

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

Playground

January 2009

All in the Family

*Using Play
with Families*

The Essential
Skills of a Play
Therapist

The Essentials
of Being a Good
Play Therapist

What do I need to do
to create my own play
therapy room?





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Contents

- 2 Message from the President
Lorie Walton
- 3 Update from your Executive Director
Elizabeth A. Sharpe
- 4 All In The Family
Using Play with Families
Greg Lubimiv
- 7 The Essential Skills of a Play Therapist
Janet MacQuarrie
- 10 The Essentials of Being a Good Play Therapist
Hannah Sun-Reid
- 13 What do I need to do to create my own play therapy room?
Theresa Coyne-Fraser
- 19 CACPT Membership Information



Playground

Canadian Association for Child and Play Therapy

Message from the President

NEW COPY REQUIRED

Hello and welcome to PLAYGROUND!

This issue of PLAYGROUND is focused on the benefits of using Play Based Assessments when working with children and their families. Often, one of the first steps we take as therapists when bringing in a new child client is to meet with their significant caregiver. This initial meeting helps to gather information regarding the child's past experiences and presenting concerns. Although this process is imperative, it leaves us with many unanswered questions. Using Play Based Assessment techniques provides a problem-solving approach that fosters an appreciation for the whole child. I know from my own experience as a Child Psychotherapist Play Therapist and Theraplay® Therapist play based assessments are one of my most valuable tools in the beginning stages of my work.

Like Play Based Assessments, the Board of Directors for CACPT have been undergoing its own 'assessment-like' evaluation and have thus been working hard on improving communication between members and increasing benefits. The association is dedicated to advancing and promoting the understanding and value of play therapy, high standards of professionalism and ethical practice and advocating for our membership. It is also the mandate of CACPT to maintain a strong professional organization, promoting professional training and current research in play therapy. Teaching about Play Based Assessments is one of the components we train about in our Play Therapy Certification Program. This Certification Program is currently offered in Winnipeg, Manitoba; Pembroke, Ontario and London, Ontario. However, our long range goal is to begin offering it in other areas of Canada. Thus, we want to hear from you. Let us know what types of Child Psychotherapy/Play Therapy training your community would like us to provide for you. We welcome your thoughts, ideas and suggestions!! You can reach us through our website www.cacpt.com or by email at membership@cacpt.com.

Welcome and come on in!

Lorie Walton
President, CACPT
Certified Child Psychotherapist Play Therapist Supervisor
Certified Theraplay® Therapist Trainer Supervisor

Update from your Executive Director

NEW COPY REQUIRED

Dear Readers,

Since CACPT's Annual General Meeting in Winnipeg in November, the National Board of Directors has taken the recommendations of the membership into account in everything they do. The past few months has introduced a flurry of emails from all of the Committee Chairs in establishing plans to engage in new and innovative activities to kick-start the CACPT national membership representation.

This new Playground Magazine is the second in a series of issues that will highlight information and tools that are essential in the practice of Play Therapy in our communities across Canada. The CACPT Headquarters with the support of ion communications of Calgary will support the production and advertising sales processing of the magazines to come. This publication will be displayed by agencies, private training centers, special tradeshow, educational institutions and government offices across Canada. It will not only provide an excellent source of information for our practitioners, but it will also provide our sponsors and our advertisers with a market that is specially targeted to child mental health professionals. We encourage you to invest in our association and its worthwhile resources by promoting your new and innovative products and services through our various association properties such as our website, magazine and e-newsletter.

CACPT is also investing in a whole new look and feel in the design and development of its new website. The plan is to make this website more accessible to everyone and easy to maneuver. It will be a showcase of CACPT's ongoing activities and will allow us to encourage participation in CACPT's many program opportunities such as the Certification Programs and workshops. We are investigating the viability of offering on-line training. We feel this will open up a whole new world of access to programs for those in more remote areas or those who are simply not able to free themselves from their busy schedules to attend workshops personally on a regular basis. Although the general opinion is that Play Therapy is best introduced and instructed in a face to face model, some of the more theoretic presentations would work well using the on-line model in the form of a webinar or webcast. We look forward to sharing more of our plans with you as we move on.

Our membership numbers are steady and our new member base has increased over the last year. We are pleased to announce that the Board of Directors has put a formal proposal forward to all regions across Canada with an invitation to become affiliated formally with CACPT. We feel that with increased numbers, there will be increased shared knowledge from a national perspective. The networking aspect of CACPT can not be under-estimated and we encourage anyone who is feeling isolated in their remote regions or in urban and rural areas to engage in dialogue with other CACPT members through our Chat Line. Please contact me at 519 827 1506 if you are interested in participating in our Chat Line.

I hope you enjoy our magazine. Be sure to pass it on to your colleagues at work or if you would like additional copies, please let me know.

Respectfully submitted,

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

All In The Family

Using Play with Families

by Greg Lubimiv

When play is mentioned, we usually think about children and can easily understand how using play therapy or play activities with children are both natural and effective.

However, when trying to relate this to youth, adults and/or families, I am often met with a response of disbelief. It is unfortunate that for some reason our culture has relegated play to the young and yet at any age we love to laugh and to have fun. I have found play techniques to be one of the most effective ways of working with any age client and, in particular, have found family work greatly enhanced by utilizing play within the session.

There is a commercial that has been on television recently saying “A family that plays together, stays together”. Although this is a marketing strategy, I do very much believe that this is true, and if you think about many of the families who have mental health issues it certainly seems to be pretty accurate, as many of our families in treatment do not have play time.

Couples often become disconnected when they have children... stress and busyness, two working parents, etc. Family time has become an endangered species, much like the Golden Eagle. Therapy attempts to bring family members together, helps them communicate more effectively, helps them to express their emotions and helps them move toward constructive problem solving. If we can guide families on this healing journey and also support them in having fun by laughing with each other then it seems an easy choice to make.

One of my gauges for progress in therapy is the amount of laughter within any session and family reports of just being able to “have fun” with each other.

Many of the games, tools and activities we use with children can be used or adapted for use with families. Some principles to think about include:

1. Use activities/games that all family members over 3 years of age can play or participate in.
2. Use activities/games which can be played within the session time frame and leave time for whatever other business you need to do.
3. Use activities/games initially which move fairly quickly, giving everyone a turn in short order. If turns take too long, or you spend too much time with a specific family member you can lose the “fun” aspect for the others.
4. Position fun activities so that you are ending the session on a “high” or “positive” note.
5. Use activities and games that connect to a family goal.

What will they say? is a great game to try while working with a family. The core aspect of this game is for family members to be able to guess what another family member will say in response to a question.

Objectives of the game include:

- To help family members to get to know each other better.
- For family members to develop skills in asking each other questions and to communicate better with one another.
- To help demonstrate the concept that there are things that are similar between family members and things that are different.



- To help demonstrate the concept that family members (especially parents) may not know about each other as much as they think.

Here is how to play: Create at least 20 questions such as:

- What is your favourite colour?
- What is your favourite dessert?
- Who do you think gets mad the most in the family?
- Who cries the most in the family?
- Who laughs the most in the family?
- Who watches TV the most in the family?
- Who gives the most support to you?
- Who gives mom the most support?
- What would the family member on your left like to get for their birthday?
- Who is the best at following the rules?
- Who sets the most rules?

Feel free to add questions which you think would fit the family and which would help address the issues you are working towards repairing. If there are young children, make sure to include some basic questions and separate the cards into two piles – one for young children and the other for the rest of the family.

Choose a game to play that requires the family members to take turns. Popular ones include:

Jenga[®], Kerplunk[®], Crocodile Dentist[®], Ice Breaker[®], and Pop Up Pirate[®].

Make sure the game you choose can be played by any of the members who are over 3 and that turns can occur fairly quickly.

Have the family decide who will go first. They might create a rule that the youngest goes first. They might decide to throw a dice and have the highest number go first. Or they may ask you to select a number from one to ten. This is a critical part of the session as many games fall apart just because there is disagreement about who is first.

The first family member then takes a turn in the game and after taking a turn picks a card and reads it (or has it read to them if they are younger). This person has to **think** of the answer (and not say it out loud) while all the other family members write down what they **think** that person is going to say.

For example, 5 year old Sarah pulls a Jenga Block out successfully. She then picks a card and it asks, “Who gets mad the most in the family?” Remind the other members that they are trying to **guess what Sarah will answer, not what they think the answer is**. They write down their answers and then Sarah is asked what she thinks: “My sister Jan gets mad the most.”

The rest of the family is then asked to show what they wrote down. Mom thought Sarah would say Dad. Dad thought she would say Mom. Jan thought she would say Jan. Jan gets one point. The person who was right in guessing correctly what Sarah would say gets a point. The next family member then takes a turn. You can go until someone gets 5 points, or set a time limit.

This is an example of a game that can produce a number of positive outcomes and perhaps more importantly, can be played by the family between sessions at home.

There are several questions which tend to be commonly asked when professionals are learning how to use play with families. The following are a few common Q & A's.

1. When and how do I introduce Play with Families?

The best time is the first time you meet the families. Advise them that you find just talking can get boring and sometimes what is said gets lost or misunderstood. Tell them you like to use fun activities as a part of how you work with families. Playful activities are not only fun, but help family members connect with each other and help with reaching goals that were set during treatment planning.

2. What if they don't want to play a game?

There are a number of strategies you can use, including:

- Ask the family to play for 5 minutes and if they still don't want to play you will do something different.
- Explore what the barrier to this refusal is: Do they always end up fighting when they play? Maybe they don't like that game. Maybe they don't see how it fits with the problem they have come to see you about.

Respond to any of their issues and help them to understand how playing might be helpful. For example: "I am here to guide the family and help you be successful." Ask for their suggestions of things to play. Do they have a favourite game at home or would like to try something different than what was suggested?

3. What if one of the family members doesn't want to play?

There are several strategies that you can consider using:

- See if the family members can encourage them to join, making it clear they are an important part of the family.
- Explore what the issue is about playing and address it.
- Ask them to be an observer for the game and to gauge how much fun the family is having on a scale of 1 to 10.

- Give them the role of reading the questions, or rules.
- Give them a role to play, even though they are not playing.
- The therapist (or a puppet), can pretend to be the family member and play for them. Consult the person from time to time, to try to engage them.

4. What do I do when there are large families (7 or 8 members or more) and turns might take too long?

- One effective strategy is to create teams. Buddy up older children or parents with younger children. Make sure, though, that every family member has a chance to take a turn (even if it takes two rounds).

Using play in families is an effective way to help them develop new skills and to reach the objectives that were set as a part of any treatment plan. Puppets, Sand Tray work, Art, make believe, games, play dough, etc. are all wonderful mediums to use with families. Refer to the many available resources on games and activities that are used for individual children or groups, such as Liana Lowenstein's *Intervention* series, or Paris Goodyear-Brown's *Digging for Buried Treasure* Series.

Explore and have fun with families. Ask colleagues what they are using, read literature on family play and family play therapy, think of how you might adapt a technique you are using with a child to be used with a family. Make this a core part of you work with families and you are bound to improve your results.

Greg Lubimiv is currently the Executive Director of the Phoenix Centre, Parenting Expert for Invest In Kids and also provides trainings and consultation through his company, Transitions. Greg has been using play and play therapy for over 25 years and is known as one of the Canadian pioneers in the field. He is a dynamic speaker/trainer and is appreciated for helping to make learning both fun and practical. Greg can be contacted through his e-mail at glubimiv@hotmail.com.

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The Essential Skills of a Play Therapist

By Janet MacQuarrie B.A., CTT

Garry Landreth calls it “The Art of the Relationship”. Others have referred to it as the skills of an effective parent. There appears to be a multitude of ways to describe the essential skills of a play therapist or at least many words to describe the essential qualities necessary to become an effective play therapist. What skills are necessary to be an effective play therapist? Are there essential values and principles that shape the way we as individuals become skilled as play therapists?

In his book “The Art of the Relationship”, Garry Landreth has suggested that entering into a therapeutic relationship with a child and “truly experiencing being with a child with the permission of the child to know the child’s inner world is not learned by training or by sharpening our intellect”. Training and intellect are like a colouring book providing a possible picture of what the play therapist might become. The essential skills are analogous to the colourful crayons that turn the outline into a picture. In this analogy the crayons are the inner child, the attunement and the mindfulness with which we approach the privilege of sharing another person’s life experience.

This article will share some of the “essential skills” that researchers, play therapists and many front line child therapists have found to be necessary. That being said, I’m not sure that we can clearly define for all people and for all play therapy modalities a set of essential skills. Rather play therapists must engage in an ongoing process to identify and enhance their own

principles and values. Those values and principles are framed by theoretical orientation and treatment modality and shaped by our own experiences and personalities. I have also learned that the values and motivators that draw a person to explore and enter the field of play therapy change and evolve over time. Therapists must mature so that the process of play therapy is allowed to happen. One of the most essential components which allows a therapist to become skilled is supervision. Therapists learn to evolve by engaging in the interactive process of mentoring, supervision, peer support, feedback, education and their own personal inner work...a process that continues throughout their careers. As therapists we must agree to “cherish the occupational privileges” (Yalom, p. 256) and be open to all the expertise and multiplicity within the realm of possibility for each and every individual. We grow, change and develop confidence and expertise which support the following values, skills and principles many people have found to be their “essential skills”.

The following therapeutic skills are not listed in order of priority. They are a set of therapeutically valuable skills and values found to be important in the writings of researchers such as Daniel Siegel, Garry Landreth, Greg Lubimiv, Irving Yalom, Phyllis Booth and Ann Jernberg. The list also incorporates the feedback from many of my peers at Blue Hills Child and Family Center in Aurora.

“To be an effective therapist you must also have the ingredients of an effective parent”. This quote found in Greg Lubimiv’s book “Wings for our Children, Essentials of Becoming a Play Therapist” suggests that unconditional love/acceptance, predictability, consistency, safety and creating a sense of belonging are indispensable to the developing therapeutic relationship.

“To be an effective therapist you must also have the ingredients of an effective parent”



Daniel Siegel has suggested two components that I have found to be essential in becoming a strong and helpful therapist. Mindsight and an attuned awareness of our own internal experiences are skills that require supervision and mentoring to develop and evolve. Effective therapy uses “mindsight” to perceive the unique experience of each child and to create an image of that experience. Using that finely tuned perception we can then offer compassionate responses which reflect our understanding and concern.

Phyllis Booth and Ann Jernberg describe the essential skills of a Theraplay® therapist as a combination of confidence, an appealing and engaging manner, being attuned and responsive to the child’s cues with a comfortable ability to apply the tenets of Theraplay®, (structure, challenge, nurturing and engagement) while being playful. Much like Greg Lubimiv’s essential skills of a parent they represent how as therapists we have the responsibility to create a physical and emotional environment that might allow each child to find their own colourful crayons and draw their own pictures.

In writing this article, I surveyed the staff and my professional peers at Blue Hills Child and Family Centre for their input about what they felt were the essential qualities of the ideal child therapist. I believe the clinical education, skill, experience and expertise found in this group can certainly provide a good representation of “what works”. The identified skills, again in no particular order are: an ability to listen and not direct, play without embarrassment, “remember”, come with curiosity and open-mindedness, playful, allow creativity, come to sessions relaxed, have fun, be a good listener and really hear the stories, develop attunement with yourself and your inner child, be passionate, maintain current knowledge and skills, honour your own real life experiences, be adaptable, ensure you are genuine, provide each child and family with reliability and structure, show empathy with strength, authority and clear boundaries, develop attuned observation skills, look for the strengths each child brings, find the language of expression that works for each child and allow flexibility, a sense of calm and quiet and always have patience for the process.

Herein awaits a challenge that begs your participation. To become an effective Play Therapist will you engage in your own thoughtful review of the principles and values that brought you to the field of play therapy? Take a look at how the changes within you have evolved since you began your journey as a therapist. What values, principles and skills have you kept and which are shaped differently? Engage with your mentors, supervisors and peers to have a discussion and solicit feedback about essential therapeutic skills.

My thoughts about the essential skills of a play therapist have evolved from thinking that everything essential could be boiled

down to a set of ticky boxes of skills. It is far more accurate to capture essential skills in an ongoing life-long personal journey that constantly moves toward enhancing personal values, qualities and skills. My intent in writing this paper was to provide a framework for discussion. I cannot understate the importance of having strong, confident and competent supervisors and mentors to support the process of becoming a “good therapist” and I emphasize the words becoming and process. I have learned that the skills necessary to be an effective play therapist are not necessarily the same for me as they are for my peers but what is important is being thoughtful and intentional in choosing and developing principles and values.

In the Wizard of Oz (Baum, 1956, pp55-56), the Tin Man has a discussion with the Scarecrow which reflects the importance and complexity when using your heart and creating your passion....

“I don’t know enough.” Replied the scarecrow cheerfully. “My head is stuffed with straw, you know, and that is why I am going to Oz to ask for some brains.”

“O, I see,” said the Tin Woodman. “But after all, brains are not the best things in the world.”

“Have you any?” replied the Scarecrow.

“No, my head is quite empty,” answered the Woodman. “but once I had brains, and a heart also: so having tried them both, I should much rather have a heart.”

Janet MacQuarrie is a Certified Theraplay® Therapist and is engaged in the process of certification with CACPT. Janet supervises and co-ordinates the Play Therapy and Day Treatment Programs at Blue Hills Child and Family Centre in Aurora, Ontario.

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Special Thanks to the staff of Blue Hills Child and Family Centre for engaging with me in the discussion of the Essential Skills necessary to be and Effective Child Therapist.

The Essentials of Being a Good Play Therapist

– a humble attitude and trust in the instinctive healing power of human beings.

By Hannah Sun-Reid, MA, CPT-S, CTS

Certified Child Play Therapist, Supervisor

Certified Theraplay Therapist

Certified Trauma and Loss Specialist

Most members of our global community have heard about the tragedy of the recent earthquake in Sichuan, China. The magnitude of the loss of life, the destruction of families and homes, and the pain and suffering of the entire nation, was extreme.

I was honored to be invited by the Beijing Psychological Association to offer some Training in Trauma Counseling in Beijing following the earthquake. Although I did not provide support at ground zero, I saw how the disaster unfolded through the eyes of the many volunteer therapists, psychologists, and doctors who worked at the site in Sichuan. I also witnessed the influence of this disaster upon healthy children and their families who live in Beijing, thousands of miles away from the devastation.

I returned to China in July, sponsored by the Red Cross China, to offer additional training to volunteers from major universities preparing to go to Sichuan. I had an opportunity at this time to speak with front line workers, including those who had received my initial training. Their feedback helped me to evaluate what worked and what did not work.

Appreciating the tremendous enthusiasm of the volunteers and their strong desire to help the earthquake victims, I realized that a helper's attitude and purpose is much more important

than any specialized technique. I adjusted the focus of my training, accordingly.

What is a therapist? What is a good therapist?

What qualities do we need to have? This is a helping profession. As therapists, we help people to overcome difficulties in their lives. In my opinion, the first and foremost quality is humility. We need to get to know the person from where they are, not from where we are, which may be a higher place in terms of emotional/psychological stability. A student in my class asked me how they could quickly get to know the children, and get the children to accept them, so they could start their "helping" mission.

I answered, "You do not try to get the children to accept you, you need to accept them – wherever and whatever they are. They do not have to accept you at all." "Then how are we going to help them?" the student asked. "You sit by their side and listen with an open heart." I answered. "If you do that without any of your own agenda, no matter how wonderful that might be, you will get to know what their pain is, and what they will need to heal that pain, and what you can do to assist that process."

I explained that this process may simply involve what appears to be a very minor task, such as locating bottled water, or lending a cell phone to someone to call a family member. Offering the person what is needed, at the time, would be the greatest help you could provide.



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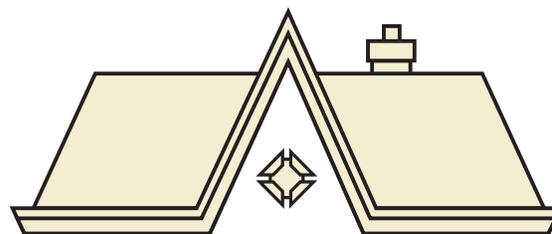
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| 24. Mary Ellen Marshman, ON | 51. Todd Wharton, ON |
| 25. *Alan McLuckie, ON | 52. Darlene Whitman, NS |
| 26. Shirley McNall Brooker, ON (a) | 53. *Lorri Yasenik, AB |
| 27. Claire Milgrom, MB | 54. Jan Yordy, ON |

As therapists, we want to make a major difference in someone's life. If we see significant change in our client's behaviors, we become excited and feel proud of our accomplishment. We tell ourselves we are good therapists. If we do not remain aware of our role in people's lives, we run the risk of "playing God". In carrying out our own agenda, we often justify our response as for the client's "own good", or "saving" the client from misery. Are we satisfying our own needs, or the needs of our client? We should ask ourselves this question often.

By remaining humble in front of the person who we intend to help, and allowing them to inform us of what they need to heal – we will then be able to truly help them.

During my time in China, one of the most commonly asked questions was what to do if an earthquake victim "got stuck" in the healing process? My answer was "Sit by their side with an open heart". Be a witness to their loss and sorrow, and be a supporter to whatever they need at that moment." In it's simplicity, this response provides the vital ingredients for healing: safety and human connection. With our sincere support in place, we can trust the instinctive human healing power from within. The healing will occur.

I believe that my students received something more than just technical skill training. I am confident that they gained an awareness of the true essentials of being a good therapist.



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What do I need to do to create my own play therapy room?

by Theresa Coyne-Fraser

This edition of Playground includes an interview with Mandy Peck Neil, PTA who generously shared her time and playroom with Theresa Fraser to discuss how she began her clinical practice and set up her “healing space”.

The therapy room does not need to be full of expensive toys, in fact therapy can take place in a number of places...what is needed is equipment that allows the client the opportunity to process issues in her own particular way. Children and youth are extremely adaptable as well as flexible, and will very creatively make the equipment work for them; however, they still need the basics to make the equipment work for them.

Bedard Bidwell, B. (2001). Hand in hand I, Burnstown, Ontario. General Store Publishing House, p 60.

This article was written in response to a common question that new interns often ask; **“What do I need to do to create my own play therapy room?”** Given the need to learn from one another, it is important to hear the stories and see the rooms of our colleagues across the country. We also need to see how others have created their healing spaces.

Last June I attended an international study group in England where I was able to learn from colleagues. I met Markus Hoetzel; a German Speech Therapist and Theraplay Therapist. We conversed about the importance of understanding the myriad of ways that therapists create their healing spaces. We discussed co-writing a book geared toward interns but discovered the task would be cost prohibitive due to the expense of adding photographs. I have decided, therefore, to begin this quest by writing an article for Playground with a dedication to Markus who loves to share and learn with his colleagues. This article will provide insight into creative ways to get started by summarizing the journey of Mandy Peck-Neil, Certified Play Therapist Associate.

Mandy credits her awareness and growth in the play therapy field to her mentor Dr. Betty Bedard-Bidwell. Betty was the founder and Coordinator of the Canadian Association of Child

and Play Therapy Certificate program. Betty was also the first internationally certified therapist with both Art and Play Therapy certification. She also co-founded an Art therapy program at the University of Western, Ontario and is the owner/operator of Betamarsh Inc. which is a private residential treatment program. Most recently she hosted a Level One training for the National Institute for Trauma and Loss. Mandy shared that Betty “challenged me to get involved and was a generous mentor”. I have also had the privilege of learning from Betty, who is well known for her commitment to the development of our field.

Mandy’s first client was a resident at the children’s mental health centre where she worked. She volunteered with this child utilizing CACPT supervision outside her agency. She then developed a flyer and circulated it to local family doctors and social service agencies. Mandy initially saw referred clients utilizing the playroom where she was employed.

Mandy didn’t stop there, she created her own internship within a school board supported and supervised by her CACPT supervisor. Mandy provided her own resources for this venture while the school provided art type materials and supplies. She utilized this internship half-time in order to accrue her clinical hours. The school valued the service being provided so they applied for grant money that allowed her to work full-time for this school board for another year. During this time she completed the CACPT certificate program and was able to complete her certification requirements.

Mandy encourages interns to find agencies that value play therapy skills and supervisors who would be able to support your work. While supervision can be expensive, developing your clinical skills to a professional level is important for the clients you work with and for your own personal growth. Some agencies and private practitioners offer internship programs and there are supervisors who can provide support on how to creatively enter into the field.

Currently Mandy services a wide range of clients. Predominantly, she is contracted by Ontario Children’s Aid Societies to work with children and youth who are in the care of the society. These

of paying for these services themselves. She recommends that Interns continue to upgrade their qualifications that would allow them to access funding agencies. She also recommends diversification of service provision. Being able to provide both family therapy and individual play therapy is beneficial in expanding your client base. Mandy has been able to develop a joint venture with an agency where, the agency provides Mandy with a room and the use of their office equipment. She has the support of a manager who manages the agency referral list. This agency has agreed to fund a specific number of spots at any one time. In return for the space in the agency, Mandy's provides a reduced hourly rate, which is possible due to not having the overhead of owning/renting space in the community. The agency benefits by being able to service more clients for the same funds. Other area agencies have begun to utilize Mandy's service as well private individuals.

Mandy acknowledges that her approach has evolved since she first began providing play therapy. She is more aware of a theoretical base that provides the foundation for her work. She is much more comfortable tackling the essence of the child's issues. Mandy encourages interns to focus on providing children with coping strategies. She also stressed the importance of having the professional knowledge about "how to do the work safely." Learning theoretical approaches through structured Play Therapy training programs, such as CACPT, helps the therapist to provide safe strategies with the skills necessary to help the child's healing journey go safely. With experience, "we are able to recognize our clients' needs, during the process, allowing us to meet the immediate needs of the child as they are helped to address their past traumas.

children have suffered chronic abuse and neglect which has been complicated by separation and loss. Mandy also services high risk adoption cases for the agency providing additional adoption preparation support, post placement support as well as support to prevent adoption breakdown. Mandy has also developed a reputation in her community due to her ability to support and provide intervention to families who have lost a family member due to drunk driving accidents.

Mandy, like many therapists, found starting a private practice difficult. Many clients would like to have their services sponsored by Employee Assistant Programs or government agencies instead

Children have taught me how truly resilient they are in being able to confront and overcome their past".

Mandy identifies that the theoretical foundation of her approach has been developmental psychology, attachment theory, trauma theory, and cognitive behavioral interventions. With this theoretical base, Mandy predominantly utilizes a directive approach but also utilizes a non-directive portion of the session when working with individual clients. When working with families, she utilizes Theraplay and Dyadic Developmental Psychotherapy (DDP) as well as a combination of the two. Mandy states that she also brings play therapy into her DDP approach.

Mandy's room has therapeutic books and games, expressive art materials, puppets, kitchen/house, dress up, games, sand tray & miniatures, doll house & accessories, construction toys, cars and trucks, etc. She has observed that anxious children often gravitate towards crafts, construction toys and games.

In regards to her play therapy room, Mandy identifies that she utilizes milieu therapy, to help create a healing place. She highlights the importance of maintaining a neat, orderly room for the therapeutic process to take place in. She stores 'like' toys together and makes sure all toys are whole. Broken toys are discarded in order to demonstrate respect for the child and for the play therapy process. She begins each session with a check in, utilizes a directive activity followed by a non-directive experience. At the end of each session, the child participates in clean up by putting toys in their rightful places; disarray is returned to order. At the end of each session, the child selects a treat from a candy jar. She has a basket of healthy snacks and drinks for those who arrive hungry or have nurturing needs. Children typically have snack during the check in if they want or need it.

Mandy enjoys having her own space as she identified that she used to work in a room that was utilized by many clinicians. It was, at times, difficult to maintain a therapeutic process. She feels that when children need to search for a toy, in a poorly maintained room the therapeutic process can be disturbed and/or lost.

Mandy's room has therapeutic books and games, expressive art materials, puppets, kitchen/house, dress up, games, sand tray & miniatures, doll house & accessories, construction toys, cars and trucks, etc. She has observed that anxious children often gravitate towards crafts, construction toys and games. She has observed that her female clients often gravitate toward the doll house or kitchen/house and dress up area. The boys tend to gravitate toward the Playmobile hospital/ambulance/rescue/police or the dress up area that has guns and weapons. She has observed that the boys will impulsively pop in and out of the doll house and will use the kitchen play as at times.

Mandy has limited space but has modified her room given she is working with parents much more frequently than she used to in the past. Her tiny room now has a couch and she has put curtains on the toy shelves so there are fewer distractions for children who are not coming in for specific 'play therapy'. She also has a custom cabinet made for her De Domenico sand tray. This has replaced the larger kindergarten classroom style sandbox that she began her practice with.

Mandy believes strongly that her clients have taught her the most about how they need to heal. However, she also feels that keeping current in the play therapy world is important in order to meet the ever changing needs of her clients. Her room is not "full of expensive toys but ensures that her equipment provides the client the opportunity to process their issues".

Mandy graduated from Fanshawe College where she has also taught part-time in the Child and Youth Worker Program. She has a Bachelor of Arts from the University of Western Ontario and is currently a Master's Candidate at Yorkville University, where she will obtain a Masters Degree in Counseling Psychology. Mandy is a certified Play Therapy Associate with CACPT, a Trauma and Loss Consultant & School Specialist with the National Institute for Trauma and Loss in Children (TLC) and is currently working towards certification in Dyadic Developmental Psychotherapy.

Theresa Coyne-Frasier finished the CACPT certificate program in 2005 and is currently completing her clinical hours in order to get fully certified. She is currently training under Dr. Gisela Schuback de Domenico for Sandtray Worldplay. She was honored as the 2008 Clinical Specialist of the Year by The National Institute for Trauma and Loss and has been invited twice to attend an International Study Group with therapists from around the world by Dr. Charles Schaeffer. Theresa is a part time college teacher and is the Manager of Clinical Services with Branching Out which is a private Play Therapy centre in Ontario which specializes in working with clients who have trauma and attachment challenges.

We would like to make this a regular section in Playground to help connect one another across our vast country. If you would like to be interviewed by Theresa, or know of a therapist who would, please contact her at theresafraser@rogers.com.

Play Therapy Certificate Program

Call for Proposals

The Canadian Association for Child & Play Therapy (CACPT) is accepting proposals for play therapy courses taught in the Play Therapy Certificate Program at www.cacpt.com. If you are a play therapist with teaching experience and you would like to join our faculty, please contact Elizabeth Sharpe, Executive Director to receive an application form and complete details. Elizabeth@cacpt.com

SANDTRAY/WORLDPLAY LEVEL ONE

DR. GISELA SCHUBACK DE DOMENICO

The Canadian Association for Child and Play Therapists is pleased to announce Sandtray Worldplay Level One training with Dr. Gisela Schuback de Domenico. This training will occur at King's College in London Ontario July 27th - July 30, 2008. Gisela is a well respected Therapist, APT Supervisor and International trainer who last taught Sandtray/Worldplay levels in Canada over six years ago. She also was honored by APT in 2008 for being a top producer of training. This is what other participants have said about her trainings:

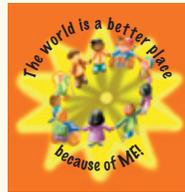
- The demonstrations, the modeling, and the direct practice of the Sandtray-Worldplay Method are helpful in learning how to be with clients in the sandplay room. Movement supported me in learning how to experience. Am adding deep sandtrays and wet sandtrays to my sandtray room now... am understanding projection in a new light.
- I learned how important it is to go slowly. Learning takes time and we have the time. I will use less interpretation and judgment. I am becoming more authentically curious and am asking more questions, instead of suggesting answers. I can learn more about my own journey and my clients' journey.
- The actual work in the sandtray was most useful for me. I will be back for more. I understand now how the images come alive in the sand. I look forward to learning more about the many different ways of using sandtray. I want to use it in my consulting practice.
- The emphasis on being-with the play rather than doing, finding the 'knowing' rather than thinking in checklist diagnostic style allowed me to follow the actual play. I get how experimentation with old and new beliefs happens during the play — this has opened new vistas. I see what I have been missing in my sandplay sessions. Can't wait to get back.

Please look to www.capt.com for further registration information or contact theresafraser@rogers.com

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Play Therapy Certificate Program

For further information visit
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call 1 800 361 3951

The Play Therapy Certificate Program is an intensive training course run by the Canadian Association for Child and Play Therapy (CACPT). This thirty-day intensive training in the theory and practice of Play Therapy is the only program of its kind in Canada. The program is currently offered in three locations: London, Ontario, Pembroke, Ontario, and Winnipeg, Manitoba. The program provides 180 hours of continuing education credits which can be used toward play therapy certification. The program covers the following topics:

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.

Courses are taught by skilled instructors who bring expertise on a wide variety of topics.

Participants can attend the entire 30-day Certificate Program, or register for individual courses. Course descriptions and dates are available on the CACPT Web Site: www.cacpt.com.

Dear Members:

The Canadian Association for Child and Play Therapy (CACPT) solicits your input to post Best Practices in a “Best Practices Library” section on our website and occasionally in our magazine. This Best Practices Library will aid our members in helping them keep in touch with each other and the way they work.

Best practices are always changing to reflect innovation and creativity, so the ones in a potential library should reflect what is best for each member. Although we will not be in a position to use a rigorous peer review process to examine whether the practices listed are in fact “best in class.” We will, however, confidently state that the practices submitted are outstanding and considered best by many. This will be an informal way of helping members of CACPT who are practitioners stay in touch.

The following are some suggested categories for the Best Practices we would like to collect on the CACPT website:

1. Current Trends in Play Therapy
2. Directive vs. Non Directive Play Therapy
3. Family Play Therapy
4. Popular Play Therapy Techniques
5. Puppetry
6. Favourite Play Therapy Toys
7. Favourite Articles/Journals on Play Therapy
8. Empirical Based Research in Play Therapy
9. Integration of Play Therapy With Other Therapy Modalities

Please e-mail us with your Best Practice. We will evaluate your suggestion and possibly add your Best Practice to our library.

Elizabeth A. Sharpe
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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.

Charitable Status: The Canadian Association for Child & Play Therapy Certificate Program is a non-profit charitable foundation offering scholarships and bursaries.

Membership Benefits

1. Specialized Training

CACPT members receive a substantial 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 as a membership benefit.

3. Discounts

The 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.



Become a CACPT MEMBER!

Membership in the Canadian Association for Child and Play Therapy (CACPT) is open to those who are principally engaged in child psychotherapy and play therapy or have a direct or indirect interest in child psychotherapy in fields of education counseling, therapy, medicine, law, or arts and literature.

Membership benefits include specialized training, access to publications, discounts with specified retail outlets and professional liability insurance.

To join, please fill out the membership form and send it to the CACPT address indicated below. For more information on becoming a member, including qualifications, benefits, levels and fees, please visit the CACPT website at: www.cacpt.com

The Canadian Association for Child and Play Therapy Membership Application

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