

A publication of the Canadian Association for Play Therapy (CAPT)

Playground

Spring/Summer 2021

Puppet Assisted Play Therapy
(PAPT®) in the Virtual World

Using Mindfulness in Telehealth



Transitioning
to TelePlay: Personal
Accounts on Exploring
Resilience in the Face
of a Pandemic

3D Printing in
Play Therapy





CAPT Foundation Play Therapy Training 2021



Training will be presented on-line in one or two-day trainings with individual instructors over a period of six weeks. Each day offers 6 educational units toward the 180 educational units required for Foundation Play Therapy Training for Certification as a Play Therapist.

Live On-line Instructor Lead Individual Full Days of Training for 2021

May 3 – 14, 2021

(Monday to Friday)

- Introduction to Play Therapy
- Play Therapy History, Models and Process (2 days)
- Ethical Practice in a Play Therapy Setting
- Assessment & Treatment Planning in a Play Therapy Context
- Attachment Theory and Therapy in a Play Therapy Setting
- Non-Directive Play Therapy and Filial Therapy (2 days)
- Theraplay as a Play Therapy Model
- Family Play Therapy

June 14 – 25, 2021

(Monday to Friday)

- Sandtray Therapy (2 days)
- Brain Research and Child Development in a Play Therapy Setting
- Understanding Traumatized Children and Applying Play Therapy Tools in the Treatment of Trauma in Children (2 days)
- Treating Disruptive Behaviour Problems in a Play Therapy Setting (2 days)
- Creating an Inclusive and Culturally Competent Play Therapy Practice
- Storytelling in a Play Therapy Session
- Understanding and Treating Anxious Children

August 9 – 20, 2021

(Monday to Friday)

- Play Therapy with Abused Children (2 days)
Day 1: Physical and Emotional Abuse
Day 2: Sexual Abuse
- Puppetry in a Play Therapy Setting
- Play Therapy with Adults
- Group Therapy
- Play Therapy for Children and Families Coping with Loss (2 days)
- Case Application
- Art Therapy in a Play Therapy Setting
- Vicarious Trauma and Self Care in a Play Therapy Environment

For Details on Dates, Registration, Training Outlines and Learning Outcomes go to:
<https://cacpt.com/foundation-play-therapy-training>

For further information on becoming certified as a Play Therapist, please visit our Education webpage under **Education and Certification** at: www.canadianplaytherapy.com or call 905-686-3372

CAPT EXECUTIVE COMMITTEE

President: Theresa Fraser CPT-S
Vice-President: Tina Katsikeros CPT
Secretary: Kenda Riggs
Treasurer: Helena Kogas

DIRECTORS

Stephanie Anderson CPT-S
Melanie Charlebois
Brett Gatt
Jodie Hiebert CPT-S
Ricky McIntyre
Jocelyn Nand
Krysteli Needham CPT
Kenda Riggs
Maya Sloan CPT
Donna Starling CPT-S
Kevin St. Louis
Hannah Sun-Reid CPT-S
Lori Wareham-Mulrooney
Executive Director: Elizabeth A. Sharpe CAE

CHAIR POSITIONS

Certification Chair: Hannah Sun-Reid CPT-S
Education Chair: Stephanie Anderson CPT-S
Research Chair: Dr. Nancy Riedel Bowers CPT-S
Approved Provider Chair: Tina Katsikeros CPT
Ethics Chair: Appointed by Case
Marketing, Communications &
Public Relations: Donna Starling CPT-S

CONTACT US

CAPT Operations: 905 686 3372
E-mail: Tracy@cacpt.com
CAPT Training and Executive Director:
E-mail: kip@cacpt.com
Phone: 226 821 1056
www.canadianplaytherapy.com

ADVERTISING

Advertising inquiries should be directed to:
Tracy Blyth, Operations Manager
Phone: 905 686 3372
E-mail: Tracy@cacpt.com

ADVERTISING SUBMISSIONS

Please send artwork for advertisements to:
Catalyst Creative Inc.
Phone: 403 205 6605
E-mail: eva@catalyst-creative.ca
To upload large files, please contact:
eva@catalyst-creative.ca

SUBMISSIONS

PLAYGROUND welcomes your ideas for articles. Please
send your suggestion or article to Tracy@cacpt.com

EDITOR

Theresa Fraser CPT-S

GRAPHIC DESIGN & PRODUCTION

Catalyst Creative Inc.

REPRINT PERMISSION

All rights reserved. The contents of this publication may not
be reproduced by any means, in whole or in part, without the
prior written consent of the association.

Publications Mail Agreement #42054516

Playground

Canadian Association for Play Therapy

Contents

- 2 Message from the President
Theresa Fraser CYC-P, CPT-S, RP, MA, RCT
- 3 Update from your Executive Director
Elizabeth A. Sharpe CAE
- 4 Using Mindfulness in Telehealth
Tina Lackner BACYC, MSc, CPT, RCT-C
- 8 Transitioning to TelePlay: Personal
Accounts on Exploring Resilience in the
Face of a Pandemic
Fal Desai MSW, RSW
Susin Garber MSW, RSW, Dipl. (Family Mediation)
Sonomi Tanaka MA, RP, CCC
- 14 3D Printing in Play Therapy
Ricky McIntyre MSW, RSW, BSW
- 17 The 2020 Monica Herbert Award
- 20 Puppet Assisted Play Therapy (PAPT®)
in the Virtual World
Cheryl Hulburd MSW, RSW, RPT, CPT, EMDR
Certified
- 22 Healing Spaces
- IBC The Difference Between the Professional
Regulated College and the Professional
Association
Elizabeth A. Sharpe CAE

Message from the President

Dear Members,

Much has happened since our last issue of Playground.

The world has experienced change that has helped us all realize how precious life is. No country has been exempted and no age group exempt. We have all needed to adapt how we work, play, pray, shop, and learn to avoid face to face contact with each other.

Play Therapists have had to work online – this perhaps being the biggest adaptation our field has ever had to face worldwide.

As an association, we attempted to support our members with immediate opportunities for online Teleplay training. We also were the first association worldwide to announce and then provide foundation training online resulting in therapists from every province and territory completing their educational requirements for Certification. These responsive activities could not have happened without the intensive work of our CAPT Board of Directors and Elizabeth and Kip Sharpe. Thank you to each and every board member and each and every Education Committee member who helped our association adapt and our Canadian Play Therapy community adapt during unprecedented times.

We have also needed to recognize and declare that oppression of Black, Indigenous and persons of colour (BIPOC) not only exist but continue to be cultivated in Canada. For this reason, CAPT continued the process of self-reflection of our own organization because we want to do better and become part of the solution rather than perpetuate racist policies and actions.

As many of you are aware – The Association Management Company, owned by Kip and Elizabeth began as CAPT's management company in 2006. They were supposed to retire last year but delayed until we got through the big hurdles to hire our new association management company, Blyth and Associates, owned by Tracy Blyth. Tracy began in December 2020 and is now the CAPT Operations Manager and the person on the other end of the CAPT phone. She is connecting directly with members and supporting our CAPT committees. The Association Management Company will continue on a part-time basis supporting CAPT's Executive Director responsibilities and on-line educational activities. Without the support of Tracy, Kip and Elizabeth, it would be extremely hard to continue the work of promoting Play Therapy in Canada and supporting our CAPT members. Thank you all.

More adaptations will take place in 2021 until vaccinations are available for all, but until then I have no doubt as your CAPT President that adaptations will continue to occur as we try to maintain our digital connections with each other and the vulnerable children, youth, and families we are privileged to serve.

I also want to acknowledge the life's work of Dr. Charles Schaefer (often referred to as the father of American Play Therapy). Both Charlie and his beloved wife died in 2020 as a result of Covid 19. His life's work impacted me personally as a friend and professionally as a Play Therapist. His extensive written contributions to our field will live on in all of us.

Thank you to our members for what you do to support Play Therapy in Canada. I hope that we get to "meet" at our upcoming Annual General Meeting.

Theresa Fraser CYC-P, CPT-S, RP, MA, RCT
President, CAPT



Update from your Executive Director

Spring 2021,

What a year! It is hard to put it into words because it truly has been, in the history of the world, an international physical and mental health disaster. And we, as an association of mental health professionals, made it through with flying colours. To be part of this association over the past year has been a true pleasure for our management team. No one could have expected our team of coordinators, instructors, and marketers to pull together and excel in a way that supported our members so thoroughly and humbly. I know there were gaps, but I watched as volunteers worked night and day to develop a whole new year of on-line offerings, trained on new systems and stepped up, even though they were nervous and new to this method of teaching. It was not easy, but what a pleasure to see the results.



Now, as we embark upon 2021, we have learned so much about the needs of our members. Our Foundation Play Therapy Training Days will be offered in a new format to help break up the time spent in front of a screen. The training has been divided up with days of training in May, June, and August, rather than all in July and August. New ways to teach on-line have been created through the experience gained by everyone to make it easier for our students to engage with each other and to make real connections for the future.

The CAPT Annual General Meeting on the evening of April 30, 2021 will celebrate our successes, report on results, and provide some insight into the future vision of CAPT. In keeping with our member needs during these times, as our pandemic slowly subsides and opens some moderate outdoor opportunities, we heard from you that you need some tools and techniques to apply in the aftermath of this human disaster. So outdoors we go with Nature Play Therapy in a one-day training on April 30, 2021 with nature play therapy specialists Jamie Lynne Langley from Nashville, Tennessee and Caileigh Flannigan from Cobourg, Ontario. On May 1 & 2, 2021 we welcome play therapy colleagues in international crisis mental health Claudio Mochi from Rome, Italy and Isabella Casina from Lugano, Switzerland. Details are provided in advertisements in this magazine and on the CAPT website.

This spring will also present training opportunities for those wishing to become Certified Play Therapist Supervisors (CPT-S) and those requiring their CPT-S continuing education credits. Our fall offerings will be presented on Mobile Play Therapy with Michelle Wolfe Miscio and Courageous Conversations in Play Therapy with Nicole Perryman.

Be sure to access the APT Play Therapy Journal on-line as it comes with some very timely and interesting articles on Play Therapy and the Treatment of Trauma. If you would like paper copies of this edition, please let us know and we would be pleased to forward copies to you. We have an abundance of them in our office.

Wishing you safe and healthy times as you continue to do your good work in Play Therapy.

Elizabeth A. Sharpe CAE
Executive Director, CAPT



Using Mindfulness in Telehealth

By Tina Lackner BACYC, MSc, RP, CPT, (RCYT) (RYT300)

Mindfulness can be done anywhere and at any time. It engages all ages and abilities. Before the pandemic, I would commonly integrate mindfulness into my play and psychotherapy sessions to support a full mind-body-soul healing journey. When shifting to telehealth and the increased awareness and demand for mindful teachings, it became apparent that this practice truly is transferable. Mindful activities and exercises provide even more critical predictability within telehealth sessions. When so many individuals feel fear, anxiety, uncertainty, and a lack of control, mindfulness shifts things back to the here and now. It supports a sense of control while improving self-regulation. Practicing regularly helps individuals feel grounded and able to respond more appropriately to situations around them.

I begin play therapy or telehealth sessions with a grounding practice. Activity starts by merely stopping, sitting up tall, dropping the shoulders, relaxing the muscles in the face and lowering the gaze or closing the eyes (whichever they are most comfortable with). As we start to feel our bodies relax, I would guide deep diaphragmatic breathing while using a few 'cues' to support the release of what no longer serves them, letting go of what they were doing before our session

and not worrying about what needs to be done later that day. This encourages them to focus on the here and now and where they are at this moment. Teens and adults easily slip into this moment of 'dropping-into' themselves. I start very similarly with the younger ones but shift into a virtual visual demonstration of the inhalation/exhalation part. Using GIFS for children (see link below) helps them slow their breathing down and match the breath cycle with the movement of whichever GIF they choose. Alternatively, I use a google slide virtual room where several choices are present for engaging in a breathing exercise, from blowing on hot chocolate, cooling down a hot pizza, or putting hot muffins onto a plate. Each of these activities involves an action for the child to do. The actions align with their breath—for example, taking a marshmallow while inhaling and exhaling when placing it into the hot chocolate mug or placing pizza ingredients onto the pizza in connection with their breath.

The integration of mindfulness practices becomes very common throughout sessions. Depending on where the individual is in their process, we can focus directly on a mindfulness practice or introduce it in alignment with something we are already engaged in. For example, while

using puppets and role-playing scenarios on conflict, the puppets can stop to take some deep breaths. We 'teach' the puppets how to do 'star' breathing and demonstrate it for them, and then have them practice it. The children love being the 'teacher' and showing the puppets (and later their families) how to do star breathing. Star breathing is a simple breathing practice where you hold up your hand (as if giving a high-five), and with the opposite hand, use the pointer finger to start from the base of the thumb and inhale while tracing the pointer up the thumb. When the pointer finger reaches the top of the thumb, you slowly exhale as it travels down the opposite thumb side. The child continues this pattern of inhalation/exhalation while tracing their hand from thumb to pinkie.

Another example of mindfulness with children is when working on self-regulation, we use expressive meditation to shake our sillies out while listening to some upbeat music. I playfully express how when I get so stressed, it all goes to my shoulders, and I needed to shake out the tightness, relating in conversation about where their body hold their stress and tension. After the song is over, we stop as I guide awareness to how their body feels, dropping and relaxing the muscles just a little more and connecting the breath to movements in their body. We practice 'stop and go', where the music would randomly stop, cuing us to control our actions. These types of mindfulness activities provide an enhanced awareness of mind-body connection.

A widespread practice in mindfulness uses all five senses to ground and shift to the here and now. This is a great way to connect with a child, get to know their surroundings better, share with them your surroundings, and create a practice of using their senses. Ask the child to identify five things they can see, four things they can touch, three things they can hear, two things they can smell and one thing they can taste. A more in-depth dialogue stems from this sharing practice where we can obtain greater insight into the different objects' importance and relevance to the child. Another option is sharing a snack in which each participant in the session show the other what food they brought to the virtual session. The person on the other side of the screen pretends to have never seen the snack brought and has to rely on listening to the other person's description and details to understand how it feels, tastes, smells, looks, and sounds. This is a grounding strategy that supports slowing down, using the senses, paying attention to the small things, and giving gratitude for their snack.

The five senses can also be used when imagining a safe place to be: a place that can feel like their own, bring them a sense of safety, calm and peace, and that

they have control of 'going to' when they need to. You can have images to choose from or work together to search for the 'perfect' image. As we look at the picture selected, I tap into the child's imagination to get them to identify what they would possibly see, hear, feel, taste, and smell in this spot. We would create this safe place and align it with the senses so that the child will be able to 'go there' when struggling with being stuck at home or having difficulties falling asleep. This guided/prompted imagery work is appropriate for all ages and helps teenagers and adults create a space they can go to when stressed or struggling.

Stories continue to be a staple within the telehealth play therapy sessions. A number of mindfulness books are available in hard copies versions as well as online. They provide a clear understanding of what mindfulness is and simple things that can do at home to strengthen their mindfulness practice. Some examples include Visiting Feelings, What Does It Mean to Be Present, Sitting Still Like a Frog, Meditation is an Open Sky, Moody Cow Meditates, and My Magic Breath. Mindfulness cards are another great option to have available; a child can 'pick' a card for you to read and you both engage in the activity identified (such as Mindful Kids – 50 Mindfulness Activities for Kindness, Focus, and Calm).

To support children in practicing mindfulness between sessions, you can suggest mindfulness apps such as Sleep Meditations for Kids, Headspace for Kids, or Stop, Breathe & Think.

Although a lot has changed in our world, mindfulness has not. It continues to be an effective practice and intervention when working with our most vulnerable. It can empower while releasing stress and tension, and when practiced regularly, mindfulness can be our everyday super power, even when sharing these practices through telehealth.

<https://www.doyou.com/10-awesome-gifs-for-calm-breathing-59450/> - Inhale/Exhale GIFS

About the Author

Tina Lackner is a full-time Professor at Humber College, Adjunct Faculty at Martin Luther University College, a Registered Psychotherapist, a Certified Play Therapist, a Registered Children's Yoga Teacher, a 300 hour Registered Yoga Teacher and a Mindful Meditation Specialist. Tina is the owner and lead trainer of TIYAMA Children's Yoga Teacher training school, a program that utilizes therapeutic play, yoga, meditation, and mindfulness to address mental health concerns and support everyday emotional well-being. Tina has been supporting children and families in her private practice for over 22 years and has witnessed the power of holistic approaches to healing for children and families.



We're going virtual to bring you the **2021 CAPT Play Therapy Conference**

Saturday & Sunday, May 1 and 2, 2021

9:00 a.m. to 3:30 p.m. Eastern Time

Facing Crisis through Play and Play Therapy: A Process Based Approach

with **Claudio Mochi** MA, RP, RPT-S and **Isabella Cassina** MA, TP-S, PhD Candidate

OUTLINE FOR THIS TWO-DAY TRAINING

Play is not only a powerful tool to prevent and overcome psychosocial problems but also to foster, especially in children, the development of a variety of skills, including the ability to cope with very difficult circumstances.

This presentation, given by experienced international crisis mental health professionals, will focus on the application of the Therapeutic Powers of Play to promote children's well-being and trauma recovery in everyday highly distressing contexts and/or in a post-disaster scenario.

An introduction to different crisis situations will be given, emphasizing the role that Play Therapists and Therapeutic Play Specialists might employ in such circumstances and the importance of self-care.

The presenters, who have provided Play Therapy services and training in international settings, will focus on the critical factors of a good practice including play, safety and relationship in different phases of the intervention describing the process of involvement and capacity building of multiple local resources.

With specific regard to Play Therapy, the use of different approaches and techniques will be discussed. There will be opportunity for questions, comments, experiential and self-care activities.

Participants will be able to:

- 1) Understand the elements of a crisis from a psychosocial perspective.
- 2) List the key phases of the crisis intervention process that involves multiple local resources.
- 3) Discuss the elements of a good practice as crucial factors to consider in critical settings.
- 4) Discuss the potential of play based interventions in the different phases of a crisis.
- 5) Explain the main Therapeutic Powers of Play in a highly vulnerable contexts.
- 6) Describe the role of Play Therapist/Therapeutic Play Specialist in different phases of the crisis.
- 7) Identify specific Play Therapy techniques for use with children and families experiencing crisis.
- 8) Articulate the need for self-care from the childhood professionals' point of view and identify different strategies.



**CANADIAN ASSOCIATION FOR PLAY THERAPY
ANNUAL GENERAL MEETING AND CONFERENCE**
APRIL 30 – MAY 2, 2021

2021

www.canadianplaytherapy.com

Claudio Mochi MA, RP, RPT-S

Claudio Mochi was born in Rome, Italy. He is a psychologist and psychotherapist, and international expert in Emergency Interventions and Play Therapy. As a clinical psychologist he has worked in Italy in several rehabilitation programs as well as supporting children hosted in foster homes. Since 2001 he has been working exclusively in post-disaster scenarios with several organizations including the Italian Red Cross, Croix-Rouge de Belgique, Doctors Without Borders and Terre des Hommes Foundation Switzerland for the creation and development of psychosocial programs especially dedicated to survivors and training of local staff in various countries including Kosovo, Serbia, Iran, Palestine, Pakistan, Lebanon, Sri Lanka and Haiti.

Claudio Mochi founded the Italian Association for Play Therapy (APTI) in 2009. He is the Head of the continuing education program and Master in Play Therapy for the International Academy for Play Therapy studies and Psychosocial Projects (Switzerland). He is an author of several international publications on the use of Play Therapy in international crisis.

Isabella Cassina MA, TP-S, PhD Candidate

Isabella Cassina was born in Switzerland. She is an Italian native speaker skilled in French, English, Croatian, Serbian, Spanish and German. She is a Social Worker specialized in International Cooperation and Therapeutic Play. She holds a Master of Arts from The Graduate Institute of International and Development Studies in Geneva. Since 2015 she is a recognized Therapeutic Play Specialist by the Italian Association for Play Therapy (APTI). She completed a Certificate of Advanced Graduate Study in Expressive Arts Therapy and is pursuing a PhD in Switzerland in the same field with a focus on crisis interventions.

Since 2006 Isabella has worked in the humanitarian field in several countries including Colombia, Serbia, Haiti, India, Nigeria and Venezuela supporting vulnerable children and families in collaboration with local organizations and professionals. She also held the position of Head of Social Services for the Swiss Red Cross working with asylum seekers and refugees. At the same time, she led a five-year project targeting migrant children and families.

Isabella has significant experience as an international speaker, presenting lectures on the topic of Play Therapy in several countries. She is the co-founder of the International Academy for Play Therapy studies and Psychosocial Projects based in Switzerland. She is a consultant for the APTI and general coordinator of its Play Therapy magazine.





TRANSITIONING TO TELEPLAY: PERSONAL ACCOUNTS ON EXPLORING RESILIENCE IN THE FACE OF A PANDEMIC

Fal Desai MSW, RSW / Susin Garber MSW, RSW, Dipl. (Family Mediation) / Sonomi Tanaka MA, RP, CCC

Beginning in March 2020, the world experienced the disruption of the Covid-19 Pandemic. As therapists using play and art with our child, adolescent and family clients, we thought it was important to start a dialogue about the effects of the Covid-19 pandemic on our work. We recognized the significant value in sharing these personal accounts in real-time for purposes of historical documentation, knowledge dissemination, and future implications for play therapy.

Through our dialogues, it became clear that we were all facing similar challenges about transitioning from face-to-face work with clients to TelePlay. At the same time, we started exploring the relevant literature to see if we could find some answers. In particular, we were influenced by the work of Kooperman (2013) who explored the personal and professional issues therapists struggle with during times of crisis. The article shared personal accounts and conversations with colleagues as a framework and we found this to be a powerful approach. Consequently, we were inspired to formulate our own questions and conduct a discussion that was edited into this article.

1. What were some of the challenges of transitioning to TelePlay from in-person private practice?

FAL

From the beginning, the technology was not the hard part for me, but rather what I would call the 'wonderings.' For example, wondering if I'm qualified to do this work, wondering if I should be transitioning to TelePlay so quickly, and wondering how I was going to work without the non-verbal communication I had come to rely on in my face-to-face sessions.

An even bigger challenge for me to figure out, was the collision of my personal and professional worlds that felt so different from anything before. I recently read an article from a psychotherapist (Wade, 2020) who reflected on the emotional discomfort both she and her clients were experiencing simultaneously with the pandemic. For me, the most helpful take away was the author's belief in measured self-disclosure as a therapeutic tool to: normalize clients' emotions, connect with client experiences, and model healthy coping. The article was a good reminder that I could accept my uncomfortable emotional experiences and channel them into being helpful support for my clients and their families.

SUSIN

My challenges are divided into 3 areas:

(1) The loss of normalcy — Both professionally and personally, I struggled with the loss of my normal routine. My workdays now looked different, my professional future was transitioning at a very brisk and uncomfortable pace, and my sense of our collective fate was insecure. The loss of normalcy sparked my anxiety and triggered a realization that private practice would never be the same.

(2) The loss of connection — The loss of connection with my clients and their families was the most challenging aspect of this transition. I craved working in-person with my clients, reading their body cues, feeling their energy, and supporting them from within the confines of our safe and protected therapeutic space.

(3) The loss of feeling secure professionally — Feeling competent is important to me as a practitioner. I invest into my craft by taking training, participating in supervision and peer support, remaining eager to evolve and grow, and working on my personal mental health. The speed of the transition into TelePlay was rattling as it triggered my insecurities and made me question my ability to do this valuable work. I struggled to feel confident professionally and had to patiently grieve the loss of what I knew while simultaneously making peace with what will be created.

SONOMI

I think I had a similar feeling to the loss of normalcy you were talking about Susin. The things that felt so integral to our practice were suddenly not there and so we had to learn to practice in a format where it felt like our hands were tied behind our backs. If I had to explain the main challenge, Allan Schore (2014) articulates it really well, in talking about how implicit communication is such an important part of attachment and the work we do. As therapists, we try to be more aware of the importance of implicit communication but also try to intuitively create a safe space for clients, and that takes an understanding of non-verbal, unconscious level, small gestures and tone. Some of those small gestures can be extended to TelePlay, but some of it is just lost. It's lost in the technological glitches, the audio issues, the noise in the background.

That last bit segues into the second challenge that I had regarding ethical issues. I felt that both myself and my clients suddenly had to adjust to sharing a space with all of our family members at once, being in bedrooms or dens. It's very hard to hold the space the way that I was accustomed to and it's a challenge still sometimes, but the adjustment period was definitely the hardest.

2. What were some of the surprising areas of personal and professional growth from the transition to TelePlay?

SONOMI

We talked about how it was really difficult in the beginning, but eventually it felt a little more comfortable. I had to find a bit of self-compassion in the process to allow for the possibility that the format isn't ideal for all clients or therapists. Not that this meant I shouldn't constantly reflect on ways to improve but that there is room for acknowledging the limitations and challenges of TelePlay.

Teleplay also opened up opportunities for myself and my clients. It became clear that I could possibly work from home going forward, which would affect my ability on who I could treat, and where I could situate myself. This sort of flexibility was also something that clients really appreciated as well.

SUSIN

In terms of personal growth, I cycled through the stages of grief until I reached the point of acceptance. I realized that I could not control everything around me, thus I had to accept that I must learn to let go and focus on my response and understanding. I used the guidance I normally give my teen and kid clients and reminded myself that I have the power to recognize my thoughts and understand how they influence my feelings and behaviour. I made mental health my priority. Inspired by Scott Berinato's (2020) article, I let go of what I could not control, invested in compassion both for myself and those around me, and remained patient as the transition unfolded.

Professionally, this transition to TelePlay encouraged a re-exploration of the tenets of therapy. It was refreshing to go back to basics and invest in being present, hearing the client, not judging the challenges, normalizing the struggles, exploring options, believing in resilience and trusting the process. Ultimately, the transition to TelePlay roused my faith in myself as a flexible and motivated clinician, in my therapeutic community, which is full of innovative practitioners, and most importantly in my clients who are resilient and capable of working through challenges regardless of whether the medium is in-person or online.

3. What are the differences between playing in-person and playing online?

FAL

I had to process my own ambivalent feelings around transitioning to TelePlay and at the same time, help

my clients to process theirs. My clients and families expressed feelings of disappointment, loss, worry, and frustration of no longer coming to in-person sessions. TelePlay did not feel like a natural fit for me. I worried about missing communication cues through the screen. I struggled with reconciling my play therapy principles with the online platform. I found myself thinking about an article I read in Playground Magazine. In her study, the author (Pykhtina, 2014) found that computerized toys were the most helpful when they supported the development of a warm and friendly relationship, and enabled children to lead the play. Subsequently, I have made a conscious habit of approaching all of my teleplay practice from this frame of mind. For example, finding ways to give the lead back to the child through on-line platforms such as virtual therapy rooms or by doing some directive work in the beginning and then letting the child lead through online games, video games, showing/telling about a favourite toy or object at home.

4. How did supervision and training help with the transition to TelePlay?

FAL

Supervision has always been a very important part of my practice and it was especially helpful when I transitioned to TelePlay. Supervision provided a space to share my experiences and process issues of countertransference so that I wasn't taking it back to my sessions. I was lucky that my supervisors were not only experts in the field, but therapists who took the lead in establishing best practices for TelePlay. I looked to them for their guidance on how to navigate the transition to TelePlay and the stress of being a therapist during the coronavirus. The training(s) helped build my practice competence, helped me to understand best practice, and gave me the tools and skills specific to engaging clients in TelePlay. I believe training and supervision provide indispensable support systems for therapists when coping with shared stress experiences.

SUSIN

Supervision and training have been instrumental in keeping me sane. I am blessed to have supervisors who are my respected mentors and key players in the world of play therapy and psychotherapy. Group supervision during this pandemic helped me normalize my reactions to the transition to TelePlay and gave me the opportunity to support my fellow supervisees. When we support our colleagues, we practice the art of compassion. When we demonstrate compassion for others, we are then reminded to share that compassion with ourselves as well. The transition to virtual supervision was very

manageable for me because all my supervision groups remained intact with no change to attendees, structure or supervisor. Supervision was a key source of ethical and practical guidance. For example, our play therapy supervisor, Liana Lowenstein, readily shared with us her updated TelePlay documents thus easing the transition.

In terms of training, it was comforting to have the opportunity to engage in learning during this time of professional instability. Training aided my sense of professional competence and optimism. I have much gratitude to organizations such as CAPT (Canadian Association for Play Therapy), OASW (Ontario Association of Social Workers) and CAST (Canadian Association for Sandplay Therapy) who offered opportunities for both free and discounted training during this transitional time.

SONOMI

I had so much gratitude to be able to see Gary Landreth who I would not have been able to train with before the pandemic, because he had never offered online training, and I couldn't go to the U.S. to see him in person. I was using a more directive approach to adapt to Teleplay and was really struggling with building relationships with some new clients in this new format. Just being reminded of the very fundamentals of how to help a child become more independent and connected was something I really needed.

It was also such a great time to find new training opportunities generously being offered for free like Sophia Ansari and Josue Cardona's (2020) lovely Minecraft webinar. These trainings coupled with peer support to help test drive new interventions were instrumental to feeling comfortable as a Teleplay therapist.

5. How did your peer support system help with the transition to TelePlay?

FAL

This was the most helpful piece for me personally. I was reading an article where the authors (Tosone, Nuttman-Shwartz, & Stephens, 2012), describe the experiences of clinicians exposed to the same community trauma as their clients, and the positive and negative professional and personal changes that can come up for clinicians. In their article, they made the case for supervision, training, and especially peer support to alleviate the negative effects of shared trauma experiences. My peer support group has been invaluable throughout the pandemic and transition to TelePlay. They allowed me to process my emotions in a safe and non-judgmental way. My peer group has also helped normalize some of

my uncomfortable feelings and reduced the isolation of practicing TelePlay in a private practice setting. I have leaned on my peer support system for camaraderie, support, and self-care.

SONOMI

There was definitely a point where I wanted to throw in the towel! Being able to talk to peers about challenges in a really frank way, in a way that might be difficult in other settings, was such a necessary emotional support. I remember reading about mental health practitioners who work in rural areas and they concluded that the best aspects of peer consultation was that it was both a support for clinical and personal well-being, and helped them feel that they were also part of a larger professional community which really grounded the participants (Bailey, Bell, Kalle, & Pawar, 2014). I feel the same way.

SUSIN

Therapy is full of ritual and magic. Magic is found in those indescribable moments that we experience within the safe and protected space that we create for our clients. The rituals of therapy are the unique actions we execute in a customary way that become so very integral to our practice and experience as clinicians. Regular supervision, training and peer support are some of the elements of my ritualized practice. I am very lucky to have access to a safe and flexible peer support group who encourage me through the struggles, comfort me through the stress, and challenge me to explore new interventions and ideas.

Final Thoughts

Through these dialogues which took place over several days, common themes sprouted: the particular importance of training and supervision during times of shared crisis, staying true to core professional values such as remaining devoted to the therapeutic relationship, therapist self-care and relying on the therapeutic community through peer support, and valuing the therapists' flexibility, creativity, and resilience.

We believe that this article has the potential to blossom into further discussion around the difficulties and lessons learned by play therapists during unprecedented moments of great need. We also hope that these discussions will help cultivate structures for enhancing resiliency for future play therapists and the communities they serve. We offer our personal accounts as a way to contribute to the narrative that is currently being moulded, on the evolving role of TelePlay within the field of play therapy.

...continued on page 12



A children's story about finding a way through loss

AUTHOR + ILLUSTRATOR
CURTIS L. WIEBE

Available at:
www.ctrinstitute.com +



CTRI provides training (in-person and online), consulting, books, and free resources in the areas of trauma, mental health, counselling skills, and violence prevention.

Learn more at www.ctrinstitute.com

Other Books by CTRI



References

- Ansari, S., & Cardona J. (2020, May 29). Let's Play Minecraft! [Webinar]. Let's Play Therapy Institute. <https://letsplaytherapy.org/lets-play-minecraft-free/>
- Bailey, I.R., Bell, K.J., Kalle, W.H., Pawar, M.S. (2014). Restoring meaning to supervision through a peer consultation group in rural Australia. *Journal of Social Work Practice*, 28(4), 479-495.
- Berinato, S. (2020). That Discomfort You're Feeling is Grief. *Harvard Business Review*. <https://hbr.org/2020/03/that-discomfort-youre-feeling-is-grief>
- Kooperman, D. (2013). When the Therapist is in Crisis: Personal and Professional Implications for Small Community Psychotherapy Practices. *American Journal of Psychotherapy*, 67(4), 385-403. <https://doi.org/10.1176/appi.psychotherapy.2013.67.4.385>
- Pykhtina, O. (2014). Computerized Toys in Play Therapy: A Barrier or an Opportunity? *Playground*, Fall, 4-7. https://cacpt.com/wp-content/uploads/2014/03/PG-Fall_2014.pdf
- Schore, A. N. (2014). The right brain is dominant in psychotherapy. *Psychotherapy*, 51(3), 388-397.
- Tosone, C., Nuttman-Shwartz, O., & Stephens, T. (2012). Shared Trauma: When the Professional is Personal. *Clinical Social Work Journal* 40(2), 231-239. <https://doi.org/10.1007/s10615-012-0395-0>
- Wade, B. (2020). Psychotherapy in the Age of Coronavirus: A Reflection on Collective Discomfort. *Psychiatric Services*, 71(6), 639-640. <https://doi.org/10.1176/appi.ps.71701>

About the Authors

Fal Desai, MSW, RSW

Fal is a Registered Social Worker and in the process of submitting for full certification as a Play Therapist. Fal provides therapy to children and families to heal, grow, and connect through play. She has a private practice in Markham, ON. Fal can be reached by email at fal@faldesaiterapy.ca or 905-554-2224.

Susin Garber, MSW, RSW, Dipl. (Family Mediation)

www.susingarbertherapy.com

info@susingarbertherapy.com

Susin works in private practice in Thornhill, Ontario from a resilience and strength-based approach. Susin provides therapy to children, adolescents and families. Specialized training in Play Therapy, Sandplay Therapy, CBT, Solution Focused, Family Therapy and Mindfulness.

Sonomi Tanaka, MA, RP, CCC

sonomiktanaka@gmail.com

www.arterie.ca

647-469-4152

Sonomi is a registered psychotherapist who primarily works with children, adolescents and families in the GTA. She has a particular interest in attachment and trauma theory and the role of creativity and play in healing.

CANADIAN ASSOCIATION FOR PLAY THERAPY

We're going virtual to bring you the

2021 ANNUAL GENERAL MEETING AND CONFERENCE APRIL 30 – MAY 2, 2021

As our priorities shift and our work in the mental health sector is under more pressure than we could ever imagine, it is important to connect with colleagues - other play therapists who can relate and support you. The way we work, how we engage, and address challenges has changed. This weekend will provide you with the tools and the support you need to carry you through this crisis we find ourselves maneuvering through.

Join us to meet virtually with CAPT members and leadership.

www.canadianplaytherapy.com

AGM

Friday, April 30, 2021

7:00 – 9:00 p.m.

Eastern Time



CONFERENCE DAY 1

Friday, April 30, 2021

9:00 a.m. – 3:30 p.m.

Nature Play Therapy: A Double Dose of Healing for Children, Teens and Families

Caileigh Flannigan MA, RSW, CPT, CTRP

Jamie Lynn Langley LCSW, RPT-S

CONFERENCE DAYS 2 & 3

Saturday and Sunday, May 1 & 2, 2021

9:00 a.m. – 3:30 p.m.

Facing Crisis through Play and Play Therapy: A Process Based Approach

Claudio Mochi MA, RP, RPT-S

Isabella Cassina MA, TP-S, PhD Candidate

**BUILT IN CANADA.
OUR 9TH YEAR.
YOUR SPECIALTY BUILDER.**

Sand Trays Etc.
Chemainus, B.C.
T: 1-250-715-6825
E: info@sandtrays.ca
visit us at www.sandtrays.ca

3D Printing in Play Therapy

By Ricky McIntyre MSW, RSW, BSW

With all the changes in technologies in our world, it is sometimes hard to keep up with the new trends. 3D printing is slowly becoming part of our lives as it's taking over both the industrial world and also millions of homes of enthusiast printers.

With recent discoveries in the medical world such as using 3D printing for prosthetics and the increase research in 3D printed organs. It makes us wonder how we can use this technology in our own therapeutic



settings. To do so, we must first understand what 3D printing is and its process. By understanding those concepts, we can then develop new creative ideas to incorporate 3D prints in our playrooms. With the variety of prints and materials, it is possible to trigger both the therapist and the child's imagination by creating custom prints. This creativity can also be supported by creating a more inclusive space for our youth by using symbols that are more inclusive in terms of gender, religion and culture. This technology also comes at a reduced cost for the clinician compared to other sources. Although this technology seems to be quite interesting, it does come with some complications.

To understand the impact that 3D printing can have on our practice as therapist, we need to first understand what it is and how it has evolved over the past years. It was first started in the 1980's by Charles Hull (Shahrubudin et al., 2019). Little did he know at the time how the variety of use his invention would have. 3D Printing use used in different way across the world but a mass of costumers. Open source designs can be found in fields such as research, medical fields, car fabrication, it is also used in different industrial settings, agriculture, hobbies, etc. (Keeles, 2017).

Throughout the years, different methods of 3D printing have been developed. Currently, the most common household method is called material extrusion (Shahrubudin et al. 2019). This process simply heats up a filament of plastic and deposit fine layers of plastic in a specific path that can create shapes and objects. Different materials such as metals, nylon, ceramic, plastics, etc. can also be used. The technology is also evolving to be able to print with different edible materials such as chocolate. The most popular one for household use is Polylactic Acid (PLA). PLA is a polyester that is made from renewable resources such as corn starch and sugar cane it is both biodegradable and approved by the U.S. Food and Drug Administration (Garcia Ibarra et al.

(2016). PLA is available in different colors, textures and blends to give more options and freedom to the creators of the printed object.

That last element is where 3D printing becomes relevant to our field of work. **With all the possibilities that can be created with these prints, how is this technology beneficial for our work? Printing is a fun and engaging way to spark creativity in our clients.** With millions of free open source websites, it is possible for us to print or customize our miniature to match our client's interests and needs. The technology has evolved enough that it is now possible for people to create their own miniature of themselves using pictures and softwares such as Zbrush or Sculptiris. With this type of technologies, we can create a whole way of doing sand play therapy and role-playing games with our clients. A great example of this type of intervention would be adventure-based therapy using miniature of the child and characters that he selected to be part of his adventure.

That creativity can also be expended in other aspect of the many materials such as PLA can be painted using simple acrylic paint. Painting PLA with the child can be in itself a great way to connect with the child and teach self-regulation skills. But more importantly, painting the miniature themselves will let the child explore his own need for diversity. We all know as therapist how challenging it can be to find different miniature to represent all gender, race, religion and other aspects of diversity. By letting the child choose his own figurines and colors, we can help fill some of the gaps in the availability of products. A child can easily paint a character to have the same skin tones as them and to have similar features. We can also recreate symbols that would have a specific meaning for a child from a different country or religious background. This is a new way for us therapist to easily create a more inclusive space for our youth.

One last interesting aspect of 3D printing is the cost. Machines used to be well over 1000\$ for an entry level machine. It is now possible to get a good quality machine for less than 500\$ and to get a kilogram of material for about 30-35\$ depending on the quality. An example of this would be the dog in the pictures which cost about a dollar to print. That same figurine would probably be at least 5 times that price online. The dragon cost about 3\$ to make and would easily cost 10\$ to buy in a store.

3D printing is not a perfect technology and does have some inconveniences. It does require a powerful computer and a bit of knowledge. It is a learning curve to learn the details of how to use the machine and the softwares. Luckily, it is a blooming field with thousands of forums and free resources such as tutorials and videos. This is especially helpful for beginners and those who

don't trust their computer skills. With new technologies and ideas emerging every week, it is reassuring to know that the community is active and supportive of projects such as using the technology for helping others.

Even if PLA itself is very durable and sturdy, there is always a risk of prints breaking as we play with them, just like any of our toys. Other materials can offer more flexible prints depending on the need. It is also possible to make certain prints with moveable parts that can make the print more realistic or alive.

Another disadvantage of this technology is that it is a very slow process. Printing pieces such as the dog can take 2-3 hours. The dragon took well over 24 hours to produce, plus there is a risk of error and the need to reprint some of your miniature. This time means that it's hard to print a miniature for the current session and needs to be organized in advance.

With the evolution of this technology, we are discovering new ways to create objects to fill our everyday needs. This can also be true in our toolbox as therapist. **With 3D printing, we can create a new exciting world where children can customize their figurines to show us their world.** With the customization of our miniature, we can create safer, more inclusive spaces for our little ones, while saving a few dollars. Even if we make mistakes while making our prints and our miniature end up breaking, we can still use them. The beauty of Play therapy is that even broken pieces and broken figurines can be important in our play space to help our little ones express themselves.

References:

- Shahrubudin, N., Lee, T.C., Ramlan, R. (2019). An Overview on 3D Printing Technology: Technological, Materials, and Applications. *Procedia Manufacturing*, 35, pp 1286-1296. <https://doi.org/10.1016/j.promfg.2019.06.089>
- Keles, O., Blevins, C.W. & Bowman, K.J., (2017). Effect of build orientation on the mechanical reliability of 3D printed ABS. *Rapid Prototyping Journal*, 23 (2), pp. 320-328.
- Garcia Ibarra, V., Sendón, R., Rodríguez-Bernaldo de Quirós, A. (2016). *Antimicrobial Food Packaging*. Academic Press, Cambridge, MA.

About the Author

Ricky McIntyre, MSW, RSW, BSW is a school social worker in the Francophone School District and a private therapist. He lives in Saint John, New Brunswick and is in the process of becoming a certified play therapist. Ricky is also on the Board of Directors of the Canadian Association for Child Play Therapy.

Ricky McIntyre

Rickyjm13@gmail.com

506-875-2388

...continued on page 16

GET CONNECTED!

**Have you heard about
the play therapy
mentor program?**



Theresa Fraser, Canadian Association for Play Therapy President and owner of Maritime Play Therapy training center in Nova Scotia, recognized therapist's need for extra support during the COVID-19 pandemic.

Through the mentor program, therapists across the country, with varying levels of experience and qualifications are matched in a duo as a resource for support and learning. Here's what some matched mentors are saying:

"I asked for a peer mentor match because I have been working virtually in Ontario since the pandemic began. I am now very isolated in my work, and knew that the mentor program would be a great way to feel supported and connected. My peer mentor is located in Nova Scotia, so it was really great to hear about practice there as well as how my mentor has coped and adapted her practice during the pandemic. Although we are in two different provinces with different restrictions, we also have many experiences in common including feeling fatigue, finding the bright spots, and looking to the future. I look forward to meeting with my mentor again soon"

- Billie-Jo Bennett, MSW RSW CPT

"Like many therapists across the country and around the world, I made the switch to working virtually when the pandemic began. As a newcomer to this field, I turned to social media for connections, ideas and support. Ms. Fraser matched me with 2 experienced mentors in Ontario. To hear that others were also experiencing varying degrees of isolation and fatigue was just what I needed. The creative ways they are managing the pandemic are inspiring. I'm so thankful to be matched with these amazing mentors and I look forward to meeting with them again soon!"

- Natalie Hache, RCT(c)

If you are interested in being matched with a peer mentor, contact Theresa Fraser at theresaannfraser@gmail.com. She will match you with a peer somewhere across the country!

A Thank You to Lorie Walton CPT-S



For many years, Lorie Walton volunteered as Chair of the Publications Committee and editor of Playground Magazine. CAPT would like to extend gratitude and a huge thankyou to Lorie for her hard work, dedication, and excellence in putting

together so many wonderful editions of Playground Magazine on behalf of the Canadian Association for Play Therapy.



It's coming soon!

An all Canadian book entitled:

Using teleplay in virtual care

Published by Maritime Play Therapy Centre.

Contributing authors include:

Billie-Jo Bennett
Theresa Fraser
Fateme Heshmati
Harper Johnston
Cynthia Manley
Nicole Perryman
Brenda Sousa
Mary Ventrella
Lorie Walton

Available digitally and in hard copy in 2021.

The 2020 Monica Herbert Award

Margot Sippel RP, CPT-S, Registered Art Therapist



In 2020, at the Canadian Association for Play Therapy's Annual General Meeting (AGM), The Monica Herbert Award was presented. This award is an annual award which recognizes outstanding achievements in or contributions to the field of play therapy in Canada. Recipients would have made a significant impact on CAPT through dedication, competence, and exceptional performance,

The Board of Directors of CAPT was honoured to present the first on-line offering of the 2020 Monica Herbert Award to Margot Sippel. Margot is a long-time member of CAPT and loyal supporter and volunteer. Margot is a Registered Psychotherapist and Registered Art Therapist in Ontario. She is Certified as a Play Therapist Supervisor through CAPT and has been using art therapy in a variety of settings for decades. Margot also co-authored the first Canadian textbook, *Hand in Hand: Practical Application of Art and Play Therapy*.

Margot is a regular instructor in CAPT's Foundation Play Therapy Training. She taught in CAPT's special 3-day Certificates in Art Techniques in Art Counselling and is positive and encouraging. She volunteers on the Education Committee of CAPT in helping shape the excellence of CAPT's training programs throughout the year. Her teaching and facilitation style is down to earth and practical, integrated into the new style of teaching TelePlay on-line.

During her 35 years of teaching and supervising in the School of Health Sciences and Human Services at Fanshawe College in London, Margot frequently organized and led field placements in Central America with inter-professional teams utilizing play and art therapy. Upon retiring, Margot became the first female Professor Emeritus at Fanshawe. She maintains a private practice and acted as the Art Therapist on the Psychiatric Unit in Goderich.

The Members, Management Team and Board of Directors of CAPT congratulate Margot on the receipt of this very well-deserved award. We will pay tribute to Margot in a more formal way when life settles down from COVID restrictions and we can honour her face to face.



We're going virtual to bring you the **2021 CAPT Play Therapy Conference**

Spring is Just Around the Corner, Let's Get Creative Outdoors!

Friday, April 30, 2021

9:00 a.m. to 3:30 p.m. Eastern Time

Introducing

Nature Play Therapy : A Double Dose of Healing for Children, Teens and Families

with **Caileigh Flannigan** MA, RSW, CPT, CTRP and **Jamie Lynn Langley** LCSW, RPT-S

OUTLINE FOR THE DAY

ROOTS: Theoretical Foundations

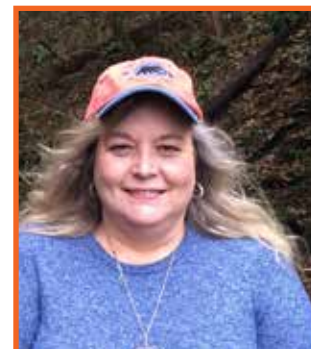
Participants will learn nature's many benefits to our mind, body, and emotions. We will explore the research that considers how spending time in nature effects our physiology, chemistry, and health – from childhood into late adulthood. Certified and Aspiring Play Therapist's will be provided the opportunity to explore their own theoretical orientations and how Nature Play Therapy can be embedded within these.

TRUNK: The Importance Today

Participants will have a deeper understanding of why Nature Play is especially important today and will further explore topics such as, Nature Deficit Disorder, Vitamin N, and the 12 Nature C's. We will consider the factors related to the current decline of unstructured Nature Play and how this is influencing mental health, physical health, and social/emotional health. We will provide a review of risk-taking in Nature Play with focus on Hummingbird vs. Helicopter parenting styles. Practical considerations such as clothing and seasonal influences will be discussed. Ethical considerations and liability in Nature Play Therapy will be reviewed, as well as how we maintain our ethical responsibilities and respect towards nature and the environment. We will explore how to adapt Nature Play for all children and families of varying socioeconomic status, culture, race, and those living in rural/city environments.

BRANCHES: Interventions/Activities

We will explore the variety of Nature Play Therapy interventions that can be used with children, youth, and families in-person or adapted to Tele Health. For example: Non-Directive and Directive approaches, Loose Parts Play, Risky-Play, Sensory Play, Mindfulness, Grounding, Forest Bathing, Art Based approaches, Mandalas and Sandals, Nature Kits, Life Cycles, Journaling, Music, and others. We will discuss how to make natural changes to your Play Therapy room, and we will even be practicing some Nature Play Therapy activities together.



Caileigh Flannigan MA, RSW, CPT, CTRP

Caileigh's place of business is Cobourg, Ontario and she supports children's mental health and development through her role as a Certified Play Therapist and Registered Social Worker. As well, Caileigh is a Certified Trauma and Resiliency Practitioner and Certified AutPlay® Therapist. Outside of her career, Caileigh is a published outdoor play and loose parts researcher. She advocates for play opportunities in early childhood settings, and has helped to develop natural outdoor play spaces, natural playgrounds, and child friendly gardens within city spaces. She facilitates professional workshops across Canada and is an online author for multiple internet blogs and websites.

Jamie Lynn Langley LCSW, RPT-S

Jamie is a Licensed Clinical Social Worker and Registered Play Therapist-Supervisor in Smyrna, TN, which is right outside of Nashville. With over 30 years experience working with children and families, Jamie worked within community mental health before opening her private practice in late 2016.

Her primary specialty is play therapy, in which she often incorporates creativity and expressive arts, including sandtray, games, puppetry and nature. Jamie also enjoys supervising, presenting, and training and teaches as adjunct faculty with Middle Tennessee State University (MTSU). Jamie was one of the co-founders for the Tennessee Association for Play Therapy and currently serves as its President. Drawing upon nature experiences with her family as well as a Cub Scout leader for 15 years, Jamie utilizes a growing number of nature-based approaches to the child and family play therapy she provides and is writing and presenting more on Nature Play Therapy throughout the states and internationally.

Jamie is currently working on a collaborative book with several other play therapists titled "Nature-Based Play and Expressive Therapies" and has a chapter "Nature Play Therapy and Telehealth: How Green Time and Screen Time Can Play Well Together" in the upcoming book: Telehealth and Play Therapy: Foundations, Populations, and Interventions by Jessica Stone (ed.) As Jamie likes to say: "Nature Play is my healing way" and she hopes to help others experience this as well.



Puppet Assisted Play Therapy (PAPT®) in the Virtual World

By Cheryl Hulburd MSW, RSW, RPT, CPT, EMDR Certified

While conducting workshops and training seminars in Puppet Assisted Play Therapy in the United States and Canada, I often hear mental health practitioners say they are aware of the booming interest in puppets but have no idea how to effectively integrate them into their own practice.

Now, more than ever, fully engaging children in the therapeutic process can be challenging. Tele-health has made treatment difficult at times. For example, a few weeks ago during a session online, I had the honour and privilege of being put into my client's pocket to go for a bike ride and visit the neighborhood. Although the ride was exciting, I told the child I could not see anything but black and was having a hard time breathing! The following session was more productive with the use of puppets.

New and innovative ideas have been created to hold interest and inspire children in front of the screen. Engagement is paramount. What else is more engaging and entertaining than a puppet who talks, dances, and sings on their computer? After all, as the saying goes; two heads are better than one!

The silver lining of play therapy during covid-19 is illustrated below. This virtual treatment is PAPT with style. Jim Benton says it best...

A worldwide industry sells birthday party theme supplies. Children love themes. Have you ever considered having a theme in your playroom that blends in with your puppet? Art, music, stories, drama, and crafts can all be built around your theme. Herman the turtle, is my puppet

assistant in the playroom. He is loved by all. Herman's personality and unique smile captures the interest, intrigue, imagination, and motivation of children, thereby enhancing their healing process.

The reason PAPT effectively reaches troubled children and their families is that PAPT has its foundation in evidence-based neurobiological research. Brain integration is accomplished with positive associations in the brain with the use of puppet play.

Puppetry's positive neurological effects are established with creativity and spontaneity. Puppets reach troubled children and their families. A Meta-analysis research reports on the efficacy of play (Rae, 2006). It works!

Puppets provide a safe environment of children to recount their experiences. It allows children to process an event or experience in a non-threatening way. This is because the use of puppets creates from the child's actual story. When the child uses puppets, the puppet provides a medium that incorporates only one part of the child-their hand.

Numerous techniques of all facets of the therapeutic process are included in the book, Puppet Assisted Play therapy: Theory Research and Practice. Let your puppet, the assistant, facilitate the session. Children think they are more fun to work with than you are and they find puppets riveting. Also, let the children introduce their puppets to you from their home.

Puppet shows online add to the dimension of Play Therapy. Before the session, ask the parents to gather an old sock and some supplies to design and build a puppet at their home while you are online in session. Get their creative juices going with items laying around the house.



Hangers for wire, buttons or washers for eyes, ribbon or yarn for hair, old pieces of fabric to decorate, mom's old jewelry, glue, plastic ties, markers etc. If they don't have socks available try mittens, tongue depressors, popsicle sticks, paper plates, or paper bags. A simple sewing lesson online can also supplement and engage children with this process. The sky is the limit. As a therapist, your imagination and encouragement will inspire the child and parent's involvement as well.

One of my favorite engagement techniques is Peek a Boo. How easy it is on the computer. The human therapist need not be present. Only the puppet assistant plays this game. Small children adore playing the peek a boo game.

Perhaps you use CBT strategies. Any puppet (or therapist) can create a story about the child you are working with and transforms them into in the puppet's world. Imagery can be shared from the puppet assistant. They even read stories. My service dog loves listening and watching Herman. Virtual dialogue can also be quite lively with all these personalities; the client, you, your assistant, extra puppets, dogs, parents... The more the merrier.

Most Play Therapy ideas can be adapted to PAPT®. If you are a solution focused therapist, perhaps a genie, wizard or magician can ask the miracle question; If you had one wish and it comes true, what would tomorrow morning look like to you?

Puppetry used with Filial Therapy, teaching parents to implement play therapy, is a wonderful avenue for attachment and connection. The puppets can be played with to reinforce the session and give the child a new friend. Virtual EMDR can use the puppet assistant to preform BLS/DAS, metaphorical work, in Jungian play therapy is intrinsic to puppet play, the list goes on.

For those of you who would like additional ideas and have been waiting – it is finally available! Puppet Assisted Play Therapy; Theory Research and Practice is an integrative and comprehensive book which guides you into the incredible world of PAPT.

My wish is that you and the children will benefit from the wonderful art of puppetry and PAPT.

References:

Ray, D. C. (2006). Evidence-Based Play Therapy. In C. E. Schaefer & H. G. Kaduson (Eds.), *Contemporary play therapy: Theory, research, and practice* (p. 136–157). Guilford Press.

About The Author

Cheryl Hulburd MSW,RSW,RPT,CPT, EMDR Certified, is a social worker at Fernie Counseling & Consulting who lives, works and plays in Fernie, British Columbia. She is a certified and registered play therapist, family law mediator, EMDR Approved Consultant candidate, a former director of the Canadian Association of Play Therapy, an international social worker and publisher of the new book, Puppet Assisted Play Therapy PAPT® – Theory Research and Practice.

Healing Spaces

Healing Spaces is an ongoing article in Playground. If you would like your therapy playroom to be featured please contact Theresa Fraser at theresaannfraser@gmail.com.

Cynthia Manley originally hails from the United States. She previously was a Special Education Teacher supporting children on the autism spectrum as well as children with other specialized needs in the US and Canada. After completing her MA in Professional Mental Health Counselling and her play therapy foundation training, she is working towards certification as a Certified Play Therapist in New Glasgow Nova Scotia.

1. How long have you been practicing play therapy?

I did my internship at a play therapy practice in Salem, Oregon and have been practicing Play Therapy ever since. It's been about four and a half years.

2. What drew you to the field of Play Therapy?

My path to Play Therapy began with a large detour. I was a Special Education teacher for about 20 years before I became a counsellor. One of the most valuable things I learned through my experiences in education, is that children communicate through actions, behaviours, and play. I knew that if I was going to try and help them through difficult emotions in my role as a counsellor, I would need to find a way to incorporate play into the process. One of my first classes in the Masters in Counselling program at Lewis and Clark College, in Portland, Oregon, was called "Introduction to Expressive Arts Therapies." My professor was Dr. Peter Mortola, who taught us about the work of Violet Oaklander. She does play and expressive arts therapies based in Gestalt therapy, using lots of projective techniques. We learned how we could work with clients using all sorts of modalities including pictures, sand tray, and clay. I took another course in my Master's program, taught by Dr. Stella Kerl-McClain, called "Creative Interventions in Counselling." That was my first time using creative and play-based modalities in a non-directive way. My experiences in those classes confirmed for me that, as a therapist, my work would have to be non-directive and based around play and art-based interventions.

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

In my heart, I am a Rogerian. When I first read about Carl Rogers' Core Conditions, they resonated so much for me, because they explained so many of the things I had seen working with children with Special Needs. Back when I was teacher, I used to say to other staff members that in our work with young students, it's all about the relationships we build with them. As adults we often have to ask children to do things they don't want to do. In school I had to ask them to do academic tasks and follow schedules. As a therapist I have to ask children sometimes to walk me through some of their most difficult emotions and shattering experiences. I can only do that if they feel my unconditional positive regard, and my empathetic understanding of them and their perspective. Over my years as a teacher, I learned that if I provided the right supports including emotional validation, resilience building, as well as structure and limits, children would do much of the work they needed to do in order to regulate their emotions and manage their sensory needs. Each child has unique and changing needs around direction and support from me and I had to learn to attune to that, and develop a deep sense of curiosity and observation in myself. I learned that it was up to me to provide the "necessary and sufficient" elements in the environment, and then to trust the child to know and to do what they needed. Those lessons were a natural evolution, for me, to Child-Centered or Rogerian work.



4. What is your favourite technique and why?

I love sand tray. It is such a beautiful way for children to tell their stories or show me how their world feels to them. They don't have to be able to draw or have any particular skill to use it. They don't even have to be able to talk. Sand tray also offers the calming, tactile experience of the sand itself.

5. What is your play therapy environment like?

My play therapy office is located in downtown New Glasgow, Nova Scotia. It is in a rural part of the province, about 90 minutes from Halifax. My playroom has big windows that let in lots of light from outdoors, and a mural on the wall that features a dragon floating in the sky above an ocean at sunset. My son, Rory, painted the mural for me. There is a sand tray with plenty of miniatures on low shelves. There is plenty of room to toss a ball back and forth or get chased around at sword-point. I have costumes, puppets, art supplies, a play kitchen and dolls.

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

I have the good fortune to have worked with two amazing supervisors on two coasts from two nations. I began my

Play Therapy training in Salem Oregon, with Corinne Elms, LPC. She trained in child-centered play therapy at George Fox University in Newberg, Oregon with Daniel Sweeney, and in Synergetic Play Therapy with Lisa Dion in Boulder, Colorado. Corinne was my supervisor for my internship and for my first job as a counsellor. I had been struggling to find an internship at the end of my coursework at Lewis and Clark. Someone asked me to describe my dream internship, and I said something about play therapy and therapeutic yoga for children. After no success finding anything like that near by, I went online late one night, and found Corinne's practice. Her office was about 112 kilometres from my home, but it was exactly what I was looking for. I sent an email, went for an interview the next day, and in less than a week found myself working in my dream internship. I am grateful I had so many chances to watch Corinne work before I jumped into counselling with clients. At her practice I had the opportunity to work in exactly the way I had dreamed of – completely child-centered. I also got to have some foundational training in Synergetic Play Therapy, which combines child-centered play therapy with interpersonal neuro-biology, attachment and mindfulness. I also got to teach therapeutic yoga classes, and ended up getting certified in Yoga Calm.

As much as I loved my time working with Corinne, I ended up, for a variety of reasons not relevant to this article, moving to Durham, Nova Scotia. I met my second play therapy supervisor, Theresa Fraser, about a year



after I moved. She relocated from Toronto to rural Nova Scotia (about 10 kilometres from me) around the same time I came to Nova Scotia from Portland, Oregon. The first time we met in person, we sat down across from each other and almost at the same time asked each other, "What are you doing here?" Theresa is a prescriptive play therapist who is also non-directive. She was my supervisor and also my teacher in the play therapy course for certification as a play therapist in Canada. She encouraged me to build on my own non-directive roots and incorporate Theraplay, TF-CBT and many other approaches into my work. She showed me how I can integrate approaches and techniques to best meet my client where they are.

New play therapists who are looking for supervisors or clinical experiences should imagine their dream setting, be clear about theoretical orientation, and keep searching for that person who is a fit for you. I was so blessed to find two people, very different from each other in many ways, who were both people I could talk to and who shared my values. It was absolutely worth waiting and searching to find them. Also, if you have opportunities to watch your supervisor work, grab them. Once you start working, it's harder to find situations where you can watch someone else working with clients. Lastly, get trained in some of your supervisor's areas of interest. It expands your own skill set and perspectives.

7. What do you do to practice self-care?

I go to yoga classes as often as I can. When I moved to rural Nova Scotia, I had some trouble finding yoga classes

at first, but now there is a studio in my office building as well as classes in my area. I have also found some online classes in Halifax that work well with my schedule. I log in, do a yoga class in my office, and then see clients about 30 minutes after I finish. I have also started a meditation practice using an app called Ten Percent Happier. In addition, I started a peer supervision group with some friends of mine from Play Therapy training.

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?

I opened my practice on 14 February 2020, on the cusp of a worldwide pandemic. That means that I am currently hoping for change, but wanting to stay the same down the long road. Because of the pandemic, I had to learn quickly how to see clients online, and then, after many months, how to work in person safely. When I think about the future, I hope to be able to do things like offer Yoga Calm classes or groups that are not safe just now. That being said, I can't imagine doing anything other than play therapy. It took me 20 years to get here and I feel like I have come home professionally in so many ways. In 10 years, I would like to see a raised awareness of play therapy in my community as well as better mental health support for clients who need care beyond what I can offer. I want to keep learning and growing my skills. No matter what changes come though, I will still and always be a play therapist.

The Difference Between the Professional Regulated College and the Professional Association



Many Certified members of CAPT are also members of a regulated provincial “College” in the various provinces and territories across Canada. As a fully Certified member of CAPT, there is a requirement that you be affiliated with the professional regulated 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 CAPT as well!

In simple terms, the College is formed for the **protection of the public**. The Association is formed **to support and protect the growth, advocacy, training and ongoing support of the member** which is you.

To elaborate and more specifically:

The Value of Belonging to the Association – Canadian Association for Play Therapy (CAPT)

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

The ways in which CAPT can 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 play therapy in each province.
- Promote and enhance the understanding of 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 continuing education programs.
- To engage in the practice of knowledge management for clinicians and therapists in order that they remain current in the practice of play therapy.

- To provide a place to network with play therapists in similar areas of practice.
- To access services and products specific to the field of play therapy.

CAPT works for you, on your behalf as a professional 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.

CAPT as a Standard Setting Body

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

In order to be a fully Certified Play Therapist with CAPT, you must maintain status as a certified, licensed, or registered member-in-good standing with a license to independently provide clinical mental health services in a Canadian professional (regulated) association or governing body.



100% SAFE
+ CLEAN!

The World's Safest Sand!



CHECK OUT OUR SAND!

White Play Sand

FINE GRAIN + SPARKLING WHITE

Imagine children inspired by the simplicity of soft granular sand. Watch as they dig, pile, sift and compact. This indoor / outdoor sand is perfect for use with sand & water tables, sand boxes, playgrounds and more. Get yours today!

Therapy Play Sand

COARSE GRAIN + NATURAL WHITE

A clean, coarse play sand for play therapy professionals, sand trays, sand & water tables, sensory activity tables and in-home or office applications. Watch as kids create a world full of wonder and meaning with play therapy toys while developing fine motor skills, intellect, visualization and social conduct.



Sandtastik Products Ltd. | sandtastik.com

P: 905.734.7340 TF: 800.845.3845 E: info@sandtastik.com

Become a dealer! Visit SandtastikProducts.com

Order online! We ship UPS Daily.