

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

Playground

Fall/Winter 2012

The World of Clinical
and Academic Play

A Child Protection Worker's Story



Cutting Edge Training in Child and Play Therapy



CACPT Play Therapy Certificate Program



The Canadian Association for Child and Play Therapy (CACPT) offers cutting-edge training in Child and Play Therapy. Sign up for one-day courses in any of our locations, or apply to Levels I, II or III (or all) in Kitchener in Spring or Toronto in Summer. Earn 180 educational units for the six week program. The six-week program is one of the steps needed to become a CACPT Certified Child Psychotherapist & Play Therapist.

For further information on courses or on becoming certified as a Child Psychotherapist & Play Therapist please visit our webpage at www.cacpt.com or call CACPT at 519 827-1506.

Courses are offered in the following locations:

- **Kitchener** May 13th to June 21st, 2013
- **Toronto** July 8th to Aug 16th, 2013
- **British Columbia** July 15th to Aug 9th

The application deadlines for the Play Therapy Certificate Program are:

- **March 15th** for Kitchener
- **May 15th** for Toronto
- **May 15th** for British Columbia
so apply soon!

Applications are accepted after the deadline for an extra \$100 fee but priority is given to those who apply by the deadline. If you are interested in applying for an individual workshop, there will be limited space so you are encouraged to register early.

Some of our cutting edge courses include:

- Trauma-Focused Cognitive-Behavioral Play Therapy
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- Disruptive Behavior Disorders
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- Bereaved Children and Children of Divorce
- Sandtray
- Attachment Theory and Therapy
- Theraplay
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Canadian Association for Child and Play Therapy

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In Loving Memory of Shari Durkin



Hello from the President



Elizabeth and I always need to connect before our articles get submitted to the Playground Editorial team to ensure that we are each sharing different information with our Playground readers. We often have similar information because as President and Executive Director of CACPT, we work very collaboratively with the support of our Board for you, our membership.

This President's update is going to begin with a thank you to some key people who have helped our organization become.

I describe my role in Play Therapy as being part of the third generation so to speak. First generation to me included greats like Dr. Betty Bedard Bidwell and folks like Bridget Revell who only retired from the board this year. These individuals got CACPT going and worked tirelessly to provide affordable training to clinicians who wanted to help children, teens, groups and families heal through the powers of play.

I see the second generation of therapists as those Board members and Therapists who again worked hard to help CACPT become the national organization it is today with a board beginning to reflect all parts of Canada. These included folks like Liana Lowenstein (who served 11 years on our board and was instrumental in getting our cert program ready to be delivered nationally in three locations this year). Also folks like Lorie Walton, our most recent Past President who still shares her wisdom to committees as needed even when she has a busy practice of her own and is no longer on our board in an official capacity. Lorie has volunteered countless hours to board development, Playground, certification, teaching as well as marking papers that Interns submit yearly. There are many, many other individuals who have helped CACPT become. However, it is important to note that this generation found Elizabeth, surrendered all of their provincial assets and pooled all resources to make CACPT a national versus Provincial Association.

The third generation is us. It is you and me. We are embarking on a journey during the last two years of my Presidency where more candidates than ever are seeking foundation training. We are seeing an explosion of need in Play Therapy. We are seeing Non Play Therapists support our work because they know that it changes lives. One such individual is a colleague and friend Shari Durkin who lost her fight with cancer last week. Please learn more about how she impacted Play Therapy in Ontario over the last ten years by looking at her story in this edition.

My work this past year has enabled me to teach around the world and meet therapists and other Non profit play therapy association Presidents who share Canada's vision for play therapy provision and masters level Play Therapy education provision. Canada is working closely with other associations to promote the healing power of play worldwide.

So today I want to thank you for your support of your national association and for the work you do on a daily basis impacting the lives of those you serve. Remember that you are an inspiration to many who may never be able to tell you. Happy Playing!

Theresa Fraser CYW, M.A., C.P.T.
President

Canadian Association for Child and Play Therapy (CACPT)

Update from your Executive Director



With the fall season demonstrating its intense colour and excitement, at the CACPT headquarters we experience a similar burst of energy and excitement as a kaleidoscope of rich programming begins again in September.

Ambassadors Program

To help us move CACPT forward, we have welcomed a group of very dedicated and professional CACPT members to join our Corps of Ambassadors. The strategy of CACPT's Board of Directors in this is that the Ambassadors will represent us in each of their communities and fan out to spread the word about play therapy as far and wide as Canada extends. The following are our new members of our Corps of Ambassadors: Elvira Bratfisch, Ann Tichelaar-Swerdfeger, Hannah Kipp, Edward Vella, Rachel Keetch, Cara McCormach, Helena Kogas, Jonathan Lockhart. We are grateful for the enthusiasm shown and dedication to the cause of play therapists and play therapy in Canada.

CACPT Play Therapy Certificate Programs

In 2013, we are pleased to announce that we will once again offer our three Certificate Programs in Canada. The first is that we will offer Level I, II and III of the previous London Program at a new location at Wilfrid Laurier University in the Faculty of Social Work from May 13 to June 21, 2013. We are very excited about this venue for our program and also look forward to continuing our very positive relationship with the staff and students of Wilfrid Laurier University.

In the summer of 2013, we will offer our full Levels I, II & III of the program in Toronto in a location that has easy access to public transit, great classroom space and high quality technical support. The Toronto program will run for six weeks from July 8 to August 16, 2013.

British Columbia's Certificate Program proved to be a very successful program and evaluations were both complementary and supportive of a continuation of the program in B.C. next year. We will therefore plan to offer Level I & II of the program in Burnaby, B.C. from July 15 to August 2, 2013.

Playing in the Falls – CACPT 6th Annual Conference and AGM 2013

CACPT will host its annual conference and AGM this year in the beautiful Niagara Falls, ON on April 26 and 27, 2013. Rooms will be blocked at the Crowne Plaza Hotel and Conference Center at a very reduced rate. In order to be able to book our meeting rooms, it is important that you take advantage of this great bedroom rate and book at the hotel. Many Canadian and international workshop leaders and keynote presenters submitted proposals to attend our conference this year. There will be Poster Sessions, a moderated panel on recent research that has been conducted as well as a great exhibitor showcase. Be sure to book early and enjoy the Early bird discounts if you book before February 15th, 2013.

Be sure to make this a social event as well and bring your partners to enjoy the wonderful location!

Happy playing!

Elizabeth A. Sharpe CAE
Executive Director

Canadian Association for Child and Play Therapy (CACPT)

Incorporating Play-Based Interventions to Enhance Family Access:

A Child Protection Worker's Story

By Pam Snelgrove, B.A., M.A.

Ryan sits on the doorstep of his foster home, waiting for his volunteer driver to take him to visit his mother and older brother who live 2 hours away. Due to concerns related to his mother's parenting and supervision, Ryan is only able to visit his family for 7 hours every other Saturday, while a guy named Justin supervises the visits. Ryan sits on this very step every second weekend, waiting for the old man with grey hair to pull his dark grey Chevy Malibu into the driveway. While Ryan sits and waits, he begins to think of his family and worry begins to fill his mind.

Ryan becomes restless as he thinks about what boyfriend his mother might bring into the home this weekend. He worries about whether he and his older brother will get into a fight and hopes that his mother is in a good mood. While his mind wanders, he begins to think about his father who also lives far away. Almost instantly, he begins to feel angry, beating the stick in his hand against the oak tree beside the steps. Ryan felt angry at his father, "he promised he would never do drugs EVER again" Ryan thought to himself as tears begin to well-up in his eyes. Ryan began to feel ashamed for telling his children's aid worker

about his father doing drugs and at this he began to feel sad and upset-but he knew he couldn't have kept it a secret any longer. Out of the corner of his eye, Ryan spotted his volunteer driver round the corner and drive up the street toward his house. Ryan quickly shakes off the ugly thoughts and feelings that were beginning to brew inside of him and climbs off the steps. He hugs and kisses his foster parents goodbye, not wanting to let go. While he knows that he needs to see his Mom and brother; to make sure they are safe, he will really miss his foster parents. As he climbs into the back seat and waves from the car, he prays that nothing bad will happen to his foster parents while he is away for the day—he couldn't stand to lose the only people in his life he truly trusts. He struggles to get comfortable in the back seat and asks the driver to turn up the music, hoping that the pop song on the radio can drown out the worry and anger still swirling in his tummy.

As a seasoned child welfare worker, Ryan's story is the unfortunate reality for many children in foster, kinship and group care. Countless children, just like Ryan, struggle to manage the complex layers of hurt, pain, loss and trauma from their past, compounded by the traumatic experience of being apprehended from their homes and placed in-care. In addition, these children continue to carry burdens of worry, guilt and stress related to their biological families, particularly



as it relates to their ongoing access once they are made crown wards.

Like Ryan, Leah witnessed domestic violence between her parents, experienced emotional, and physical abuse from her mother and was sexually abused by her father. Leah remembers her home life and childhood as "very chaotic, dysfunctional and full of conflict." It was not until Leah was 13 years old and pregnant, where she was referred to the Children's Aid Society. It was not surprising however, that due to her traumatic childhood experiences, Leah normalized certain behaviours and interactions within relationships and began dating a young man

lack of permanence, according to Troutman, Ryan and Cardi (2000), exacerbate the barriers to forming a healthy, secure attachment to a caregiver and can result in severe disturbances in relationships later in life.

During a clinically supervised graduate internship with Family First Play Therapy earlier this year, I had the opportunity to develop a repertoire of play-based techniques and interventions, used as an integral part of treating children with issues related to developmental trauma and disrupted attachments. These interventions were utilized and found to be successful in both individual and parent-child dyad sessions. Many of the children I was treating at the

As a result of such emotional burden and stress, while often with impaired attachment capacities, children like Ryan and Leah often respond to their caregivers with oppositional and defiant behaviours, rejecting those who try to love and care for them.

who was controlling, abusive and involved criminally. Due to severe abuse and trauma she endured while living with her boyfriend (and the father of her child), exposing her daughter to domestic violence and moving from shelter to shelter, both she and her daughter were apprehended and placed separately in foster care. Even though Leah was placed in a safe home, she continued to place herself at risk; leaving the foster home and living on the streets or in shelters; feeling angry, ashamed and hurt, while painfully missing her daughter. It was finally 8 months after she and her daughter were placed in foster care that Leah decided that she wanted to commit to working to have her daughter returned to her care. While Leah knew this was the right choice, she worried that she would not be able to do it-- worried that her daughter had forgotten her and angry at herself for missing so much of those precious first months of her daughter's life. She was doubtful that she would be able to be the kind of parent that her daughter needed.

As a result of such emotional burden and stress, while often with impaired attachment capacities, children like Ryan and Leah often respond to their caregivers with oppositional and defiant behaviours, rejecting those who try to love and care for them (such as foster parents and group home staff). So many losses and

centre were also children in-care of the society; living in foster, kinship or group care settings--coming into the centre with similar profiles and experiences that I would encounter in my work in child protection. What became a common thread throughout my therapeutic work with the children at the centre (also a link to my work in child welfare) was the expression of deep-seeded worried and anxious feelings/ experiences related to the child's access visits with their natural families. Leathers (2003) found that children placed in foster care for longer than a 1 year period (with frequent parental visiting), are more likely to experience conflicting allegiances between foster families and biological parents, associated with more emotional and behavioural disturbances. This article behooves social workers and therapists to incorporate interventions that minimize loyalty conflicts as a way to prevent the incidence of high-risk behaviours in youth.

As one can imagine, facilitating a child having a consistent, predictable and meaningful relationship with their natural family brings many challenges and can involve layers of complicated familial, legal and bureaucratic dynamics that greatly impact access and therapeutic outcomes for children and their family. Many children are driven by a volunteer drivers (opposed to a caregiver) to and from their access visits (or family therapy sessions), inter-agency

protocols often create implicit divisions between the foster family and the biological family—with the child caught in the middle, lingered court proceedings may prolong supervised access visits at the office and not to mention limited therapeutic resources for the purposes of supporting reunification.

It is no surprise that the provision of therapeutic services to kids and their families require creative “outside-the-box” thinking in order to develop and deliver the most appropriate therapeutic supports to family access.

Combining my experience in child protection, with well developed client rapport and trust and the various play-based therapeutic tools and techniques gained from my practicum experience; I have begun to implement a variety of Theraplay® techniques and strategies with parents and their children during access visits both in the home and at the society's office.

It is imperative that the worker (or therapist) spend 5-10 minutes teaching and introducing interventions to the parent before the access visit; providing the parent empowering and encouraging messages that will help reduce some of the anxiety for the parent prior to the access and allow them to be aware of how the access will be carried out. This writer may introduce activities such as “Feather/Cotton Ball Touch,” “Magic Carpet Ride” (using a blanket) and/or any game that allows the parent to both challenge and engage with their child; teaching the parent to simply be with their child; using touch as an engaging tool is paramount. While the worker (or therapist) will be facilitating the activities during access, these are opportunities to put the parent in a position to compliment the child, use praise and engage with the child in a playful manner—laughter is key! Once the access is over, it may be necessary to de-brief with the child individually following the visit. This may simply be an opportunity for the child to express their feelings about the access and talk about what they wish for future access, how they may want to see it change or stay the same. This may also be an opportunity to incorporate various play-based techniques such as “Worry Dolls,” “Butterflies in my Tummy” or other play-based role plays (using puppets, stuffed animals or sand toys) as a way to allow the child to express their inner thoughts and feelings about the access.

These interventions (and many others) are indicating profound differences in the outcomes of access; parents and children are requesting the interventions at each access visit, parent and child are spending more of their visits attuned and engaging appropriately with one another for longer periods, parents are learning how to play and laugh with their children, while learning things about themselves and their child that a simple supervised access visit may not provide opportunities for.

It is imperative that we are mindful of how the inter-generational cycles of abuse, neglect and abandonment bring children and families to the society's attention in the first place. It becomes our responsibility as workers (and therapists alike) to utilize the access environment to create a safe place where the family is open to learn, express and explore new ways of being with, relating to and perceiving one another toward making positive relationship changes. We need to begin to think about how we can use access visits as opportunities for introducing therapeutic interventions and techniques for learning and developing skills and tools to build and develop the family's ‘personal toolbox’ toward positive relational change, appropriate relationship dynamics, while enhancing the family system as a whole.

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- Troutman, B., Ryan, C., & Cardi, M. (2000). The effects of foster care placements on young children's mental health. *Protecting Children*, 16 (1), Retrieved from: http://www.healthcare.uiowa.edu/icmh/archives/reports/Foster_Care.pdf
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About the Author

Pam Snelgrove is a Children's Services Worker with York Region Children's Aid Society in Newmarket, Ontario. She has worked in child welfare for over 5 years, in addition to extensive experience with at-risk children and youth in residential group homes, youth shelters, women's shelters, as well as working internationally with children in rural Ethiopia. Pam recently graduated from Yorkville University with an M.A. in Counselling Psychology, during which time she completed her internship at Family First Play Therapy in Bradford, Ontario.

The World of Clinical and Academic Play

Tina Lackner, BACYC, MSc (CCYC)

As the new academic school year begins I have been reflecting on where things have come over the decade that I have been teaching.

I am a full time faculty member at Humber College, in Toronto Ontario Canada, in the Child and Youth Worker Diploma and Child and Youth Care Degree programs and I am a play/expressive arts therapist. I have been wearing these two hats for several years and have been privileged to see and be involved in the connection of these two worlds. Over the years Ontario colleges have been expanding their curriculum around play and expressive art therapies and taking students learning to a new level. They are investing finances (play labs, faculty training), promoting partnerships (both internal and external) and placing value on specialized research, course work and content specific assignments for the students.

I speak on what the institution I work for brings to the students but recognize that Humber is not the only College that provides these opportunities. It is evolving in all academic institutions who offer programs that train students to become therapists with children and youth and who recognize the value of play and expressive arts therapy with this vulnerable group.

Evidence of the clinical work we do is undeniable as peer reviewed articles, research, statistical analysis and national and international governing bodies grow and demand a presence in the field of children's mental health. Academic institutions are recognizing, validating and embracing the growth. Their ability to support both faculty and students gives the world of play and expressive arts therapy strong foundational roots, understanding and clinical experience from an academia's perspective.

When I joined CACPT and started the certification program it was something I did outside of my academic position. I did it for myself, for my clinical practice and to be able to bring that level of expertise and knowledge to the students I teach. Humber College has recognized the need to continue ongoing training in the play and expressive arts field in order to be on top of the current research, data, effectiveness, challenges and strategies presented to the students in regards to working within the field of mental health. By supporting their faculty in this way, Humber is viewed as being a leader in the field and enables faculty to offer top quality education and skills to their students.

Play labs are being created to provide students with an additional learning component and as real of an experience as possible. Humber College's play lab was designed with specific requirements: 1. To meet the needs of specialized play and expressive arts training and 2. To build potential future mental health partnerships within the community. One of the main courses taught in the lab is called Creative Therapeutic Programming. It is a course that covers all aspects of expressive arts therapy, play therapy and the world of

creative interventions for children and youth; art, drama, outdoor education, puppetry, sand tray, storytelling, cooking and music. Students are exposed to historical and academic perspectives; modality background, pioneers, growth and implementation and then a higher experiential understanding of the clinical component. As faculty we have always been creative in how we support the student's experiential learning of these topics but with the recent investment and support from the academic institution, this learning has now been taken to a new level. The play lab is fully equipped with toys, sand tray/miniatures, art supplies, puppets, books as well as the technical devices to support video recording, clinical observations through two-way mirrors and audio visual demonstrations. This environment provides opportunities for students to dabble in the paint, clay, manipulate the puppets, try out their different voices and animation for storytelling, act out their fears and frustrations and use music to express what they are feeling and thinking, moving them from understanding the modality as a result of being taught it to understanding a modality because they can experience it. Students are also gaining an

understanding and appreciation of what they are asking of their future clients. They are feeling vulnerable, exposed and uncertain as they engage in hands on activities and as they work through the process the realizations and appreciation settles in. It is these opportunities that provide them with a sense of what makes them comfortable, what are they drawn to and what appeals to them. They begin to value the importance of specialization and certification and often leave the semester having a strong commitment to one or more modalities presented and experienced.

The laboratories are creating a higher level of clinical learning and so are the academic expectations. The courses being taught have assignments that demand students to research, use peer reviewed articles and explore websites and organizations (such as CACPT) so they can understand the level of professionalism, the expectations as well as certification process. The academic library search engines and resources have expanded with the growth and demand of these rigorous assignments so that students can be successful in accessing the research on specific modalities. There





Also, accessing the colleges own programs has enabled students to become more immersed with the college's community as well as expertise. An example of this is when music therapy is introduced to the students. Inviting a professor from the music department to come in to demonstrate drumming provides the students with an opportunity to find their beat and make music together. At the same time, it allows them to appreciate the power of healing from a musical perspective.

Most impressively, this type of laboratory setting not only provides powerful learning for the students but also provides a support for families in need within the community. The intent and interest in supporting children, youth and families was high on the priority list when the play lab at Humber was

are assignments that request students to pick a specific modality and clearly research and present the philosophy of that approach, the history to that approach, where things have come through the years and how they would use that approach with a child or youth. There are assignments that require students to use one of the modalities discussed to create a therapeutic group activity in which they run with a group of peers and after receiving feedback and recommendations they run their activity in the field with a group of children. This two faceted approach promotes a higher level of comprehension on the student's part. Feedback from the students provides insight to the effectiveness of this growth.

The Child and Youth Care/Worker program at Humber has partnered both externally and internally with specialized programs. A certificate program with a local outdoor therapeutic training institution has been created as an opportunity for the students to experience this type of intervention. This organization provides a four day experience where students are immersed in the experiential component of outdoor work with children and youth. This is a venture that pushes students into situations where they are required to complete personal and group challenges and push themselves out of their comfort zone and into a fearful, exciting and rewarding experience. The learning and experience this program has offered our students is monumental. This is a partnership that validates a colleges commitment to providing their students with the truest experience possible in order to make them self aware, provide them with the personal growth and development and the skills necessary to become effective child and youth therapists. Accessing internal connections is also high on the list for experiential learning.

created. There is a reception area, waiting room and three rooms each individually created to be able to meet the needs of the students and community members. The goal is to embrace the play and expressive arts world and to find ways of partnering with the community to provide clinical support to those in need. Humber is not only recognizing that there is a need in our community but validates that the play and expressive arts therapy is one of the leading clinical processes to effectively working with children and youth experiencing a variety of difficulties.

It is with all of these components that I sit here with an amazing sense of pride and excitement. We are there... we are at the point where expressive arts and play therapy is recognized, appreciated, validated and taken to a higher level of learning. The academic institutions are setting the bar high on students who are being trained to work with one of the most vulnerable groups in our community. Let the partnership of clinical and academic play continue...

Tina Lackner, BACYC, MSc (CCYC)

*Adult, Adolescent and Child Psychotherapist and Play Therapist
Professor, Child and Youth Work/Care Diploma/Degree
Humber College*

About the Author

Tina Lackner is a full time Professor in the Child and Youth Worker Diploma and Child and Youth Care Degree programs at Humber College. She sits on the Board of Directors for CACPT and maintains the role of Chair of Education and Training. Tina has been in private practice in Oakville, Ontario since 1999.



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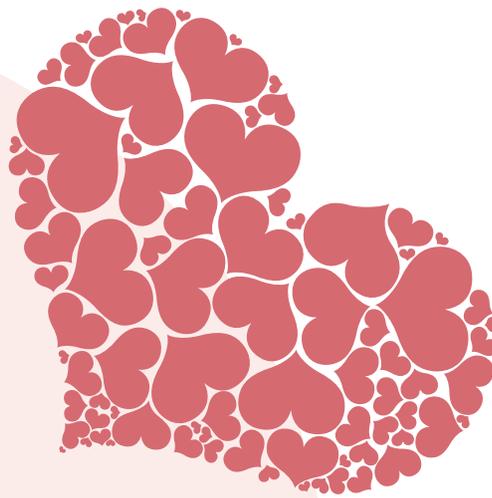
Family Re-Unification Services

Psycho-Educational Support

Therapeutic Access

Groups

Therapeutic Camps



Heart in Your Hand

A technique to assist children who are struggling with separation anxiety. Great to use for the first day of school!

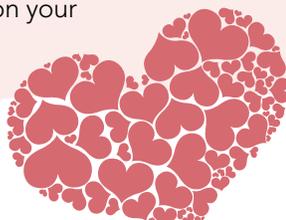
On the first day of school, I watched my 4 year old put on her back pack. As she struggled to balance herself by the weight of it, I realized that she was struggling to balance a lot more than just the physical heaviness of this large object on her back. She was trying to balance her emotions; excitement versus fear, happiness versus sadness and independence versus dependence. We discovered a little way to help her maintain that balance after she drove away in that big yellow bus.

- Have your child hold out their hand and draw a heart on it in pen (or permanent marker).
- As you draw the heart talk about how much you love them and that you will be thinking of them all day. Don't rush this process, children are enticed by the fact that you are drawing on their hand, which is usually an activity that is not always accepted.
- Draw a heart on your chest/heart area.
- Give the heart on their hand several loving and loud kisses and then place the child's hand on your heart – hold their hand there.
- While holding their hand on your heart - ask if they feel the love moving from you



to them; tell them that you are sending all of your love into them, that the two of you have a special love heart connection. Take your time with this, make eye contact, be expressive and excited by the touch/connection, make sure you are down on their level and physically close (see below for a little rhyme that you can say to them).

- Remind them that anytime throughout the day they can put their heart that is on their hand onto their chest/heart and feel your love throughout the day





(Child's Name) I love you
Feel my love coming through
If you are sad and feeling blue
Know that my love is there for you



– practice it with them – ask them to concentrate really hard and if they can feel your love.

- Give each other a big hug stating “now you’ve got my heart and love with you all day”.
- At the end of the day you can talk about when/if they needed to feel your love and remind them that you were busy sending them love throughout the day.
- Continue with this as long as your child needs it or adapt it as they desire;
 - have them draw a heart on your hand and kiss it, putting your hand on their heart so you can feel their love throughout the day.
 - have hearts on both hands (one from both caregivers).
 - put their hand on your heart/chest when the ink is still wet so it transfers the heart onto/over the heart drawn on your chest and vice-versa.

The power of this technique is the connection, and the true energy you feel when two people touch.

The level eye to eye connection, the power of touch and the permanent mark – that even when they wash their hand it is still there, provides your child with a physical and emotional reminder of you.

As a child psychotherapist and play therapist I have suggested this technique for parents with children with separation anxiety. It is not only effective for the start of school but ongoing separation issues. And as a mother I have used it with my children. My four year old reminds us every morning to draw the heart and to go through the connection process. My five and a half year old (who is now in grade one and is comfortable with the school routine), and my two year old (who does not go to school yet) both insist that we complete the process with them as well. At the end of the day they often share when they needed to put their hand on their heart to feel Mommy and/or Daddy’s love, and that it made them feel loved, connected and okay.

Honour the power of touch and the intensity of a love from a parent – the power of the two can assist your child in balancing that very heavy emotional backpack.

Tina Lackner, BACYC, MSc (CCYC)

Adult, Adolescent and Child Psychotherapist and Play Therapist

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Healing Spaces

by Theresa Fraser CYW, M.A., C.P.T.

Healing Spaces is an ongoing article in Playground. If you would like your playroom featured please contact 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 Christopher Conley who practices in Vancouver, British Columbia..

Christopher Conley grew up in the Toronto and the Waterloo areas of Ontario. He has a Masters degree in Business Administration and worked in the business world prior to completing his Master of Arts degree in Counselling and Psychological Services in Minnesota. He was credentialed in Minnesota as a Licensed Marriage and Family Therapist and in Indiana as a Licensed School Counsellor. While in Minnesota, he completed his Registered Play Therapist Supervisor credential with the Association for Play Therapy which included play therapy training, practical experience and supervision. He is a clinical member of the American Association for Marriage and Family Therapy.

Christopher describes himself as a child and family therapist. He has a clinical practice in Vancouver, British Columbia where he is credentialed as a Registered Clinical Counsellor, and as a Registered Marriage and Family Therapist. He is also a Certified Child Psychotherapist and Play Therapist Supervisor through the Canadian Association for Child and Play Therapy. He is an Approved Provider of Play Therapy Continuing Education with both CACPT and APT.

Christopher has fifteen years of clinical experience with children and families. He has worked in out-



patient, residential and in-home settings providing individual, group, family, filial and play therapy. Chris is actively involved in the professional community. He has written several articles and has conducted presentations and workshops on play therapy, filial therapy and classroom management. He is past president of the British Columbia Play Therapy Association and is currently vice-president of the Canadian Association for Child and Play Therapy where his business background and passion for play therapy is much appreciated. He provides

therapy, training, supervision and consultation. Christopher is a Filial Therapy Instructor and provides intensive filial therapy trainings to mental health professionals.

Chris identified that he was fortunate to work for agencies in Minnesota that supported play therapy. He set up his own playroom and pursued supervision with an experienced and credentialed play therapist supervisor independent of the agency he worked for. Over the years he has completed over 700 hours of play therapy training with a number of the experts in the field including Risë Van Fleet in Pennsylvania, Eliana Gil in Virginia, Theraplay Institute in Chicago, and Barbara Turner in California. He identified that additional training in family therapy was also instrumental in the development of his competency in play therapy and filial therapy.

When Chris returned to Canada in 2008, he settled in British Columbia which Chris described as being a rich environment of talented play therapists and play therapy instructors. There is a large network of play therapists across the province that regularly interacts in the promotion of play therapy and training opportunities. BC play therapists identify that a major challenge they face is educating the funders of child and family therapy on the efficacy of play therapy which has been well documented by extensive research.

I met with Chris outside of Vancouver in August of 2012 where he was teaching in the First level of the CACPT certificate program. I asked Chris if he had any recommendations to new interns regarding how to gain both experience and supervision in the most economical way. He responded with the following.

A: It is challenging. I encourage play therapy interns to be active in searching for a play therapy internship site by calling potential agencies and attending local play therapy meetings and trainings. For those interns working for agencies that do not utilize play therapy it can be helpful to educate their current site on play therapy and its efficacy so as to promote the greater use of play therapy and thus more internship opportunities. Interns might also look for group play therapy supervision opportunities or internship sites



with credentialed play therapy supervisors on staff to reduce the cost of supervision.

Q: Have you had CACPT mentors throughout the years?

A: Yes, I appreciate the support I have received from CACPT board members Lorie Walton and Liana Lowenstein as I transitioned my play therapy practice to Canada as well as support from a number of prominent play therapists and members of the BC Play Therapy Association in BC. I have also been very fortunate and am grateful for the training, support, and mentorship from Risë VanFleet in Pennsylvania.

Q: Please tell us a little about your current practice including who your clients generally are.

A: My goal has been to establish a child and family therapy centre and a training and supervision institute. I work with children ages 18 months to 18 years and their families providing individual, play, filial and family therapy, promoting the involvement of all family members in the therapeutic process. My clients come to me with varying presenting issues including mood and anxiety, trauma and abuse, and family and attachment. Training and supervision to mental health and school professionals is an integral aspect of my private practice and has included the topics of filial therapy, child-centered play therapy and classroom management. Chris also provides face-to-face and distance supervision to those seeking CPT certification with CACPT or credentialing as a RPT with APT.



Q: Has your play therapy practice changed from when you first started in the field?

A: Yes, I utilize play therapy more and involve the family more through family therapy, family play therapy and filial therapy, with a greater emphasis on attachment. This approach reduces the duration of therapy, increases the generalization of changes within the family and these changes are maintained longer.

Q: What theoretical models do you most utilize in your work?

A: I utilize child-centered play therapy, filial therapy and family therapy the most. Family therapy provides the opportunity to view the child in systemic context. Filial therapy allows for the inclusion of parents in the therapeutic process with focus on the parent-child relationship and attachment.

Q: You have developed your own healing space in a room that is only used by you as the clinician. How did you set up your play therapy room economically?

A: Although I have set up what may be considered an expansive playroom including sand play, I have built the miniatures shelves, doll house stand, puppet

and costume racks. Many playroom materials can be found economically at garage sales and dollar stores.

Q: What areas of your room do you enjoy the most, or do children gravitate towards most?

A: The sand play therapy area and the imaginary play area with costumes tend to get used most often. I quite enjoy sand play therapy, collecting miniatures that give the child the opportunity to symbolically communicate their world.

Q: Have you adapted any areas of your room to make them more therapeutic or user friendly?

A: Yes. The playroom is arranged informally providing greater permission for the child to explore. The materials in the playroom have been organized to ensure

accessibility by children of all ages. For example, some larger structures are on wheels and a puppet rack allows all 100 of the puppets to be visible to allow the child to be drawn to the puppets that will tell his or her story.

Q: Do you have any advice for new interns in regards to their professional development, gaining experience, setting up a future practice?

A: Yes, a Masters degree is just a starting point toward competency in child and play therapy. Strong knowledge of child development, family theory and systems is important in understanding the presenting issues of children within context. Consider 3 or 4-day intensive trainings as a way to obtain significant practice in role-plays and feedback under the instructor's direct supervision. Play therapy-specific supervision from an experienced and credentialed play therapy supervisor is critical in the development of play therapy competency. I would encourage new therapists to be patient in setting up a private practice. The interaction with other clinicians and being part of a clinical team in an agency setting facilitates significant child and play therapist development.

Monica Herbert Award 2012

Hannah Sun-Reid MA, CPT-S, CTT, CTS, CDDPT

We are pleased to announce that, CACPT's Certified Play Therapy Supervisor, Hannah Sun-Reid has been awarded the prestigious Monica Herbert Award for 2012. The selection committee has determined that Hannah exemplifies the qualities that the Monica Herbert Award represents. Hannah was nominated by three separate individuals in two formal nominations this year for this award.

Over the past years Hannah has been actively involved in providing training to Therapists in China to provide psychological support to the victims of the earthquake. Hannah has written manuals for the Red Cross in China about Therapeutic Interventions. She developed and provides a Play Therapy training program in China for therapists. She has a wealth of knowledge and expertise and never hesitates to share her resources with others.

In 2009, Hannah traveled to Russia to present at a University conference for 4 days. While there, she provided consulting services to an orphanage. In 2010, Hannah travelled to China to not only become more familiar with her cultural heritage and see the beautiful city of Beijing where she was born, but to consult to 3 orphanages while there. Hannah never loses her perspective and her passion for helping the children in need everywhere she goes.



Hannah is a CACPT Supervisor, Registered Theraplay Therapist, Sandtray, Worldplay Therapist and Certified Dyadic Developmental Psychotherapist. Hannah is always open and graciously willing to sharing her expertise. Her thirst for knowledge and commitment to ongoing training is admirable.

In addition to working full time for Northumberland Child Developmental Centre providing assessments, clinical supervision, in-home consultations, trainings and Play Therapy she also maintains a private practice in Psychotherapy and Play Therapy using a variety of treatment options and modalities. Hannah was involved in providing group supervision with Dr. Brian Nichols to a group of individuals working towards their

certification in Play Therapy. Twice yearly Hannah hosted a group of clinicians at her home for peer supervision who practice the work of Dr. Dan Hughes, Dyadic Developmental Psychotherapy.

Hannah has a love for CACPT and she demonstrates this steadfastly with her sound judgment and her hard work. She has served on the Board of Directors for CACPT for three years and has served as Chair of the CACPT Membership Committee during a time of transition, growth and change in the areas of policy development and an increase in membership numbers. She also serves as CACPT's representative in partnership with Lilian Wong on the Ontario Coalition of Mental Health Practitioners.

Hannah has compassion, gentleness and caring for each of her clients, colleagues and friends. She is truly a very worthwhile candidate to be honored with the Monica Herbert Award.



In Loving Memory of Shari Durkin

Shari Durkin, born December 30, 1971 succumbed to cancer September 23, 2012.



Shari was the daughter of Kathy and Jim Lewis who began Carpe Diem Treatment Foster Homes for children- a highly respected agency in Brampton, Ontario that provides treatment foster care to children who may not be able to be serviced in regular foster homes but also children with significant trauma and attachment disruption histories.

She had many roles in this world, daughter, sister, aunt, niece, cousin, wife, and mother. She was an amazing mother and foster mother and these family roles were not only most satisfying but also most important to her.

Shari took on many responsibilities at Carpe Diem including being an- After hours- on call worker, Volunteer Drive Coordinator and Case Manager.

In 2004 two Case Managers for Carpe Diem attended their Level one of the CACPT program. Shari's father Jim supported this journey, because therapy was becoming difficult to obtain for his foster kids. For example, if a child needed to be

placed in a geographical area outside of where their Children's Aid Society were located, the local children's mental health agency would refuse services and still does today. The challenge was that if the child attempted to access services in the children's mental health centre that was close to their parent agency, they would also be refused service as they lacked residency given the foster home was now in a different area. This was a Catch 22 as they say but significant as many children needed to be moved outside of their home area for their personal safety, which meant they could not access the very necessary therapeutic resources.

These two excited Interns returned to Carpe Diem and began to provide services to children with the support of outside CACPT supervisors. Their services became so appreciated that other treatment foster agencies began to request play therapy for their vulnerable clients. With the support of Carpe Diem staff choosing a new name, Branching Out Enhanced Therapeutic Programs was officially born in 2005.

In Memory of our Shari

It became very clear that a new Executive Director was required and Jim appointed his daughter Shari as E.D and one of the founding interns as the Manager of Clinical Services. Though Shari would often say, "I am not a play therapist", she would intuitively know which child would benefit from support from each of her play therapists. She supported an Internship program and contacted CACPT supervisors to provide supervision to her ever-growing staff. Play therapy expanded to therapeutic groups and family play therapy. When a staff person had an idea like the Roots therapeutic access program© (which utilized MIM's and Theraplay), Shari was highly supportive and provided the resources and encouragement to get the program off the ground.

Pretty soon the services became so popular that Carpe Diem needed to leave the actual building so additional play therapy offices could be created.

Shari would greet family and volunteer drivers and offer to make them tea. She encouraged her staff to continue learning by supporting professional development and even attended Play Therapy group supervision so she could understand the clinical implications of the work being done under Branching Out. She drove once to Detroit to honor a staff person who had won an award with the National Institute for Trauma and Loss. She supported field trips with her staff, like visiting the therapy centre of Dr. Betty Bedard Bidwell four hours away from the Branching Out offices in Brampton Ontario.

Shari made a point of saying hello to every child that entered the door and was well known for sending cards of congratulations when children and staff achieved goals or needed encouragement.

Though Shari was not a Play therapist, she believed in Play Therapy, supported the education of Play Therapists and developed a collegial relationship with every CACPT member or Supervisor she met. She supported CACPT by offering the Branching Out space for Board meetings whenever needed and would support advertising when the Association magazine needed more in order to publish.

Shari will be missed by everyone who met her. The Ontario and Canadian Play Therapy community has lost a champion of Play Therapy. Lastly, it needs to be recognized that someone who reminded everyone that she was not a Play Therapist facilitated the healing powers of play at every opportunity.

We would like to recognize the life and career of our founder, Shari Durkin (2005-2011) who advocated, encouraged and supported play therapy and client centered programs to youth, children and families.

Shari was a phenomenal woman who valued education and play therapy by supporting interns, by promoting education, by developing community partnerships, and promoting therapeutic treatment to families, children and youth. We are saddened tremendously by the loss of such a strong leader but we hold her values and vision dear to our heart. At Branching Out we will continue to maintain Shari's vision and continue to expand our services and programs.

We have a new Executive Director, Nadine Robitaille who, with the support of the Lewis family and the staff will continue to create and promote innovative programs for youth, families, and agencies. Please stay tuned for our open house in the new year, an internship program, and continued enhanced services.

Our team and Shari's family wish to say thank-you to everyone who shared of their time, kind words, and warm thoughts in the time leading up to and following Shari's passing.

The loss felt by many from her death while great, is minute in comparison to the joy felt by the multitudes she touched while alive.

Thank-you Shari for all that you gave and for everything that you were...We will miss you.



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CACPT Membership

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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**
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