEL II

The students will be introduced to a number of play therapy techniques and approaches including Sandtray, Puppetry, Storytelling, Group Play Therapy, Art Therapy, Filial Therapy, and Narrative Therapy. Play therapy approaches to treating attachment disorders will be presented. A course on Brain Research is offered to provide students with cutting edge knowledge and theory.

LEVEL III

This level will focus on play therapy with various populations, such as trauma, child abuse, bereavement, learning disabilities, pervasive development disorders, depression, and anxiety. Students will also learn how to set up an ethical play therapy practice, and testify in court. The last day of the program will focus on self-care and students will have an opportunity to develop their own creative program to foster personal growth and prevent burnout.

CACPT is known throughout the world as the premier association for its high quality educational workshops and programs. Join us in July 2012 for this exciting new program in Toronto.

For further information visit **www.cacpt.com** or call **(519) 827 1506**

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Playground
Canadian Association for Child and Play Therapy

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Hello from the President

In our Canadian Play Therapy community, Playground Magazine is our chance to shine!

Playground is published by CACPT and we are the National Play Therapy Association in Canada. Our membership is growing and thus far to date in 2011, 101 members have been certified as Child Psychotherapists and Play Therapists or Certified Play Therapy Associates.

Our April Annual General Meeting and Conference held in Guelph was well attended. Dr. Athena Drewes (who has recently published her new edited book entitled Integrative Play Therapy) presented two popular workshops. For the first time ever we also had vendors selling books, toys and puppets to attendees. Feedback included glowing thank yous to the exceptional work of Elizabeth Sharpe and Kip Sharpe of BPI Consulting. Their planning and organization made this conference a huge success.

We plan to organize the 2012 AGM and conference in Alberta in joint partnership with the Alberta Play Therapy Association. Details to follow via eblasts!

Our CACPT Play Therapy Certificate Program was offered in London and Ottawa this year with plans to expand to other parts of Canada in 2012. As your Association President I have had the privilege of working with our dedicated board. I have also consulted and met with some of the Presidents of Play Therapy Associations from around the world. We are not so different from each other. We all hold in common the belief that the Power of Play heals.

Enjoy this issue of Playground. We hope that the articles assist you in your healing work.

Theresa Fraser
C.C.W.(C.Y.C. Cert), M.A.
Certified Child Psychotherapist and Play Therapist
President of C.A.C.P.T.

Update from your Executive Director

Executive Director's Report

There's so much news, I really do not know where to begin. The members and Board of Directors of CACPT continue to amaze and inspire me as we continue to advance this wonderful profession of Play Therapy across Canada and around the world. So many of our members are reaching out to countries across the globe that are in need and require the very specialized skills that play therapists uniquely provide. But we need more. We simply can't stop growing our association in numbers, in educational opportunities and in advancements in the world of child psychotherapy and play therapy.

Here is what we are doing to help:

- The CACPT Board voted unanimously to partner with the Alberta Play Therapy Association (APTA) to present its Annual General Meeting and Conference in Calgary in 2012. Mark your calendar for April 27th & 28th and we'll send you updates as our joint committee develops the program theme and schedule of great speakers. This is your once a year opportunity to network with your colleagues across Canada and to attend some amazing workshops.
- The CACPT Education Committee has embarked upon a wonderfully open and transparent series of meetings to examine its certificate programs in Canada. The objective is to review and improve upon the trainings that are in existence and to bring in new and innovative ideas, therapies and topics to the upcoming training offerings. Feedback has been received from students, instructors, professional educational consultants and members of CACPT to help with the process of renewal.
- CACPT will offer, for the first time, Level 1 of its Play Therapy Certificate Program in Toronto, July 16 – 27. Watch our website for details and schedules.
- All three levels of the CACPT Play Therapy Certificate Program will once again be held at King's University College in London ON in May/June of 2012. More news on this will be displayed on CACPT's website.
- Discussions are taking place to examine opportunities of offering the Play Therapy Certificate Program in British Columbia in 2012

CACPT membership renewals will begin on November 1st, 2011. We encourage you to watch for notices and requests to update your information and send in your payment for the 2012 membership year. Please be sure to fill in all of the areas pertaining to you and to your membership category. Any questions with regard to the on-line system, please don't hesitate to contact Kip by email at kip@cacpt.com.

Your Board of Directors continues to work on its Strategic Plan in order to be sure that everything the association does falls within the objectives of CACPT. Watch for your opportunity to help by volunteering for the Board of Directors and/or Committees of CACPT. The new nominations process for 2012 will be announced shortly.

Wishing you a very happy fall and winter season. Be sure to spread the word to your friends and colleagues on CACPT's upcoming programs.

Elizabeth A. Sharpe CAE
Executive Director
Canadian Association for Child and Play Therapy

Playground is getting around!!

One of CACPT's Board members, Cheryl Hulburd travelled to Africa this spring to work with children there. She took Playground with her. It was a life changing experience for her and we hope to hear all about it in the next edition of Playground!

MONICA HERBERT AWARD

Ken Gardner is the 2011 recipient of our esteemed Monica Herbert Award. CACPT Executive Director Elizabeth Sharpe and Board Member Joanne Gobeil met with Ken in Calgary to personally give him his plaque. Ken's contribution to the development, growth and support of Child Psychotherapy Play Therapy in Canada has been significant. He voluntarily served on the CACPT board as the Financial Chair from 2008-2010 and has volunteered to sit on CACPT ad hoc committees. Ken is a co-director of Rocky Mountain Play Therapy Institute with Lorri Yasenik and thru his influence RMPTI was one of the first to join CACPT's Approved Provider program.

Kens commitment to CACPT and Child Psychotherapy from a national and international perspective exceeded the criteria of the Monica Herbert Award nomination. He is a Certified/Registered Play Therapy Supervisor and a Clinical Psychologist who specializes in the areas of learning/adjustment issues, therapy for children with development challenges, achievement motivation, attachment, and play therapy. Ken has participated on numerous boards within his community, including the Alberta Play Therapy Association. Ken has extensive experience as a consultant and trainer and regularly teaches for College and University programs in the areas of play therapy, mediation, assessment and counselling. Ken is recognized internationally as a Certified Child Psychotherapist Play Therapist, Supervisor, Instructor and Presenter and is highly respected in this field for his commitment, kindness and passion for the world of healing children and families.

Congratulations Ken!!

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Heart Centered Play Therapy™: Daniel's Healing

By: Susan Garofolo

Over the years, I've worked with many children who have experienced early trauma. Recent research on attachment treatment has taught us a great deal about how the human spirit is willing and able to heal. In my practice, I regularly watch children unfold their inner process. However, nothing is more moving than to witness a child who has experienced a primal loss surrender to his or her own self-discovery.

An adopted 6 year old boy has been in just such a process with me over the last few months. A few weeks ago, he came into his session and shared an incredible story which inspired me to write this article.

At the beginning of his 14th session, sitting on the floor playing with action figures, he looked up at me with wide, clear eyes and shared the following;

D: Susan, guess what?

Thx: What, Daniel?

D: I decided to start my life all over again!

Thx: You decided to start your life all over again!

D: I woke up one day and I was a baby! Then I kept growing older. I had my first word, it was Mama! Then I kept growing and I was a toddler. I looked in the corner of my room and found all kinds of new toys!

Thx: You found new toys!

D: They weren't really new, but they were new to the toddler.

D: Then I kept growing for the rest of the day till I was 6 again.

Daniel had begun a new phase of his healing process. Up to this time Daniel had experienced both child-focused, non-directive play therapy combined with directive Theraplay activities.

Daniel's story:

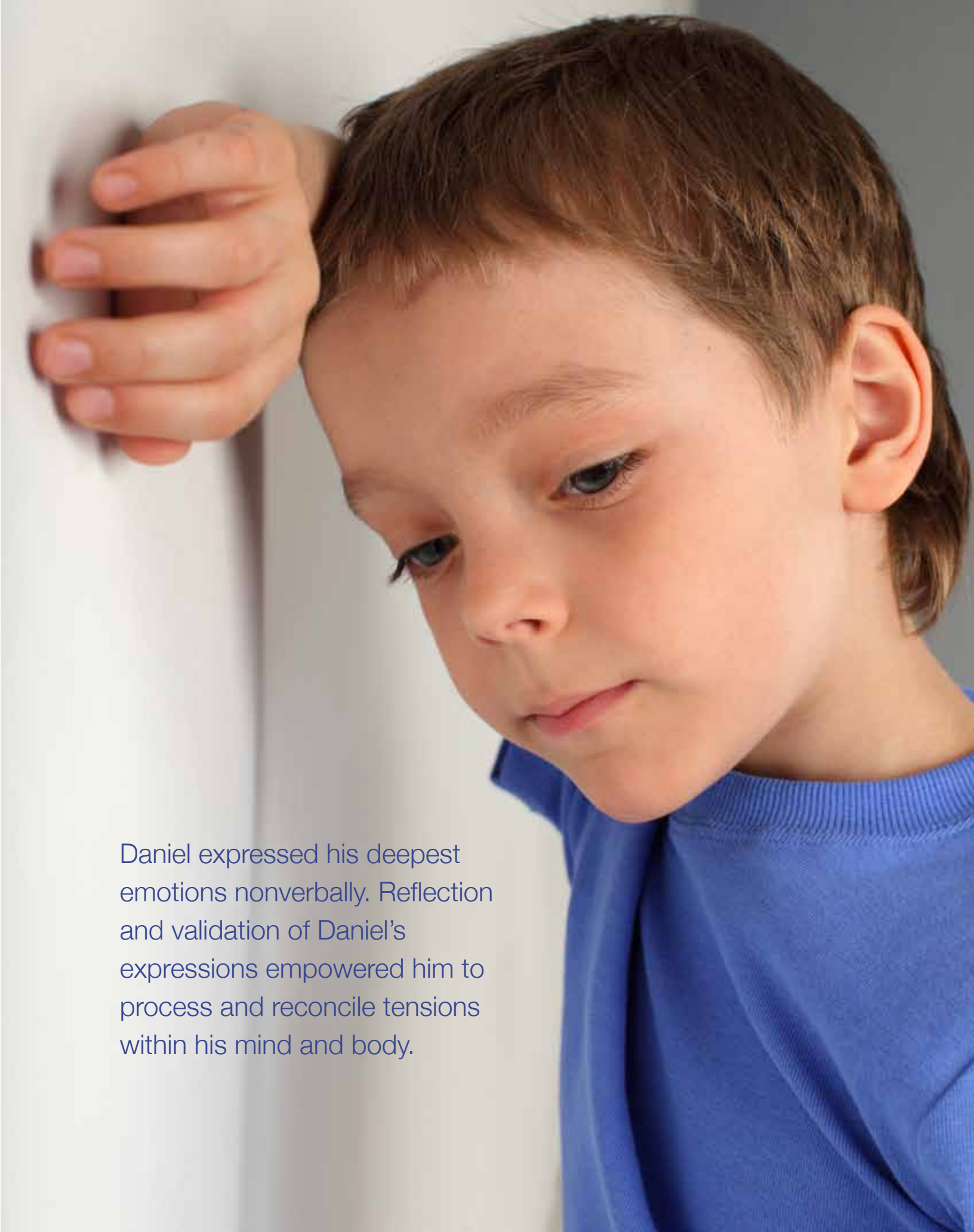
Daniel's adoptive parents were referred by their family physician because they had many concerns over their son's behaviour. Daniel presented as a tireless child who bounced off of furniture and ran around his house constantly. From the time he was brought home at the age of two, he could not allow himself to be nurtured (cuddled or fed) or be comforted when hurt. Generally, he behaved as an impulsive child, younger than his years. This created challenges to building friendships and attending to tasks at school.

Adopted at the age of two, Daniel's biological mother had originally planned to give him up to private adoption, but changed her mind. However, before the birth, children's aid services intervened due to reports of domestic and drug abuse. Daniel was declared a ward of the court at birth where he went directly into foster care.

Heart Centered Play Therapy™:

Blending Non-directive, child-focused play therapy with Theraplay

Daniel first entered the playroom wide-eyed, carefully examining the play room toys, art materials and me. I had explained to his mother, in advance, that Daniel would be in non-directive play for the first thirty minutes, followed by a Theraplay session (parent, child and therapist) for the remaining thirty minutes.



Daniel expressed his deepest emotions nonverbally. Reflection and validation of Daniel's expressions empowered him to process and reconcile tensions within his mind and body.

This time in non-directive play allowed Daniel to build trust in me and acclimate to an environment of self-discovery and transformation. Daniel expressed his deepest emotions nonverbally. Reflection and validation of Daniel's expressions empowered him to process and reconcile tensions within his mind and body.

Daniel progressively presented as a younger and younger child as he began his process. For example, after the fourth session, he began making baby-like sounds, playfully making shapes with his mouth. I responded by mirroring his expressions, much as a mother would do with her infant. From this time forward, and 'back messages'. Sensory focused games were gradually introduced, which allowed Daniel's parents to have more physical contact through play. For example, mixing many colours of playdoh and squishing them together with mom's hands over Daniel's and finger painting where she would playfully paint "hand over hand" with him. Daniel also enjoyed playing food games like "snack hide-n-seek" where mom would find hidden gummy snacks and feed them to Daniel.

Within just a couple of months, Daniel's parents reported that power struggles had lessened and he was overall "less intense and easier to be with."

Daniel enjoyed knowing ahead of time what we would be "teaching" his mom and dad that day in the Theraplay part of his session. This gave him a sense of control which allowed him to feel sufficiently safe to engage in these new activities.

Daniel began each session by flopping himself on the sofa, eyes fixed on me, waiting to be "seen" This showed me that Daniel was preparing to be open to his younger self. I trust the child to communicate their needs and in turn they trust me to receive them and keep them safe in the "therapeutic bubble".

Theraplay activities were introduced early in this process. I discussed what the activities would look like with child and parent separately, so that everyone was prepared to play them. Daniel enjoyed knowing ahead of time what we would be "teaching" his mom and dad that day in the Theraplay part of his session. This gave him a sense of control which allowed him to feel sufficiently safe to engage in these new activities. Preparation of the activities with the parents is, however, most important. Some parents may feel uncomfortable engaging in play with their child as a result of their own childhood experiences. Therefore, it is critical to examine these issues before the Theraplay sessions.

In this case, the preparation helped the parents understand their responses during the play and how important it was to meet their son's younger needs. Regarding the latter, Daniel's mother described the process as, "When the magic happened!"

We began with structured and active Theraplay activities, responding to Daniel's physical presentation at the time. The structured activities helped regulate his impulsivity, gradually ceasing the "bouncy" behaviour, in the play room and at home.

Nurturing Theraplay activities were later introduced, such as 'hot dog roll up', 'stiff and floppy' (to help him relax before bed)

Now, after 4 months of sessions, Daniel's mother happily reports that there is much more laughter in their home. Daniel's impulsive activity has quieted considerably and before where he would run away screaming when hurt, he now easily seeks comfort from his parents.

Heart Centered Play Therapy™ allows a child to heal early wounds as well as provide a "here and now" connection for the parent and child. This is a bottom up approach which can eventually include cognitive or narrative modalities to help the family continue to grow.

Every child we work with teaches us something unique. I am awed by this family's courage to stand with Daniel in his pain and joy. Daniel's courage to 'let go' to his parents safe arms reminds me to continue to always trust a child's own intrinsic ability to heal.

About the Author:

Susan Garofolo, B.A., CPT, CTT is a play therapist and owner of Play Therapy for Children in Burlington, Ontario.

With 20 years of work experience in the child mental health community, Susan serves a wide range of clients, from children with attachment issues to children experiencing divorce and other forms of loss.

Heart Centered Play Therapy™ was developed through her many years of training and experience in both directive and non-directive play therapy modalities.

For additional information please visit Susan at: www.playtherapyforchildren.com

Filial Therapy:
What Every Play Therapist Should Know

Part One of a Series

By Rise VanFleet, Ph.D., RPT-S

Reprinted by permission from: Play Therapy: Magazine of the British Association of Play Therapists; 2011; 65, 16-19.

In the 54 years since Dr. Bernard Guerney walked onto the back porch of his home and suggested the idea of Filial Therapy to his wife, Dr. Louise Guerney, the method has been refined, researched, and disseminated throughout the world. Because the concept was far ahead of its time, it was met with initial criticism. Critics could not quite imagine that parents would be capable of making a difference in their children's lives this way, especially because the prevailing view was that parents were the cause of all the child's problems. The Guerneys and their colleagues answered those criticisms by doing research—research that clearly showed that parents were capable of learning to conduct the special play sessions and research that clearly showed that this method led to lasting improvements for children and their families.

It is perhaps only in the past 20 years that Filial Therapy has gained a strong foothold in the professional community, and just in the past decade that international interest in this effective form of family therapy has grown rapidly. As is often the case when a therapeutic method gains popularity, there grows with it misunderstanding and misapplication. People with insufficient training or partial understanding of the method try it, often without good results, and others claim it for their own while changing its essential nature. Others obtain training but little or no supervision, and once again, the strength of the method can be diluted, or its use is never expanded to its full potential.

In the history of psychology, this phenomenon can be observed many times, and I have seen it affecting the practice of Filial Therapy. I am excited that so many of my colleagues throughout the world have embraced Filial Therapy and found it to be as powerful as I always have, but I am also concerned that there are so many misunderstandings about what Filial Therapy really is and isn't. Most often, people underestimate its strength and applicability, limiting its use to cooperative or motivated families. I learned Filial Therapy from both Bernie and Louise Guerney 30+ years ago, and I still marvel at the theoretical and practical brilliance of their conceptualisation of the method. The Guerneys played a role in the refinement of the method throughout their careers and even into their retirement and this evolution of the approach is also misunderstood by some. Because of the flexibility that was built into Filial Therapy from the beginning, I have found very little need to "tinker" with it, despite using it with a vast range of families and problems, including very severe ones. Since so many Play Therapists, Family Therapists, and other clinicians have seen the value of Filial Therapy, whilst there are others who have not, I thought a series of articles detailing its foundations, methods, and adaptations would be helpful at this time.

What Is Filial Therapy?

Filial Therapy is a form of family therapy. It is based on a psycho-educational model, not a medical model, of service delivery. It harnesses the power of Play Therapy. It empowers children, parents, and families. It changes children. It changes parents. It changes the family.

The term "filial therapy" derives from the latin filios or filias, meaning sons or daughters. Loosely translated, it means parent-child. As Filial Therapy evolved, the Guerneys and others tried to find more user-friendly terms for it, but the name Filial Therapy has stuck. In 2003, Louise Guerney (personal communication)

asked that the term be capitalised when referring specifically to the Guerney model of conducting Filial Therapy (FT), and that the lower case "filial therapy" or other terminology be used to refer to significant variations from the original approach. I am honoring that request in this article as I have in most of my recent writings.

FT refers to a theoretically integrative form of therapy in which therapists train and supervise parents or carers as they conduct special nondirective play sessions with their own children. The therapist provides feedback to the parents or carers to help them develop their competence and confidence, and the therapist considers parents to be full partners in the therapeutic process. The therapist also discusses children's play themes with parents and helps parents understand their children's motivations, feelings, intentions, and behaviors in context. As parents attain solid skills in conducting and understanding their play sessions, the therapist assists as they shift the play sessions to the home environment. The therapist continues to monitor the play sessions with weekly or bi-weekly meetings with the parents. As problems begin to resolve, the therapist helps the parents generalise what they have learned to everyday life and parenting situations. FT is considered a time-limited intervention, and it typically requires 17 to 20 one-hour sessions for moderately difficult problems.

FT was initially developed as group family therapy and is still conducted that way today when feasible. The length of family therapy-oriented groups has shrunk from 9 to 12 months in the very early days of FT to 16 to 24 weeks now. There are several group formats that are even shorter than this that I will review later in the series. FT easily can be used with individual families, and it can be applied for both prevention work as well as an intervention for seriously distressed children and families.

Theoretical Integration

The heart and soul of any form of therapy depends on the theories and assumptions behind it. To truly understand an intervention, one must understand its foundations. Even I have been remiss in covering this information too quickly or too superficially in my writings and trainings. Now seems a good time to revisit the theories and principles underlying the practice of FT.

When Bernie Guerney began detailing his idea of having parents conduct non-directive play sessions with their own children under the supervision of a therapist, he pulled what he thought were the strongest aspects of several theories of human psychology (personal communication). FT represents a true synthesis of features of psychodynamic, humanistic, interpersonal, behavioral, developmental, cognitive, and family

systems theories. The contributions of these theories for children and parents in FT are described briefly below and in greater detail in VanFleet (2009) and Ginsberg (2003), and Cavedo and B.G. Guerney (1999).

Psychodynamic. From psychodynamic theory, FT pulls a recognition of the importance of the unconscious and of defence mechanisms and highlights the role of self-understanding for growth. Catharsis offers release and healing, while Adlerian psychology emphasizes the need for goals, mastery, and social interest. It is assumed that children's play during FT reveals their inner worlds, including their anxieties and their hopes. Their play is symbolic and meaningful. From the parents' perspective, children 's play themes reflect matters of family dynamics.

Children's play within the safety of the FT sessions helps parents see dynamic issues, not only for the child, but for themselves and the entire family. The therapist helps the parents work through these insights so that families can reach goals that yield better adjustment for all family members and the family as a whole.

FT refers to a theoretically integrative form of therapy in which therapists train and supervise parents or carers as they conduct special nondirective play sessions with their own children.

Humanistic. FT applies humanistic, and specifically, Rogerian, theory amply throughout its process. FT aims to enhance each family member's self-concept through the use of acceptance, genuine respect, and empathy. Children receive positive regard from their parents during the nondirective, child-centred play sessions. Parents learn to provide genuine acceptance and empathy for the children's feelings, thoughts, and motives. It is a key feature of FT that therapists provide this same type of safe and accepting environment for the parents, using empathy to convey understanding of parents' feelings, thoughts, and desires. Deep empathy is essential for the effective engagement of parents in the process, and it helps parents make the sometimes difficult but necessary changes for a more satisfying family life. FT represents a chain of empathy, giving to parents the same acceptance the therapist helps them provide for their children and each other.

Behavioural. FT employs principles and methods from behaviourism and learning theory, including the use of teaching methods that ensure success. There are behavioural components within the play sessions for children, where the structuring and limit-setting skills add security, boundaries, and clear consequences to eliminate unwanted child behaviours. Parents learn a balanced approach to parenting. Therapists use reinforcement, shaping, and vicarious learning to help parents to master new skills and behaviours for use with their children. The parent training process heavily depends on behaviour and learning principles.

Interpersonal. FT is based on the premise that individual behaviour is largely influenced by interpersonal experiences. Sullivan's (1947) circumplex model of interpersonal theory suggests that people's actions are closely associated with other people's reactions. FT seeks to alter the rather automatic action-reaction pairs that are common in the parent-child relationship by bringing them to awareness and selecting different ways of acting or reacting to circumstances or each other. Furthermore, incorporation of interpersonal theory suggests that attention to the reciprocal nature of parent-child relationships during play sessions helps both parent and child take responsibility for changes, resulting in more satisfying family relationships overall.

Cognitive. Cognitive therapy is based on the idea that what we think affects how we feel and how we behave. In FT, non-directive play sessions help children change the way they think about themselves, others, and the world. They can move from viewing themselves as victims to having a sense of personal power and self-efficacy. Much of this occurs during the play sessions as the children work through various feelings and try on new roles in their imaginations.

Therapists also help parents think differently about their children and themselves. When parents react to dynamic issues that arise during the parent-child play sessions, therapists help them sort out their thoughts and help them reframe their understanding of the situation. For example, many parents start therapy thinking that their children are deliberately trying to anger them, but they often leave FT without this attitude, having replaced it with a more compassionate understanding of how trauma or anxiety drives behaviour.

Developmental / Attachment. Children's feelings and behaviours are deeply influenced by their developmental levels and attachment experiences.

Children's play during FT sessions often reflects developmental tasks relevant to them at the time, such as when a five-year-old endlessly pours water back and forth in a time warp tea party to suggest developmental mastery. Therapists help parents understand developmental features when they emerge in the play and help parents set realistic expectations or become more accepting as needed.

Attachment issues also naturally occur, such as when a child from an enmeshed, insecure attachment situation does not invite her mother to play any roles with her. The therapist often must reassure the mother that this is a good thing, that healthy attachment involves episodes of child exploration and independence followed by a return to the secure base. In this way, even parental attachment dilemmas can be addressed and modified. FT empowers all family members in such a way that they can shift to healthier attachment styles and ways of relating. Even severe problems associated with trauma and attachment disruption can be addressed successfully by a properly trained and experienced Filial Therapist.

Family Systems. From a theoretical perspective, the client in FT is not the child, nor is it the parent. The client is the relationship that exists between each parent and child and among all the family members. Whenever possible, all members of the family are included in FT because change affecting an individual or dyad within the family affects everyone. Although the play sessions are held with one parent and one child at a time, the entire family is involved in the process. Therapists using FT must attend to changes at all levels within the family system, as well as to the impact of broader systems within which the family is embedded, such as extended family, neighbourhood, school, work, and culture. The essential family therapy features of FT have been outlined elsewhere (VanFleet & Topham, 2011).

Psychoeducational Model

All of these theoretical contributions work together within FT primarily because it is based on a psycho-educational model that assumes that most problems arise for individuals and within families due to a lack of knowledge or skill. The family's repertoire of parenting or relationship tools is not sufficient to the stressor/s the family is facing. Psycho-educational interventions are designed to teach and supervise family members in applying the knowledge and skills that will help resolve their problems. This is a fundamentally different way of thinking about therapy than traditional approaches, and perhaps this is one reason that FT is sometimes misunderstood.

Early in its development, the Guerneys and their colleagues (Andronico, Fidler, Guerney, & Guerney, 1967) wrote about the didactic and dynamic aspects of FT. Louise Guerney (1997) discussed "the dual commitment to the forthright teaching of play sessions and simultaneous focus on the parents' feelings as players and on parents as parents. …In involving parents in this process, one is entering the potentially emotionally threatening world of the parent-child relationship–a world of feelings and attitudes and family dynamics that would require the same respect and understanding that parents were asked to provide for their children. It should be understood, however, that the task of working with the children is always given top priority and the parents' feelings and personal concerns never dominate. FT is not a circuitous route to providing client-centered personal or parental therapy to parents. The perspectives of parents are critical and require acceptance and understanding on the way to learning how to develop the competence to conduct an appropriate child-centered play session for the benefit of their children and their relationships with their children." (pp.131-132)

Therapists who practice FT must be a clinician and an educator, developmental specialist and family therapist. A clear understanding of the theoretically integrative nature of the approach is essential for FT best practices.

In the second instalment of this series on FT, the essential features of FT will be covered—those elements that distinguish FT from other interventions sometimes confused with it. Key variations and adaptations of FT will also be included, as well as their relative strengths and weaknesses. It is hoped that this review will help raise interest in FT and show how it can be implemented with many different types of problems and in a wide range of settings.

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About the Author

Rise VanFleet, PhD, RPT-S, Psychologist and Play therapist, is well-known internationally for her books, articles, DVDs, and training programmes on Play Therapy, Filial Therapy, and Animal Assisted Play Therapy. For over 30 years she has disseminated information and trained child and family professionals in Filial Therapy and has been conducting multiple training programs in the UK each year since 2002. She is a past president/board chair of the Association for Play Therapy in the U.S. and founder of the International Collaborative on Play Therapy.

CACPT's Conference and AGM

Conference: April 27 and 28, 2012
AGM: April 27, 2012
Calgary, Alberta

In cooperation with the Alberta Play Therapy Association (APTA)

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Rules Versus Principles: The Process of Ethical Decision-Making

Part One

by Nancy Stevens MEd. (Psy); CPT; CCC
CACPT Ethics Chair

I heard it said once that ``Ethics are for people who think; rules are for those who don't``. While intended to be witty, this statement reflects the very essence of ethical decision-making, in that it captures the active and often complex processes necessary for ethical choices. As mental health professionals we understand the complex nature of the ethical guidelines by which we practise. And while there are clear principles in place that dictate the decisions we make in our day to day work, we inevitably encounter circumstances that cannot be resolved through the application of simple rules.

In examining ethical guidelines for a variety of mental health professional associations (e.g., CACPT, Canadian Counselling and Psychotherapy Association {CCPA}, and the Canadian Psychological Association {CPA}), it becomes clear that the ethical principles guiding our work are consistent across organizations. However, the process of ethical decision-making requires both a clear grasp of the ethical principles/standards by which we practise and a solid understanding of how these principles are applied together, and in balance, in order to arrive at solid, defensible ethical choices.

Borrowing from a previous Playground article (September, 2010), the ethical standards shared by CACPT and other comparable professional associations can be summarized as follows. CPA identifies four central principles for the ethical conduct of psychologists. These principles include: I) Respect for the Dignity of Persons; II) Responsible Caring; III) Integrity in Relationships; and IV) Responsibility to Society. Although framed in a variety of ways, these principles and the ethical requirements following from them can be found in virtually every ethics code in our field (including CCPA and our own organization, CACPT).

'Respect for the Dignity of Persons' includes things like confidentiality, informed consent, non-discrimination, and sensitivity to the needs of vulnerable populations, including children. CCPA covers these issues under the headings of 'Professional Responsibility' and 'Counselling Relationships', whereas CACPT includes these ethical responsibilities in terms of 'Confidentiality' and 'Therapist-Client Relations'.

'Responsible Caring' addresses the need to promote well being of clients and to do no harm to clients. Things like receiving proper training, keeping up with developments in our field, being aware of our competence/scope of practice, collaboration with others and self-care are included under this heading. Similar requirements are found in the CCPA and CACPT codes under 'Professional Responsibility' 'Counselling Relationships' and 'Counsellor Education, Training, and Supervision'(CCPA), and 'Competence' and 'Integrity' (CACPT).

'Integrity in Relationships' has honesty and integrity as its central thrust, in all professional relationships, both client and peer. Preventing misuse/misrepresentation of our professional credentials (by ourselves or others) is important under this heading, as are acknowledging our professional limits (through open communication) and avoiding any conflict of interest or exploitation of others in our professional relationships. These concerns are again well represented in CCPA and CACPT guidelines.

'Responsibility to Society' speaks to the need to respect and be sensitive to diversity (cultural, religious, etc.), to participate in and contribute to the development of knowledge in our field, to model and promote ethical behaviour, and to be self-reflective in our practice through supervision and collaboration. These principles are well identified in the CCPA and CACPT standards as well, and speak to the need for ongoing collaboration and monitoring of ourselves and others in the interest of best practice.

While brief and general in nature, this overview underscores the complex array of ethical obligations we carry in our work every day! How do we as professionals shoulder this responsibility in a manageable way? This is where processes for ethical decision-making come in. Most professional associations include guidelines for how to apply these principles in real life, and, once again, the essence of this process, while represented by varying 'steps' across professional associations, remains fundamentally the same.

CPA is known for its well developed resources for members in the area of ethical decision-making (see the Companion Manual

to the Canadian Code of Ethics for Psychologists, 1991 [CPA 1992] as an invaluable resource on this subject). In its Companion Manual, CPA identifies ethical decision-making as occurring on three levels (p. 88): a) ethical behaviour that is virtually automatic, b) choices that can be made relatively easily by reference to the code and c) dilemmas in which ethical principles seem to conflict.

A) The first of these categories (or levels) refers to the ethical decisions we make so regularly during the course of our work that we may not even recognize them as ethical in nature. Things like integrating a newly learned principle into our therapy practise, reviewing and altering a therapeutic plan according to its effectiveness with an individual child, or reviewing limits of confidentiality with a child and/or parent are all routine practises for us. And yet we may never stop to consider that in doing them we are upholding a range of ethical standards provided for us in CACPT's Code of Ethics. CPA notes in their Companion Manual that "... training and experience have prepared (therapists) to act ethically and responsibly in such situations" (p 88).

B) Other situations arise that may be new to us, or for which our training has not fully prepared us, but for which a relatively quick review of our ethical code or guidelines will give us the direction we need. For example, a play therapist may be entering the realm of supervising students for the first time and may need to consult the areas of our code that pertain specifically to teaching or supervision and to reflect on how the standards related to documentation, confidentiality, etc. apply to the supervisory relationship. Or one might begin working with adolescents in play therapy for the first time, and may need to consult the code for direction as to how confidentiality should be handled with that unique age group. Of course this speaks to the need for CACPT to develop and maintain a good battery of resources for the range of populations and situations we encounter in our work.

C) Sometimes we encounter dilemmas in our work involving a conflict of ethical values or obligations. This can happen when a therapist has conflicting obligations to different people or groups (such as children and their caregivers), or when an ethical principle conflicts with some other value (whether it be legal, religious or of some other nature), or when ethical principles themselves seem to conflict (such as situations where the need to protect a client's confidentiality conflicts with the need to keep them safe from harm). These situations can indeed be problematic, and as therapists we are called to resolve such ethical dilemmas in a way that honours and balances the principles involved, as opposed to simply choosing one principle over the others.

CPA (1992, p 17) provides a process for resolving difficulties in which ethical principles appear to be in conflict. This document lists seven steps by which we may navigate competing principles and concerns, and these steps are indeed consistent with models of ethical decision-making found in the research literature (see page 16 of the Manual for appropriate references).The steps are paraphrased below:

1. Identification of ethically relevant issues, principles and practises.
2. Development of alternative courses of action.
3. Analysis of likely outcomes for each course of action identified in step 2 (short-term, ongoing, and long-term) for all those affected by the decision (including clients, their families, and other individuals or organizations that may be affected, including the therapist her/himself).
4. Choice of course of action following conscientious application of all relevant ethical principles and standards.
5. Action, with a commitment to assume responsibility for the outcomes and consequences of the course of action chosen.
6. Evaluation of the results of the actions taken.
7. Responsible responses to consequences of the decision (including correction of any negative consequences or re-engaging in the decision-making process if the ethical issue is not resolved).

While CACPT's ethics resources do not include a documented process such as this, our standards for ethical practise are certainly consistent with the processes described above. In Part Two of this article, we will further explore this complex step-process for resolving difficult ethical situations by way of a case example relevant to our work. We will also address other strategies that should be part of our ethical decision-making on a daily basis, as well as in times of ethical conflict.

Nancy Stevens M Ed. CPT; CCC
CACPT Ethics Chair

References:

Canadian Association for Child and Play Therapy. (2010). Playground, September 2010 Issue.

Canadian Psychological Association. (1992). Companion manual to the Canadian code of ethics for psychologists, 1991. Ottawa, Ontario: Author.

Further information on this and other Ethics topics can be found on the following sites, as well as information on ordering materials published by these professional organizations:

http://www.cpa.ca/home
http://www.cacpt.com/
http://www.ccacc.ca/home.html

If you have an ethics topic or question that you would like more information on, or to have addressed in a future edition of Playground, please forward your suggestions to nstevens@sasktel.net.

Healing Spaces

by Theresa Fraser

Healing Spaces is an ongoing article in Playground. If you would like your playroom featured please contact theresafraser@rogers.com <mailto:theresafraser@rogers.com>. Theresa is particularly interested in hearing from therapists from other provinces. Thus far therapists from Nova Scotia, Ontario, Manitoba and the North West Territories have been featured in Playground. This edition of Healing Spaces is focused on Margaret Mariet who practices in Edmonton, Alberta.

Margaret Mariet of Edmonton, Alberta works part time for a Children's Mental Health Clinic and also has her own private practice known as Growing Happy. This practice provides therapy to children, teens and their families. She is also a CACPT certified Supervisor.

Margaret describes herself as an optimist who genuinely believes that tomorrow is a new day and a new opportunity to improve on past experiences. Margaret is passionate about working with children and honoring them through the use of their language – PLAY. In her free time, Margaret enjoys nature and outdoor experiences, travelling and cooking.

Her journey with CACPT started in August of 1995 in Kingston, Ontario when she attended the then Play Therapy Institute and met some of our Canadian Play Therapy "forefathers and mothers" including Dr. Betty Bedard –Bidwell, Greg Lubimiv, Bridgett Revell and others. Margaret accredits Betty Bedard-Bidwell as the mentor that most inspired and encouraged her to become a certified Play Therapist.

While working on her certification she worked for an agency that was very supportive of the certification process but also gave her the resources and freedom to build this play therapy service from the ground up. Margaret identified that was a rewarding experience that also provided treatment to vulnerable clients.

Once certified as a Play Therapy Supervisor, Margaret began to supervise and mentor students as they worked with the clients using various Play Therapy models and approaches. One of these students, Aleksandra Przybylo, just recently became a CACPT certified play therapist and shared the following about her Supervisor:

"I met Margaret Mariet when I was doing my graduate practicum at one of the counseling centers in Edmonton, AB. Margaret invited me into one of her play therapy sessions. What I saw and experienced in the playroom watching Margaret and the little client changed my life. Margaret became my mentor, teacher, supervisor, inspiration – my guru. She encouraged me throughout the years to study and supported my certification process. She became my play therapy supervisor.

Words cannot describe the depth, creativity and passion that Margaret applies to the play therapy sessions. She does not only work as a Play Therapist, Margaret is a Play Therapist. She showed me how to become a Play Therapist, not only through practice and theory but also how to be a Play Therapist at heart. I want to thank you, Margaret, for this journey into the child's world".

Margaret's advice to future play therapists is to look for play therapy supervisors in close proximity if possible and to utilize supervision on line or via the phone where distance impedes face-to-face supervision. She recommends that another economical option is to attend group supervision.

For more than twenty years, Margaret has worked with children and youth helping them overcome challenges as well as to "nurture them towards obtaining improved mental health". Common issues include reaction to abuse, grief, depression, anxiety, and other emotional/ behavioural disorders. Margaret shared that her current passion is helping children using Theraplay©.

A place to check in.

Puppets.

Margaret in her sandtray space.

With these years of experience, Margaret identified that she has become more relaxed in her role thus engaging children to lead the process. She states ", I believe that the child has the capacity to strive towards growth and maturity and therefore the child has the ability to solve the problem and find the direction for change". Another growth that I see in myself as a play therapist is that I trust my intuition more than when I first began working in this role".

Margaret finds that child-centered play therapy is efficacious. CCPT emphasizes the creation of a caring relationship between a therapist and the child. "The child leads the way; the therapist follows (Axline, 1967, 1979)". This is the core premise of Margaret's approach with clients.

Margaret shared that though her play therapy room is small, it consists of everything her clients love to use. She teaches interns that when children are presented with a variety of therapeutic toys, they are empowered to choose the play therapy medium in which they can and need to express themselves.

As other Therapists have shared in previous Healing Spaces articles, the most economical way to buy toys for the playroom is to look at garage sales, the local dollar store, as well as second hand stores. Also, wherever Margaret travels, she always searches for resources that will enrich her collection. For example, when on a beach, she gathers seashells, rocks, weeds or plants. When travelling to different countries, she attempts to search out and bring back dolls of different ethnic backgrounds as well as other traditional or symbolic items and toys.

These can be particularly valuable for her sandtray collection, as she believes that the sandtray area is an area in her healing space that many children explore.

Margaret shares this advice to new interns:

- look for a mentor, preferably a certified play therapist who can guide your practicum providing opportunities to observe play therapy but also facilitate ongoing discussions with you
- volunteer for a Certified Play therapist and together organize groups for children and adolescents based on play therapy models and approaches
- attend workshops on play therapy where students can learn about theory and methods and also become part of a Play Therapy community

This is especially important in Alberta where many play therapists feel isolated given much training and workshops have occurred in Ontario. Currently, the Alberta Play Therapy Association organizes play therapy workshops at least once a year. Rocky Mountain Play Therapy Institute also provides valuable training. However, Margaret was pleased to hear that CACPT intends to sponsor more Play Therapy Trainings in her province over the next few years beginning with our 2012 Annual General Meeting.

Margaret will respond to supervision inquiries at gosiamariet@hotmail.com.

References:

Axline, V.A. (1967). Dibs in search of self. New York: Ballantine Books.

Axline, V.A. (1969) Play Therapy (Rev.ed.).New York: Ballantine Books.

The following is an imaginative story by the future play therapists in Level II of the CACPT 2011 program held in London, Ontario. We want to thank the instructors who have shared their wisdom over the last six weeks in Level I, II & III. Thank you to Greg Lubimiv, story teller extraordinaire, for his inspiration and technical expertise so willingly shared. Olga Pykhtina collected the ideas, and Brenda Lee Garrett set the ideas and beginning phrasing into a story of growth, strength, support and promise for the future.

The Journey

Betty, the wise and learned ancient one, sat in her favourite rocking chair under the CACPT tree in the fantastical land of play awaiting the arrival of a very diverse group of future play therapists chosen to continue the ancient's legacy. Once again the future play therapists would be arriving at two week intervals eager to interact with all that is Play. Pen in hand she was ready to record in the expanding Journal of Play this historical moment she had been anticipating since last year. She knew from previous years that the chosen ones that grew nearby (many of whom had shared in past journeys) were prepared to both hold and nurture the new arrivals.

Betty, looking into the pages of the journal, gazed a few weeks into the future. There, several levels of future play therapists were meeting each other for the first time and bonding just as she hoped they would. Some new arrivals would be known as fast trackers participating in six weeks of play. Others would be returning for two weeks or several days of play. Still others would simply drop in for the day. Betty also knew some would return again next year to continue their journey. What a magical place this CACPT Land was and so accommodating to the needs of the future play therapists.

Nearby the wise, confidant and experienced Oak tree known to many in the field as Evangeline had rooted deep into Mother

Earth's soil; ready to provide guidance, inspiration and support. Evangeline would share her knowledge of attachment and the ways of the child. Play would be her central focus enhanced by her healing and fun energies. She would remain nearby in the evenings providing extra time for guidance and exploration. Her foliage canopy was full, providing shade for Betty and the others nearby.

Betty raised her head from her book and looked back towards the sand tray prepared by Theresa the Maple. Theresa's branches spread wide providing shelter and balance in preparation for those who would soon arrive. Glancing back into the journal, Betty's heart warmed as she viewed Theresa only a few short days from today stretching her branches gently above the miniatures and playing future therapists. Theresa remained close to the once lost and aimless wanderers. They had arrived small in stature much like the miniatures Theresa had placed in the sand to engage them. Only a few weeks later, many stood on the edge of the sandbox no longer afraid and growing in confidence daily. Betty knew they soon would depart and continue on their way.

Turning the page, Betty was intrigued with the arrival of Elizabeth, an honest Eastern White Pine known as Liz for short. Liz had decided to cross the border that afternoon to share her wisdom with the young ones, but her honesty taught her a valuable $150 lesson that she would never forget. Liz arrived safely. She reunited with Theresa the Maple tree and they stood together guiding some of the lucky ones in an activity that had become known as supervision. She sprinkled the young ones with her knowledge of circular and rectangular (the basic shapes of sand trays). Then Liz encouraged the young ones to create and wonder about possible changes. The young ones were inspired. Not only could they use sand trays to help their children, but also as a tool to see the bigger picture; a future.

A rustle in the grass nearby and the snapping of twigs seemed to place everyone on high alert. Peeking out from behind Evangeline, Barbara the white-tailed deer breathed in the air of the sweet meadow. There was a huge sigh of relief as the colleagues acknowledged her presence. Barbara they knew to be a reserved and quiet spirit with years of insight into ethical issues that often arose when one ventured into the land of play. She also understood how diverse their cultural needs were. After all, it wasn't every day the forest community would gather to welcome a new group of internees.

Just then a loud, "Hoot! Hoot!" startled Betty. Looking up, she smiled at Greg the wise and generous owl sitting high in the branches of Evangeline. "They're coming. They're coming. I can see them." The pages of the journal startled to rustle in the wind as both Evangeline and Theresa shared in Greg's excitement. Betty smiled as she remembered the stories and many puppets Greg used to engage past play therapists. Greg through his wisdom and passion had taught them to use the puppets to guide the children and fill their hearts with joy and happiness. Soon stories would be created and laughter would fill the air.

Stephanie a broad-winged, colourful butterfly fluttered in the air spreading warmth and encouragement across the CACPT Land. Wherever she landed, she inspired those who looked upon her. Her beautifully detailed wings would open and shut like hands applauding work well done. This social butterfly reveled in the opportunities to learn knew lessons wherever her travels took her, and she was eager to pass on what she learned to those she met along the way. Stephanie never forgot where she got her valuable information and always encouraged those to discover new paths as she has done. Floating high in the air, she could feel the warm sunrays beaming down on her wings. The chosen ones could see them glistening like a beacon of light drawing them closer.

Nearby a pair of long ears flicked left then right trying to hear what Greg had to say. Like the others, Amanda the rabbit had spent the last year preparing her most insightful experiences for sharing. She knew how to comfort those who were fearful or sad. Amanda had a special way of making the new arrivals feel safe and important, and always taught them how to overcome obstacles they might encounter on their journey. Standing on her hind legs and thumping the ground she signalled to Greg that she understood. Amanda began to hum a soft lullaby she knew would be carried by the breeze to the ears of the new arrivals. Soon they would know all that is peaceful and good in this land of play.

That same light breeze seemed to be carrying the future play therapists closer by the minute. To her left on the path that weaved through the forest area, Betty observed Liana the happy sunflower. Liana had been busy checking out the many paths she had created to enhance the journey of the future play therapists. She preened her seeds of knowledge and was eager to provide supervision and the space necessary to try out the many aspects of play. Liana turned towards the approaching new arrivals going over the smallest details as she knew their journey would soon be starting.

Nancy the weeping willow nestled her branches closer to the forest floor. Betty hummed peacefully for she knew Nancy had the uncanny, flamboyant ability to inspire the new arrivals to be the best they could be: to poke, to prod, to dig, to grow, spread their wings and travel to new lands to explore new concepts and create soft places of healing for the people in the kingdom.

Betty rose from her rocking chair, confidant in the abilities of the chosen ones who gathered in this magical place. The new arrivals would soon start their journey and a future in play therapy would be theirs; she was sure of it. This land of play would be filled with laughter, thoughtfulness, empathy for others, and of course, much PLAY would be had by all.

The End

CACPT Membership

The Canadian Association for Child & Play Therapy is the professional organization for those interested in child psychotherapy, play therapy and counseling with children. CACPT performs many important functions for its members, including:

Professional Standards: CACPT sets high professional standards for clinical practice. These standards help to ensure that skilled and effective therapy is available throughout the community. CACPT has a code of professional ethics to which each member must adhere. Policies and procedures are in place to govern CACPT and guide professional and ethical practices.

Specialized Training: CACPT sets standards of education and training for professional therapist as well as establishing programs of continuing education and training. CACPT examines and accredits programs and training centers in child and play therapy. CACPT has established a Play Therapy Certificate Program, which is an intensive program, in order to meet our member's needs. Information is available upon request. Bursaries are available for the CACPT Play Therapy Certificate Program. Information is available upon request.

Professional Publications: The Association periodicals are published to advance the professional understanding of child and play therapy. Articles are published on clinical practice, research and theory in child and play therapy. CACPT members receive these periodicals as a membership benefit.

Membership Benefits

1. **Specialized Training**
   CACPT members receive a discount at all CACPT sponsored conferences, workshops and other events. The CACPT Play Therapy Certificate program is an intensive program available to members.
2. **Publications**
   CACPT members receive the Association's periodicals including e-newsletters and *Playground* magazine as a membership benefit.
3. **Discounts**
   CACPT is involved in arrangements with an increasing number of organizations, i.e. bookstores, toy stores, to provide discounts to Association members.
4. **Insurance**
   CACPT provides professional liability insurance packages for its members

To join go to www.cacpt.com <http://www.cacpt.com> and click on Members.

*** ANNOUNCING ***

CANADIAN ASSOCIATION FOR CHILD AND PLAY THERAPY

CACPT Research Award for Active Research in Play Therapy

Approved By An Ethics Board - to be granted in 2012

Award Amount: $500.00

Submit Inquiries and Interest to nrbowers@aol.com (Research Chair)

CACPT Continuing Education Approved Provider Program

CACPT would like to offer individuals, organizations or businesses the opportunity to provide play therapy training to those interested in accumulating credits towards play therapy certification with CACPT as well as to those who are interested in gaining play therapy training to enhance their professional skills.

Two types of providers will be offered:

Type 1: Provides play therapy training at multiple events (conferences, workshops, etc.) and programs during a 36-month approval period.

Type 2: Provides play therapy training at one event that neither extends beyond five consecutive days nor offers more than 30 hours of play therapy credit.

For more information see the CACPT Approved Continuing Education Provider Program Guide and Application Form available on the website under Education and Programs:

www.cacpt.com

Supervisor Manual

An Initiative of

The Canadian Association for Child and Play Therapy

CACPT is updating the Supervisor Manual. We need your input! Please send us your ideas on the following:

- Best Practice Tips on play therapy supervision
- Qualities of a good play therapy supervisor
- Forms on play therapy supervision
- Articles or books to add to the bibliography on play therapy supervision

Please email your ideas **to** Judith Bertoia: **jbertoia@dccnet.com**

Looking For Play Therapy Supervision?

A complete listing of CACPT Supervisors is on the CACPT website. If you cannot find a supervisor in your local area, many of our supervisors conduct distance supervision. Our list of supervisors is updated periodically, so please check the website regularly for the latest info!

www.cacpt.com

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RMPTI provides a range of training programs to suit the needs of individuals and organizations. The **GREEN STREAM FOUNDATIONS OF PLAY THERAPY** program offers a solid entry point and when taken with the **RED STREAM ADVANCED THEORY AND TECHNIQUES IN PLAY THERAPY**, provides all of the training hours required for Certification/Registration as a Play Therapist. The **YELLOW STREAM INTENSIVE SPECIALIZED PROGRAMS** are accessible to students and practitioners. Many of our programs offer an on-line component to reduce travel time and costs. See our website at www.rmpti.com for a full listing of programs. **Early registration for upcoming courses is recommended to secure a spot.**

CACPT Approved Provider 09-104 • ACSW Category A Approved • APT Approved Provider #06-179

Training Calendar

YELLOW STREAM SPECIALIZED

Certificate in Play Based Treatment of Trauma
4 day program with online component
Online component available Nov. 1, 2011
On-site class Dec. 5-8, 2011

Certificate in Sandplay
4 day program with online component
On-line component available April 1, 2012
On-site class May 2-5, 2012

Certificate in Play-Based Treatment of Trauma
4 day program with online component
On-line component available November 1, 2012
On-site class Dec 3-6, 2012

GREEN STREAM FOUNDATIONS

Foundations of Play Therapy
9 day program with online component
On-line component available June 1, 2012
On-site class July 2-10, 2012

RED STREAM ADVANCED

Advanced Theories and Techniques in Play Therapy
9 day program with online component
On-line component available July 1, 2012
On-site class Aug. 18-26, 2012

BLUE STREAM SUPERVISION

Play Therapy Supervision Certification Program
The Supervision training program is designed to formally prepare participants to supervise child and play therapists. January 25-27, 2012

Join participants from across Canada and the world….RMPTI---
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