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

Playground

September 2010

To Analyze or Not to Analyze – That is the Question

In the Spirit: Using Filial Therapy with Our First Nations People

The Influence of Play Therapy on Classroom Management

CANADIAN ASSOCIATION FOR CHILD AND PLAY THERAPY

CACPT Announces Two Play Therapy Certificate programs in Canada!!!

CACPT
Play Therapy Certificate Program

The Play Therapy Certificate Program is an intensive training course run by the Canadian Association for Child and Play Therapy (CACPT). The program is the only one of its kind in Canada, is 30 days in length.

The Program Covers

1. **Theory and Approaches:** Play Therapy Process, Theoretical Models, Assessment, Family Play Therapy, Group Work, Filial Therapy, Theraplay.
2. **Techniques:** Sandtray, Puppets, Storytelling, Games, Art.
3. **Populations:** Trauma, Abuse, Grief & Loss, Attachment, Learning Disabilities, ODD, Anxiety.

Ottawa, Ontario, January – December 2011
London, Ontario, May – June 2011

LEVEL I

The students will be introduced to the history of play therapy, rationale for the use of play in therapy, various therapeutic powers of play, theoretical approaches to play therapy, and phases of play therapy. Practical material will also be provided, including how to develop therapeutic rapport, conduct a play therapy assessment, develop a treatment plan and incorporate play into family sessions. Best-practice tips on record keeping and other ethical issues will also be provided, as well as research to support the effectiveness of play therapy.

LEVEL II

The students will be introduced to a number of play therapy techniques and approaches including Sandtray, Puppetry, Storytelling, Group Play Therapy, Art Therapy, Filial Therapy, and Narrative Therapy. Play therapy approaches to treating attachment disorders will be presented. A course on Brain Research is offered to provide students with cutting edge knowledge and theory.

LEVEL III

This level will focus on play therapy with various populations, such as trauma, child abuse, bereavement, learning disabilities, pervasive development disorders, depression, and anxiety. Students will also learn how to set up an ethical play therapy practice, and testify in court. The last day of the program will focus on self-care and students will have an opportunity to develop their own creative program to foster personal growth and prevent burnout.

CACPT is known throughout the world as the premier association for its high quality educational workshops and programs. Join us in January 2011 for this exciting new program in Ottawa.

The program will be presented in three day and four day sessions every month in 2011 on Thursday, Friday and Saturday with some alterations to the schedule in July and December. August will be open.

For further information visit **www.cacpt.com** or call **(519) 827 1506**

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Playground
Canadian Association for Child and Play Therapy

Contents

Hello from the President

Hello and welcome to Playground!

I am honored to have been voted your new C.A.C.P.T. Board President and am thankful that our Past President Lorie Walton is committed to supporting our entire board in our next phase of service to you- our membership. We also have part time staff Elizabeth Sharpe as our Executive Director, Kip Sharpe as our Advertising and Playground Coordinator and give a big 2010 welcome to Robin Kowall who manages membership and assists in the certification process.

At the age of 17 I read Dibs in search of self and knew that Play Therapy was to be my profession. However, there was no formalized Play Therapy training in the 80's in Canada so the closest profession that utilized the power of Play was as a Child Care Worker. Thus my career began in the Children's Mental Health field. First as a Child Care Worker (a.k.a. Child and Youth Worker), then Family/Youth Counsellor, Community Mental Health Supervisor, Treatment Foster Parent, Youth Minister, Foster Family Resource Worker to ultimately a Play Therapist. The learning acquired in each of these roles contributes to my effectiveness as a Canadian Play Therapist and I am still growing! I have also worked on many different boards over the last twenty years taking on a variety of roles including that of Chair Person. In October I am attending the APT conference to attend my graduation from the Leadership Academy which assists participants in learning about the policy governance model of Board involvement.

I am very excited to be able to contribute to our association in a formalized role and am thankful that we have other experienced and passionate board members who are also eager to serve our association in the coming year.

Please note the names of our Board members as well as the names of the part of Canada that they practice in. Since 2006 C.A.C.P.T. has endeavored to become a National Association that supports not only current members but those interested in becoming involved in our Profession. We continue to increase our membership but need each member's assistance to spread the C.A.C.P.T. vision in our own communities.

I have had the pleasure for the last three years to be part of an International Study group where therapists from around the world share their passion, ideas and challenges with other therapists. From this experience I have learned that we have much in common but can be easily isolated from other Play Therapists.

My vision for our Association is that we become more connected with each other and loudly share our achievements as a motivating force for newer members. This means that we all need to be writing more, not only for Playground but other magazines and journals. We also need to be presenting workshops for conferences. Look to the APT web site for the names of Canadian therapists who are sharing their knowledge with our American colleagues at the October conference in Kentucky. We hope some of them will proudly wear one of our new CACPT golf shirts or vests that can be purchased in our CACPT marketplace.

It is also my hope that we become more committed to involve research in our clinical practice. We also need to consistently find other therapists who can provide us with mentorship and peer support so our membership increases as well as does the quality of services that we provide vulnerable clients.

If you present a workshop that is Play Therapy based for a local foster parent agency, or early years conference or other community group, please email kip@cacpt.com. We would like to proudly list these events on the regional news pages of web page.

The more stakeholders learn about what Play Therapists offer – the more children will receive necessary services. It is my belief that it is our responsibility to share what we know about the therapeutic powers of play as well as how different models are integrated to create the treatment plan needed for each client served.

In doing so it is likely that we will increase our membership as we are THE Canadian association that promotes Play Therapy.

Please contact me at theresafraser@rogers.com if you have any questions or ideas. If I can't assist you, I will locate another CACPT member or staff person who will try to do so. Also, even though they are employed by CACPT on a part-time basis, Elizabeth, Kip and Robin are quick to respond to emails when contacted at our Head Office.

Lastly, I hope you savour this issue of Playground. There is something of interest in every article and perhaps in a future issue we will hear from you or you will advertise your program or a service that you are providing in your community. We are also asking members to forward the name of one person in your community (perhaps your local pediatrician) so we can increase our circulation and continue to promote play therapy in Canada.

Theresa Fraser
C.C.W.(C.Y.C. Cert), M.A.
Certified Child Psychotherapist and Play Therapist
President of C.A.C.P.T.

www.theresafraser.com

Update from your Executive Director

Executive Director's Report

As we ramp up for fall, our focus is on growth and education at the CACPT Headquarters. Our new Board of Directors is representative of the entire country and we are looking forward to a productive and exciting year ahead.

The exciting news is that we are presenting a new CACPT Play Therapy Certificate program starting in January 2011 in Ottawa! This new program will be spread out over the period of the entire year in approximately three day segments per month. We will still hold our London ON program in the May-June timeframe. With the two calendar options for training, we hope to accommodate even more interested play therapy students over the period of 2011 from across Canada and the world. Watch our website for more details.

With our focus on growth this year, we plan to launch a new on-line option for the membership renewal period in October. This will allow our members to pay for their memberships through our on-line system and to print off their own receipts with no waiting period. Internally, we are very excited about the reporting our new system will offer as well so we are able to keep our Board of Directors informed of membership activities throughout the year.

The date set for our Annual General Meeting and Workshop is April 29-30th, 2011. The meeting will be held in Guelph, Ontario. Please mark this on your calendar. You won't want to miss a Workshop that will be presented by Dr. Athena Drewes. Dr. Athena A. Drewes is a licensed child psychologist and Registered Play Therapist and Supervisor. She is Director of Clinical Training and APA-Accredited Doctoral Internship at Astor Services for Children and Families, a large multi-service nonprofit mental health agency in New York. She has over 25 years clinical experience in working with sexually abused and traumatized children and adolescents in school, outpatient and inpatient settings. She has been a clinical supervisor for over 15 years. She is a former Board of Director of the Association for Play Therapy and Founder/Past President of New York Association for Play Therapy. More details on the location of the workshop will be provided in the near future.

I look forward to a wonderful year of growth and education with you! Have a great fall season. Watch our website and e-newsletters for new information.

Respectfully submitted

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

CACPT'S Annual Two Day Training Workshop and Annual General Meeting

Book Your Calendar!

April 29 and 30, 2011

Guelph Ontario

Presenting Dr. Athena Drewes, Rhinebeck, New York.

Dr. Athena A. Drewes is a licensed child psychologist and Registered Play Therapist and Supervisor. She is Director of Clinical Training and APA-Accredited Doctoral Internship at Astor Services for Children and Families, a large multi-service nonprofit mental health agency in New York. She has over 25 years clinical experience in working with sexually abused and traumatized children and adolescents in school, outpatient and inpatient settings. She has been a clinical supervisor for over 15 years. She is a former Board of Director of the Association for Play Therapy and Founder/Past President of New York Association for Play Therapy. She has written and lectured extensively in the US and internationally on play therapy. Her books include School-based Play Therapy; Cultural Issues in Play Therapy; Supervision Can be Playful: Techniques for Child and Play Therapy Supervisors; Blending Play Therapy with Cognitive Behavioral Therapy: Evidence-Based and other Effective Treatments and Techniques, and School-based Play Therapy: Second Edition.

Further details on the workshop will be provided in the near future at www.cacpt.com.

Play Therapy Certificate Program

Call for Proposals

The Canadian Association for Child & Play Therapy (CACPT) is accepting proposals for play therapy courses taught in the Play Therapy Certificate Program at www.cacpt.com. If you are a play therapist with teaching experience and you would like to join our faculty, please contact Elizabeth Sharpe, Executive Director to receive an application form and complete details.

elizabeth@cacpt.com

To Analyze or Not to Analyze – That is the Question

by **Nicole Brickell** (Lead Art Therapist of 'Art Psychotherapy Counselling Services')

A projective drawing art directive was given to an adolescent male client whom I have been seeing in art therapy for a period of 3 years. The directive asked the client to 'Make a tree drawing that is representational to you'. Art materials and a piece of paper were laid out for the client to choose from and he was eager to begin.

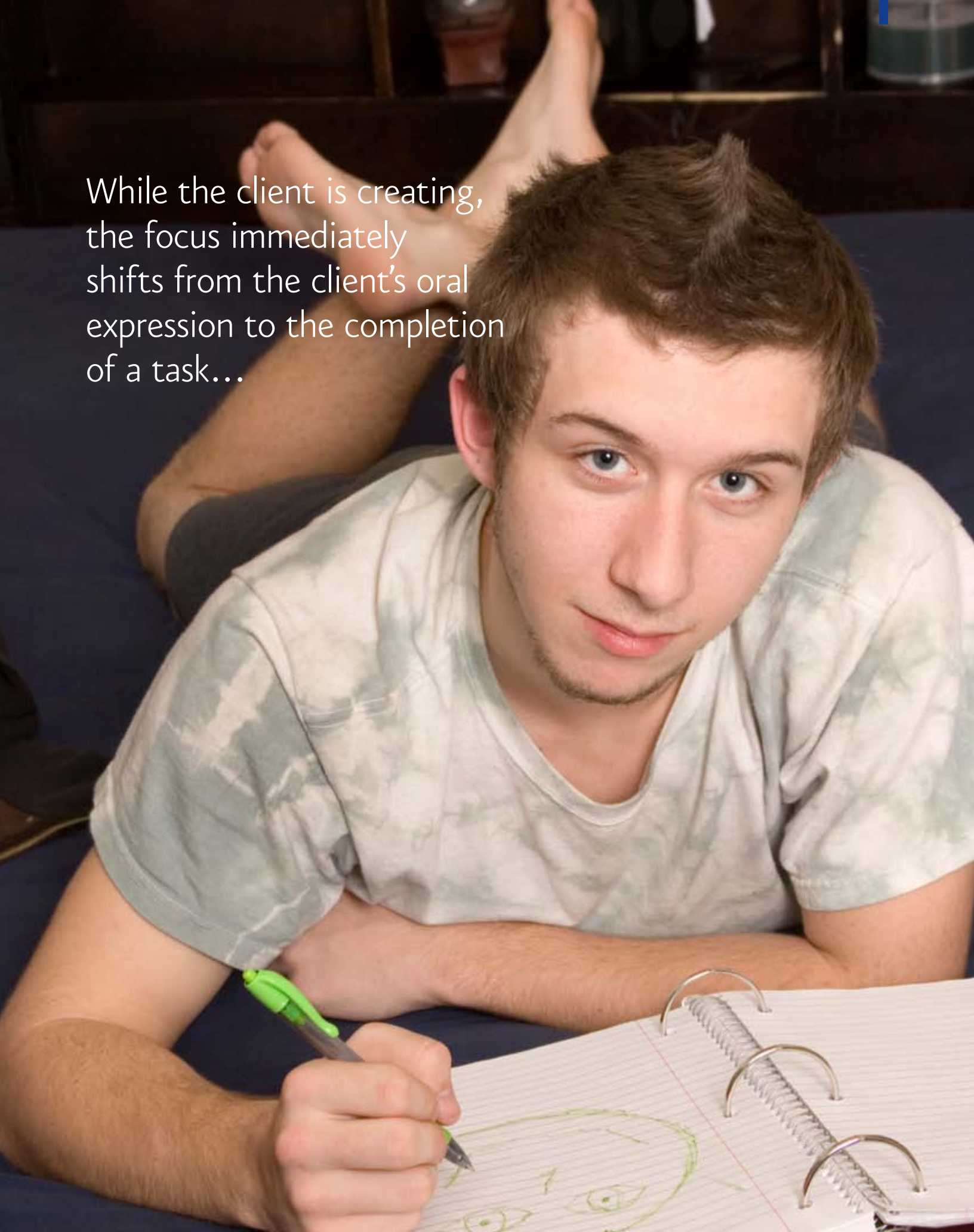
This article will focus on dissecting this client's projective tree drawing using Robert C. Burns book titled 'Kinetic – House – Tree – Person Drawings (K-H-T-P). An Interpretative Manual', in the hopes of understanding this client further through this drawing test. Further supportive material on these types of drawings and understanding the positives and negatives of using such drawing testing will also further be discussed.

So where did projective testing begin? Projective drawing techniques originated in an era dominated by psychoanalytic theory. The interpretation of projective drawings has largely been used by Freudian theory in a "psychopathological" population, as Freudian thinking has given therapists great insight. Like all closed systems, however, not much new enters the system. Thus projective tests tied to closed systems have become stagnant. Although reservations about projective techniques may be recognized by researchers and practitioners (e.g., questionable psychometric qualities, a multitude of various types of devices, and considerable training required for most techniques), such issues are of less concern if projectives are used as informal, hypotheses-generating tools in therapy.

Almost 50 years ago, Harold Pepinsky urged therapists to use informal projective techniques in therapy as a means to advance the therapeutic relationship and to increase an understanding of client (Pepinsky, 1947). In contrast, a publication by D. Campbell states that "Sharply critical reviews of projective drawings appeared in the literature as long ago as 1957. This 1957 review summarized more than 80 studies related to projective drawings and available at that time. It concluded that the diagnostic utility of projective drawings was not supported by empirical evidence. Subsequent evidence accumulated over the past 40 years overwhelmingly supports the conclusions of the 1957 review". Projective techniques have a lengthy and vital history in personality assessment, but they tend to have evoked a minimal degree of interest on the part of therapists.

Psychometric limitations, lack of training opportunities, and the obscure qualities of the instruments have restricted their use among practitioners. Robert C. Burns also would warn that it is important for any beginner user of this technique not to expect miracles from its every use. Burns intends for some of the fascinating but unusual interpretations to represent possibilities, rather then guarantees. Interpretations of all projective tests should be made with caution, and the limitations of projective tests should be considered.

As a component of the therapeutic process, projective techniques offer a means other than direct verbal disclosure for the client to express him-or-herself. The projectives may be administered after a discussion about the purpose and application of the techniques. While the client is creating, the focus immediately shifts from the client's oral expression to the completion of a task, and interaction between the client and the therapist occurs through an intermediate activity that elicits the involvement of the person. While the client is completing the creation, the therapist is able to observe the person, ask supportive comments, and offer encouragement. As the client responds to the ambiguous and relatively nonthreatening


While the client is creating,
the focus immediately
shifts from the client's oral
expression to the completion
of a task…

projective methods, his or her defensiveness often diminishes because of the participatory and absorbing nature of the tasks (Clark, 2008). Pepinsky wrote about the projective effort by individuals: "The counselor has been able to employ these materials informally in the counselling interview, without making the client suspicious or hostile to what he might otherwise regard as an intrusion into his private world" (1947, p. 139).

This article will continue to focus on the projective drawings of trees, which represents as Burns (1987) states "an ancient and ubiquitous symbol of life and self- growth as portrayed in myth, ritual, legend, sacred literature, art, poetry and dream analysis". The branching of the tree symbolizes protection, shade, nourishment, growth, regeneration and determination. The miraculous regenerating growth of the tree from seed to flowering to fruiting, to seed has been seen as a metaphor for human growth and development. The tree reflects the yearning of life to grow and move from the earth to the heavens, thus it stands as one of the great universal symbols and metaphors of spirit and self-unfoldment (Burns, 1987). The vision of a person as a tree is a uniting vision. As Jung (1979) said, "If a mandala may be described as a symbol of the self seen in cross section, then the tree would represent a profile view of the self depicted as a process of growth." Jung collected many paintings of trees by his patients. And according to Burns (1987) "a dead tree is associated with drawers who have lost the will to live. A stunted tree suggests a blocked growth. A narrow trunk shows a narrow range of interests and a narrow view of life. As the trunk narrow significantly, life hangs by a thread. The age of the tree may give a hint as to the drawer's developmental or energy level".

As I began attempting to understand this client's art creation I continually had to remind myself to keep an open mind and to not have a narrow view point in dissecting this drawing, something which I believe Burns would have requested.

This client was asked to create a drawing of a tree that would represent him as this object. During the session, while my client continued to silently draw I paid attention to his body mannerisms. He seemed as if he was in a trance-like state placing all of his complete attention onto this drawing. He delicately placed the coloured pencils on the page and took great thought into what he was going to add to the page. This drawing seemed to be of importance to him and he visibly seemed pressured given the amount of time he thought about this drawing.

This client began with drawing the tree, as his himself, in the centre of the page. Projective drawings can often be used with clients to project various personality characteristics into their drawings. The tree stood quite large with a strong thick trunk and branches which were stunted. This client has always attempted to show that he is strong and resilient. Burns (1987) would see this tree as having and upward movement of

'Tree as Yourself', created 2009.

branches, possibly associated with drawers who are growing and exploring possibilities for "upward movement". This client has been residing within foster homes since he was latency aged and was beginning to feel as if his current foster family was to be long-term. This client had begun to call the foster parents "mom" and "dad", signifying the desire he had for them to fill these roles in his life. The branches of the client's tree were pointing upwards and reaching to the sky, yet there were only buds on the tree limbs, possibly signifying his feelings of a new beginning. Small growth at the top of a tree drawing can be associated with people who have dreams of the future and put little energy into the past or present (Burns, 1987). Within this client's therapy he has had great difficulty in recalling his past, yet keeps his attention on tomorrow.

The tree this client drew stood strong, as its roots could be seen even through the earth. Rocks lined the bottom of the page creating a place where the roots were attempting to reach and be entwined. If the tree is well attached to the earth, it is associated with upward-moving persons "getting on" with their lives (Burns, 1987). This client had minimal contact with his biological mother, yet with the consistency and grounding that his foster home brought him these roots may symbolize that attachment he is beginning to allow himself to feel. Within the tree trunk a hole was drawn along with a nest that the client stated was homes for "squirrels". Burns found that squirrels are most frequently in trees, often engaging in "hoarding" behavior.

They are drawn by those concerned with security. Burns also states that knotholes in the trunk usually reflect fixations or trauma's in a swirling of the mind (Burns, 1987). This in fact could be true of this client's worry of a home and if his love will be returned keeping in mind his background with a neglectful / alcoholic biological mother. The trauma that he may have experienced could be linked to those experiences he had with such a maternal figure.

When analyzing an image the therapist must keep in mind certain characteristics of the drawings, such as the placement of objects, absence of objects, the hue used if coloured, the pressure of the lines drawn etc. This client made sure to use subtle brown tones to his tree and added a faint sunset in the background while the moon began to fade into the top portion of the sky. Heat (such as suns) may show a preoccupation with or need for warmth and love, something which this client craves regularly (Burns, 1987). The moon may also be associated with a sign of depression (Burns, 1982). Another smaller flourishing tree stood beside this client's. This client has a strong attachment to his biological sister, who is seen as the baby of the family and who continues to reside with his biological mother.

I found that this art directive was something I would be interested in trying in the future with other clients, given the enthusiasm that this client had when creating such a piece that represented him. There will forever exist two sides to alternate theories about projective testing. As an art therapist my belief is that such theories are appropriate for some clients and not others. It is the therapist's job to understand the client and what works for them in understanding themselves further. Burns idea in analyzing art work can be seen as too contained or 'stuck in a box', yet he also warned that it is important for any beginner user of this technique not to expect miracles and he intended that the interpretations represent possibilities, rather then guarantees. With this in mind think of how much more we can learn about our client's.

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About the Author

After having studied Fine Art at The Ontario College of Art and Design in Toronto, Nicole had a vision of combining her love for art, with her other love for psychology. Nicole completed her graduate level training program at the Toronto Art Therapy Institute.

Prior to establishing Art Psychotherapy Counselling Services™ Mrs. Brickell facilitated Art Therapy at a Children's Aid Treatment home and a mental health facility, in the greater Toronto area, where she completed her Thesis titled 'The Effectiveness of Art Therapy with First Psychotic Break Adolescents'.

Mrs. Brickell has worked extensively with clients using the Art Therapy process as a means to decipher the individual's inner world, allowing them to gain a better understanding of their experiences.

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Collaborative goal setting with First Nations families needs to be meaningful and purposefully educative;…

Filial Therapy and First Nations People

In the Spirit: Using Filial Therapy with Our First Nations People

By Wanda Boyer

Introduction

Caregiver involvement in treatment allows a child to feel accepted and understood (Lowenstein, 2008). This article will explore how filial therapy was used to create "a safe therapeutic environment" (Lowenstein, 2010, p. 1) for the child and family by addressing unique concerns and needs of First Nations custodial grandparents.

Case Example

(Names have been changed to ensure confidentiality)

Mr. Michaels is Brandon's grandfather. Protective Care Services granted Mr. Michaels custody of Brandon (age 4) a year earlier due to their belief in the "importance of an in-charge, caring adult" (Perry, 2010, p. 14). Brandon has advanced oral language skills, and he and Mr. Michaels are avid readers. Brandon has chronic asthma, is large and overweight for his age. Mr. Michaels is a retired widower and a Canadian Urban Aboriginal. Brandon's mother had difficulties providing support for Brandon due to alcohol and cocaine use. There were also issues of neglect and abuse when Brandon's father lived with them. Brandon occasionally has joint week-end visits with his parents away from Mr. Michaels.

Presenting Problems

During phase one of play therapy treatment, the 2½ hour intake meeting, Mr. Michaels indicated that Brandon needed his demands met immediately, was easily frustrated by requests, was emotionally hypersensitive, and was lying and stealing at home and school. After returning from parental visits, Brandon would have temper tantrums, run away with no destination, and refuse to go to bed or eat. Mr. Michaels indicated that "no punishment worked," though he was concerned with disciplining Brandon due to anger-induced asthmatic episodes. Mr. Michaels was interested in helping Brandon learn to manage his interpersonal difficulties.

Assessment and Results

The second phase of play therapy treatment involved videotaped observation and use of the Marschak Interaction Method (MIM) (Carmichael, 2006; Walton, 2008). Clinical assessment of this magnitude is a "critical component of the intervention process" and the foundation for effective treatment planning (Lowenstein, 2010, p. 1).

Through guided debriefing after the MIM, Mr. Michaels recognized and was pleased with his ability to nurture Brandon's sense of belonging and spirit of generosity "according to the ways of my First Nations people" (Glover & Landreth, 2000). However, he was surprised that he was not supporting Brandon's ability to feel that he could succeed during structured activities and that he was not alert to the signs of Brandon's stress when challenged, nor did he know how to engage or comfort him.

Treatment Goals and Treatment Plan

Phase three of the play therapy process, the development of Treatment Goals and a Treatment plan, included collaborative work to engage with a First Nations Elder, Mr. Michaels, by respectfully taking time to establish a relationship to promote mutual trust and communication (Canadian Counselling and Psychotherapy Association, 2007).

Collaborative goal setting with First Nations families needs to be meaningful and purposefully educative; optimistic and hopeful about the future; aligned with clear, definite goals for the future; and proactively connecting school learning to personal, family and

community vision (Williams, 2008). Mr. Michaels and I developed the following goals for Brandon, to: (1) manage his anger, (2) identify his emotions, and (3) appropriately meet his needs at home and school. Mr. Michaels was then personally involved in developing the following treatment plan that he could embrace and maintain over a 10 session program, stated in active language: "I will

1) **learn how to read Brandon so that we have a closer relationship where Brandon feels that he can trust me and knows I won't leave him.**
2) **help Brandon identify his feelings and needs before he gets angry.**
3) **help Brandon learn how to meet his own needs safely without hurting me, himself, others or damaging property.**"

Filial Therapy: The Play Therapy Approach Used

The play therapy approach I used with Mr. Michaels and Brandon was Filial Therapy (FT), which was conceived by Bernard Guerney based on his belief in parents as latent allies in treating children. Guerney (1964) also knew the power of child-centered play therapy as a conduit for the symbolic communication of the child's thoughts, feelings and needs. Guerney further articulated his belief that parental affection, attention, and interest can potentially be more powerfully healing than therapist interventions. Current FT practice harnesses parental agency by accentuating capabilities and minimizing deficiencies (Guerney, 2000; Hutton, 2004).

The FT program I recommended was the Child Parent Relationship Therapy (CPRT) program (Bratton, Landreth, Kellam & Blackard, 2006; Landreth & Bratton, 2006), which enabled us to use First Nations values to help Brandon adjust to his parents' divorce and their abuse and neglect. CPRT would provide Mr. Michaels with new skills to help him feel more confident in parenting a child with a chronic illness (Glazer-Waldman, Zimmerman, Landreth & Norton, 1992) and to allow him as a custodial grandfather to learn how to meet Brandon's needs without the assistance of his parents or a therapist (Stover & Guerney, 1967).

The Play Therapy Process

In Phase 4 of the CPRT program, we modified the 10 training sessions to twice-a-week for 5 weeks with longer sessions to accommodate Mr. Michaels' schedule. The sessions were imbued with Core First Nations Values (Rattray, 2010) based on the Circle of Courage (Brendtro, Brokenleg & Bockern, 1990): Spirit of Belonging, Spirit of Mastery, Spirit of Independence, and Spirit of Generosity. For example, we created a 'safe environment' (Lowenstein, 2010) by using the atmosphere of a social event with food sharing (Glover & Landreth, 2000), which aligned with the belief in simple acts of generosity. Throughout the CPRT sessions, Mr. Michaels was assisted with establishing consistency and limit setting, acceptance of Brandon and his expression of emotions, and facilitating Brandon's decision-making and feelings of control.

Successful engagement of First Nations children and their families involves action, service, reflection, and ceremony (Williams, 2008). To support his own engagement, Mr. Michaels requested to have the play sessions onsite to enhance learning and follow-through (Landreth & Bratton, 2006). This enabled us to infuse sessions with story-telling, singing, dancing, painting, role-playing and re-enactments. Thus, Mr. Michaels had many opportunities to reflect on his learning as a First Nations Elder, Knowledge Keeper, and Knowledge Connecter (Williams, 2008) and to celebrate his service to his grandson and his First Nations people.

Treatment Goals Achieved

To help measure the relationship of import with care (Philips, 2010), the final phase of treatment included a post assessment using the MIM. In the debriefing, Mr. Michaels said it was now more natural for him to interpret how Brandon is feeling by noting physical cues such as tightening of his jaw or fists when angry. He also recognized that Brandon remained better regulated when he left Brandon alone in the room. Brandon was able to practice a certain amount of self-soothing during this time, but after approximately a minute he would still become anxious and call out for his grandfather. For this reason, Mr. Michaels was still working on helping Brandon to develop his Spirit of Belonging and his trust of Mr. Michaels as his primary caregiver.

Conclusion

Mr. Michaels wanted "to enhance and strengthen the parent-child relationship through improved family interactions and problem-solving strategies and through increased feelings of familial affection, warmth, and trust" (Landreth & Bratton, 2006, p.11). By integrating First Nations core values (Brendtro et al., 1990; Rattray, 2010; Williams, 2008) and making concrete modifications to CPRT to address family needs (Glover & Landreth, 2000), Mr. Michaels indicated that CPRT was a respectful way to reintroduce traditional parenting skills while supporting his First Nations heritage.

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About the Author

Wanda Boyer <wboyer@uvic.ca> is Associate Professor in the Department of Educational Psychology and Leadership Studies in the Faculty of Education at the University of Victoria. She successfully completed Level III Certification with the Canadian Association of Child and Play Therapy (CACPT) Manitoba program under the direction of Linda Perry. Wanda typically works with children in preschool through early adolescence. It is with gratitude that Wanda acknowledges and honours the First Nations People from whom we continue to learn.

The Influence of Play Therapy on Classroom Management

By Christopher Conley, MA, RCC, RMFT, CPT-S, RPT-S
Registered Clinical Counsellor
Registered Marriage & Family Therapist
Certified Child Psychotherapist & Play Therapist Supervisor

Effective classroom management is not simply about intervention strategies. A positive teacher-student relationship is essential for both responding to and preventing behaviour issues. This article summarizes current thinking on classroom management, provides information and research supporting the importance of the teacher-student relationship and presents a sample of effective strategies for managing classroom behaviours.

Introduction

Teachers are reporting both increased stress and job dissatisfaction as government funding cuts reduce teaching and teaching assistant positions and conversely increase class size. As such, there is greater responsibility on the teacher to manage their classroom effectively with less support from the school and the district and often inadequate classroom management training in teacher education programs.

So what is effective classroom management? It involves effective teaching, an engaging teacher-student relationship and practical strategies. Tauber (2007), in his book Classroom Management, discusses six respected discipline models, related theory and strategies. The primary objection by teachers to the use of externally-suggested interventions is that it disrupts teaching and thus learning. A practical strategy, therefore, is one that is effective with responding to student misbehaviour without disrupting teaching and learning.

How does play therapy relate to classroom management? Play therapists are often asked by schools for intervention recommendations to manage the classroom behaviour of their clients. Thus, it is important for therapists to understand effective classroom management. Play therapists are already trained in areas that are relevant to classroom management. These include relationship development, empathic interaction, limit setting and parenting skills. Some classroom management models have evolved from parenting models. This makes sense since both parenting and teaching involve a relationship to the child and both share common goals of increased child compliance and reduced parent/teacher stress. Although, most would agree that managing behaviour in the classroom is much more difficult than parenting.

Classroom management is implemented by the teacher but also needs to be supported by the school and district administration. For example, a school district in Indiana mandates that all teachers new to the district complete a weeklong training on classroom management based on the Tools for Teaching model.

Effective Teaching

Classroom management needs to start with effective teaching. Effective teaching can be described as engaging teaching that makes students want to be in the classroom and want to be learning. Fred Jones (2007), author of Tools for Teaching, emphasizes that discipline prevention is much less costly to the school and requires effective, engaging and enthusiastic teaching. Tauber (2007) notes that engaged students learn more and misbehave less. William Glasser (1998), author of Quality Schools, asserts that for classroom management to be successful, students need to "perceive school as a good place to be." This is accomplished through effective teaching and positive teacher-student relationship.

Teacher-Student Relationship

It is the relationship between the teacher and student that determines whether a strategy will succeed. The most important adult in a child's life is his/her parent and the second most important adult is often the child's teacher. Guerney and Flumen (1970) note that "The teacher has inherent importance to the child, spending up to 30 hours a week with the child." They go on to say that "due to a pre-established relationship, a teacher can be even more effective than a therapist in reaching the child's emotional world" (Brown, 2000). Teacher-student attachment is inherent in the learning process and teachers should leverage it to accomplish learning and discipline goals. It is important to be proactive in relationship building and it is the teacher's responsibility (Jones, 2007). Prevention is key to classroom management. Thomas Gordon (2003), author of Teacher Effectiveness Training, notes that "If you solve the relationship problem, you solve the misbehaviour problem." Jim Fay (2002), author of 9 Essential Skills of the Love and Logic Classroom, similarly notes that "it's clear that most experienced teachers view the ability to develop positive relationships, trust, and rapport as being the most important, crucial skill for reaching challenging students."

Child-centered play therapy and filial therapy approaches have a lot to offer school staff. Filial therapy, developed by Bernard and Louise Guerney, teaches parents specific parent-child interaction skills, based on child-centered play therapy, that enhance the attachment between parent and child. This model has been shown to be effective at reducing problematic behaviour and parenting stress. Teachers, similarly, who foster an engaging, positive teacher-student relationship report reduced stress and student misbehaviour.

Literature and research specifically on the application of filial therapy to the teacher-student relationship is available. Christopher Brown, in his doctoral dissertation, studied the impact on teachers and students of providing teachers Child-Teacher Relationship Training (CTRT). CTRT, developed by Helker, Ray, Bratton, Morrison (2006), is based on Child-Parent Relationship Therapy, a 10-session filial therapy model (Landreth & Bratton, 2006). Helker and Ray (2009) conducted research on the efficacy of Child-Teacher Relationship Training in the pre-school environment. Their findings show that "the more teachers demonstrated relationship-building responses, children's externalizing problems were reduced as part of a reciprocal relationship." (Helker & Ray, 2009). Further research on the efficacy of filial therapy in middle and high school would be beneficial.

The importance of the teacher-student relationship is also supported by Ross Greene (2008) in his Collaborative Problem Solving (CPS) model applied to the classroom. He makes the argument that traditional school discipline programs don't teach skills or resolve problems and that lagging cognitive skills and unresolved problems underlie students challenging behaviour (Greene, 2008). Daniel Siegel (1999) talks about the importance of relationships in the brain's development. He notes that "Emotion regulation is initially developed from within interpersonal experiences in a process that establishes self-organizational abilities" (Siegel, 1999). Students with high emotional regulation and ability to organize demonstrate fewer behaviour issues in classrooms.

Bruce Perry (2006) discusses the hierarchy of brain function from simple (brainstem) to complex (neocortex). He explains how the brain of a student experiencing "emotionally charged content" will shift states to brainstem-driven (Perry, 2006). Jones (2007) refers to Triune Brain Theory to explain similarly how the brain response of an upset student is to "downshift" from the noecortex to the brainstem. The implication is that a teacher's attempt to rationally intervene with the student will likely be ineffectual. The initial intervention needs to be consistent with lower brain function and relationally-based until the student's brain function returns to the neocortex level.

A significant benefit of filial therapy training to parents is greater understanding of the meaning of child behaviour. This is also relevant to teachers. There are numerous reasons why children misbehave in class and these may include: learning disorder, sensory integration dysfunction, cognitive deficits, mental health issues, family issues, and trauma victimization. Understanding the meaning of a student's misbehaviour allows for more appropriate and effective classroom interventions. Rudolf Dreikurs (2004), in his Social Discipline model, suggests that "good discipline recognizes that students have needs and engage in behaviors – sometimes antisocial behaviors – that they

believe can help them meet their unmet needs. Teachers should help students recognize their needs (i.e. their goals) and then help them select more appropriate behaviors to achieve these goals." This is consistent with the Collaborative Problem Solving model that suggests that the teacher's job is to help the student develop lacking skills (Greene, 2008). It is also consistent with Choice Theory that says basic human needs determine student choices and choices are guided by student's perception of unmet yet important needs (Glasser, 1998).

Strategies

As previously stated, strategies need to be practical in the sense that the teacher can implement them without disrupting the teaching process. Strategies also need to be specific rather than general. Teachers want to know "what do I do when the student… ." Jones (2007) notes that "Time and energy are finite. All of the time and energy that goes into discipline management comes out of instruction." He also believes that the priority is discipline; the teacher needs to respond to discipline issues as they occur in such a way that learning is not disrupted. He notes that an effective intervention is one that results in better behaviour, more learning, and less hassle for the teacher (Jones, 2007).

Two key interaction skills from child-centered play therapy and filial therapy are empathic listening and therapeutic limit setting. Andronico and Guerney (1969) suggest that these two skills in particular would be beneficial to teachers. (Brown, 2000).

Empathic Listening

Empathy, according to Jim Fay (1995), "allows the child to stay calm enough to solve the problem." Greene notes that the "goal of the empathy step is to achieve the best possible understanding of a kid's concern or perspective related to a given problem. Like adults, kids have legitimate concerns: approval, … desire not to be embarrassed …" (Greene, 2008). Empathy has the benefit of deescalating the student and increasing the chance of resolution. Empathic listening, as specified in child-centered play therapy, is about reflecting back what the child is saying, doing and feeling.

Limit Setting

Limit setting skills practiced by play therapists, whether following the Landreth or Guerney approach, use a specific and succinct model of responding to misbehaviour without sacrificing the relationship. It is the latter aspect that facilitates compliance in the long-term. The problem with an autocratic approach is that it often only motivates short-term compliance not long-term change. The Guerney's approach utilizes the three steps of set the limit, give a warning and enforce the consequence.

Steps to Teacher Response

The steps to a teacher's response to misbehaviour, based partially on Teaching with Love and Logic (Fay, 1995), include: (1) lead with empathy; (2) validate feelings; (3) give the problem back to the student; (4) assist the student with identifying choices; and (5) turn and walk away with the assumption of compliance. Walking away is about giving the student room to save face and to make a choice. Fay (1995) and Geddes (2002), suggest that compliance goes way up when the teacher walks away rather than standing over the child waiting for him/her to choose.

Match Teaching Style to Learning Style

Students have different primary learning styles (auditory, visual, doing) and teachers utilize different teaching styles. It would make sense that a child whose primary learning style is doing (kinaesthetic, tactile) would have difficulty attending in a class where the teacher's primary teaching style is auditory. The better the match, the more children attend, learn, and behave. Tools for Teaching refers to this as Say, See, Do Teaching that targets auditory, visual and doing learning styles. Jones (2007) stresses that teachers use all three "modalities" simultaneously. He points out that this "understanding of learning" is noted in the following Chinese proverb: I hear, and I forget; I see, and I remember; I do, and I understand (Jones, 2007).

Conclusion

Effective classroom management involves effective teaching, a positive teacher-student relationship and practical and specific strategies. When achieved, effective classroom management results in significant benefits. Teachers report reduced stress, increased job satisfaction, reduced student misbehaviour, and improved learning.

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Professional Membership: What's In It For Me?

by **Nancy Stevens** MEd. (Psy); CPT; CCC
CACPT Ethics Chair

As members of the professional therapeutic community, we are familiar with and/or belong to a variety of Professional Associations. We often receive brochures inviting us to join with others in our various fields, in which the benefits/advantages of belonging to associations are emphasized: professional journals, educational/training opportunities, conferences, and the like. And from an interest standpoint, many organizations look appealing and the perks are tempting; yet how do we balance our enthusiasm with our limited resources (money, time, energy…)? And how do we navigate the plethora of professional membership opportunities so as to best meet our needs as professionals?

It may be helpful at some point to look at our professional affiliations from an Ethics perspective. That is, ethically speaking, what are the functions/benefits of membership in a professional association, and what role does this membership play in our ongoing commitment to engaging in professional and ethically sound clinical practice? Utilizing this vantage point may assist us in identifying our professional needs. Let us consider the central ethical principles common to ethical codes in our field, in hopes that the critical features of professional membership may become clearer.

The Code of Ethics for the Canadian Psychological Association (CPA) provides a useful framework for reviewing areas of ethical concern that may inform our membership decisions. CCA identifies four central principles for the ethical conduct of psychologists, as well as a process whereby these principles can be applied in so-called 'ethical decision-making'. These principles include: I) Respect for the Dignity of Persons; II) Responsible Caring; III) Integrity in Relationships; and IV) Responsibility to Society. Although framed in a variety of ways, these principles and the ethical requirements following from them can be found in virtually every ethics code in our field (including The Canadian Counselling and Psychotherapy Association {CCPA} and our own organization, {CACPT}).

'Respect for the Dignity of Persons' includes things like confidentiality, informed consent, non-discrimination, and sensitivity to the needs of vulnerable populations, including children. CCPA covers these issues under the headings of 'Professional Responsibility' and 'Counselling Relationships', whereas CACPT includes these ethical responsibilities in terms of 'Confidentiality' and 'Therapist-Client Relations'.

'Responsible Caring' addresses the need to promote wellbeing of clients and to do no harm to clients. Things like receiving proper training, keeping up with developments in our field, being aware of our competence/scope of practice, collaboration with others and self-care are included under this heading. Similar requirements are found in the CCPA and CACPT codes under 'Professional Responsibility' 'Counselling Relationships' and 'Counsellor Education, Training, and Supervision'(CCPA), and 'Competence' and 'Integrity' (CACPT).

'Integrity in Relationships' has honesty and integrity as its central thrust, in all professional relationships, both client and peer. Preventing misuse/misrepresentation of our professional credentials (by ourselves or others) is important under this heading, as are acknowledging our professional limits (through open communication) and avoiding any conflict of interest or exploitation of others in our professional relationships. These concerns are again well represented in CCPA and CACPT guidelines.

'Responsibility to Society' speaks to the need to respect and be sensitive to diversity (cultural, religious, etc.), to participate in and contribute to the development of knowledge in our field, to model and promote ethical behavior, and to be self-reflective in our practice through supervision and collaboration. These principles are well identified in the CCPA and CACPT standards as well, and speak to the need for ongoing collaboration and monitoring of ourselves and others in the interest of best practice.

While this ethical overview has been indeed brief and general in nature, it certainly points to the commonality of beliefs across professional associations regarding what constitutes ethical behavior. Most professional associations also include guidelines for how to apply these principles in real life, with emphasis on balancing and prioritizing ethical obligations in complex situations. And invariably, these 'steps for resolving ethical dilemmas' include being well-informed, being self-reflective, and above all collaborating with others. Whether addressing our own professional conduct or that of others in our field, the responsibility is the same, as it is aimed at the protection of clients and of society in general.

So how then does this review of our ethical responsibilities assist us in understanding what we need from a professional association, and what obligations we have in our involvement in such an organization, or even whether we are obliged to belong at all? Many professions actually forbid practice without registration/certification and ongoing membership in a professional regulatory body. Yet given the nature of the ethical obligations outlined above, it is difficult to imagine an effective practice that excludes some kind of involvement in a professional network even apart from obligation. Reflective practice can only be accomplished within a context of other professionals, and the opportunities for collaboration, education, and advancement of knowledge this network provides. How else could we meet the compelling ethical requirements of our field?

So if it is evident that some professional affiliation is necessary for ethical practice, then the question becomes one of adjudicating which association(s) will best educate us, reflect the values we hold, and provide opportunities to collaborate in areas relevant to our practice. With so much information available to us, it seems clear that we must each take it upon ourselves to examine the values, goals, and opportunities afforded by the professional groups relevant to our areas of training, and to engage in meaningful involvement with one or more of these groups, subjecting ourselves and our colleagues to the most rigorous standards of practice.

Nancy Stevens MEd. CPT; CCC
CACPT Ethics Chair

For more information, see: http://www.cpa.ca/home; http://www.cacpt.com/; http://www.ccacc.ca/home.html

If you have an ethics topic or question that you would like more information on, or to have addressed in the next edition of Playground, please forward your suggestions to nstevens@sasktel.net.

Healing Spaces

by Theresa Fraser

Healing Spaces is an ongoing article in Playground. If you would like your playroom featured please contact theresafraser@rogers.com. Theresa is particularly interested in hearing from therapists from other provinces since previous articles have focused on Ontario and Manitoba. This edition of Healing Spaces is focused on Tammy Reis from the Yukon.

Tammy Reis first heard about the CACPT Play Therapy Certificate Program in 2000 from a fellow student when she attended her M.S.W. program at Wilfred Laurier University in Waterloo, Ontario.

A year after graduate school she moved to the Yukon. She grew up in Southern Ontario but wanted the experience of working with a First Nation's Community. She also loved the outdoors so the Yukon became the place for her to explore and work as a child protection social worker for the Yukon Government (YTG) and later as a counsellor for Child Abuse Treatment Services (another unit of YTG's Health and Social Services Department).

Tammy believes that PLAY is one of the best ways possible to build relationships with and connect with children and youth and has dedicated her life to the field of child welfare and working with children, youth, and families that have experienced child maltreatment and trauma.

Child Abuse Treatment Services provides individual, group, and family counselling to children, youth, and families that have experienced child maltreatment (physical, sexual, emotional abuse, witness to family violence, and neglect) throughout the Yukon Territory. Tammy and her team work with children, youth, and their families until they reach the age of 19. Some children live with their biological families, while others are living in foster home or group care settings. Tammy's home base is in the Yukon capital, Whitehorse. However a couple of times a month she travels to three remote Northern communities.

In these areas she often works with First Nation families who have suffered the negative consequences of Canada's assimilation policies. Any service providers who work with this population need to understand this history and how it impacts their work with children, youth, and families. For travelling clinicians, they need to be willing and able to drive long distances and reside in hotels far away from home. The climate in the Yukon is also cold and winters are long and dark.

Yukon clinicians have access to fewer resources than in other provinces and in urban centres. It is therefore harder to attend training/workshops because travel is expensive and it takes a lot of time to get to training or workshop destinations. That said, the Yukon can attract some great speakers because people do want to travel to the Yukon!

Tammy works within a multidisciplinary team hence there are clinicians with various Masters Degrees including Social Work, Family and Couples counselling, Psychology, and Counselling. Tammy shared that when she first became employed at Child Abuse Treatment Services she began looking for training opportunities that would enhance her ability to work in this setting with her client group. She found the CACPT web site and began her certification journey as a Child Psychotherapist and Play Therapist.

Tammy attended the Play Therapy Certificate levels in London and while working with her clientele gained distance supervision from CACPT supervisor Liana Lowenstein. Tammy identified that her supervision experience exposed her to up to date practice and research as well as individualized mentorship and encouragement.

Tammy is also grateful for the support she received from her supervisors at Child Abuse Treatment Services. She was encouraged to pursue her Play Therapy Certification and supported in obtaining outside supervision. Tammy was able to utilize the play therapy skills she was gaining with her caseload at Child Abuse Treatment Services.

Note: the orange backpack "office" in the corner.

Tammy has also participated in additional training with Dr. Evangeline Munns in order to hone her skills in filial and non-directive play therapy approaches. Tammy has also trained with APT and CACPT Supervisor Marie-Jose Dhase.

New interns will appreciate Tammy's recommendation that they research the writings of Dr. Gary Landreth, Dr. Charles Schaefer, and Dr. Eliana Gil. Dr. Gary Landreth's book, The Art of Relationship was the first play therapy book that she found. Once read, Tammy knew that Play Therapy was the direction she wanted her career to go in. Dr. Eliana Gil's book on working with children and trauma has also been very important to her practice.

Tammy has been working towards certification since September 2005. She states that her theoretical underpinnings have remained much the same, however her practice has changed in that time as she has also developed skills in different approaches/techniques such as sand tray, filial, etc. Clearly as her knowledge base and skills have developed, she states that she feels more relaxed and also feels more creative in her work with children and youth. Ongoing training and supervision have provided her with more personal and professional resources to draw from.

Theoretical models that most impact her practice include attachment theory, trauma theory, the neurosciences (especially Dr. Bruce Perry's Neurosequential Model of Therapeutics), cognitive behavioural therapy, systems theory and person centred approaches to working with children, teens and their families.

Tammy has built up her play therapy room gradually over the last five years. She shared that she sets aside a certain amount of money a year towards new toys, games, figures, etc. However she used the basics list found in the Art of Play Therapy (Landreth, 2002) as her starting point. She identified early that she wanted quality toys for the children and youth to use. Taking her time, prioritizing her purchases and spreading her wish list out over the last five years has allowed her to set up a great play room without feeling like she has burdened herself financially. Nieces and nephews have also shared previously loved items.

Tammy enjoys her collection of children's books. She likes to go through them and choose just the right story for a specific child that she is working with. She also enjoys her sand tray figures collection (as do the children) and uses these figures for so much more than sandtray. Adults can't keep their eyes off the figures when they first come into her office. The same is true for the children.

Given Tammy is a travelling therapist, she packs up her toys in a big orange backpack. Once in the communities she works in, she sets up a counselling space in the school, health centre, or social service office by spreading out a large blanket and organizing the toys, games, art supplies around the blanket. She enjoys creating this healing space for the children in the remote communities who might not otherwise be able to access Play Therapy.

She tries to take as many toys/games/figures etc to allow for children in the remote communities to have access to the same therapeutic toys the children in Whitehorse have access to. It's a heavy back pack.

Tammy has these recommendations for new Interns:

(1) Take your time. Sometimes it is daunting, thinking of all the clinical and supervision hours that you have to accumulate. Enjoy the process and learn as much as you can along the way. Eventually the criteria will be met and all hard work will have paid off. It is worth the long haul!

(2) Take as much training as you can from as many different people as possible. This can expose you to different approaches and styles of play therapy and help you to determine what works best for you and those you work with.

(3) Build on your strengths. Tammy has always liked playing games and reading stories. She likes to use games and bibliotherapy in her work because it feels the most natural.

(4) Lastly, learn as much as you can about the impact of trauma so you can support traumatized children and youth in best way possible.

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About the author

Theresa is now a fully certified Child Psychotherapist and Play Therapist and practices in Ontario. She is a Part Time Professor at Mohawk College and in 2009 her book Billy had to move: a foster care story was published.

She is the new President of our Association and most proud of being the mother of six boys. She would like to hear from therapists from other provinces for future Healing Spaces articles.

CACPT Membership

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

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

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

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

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1. **Specialized Training**
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2. **Publications**
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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.

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The Canadian Association for Child & Play Therapy is the professional organization for those interested in Child Psychotherapy, Play Therapy and Counseling with children.

To join, please fill out the basic membership form and send it to the CACPT address indicated below, or join online starting November 1, 2010 at: www.cacpt.com

You will be contacted by the CACPT Membership staff and may be requested to submit additional information. For more information on becoming a member, including qualifications, benefits, levels and fees, please visit the CACPT website at: www.cacpt.com

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Dear Members:

The Canadian Association for Child and Play Therapy (CACPT) solicits your input to post Best Practices in a "Best Practices Library" section on our website and occasionally in our magazine. This Best Practices Library will aid our members in helping them keep in touch with each other and the way they work.

Best practices are always changing to reflect innovation and creativity, so the ones in a potential library should reflect what is best for each member. Although we will not be in a position to use a rigorous peer review process to examine whether the practices listed are in fact "best in class." We will, however, confidently state that the practices submitted are outstanding and considered best by many. This will be a informal way of helping members of CACPT who are practitioners stay in touch.

The following are some suggested categories for the Best Practices we would like to collect on the CACPT website:

1. Current Trends in Play Therapy
2. Directive versus Non-Directive Play Therapy
3. Family Play Therapy
4. Popular Play Therapy Techniques
5. Puppetry
6. Favourite Play Therapy Toys
7. Favourite Articles/Journals on Play Therapy
8. Empirical Based Research in Play Therapy
9. Integration of Play Therapy With Other Therapy Modalities

Please e-mail us with your Best Practice. We will evaluate your suggestion and possibly add your Best Practice to our library.

Elizabeth A. Sharpe
519 827 1506 / elizabeth@cacpt.com

Announcing the

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Launch Yourself.... Become Specialized in Play Therapy

YOUR PATHWAYS TO PLAY THERAPY CERTIFICATION

RMPTI provides a range of training programs to suit the needs of individuals and organizations. There are 4 color-coded streams to assist in the process of selecting training options that are right for you. Even if you are starting with the Introduction to Play Therapy (yellow stream), there is a seamless pathway that can take you toward Certification / Registration as a Play Therapist. Some programs now have an on-line component to reduce travel time and costs. See our website for a full listing of programs OR request a copy of RMPTI's Training Programs DVD.

YELLOW STREAM INTENSIVE SPECIALIZED PROGRAMS

The Yellow Stream programs are accessible to students and practitioners. There are a number of specialized 1, 2, and 5 day intensive programs to choose from. Yellow stream programs provide a Certificate of Completion and count toward certification or registration as a Play Therapist. Some programs require a prerequisite. Enrollment in classes is limited - we encourage early enrollment to secure spots. Upcoming classes:

Certificate in Play-Based Treatment of Trauma
5 day program with online component: Online component available Nov. 5th, 2010 - On-site class Dec. 6-9, 2010 at RMPTI $1050.00 + GST

Certificate in Sandplay
5 day program with online component : Online component available April 4th, 2011 - On-site class May 4-7, 2011 at RMPTI $1050.00 + GST

GREEN STREAM FOUNDATIONS OF PLAY THERAPY

Congratulations Green Stream Summer Institute Participants!

To obtain certification/registration as a play therapist you need 150 hours of play therapy training. The starting point is the Greenstream Foundations program. This 9 - day (75 hours) program is designed for those who wish to build on their current professional designations. The program is divided into 5 modules. Each module includes core topics related to play therapy and **offers hands-on learning experiences in fully equipped play therapy rooms**. Come learn about core play therapy theories, the play therapy process, the history of play therapy, play-based observation strategies and treatment planning using the Play Therapy Dimensions Model. You will experience at least 8 play therapy modalities such as art, puppets, music, movement and sand etc.

ADVANCED THEORY AND TECHNIQUES IN PLAY THERAPY

The Red Stream Advanced Theory and Techniques program is a 9 day (75 hour) course. As an Advanced program, participants must have taken the Green Stream Foundations of Play Therapy program or equivalent. The goal of this program is to expand assessment and treatment planning skills, increase competence in the use of various play therapy modalities and gain skills as a practitioner in play therapy. Emphasis is placed on the integration of theory and practice as applied to specific referral issues. **This program is highly experiential and participants will use fully equipped play therapy rooms.**

Registration for Green & Red Stream Programs were sold out! Students came from Canada, the United States, Panama & Hong Kong.

Early registration for upcoming courses is recommended to secure a spot.