

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

Playground

Fall/Winter 2015

"I DON'T NEED THERAPY!" –
Personal Reflection
of a Trainee Play
Therapist

The Journey of
the Aspiring Play
Therapist Intern

Understanding the
Profound Connection
Between Play and Healing:
A JOURNEY

Learning About the Importance
of Play for **GRIEVING, DYING,**
and **HOSPITALIZED CHILDREN**



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Playground

Canadian Association for Child and Play Therapy

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Message from the President



Dear Members,

As the new CACPT President, I am excited to journey this awesome world of play therapy with all of you! Since entering into the CACPT world, I have been enamoured with the level of dedication, passion, and professionalism I have had the privilege of being surrounded by. I am honoured to be amongst such an amazing group of professionals that while diverse, all believe in the value of play therapy.

This association and the communities in which play therapy is accessible have grown exponentially thanks to the efforts of so many. Our membership has grown, training programmes have expanded, and our commitment to research has strengthened over the course of the last few years. What a great foundation to move forward on! As President, I am determined that our association will remain strong and vital and that CACPT remains forward thinking and forward moving. We have some amazing people on the front lines and behind the scenes and together I know the coming year will be filled with great things.

The Board has already been hard at work and I am excited to let our members know that the Annual General Meeting will take place in Winnipeg on May 13, 2016. Like the last AGM, we will encompass a two day workshop. We are honoured to have Dr. Kevin O'Connor from the California School of Professional Psychology at Alliant International University, present on the topic of Ecosystemic Play Therapy. Dr. O'Connor is a Director Emeritus of the Association for Play Therapy (APT) in the U.S., a Registered Play Therapist and Psychologist and a published author of many publications and books on the subject of play therapy. What a great opportunity for all members to come together, learn, share, and enjoy! We hope to see you there!

If you or a CACPT member that you know are actively committed to CACPT's mission, vision, values and programmes and have a willingness, desire, and ability to give of some of your time, a position on the board may be of interest. Nominations to the board are currently open and will remain open until December 01, 2015. I encourage each of you to give this some thought. It is a great way to contribute to the world of play therapy and experience the energy and passion of a dynamic group of individuals.

Thank you for your continued contribution to this work. Happy reading in the pages that follow!

Nadine Robitaille
President - CACPT

Update from your Executive Director



Autumn 2015

With another issue of Playground magazine being published, I am reminded of all the members I have had the pleasure of engaging with over the Spring and Summer months. The passion for learning is contagious and we, as a management team are working hard to harness this passion and develop programs to meet member expectations.

Unlike so many non-profit professional associations these days, CACPT continues to grow by leaps and bounds. We measure our growth in part by our numbers but also our improvements to our technical offerings, social media and programming are a testament to our success as an organization. I attended a workshop this week on the subject of innovation in non-profit organizations. Jeff Decagne of Principled Innovations stated that there's transformation and innovation in every field of human endeavor. Leaders in the technology industry say they have been too conservative in their predictions about the future of technology in our organizations. If we are going to thrive and engage as a national association, we'll need to stay in step with our member needs through continuous improvement of our digital capacity to serve. We're staying on top of this on your behalf.

But we can't stop there! Our programs are providing members in regions across our country with the tools to do great work in play therapy. Our six week Play Therapy Certificate Program in Toronto this summer was a huge success and continues to attract people from across Canada and around the world. Our first time Newfoundland training in August provided our members and new members in eastern Canada with new insight into the amazing success of play therapy with children and families. It also provided them with a new network of colleagues to engage with professionally throughout the year. We launch another new program in November of this year in Leduc, Alberta where Level I of the Play Therapy Certificate Program will be offered. Check out the CACPT website for details!

As our Level III Winnipeg Play Therapy Certificate winds up over the next few months and with planning well underway for 2016, please consider a trip to Winnipeg in May. We are honoured to announce that Kevin John O'Connor, PhD, ABPP, RPT-S Clinical Psychologist and Director Emeritus of the Association for Play Therapy, will present a two day workshop on the subject of Ecosystemic Play Therapy at CACPT's Annual Meeting and Workshops in Winnipeg. You won't regret it.

Happy Playing!

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



Learning About the Importance of Play for Grieving, Dying, and Hospitalized Children

By Erik van de Ven

My first exposure to the therapeutic value of play with children was as a volunteer working for a home hospice in 1996. I was supporting two brothers, ages four and seven, whose father was dying of cancer. On the first of what would become twice weekly visits over the next several months, I was expecting to spend most of my time with the children involved in serious conversations about their father and his illness. Instead my visits were filled with play of all kinds. This experience proved to be the starting point for my interest in the therapeutic benefits of play. It was also the start of my ongoing experience working with grieving, dying, or hospitalized children, and it is one of several factors that led to my interest in the field of play therapy.

My educational and professional background is in information technology and management not in mental health, social work, or education. My experience with play as therapy comes from close to 20 years as a volunteer

working with children who have experienced illness, grief, and loss and primarily in a home, hospital, or hospice environment. In these settings the benefit of play therapy comes from returning some normalcy and some control to a situation that for the child is far from normal and often completely out of control.

Working with Hospitalized Children

The experience of being hospitalized, with its inherent stress and anxiety, seems to create a situation where the child has an even greater need to communicate through play, to make sense of the experiences and adapt to them (Webb, 1995). According to Golden (as cited in Landreth, 2012, p. 41) the value of play therapist's toys is as important as the surgeon's tools for the overall health of the child. Child Life Specialists often use play therapy methods as a means to relieve stress and acclimatize children to medical instruments and procedure. These are generally quite directive approaches but evidence suggests that the use of non-directive play therapy, for example allowing children the freedom to act out procedures they have undergone, is also beneficial (Landreth, 2012). In my own experience of working with hospitalized children, there is also great value in the relationship itself; in letting the child lead and following along, in treating the child as a person and not as an illness, in simply being with the child and being fully engaged

with them in the activity of their choice. This visibly relieves anxiety and gives back some control to the child.

Working with Dying Children

Children who are dying are progressively losing control over their lives, and often their bodies, as their illness progresses. In addition to dealing with the anxiety related to their illness there may be additional stress caused by the child seeing the effect of their illness on parents and siblings. Establishing a relationship with a dying child and allowing the child to direct the relationship gives back some control, and allows the child to temporarily feel the normal pleasure and fun associated with play. Being allowed into a relationship with a dying child is a privilege and the time spent together is often like an oasis for the child (Landreth, 2012). In working with dying children I've found that the play and narratives that occurred in the time we spent together weren't shared with anyone else. This again highlights the importance of the relationship.

Working with Grieving Children

"To grieve, then play, then grieve. This is the way of children." (Johnson, 1999, p. 86) Children grieve in "waves" and will often switch to play as a means of regulating emotions when they become overwhelmed. In this manner children can go back and forth between grieving and playing, or even grieve and play at the same time. For children who have experienced the death of someone close to them, play allows them to work through, integrate and make sense of the separation and loss that death brings (Hersh, 1995). In addition, children are often sheltered from the adults' grief and may be told certain things about the death to soften the blow (Sanders, 1995). This can cause confusion and anxiety for the child. The child may also feel isolated as friends and others in their lives may not know what to say about the death. In the case of my experience working with the two brothers whose father was dying of cancer it seemed that their mother was more distant as she was dealing with her own feelings, and her focus was on caring for the father. Meanwhile, their father was slowly withdrawing, no longer able to spend time with them. In addition, daily routines were upset as visitors and health care workers regularly came in and out, and their father's illness became the focus of the home. Both before and after the father's death I was the only one whose visit was focused solely on them. I was the one constant, the one who was there for them and for them only. They were the centre of attention and through play we created a special relationship. They led and I followed. They created fantasy worlds, made up fantastic stories, played sports and games, and let their imagination run wild. However,



Erik van de Ven

often during those times the effect of their father's illness would be apparent in their choice of activity, in their actions, and in what and how they communicated with me and with each other.

Establishing the Relationship

My natural way of playing with children is to let them lead the way. I am fascinated by the imagination, curiosity, energy, and intensity with which children engage in play. My tendency is to observe closely but to participate fully in the play, if invited, and I feel privileged to be allowed into the child's world at those times. "I want to be more accepting of the child in me. Therefore, I will with wonder and awe allow children to illuminate my world". (Landreth, 2012, p. 5) I consider the relationship with the child to be of paramount importance. It is essential for the child to know that I am willing to listen to anything they have to say, that no question or topic is too silly or too difficult to talk about. Every feeling and question is valid and I am ready to listen to it (Coloroso, 1999). In dealing with children who have experienced trauma I often ask straightforward questions, and I always answer the child's questions honestly, directly, to the best of my ability (saying "I don't know" is OK), and in language that is age appropriate. Although I prefer developing longer term relationships over time I believe that benefits can be achieved through a relationship established in even a single session. I tend to use humour to establish an initial connection with a child, and I've often found that saying or doing something completely unexpected can help to break the ice.

My Personal Theory of Therapy

In developing my personal theory of play therapy, and as someone new to the formal theoretical models, I consider the following to be important: a) play itself is therapy and the therapist should be a participant, a full partner in the play, and not only an observer; b) the relationship between the therapist and the child is essential; c) the therapist should respect the child's ability to make decisions; the child should lead and the therapist should follow; d) benefits can be achieved in a small number of sessions if the therapist is able to make a connection with the child; e) the special relationship is based on the fact that the time the therapist and the child spend together is focused only the child and not the problem; the therapist is there for them and for them only; f) the therapist should treat all questions as important and relevant, and should answer all questions honestly and directly; g) the play and the relationship should give the child a sense of accomplishment and mastery. My personal approach to working with grieving, dying or hospitalized children is therefore strongly non-directive and child-centered. However I do feel that in certain cases an initial non-directive approach can be used to determine what could be a very directive, goal oriented activity. My personal theory will no doubt undergo many revisions as I eventually gain experience in more formal clinical settings.

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About the Author

I am a manager in a financial institution by profession but my passion is working with children, specifically children who are dealing with trauma. I have had the great privilege of working with children who are dealing with illness and death in a volunteer capacity for many years. I am a new CACPT member and I recently completed the Level 1 Play Therapy training.

Erik lives in Toronto. You may connect with him at erik.vandeven@rogers.com.

Announcing the CACPT Annual Research Award 2016

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 \$1,000 to a project involving current research in the area of play and play therapy for 2016. Applications must be received by CACPT no later than December 31, 2015 and the study or a report of the study is to be completed and submitted by September 1, 2016. A decision regarding grant applications will be made by the Research Committee by February 15, 2016.

For more information please contact:

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Elizabeth@cacpt.com

or

Dr. Nancy Riedel Bowers CPT-S
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“I Don’t Need Therapy!” – Personal Reflection of a Trainee Play Therapist

Sandhya Saldanha, BA(Hons.), Dip. ECCE, MSc. Play Therapy (UK).

Sixty hours of personal therapy for a two years master’s course! I was aghast at the prospect and could not see the value in it at all, because I thought “I don’t need therapy!” (a thought that might be familiar to most trainee therapists). It was meant for the trainee to differentiate between client’s feelings and his/her own feelings and to explore possibilities of resolution of personal emotional needs. Personal therapy has been a rewarding experience giving me the confidence of ‘being me’ and a belief that I will make a reflexive play therapist.

My personal experience of the therapeutic process has influenced my professional practices and personal life. My reflections on personal life reveal that therapy has developed my self-awareness by identifying my feelings and has helped me understand and redefine my schema of life experiences, the outcome of which has been self-acceptance. They also recount the value of the therapeutic relationship, techniques and models of therapy that assisted my therapeutic growth. Although I am conscious of replicating good standards of my personal therapy in my professional practice, very often there is a subconscious; almost intuitive transfer of this experience as a guiding force. It can be argued that this is a one sided view and is open to debate, which is one aim of this article and the other is to share an honest recount of my therapeutic journey as a trainee play therapist.

My journey began with a google search. The need to see the therapist’s photo soon surpassed the two main criteria for the search; local proximity and affordable fees. It became imperative that I liked the photo I was looking at. Professional interests led me to select person-centered and integrative therapy. A two months long search resulted into my first encounter with the person in the photograph on my computer. The session began with me saying nervously, “I don’t need therapy. I am here to complete my course requirement!” and my therapist sported an understanding smile.

Weekly discussions with my therapist revealed diverse perspectives to situations, enhancing my ability to reflect on the symbiotic nature of my relationships and life situations, also giving rise to further dilemmas and turmoil. I would plan how to speak and what information I should share with my therapist in the initial sessions. I would frame my sentences carefully. I didn’t want to be an open book; “I should appear to be a rational person.” I would think to myself. There was a constant struggle in my mind about expressing in words how I really felt about certain experiences. It seemed apparent to my therapist that I was distancing my words from my feelings when she offered me a tool from ‘The Big Book of Blobs’ (Wilson & Long, 2007). I doubted its effectiveness and felt patronised, but soon realised that it supported my visual learning style. Anchoring my attention on the ‘Blob Tree’ (Figure 1) allowed me to identify my feeling in that moment rather than getting torn between rationality and desire. “I am unable to see myself. I feel like the hanging blob; trying to figure out what I want, yet holding on to

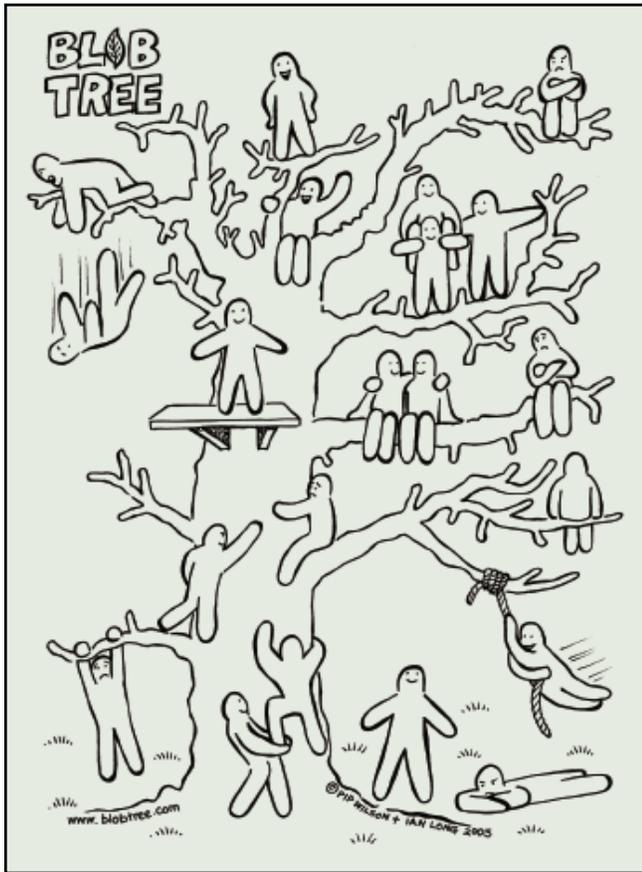


Figure 1

my branch; my beliefs and my being. I feel helpless and determined at the same time..." Externalising feelings permitted me to hold on to the raw feeling. I could almost hold it in the ball of my hands, sense it, dwell in it and acknowledge it opposed to glossing it over by righteousness and expectation. Over time I realised I could actually disconnect my heart from my head devoid the influence of distractions or procrastinations or excuses, thus educating myself to respond versus react to a feeling in perplexing situations. This exercise was not an easy process and caused dilemma and confusion, but often led to resolutions. Identifying the feeling allowed me to understand influencing stimuli and how they affect my interactions among people involved in my world. I was subconsciously analyzing my life situations like I did in the therapy room; verbalizing feelings in my mind like I would to my therapist. This process made me more aware and accepting of my strengths and weaknesses. Although I went through the motions of this process on my own, my therapist was a consistent facilitator of it. Similarly, I make available timely use of resources to my clients to facilitate their motions through their therapeutic journey. However, unlike me my younger clients may need a metaphor along with visual aids to externalize their feelings as verbalizing awareness of feelings may

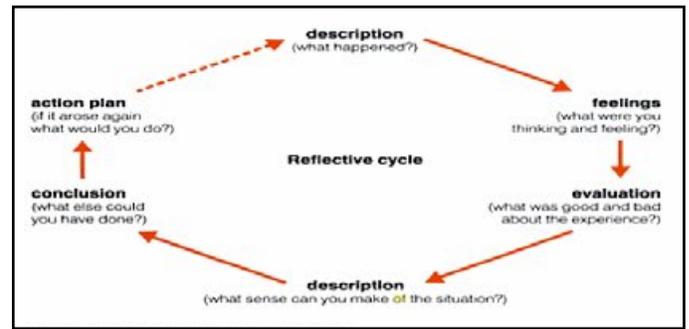


Figure 2

be difficult. Although they may seem to maintain their distance in a therapeutic relationship like I did, feedback from significant people is suggestive that they may subconsciously be extending their therapeutic experience to real life situations. Developing self-awareness through personal therapy enhanced my professional skills of empathy, congruence and unconditional positive regard.

Another visual aid I found helpful to effectively use my self-awareness to evaluate and resolve life situations was the Gibb's reflective cycle (Jasper, 2003) (Figure 2). Initial therapy sessions were exploring, revisiting life experiences and relating them to my current interactions. I chased my tail in circles for a long time between 'feelings', 'evaluation' and 'description' of significant life events till I reached the conclusion and action plan.

Bereavements in early life and changing family dynamics seemed to evolve as a recurrent theme in my conversations.

Talking about these was like scraping a scab from a wound, accompanied by private moments of anger, guilt, pity, repentance and feeling of unfairness accompanied by outbursts of irrational intolerance in my current family interactions. Just like the angst I felt in my teen years. It was bizarre how unrelated activities would trigger a trend of thought that would lead to a past experience stirring up dysregulated emotions. I felt a sense of regression; going back to square one. Daily activities became trajectories of emotional outbursts, which I did not share with my therapist. However, I kept going back to the safety and unconditional presence of my therapist with a feeling of purpose; to find answers. As time went by I learnt to give myself space by permitting myself to feel how I felt. Permission and acknowledgment of my feelings was most healing. I try my best to create that safe and permissive space for my clients in therapy by being unconditionally accepting of their feelings; no matter how negative or aggressive or dark just like my therapist had. I learnt in the process that the impact of therapy on my client may not always be obvious to me as I have limited access to my client's world just like my therapist had to mine and that resistance to therapy



Figure 3

is a natural reflex to protect oneself from further trauma. My conclusion was that family networks were important to me and I was unhappy living away from them. Most of my dilemmas rose from the fact that I had missed out on a whole generation of interaction and wisdom. Therefore, part of my therapeutic progression was redefining my schema of my family structure and relationships. My resolution was to absolve all early relationships of blame because the significant others in my life also had no control over certain life events just like me. Similarly, I monitor the therapeutic process of my client using the reflexive cycle. The self-awareness I have developed in this process has prevented counter transference with a client who had lost his mother in early childhood and perceived the mother figure in me as his therapist. I was able to utilize the therapeutic relationship to shift this focus by identifying his sister as his secure attachment figure.

The therapeutic relationship formed the core of my therapeutic process. Before I started therapy I was apprehensive of the therapeutic process and unsure if the extent of my trauma qualified for personal therapy. 'Did I really need it?' was the question in my mind. The process began with acknowledging that I had undergone a childhood and subsequent trauma and I needed help. My therapist 'in being' with me gave me the confidence to accept myself and get rid of my apprehensions. I had a revelation about my therapeutic relationship in a classroom sand tray activity (Figure 3). The octopus was the 'multifaceted real me' in my different roles and responsibilities and the white fence was my defences. The car was the 'avoidant me' constantly on the move, doing what I am expected to do. The tracks show my therapeutic movement around

the fences to the open side; opening up communication between the two identities. This incidental resource put a spotlight on my internal thought processes that reflected my therapist's success in her function and role of 'not having a role' in the person-centered approach. She provided a safe and trusting environment to motivate me to regenerate my schemas leading to self-actualisation and self-valuing (McLeod as cited in Jones- Smith, 2012, p.240). She had empowered me to understand myself and be self-directed in resolving problems as a therapeutic goal (Rogers as cited in Jones- Smith, 2012, p.240). She had obviously practiced the Rogerian active listening technique (as cited in Jones- Smith, 2012, p.242) when she spoke very little, but conveyed her empathy, acceptance and genuineness in her being there and reflecting back relevant experiences. She had been my 'effective therapist'. Introspection reveals that my life experiences are unique and therefore my therapeutic process was subjective, but the outcomes of the therapeutic process are objective because emotions are universal. In "being" with my clients I have observed similar outcomes of their therapeutic process.

My self-awareness, self-acceptance and therapeutic growth has redefined my self-worth and prepared me to be comfortable in myself and ready for "being" a therapist for my clients. I will strive to make play therapy a meaningful and nurturing experience for my clients, just as personal therapy was for me. Therefore, sixty hours of personal therapy seems justified for a two years master's course or any other counselling/ therapy course. The therapist too needs a safe space to express feelings!

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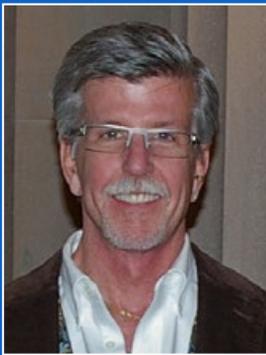


Canadian Association for Child and Play Therapy

announces

The CACPT 2016 Conference & Annual General Meeting

Canad Inns Destination Centre Polo Park
May 13 & 14, 2016, Winnipeg, Manitoba



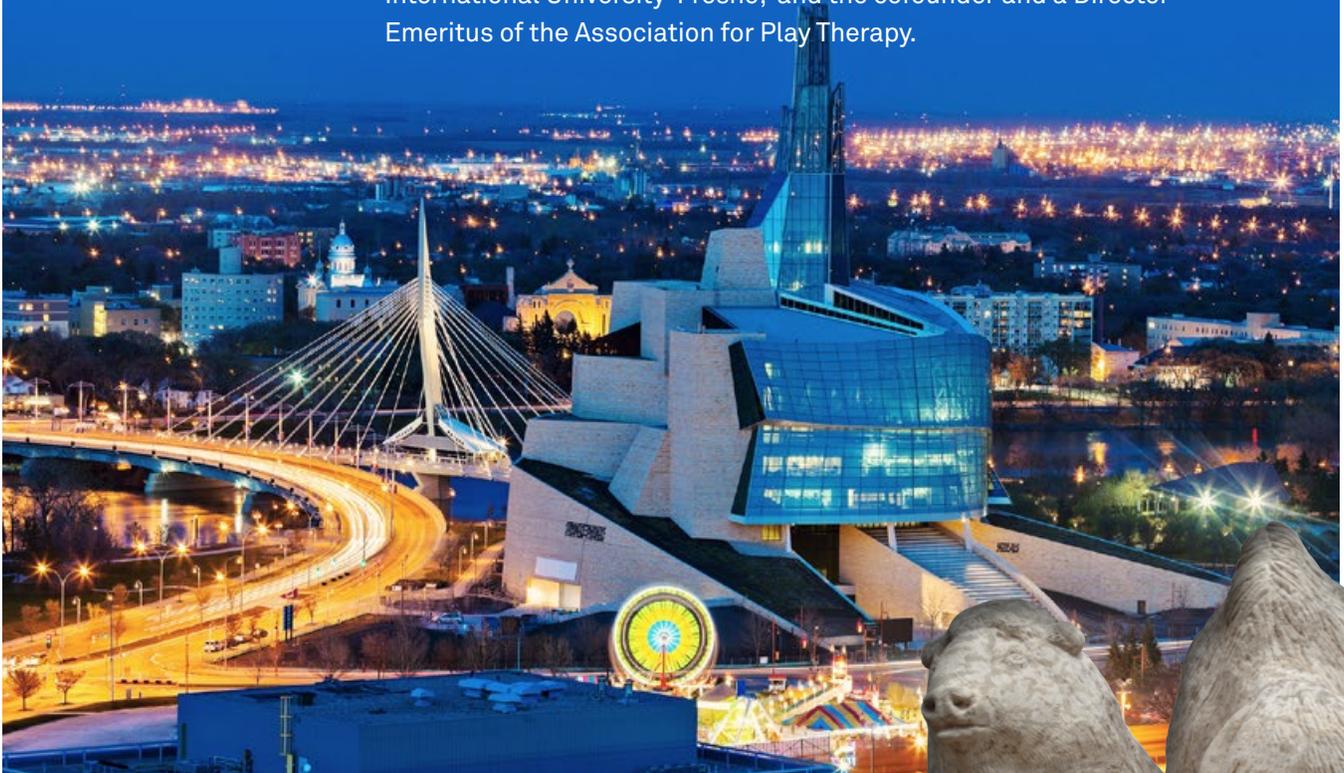
Presenting a 2-day workshop by Dr. Kevin O'Connor:

Ecosystemic Play Therapy

Kevin O'Connor, PhD, ABPP, RPT-S is a Board Certified Clinical Child and Adolescent Psychologist.

Dr. O'Connor's primary area of research and clinical interest is the ecosystemic context of the practice of psychology, with a clinical specialization in the treatment of children using play therapy.

He is a Distinguished Professor and Coordinator of the Ecosystemic Clinical Child Psychology Emphasis and Training Center at Alliant International University-Fresno; and the cofounder and a Director Emeritus of the Association for Play Therapy.



RSVP: Elizabeth@cacpt.com

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Healing Spaces

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



Healing Spaces is an ongoing article in Playground. If you would like your playroom featured please contact theresafraser@rogers.com or lorie.walton@hotmail.com.

Donna Starling, MSW, RSW, CPT is the featured therapist for this edition. She owns a private practice called: Wonder. Play and Talk Therapy for Children and Adolescents which is in Fergus, Ontario, Canada. You may connect with her at donnastarling@bell.net.

1 How long have you been practising play therapy?

I graduated with an MSW in 1997 and began working at a residential treatment centre for boys. I quickly realized that, to engage the children and teens, talk therapy was not going to be as effective as other, more creative options. My first degree is in English, so I combined what I knew about poetry and therapy to run a “music listening group” – the boys (mostly 16 years old) would present the lyrics of songs that they felt represented their experience. Using the songs, they would share their own stories. We would then “jam” on guitars during the break. I didn’t know it at the time, but I was using therapeutic play out of necessity. I later moved to Detroit for five years to work with children and teens in a program that combined mentoring and activity with therapy. Again, much of the interventions were in the realm of play therapy. It was in Detroit that I learned of two brief introductory trainings in play therapy and took these courses. I realized then that much of what I was doing was therapeutic play. However, in order to ensure that I was using interventions correctly and effectively, I decided, when the time was right, to start down the road to become a certified play therapist. I started the CACPT program in 2009. In 2013, I became certified through CACPT as a play therapist.

2 What drew you to the field of Play Therapy?

I grew up at a rural boarding school, where my parents worked. We were surrounded by fields, a lake, forests – so much space to play and learn. With the other staff children, I played and learned – it was wonderful. I worked on the



same campus in the summers as a camp counselor, working on the waterfront, coordinating collaborative games and teaching the CIT program– again, more playing and learning. I truly believe in the value and need to process, develop and negotiate relationships by playing.

3 What is your primary theoretical orientation and how did you evolve in to that orientation?

Because I am a social worker as well as a play therapist, I always have the influences of the child’s family and social system forefront in my mind. When I trained as a social worker, I completed a placement at the Douglas Hospital Centre for Eating Disorders outside of Montreal. There, the



program was a carefully chosen combination of CBT and psychodynamic approaches. This approach has remained with me – I typically begin a session with a directive activity to target the stated goals. The second portion is then child-centred in approach, to allow for the child to direct to what it is they need to process, while I follow and observe aloud.

However, I do believe in being flexible based on the needs of the child and their system. If the issue for a child is attachment, I will draw upon Theraplay. If the issue for a child is anxiety without other complex issues, I will almost solely use play-based CBT. For issues of complex trauma, I will use a child-centred approach. With factors such as the very individual differences of a child's personality, their experiences, their family dynamics as well as the reality of funding issues, just one theoretical orientation is not ideal in practice.

4 What is your favourite technique and why?

I really love anything that involves storytelling. The manner in which the metaphors within stories can be used to safely represent a child or teen's experience, provide such potential for hope and possibility for emotional resolution. To prompt and engage children in stories, I use the sand tray, puppets, art, and story cards. One of my favourite storytelling interventions is to ask a child to choose a few puppets that we could tell a story about together. I ask them to tell me about each character they have chosen and, using questions, establish a general story line. The child goes behind the puppet theatre and enacts the story while I begin to tell it. However, as I tell the story, it is based on their answers to questions I whisper to them as the

puppeteer. For example, I might whisper, "Tell me what that feels like for him?", "Who do you think might come and help?" or "What do you think might happen next?" It is useful for both assessment and intervention purposes. The added sense of safety the child feels behind the puppet theatre and speaking through the puppets is helpful.

5 What is your play therapy environment like?

My play therapy office is large and open. I like to have all the available toys visible for children to see and use, based on what they feel is best for them to express. As I work with teens and young adults as well, I have a sitting area for talking and art.

My favourite part of my play therapy room is my sand tray table. My father is a retired teacher but is quite gifted at carpentry. He built it for me one year as a Christmas present. I think he took some joy in telling people he was building a "sand box" for his adult daughter! I must admit that I did feel like a kid again when I came down Christmas morning to find it under the tree!

6 What was your Play Therapy training and supervision experience like and what would you recommend to new play therapist about it?

The CACPT training was incredibly fun, enlightening and overwhelming. I completed one level per year over three years. This allowed me to practice the skills and become familiar with the theory between each level. I would recommend, to therapists starting down the play therapy road, spreading out the training in this way.

The variety in skill sets and theoretical orientation of all of the professors truly gave us permission to reflect on our own individuality, strengths and theoretical orientations. Based on this reflection, I chose to begin supervision with Greg Lubimiv, due to his expertise in storytelling. I then completed my supervision with Lorie Walton. Lorie's knowledge of attachment and Theraplay was and remains instrumental to my ongoing learning. I am extremely fortunate to work with her one day each week in Bradford. I would strongly recommend choosing supervisors based on theoretical orientation and not out of convenience. I quit my job to work with and be supervised by Lorie and, while I am fortunate to have been able to do this, it was one of the best professional decisions I have made.



7 What do you do to practice self-care?

I run, sometimes just my dog and I and sometimes with my wonderful friends. I do contemporary dance. I have a teacher who really understands the connection between dance and personal expression. I find I cannot think of anything else while dancing – it forces a person to be in the moment. I also like the occasional Netflix binge!

8 What do you envision your practice will be like in the next 10-15 years? Will you be doing the same thing? Or something different?

Most of what I do now is individual work and I would like to be running more groups. A past colleague, Cindy Carter, and I created and ran for a few years, a self-reflection group for teenaged girls. I miss the collaborative work that comes with groups and the insight from the members. I learned a great deal from these girls.

I am working towards certification as a play therapy supervisor. I would really like to teach in the future, either in the realm of play therapy or a course in child development/therapy at a university or college. I am a guest speaker each year in the course of a friend who is a social work professor – I always enjoy this day, as the excitement of the students about the use of play in therapy is contagious. Through them, I am reminded of why I do the job I do.



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2015 Monica Herbert Award

CACPT Presents the Prestigious Monica Herbert Award to
Mary Anne Pare MEd, RCC, CPT-S
Vancouver, British Columbia



At the CACPT Annual General Meeting in Toronto in April, the Board of Directors of CACPT were proud to announce the 2015 Monica Herbert Award to be presented to Mary Anne Pare. This award is presented by CACPT annually in support of excellence in play therapy and Mary Anne's achievements are many. The award will be presented to Mary Anne at a special event hosted jointly in Vancouver by the British Columbia Play Therapy Association and CACPT this fall.

Mary Anne has dedicated her career to child and family therapy since the 1970's working in residential settings with children aged six to twelve. She was a group home parent for youth with Richmond Association for Children's Services and a shift supervisor at the Maples' Adolescent Treatment Centre in Burnaby, B.C. At this time, Mary Anne recognized the necessity of understanding family systems in order to be effective with children and youth. Further training included Pacific Coast Family Therapy Training Institute and a Masters in Family Counselling from the Department of Education at the University of British Columbia.

Following this shift in career focus, Mary Anne worked at the PACE Program in Vancouver, which is a therapeutic and educational centre for young children and their families. Her roles included day program teacher, play therapist, family therapist, parent group facilitator and staff supervisor (and, when the bus driver's back went out, occasionally replacement bus driver). This position included weekly play therapy and family therapy supervision for 7 years. Mary Anne also established a part time private practice, working with children, youth, couples and families. During weekly play therapy and family therapy. Recognizing the value of both play therapy and family therapy, Mary Anne's work evolved into an integrated model of playing and talking with parents and young children together, which has been a special focus in her practice, as well as in training and supervision.

Mary Anne's career has included a position as family and children's therapist with Greater Vancouver Mental Health, contracts with the Ministry of Children and Family Development, working with issues of child abuse, foster care and adoption, training for Vancouver School Board area counselors, as well as many years of supervision of play therapy at the PACE program. Mary Anne has presented workshops both in Canada and in the US on aspects of both play therapy and family therapy, as well as the integration of play and family therapy. As well, she has contributed a chapter on integrating Jungian play therapy into family therapy in *Counselling Families: Play Based Treatment*, edited by Eric Green, Jenifer Baggerly and Amie Myrick. She is one of those semi-retired practitioners who loves the work too much to fully end her career. Mary Anne presently continues to provide supervision for individuals and groups of child, family and play therapists working in agencies and in private practice.

On behalf of the Members, Board of Directors and management team of CACPT, we offer Mary Anne sincere congratulations and appreciation for her dedication to play therapy and play therapists in Canada.

Understanding the Profound Connection Between Play and Healing: A Journey

By Kari Luther, B.A/B.Ed, and an M.Ed (Counselling Psych)



Excerpts from the Capstone Submitted to the School of Graduate Studies of the University of Lethbridge in Partial Fulfillment of the Requirements for the Degree of Master Of Education, Faculty Of Education Lethbridge, Alberta April 2011. As a teacher of 10 years and now a mother, Kari holds a B.A/B.Ed, and an M.Ed (Counselling Psych).

Play is the highest expression of human development in childhood, for it alone is the free expression of what is in a child's soul ("Friedrich Froebel," 2014, para. 4).

I have always been fascinated and enthralled by the rapture of play.

I have long been increasingly mesmerized and intrigued, not only by the inward imaginary play that people experience but also by the outward social interactions of play that can be vitally influential in people's lives. This began the inquiry and journey of exploration into how the play within a person, between two individuals, or amongst a group of people can produce such a wealth of experiences and benefits, how it can aid in such things as mastering concepts and skills, strengthen social relationships, and even bring someone back to wellness or amazingly induce healing. Throughout this paper, I explore how play and healing are interrelated and how play can be used in a therapeutic context to facilitate healing. I share some of my experiences as a teacher, an intern counselor, and as a graduate student to help give a context to my own understandings in regards to play and healing.

When I began teaching, all I knew was that I had a passion for working with children. The first two communities I worked in were Cree First Nation reservations, and the third community in which I have lived and taught in for 7 years is a Métis settlement. Regardless of where one teaches, lives, or works, unique experiences occur. As a teacher I was privileged to be a part of the most critical phase in a child's life. I was fortunate in being able to have the opportunity to facilitate and cultivate tools, skills, and foundations that could contribute to children's emotional, academic, social, and physical successes in life. Many of the students I had the privilege of teaching were high-needs learners, with behavioural or cognitive challenges, and many were burdened by histories of limited parental involvement and generational trauma. These students helped me to understand the need for fun, interactive, hands-on, highly engaging lessons, which led me to discover ways to reinforce literacy and numeracy skills whilst also finding a way to address their emotional and psychological concerns.

This is where I feel my experiences have contributed to my personal philosophy and understanding. I was fortunate to have worked for administrators who allowed me to fully develop my own style in the classroom.

This freedom enabled me to embrace and develop my beliefs that educators hold the responsibility to nurture the whole child. This enabled me the rare privilege of truly connecting with my students, both individually and collectively, on multiple levels. My students taught me how to teach, how to play, how to see people, how to be authentic, and ultimately what my purpose in life is. For that I am immensely privileged and enduringly grateful.

Graduate school. Although I was reluctant to leave teaching, being accepted into the Master of Education Counseling Psychology program at the University of Lethbridge, Alberta, was a great privilege that I viewed as leading me to the next phase in my journey.

Perhaps the most unexpected and challenging aspect of the change from teaching students to becoming a student once again, was that suddenly there was no play—no contagious energizing activity from the students, no classroom of little people to be responsible

such as sports, camping, hiking, gardening, painting, creating, and the like, are forms of play. This process began the deeper realization of the integral role that play has in my life.

Experiencing the rigidity, the structure, and the painful nature of being a graduate student helped me to learn one of my own greatest and most difficult lessons. I needed play. I needed to keep playing at the things that I love, the activities that ground me, the experiences that enliven and thrill me, no matter what else is going on in my life. To remain healthy, I have to allow myself time to play.

Counseling internship. My internship as a counselor primarily took place with adolescent youth, with the exception of a handful of younger children and adults. The main placement for my practicum was at a rural youth trades training and development site, where high school students spent a semester of half days immersed in one of four trades. My role was as their

I have come to understand the seemingly insignificant actions that I took prior to pursuing a graduate degree, such as sports, camping, hiking, gardening, painting, creating, and the like, are forms of play. This process began the deeper realization of the integral role that play has in my life.

for. Daily, these interactions had infused me with laughter, tears, smiles, needs for nurturing, reassurance, and consoling. I felt lost. I questioned my purpose and struggled to create my own play, my own reasons to wake up early for the day, to generate my own laughter and energy. The excitement of creating resources to engage my students and provide meaningful learning experiences had been replaced with a seemingly sterile and clinical environment of focused, intensive, intellectual academia. The colour was gone for me. Where had the enjoyment in learning gone? Where were the authentic connections? Where was the fun? Where was the nurturing support? Where was the play?

Despite this, I consider my graduate school experience to be a great privilege, which I could not see clearly at the time, nor could I interpret it; I have been privileged to have to struggle through to find my own resourcefulness, my own sole ability and responsibility to create opportunities for my own play, in order to maintain my wellbeing.

I have come to understand the seemingly insignificant actions that I took prior to pursuing a graduate degree,

career counselor, and although this did not seem a likely place for play to arise, themes of play did emerge.

What I soon discovered was that career counseling is truly life counseling. My clients allowed me to sit with them through it all and be witness to what they chose to share. The vast majority relayed feelings of being overwhelmed and busy and of having little time for the things they enjoyed. They were missing that sacred space and place of play. The time to create and move, to breathe and experience, to be whole and authentic—to just be.

These sessions held for me a place of honour, a distinct purpose, and a meaningful exchange with another human being who often had not realized his or her true worth and potential. Although many of them moved forward and claimed how much our sessions made a difference, I could not help but feel limited in what the client and I could do or in what I could provide. I felt that there was a need for more accessibility to creative outlets and varying ways to process. In some cases the client and I were able to achieve that, but in many cases it fell short due to time restraints, location, lack of resources, or lack of my own training. These experiences



helped me to realize my need to specialize in a deeper multimodal approach.

Beginning play therapy training. Finally, I had the privilege of beginning my training in play therapy through the Canadian Association of Child and Play Therapy. It was through this first level of training that all the pieces began to fit together; this great sense of connectivity began to fully emerge of the profound connection I had been witnessing throughout my entire life between play and healing.

What I began to notice over the course of all my experiences and witnessing was the calming, the growth, and the transformations that seemed to occur in certain times for certain students, clients, patients, family, and friends. These moments felt sacred and powerful—being engulfed in painting, moving to a selection of rhythmic music, sculpting facial impressions in clay, fishing on a solitude lake, watching a child release frustration through running, asking for time and space to just be for a moment, releasing stored tension through yoga, or

sharing personal stories with another. When witnessing these moments I would think, “Oh, it’s the art; oh it’s the movement; oh it’s the talking; oh it’s the freedom to choose; oh it’s the stillness that is the answer, and the key to change and healing.” Finally, though, after intensively studying trauma, searching out different therapy modalities, and looking at how different and powerful each of these body therapies, art therapies, drama therapies, breath techniques, and mindfulness techniques are and learning how they all help, they all have benefits, they all facilitate healing, I finally began to realize all of these potent modalities, in and of themselves, fit within the scope of play. They are all powerful therapies—all powerful mediums at different times to different people. The specifics are important yes, crucial even, but my aim has always been looking for a more global holistic answer. What is it that truly heals people? What makes us well and fully alive? It seems to be connected to that sacred and undeniable place that we all have entered in those moments of complete presence, connection, and aliveness. In all its forms, play can move us there, and

can help to manifest our own resources and bring about transformations and healing.

Overall findings substantiate play therapy as a beneficial treatment. Based on the results of four prominent meta-analytic reviews compiled in recent years on various play therapy modalities, play therapy can be regarded as a culturally, developmentally appropriate, and responsive intervention across presenting issues in the field of child psychotherapy (Bratton, Ray, Rhine, & Jones, 2005; Leblanc & Ritchie, 2001; Linn, 2011; Ray, Bratton, Rhine, & Jones, 2001).

Based on my own personal experiences, what I have witnessed as a teacher, a counseling intern, as well as what I have learned and realized through studies as a graduate student, I believe that play is one of nature's most powerful, elaborate, and creative tools to foster healthy development, cultivate wellbeing, and stimulate therapeutic change, transformation, and healing. It is for these reasons that I would like to continue on this path in understanding the connections between play and healing and to make play therapy a large part of my life's work. Furthermore, this work seems crucial for me and also stems out of the concern in the deprivation of play that many children are experiencing. The concern of how this can disrupt or delay their brain development, social development, emotional development, psychological development, physical development, and their overall sense of wellness has a sense of urgency for me and the work I feel I can contribute.

For me personally, play has allowed me to know myself on a deeper level. Play is a compass and a microscope into my own wellbeing. Play has taught me so much about myself and about others, it has enriched my life, brought me back to health, and strengthened my most valuable relationships. Now, finally, at the culmination of my graduate studies, begins the next chapter in my journey of understanding the profound connection with play and healing— becoming a mother.

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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. As you know, 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.

The members and Board of Directors of CACPT frequently express gratitude for these four quarterly issues that constitute the *IJPT* in electronic offering. The research presented in these journals provides our therapists with information on the work being done to support the efficacy of play therapy worldwide.

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

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

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.

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.

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- 1. Specialized Training**
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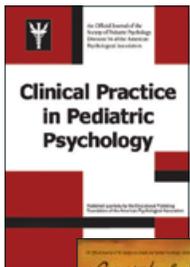
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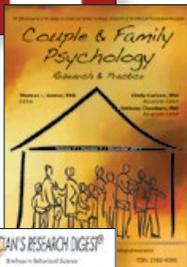
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