

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

Playground

Fall/Winter 2016



Creating a LEGO
UNIVERSE While
Learning Social
Skills in a Group
Setting

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METAPHOR?
Engaging In
Reflective
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Playground

Canadian Association for Child and Play Therapy

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Message from the President



Dear Members,

On the one hand it is hard to believe that I am now in my second term as your CACPT president as time has just flown by! On the other hand, I have seen a great amount of activity and accomplishments occur in our association. I continue to be enamoured by the dedication and passion of so many of our members, our board, our instructors, and our management team. What an incredible group!

I would like to take this opportunity to thank the former members who served on our board last term, it was a pleasure working alongside each of you and the membership thanks you for your time and effort. Your multiple contributions have aided in the growth and excellence of CACPT. I would also like to take this opportunity to welcome back those board members who served last term and to welcome the many new board members. Our association is grateful for your willingness to give your time and share your expertise so as to continue what those before us worked so hard to create. We have various committees hard at work and exciting things are in the works! There is still much to be done and I want to encourage all of our members to consider getting involved in the continued growth and evolution of CACPT.

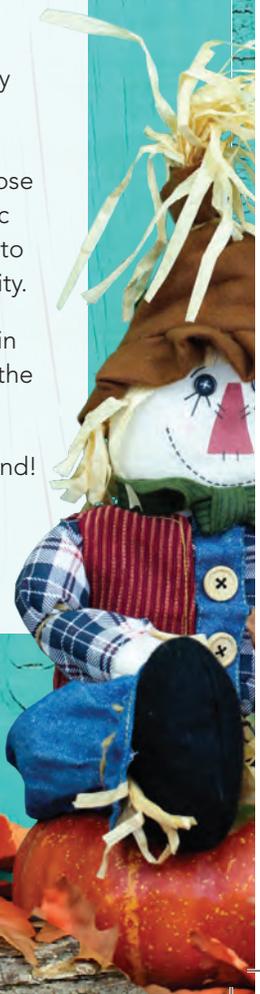
I am happy to report that our Annual AGM held in Winnipeg in May was a huge success. The two day workshop presented by Dr. Kevin O'Connor did not disappoint and the feedback from those who attended was excellent. Your current board is already hard at work planning the 2017 AGM. It is our hope that we will see many of you there and, stay tuned for all the exciting details!

Our Toronto certificate program was extremely well attended this past summer. We saw many people complete their Level III and many others begin their journey in Level I. We are gearing up for our Leduc certificate program and registration numbers are excellent. The success of our certification program is good news! Among other things, it means the world of play therapy is expanding and that those families and children in need are able to receive the highest quality of therapeutic intervention. Keep your eyes and ears open in the coming weeks as we are close to launching an announcement about CACPT's newest certificate training opportunity.

I hope that this message encapsulates all the great things that are occurring within CACPT and conveys the commitment that we have to you, our members, and to the world of play therapy.

Thank you for your continued contribution to this work. Enjoy this issue of Playground!

Nadine Robitaille
President
Canadian Association for Child and Play Therapy



Update from your Executive Director



Autumn 2016

As fall creeps up in Ontario and thunders in with snow, storms and cold across the rest of our country, CACPT begins a new season of growth. Over the summer months our focus at the CACPT Headquarters was in the area of the creation of new programs. As the CACPT Certificate Programs in Winnipeg and Toronto came to an end for 2016, it became evident that it was time to examine our offerings and understand, from student feedback, what is needed in our communities across Canada.

With the introduction of three new Education Committee Co-Chairs, we have continued a process started last year of creating some new, focussed certificate programs that will meet the need in various communities served by CACPT. Our first offering will be in January with the CACPT Bereavement, Grief and Loss Certificate being offered with instructor and CACPT member Irena Razanas RSW, CPT.

We continue to work with our Education Committee and program instructors to move forward with support to our Indigenous communities across Canada with programs that will be specifically customized to address the local need and with an Indigenous focus. Meetings are planned with the Federal Government department of Indigenous and Northern Affairs to discuss our new offerings and to encourage funding being injected into communities to support these trainings. Our first offering for 2016 was held in September in Leamington, ON. We will keep you posted on our future plans and will present a more formal outline for you at our AGM and Conference in May 2017.

Plans are underway for our AGM and Conference and we will formally announce our very exciting discussions for this by the end of October. If all goes as planned, I know you won't want to miss any of this.

Membership continues to flourish and the level of excitement already being exhibited for our Certificate programs in Leduc, AB and Toronto, ON are evidence of the need for this training in our communities. Our CACPT Ambassadors will meet in October to talk about local initiatives that they will undertake in order to promote and support play therapy and play therapists in their regions. If you are interested in becoming a CACPT Ambassador, please contact me at Elizabeth@cacpt.com.

Wishing you all the very best in your work in play therapy over the upcoming season. Don't hesitate to contact me at any time if you would like to talk about CACPT and its programs.

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





Creating a Lego Universe While Learning Social Skills in a Group Setting

By Stephanie Anderson M.Sc., D.V.A.T.I., CPT

Lego® was first introduced to society by The Lego Group Company in 1949. Since that time children of all ages and genders have been using these multi coloured and sized blocks to take ideas and images from their imagination and reality and put them together in creative ways in concrete physical space.

Lego as a building material has a large variety of pieces. They vary from regular block shaped building pieces, which resemble miniaturized items from everyday life and specialty fantasy pieces from movies and history. This range of pieces encourages children to put them together in innovative and creative ways defying reality and drawing on their own imaginations. The use of Lego as a therapeutic building material also encourages problem solving and concrete thinking. When using Lego, children are required to develop fine motor and gross motor skills to successfully put the Lego pieces together then problem solve around how to build their structures so that they don't fall apart.

I have been using Lego as a therapeutic tool to teach social skills in a small group format for a number of years. My employer, Chimo Youth and Family Services, asked me to develop a Lego based social skills group as they had run such a group years before but there was no known format

for the group. Through a trial and error approach I have developed a ten-session group, which encourages children to develop a number of social skills including boundaries, speaking in public, joint problem solving, and self-regulation. Each group is an hour and a half long with each group member having their own mat to help ground them and promote personal boundaries. The first eight groups start off with a Lego based icebreaker activity, which helps to ground the group and develop new skills. It is hoped that they will then use these skills in the development of their Lego lands.

In the first group session the focus is on establishing group norms. The establishment of group norms helps each group member to feel safe in the group environment and to know what they can expect when they arrive at group each week, which helps to reduce anxiety. During the first session, each group member is asked to introduce himself or herself and talk about something that they have built out of Lego before. I find this allows me to get an idea about the individual group member's skills with Lego and an initial perception of their personality. One group member surprised me and talked about how he and his father had built a miniature version of the CN tower. Once everyone has shared, group members are then asked to each come up with one group rule which helps them take responsibility for their behaviour during the group. Group facilitators also contribute a rule to help fill in any gaps that may exist from the ones provided by the children. Next, I explain the buckets at the front of the room and everyone gets a

turn to pick out some Lego so that they can each start to build their own Lego lands. Towards the end of the session each member is given an opportunity to talk about what they have built. Group facilitators explain that a picture of their Lego lands (and the child's explanation of such) will be turned into a book. They are also told they will take the book home at the end of the last session.

Three different icebreaker activities are implemented during the second, third and fourth sessions to encourage the children to develop their own individual lands. For example, during the second session the icebreaker involves children randomly choosing a specialty piece of Lego and using that piece to build something of their own choosing. This activity helps the group members to start thinking creatively about how they can use unusual pieces of Lego. Some group members have become very creative with this activity. One of the most creative items I have seen built was a flying pizza making delivery van that the builder wanted to be able to not only deliver hot fresh pizzas to houses, but also airplanes in-flight. The third icebreaker activity involves the children to randomly choose a Lego animal; then having to use that animal to tell a story with a beginning, middle and end to it (with character introduction, the character having a problem and then there being a solution to the problem). It is hoped that with this activity group members will start to use storytelling skills when they share what they have built in their individual worlds. Most often their stories about the animal will explore themes of animals having trouble making friends or being hurt in some way than being rescued.

The fourth icebreaker focuses on building something for another group member's world. I try to start this activity off by having the most socially awkward child choose who they were going to build something for then the group member pick someone else until every group member knows who they are building something for and every group member has something being built for them. The purpose of this activity is to encourage group members to think about what would fit into another's world and to practice accepting things from other group members. It continuously amazes me how open the children are to accepting unusual pieces made by their peers into their worlds. Often times the children will work out together where it can go in each others worlds and help each other attach them.

Session five signals a change in the groups focus from icebreaker activities to members building independently on their own lands to working more collaboratively with their peers. During this session, I specifically bring out an unusual foundation piece, which looks like a four level ice world. In this session, the children are each asked to build something that would be needed in the world and to each come up with a rule for their world. Lastly they are asked to pick a person for the world and to give that person a job in the world. You can learn a lot about what is important to each child based on what they chose to build for the ice world. Some group members, who feel trapped in their lives, focus on building modes of transportation while others build restaurants. It is rare for a child to choose to build a school for this joint land. The members start to



really come together as a coherent group typically during this session. I have also witnessed some of the children cue their peers in a supportive manner as to what behaviour is expected in the group.

During the sixth and seventh sessions I place the group members in pairs or groups of three based on the number of group members in attendance that day and group dynamics. Each pairing or dyad is given a problem to solve based on what they have shared with the group that is in their worlds. Groups have been given a wide range of problems from impending natural disasters like giant waves, and earthquakes to giants attacking the world or the water becoming contaminated. Once given the problem, group members are encouraged to come up with a solution together and once this is done to present that solution to one of the facilitators. The purpose of this is so that the facilitator can insure that the pairings came up with the solution together [ie: one group member did not force an idea on another and that the solution involves building something with Lego. Once the group leader approves the solution the children start building the result together. They then present it to the entire group. One memorable pair had trouble with a dragon going on a rampage destroying both of their lands. The group members dealt with this by learning that the dragon was going on a rampage because it had gotten a large sliver and so they built an enclosure for the dragon then got a vet to fix the sliver.

The focus of the eighth session is on building bridges. Again the children are placed in pairs or groups of three then together they build bridges between their worlds. Each child is allowed to pick where the bridge would attach to their world and then together come up with rules about the use of the bridge. The number of rules varies to ensure that they come up with one more rule than there are group members. One child, who particularly struggled with the idea of people from someone else's world crossing into his world, used his negotiation skills to talk with his partner about building a wall in the middle of the bridge.

During the ninth session the group members come into the room to discover that while they were gone a natural disaster hit all of their lands and their task during today's group would be to work together to rescue pieces from their broken lands and rebuild them together in a safe zone. If the group members have learned the social skills taught during the previous groups then they are able to work well together and respect each other while working to rescue pieces for each other's world. Group members vary in deciding what they will focus on rescuing. Some children focus on rescuing living items, others focus on rescuing pieces for their worlds, while others choose items they find interesting. Some group members will only choose to rescue pieces they had in their individual world. Also during this session, each member is called up to see one of the facilitators to review the story that has been put together. Any necessary corrections to the story are made at this time.

During the tenth and final group I do not use any Lego. Rather, I give out the children's individual stories at the end of this session. Instead of using Lego during this session, I prepare eight buckets with a different world; each with their own problem, which needs to be solved. I try to base the world's problems on issues, which have impacted the group members. World problems range from jungle worlds with no rules, to human worlds where the parents will not listen to the children; to a world in which there is a lonely dragon who wants to have a friend. The group members are asked to come up with eight different superpowers one for each of the worlds and some group members have been very creative. One group member came up with the idea of a 'fashion superpower' to solve the problem in a world where the knights were always fighting. She came up with the concept of using this fashion superpower to 'make all the knights feel so good about themselves due to their clothes and fashionable style that they stopped fighting'.

Over the course of the Lego group's ten sessions, I have had the opportunity to observe self-conscious group members develop their confidence in speaking before their peers. Controlling group members develop the ability to appreciate working with their peers and ADHD group members develop the ability to regulate their energy to the point that they are able to fully participate in the group without relying on being the funny person in the group. As well as I have seen group members with poor to no personal boundaries develop the ability to stop themselves from engaging in behaviours that typically would get them into trouble at school and at home. Who would have thought that small little bits of Lego had 'super powers'? But for the participants in the Lego group it certainly has had the power of helping children gain mastery, confidence and social skills.

About The Author

Stephanie Anderson is a Clinical Supervisor with Chimo Youth and Family Services – a children's mental health agency which provides a range of services including play therapy, individual therapy, group therapy, family support, residential services and respite in the Kawartha Lakes and north Durham regions.

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DETAILS ON PAGE 19

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The advertisement features a large photograph of a child playing with toys in a sand tray. In the background, a wooden rolling cart with blue trays is visible. The text is overlaid on the image, with the title 'Sand Trays & Rolling Carts' in large, stylized letters. The bottom right corner contains contact information for Sand Trays etc. and a website link.

Mess or Metaphor? Engaging In Reflective Practice

By Nicole Hotson M.S.W., R.S.W., CPT

Bailey was an 8yr old boy who presented for Play Therapy services due to trauma and grief and loss issues. Bailey had witnessed his caregiver die in his presence due to medical conditions. Bailey, his mother and siblings moved to a new city a few months after the tragedy. Since the loss, Bailey

exhibited intense anger, lashing out physically and verbally towards his family and refusing to follow rules and expectations in the home. Bailey also showed separation anxiety from his mother and developed an intense worry and anxiety over his family's safety and well-being.



Bailey showed great sadness, often singing "sad songs" to himself at night and drawing pictures of people in his life dying. When Bailey began play therapy sessions he would often say he was angry and sad. On the opposite side of the spectrum of feelings, he also giggled a lot and said "I only want to talk about the happy things". He was physically aggressive with objects in the play therapy room and seemed unsettled and anxious. He moved sporadically in the play room, picking up objects, playing with them briefly and then putting them down. He often dumped out large quantities of toys and left them in piles on the floor. His play and movement were chaotic and unfocused. This symbolic presentation often made me think how the piles of toys were much like the "piles of feelings" he was having. There they were on the floor, spilling over, messy, unorganized, and unmanageable.

the wounded in sand hills stating that while under the sand they were protected, healing and rebuilding their strength and powers. His dollhouse scenes often included rescuers such as doctors and nurses and he often used the wooden ambulance. His themes in dollhouse play often showed transitions or change, such as the family moving out and starting at a new school. He also had the parents and siblings arguing in the dollhouse scenes. At times he would remain angry at them, and at other times he would show problem solving and pro social skills by resolving the conflicts through sharing, negotiating and turn taking with the figurines. Bailey's themes and emotions continued to pour out in the paint he used in his art work. He painted a picture of himself and his mother in a car accident. Despite the fact the accident occurred when he was 4 years old he recalled many details of it including how

When painting he used excessive amounts of paint, often using a lot of red, so much that it saturated the paper. He said that it was blood. His paintings were big and messy but his memories and the stories and feelings he described as he painted were clear and vivid.

Sessions were structured not only to focus the session but in an attempt to regulate Bailey's emotions and build safety and security. Sessions often began with a Directive task, for example, reading a story book geared to anger, sadness or loss. Other directive activities were used from Paris Goodyear Brown's book, "Digging for Buried Treasure", Volume 2, (2005), including; "Megaphones to Make a Point", "Inside and Outside Feelings", and "What's Bugging You". Bailey tolerated doing the activities and was able to label his feelings during the activities and open up about his losses. Bailey would intensely animate and verbalize his feelings during the activities in 5-10 minutes, and then announce "I'm done!" and move on to use the sand tray, paint a picture or use the dollhouse and figurines.

During his Non Directive play Bailey acted out many themes of trauma, loss and safety. His sand tray scenes often involved a series of "helpers" including police and firefighters. He often wanted me to engage in his sand tray scenes with him and would assign me to a team of race cars while he was the other team. He often acted out crashes but said that the people were only hurt and did not die. He established the story to be acted out and had us both work together like a team, working with the helpers to assist the wounded. He also buried many of

he was injured by the glass on the windshield. He also painted his step father dying and going to heaven. When painting he used excessive amounts of paint, often using a lot of red, so much that it saturated the paper. He said that it was blood. His paintings were big and messy but his memories and the stories and feelings he described as he painted were clear and vivid. His expressiveness in all of his play, whether it was the sand tray, dollhouse or art work seemed cathartic. He seemed fully engaged during those processes, then "had enough" and announced when he was done. He learned to freely express his feelings, build emotional tolerance and resiliency and also put closure on his processing by announcing when he was "done".

As time went on Bailey expressed his feelings verbally more often and acted out less at home, school and in the community. He showed empathy towards his siblings, his separation anxiety decreased, and he even started singing happier songs to replace his sad ones. His mother also reported he was more helpful at home, showed increased affection and less anger. Bailey was sad when treatment ended but was also very closely attached to his mother. It was recommended to his mother that when possible she connect with Bailey one on one. His mother learned to reflect back and label Bailey's feelings when he showed

them and praise him for labelling them on his own. She had a nurturing bed time routine for Bailey where he or she would read stories to each other and reflect on the events of that day. His mother recognized that his grief and fear that bad things would happen to loved ones would fluctuate over time. We reviewed ongoing triggers that might come up such as holidays, and “anniversary dates”, and how she could support him by being open and talking about his feelings or honoring his feelings with rituals mutually agreed upon by both of them.

The points that I wanted to highlight in this article are not to give up, and to alter your strategies when your

we tolerate the mess?”, “Are we resistant to change?”, “Can we reflect and learn from what they show us?”, “Are we trying to control the session?”, “Are we redirecting them to items that we are more comfortable with?”, “Are we avoiding on tasks or activities when they become difficult?”, Are we challenging ourselves to push beyond our limits as we often ask our clients to do?”.

As I witnessed, Bailey used many different ways to express his feelings; sand tray, the dollhouse and art work. Each one of those modalities elicited different themes, feelings, conflicts and resolutions for him. Not one item in particular may have been enough or showed such a

It is important to remember that it may not be resistance that we see in our little clients but rather their inability to regulate their emotions. Presenting behaviors such as; bursts of energy, lack of focus, or trying to control the power dynamic in the play therapy room are all signs of deep emotional turmoil.

client seems resistant. It is important to remember that it may not be resistance that we see in our little clients but rather their inability to regulate their emotions. Presenting behaviors such as; bursts of energy, lack of focus, or trying to control the power dynamic in the play therapy room are all signs of deep emotional turmoil. Clients who push for a longer session time, asking to meet more or less often etc. are telling us something much more than the demands they verbalize. They are often signs that the child in fact needs our help, our patience, and undivided attention.

It is important as therapists to reflect on the behaviors, themes and changes we see in the child, and to then hypothesize why this may be happening, i.e.: the effects of the past traumas on them, and how it impacts us in session as the witness. What is the client projecting? What transferences or counter transferences are being played out in session? The client may also be testing the safety of the therapeutic relationship to see if we can tolerate what they want to or need to show us. Don't give up when a particular strategy doesn't work, shift from a Directive to a Non-Directive approach, use a new treatment activity, introduce the client to an item in the room they haven't used yet, and encourage them to explore something different. We must show an ability to tolerate the emotions and the metaphoric messes brought into sessions. Remember that the child is being brave and vulnerable by showing us all of their “messes”. The questions we may want to ask ourselves are; “Can

rich and vast picture of the life he had lived so far. Seek feedback from your supervisors, fellow clinicians or other experts in your field and don't be afraid to use a different corner or item in your playroom. Make sure it's not just chalked up to a “resistant client” and that it is not you who is in fact the resistant one and staying inside your own “comfort zone”. Change can be uncomfortable and hard, but as one person once quoted “A comfort zone is a beautiful place to be in, but nothing ever grows there”. (Author Unknown).

About The Author

Nicole is the owner and lead therapist of Hope Child Therapy, in Thunder Bay Ontario, which offers play therapy to children and their families.

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CACPT RESEARCH AWARD FOR ACTIVE RESEARCH IN PLAY THERAPY

Purpose: The mission of CACPT is to promote the value of play, play therapy and certified play therapists in Canada.

CACPT will award one research grant of \$1,500.00 to a project involving current research in the area of play and play therapy for 2017. The award is approved by an ethics board. Applications must be received by CACPT no later than November 28, 2016 and the study or a report of the study is to be completed and submitted by September 1, 2017. A decision regarding grant applications will be made by the research committee by December 15, 2017.

For more information please contact:

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Parent Consultation: The Usefulness and Supporting Research

By Lindsey Crowe M.S.W., R.S.W., CPT intern

Caregivers, meaning the 'decision-makers' for children, are an integral piece to the child's therapeutic journey. Caregivers come in a variety of forms, being biological, adoptive or foster parents, as well as children's aid society workers, just to name a few. It is imperative as practitioners working with children, we fully understand the impact that caregivers have on the child's therapeutic process, while paying special attention to strategies that promote caregivers as an optimal resource to further the child's growth. Caregiver inclusion in a child's play therapy journey has been recognized throughout literature as advantageous and valuable (Landreth, 2012; Norton & Norton, 1997; Schottelkorb, Swan & Ogawa, 2015; Sorensen, 2005).

Research has noted that having caregiver support for the therapeutic process is beneficial, as caregivers influence child's access to therapy, and further fostering caregiver understanding of the therapeutic process is a support to the therapeutic journey (Baggerly & Bratton, 2010; Hong & Mason, 2016). The play therapy literature identifies numerous advantages of caregiver involvement in the play therapy process, such as: relieving

caregiver concerns, gaining information regarding the child's environment, as well as creating a collaborative relationship in order to implement environmental changes and strategies the child is learning within the playroom (Landreth, 2012; Norton & Norton, 1997). Despite the advantages of the inclusion of the caregiver in the play therapy process, this is not to say that the inclusion of caregivers is essential in order for play therapy to have positive impact on a child's life. Yet, it is essential as competent and responsible practitioners that we acknowledge and are aware of the strengths and limitations that accompany the work we do with children in collaboration with their caregivers or without.

Caregiver involvement can come in many forms. Parent consultation is a specific form of caregiver involvement that has been defined by Schottelkorb et al. (2015) p. 222 as "a means to share with parents the progress of the child through play therapy and also provides the therapist the opportunity to teach specific skills to parents, when appropriate". This type of involvement differs from other play therapy modalities that involve the caregiver as a more direct facilitator in the therapeutic process, such as filial therapy. Parent consultation involves the caregiver as a supporting piece to the child's therapeutic journey, without formal training for the caregiver (Schottelkorb et al., 2015). Whereas, filial therapy focusing on providing caregivers the basic skills to "therapeutic agents in their child's life by utilizing and enhancing the naturally existing bond between parent and child" (Landreth, 1996, p.45).

This modality highlights the caregivers being taught the skills similar to those the practitioner employs throughout a play therapy session (Landreth, 1996).

As practitioners, it is important that we maintain our professional competence by being aware of the strengths and limitations of techniques through reviewing relevant research. Parent consultation is an area in which limited research has been performed, although there are two studies that begin to untangle the perceptions of therapist and caregivers in regards to their involvement in the parent consultation process (Schottelkorb et al., 2015). These pieces of research are essential to furthering our expertise and understanding of the effectiveness of the parent consultation process, and how to further advance these processes. Lolan (2011) reviewed therapists' perceptions of parent consultation. Therapists perceived that parent consultations required good communication skills, counselling skills, as well as the ability to provide education and resources to the parents in order for the parent to more effectively support their children (Lolan, 2011). The vast majority of therapists (94%) noted that parent involvement was related to positive outcomes in play therapy (Lolan, 2011). The second study, as noted in Schottelkorb et al. (2015) was a poster presentation by Lee and Ray (2014). This poster presentation highlighted parents' perceptions about child-centered play therapy and recognized that parents vocalized a need for parent-therapist communication regarding the child's progress in therapy and their behaviours in the home (Lee & Ray, 2014 as cited in Schottelkorb et al., 2015). Additionally this study indicated that parents' value the knowledge that a practitioner shares with them, in order to better understand their children and better respond to their needs (Lee & Ray, 2014 as cited in Schottelkorb et al., 2015). Overall this study emphasized that parents want to be involved in a dialogue with their child's therapy for a variety of purposes.

Currently, Schottelkorb et al. (2015) has proposed the Child-Centered Parent Consultation Model as a formalized approach to parent consultation. The Child-Centered Parent Consultation Model outlines five key components. The first component is the building a trusting therapeutic relationship with the caregiver, in a genuine and non judgmental way (Schottelkorb et al., 2015). The second component focuses on ensuring the caregiver feels heard, which makes the caregiver more receptive to initiating strategies proposed during therapy (Schottelkorb et al., 2015). The third component is connected closely with the second, and is respecting the caregivers' input (Schottelkorb et al.,



2015). This component goes beyond hearing the input of the caregiver, and asserts that the input provided should be conceptualized as coming from the expert on the child (Schottelkorb et al., 2015). This is based off the assumption that the caregiver is the individual who knows the child best and has the most insight to their situation (Schottelkorb et al., 2015). The fourth component highlights sharing knowledge in order for the caregivers to understand the process and justification of the play therapy process, while also sharing the progress of the individual child (Schottelkorb et al., 2015). The last component focuses on teaching the caregiver, therapeutic skills so the caregiver is prepared to support the child out of the playroom and throughout their day-to-day life (Schottelkorb et al., 2015). Therapy is a brief portion of the child's life and it is vital that the child has the support to implement the strategies from therapy in other domains of their life. The Child-Centered Parent Consultation Model suggests that caregivers are involved in an intake process for the practitioner

to gain relevant background information, then parent consultation meetings are scheduled every third or fourth session to provide updates and the opportunity for teaching (Schottelkorb et al., 2015). Finally, asserting that there should be a final parent consultation meeting at the end of the therapeutic process to review the journey (Schottelkorb et al., 2015).

As a practitioner, I greatly value the component of parent consultation in the child's therapeutic journey. At Family First Play Therapy Centre Inc., we are lucky enough to have the resources to be able to use two therapists when working with a child and their parents. Generally, one therapist meets with the parents to discuss concerns and provide the educational components while the child is completing their session with a co-therapist. The last segment of each session brings both the child and parent together, along with both therapists. The goal is to facilitate a discussion focusing on sharing the strategies that the child has learned throughout the session, which complement the therapeutic parenting strategies the first therapist reviewed with the parents. Pairing not only the family members with each of the therapists but also combining therapeutic approaches into this segment of the session seems to be magical in opening up communication between family members. For instance, playful Theraplay® interactions combined with Dyadic Developmental Psychotherapy® dialogue helps both parent and child begin to open up, process issues and begin to trust each other. This approach works wonderfully at switching up the communication styles and dynamics between the child and parents. The therapists' attunement supports the process, and often we see families have really honest and genuine conversations about concerns at home (all the while playing the 'guess the taste of the Jelly Bean they are both eating' or blowing feathers to one another). Through these interactions, both parents and children are able to 'figure things out' together. Through my experience I have seen children honestly share their concerns, and celebrate their successes, while feeling genuinely heard, understood, and supported by their parents. I have also seen parents share their pride and love for their child, as they begin to understand their child's behavior. As they learn how best to support them, their frustration decreases and their confidence in their own abilities as parents increases. This component becomes crucial in the work with families where they are just slightly out-of-sync, struggling to communicate and understand one another. In my opinion, the type of parent consultation provided at Family First, for example, can provide that adjustment

in family dialogue and family dynamics to allow the therapeutic journey to progress forward successfully.

Although the Child-Centered Parent Consultation Model asserts formalized components for the practitioner to strive to include when working with caregivers, there are still aspects of the parent consultation approach that remain unclear (Schottelkorb et al., 2015). Schottelkorb et al. (2015) note that there is an overall lack of research into the effectiveness of parent consultation, which contributes to the uncertainty regarding approaches that may be most effective. As practitioners we must continue to strive to increase our competence by remaining motivated to increase the evidence base for those approaches that are currently devoid of research, such as parent consultation. As practitioners, understanding the mechanisms behind the modalities we employ, only provides us with greater comprehension in how best to support the children and families we work with.

About The Author

Lindsay Crowe works at Family First Play Therapy Centre Inc. in Bradford Ontario. She is committed to helping children work through their challenges by emphasizing their strengths and resilience while creating a supportive, trusting and safe environment for them and their families.

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2016

CACPT PRESENTS THE PRESTIGIOUS MONICA HERBERT AWARD

TO
LORRI YASENIK, PH.D., RSW, CPT-S



At the Annual General Meeting in April 2016, of the Board of Directors and Membership, CACPT was proud to award Dr. Lorri Yasenik the 2016 Monica Herbert Award. This award has been inspired by the courage, devotion, hard work and commitment to working with and helping children that has been demonstrated by Monica Herbert. This award is an annual award which will recognize outstanding achievements in or contributions to the field of play therapy.

Dr. Lorri Yasenik is the co-director/co-owner of Rocky Mountain Play Therapy Institute, an international training institute for the study and treatment of children. She is the recent past co-owner of Rocky Mountain Psychological Services where she was Clinical Director for over 10 years. Lorri has dedicated her professional life to working with children families and individuals. She has over 25 years' experience in the clinical field of practice. She is a Registered Clinical Social Work Supervisor, Certified and Registered Play Therapy Supervisor, Registered Family Mediator, and a Registered Parenting Coordinator-Arbitrator.

Lorri's recent achievements were outlined as part of a letter she wrote to the Board of Directors and Membership of CACPT in the following:

"I thought it might be reasonable to at least tell you what I have been up to.

I have been busy in the past few years developing a new model and tools for and including the voices of children in family law matters. It will be published this month in the Family Court Review. I am training Mediators and other ADR practitioners who work with families to safely and appropriately include children so that they are not simply objects of concern, rather active participants who have the right to be heard. It has been an interesting switch in audiences (from the play therapy community to the family law community) and I am beginning to train those who "interview" children to use other more child friendly and developmentally appropriate ways to work with children. This has been my Post-Doctoral effort and I have (with a colleague from Australia) provided over 10 trainings in this model in Canada, US and Australia in the past year and a half. The model is well-received and I can see how bridging play-base interventions to other disciplines can increase the understanding of children and their capacities and I hope that because of this type of training their voices will be more appropriately represented. As you can likely tell, I am a strong advocate for Children's Rights.

On the play therapy front, I have become increasingly interested in studying the dimension of Consciousness and the rising of consciousness in play therapy. I (along with Ken Gardner) wrote a chapter on this topic not too long ago. We have continued to deliver play therapy training nationally and internationally and I am just back from teaching for Deakin University in Australia. The Play Therapy Dimensions Model is now being used by many university programs due to it being an Integrative decision-making approach to thinking about play therapy. It has been very satisfying to have contributed to field of play therapy in some way.

I want to thank you very much for the honor of receiving this award. Please extend my gratitude to those who thought about me for this very special recognition. I share it with each and every play therapist who touches children's lives through play."

Congratulations go out to Lorri for her wonderful contribution to the world of play therapy!!

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.

Kevin Keleher is the featured therapist for this edition. Kevin has an undergraduate degree from St. F.X. University in Antigonish, Nova Scotia and graduate degree from the University of Victoria.

Kevin has been working with children and teens (5-19 years of age) and their families for the past 36 years. He worked full time in two different hospital inpatient psychiatric units (15 years), then a community based program (13 years) and finally in a neuro-developmental psychiatric outpatient clinic (5 years). He has also run a private practice for the past 31 years. Since retiring from the hospital system three years ago his private practice has really grown.

When asked how he became a Play Therapist he stated that,

“if you spend time with children and are somewhat responsive to them and if you pay close attention you will not only end up playing with them but you will discover how rich, dynamic and restorative play is for them. Having seen this first hand, I recognized the value of play therapy”.

When Kevin first came out of graduate school the children taught him how disinterested they were in “adult” therapy techniques. He became weary of “encouraging” children to sit through a psycho-educational lesson followed by activities they did not want to do. However, in the play room they were fully engaged, motivated and of course revealing lots about their inner worlds. He also added,

“I am not saying I do not at times offer psycho-education or use modified adult therapies, but I make sure I always balance it with play”.

Being a male child therapist, Kevin stated that the majority of his practice is composed of boys. He has learned how to deal with a wide range of emotional problems. In recent years he has branched out to include more family work and children who have experienced Complex Trauma – Dissociation.

Kevin believes that Dr. Charles Schaefer’s (APT Co-Founder) assertion that pure non-directive play therapy is sometimes not enough has proven itself true (Schaefer, 2010).

Over the years he has sought additional training in EMDR, Somatic Psychotherapy, Ego State Therapy and



Mindfulness to name a few. Play therapy however, is always part of each session.

He has had many great mentors including, Mary Anne Pare, Dr. Sandra Wieland and Dr. Lisa Mortimore. Mary Anne's Family Play Therapy approach taught him how to include families in the play room in a way that is much more engaging, and therapeutic. He stated that Sandra "held my hand" while pointing to the path through the chaos of helping children with dissociative identity problems. He continues to gain support from Dr. Mortimore as he helps to refine his understanding of the importance of the body in psychotherapy as well as to model authenticity and the importance of repairing breaks in attachment and interpersonal enactments.

Kevin's home office is in Victoria B.C. includes an office on the main floor and playroom upstairs. He believes that a house setting has a more comfortable and safe feel.

Kevin believes that it is important to have a big range of healing tools to offer. The addition of a large yoga/exercise ball and wooden and foam building blocks has been particularly useful when doing Family Play Therapy. Often a gentle suggestion to the family using the blocks to build something can lead to a long period where all members are fully engrossed. The yoga ball has elicited squeals of joy from young children as their parents hold hands with them while rolling and bouncing them around the room. Of course, sandtray can often be so grounding and surprising

in the amount of information the children disclose when they use this medium.

Kevin shared that he has come to really appreciate having two separate rooms. The office conveys a certain structure (e.g., psycho-educational time) while the playroom is more designed for self-expression. In the playroom, the child is the one who clearly leads. In the future he hopes to add more figurines for the sand tray, but like many other play therapists this is a never ending wish.

Kevin plans to continue to improve his skills at working with families in the play room and helping children with symptoms of dissociation. He also plans to develop his skills as a supervisor for emerging play therapists. He was able to share that he appreciates what he has gained in time spent with his mentors. He greatly values all that he has learned from them given it has allowed him to grow professionally and in turn personally.

Theresa is a CPT-S in Ontario, who has a play therapy practice and is a Professor at Sheridan College. She provides supervision, program consultation and play therapy to children, youth, adults and families struggling with trauma and attachment disruption issues. She is currently completing PhD research on Sandtrayworldplay® with isolated older adults.



The Difference Between a Professional College and a Professional Association

By Elizabeth Sharpe, CAE

Many Certified members of CACPT are also members of a regulated provincial “College” in the various provinces and territories across Canada. As a fully Certified member of CACPT, there is a requirement that you be affiliated with the professional college that best represents your profession whether it be Social Work, Counselling, Psychotherapy or another medically related discipline. It is important to understand why you would belong to CACPT as well!

Many Certified members of CACPT are also members of a regulated provincial “College” in the various provinces and territories across Canada. As a fully Certified member of CACPT, there is a requirement that you be affiliated with the professional college or standard setting association that best represents your profession whether it be Social Work, Counselling, Psychotherapy or another mental health related discipline. It is important to understand why you would belong to CACPT as well!

To elaborate and more specifically:

The Value of Belonging to the Association – Canadian Association for Child and Play Therapy (CACPT)

CACPT is in place to speak on behalf of child psychotherapists and play therapists and to be the voice of the members for the profession provincially and federally.

The ways in which CACPT is able to support its members are as follows:

- Engage with like-minded alliances and associations to advocate on behalf of the members for legislative reforms.
- Provide critical analysis of government policies and practices that will impact the profession of child psychotherapy and play therapy in each province.
- Promote and enhance the understanding of child psychotherapists and play therapists in the clinical environment
- Promote the efficacy of play therapy through research in Canada and throughout the world.

- To support the member through the provision of training and continuing education programs.
- To engage in the practice of knowledge management for clinicians and therapists in order that they remain current in the profession.
- To provide a place to network with play therapists and child psychotherapists in similar areas of practice.
- To access services and products specific to the field of child psychotherapy and play therapy.

CACPT works for you, on your behalf as a professional child psychotherapist and play therapist.

The Value of the Regulated College

A regulatory body’s primary duty is to serve and protect the public interest. Its mandate is to regulate the professional practice it represents and to govern its members.

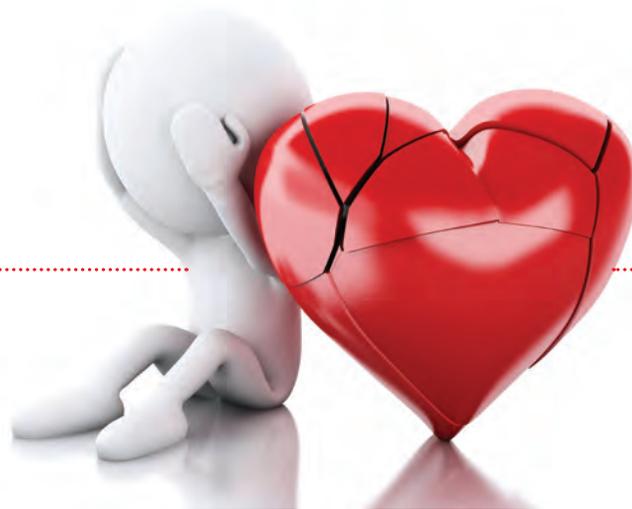
Regulation of a profession defines the practice of the profession and describes the boundaries within which it operates, including the requirements and qualifications to practise the profession. The primary mandate of any regulatory college is to protect the public interest from unqualified, incompetent or unfit practitioners.

Regulation brings credibility to the profession. Practitioners of a regulated profession are subject to a code of ethics and standards of practice.

Self-regulation allows a profession to act as an agent of the government in regulating its members because the government acknowledges that the profession has the special knowledge required to set standards and judge the conduct of its members through peer review.

CACPT as a Standard Setting Body

Although CACPT also sets standards and performs within a professional Code of Ethics very specific to play therapy and child psychotherapy, it goes one step further in providing its members with additional credibility specific to this field of practice.



CACPT Bereavement, Grief and Loss Certificate

Working with Children through Grief and Loss

Irena Razanas RSW, CPT

Friday, Saturday and Sunday, January 27, 28 & 29, 2017

9:00 a.m. to 4:00 p.m.

Lakeside Central, 7654 Conservation Road, Guelph, ON

Overview

Working with children who are anticipating a loss or who have recently experienced a loss through death or separation demands a great deal of the therapist. Therapists need to have a solid understanding of child development and how death and separation is viewed at each age. They need to know the difference between a normal and a complex grief reaction and how to appropriately and simultaneously support children and the adults who care for them as they navigate through this often-tumultuous time in their lives. The application of this knowledge rests on the assumption that the therapist has examined and is aware of their own experience with grief and loss, and comes to the play room knowing that the activities they provide and the interactions they support will have a profound affect on the people they treat and in turn they too will be affected by the stories they hear and bare witness to.

Workshop Attendees

This Certificate Program would be of interest to those working with agencies and departments engaged in grief counselling including shelters, adoption agencies, victim witness programs, community living agencies and programs focusing on grief and loss. Also, those working as marriage and family counsellors, child life specialists, educators interested in gaining familiarity with play therapy and would be most valuable to people working with children and families in the mental health field.

For more information on our speaker/objectives and to register for this workshop go to:

<https://cacpt.com/events/bereavement-grief-and-loss-certificate/>



Jungian Sandplay Therapy Training

CAST trainings provide complete fulfillment of theoretical training hours required for certification with both CAST and the International Society for Sandplay Therapy.

Ongoing training available in the following cities:

Toronto (Ontario)

Vancouver (British Columbia)

Edmonton or other location (Alberta)

For more information please consult our website:

sandplaycanada.ca
jeudesable.ca

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.

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.
- 4. Insurance**
CACPT provides professional liability insurance packages for its members.

To join go to www.cacpt.com and click on Members

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MAY 12-14, 2017
UBC ROBSON SQUARE

Keynote speakers: Dr. Brenda Weinberg,
Dr. John Allan, Mary Anne Pare M.Ed, RCC, RPT-S

To register go to:
<http://www.bcplaytherapy.ca/conference/>

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Cutting Edge Training in Child and Play Therapy

CACPT Play Therapy Certificate



The Canadian Association for Child and Play Therapy (CACPT) offers cutting-edge training in Child and Play Therapy. Sign up for one-day courses or apply to Levels I, II and III offered in our two locations. All three levels take 6 weeks to complete but you can also sign up for each level separately. 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 Play Therapist.

For further information on courses or on becoming certified as a Child Play Therapist, please visit our **Education** webpage under **Education and Certification** at www.cacpt.com or call CACPT at 1 519 827 1506.

Courses are offered in the following locations:

- Toronto, Ontario: July 3rd to August 11th, 2017 – Levels I, II and III
- Edmonton (Leduc), Alberta: November 6th to 17th, 2017 – Level III.

The application deadlines for the Play Therapy Certificate Program are:

- May 15 for Toronto
- September 15 for Edmonton (Leduc)

Apply soon so you do not miss out!

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

Some of our cutting edge courses include:

- Trauma-Focused Cognitive-Behavioral Play Therapy
- Autism Spectrum Disorders
- Disruptive Behavior Disorders
- Anxiety
- Sexually Abused Children
- Children with Sexual Behavior Problems
- Bereaved Children and Children of Divorce
- Sandtray
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