

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

Playground

Spring/Summer 2013



PLAY THERAPY

How It Helps
Children Feel Better and
Improve Behaviour

Play in the Assessment
and Treatment of Children
and Adolescents

Developing a Community
of Child and Play Therapists in China



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 13 to June 21, 2013
- **Toronto**, July 8 to Aug 16, 2013
- **Burnaby BC**, July 15 to Aug 9, 2013
- **Winnipeg**, October 17 to 21, 2013

The application deadlines for the Play Therapy Certificate Program are:

- **March 15** for Kitchener
 - **May 15** for Toronto and Burnaby
 - **August 15** for Winnipeg
- 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.

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Playground

Canadian Association for Child and Play Therapy

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Hello from the President



By the time you read this issue of Playground our Annual Conference and AGM will be around the corner. This will be the first year in many that I have not travelled to other countries to promote our Canadian Play Therapy community. However, as you can see from our conference flyers and web site, Play Therapists from outside Canada are travelling to play with us in the Falls. Hopefully, you can join us. Next year we will be gathering on the Island in Victoria, British Columbia with two keynote presenters who are sure to inspire. I am going into my last year as President of CACPT and I will continue to grab each moment to connect with our members and challenge each one of you to get involved in our ever growing association.

In our last issue I talked about creating internship opportunities and have had Interns contact me to say thank you as this has ignited their creative ideas. As you are reading this I would like to share another idea that I suggested a few years ago but no agency that I talked to was in a position to get on board at that time.

I would like to urge Play Therapists in agencies to sponsor a *"Play Therapy Connections"* event in your own community. Pick an evening or morning or Saturday and open up your board room or meeting room or even better Play Therapy Room. Provide coffee, tea, water and some deserts and invite Play Therapists, or potential Play Therapists to come on in and share stories and collaboration about Play Therapy. Each event should be focused and pre-advertised on a specific topic , such as assessment activities, family play activities, whatever it is that your agency has expertise in or is seeking further ideas in. Please charge a nominal amount (\$20 a person) and then donate that back to our National Association. Your organization is then supporting our National Association while building play therapy capacity in your own communities. What a great way to meet new clinicians or scout out potential interns or just toot your own horn about the work your staff is doing.

We can advertise the event in our E blast and each organization will receive a Certificate via email from the President that they can print and re-post on their agency wall that states that they support the development of Play Therapy in Canada. These agency names can also be noted in subsequent issues of Playground. Can you imagine the ideas that will be shared, the support that will be cultivated and the relationships that will develop? I can!

Lastly, you can also get involved by helping out on a CACPT committee. Kip forwards the names of Certificate program attendees that would like to get involved in various levels of our association but we also need to hear from seasoned therapists. There are members of our current board whose terms are almost finished and like all healthy organizations, we need new faces. Please contact Elizabeth@cacpt.com or theresafraser@rogers.com if you would like to get involved on a committee or to sponsor an event. Lastly, thank you for the privilege of being your President. It is a honour to work with passionate volunteers as well as Elizabeth and Kip who we are indebted to for their hard work, vision and belief in the power of play to heal.

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

Canadian Association for Child and Play Therapy (CACPT)

Update from your Executive Director



The energy in the CACPT Headquarters these days is very high and we are ramping up for some very exciting times. Although Spring is still not in the air, we are hoping for some great weather to kick off our season.

The 2013 CACPT Play Therapy Conference and AGM in Niagara Falls, April 26 & 27 is almost here and registrations are coming in from across the country. We are showcasing the best of the best at this event and this is the first play therapy conference in Canada with this many professional clinicians gathered in one place to demonstrate their various specialties.

CACPT Play Therapy Certificate Programs 2013

With programs being offered in Kitchener, Toronto, ON and Burnaby, B.C. this year, we are ramping up to accept registrations for each of these programs. The Kitchener program is almost full and deadlines for registrations for the upcoming Toronto and Burnaby programs will be May 15th. Be sure to get your application forms in early. There will be limited seating in both programs.

Announcing our new Play Therapy Certificate Program – Level I, Winnipeg 2013-2014

We are pleased to announce that the CACPT Play Therapy Certificate Program will be offered in Winnipeg, Manitoba starting this fall. We are grateful to the Alloway Therapy Services staff who have kindly offered to host the program starting in October 2013 with the first week of the program. The second week will follow in April of 2014. We have introduced the model used in previous years in Winnipeg that was very successful. The program will run over a weekend to accommodate those who are unable to take long periods of time off work. We look forward to serving the professionals in Manitoba who are engaged in the treatment of children and families.

PLAYING ON THE ISLAND – CACPT Conference and AGM 2014 Victoria, British Columbia

The Board of Directors of CACPT officially announces its 2014 Conference and AGM to be held in Victoria, B.C. on April 25 & 26, 2014 at the Laurel Point Inn and Conference Center. Stay tuned for more information! Our Call for Presenters will go out this month.

Annual General Meeting

If you are able to attend the CACPT Annual General Meeting in Niagara Falls, ON on the morning of Saturday, April 27 at 7:30 a.m. you will find out about the strategic direction our Board will be taking over the next year. We value your input so please be there to offer your support to our volunteers. A Continental Breakfast will be served at 7:00 a.m.

Facebook

CACPT is on Facebook and we have a reach of thousands of potential members every day. Be sure to sign up if you want to stay connected. Look for us at C.A.C.P.T.

Happy playing!

Elizabeth A. Sharpe CAE
Executive Director

Canadian Association for Child and Play Therapy (CACPT)

Play Therapy:

How It Helps Children Feel Better and Improve Behaviour

By Kathy Eugster, MA, RCC,CPT

As parents, we learn to understand our children by watching them and can usually tell when they are having problems by how they act. When things are not going well for them, children will often behave in ways that cause problems. They may “act out” by not doing what they are told. Or perhaps, they may seem overly anxious or become very withdrawn. There are many ways that children show with their behaviors that they are struggling and not coping well with things that have gone on in their lives.

When this happens, parents worry that their child’s behavior will get worse. They may also be faced with negative comments or complaints about their child from teachers, daycare workers, coaches, or other parents. This can be very upsetting for parents and can contribute to feelings of discouragement and uncertainty. No matter what the behavior looks like in a child, parents will usually become concerned and want to seek help for their child. One of the best ways to help children with behavioral and emotional problems is through an approach known as play therapy.

Play therapy is a psychotherapeutic treatment approach specifically developed to help children

between the ages of three to 12 years old. A trained mental health professional, called a play therapist, works with a child to explore and resolve problems through the therapeutic use of play. Child and therapist work together in a counselling space called a playroom, which is equipped with specially chosen toys that will encourage the safe expression of feelings and also support the development of healthier behaviors.

A typical playroom may contain a small sandbox with miniature items (people, animals, cars, fantasy figures, etc.), puppets, stuffed toys, dolls, a dollhouse with furniture, dress-up and make-believe clothing and props, art materials for drawing and painting, construction toys, and some indoor games such as ring toss or indoor basketball.

In the beginning, the therapist will usually invite the child to play in an open-ended manner. The child will be allowed to play in almost any way she would like as long as it doesn’t hurt anybody or anything. As treatment progresses, the therapist may become more directive by encouraging the child to play with specific items or participate in certain activities that would address the child’s current problems.

But, how is play therapeutic for children? How does play therapy work to help children feel better and

CAUTION



**CHILDREN
AT PLAY**

improve their behavior? What are the benefits of play therapy? These questions can be answered by understanding that play therapy helps children in the following ways by:

- Facilitating Healing from Past Stressful or Traumatic Experiences
- Allowing the Expression of Feelings
- Encouraging Creative Thoughts and New Ideas
- Allowing the Development of Healthy Decision-Making Skills
- Enabling the Communication of Problems and Concerns to Others
- Supporting the Learning of New Ways of Thinking and Behaving

Facilitating Healing from Past Stressful or Traumatic Experiences

Sometimes children go through experiences that are stressful or traumatic for them. These difficult experiences that children go through may not enter their minds in a normal manner and can remain "stuck" or even out of awareness. The feelings associated with these experiences can also get

In play, children will use their imaginations and express themselves symbolically through the toys. This means that experiences that have impacted the child in some way will show up as play behaviors. For example, a child who has been in a car accident may play by crashing toy cars together. A child who has seen his parents fighting may use puppets to act out these conflicts seen at home. In play therapy then, children are allowed to express, using toys, all the things they have difficulty saying, or may even be unable to say at all, with words.

When children play with toys in ways that are similar to difficult situations or traumatic events that they have experienced in their lives, this symbolic expression using toys is therapeutic in itself and can bring about positive changes within the child. When a child is provided with a therapeutic environment by the play therapist and is given the chance to process a difficult experience through play, the child's natural developmental capabilities are activated and the "stuck" feelings and memories become "unstuck." Just as the body heals from physical injury, the child has an emotional system that can be self-healing as well if certain therapeutic conditions are present for the child. Therapeutic play allows the child's innate

By expressing feelings in play therapy, even if it is symbolically through toys, children can begin to feel better. Expressing feelings leads to understanding feelings, which then leads to a decrease in the intensity of feelings.

stuck and are frequently what cause emotional and behavioral problems that adults observe in children.

In order for children to feel better and improve their behavior, they need to make sense out of the stressful or traumatic experience and assimilate it into what they already know about the world. This is known as "processing" an experience and it usually involves expressing thoughts and feelings and coming to a new understanding about the experience, which then leads to behavior changes. This is similar to what an adult does in counselling by talking with a therapist.

For children things are different. Talking about problems using words is often difficult for children. We do know however that children express themselves much better by playing than by talking.

self-healing abilities to be activated, supporting the child's growth and development on an emotional and psychological level. In play therapy, children do not have to talk about their problems to feel better.

Allowing the Expression of Feelings

Play therapy offers children the opportunity to express feelings safely in ways that may be unacceptable in other settings. At school children may not have the opportunity to express their feelings and may act out with inappropriate behaviors. At home children may be reluctant to express themselves for fear of hurting or angering their parents.

By expressing feelings in play therapy, even if it is symbolically through toys, children can begin to feel

better. Expressing feelings leads to understanding feelings, which then leads to a decrease in the intensity of feelings. Feelings become less bothersome so children can then devote more of their mental energy to creative activities and problem-solving, which will result in mastery of tasks and an increase in self-confidence and self-esteem. Old behaviors that previously caused problems for children will change to more positive and adaptive behaviors. The end result is that the child's inner psychological world will change and grow in a positive manner through the expression of feelings during the process of play therapy.



Encouraging Creative Thoughts and New Ideas

During play, creative thoughts are encouraged, and all children use play to learn about their environment and to solve their day-to-day problems. In play therapy, children will do the same thing and play in ways that help them to make sense of their problems. They can get a better understanding of what is happening in their lives and therefore be in a better position to cope with or adjust to their situation.

A child may play out different endings to a particular make-believe story, finding one ending that feels good. For example, a child may pretend a toy gets hurt by being pushed down the stairs or out the window of a dollhouse by a powerful dangerous toy such as a monster or villain. Then, the child's play may change so that another toy comes to the rescue (superhero, police officer, doctor, fairy princess, etc.). When the child associates with the hurt toy, she can then begin to understand that getting hurt was not her fault. In addition, she can gain a sense of hopefulness and realize that help is available after a hurtful incident.

Alternately, the child may play out an ending where the hurt toy becomes very powerful and conquers the dangerous attacking toy. When the child associates with the hurt toy this time, he can begin to feel an inner sense of power, which can then lead to an improved self-concept. Even though the child may

have no power to change his real world outside of the playroom, in the playroom he does have this experience of being the powerful one, thus making positive changes to his inner psychological world.

In play therapy, children can also pretend to be different characters. This gives them an idea of what it feels like to be in another person's shoes. For example, a child can pretend to be a helpless victim, a dangerous attacker, a powerful rescuer, a mastermind strategist, or a nurturing caregiver. Again, this is like an adult talking with a therapist and getting a new understanding of a current problem by looking at things from various different perspectives. This ability to experience and understand different perspectives helps children enormously not only to understand themselves better but also by encouraging them to develop a sense of empathy towards others.

Allowing the Development of Healthy Decision-Making Skills

During play therapy, children are given the opportunity to make decisions and choices for themselves, thus enabling them to take control of the environment and to take responsibility for their actions. For a shy child, this is very beneficial. For example, if a child has trouble making decisions about what to play with in the playroom and seems to be unsure of what he should do, the therapist may allow him to come to some decision on his own

without directing him as to what he should do. The net result is that the child's self-confidence and self-reliance increases.

For a child who consistently breaks rules, the opportunity to make decisions and to take responsibility for her behavior is also very beneficial. During play therapy, the therapist may deal with a child's inappropriate behaviors by setting limits and enforcing consequences in such a way that it is up to the child to make the right behavioral choice to avoid the consequence. In this way, the child is encouraged to develop an internal sense of self-control.

Enabling the Communication of Problems and Concerns to Others

By expressing themselves symbolically through toys in play therapy, children are allowed to distance themselves from difficult feelings and memories, which are frequently too hard for them to talk about directly with others. This gives children the opportunity to communicate their fears, worries, problems, wishes, and desires to others, even if it is done symbolically through toys. Other adults in children's lives, such as play therapists and parents, can then get a better understanding of children's inner worlds, which allows these adults to understand what children need in order to provide the appropriate type of help and support.

Supporting the Learning of New Ways of Thinking and Behaving

Play therapists may introduce specific activities that would help children address their difficulties. These activities would be presented at age-appropriate levels. With younger children the activities would likely focus mostly on pretend play activities while for older children workbooks and written exercises could be used as well.

Play therapists may also identify self-critical and self-defeating thoughts children sometimes have. Any misunderstandings that children may have can then be corrected and information can be provided that will help them to develop more adaptive perspectives about a particular situation. For example, a child may erroneously believe that she has caused her uncle's death by getting angry at him. The play therapist can then help her to correct this faulty belief and help to eliminate her feelings of guilt by encouraging more positive thoughts. For example, the play therapist

could make a wise owl puppet tell the child that her uncle died because he was very sick and not because she got mad at him.

Children can also learn appropriate behaviors through modeling of these behaviors by the play therapist. For example, the therapist could enact a puppet show to demonstrate the difference between sharing and being selfish or between cooperation and fighting. In this way, children learn healthier ways of interacting with others and better ways of coping with difficult situations.

Play therapists may also teach children certain skills to help manage difficult feelings. Deep breathing, relaxation exercises, and mental imagery are some of the ways that play therapists can help children learn important self-soothing skills.

Conclusions

Play therapists have recently been evaluating the research conducted over the past fifty years on the effectiveness of play therapy. We have found that play therapy is an effective treatment for children experiencing a wide variety of social, emotional, and behavioral problems. It is also an excellent way to help children recover and heal from stressful or traumatic experiences.

Play therapy is different than regular play however, and to be effective does require the presence of a trained therapist. The play therapist is trained to create a safe environment for the child and to interact with the child in such a way that the therapeutic benefits of play are activated. It is within this unique and therapeutic environment that the child is able to gain relief from emotional difficulties and to develop more appropriate behaviors.

About the Author

Kathy Eugster, MA, RCC, CPT, is a Child and Family Therapist in private practice in Vancouver and also with Family Services of Greater Vancouver. Kathy works with children ages 3 to 12 years old with behavioral or emotional difficulties.

As well, Kathy works with the parents of these children to help strengthen parent-child relationships and to enhance parenting skills.



Play in the Assessment and Treatment of Children and Adolescents

By Timothy Gordon, BA, MSW cand.

There were no names in Sheryn Ricker's stories. As a registered psychological associate in Ontario and a CACPT certified play therapist since 1994, her stories are all real, mostly about young boys, and rich with eloquence and appreciation. They go beyond just the boys' experience, enveloping sisters, brothers, fathers, and mothers. Some of the boys she told me were labeled 'offenders' or 'suspects' and have been brought to her Hamilton, Ontario office in shackles and accompanied by guards. "The first order of business is I ask this boy wearing shackles: "What do you like on your pizza?"

Sheryn is a member of Child & Adolescent Services' forensic program. Forensic programs exist across Canada for the purpose of working with people who have a history (or suspected history) of mental health issues and are also involved in the criminal justice system. Often these individuals find themselves court ordered or mandated to be assessed and treated through a forensic program which are typically staffed with multidisciplinary teams of psychiatrists, social workers, psychologists, nurses, and sometimes play therapists. I met Sheryn having myself already been involved with an inpatient forensic services unit through my Master of Social Work graduate practicum. I was drawn to this program for both their reputation in the community, being a highly regarded team and out of interest in their approach to working with youths, a population I did not have experience working with forensically. I wondered how this work would look different. The process of support at this Hamilton office begins with a review of records and collateral information on the children and adolescents with whom they will be working. Sheryn's role as a 25 year veteran of clinical work is to utilize self-report questionnaires that are tailored to age and seek specifically to measure mental health concerns. Her task involves developing a comprehensive understanding of concerns, such as: anxiety, depression, trauma symptoms, trauma history, personality structure, reality testing, reading and writing comprehension, learning, and development levels.

Given the time-sensitive nature of her work and the need to develop a quick rapport of trust, Sheryn's first meeting with a client addresses the reality of the situation and its inherent limitations. "Where do you start?" I asked. She replied "I'll sometimes tell the kids that the judge has asked us to get to know them really quickly. I tell them that in an ideal world, we would go hang out in Tim Horton's, would get their favorite donut, and I would get mine. I would get their favorite beverage and I would have my beloved hot chocolate, and we would be sitting there talking and we'd chat until we had eaten all the donuts we could possibly stuff in our bellies. I tell them that I would know them pretty well at the end of that time, and we might even do that three or four times. But I explain that the judge doesn't give us that kind of time and it probably wouldn't be that good for my health." Sheryn's voice became soft as she reenacted a conversation with a young man who was leery or hesitant to work her, "What I want is to use this time to get to know you so that life can be better for you,

because this can't be fun for you getting in trouble like this, it can't be fun having everyone all over you, not being able to go where you want to go when you want to go."

This honesty is consistent throughout Sheryn's accounts of working with the children and adolescents she meets. Yet, as mentioned before, Sheryn is also a Certified Play Therapist working with this population. I asked her how she "uses play therapy in this demanding work?" Sheryn smiled. "Play therapy is about doing something differently than what has been done before." "Yea," said I. "What I use from my background in play therapy is pacing the session to match where the kids are at. I actually use the Rorschach. It is normed with the Exner scoring system, which I do. It's a balance to all the talking,

According to Sheryn, often adolescents entering into forensic programs suffer with significant delays in development. "So, we have to figure out ways that are developmentally appropriate for them that match who they are and how they learn. So sometimes my colleagues will use drawings 'explain, show me' or use a lot of scaling, sometimes draw the scales rather than just talking about them. For example, giving them a drawing of a thermometer and colouring it in. It's just trying to be playful because it is possible to take things seriously and still be lighthearted about it because to me those are signs of resiliency. If a kid can even in this kind of a situation have a chuckle over something stupid, that is going to put them in a better space than if they can't do that. One of the things that drew me to play therapy is it allows you to be on the same developmental page as the kid. So being developmentally appropriate regardless of why they're here or what my role is with them helps things run more smoothly. It's the respect of the client that comes so much out of the play therapy training." Changing the approach to assessment by involving elements of play is not the only service where Sheryn implements her play therapy expertise. "I will do things in as many different ways as necessary. I try to use examples the kids can relate to. If I'm pretty sure the child is a non-verbal learner then I will try and do the feedback [sharing the results of the assessment] in a way where there is a visual accompaniment with what I am saying."

In a field riddled with burnout, I asked Sheryn how she has stayed involved with the intense work of forensic assessment and treatment. "First of all, I think you need to work with a client population you're able

to find compassion for. If you can't find compassion for kids who have broken the law then you probably shouldn't be working with those kids. I always thought I would work with kids under the age of twelve for ever, and ever, no matter what, amen. And that has not been what has happened. I still enjoy the little people, don't get me wrong. But I have discovered I enjoy the adolescents as well. I have some favorite tricks of the trade that work, they work with who I am and the kinds of information I'm being asked to get. Until very recently, a portion of what I was doing was the treatment and assessment of kids who had been victimized in some way physically or sexually and I worked as a part of a sibling incest team. So, lots of play comes into that work while following best practice guidelines. What we do is empirically informed. There's lots of play and playfulness that happens in that assessment and treatment. We use Trauma Focused CBT but I tend to be pretty play based in how I do that because it is developmentally appropriate for one thing. When we're writing a narrative and I have a little kid that doesn't write very well, I get him to illustrate pictures and tell me what to write. I also get info by me being a bit of a Columbo

with questions such as 'Okay, did I get this right? Is this what you mean? Did I say it right? Read it back to me? How about I read it back to you?' and we end up having an interview over a sentence that took him a half an hour to draw. There are some kids who walk out of here, who reply, when their parents ask them what did during the session: 'Nothing. We just played.'

Sheryn never used their names but spoke of the boys dearly and eloquently.

About the author

Timothy Gordon is a graduate student at the Wilfrid Laurier, Lyle S. Hallman Faculty of Social Work. Tim has practiced in extensive roles that have included psychiatric inpatient forensic Social Work (including crime and pathology), as a therapist at a public health walk-in clinic, as facilitator of outpatient group therapy at hospital, and has done therapy with families experiencing complex trauma.

Tim is also an active researcher in the fields of alternative and complimentary medicine, anxiety and depression, as well as alternative interventions in social work and contemporary psychology.

PLAYING ON THE ISLAND
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Victoria, BC

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The Conference will be held on April 25 & 26, 2014 at the Laurel Point Inn in Victoria, British Columbia.

www.cacpt.com



Developing a Community of Child and Play Therapists in China

By Hannah Sun-Reid, MA, MDE, CPT-S, CTT, CTS, CDDP

I was so surprised and honored to be the recipient of last year's Monica Herbert Award. I have come to know so many amazing Play Therapists who deserve this award. The nomination letter mentioned my Play Therapy training in China. I would like to report to all members about this rewarding and humbling experience.

My journey began as a desire to help the families and children in China who were affected by the devastating earthquake in Sichuan China on May 12, 2008 that killed more than 50,000 people. Through my personal and professional connections in Beijing, where I was born and raised, I went there to volunteer my knowledge and skills in crisis intervention for children and families. My very first 2 day training workshop had more than 100 people attending, exceeded the available seats in the auditorium. I was so moved by the overwhelming number of people from all over the country to volunteer to help in whatever way they could, out of their love and compassion for the people who were touched by the tragedy. However, so many of them were not prepared or equipped to know how to help and what to say or do. I had encountered and heard numerous stories of tragedy, support and recovery.

I subsequently made more trips to train the volunteers in professional fields, university students and parents. I also went to the earthquake county to do some

training organized by the Red Cross, where I met parents, teachers and children who were directly affected by the disaster. I will never forget one of the participants, an elementary school teacher whose wife was killed in the earthquake while trying to save the lives of her students, sang for the class and told us how he decided to turn his grief into his effort to help his students to overcome tragedy. I felt so honored and humbled by the strengths this teacher, and many others carry with them. I gave him the music CD I used for teaching as my token of admiration and support.

Seeing how much I was able to help, by having the advantage of being educated and clinically trained in both languages and cultures, and the need to have more clinicians trained in Child and Play Therapy in a systematic way, I decided to accept the invitation to provide a three level Child and Play Therapy training program in Beijing China in 2010. The training content is similar to the CACPT certificate program courses, which include both theory and practice of Child and Play Therapy. The training was scheduled for 3 levels over a 2 year period with clinical practice and supervision in between. I was spoiled by the best tea and herb drink the participants prepared for me each day so I could maintain my voice throughout the 6 to 9 days of teaching. Of course, as you can imagine, my Chinese improved drastically during those days after so many years of lack of practice.

I am very pleased to report, that there were 25 graduates from our first training program from 2010 to 2012. The feedback from the participants was



very positive, so after much deliberation with myself, against my wish to reduce workload, I said YES to another round of programs in November 2012. This time we had 28 participants, from all areas of China. We have also started the online clinical supervision in the New Year for the program participants. It is amazing how I could talk to 20 people face to face across the globe, by sitting in my living room. I am going to Beijing, in March of this year to begin the 2nd level in the 2nd round of Child and Play Therapy training program in China. I am proud to say that we now have a community of Child and Play Therapists in China.

and experiences, all for our love and compassion for the children in the world. I also think about Lorie Walton, the persistent supervisor who encouraged and supported me to pursue being certified as a supervisor and an approved provider; Clare Paterson, the director at the Child Development Centre, who is always willing to listen to my crazy ideas of working and training; Phyllis Booth, who taught me every little thing about Theraplay; Dan Hughes, who taught me the essence of PLACE. I am forever grateful to all these people and many others I have met in my journey. Without my learning from you, I would not be able to teach others.

While writing this article, I cannot help thinking of Lilia Day, the Play Therapy supervisor I went to in 1994, who taught me not only about Play Therapy, but also about life. Because of Lilia, I came to know and have become lifelong friends with Sandra Webb, Donna Cuthbertson and Brian Nichols, the other three Play Therapists in our group of "Playing For Keeps". We have since travelled together to other parts of the world to share our knowledge

Healing Spaces

by Theresa Fraser CYW, MA, CPT-S

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, British Columbia and the North West Territories have been featured in Playground. This edition of Healing Spaces is focused on Donna Cuthbertson who practices in the Whitby/Oshawa area of Ontario.

As a little girl, Donna Cuthbertson knew that she wanted to work with children. She grew up in the Durham region and has developed a well-respected Play Therapy practice in the Whitby/Oshawa area of Ontario.

Donna began her journey as a Child and Youth Worker and has worked in school systems, consulted in early intervention programs, mental health programs and pediatric hospital programs all over the past 36 years. Donna specializes in working with children who have exceptional needs.

Donna gained her initial training at the University of North Texas in 1993 from her primary mentor Dr. Gary Landreth as part of his extensive supervision group. She also remembers Dr. Marie Dhase whom she describes as easily recognizable for her warmth and passion. Dr. Eliana Gil's work has also influenced Donna's style of work as well as Dr. Rise Van Fleet who Donna trained with at her Filial Therapy Enhancement Centre in Boiling Springs, Pennsylvania in the 90's.

Donna also trained with Dr. Gisela Schubach De Domenico in 5 levels of Sandtray-Worldplay and has done extensive training and supervision with Dr. Dan Hughes in Dyadic Developmental Psychotherapy. In addition to all of these formalized training programs she has attended many international Play Therapy conferences.

Donna emphasized that the understanding of neuroscience research and the effect of trauma on the brain has been instrumental in the supportive



and educational work she does with families. She identified that Dr. Bruce Perry's research and training has been influential to her work in this field. She believes that Play Therapists should learn from highly skilled clinicians in order to subsequently develop a theoretical style and method of presentation that works best with their personality.

Donna's relationship with CACPT goes way back to the early days. She was the Membership Chair for CACPT in the 1990's. She, along with Dr. Betty Bedard-Bidwell, Bridget Revel and Greg Lubimiv, were part of the committee which determined CACPT's initial certification qualifications. Donna later co-authored, Hand in Hand and contributed Chapter

10, Implementation of Play and Art Therapy Programs in Schools. Donna later shared her wisdom in the first Play Therapy certificate programs held at Kings College in London, Ontario.

In 1995 Donna became a Certified Child Psychotherapist and Play Therapist. Donna will be forever grateful to Lilia Day, her CACPT supervisor, who brought her together with Brian Nichols, Hannah Sun Reid and Sandra Webb whom she has developed great friendships with and continues to get together with for peer supervision. Lorie Walton is also a mentor she is grateful for. Donna has a Certificate in Infant Mental Health from York University as well as certification as a Trauma Specialist.

Since 1995 Donna has maintained a private practice in Play Therapy as well as agency work. In 2009 Donna did a mission in St. Petersburg Russia with 3 Play Therapist colleagues; Hannah Sun Reid, Sandra Webb and Brian Nichols to provide a week of training at Raoul Wallenberg University about Play Therapy and to consult at an Orphanage. Donna's presentation was called 'The Therapeutic Relationship: Heart Work'. In 2010 Donna traveled to China with Hannah Sun Reid and Sandra Webb to vacation and to visit orphanages. Donna chose to retire in 2010 from agency work and to maintain her private practice part time, allowing more time for her 2 young grandchildren.

Donna's play therapy has evolved over the years into an eclectic theoretical approach depending on the needs of her clients. Donna utilizes her skills in Theraplay, Filial Therapy, Dyadic Developmental Psychotherapy, Cognitive Behavioural Therapy, Directive and Non-Directive therapy, Puppetry, Sandtray, and other various Expressive Art modalities.

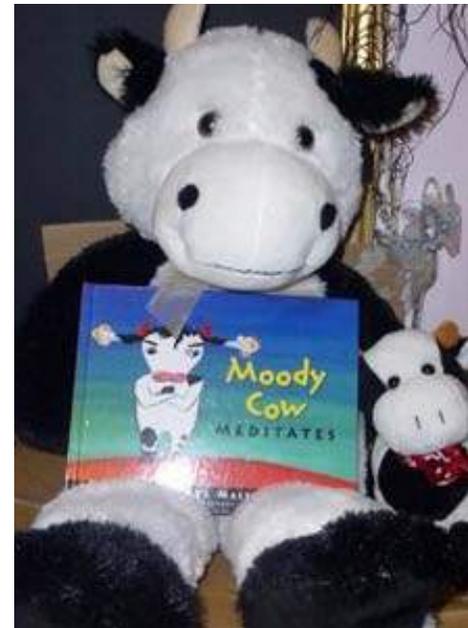
In the past 6 years Donna has increased her knowledge and experience in working with Bereaved families. In her practice, now located at Hearth Place Cancer Support Centre in Oshawa, Ontario she receives increased referrals for children experiencing many types of grief. In addition to individual support Donna facilitates groups for children living with a loved one with cancer or who have lost a loved one to cancer. In addition to contract work with Hearth Place Donna receives referrals from families and agencies

for children with anxiety disorders, depression, anger, trauma, high conflict divorces, grief and other related issues affecting day to day function. Donna works with children with dual diagnosis and has found the therapeutic relationship along with play therapy to be effective. Donna also runs peer support groups for siblings of children with special

needs. Donna is a member of Bereavement Ontario and in October 2012 presented at their provincial conference and in October 2012 she was requested to participate as part of an expert panel at Hospital For Sick Children's annual Palliative Care conference.

Over the past 17 years since certification, Donna has worked in a variety of therapy environments. Regardless of the space though, Donna identifies that the materials, and more importantly the 'self', impact clients the most. For example, when Donna worked for 10 years with a school board as a Counsellor between 1990 and 2000 she recalls turning over a garbage can on a gym stage for a puppet show and on other occasions traveling to schools with a portable sand tray and miniatures. Though having the miniatures in an orderly fashion set out on many shelves may be ideal, a qualified therapist should utilize the healing resources at hand.

Donna noted that though many people want to be generous in donating materials, it is important to be selective and know why each item is present in your healing space, so that it facilitates a child's freedom of expression. Given she trained with Dr. Gary Landreth, it is not surprising that she believes that materials need to be "selected" and not "collected". That said, she believes that the therapist's heart plays a larger role than tools/materials, as so eloquently stated in Landreth's book:





"This kind of relating, of truly experiencing being with a child with the permission of the child to know the child's inner world, is not learned by training or by sharpening our intellect. It is a learning open only to the heart."

The importance of responding out of one's heart in a relationship with a child was described by the Tin Woodman in his conversation with the Scarecrow in the Wizard of Oz.

"I didn't know enough." Replied the Scarecrow cheerfully. "My head is stuffed with straw, you know, and that is why I am going to Oz to ask him for some brains."

"O, I see" said the Tin Woodman. "But, after all, brains are not the best things in the world...Have you any?" inquired the scarecrow. "No, my head is quite empty" answered the Woodman "but once I had brains, and a heart also: so having tried them both, I should much rather have a heart."

Donna recommends that new interns should have a solid understanding of child development, the effects of trauma, family systems, and therapeutic approaches for related issues that impact families who are referred for therapy. There are many courses, resources and/or conferences to gain this knowledge. Belonging to organizations such as Association for Treatment & Training in the Attachment of Children (ATTACH), The Theraplay Institute, Infant Mental Health (IMP), Association for Play Therapy (APT) and CACPT offer many opportunities for training and literature. One of the most economical ways to receive supervision would be to work or volunteer for

an agency that provides clinical supervision approved by CACPT or to participate in group supervision approved by CACPT.

In regards to professional development within Canada there is so much more available now than 10 years ago. To be economical in professional development there are opportunities to volunteer at registration or elsewhere at conferences and get free registration to attend workshops. Donna finds networking with others is a way of gaining knowledge and building on resources. She recommends that before developing a private practice it would be beneficial to have a variety of experiences within systems you may need to work with later. Developing a reputable relationship within the community you hope to set up your practice in will further enhance the success of your referral base.

Being in private practice requires much self-motivation and an awareness of ongoing research and continued learning. Ongoing individual or peer supervision and the capacity for self-reflection are crucial to the integrity of the Play Therapists work. Donna states "I will always remember a valuable magical word I learned many years ago from Greg Lubimiv at his workshop about "how to get unstuck when you are feeling stuck in therapy". The magic word was 'BELIEVE'."

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CACPT Membership

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

Professional Standards

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

Specialized Training

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

Professional Publications

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

Membership Benefits

1. Specialized Training

CACPT members receive a discount at all CACPT sponsored conferences, workshops and other events. The CACPT Play Therapy Certificate program is an intensive program available to members.

2. Publications

CACPT members receive the Association's periodicals including e-newsletters and Playground magazine as a membership benefit.

3. Discounts

CACPT is involved in arrangements with an increasing number of organizations, i.e. bookstores, toy stores, to provide discounts to Association members.

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