

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

Playground

Fall 2014



Computerized Toys in Play Therapy:

A Barrier or an Opportunity?

Journey after the Storm

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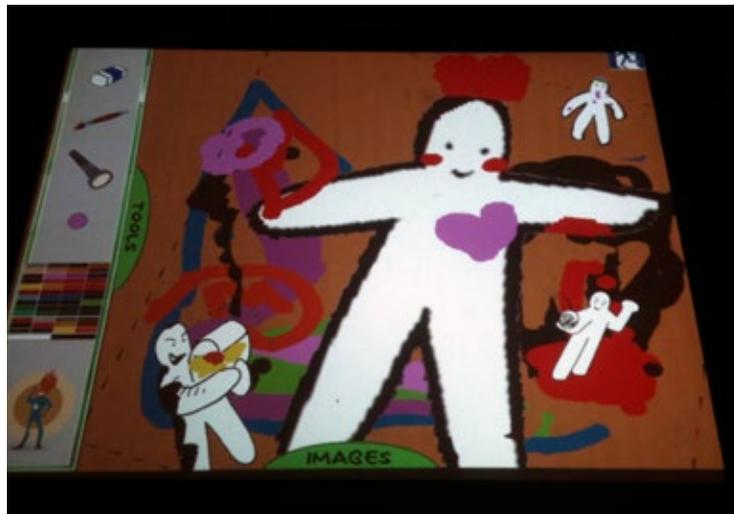
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Playground

Canadian Association for Child and Play Therapy

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Hello from the President



Dear Members,

In my final year of being the CACPT President, I have had the privilege of personally connecting with Play Therapists from Ireland, Australia, Holland, South Africa, Italy, England the US and of course our own Canada. They all continue to be passionate about using the therapeutic powers of play. We also all agree that we need to share our insight with others via research.

Thanks so much to Elizabeth Sharpe for negotiating the International Journal of Play Therapy for our members. It is my belief that the availability of this resource will inspire our membership to look at the possibility of integrating research into their work as well publishing results in peer reviewed journals, magazines or other written resources. The written word reaches far and wide. We know that Play Therapy works but we need to be sharing this knowledge with others.

I started my Play Therapy journey at 17 after reading Dibs, In Search of Self. It has led me to travel and teach worldwide, publish extensively but most importantly sit with a little or big person and hold their pain so they can self-determine next steps in their recovery or journey.

I could not do this alone, I have had Play Therapists who have inspired and mentored me through example or direct intervention. We are a community that stretches a great distance.

When I began as your President I had the determination to create online learning opportunities so members who may be geographically isolated could access necessary training, I had wanted to create a supervision course so our members seeking certification had the necessary support available in their own communities. I had hoped that we would provide local training opportunities when no local training is present or in order to support local training.

I had hoped that we would have a research committee and with the help of Dr. Nancy Riedel Bowers and her committee we have awarded two Play Therapy Research Scholarships and these initiatives will continue.

This issue is testament to the good work of our members as well as Kip and Elizabeth Sharpe with BPI Consulting. We know that you will enjoy it.

Theresa Fraser CYW, M.A., CPT-S

President

Canadian Association for Child and Play Therapy (CACPT)

Update from your Executive Director



Fall 2014

What an exciting time of year for CACPT! There are so many programs and services being planned and developed. And as Executive Director I am blessed with having the good work of collaborating with representatives from various regions across Canada in order to fully understand their needs.

Very recently I was honoured to be able to represent CACPT at the annual leadership and training conference offered by the Canadian Society of Association Executives (CSAE) in Niagara Falls, Ontario. Over the period of this week I was able to gain so much insight into the new trends and best practices of associations across Canada. Also, I was able to network with my association executive colleagues and to brag a little about our wonderful CACPT initiatives and programs. CACPT is among those associations considered "high performance" in our industry. This is because we have set our standards very high and continue to grow educationally, in research and in practice that sets us on track to grow.

Be sure to visit the CACPT website to see the Play Therapy Certificate Programs being offered in 2015 and plan to register early. Our locations in 2015 are: Winnipeg, March 2015; Waterloo, May 2015; Toronto, July-August 2015; and St. John's Newfoundland, August 2015.

Also, we plan to offer a series of workshops across the country in 2015. We'll start with an Intermediate Level, Puppet Assisted Play Therapy workshop (PAPT) on February 27 & 28, 2015 to be held in Guelph, Ontario. We're listening to our members and offering workshops that have been requested. Please be sure to watch for our additional lineup of topics over the next few months.

Membership renewals begin this month. Be sure to get your membership renewal in by December 31st. Also, if you want to start receiving the American Psychological Association's International Journal of Play Therapy, your membership will have to be in on time in order to be considered a member in good standing. Thanks goes out to the American Psychological Association for initiating this wonderful opportunity.

I hope you thoroughly enjoy this special Research issue of Playground Magazine. This issue will be used as a tool to promote play therapy in Canada for many years to come. Lets all work together to continue to promote play therapy in our own communities and regions. Let me know if we can provide the tools you need to do this.

Wishing you very Happy Playing!

Elizabeth A. Sharpe CAE
Executive Director

Canadian Association for Child and Play Therapy (CACPT)

Computerised Toys in Play Therapy: A Barrier or an Opportunity?

By Olga Pykhtina Ph.D, MA, PTI member of CACPT

Play therapy is a long established field, dating back to 1911, when H.G. Wells described spontaneous play as a way for him and his two sons to communicate their deepest thoughts and feelings, playing with small objects and miniatures on the floor. Since then a whole science of play therapy and play tools has emerged. Few people could have anticipated that play materials could be anything but tangible toys, which have been consistently used for years.

Why study the use of computerised toys in play therapy?

However, with the development of computers our lives have been significantly changed: nowadays a PC is not a luxury but a necessity. In this era when massive steps forward are taking place in the area of technology, there is hardly any child who has not got a computer or who has not played video games. With the introduction of multi-touch technology, children have mastered more sophisticated devices such as iPhones, iPads and DS game consoles.

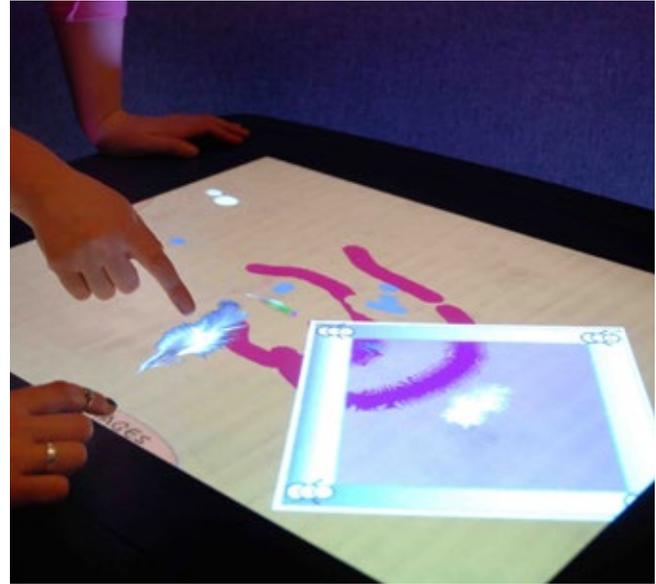
Since technology has touched many aspects of our lives, it is no surprise that it has also been knocking on the door of play therapy. While computerised toys may be quite attractive to children, play therapists and scholars in the field may not necessarily be as enthusiastic about using them. One of the main concerns is that technology interferes with the therapeutic process, since the introduction of a one-user centred digital

system into the playroom has the potential to exclude the therapist or prevent the therapist from building the therapeutic alliance with the child (Carmichael, 2006; VanFleet et al., 2010). Another, equally serious, concern is that technology may not always be sturdy enough for continuous play. If it does not work properly, digital toys can cause the vulnerable child frustration and disappointment (Carmichael, 2006).

Despite these valid concerns children are increasingly requesting access to game consoles and other digital devices in the play therapy room. It is therefore possible that trying to keep technologies out of the play therapy setting is unrealistic and will ultimately be counterproductive. Unfortunately, hardly any research has been done on the use of multi-touch technologies specifically in play therapy with children. I strongly believe that rather than rejecting the idea blindly, it would be more productive to obtain empirical evidence in order to be able to make an informed decision about whether or not to introduce it in the therapeutic context.

PhD project 'Magic Land design and the use of interactive tabletops in non-directive play therapy with primary school children: to play or not to play?'

In 2010 I received a proposition for conducting a piece of research on the usefulness of computerised toys in play therapy from Dr. Sue Pattison, Newcastle University, England. She, together with Prof. Patrick Olivier, also from Newcastle University, supervised my PhD project, which I entitled 'Magic Land design and the use of interactive tabletops in non-directive play therapy with primary school children: to play or not to play?' The purpose of



this study was to explore the potential of the interactive tabletop as a digital toy within non-directive play therapy for a young audience (aged between 4-11). Interactive tabletops are a new generation of digital technology that allows for direct interaction through a horizontal multi-touch surface. Unlike the traditional one-user computer, interactive tabletops allow for face-to-face interaction and multi-user play at the same time. They have been used to promote children's fantasy play (Mansor et al., 2009), storytelling (Cao et al., 2010), creativity (Marco et al., 2009), and collaborative interaction (Rick et al., 2011), the elements play therapy is based upon. The features of interactive tabletops, unlike those of traditional computers, may give them the potential not only to fit into the therapy room, but also to become a play platform that supports the principles of non-directive play therapy.

Where and with whom was the research conducted?

This Phd study was based at iLab: Learn, Newcastle University, England. iLab: Learn is a laboratory for developing appropriate educational applications of digital technology. It hosts multidisciplinary research in the fields of education, counselling and computing science. It is a practice-based research lab with working Technology Enhanced Learning installations, including multi-touch and pen-based tabletops, a Self-Organised Learning Environment (SOLE), Mobile Learning devices and an instrumented digital kitchen for task-based language learning.

This research was conducted in both England and Canada with 12 therapists and 11 children. The therapists

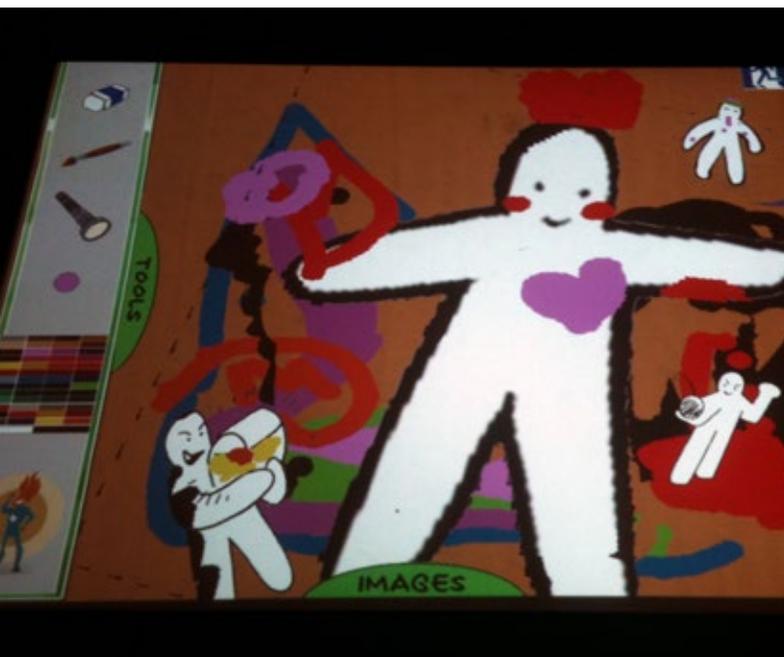
were recruited by snowball sampling through the Darlington Local Authorities, Play Therapy UK (PTUK), the British Association for Child and Psychotherapy (BACP) and the Canadian Association for Child and Play Therapy (CACPT).

The children who participated in this study presented the following issues: behaviour misconduct, ADHD, attachment difficulties, traumas after domestic violence and physical abuse, learning difficulties, anger outbursts, phobia and anxiety. I followed the design and development guidelines for mental health technologies, and adopted a five-phase approach sensitive to the ethical issues surrounding the design of applications for mental health interventions (Doherty et al., 2010): (i) design; (ii) interface usability tests; (iii) mock-therapy sessions; (iv) pilot study; (v) a real world deployment. Focus group and individual interviews with children and therapists and video observations of play therapy sessions resulted in 12 audio and 33 video recordings. I also obtained written feedback in the form of questionnaires and evaluative comments from them.

What did the findings say?

The first part of the research revealed that for an application to be suited to non-directive play therapy, its design has to be aligned with the non-directive play therapy principles outlined by Axline (1947). Based on the literature and therapists' feedback I made an attempt to translate these complex principles into the guidelines for the design of the Magic Land application. The principles included:

- Give the child control and ensure simplicity of the application for the child's independent use;



introduce no movements/prompts from the application unless initiated by the child; make contents easily discoverable;

- Create a safe virtual environment for free play with no rules but opportunities for (i) storytelling; (ii) creativity; (iii) fantasy play; (iv) emotional expression; (v) new play activities inaccessible in traditional playrooms;
- Introduce no time limits on play; no winners/losers, no tasks or levels of difficulty; keep play activities free and unstructured;
- Enable saving and printing of the child's work.

Unlike the existing applications used in directive therapies and the educational context, application design within the non-directive approach has to be specifically focused on factors such as free play, the balance between static images and interactive activities, and providing safety but allowing for the full expression of both positive and negative feelings. Protection of the child's privacy is a must, and although interactive tabletops make it possible to save the child's work and track the child's digital play, this has to be done with the full consent of the child to suit the ethical framework guidelines of counselling.

The second part of the study revealed that, owing to design requirements and tabletop features (face-to-face interaction, natural hand touch etc.) Magic Land supported non-directive play therapy by becoming a tool that promoted the establishment of trust, engagement in therapy, and sharing and connecting between child and therapist. These factors promoted a quick therapeutic alliance, thus supporting the Development of a Warm

and Friendly Relationship, the core principle of non-directive play therapy.

Magic Land also *allowed the child to stay in control of his play* even when the therapists themselves did not follow the crucial therapeutic principle of Letting the Child Lead. It was shown to be a *tool of free expression and creativity* that supports the Gradual Nature of the Therapeutic Process as well as allowing for therapy monitoring in a new, non-intrusive and creative way. The findings also revealed that Magic Land *aided in giving the children a feeling of mastery and staying in control*. Although the therapists doubted whether children could follow their own guidance in discovering the features of Magic Land, the children reported that Magic Land was easy and simple to master.

The Magic Land *helped promote some expression of a child's negative feelings as well as joy, relaxation and fun*. It allowed for enhanced creative expression, fantasy play and enhanced role-play. It did not, however, *contribute a great deal to storytelling* or to the *exploration of identity* within the therapeutic context. The findings also indicate that the toy allowed the children the freedom to choose what, how and when to play, in addition to taking the pressure off them. Although it made it possible to track the therapy by means of saving and printing the child's work, these features were not employed to a great extent by the therapists, possibly owing to the time limits and the heavy workload.

The therapists' worries and predictions that the children would gravitate to the interactive tabletop and use this toy exclusively had no foundation in practice. On the contrary, *the children used the materials that were available to them interchangeably*, making their choices depending on their needs and the type of play they engaged in.

Implications for Play Therapy

The research study referred to here is among the first to investigate how, if at all, computerised toys could support play therapy. The main significance of the study lies in its demonstration of the fact that there is a place for computerised toys like Magic Land on an interactive tabletop within non-directive therapy. Despite the fears of some scholars and the criticism of the use of computerised toys (Zelnick, 2005; Carmichael, 2006; VanFleet et al., 2010), Magic Land supported a number of non-directive play therapy principles: developing a warm and friendly relationship; letting the child lead/returning responsibility to the child; supporting the gradual nature of the therapeutic process, and reflecting the child's feelings. The findings are significant, since

they are among the first to have shown the complex connection between the design/use of computerised toys, the affordances of multi-touch technology and child development processes such as self-direction, assimilation and accommodation, as well as readiness to change (Piaget, 1952); social interaction, scaffolding and the role of the More Knowledgeable Other (Vygotsky, 1978); attachment and safety (Bowlby, 1980), and trust, autonomy, initiative and industry (Ericson, 1963).

Final Thoughts

We need to remember that in order for children in therapy to benefit from playing with a computerised toy, its design should be closely aligned with play therapy principles, as is the case with Magic Land. The children's interest in and familiarity with technology and the therapists' capacity to follow the children's play in the presence of the technology are also crucial elements. The technology has to work perfectly without any breakdowns to enable the children to be in control and express their feelings through this medium.

Acknowledgements

My heartiest thanks go to Greg Lubimiv, the Executive Director of The Phoenix Centre, Pembroke, for his support and assistance with this research. I am also grateful to a PhD student - Gavin Wood, Newcastle University - who brought my ideas on the application design to life.

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About the Author

Olga Pykhtina, MA, PhD, PTI member of CACPT. I am interested in both academic research and the practice of counselling children, young people and families. I specialise in working with young children suffering a trauma after emotional, physical and sexual abuse, neglect, and domestic violence. My research interests focus on the design and application of information systems and multi-touch technology in the spheres of psychotherapy and education. I am also interested in exploring how parent/child communication can improve through the use of multi-touch technology in military and aboriginal families.

Announcing the CACPT Annual Research Award 2015

PURPOSE: The mission of the Canadian Association for Child and Play Therapy (CACPT) is to promote the value of play, play therapy and the Certified Play Therapist designation and certified members in Canada. CACPT recognizes the value of ongoing research efforts as an important function within the mission of the Association.

CACPT will award one research grant of \$500.00 to a project involving current research in the area of play and play therapy for 2015. Applications must be received by CACPT not later than December 31, 2014 and the study or a report of the study is to be completed and submitted by September 1, 2015. A decision regarding grant applications will be made by the Research Committee by February 15, 2015. For more information please contact:

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Journey after the Storm

By Pamela Fuentebella MA, PTI member of CACPT

“The Spirit of the Sovereign Lord is on me, because the Lord has anointed me to proclaim good news to the poor. He has sent me to bind up the brokenhearted, to proclaim freedom for the captives and release from darkness for the prisoners, to proclaim the year of the Lord’s favor and the day of vengeance of our God, to comfort all who mourn...” (Isaiah 62:1-2, NIV)

I fell upon this biblical verse in my quest for a topic for a research paper as a final requirement for my master’s degree in Counseling Psychology in the Ateneo de Manila University in the Philippines. I had an internship with a play therapist in the Philippines for a year, and wanted to learn more about it. In 2013, I have had the privileged to join CACPT’s certificate program for levels 1, 2, and 3 in Toronto.

The course opened up my eyes, and my heart to the infinite possibilities that play therapy may bring. Learning about the different perspectives, media, and applying it to diverse clientele spruced up my knowledge, interest, and love for it. I found myself resonating well with Sandtray Therapy, and having experienced it, found how powerful a tool it can be. When I went back to the US from Canada, I was able to take a basic workshop in Sandplay therapy for one weekend in San Francisco. I started collecting miniatures then, knowing that when I get back to the Philippines, that was what I wanted to do... How, when, with who? I didn’t know yet. I just knew that if God means for it to happen for me, it will.

I went back to my homeland in the Philippines in October, 2013 – refreshed, renewed, inspired, and determined. I

went through tedious hours of sleepless nights, reading journal articles that would spark up my interest in research. A month later, in November 8, 2013, Typhoon Haiyan made landfall as a category-five super-typhoon in the Visayas region in the Philippines. According to the National Disaster Risk Reduction and Management Council (NDRRMC) of the Philippines, the typhoon affected more than 3 million families, costing more than P39B worth of damage to property and economy. More than 6 thousand people were reported to have lost their lives because of the natural disaster. Lost lives, missing persons, mass destruction in communities – these are all life-altering changes for children. As a learned citizen in my country – I was moved by my social obligation to my fellow citizens on how to help out the community the best way I know how. The sleepless nights of tedious reading became sleepless nights of religiously seeking and researching how to incorporate what I have learned through my experiences and course in play therapy in order to reach out to my community. I knew God had a purpose for me in this.

The research led me to find out that since children might communicate their negative emotions through play (Homeyer & Sweeney, 2011), play therapy, defined by Landreth (2012) as “a dynamic interpersonal relationship between a child and a therapist trained in play therapy

procedures who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self (feelings, thoughts and behaviors) through play," has been known to be an appropriate intervention for children affected by traumatic events such as natural disasters (Dugan, Snow, & Crowe, 2010). Amongst these many variants of play therapy is sandplay, which is recognized as one of the fastest growing therapies (Mitchell and Friedman, 1994). According to Gil (2006, p.74), sandplay "promotes a developmental or healing process by externalizing the child's (or client's) internal world, serving as an impetus for release of psychic energy, and is essentially a process that can often bridge conscious and unconscious processes." Since then, it has been my aim to help out my community by alleviating post-traumatic stress disorder, anxiety, or depression, which the children in the affected areas may feel after the typhoon through conducting sandplay sessions with them.

Aside from exploring possible themes that may come up in the sandplay sessions with the children, my methodology also consisted of conducting parent-interviews, pretests and posttests of children's trauma symptoms through the use of John Briere's (1996) Trauma Symptoms Checklist for Children, and the Child Behavior Checklist developed by the Achenbach System of Empirically Based Assessment. After weeks of writing up my research proposal, defending it with my school board, coordinating with my supervisor, Theresa Fraser of CACPT, and applying for a research grant from CACPT, my sandplay journey after the storm began.

Starting off with the project was challenging. The first challenge was looking for participants for my study. Though there was a great need for intervention in the community given the devastation the typhoon brought, the geographic of our country -- it being composed of several islands, the logistics was a major challenge. Second, I work alone -- I do not have a team with me to think things through and work with. I had to hold on to my faith -- thinking that if God really willed for me to work on this, He would find a way and to make it happen. And He did. Not long after I did my defense on my research proposal, I happened to meet up with a friend who works for a non-profit organization involved in building communities and houses around the nation. The organization is called Gawad Kalinga, and one of their projects is to build a community in one of the devastated areas of the typhoon. I coordinated with the organization, and they allowed me to visit the community and meet the families there. It took me a 1-hour plane ride, an hour cab ride, and a 3-hour ferry ride to get



to the site. A family friend who lives near the site, took me in as their guest during my visit, providing me with transportation services within the city when I got there. I did an ocular visit where I could conduct the sandplay sessions, met with the children, and oriented the parents with the basic nature of my study. I only needed about 10-12 participants for my study, but a total of 60 children were signed up by their parents -- all interested to have sandplay sessions with me. The number was quite overwhelming, knowing I would have to work on it alone. Language barrier was also a bit of a challenge. The primary language of the community was in a different dialect I could not understand. But the family friend I had who lives there introduced me to one of their staff, who was willing to become a translator for me when needed. I used the pretest scores to screen the participants. From 60, it was down to 18 -- the number of kids I can accommodate for one-on-one sandplay sessions with my schedule for the weekends. Both parent and child signed informed consents as participants -- with the use of video and photographs allowed for research and teaching



purposes. I had also arranged group sessions for the non-sandplay participants, which consisted of storytelling and art sessions. Through the course of doing my study – I found that I haven't been working alone after all. My "team" was composed of my thesis adviser, the school board who suggested my methodology for my study, the translator who helped me set up the room for sandplay, and my brother who happened to be working in the same city at the same time for his business to debrief me after a long, tiring day. This is not to mention the amount of time Theresa Fraser CPT, as my supervisor, gave me despite of her busy schedule, having supervision through Skype sessions across the world. The CACPT also provided me the \$1000 research grant which helped a great deal with my transportation fees, as I would have to go back-and-forth to the site to do sandplay sessions with the children there because I work in the city I live in as a teacher in the middle of the week. God indeed found a way.

The first two weekends were spent on conducting the pretests and interviews with the children, and establishing rapport with them. Despite what the children had gone through during the storm – losing their homes and valuables and their sense of normalcy for a time, I was always greeted with a lot of warmth and smiles. They would be very eager to help me with the numerous things I would bring at the start of the day, and bring me back to my car at the end of the day with cheerful goodbyes. I spent 7 weekends to be able to finish 5 sandplay sessions with the participants. Their excitement and energy in participating are contained with the demeanor and smiles before our sessions. Some of the children had a trancelike quality while doing their sandplay sessions. How they responded was just simply amazing. When

asked to describe about the "world" that they built on the sandbox, not all would verbalize immediately what it means, but all expressed that they felt happy to be able to have spent time to play. The translator who has been with me throughout my sandplay sessions with the children also had the opportunity to make her own sandtray. After the experience, she expressed that she found how it was to be like a child again – "basking in the simplicity of life, and her wishful thinking for her grandchildren to have the same simple yet comfortable life she used to have as a child."

My last weekend in the site was spent doing post tests, parent interviews, and a send-off party I had with them. Part of Filipino culture is to have some sort of gathering through eating together. I provided food for the community, and was able to give 85 children loot bags that had school/art supplies, milk and biscuits – all donations from people I know who wanted to reach out to the community as well.

I am still in the process of reflecting and analyzing the sandplay sessions I had with the children. I would have to discuss the results of my analysis in another article. But words certainly could not do justice to the amount of learning I had throughout the entire experience. I could never be grateful enough to God for giving me the opportunity that I had to express my empathy towards the children as I established my therapeutic relationship with them. The amount of time I spent in the community was more than enough to have a change in my perspective in how to be appreciative of the simple blessings we have, that we, as adults tend to take for granted in the midst of our busy schedules and responsibilities. The sense of community, the love and belongingness of the family, the strong faith that the people have is unwavering and unshaken despite the strongest typhoon that has struck our country. All these were quenched because of the thirst for knowledge in the amazing wonders of play.

In my last day spent at the site, just before the send-off party, the children made cards and wrote to me. One of them indicated in her letter: *"Thank you for all the help you gave to us. I will always pray for you, and I hope you won't forget us because I will always remember you. May you continue to be a bridge to other children's happiness and health."* This, I believe captures the essence of being a play therapist – to act as a bridge to people's happiness and well-being, to help in ways we can never imagine, through the work of heart and service that we bring to the community, one individual at a time.

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About the Author

Pamela Fuentebella, PTI member of CACPT, was a preschool teacher who pursued an MA in Counseling Psychology from Ateneo de Manila University in the Philippines and took up play therapy with CACPT last year in the hopes of getting a better in-depth understanding of children with her experience. She is in active pursuit of giving service to her community, knowing that indeed, according to Dr. Seuss: "A person's a person, no matter how small."



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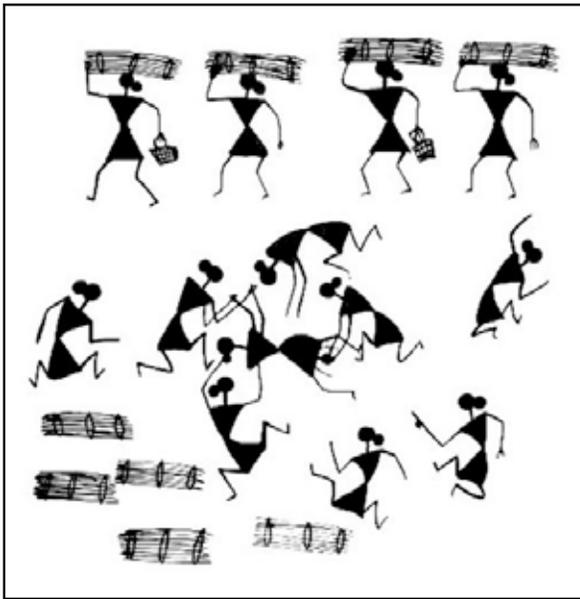
Art and Play Form of India as Tools to Help Children Impacted by Domestic and Community Violence

By Chitra Sekhar MSc, MEd, CPT

Play is a universal language and is used in various contexts to engage and understand children and their world. While we accept the “Universality” principle we still need to recognize the cultural variations and contexts in which the children play (Ogbu, 1981).

Culturally appropriate and grounded approaches are a key to the success of mental health interventions. The richness of the play and art modalities in the intended culture need to be thoroughly explored in the creation and implementation of such interventions. Expressive arts and play forms lend themselves amazingly well in integrated counseling program models. Cultural tools promote self-worth and a sense of social belonging (Graham, 2011). Two examples of this would be The Spiral Garden and Cosmic Bird Feeder programs at Bloor view MacMillan Children’s Centre in Toronto, Canada which provides an inspiring program to children with multiple disabilities through play, art and gardening and the Butterfly Peace Garden Program which has been offering a culturally sensitive play/art program to the children of Eastern Sri Lanka, affected by armed conflict and

disasters. At the height of the armed conflict and during the aftermath of the South Asian Tsunami I was invited to provide play based psychosocial programs for the children in Sri Lanka. The success of the programs and their acceptance by the trainees and the children were mainly due to the cultural compatibility of the approaches and play modalities used. Hence when I was looking into creating play programs for children in India who have been exposed to domestic and community violence, I thought the first step would be to research some of the art and play forms used in selected communities in India. The funding needed for this initial research was provided by CACPT. This article would highlight some of the data provided in the research report presented during the CACPT conference in April, 2013.



Warli Art

The research into culturally relevant modalities was done with a view on program development for large groups of children living in communities where violence at home and in the community is endemic. In India Domestic violence involves not just the strife between the spouses but most often involves other members of the extended family. According to Kaur and Suneela in 60% of joint family cases the mother –in –law was involved in the women abuse (Kaur and Suneela, 2010). This was further reinforced by a study done by Martin et al that identified living with the extended family as a risk factor for domestic violence (Martin et al 2002). In a patriarchal society the gender roles learnt in the childhood within the original family unit are then passed on to subsequent generations. Any intervention directed at combating violence therefore needs to include not just the children and their immediate families but the larger community. In a populous country like India with limited resources it also makes sense to offer group programs for children and youth using culturally relevant and locally available play and art modalities. With that in mind I sought the collaboration with an Art institute in Pune, India to look into a few selected art forms familiar to children and their families. Some of those modalities described are ancient forms which have relevance in the modern day context. .

Warli Art is one such art form whose roots can be traced back to as early as the 10th century. Research suggests that the tribal population in western India started using Warli wall paintings to depict their everyday life using a very basic graphic vocabulary: a circle, a triangle and a square. The central motif in these paintings is surrounded



Puppetry

by scenes portraying hunting, fishing and farming, festivals and dances, trees and animals .Unlike other tribal art forms the Warli paintings do not employ religious iconography, making it a more secular art form.

Warli painting lends itself into a great expressive art media because of its simplicity and richness. Children and families from the province where Warli art originates are familiar with this form art media, and as such may be less inhibited in using it. The Warli drawings are elementary and are easy to draw even by a young child. It is a great medium to express feelings and to tell a story in a non-threatening way. It also is a cost effective and versatile mode of depiction using simple, locally available chalk, white paint or a ball pen. It therefore has a great potential as a community art form. In a play program children and adults in the community can come together to paint, and tell the stories from the past, present and can be encouraged to move to the likely stories of the future. This can be done through individual portraits or collective murals with endless possibilities.

Puppetry is another ancient art used in India in traditional entertainment and storytelling. Just as theater has been used to tell stories of ancestors and religious tales, puppetry has been used with children for many years to teach children basic life lessons. Though its exact date of emergence has not been determined, history and legend indicate that puppetry was around even 3000 years ago in countries such as China, India, Egypt and some African countries (Asher, 2009). Many countries around the world have used puppetry with



children to discuss difficult topics. In India UNICEF and the Myrtle Social Welfare Network used puppets to entertain children who were survivors of the tsunami to help relieve stress. Similarly in Pakistan puppets have been used with children who had survived the devastating earthquake in 2005. Puppet shows have been found to provide children with psychological support and can help promote useful messages about daily life issues such as violence, abuse, rights and responsibilities. Like

theater are common in many small communities around the world and it has been utilized as a tool to ignite and bring awareness to problems within specific communities. Sloman (2012) found that community theater groups have the power to deliver a message and address issues in the community while providing an active way for the audience and community to become involved in creating solutions while also forming a sense of ownership. Community Theater is not only a healing experience for the participants but also initiates a conversation within

Indian culture has a rich tradition of rituals and celebrations with strong religious and spiritual ties. These have a strong potential to be integrated into therapeutic settings.

traditional theatre, themes for puppet theatre are mostly based on epics and legends. Puppets from different parts of India have their own identity and regional styles of painting and sculpture are reflected in them. The most familiar ones are the string puppets or the Marionette puppets with their rich colorful costumes.

Though making traditional puppets is a complex art best left to the artisans, shadow puppets and the glove puppets are easy to make and are more commonly used in educational and storytelling contexts. Puppetry lends itself as a great media in a large group setting and keeps the children engaged. From olden times this media has been used in India to tell mythological stories with moral undertones of non- violence and social justice. This could well translate into specific theme that needs to be focused on in a given context.

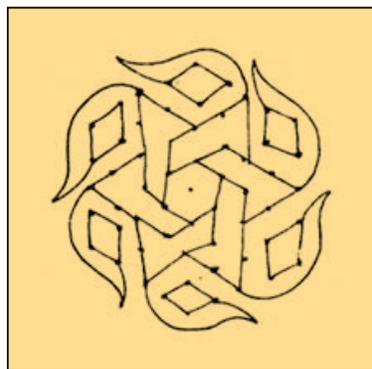
Masks have also been known to be used as early as 9000 years ago in India. It is believed that masks were created to form a bridge between the outer phenomenon of the world and the inner person. In the ancient times mask were treated as instruments of revelations - a pathway to the world of gods and other invisible powers - by giving form to the formless. As a tool in both popular and sophisticated theatrical forms, masks help portray various socio-cultural themes through direct, indirect or even satiric depiction of people are yet another great media to facilitate expressions of feelings and narrations of stories.

Theater and Folk arts have been used in communities across India to tell the tales of the ancient folklores. There has recently been an emergence in literature encouraging the use of theater in communities to address social justice issues. This is because art forms like

a community around the topics presented. In India specifically this medium is familiar to the community because it is deeply rooted in their own traditions.

Improvised creation and narration of stories is a culturally familiar media in India, with the availability of a myriad collection of masks and puppets. Translating them into a story telling activity with children is a distinct and viable possibility in any play program.

Indian culture has a rich tradition **of rituals and celebrations** with strong religious and spiritual ties. These have a strong potential to be integrated into therapeutic settings. Various Hindu and Buddhist rituals were used by me in grief ceremonies as part of a play therapy training program in post-tsunami Sri Lanka and India. Festivals like Diwali and Holi are occasions for adults and children to play freely without many constraints or expectations. Some of the art forms which are traditionally used as modalities of expressions during celebrations specifically and in everyday life generally like Rangoli and Kolam provide a lot of opportunities to engage children and the community in a familiar play setting.



Rangoli is a colorful art form while Kolam is a more traditional depiction of designs using rice flour. Both are used during festivals and celebrations as a floor decoration.

This is an art form passed on from generation to generation by the women in the family and is generally practiced as a communal activity and as such has a great potential as a group art activity with children. The continuous line movement and the rhythmic patterns created are effective stress relievers and are integral part of rituals and sprayers.

The study into the art forms as potential play therapy tools was a first step in the future program development. The envisioned program takes into account the sensitivity around the definition and understanding (and acceptance) of the issue of domestic violence in the Indian context. It is hoped that a program which focuses on bringing children together to play and create will be more acceptable to the community, at least in the beginning of the process. Yet the therapeutic underpinnings of the various modalities are conducive for expression and building coping strategies in children to address domestic violence, thereby giving them voice. The final program format will be geared to address the needs of children between 6 and 12. Running a pilot program in a selected community would involve a further search into funding options and community partnership both in India and Canada.

Early intervention is a key factor in minimizing the impact of family violence on children. Most of the research done and the programs created have been in Europe and North America. While they can still be transplanted to any setting, the most effective interventions are those which recognize the needs of children in their own socio economic and cultural setting. Each culture has a rich tapestry of expressive art and play mediums that should be explored and experimented with to create culturally sensitive and culturally familiar play intervention programs for children. This research paper has provided information on the play and art medias which are familiar to the children of India and a possible model program using those medias has been suggested along with likely partners and collaborators for support. It is hoped that these first steps will eventually lead to the creation of play programs and play therapy training structures in India and South Asia in general with the support of the Canadian Play Therapy Association.

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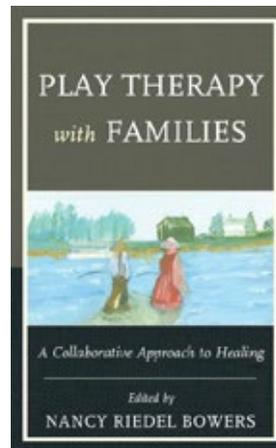
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About the Author

Chitra Sekhar is a certified Child Psychotherapist and Play therapist who has a private practice in Ottawa. She has been trained by UNICEF on International Child Protection and has done field assignments in armed conflict and post disaster emergencies, providing psychosocial help to children. Chitra also teaches in the Inter Disciplinary Studies program at Carleton University in Ottawa as an Adjunct Research Professor.



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Nancy Riedel Bowers

RSW, Rpt-S, Cpt-S, PhD

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Passion for Research

By Jenny Kelp RSW, PTI member of CACPT



In the world of play therapy Dr. Nancy Riedel Bowers is beyond passion in her endeavours to promote the voice of the child.

In her 40 year career Nancy's work has revolved around how children's voices can best be made audible and visible not only through her private practice clinical work but also through her supervision of play therapy trainees, teaching play therapy courses at the School of Social Work and Seminary at Wilfrid Laurier University, providing ongoing trainings which include the CACPT six week training program, APT Continuing Education and importantly through her research and publications.

Her belief is that Child Play Therapists need to publish their work through play therapy tool books, edited books and academic publications. The valued publications are the peer reviewed articles that go into journals which then have access to the data bases across the world. People are able to access these articles anywhere play therapy is practised. Canada also becomes visible and on the map because for every peer reviewed article one identifies their country. Nancy has a peer reviewed article in the International Journal of Play Therapy and will publish again in 2015. Her article is based on the work of her doctoral dissertation for her PhD in Social Work. Although she had not originally intended to complete a PhD it was her passion for play therapy that led her to complete a naturalistic inquiry using qualitative

methodology with the focus on non-directive play and relationship development. The article which is a summary of her dissertation is work that she refers to everyday. The other area of interest for Nancy is her international work which she has been fortunate to do; as a Canadian she is often invited to participate in doctoral defences and collaborative research writing. At present Nancy is completing an international research study on *The Curative Powers of Play around the World; a Redefinition of Play* in collaboration for publication with Dr. Leanna Leroux, University of Pretoria, South Africa and Winnie Young PHD student, St. Pauls University, Ottawa.

Nancy's interest in international research began at a young age when she was at Queen's University completing her undergraduate degree completing research addressing the Section 12(1)(b) Indian Act. She collaborated with National Geographic to do research on the Tasaday tribe- a tribe that never had contact with people outside of their tribe. It was an international study even though later it was discovered that the tribe was not authentic. From Queen's came the MSW program where Nancy was fortunate to be placed at the Community Mental Health Clinic in Guelph. The setting had a playroom and being a playful person and still very

young Nancy learned about play therapy in 1975. She was able to complete her first Masters quantitative research on group play therapy. Although it was an inexperienced study it was nevertheless valuable for Nancy to learn the power of research. This experience was also the time when Nancy became smitten by the power of play. She discovered that play is the language of the child and the child's natural meaning of expression.

Following her completion of the MSW Nancy developed a private practice and continued as a clinician, encouraged by a former dean of the faculty of social work to supervise MSW students on contract; many of her students were also interested in the voice of the child through play. During this time Nancy also travelled to countries such as England and Greece to learn about theories of Freud who applied play in his writings and familiarize herself with contemporaries of Freud. It helped to visit places in England where Melanie Klein and Anna Freud wrote about the voice of the child. This was knowledge that Nancy had not acquired while in graduate school. In 1976 Nancy worked for the Children's Aid Society and it was a supervisor, Ross Dawson, who recognized her passion for play therapy. As a result Nancy also had the opportunity to attend her first formal play therapy course at Smith College, Massachusetts taught by Diane Davis who provided a unique and thorough social history questionnaire that Nancy and many supervisees and colleagues use in their work. In 1982 came the opportunity for Nancy to teach courses at the faculty of social work and in 1995 she was admitted to the PhD program. She believes she had to work hard to prove that she was capable and it was her passion and relentless belief in play therapy that enabled her to complete her PhD. The doctoral program has been a blessing and many new doors have opened as a result. It was the same former dean who encouraged her to teach play therapy in the school of social work. Nancy is very proud to have taught 63 clinical courses that include play therapy in the faculty of social work and 10 courses in play therapy at the Waterloo Lutheran Seminary.

Today the voice of the child continues to be promoted in Canada and Nancy believes that we are on the forefront of good academic work in Canada for play therapy. Research is one of the vehicles around the world to promote play therapy as a viable way in which children can heal. The international community has invited Canada into the academic scrutiny to exemplify good academic work. Nancy was recently asked to co-author a book by a colleague Wood Woo in Hong Kong for play of children ages birth to 2 years. She will consult with her colleague

Frank Ripplinger who is an expert in the understanding of play for children under the age of 2 years.

As well, Nancy was also invited by the Seminary (WLU) to help set up the Glebe Centre which offers holistic healing in the form of play, art, music and aboriginal healing modalities. In May 2014 Nancy organized a holistic healing conference through the Glebe Centre together with the Seminary that offered workshops in many forms of expressive therapies. Nancy also recently presented at the American Association for Play Therapy conference in Palm Springs, California where she was excited to join together with colleagues from Hong Kong, Korea, France, England, Singapore and India in her ongoing discussions of play therapy. In addition to teaching, presenting and research Nancy just recently had a book published titled *Play Therapy with Families: A Collaborative Approach to Healing* which she co-authored and edited. Currently she is back to teaching social work and other clinical courses for this academic year.

Nancy is grateful for all the wonderful opportunities to promote the healing modality of play for children. She feels she was blessed with her small town Belleville upbringing and with parents who encouraged her with resources available. In her 40 year career much is to be celebrated.

In conclusion Nancy would like to mention certain children's centres who recognize play therapy such as CPRI in London, The Huron-Perth Centre in Stratford, Listowel, Clinton and Branching Out in Brampton. Nancy does have a measuring stick for knowing when inroads for the recognition of play therapy have been accomplished: when Toronto Hospital for Sick Children, a leading research centre in Canada for children, hires a Certified Registered Play Therapist then Nancy knows her promotion of play therapy will be complete.

N. Riedel Bowers, RSW, RPT-S, CACPT-S,
nriedel@wlu.ca www.riedelbowers.com

About the Author

Jenny discovered the curative powers of play therapy while working in the Boston area early in her career. It is a true calling and privilege for her to work as a Certified Play Therapist in Canada. Nancy Riedel Bowers continues to be a valued mentor in Jenny's work with children.

J. Kelp, RSW, Certified CACPT Play Therapist,
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Monica Herbert Award 2014



Liana Lowenstein MSW, RSW, CPT-S
and
Theresa Fraser CYW, M.A., CPT-S

Liana Lowenstein MSW, RSW, CPT-S, is a Registered Social Worker, Certified TF-CBT Therapist, and Certified Play Therapist-Supervisor specializing in the treatment of traumatized children and their families. She has provided clinical supervision and consultation to mental health practitioners and presents trainings across North America and abroad.

She is the founder of Champion Press Publishing Company and has authored numerous publications, including the books *Paper Dolls and Paper Airplanes: Therapeutic Exercises for Sexually Traumatized Children* (with Crisci & Lay, 1997), *Creative Interventions for Troubled Children & Youth* (1999), *Creative Interventions for Bereaved Children* (2006), and *Cory Helps Kids Cope with Divorce* (2013). She has also edited the books *Assessment and Treatment Activities for Children, Adolescents, and Families: Practitioners Share Their Most Effective Techniques* (Volumes One through Three) and *Creative Family Therapy Techniques: Play, Art, and Expressive Activities to Engage Children in Family Sessions*.

Ms. Lowenstein is winner of the Monica Hubert award for outstanding contribution and dedication to child psychotherapy and play therapy in Canada as result of her publications, development of Internship programs and longstanding contribution to CACPT as a board member and Education Committee Chairperson.

Liana was given her plaque at the Toronto Certificate Program in the presence of future Child Psychotherapist Play Therapists which was fitting given her contribution to resources available to them as a result of CACPT programming.

CACPT and APA Form an Official Affiliation with APT's International Journal of Play Therapy (IJPT)

The Journals Program of the American Psychological Association reached out to CACPT in the summer of 2014 with an offer that the Board of Directors and members of CACPT were very pleased to accept. A formal affiliation has been established between APA and the Canadian Association for Child and Play Therapy with regard to the delivery of the **International Journal of Play Therapy (IJPT)** to all CACPT members.

The International Journal of Play Therapy is dedicated to publishing and disseminating reports of original research, theoretical articles, and substantive reviews of topics germane to play therapy on behalf of psychologists, psychiatrists, social workers, counselors, school counselors, marriage and family therapists, and other mental health professionals.

We are proud to announce that starting in 2015, the members of CACPT will receive the four quarterly issues

that constitute the IJPT in electronic form. We will share more information on this very early in the new year!

We thank the Journals Program of the American Psychological Association and the Association for Play Therapy for their kind generosity in reaching out to promote and encourage Play Therapy throughout the world. We look forward to a very fruitful relationship in the years to come.

Elizabeth A. Sharpe CAE
Executive Director
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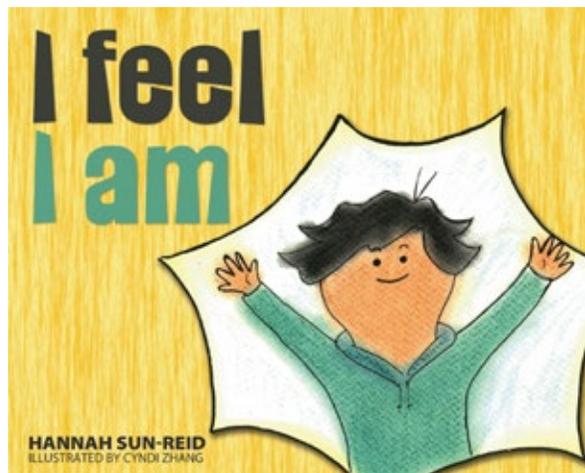


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CACPT sets high professional standards for clinical practice. These standards help to ensure that skilled and effective therapy is available throughout the community. CACPT has a code of professional ethics to which each member must adhere. Policies 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

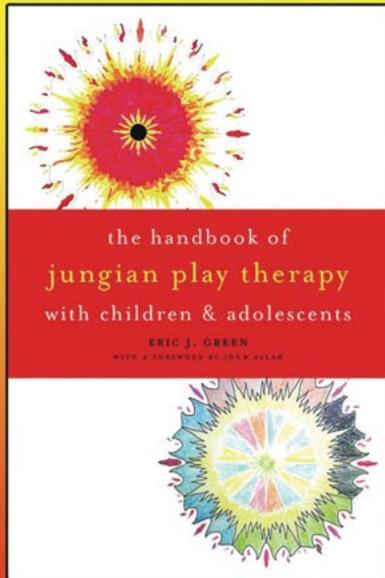
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