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

Playground

July 2008

Play Therapy as an Assesment Tool

Using the Play Based Marschak Interaction Method

Creative Engagement and Assessment Activities

CANADIAN ASSOCIATION FOR CHILD AND PLAY THERAPY

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Canadian Association for Child and Play Therapy

Contents

Creative Engagement and Assessment Activities

The interventions presented in this article aim to capture and sustain children's interest and motivation in therapy, and to help them express themselves within the context of a safe therapeutic environment (page 10)

Message from the President

Hello and welcome to PLAYGROUND!

This issue of PLAYGROUND is focused on the benefits of using Play Based Assessments when working with children and their families. Often, one of the first steps we take as therapists when bringing in a new child client is to meet with their significant caregiver. This initial meeting helps to gather information regarding the child's past experiences and presenting concerns. Although this process is imperative, it leaves us with many unanswered questions. Using Play Based Assessment techniques provides a problem-solving approach that fosters an appreciation for the whole child. I know from my own experience as a Child Psychotherapist Play Therapist and Theraplay® Therapist play based assessments are one of my most valuable tools in the beginning stages of my work.

Like Play Based Assessments, the Board of Directors for CACPT have been undergoing its own 'assessment-like' evaluation and have thus been working hard on improving communication between members and increasing benefits. The association is dedicated to advancing and promoting the understanding and value of play therapy, high standards of professionalism and ethical practice and advocating for our membership. It is also the mandate of CACPT to maintain a strong professional organization, promoting professional training and current research in play therapy. Teaching about Play Based Assessments is one of the components we train about in our Play Therapy Certification Program. This Certification Program is currently offered in Winnipeg, Manitoba; Pembroke, Ontario and London, Ontario. However, our long range goal is to begin offering it in other areas of Canada. Thus, we want to hear from you. Let us know what types of Child Psychotherapy/Play Therapy training your community would like us to provide for you. We welcome your thoughts, ideas and suggestions!! You can reach us through our website www.cacpt.com or by email at membership@cacpt.com.

Welcome and come on in!

Lorie Walton
President, CACPT
Certified Child Psychotherapist Play Therapist Supervisor
Certified Theraplay® Therapist Trainer Supervisor

Update from your Executive Director

Dear Readers,

Since CACPT's Annual General Meeting in Winnipeg in November, the National Board of Directors has taken the recommendations of the membership into account in everything they do. The past few months has introduced a flurry of emails from all of the Committee Chairs in establishing plans to engage in new and innovative activities to kick-start the CACPT national membership representation.

This new Playground Magazine is the second in a series of issues that will highlight information and tools that are essential in the practice of Play Therapy in our communities across Canada. The CACPT Headquarters with the support of ion communications of Calgary will support the production and advertising sales processing of the magazines to come. This publication will be displayed by agencies, private training centers, special tradeshows, educational institutions and government offices across Canada. It will not only provide an excellent source of information for our practitioners, but it will also provide our sponsors and our advertisers with a market that is specially targeted to child mental health professionals. We encourage you to invest in our association and its worthwhile resources by promoting your new and innovative products and services through our various association properties such as our website, magazine and e-newsletter.

CACPT is also investing in a whole new look and feel in the design and development of its new website. The plan is to make this website more accessible to everyone and easy to maneuver. It will be a showcase of CACPT's ongoing activities and will allow us to encourage participation in CACPT's many program opportunities such as the Certification Programs and workshops. We are investigating the viability of offering on-line training. We feel this will open up a whole new world of access to programs for those in more remote areas or those who are simply not able to free themselves from their busy schedules to attend workshops personally on a regular basis. Although the general opinion is that Play Therapy is best introduced and instructed in a face to face model, some of the more theoretic presentations would work well using the on-line model in the form of a webinar or webcast. We look forward to sharing more of our plans with you as we move on.

Our membership numbers are steady and our new member base has increased over the last year. We are pleased to announce that the Board of Directors has put a formal proposal forward to all regions across Canada with an invitation to become affiliated formally with CACPT. We feel that with increased numbers, there will be increased shared knowledge from a national perspective. The networking aspect of CACPT can not be under-estimated and we encourage anyone who is feeling isolated in their remote regions or in urban and rural areas to engage in dialogue with other CACPT members through our Chat Line. Please contact me at 519 827 1506 if you are interested in participating in our Chat Line.

I hope you enjoy our magazine. Be sure to pass it on to your colleagues at work or if you would like additional copies, please let me know.

Respectfully submitted,

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

Using the Play Based Marschak Interaction Method

to Assess Relationships in Families

By Lorie Walton, M.Ed

Certified Theraplay® Therapist Supervisor Trainer
Certified Child Psychotherapist Play Therapist Supervisor

Often when working with children and their parents, it is helpful to have an opportunity to observe interactions between them. One very useful clinical assessment tool used for this purpose is the Marschak Interaction Method® (MIM) (Marschak, 1960). It was designed based upon attachment and child development research and has been used over 40 years to support treatment recommendations using attachment-based interventions. It consists of a series of simple tasks designed to elicit a range of behaviours in four dimensions: Structure, Engagement, Nurture and Challenge which are used to identify areas of strength and of difficulty in the relationship. It is primarily used for making recommendations for Theraplay® treatment but it can also be used for making specific recommendations for other therapeutic interventions and supports.

The adult(s) are given a set of cards with instructions for simple activities to do together with the child and is designed to assess the quality and nature of the relationship between them. The assessment is video taped as the trained assessor observes from behind a one-way mirror while the participants interact with each other.

The four dimensions (SENC) are considered when observing the caretaker-child interactions and are then analyzed. Under these dimensions the following areas are considered:

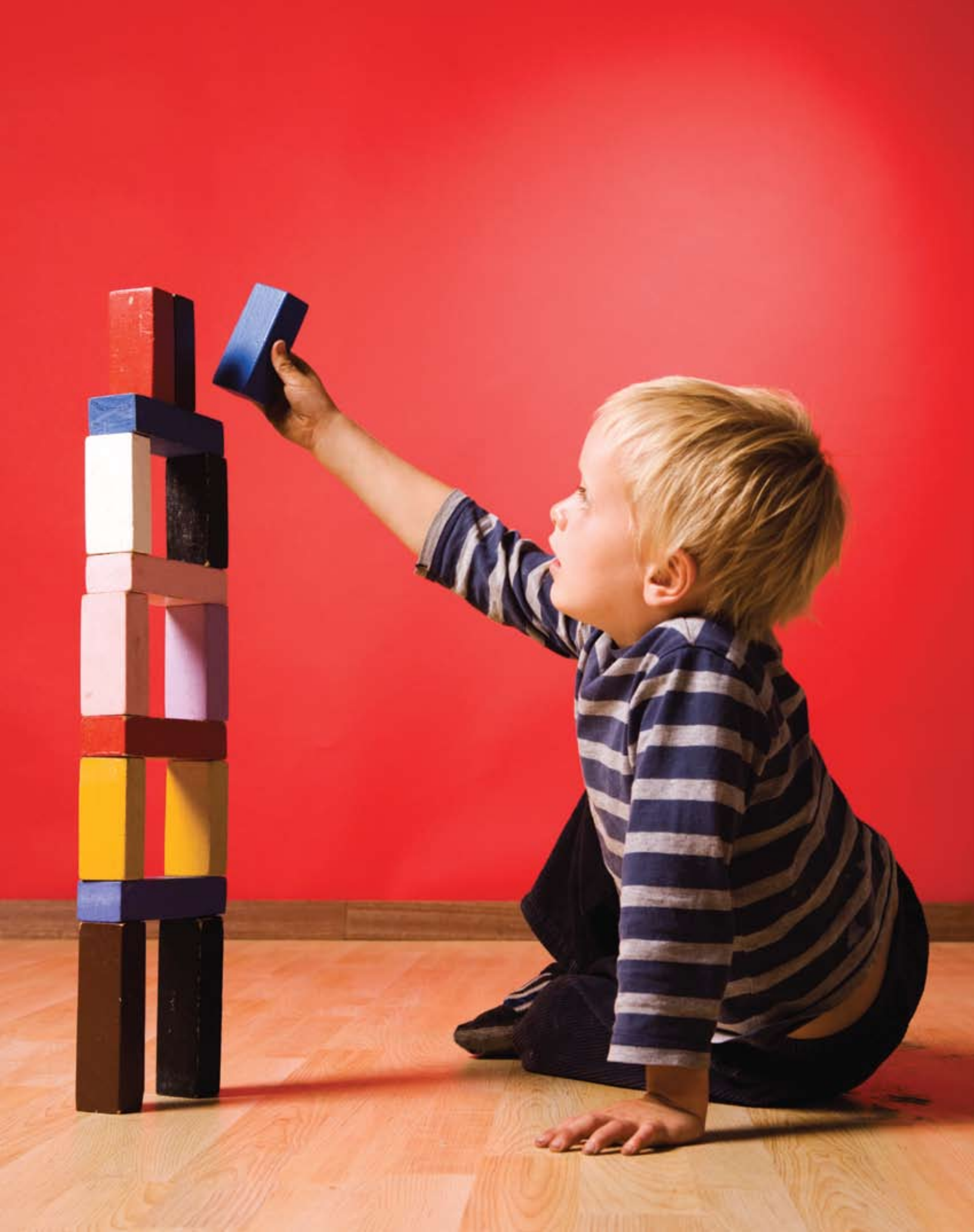
- How willing the child is to accept adult structure;
- Whether the child will allow himself to be genuinely engaged;
- How willing the child is to accept nurture; and
- How the child deals with challenge.

An equally important part of the assessment is the caretaker's ability to respond in an attuned manner to the needs of the child in each dimension. In order for the reader to understand the importance of each dimension within the context of healthy parent-child interactions, a short case summary is provided.

Summary of MIM Observations ~ Case Example

(Names have been changed to insure confidentiality)

The following example illustrates how the MIM assessment is used as an assessment tool to support strengths and support needs within the context of family relationships.



David was referred for family Theraplay® by his adoption support worker. David was in several foster placements prior to coming into the Young home in January 2004. In previous care, David was highly neglected and was often left alone. Mr. and Mrs. Young report that David is a sweet boy but that he is highly anxious and often likes to be in control. Although it is early on in this adoption process, the Young's recognize that Theraplay intervention used in a proactive way, can help them to establish a strong attachment formation during the early parts of their relationship building with David.

Marschak Task Selection

Tasks for the assessment are specifically chosen to observe interactions between participants under the four dimensions (SENC). Each adult is directed to each task card out loud and use the materials provide to perform each task with the child. Mr. and Mrs. Young and David were observed doing the following tasks:

1. Adults and child put silly hats on each other.
2. Adults and child apply lotion to each other.

Mom stays and Dad leaves for next 3 tasks

3. Adult comb's child's hair and asks child to comb adult's hair.
4. Parent leaves the room for one minute without child.
5. Adult teaches child something new.

Dad returns and Mom leaves for next 3 tasks

6. Adult and child each take a squeaky animal. Make the two animals play together.
7. Parent leaves the room for one minute without child.
8. Adult plays a familiar game with child.

Mom returns and whole family participate in next task

9. Adult and child feed each other

The following describes how David and his parents interacted during the MIM in play based situations calling for Structure, Engagement, Nurture and Challenge.

Structure

In a healthy infant-parent relationship many activities have a beginning, middle and end (Winnicott, 1965). Body boundaries are defined through touch, playing, and communicating non-verbally while at the same time safety rules are enforced (Booth, 2000). These structured interactions convey to the child that adults are predictable, safe and trustworthy. They also clarify the child's experiences and help him learn to regulate his emotions. The message structured interactions communicate to the child is: "I am in charge here so you can relax. You are safe with me because I will take good care of you."

During this assessment, David listened attentively and was excited to begin each task. When Mr. and Mrs. Young were clear with giving him directions, David responded to the tasks asked of him, without resistance. However, like many children with attachment disruptions, David's past experiences taught him not to rely on adult providers for safety and care. And although David was attentive to each task and did not display overt resistance, his instinctive need to be in control became more and more apparent when structure was not clearly defined. An example of this was when David stated that he wanted to read one of the cards out loud. Mrs. Young hesitated in allowing him to do this but appeared to want to soothe him and thus agreed. Sensing that he had taken over control of the task, she then attempted to define new structure by stating "Ok you can read it for a minute, but then I will read what it says" at which point David strongly stated "I don't want help with it. I can do it!" Mrs. Young quickly picked up on David's increasing anxiety during this defiant stance and right away defined how they were going to do the next card (she would read the card and he would get the materials).

During another task, when alone with his father, David once again took control. When Mr. Young became silent while thinking of a game that was familiar to play with David (as per the directions on the task card) David became visibly 'stressed' and began giving many suggestions about what they could play with. Finally when Mr. Young thought of a task, David appeared calmed by his dad's suggestion.

These examples clearly demonstrate how many children with David's history have had to be in control of their lives in order to survive the unpredictable and often stressful environments due to their previous disrupted attachment experiences. David's need to take control when there was not enough defined structure in place was a reaction which was instinctive to him. Each time David was given a choice ("Are you ready to go the next card?") presented him with the opportunity to take control which he did readily but which also created more uncertainty and anxiety in him. And even though he presented as controlling and overly confident at times, research has proven that children when faced with needing to control their environment are actually experiencing an enormous amount of stress and inner emotional dysregulation. During this assessment when there were clearly defined expectations outlined for David, he presented as calmer and more confident in the environment around him.

Engagement

In healthy parent-child interactions, many activities are unexpected, delightful and stimulating in order to draw the child into a relationship. The attuned parent also provides calming and soothing when needed in order to maintain an optimal level of alertness in the young child. Sroufe (2000) states that by effectively engaging the young child and leading him to longer episodes of emotionally charged, but organized behavior, caregivers provide the child with critical training in

the regulation of their emotions. Engaging activities provide opportunities for playful give and take that help a child become more aware of others and more confident interacting with them. They communicate to the child "You are fun to be with. You are capable of interacting in healthy appropriate ways with others."

During this assessment David loved playing with both of his parents. Both parents were equally skilled in their ability to engage David with the playful assessment tasks and were impressively attuned to his needs. One of the cutest examples of this was with the teach something new task whereby Mrs. Young taught David a new rhythmic dance-like song. David giggled delightedly as he and his new mom danced around the room with each other all the while learning and singing the words together.

Nurture

Nurturing activities involve meeting the child's needs for attention, soothing and care. They provide reassurance and help to meet the child's emotional state. Through such activities, the child learns that adults can respond to his needs and can make the world a comforting secure place to be. Attachment research demonstrates that attuned, engaging interaction between an infant and its significant caregiver leads to a secure attachment, a positive internal working model of self and world and the capacity to regulate emotions and actions. Effective nurture communicates to the child "You are lovable and I will respond to your needs for attention, affection and care".

During this assessment, Mr. and Mrs. Young were significantly attuned to David's emotional needs. Often, both parents were able to adjust the tasks to help accommodate for David's presenting anxiety. This was specifically apparent during the parent leave the room task when Mr. Young had to leave the room. David appeared very distressed and asked his dad to leave the door open so that he could see them from where he was. Mr. Young left the door open and stood right at the door with Mrs. Young as they both talked to David for the entire one minute task. This quickly soothed David's anxiety and he appeared comforted by this loving gesture. It was concerning to note though, how David did not 'cross over the line' of where the door opened into the waiting area where his parents were. Although they were within reach, he did not cross over the entryway but waited patiently on the other side of the door for them to re-enter the room to be with him. This behaviour clearly demonstrated David's perception of 'rules' and what he perceived might happen if he broke them. The pressure he put himself under in trying not to break the rules so that he could be a 'good boy' is worrisome. It not only demonstrated the enormous amount of strain he was feeling which obviously exacerbated his anxiety but it also clearly demonstrated the shame he was feeling due to his past experiences of attachment losses.

During this assessment it was apparent that David appeared uncomfortable when receiving nurture. This was most evident during the powder and lotion task when he preferred to be the one to give than to receive. His discomfort was also seen during the comb hair task whereby he needed to organize the pillows and stated how he wanted the task to be done before his comfort was apparent. However controlling David became due to his discomfort of the closeness of nurture, it was clearly obvious that both Mr. and Mrs. Young were completely attuned to David's discomfort and adjusted each task in a loving and supporting way. Their attunement to his needs brought a sense of comfort to David as he appeared calmed and soothed by their understanding of him and was best demonstrated when David told his Dad "We're doing some cool stuff in here Daddy!"

Challenge

In healthy parent-child interactions, challenging activities help the child extend himself a bit, try a little harder and learn to master anxiety provoking experiences (Booth, 2000). In order for the child to be successful, they must be appropriate to the child's current level of functioning. Challenging activities encourage the child to take a risk and to become more independent. Challenging experiences are most helpful for a young child when they are cooperative rather than competitive. They communicate to the child "You are competent. You are capable of growing and making a positive impact in the world."

Although most activities did not present as challenging for David (as he was physically and cognitively able to meet each task) he obviously felt challenged by the newness of the entire experience. This was clear in that David presented as very hypervigalent to the environment and needed to know what was behind every door ("What is in there?") and attuned to every sound he heard. This is not unusual given that David was just recently adopted by Mr. and Mrs. Young. Children with attachment disruptions often have delays in their emotional development and thus are not as emotionally equipped to handle challenges as their same aged peers may be. It was impressive that both parents were instinctively aware of David's emotional fragility and were able to support David appropriately throughout each task to help him feel successful.

Summary and Recommendations

David, like many children who have had several placements at a young age, has the instinctive need to control his world and consequently shows behaviour consistent with an anxious attachment style. David often attempts to take the lead when interacting with parents, especially when he is given choices. It is positive to see that Mr. and Mrs. Young are attuned to David's emotional fragility and are able to adjust situations to help soothe and calm him and he easily accepts these adjustments. However, Mr and Mrs. Young need reassurance and confidence

Challenging activities encourage the child to take a risk and to become more independent. Challenging experiences are most helpful for a young child when they are cooperative rather than competitive.

in following their instincts when helping David overcome his anxiety and need to control. Mr. and Mrs. Young obviously love their new son very much and are very much in sync with not only his needs but each others, which is a very positive base to begin Theraplay® from.

1. Theraplay treatment that emphasizes Nurture will be important for David. Nurturing tasks will assist David in allowing to be cared for to meet his younger emotional needs instead of always attempting to take care of himself.
2. Theraplay activities that focus on Structure will also be the focus of the sessions. Playful tasks that put the adult in charge will provide David with the experience of allowing someone else to make decisions for him as positive and relieving. These tasks will allow him to just be the little boy he deserves to be without the stress of worrying about making decisions.
3. Relaxation strategies will be taught to David. His parents will be supported in learning to identify the cues David is giving when he is beginning to feel anxious so they can assist him in learning to relax. Such 'guided self-regulation' is the foundation for the child's ability to genuinely self-regulate that should follow. As David' capacities for self-regulation gradually emerge, parental tasks will move toward providing optimal contexts for mastery of age appropriate challenges.
4. David will benefit from some dyadic developmental narrations which will help address his shame based behaviours and will verbally acknowledge David's earlier experience of deprivation, loss and neglect. These narrations will also provide support for the parents in telling his story about his history and identity. These narrations will be done during the nurturing parts of the sessions in order to provide David with the loving support of his parents.
5. Provide support and psycho-educational guidance for Mr. and Mrs. Young in order to help them build confidence in their skills as parents.

There are several advantages for using the play based structured MIM over using purely interview techniques. The participant's active involvement in the selected playful tasks allows for typical patterns of interactions to occur between family members. The tasks can be chosen to spotlight specific problem areas as well as areas of strength. Coping skills can be seen clearly and detailed insight can be attained by observations of antecedent behaviours. It is possible to assess how well the parent and child are negotiating the various aspects of parent-child interaction and to make recommendations for treatment, reunification or placement. However, while the MIM provides extremely rich information, it is important to note that it should not be the sole basis for making therapeutic recommendations. Other valuable sources of information should be included in order to support the observations and recommendations made from the MIM.

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Creative Engagement and Assessment Activities

for Children, Youth, and Families

By Liana Lowenstein, MSW, CPT-S

When children are referred for therapy they typically feel anxious and are reluctant to talk directly about their thoughts and feelings. Activities that are creative and play-based can engage children and help them to safely express themselves. The purpose of this article is to provide therapists with creative interventions to engage and assess children, youth, and families.

Guidelines for Therapists

The interventions presented in this article aim to capture and sustain children's interest and motivation in therapy, and to help them express themselves within the context of a safe therapeutic environment. In using these interventions however, the following guidelines should be considered:

Have a Strong Theoretical Foundation

Therapists should be well-grounded in their theoretical orientation before using any activities in sessions. Interventions should not be used indiscriminately or in a manner that ignores clinical theory. The activities in this article can be integrated into any theoretical orientation that uses a directive child therapy approach.

Build and Maintain a Positive Therapeutic Rapport

Regardless of the activity being used, the therapist-client relationship is central to the client's realization of treatment goals. Since the rapport that develops between therapist and client forms the foundation for therapeutic success, the therapist must create an atmosphere of safety in which the client is made to feel accepted, understood, and respected.

Use Interventions that are Appropriate for Each Client

The child's developmental capacities should be considered to ensure that the selected activity is appropriate. Pacing is also important. Consider the client's level of engagement in therapy and degree of defensiveness before implementing activities that are more emotionally intense.

Introduce, Process, and Bring Closure to Each Activity

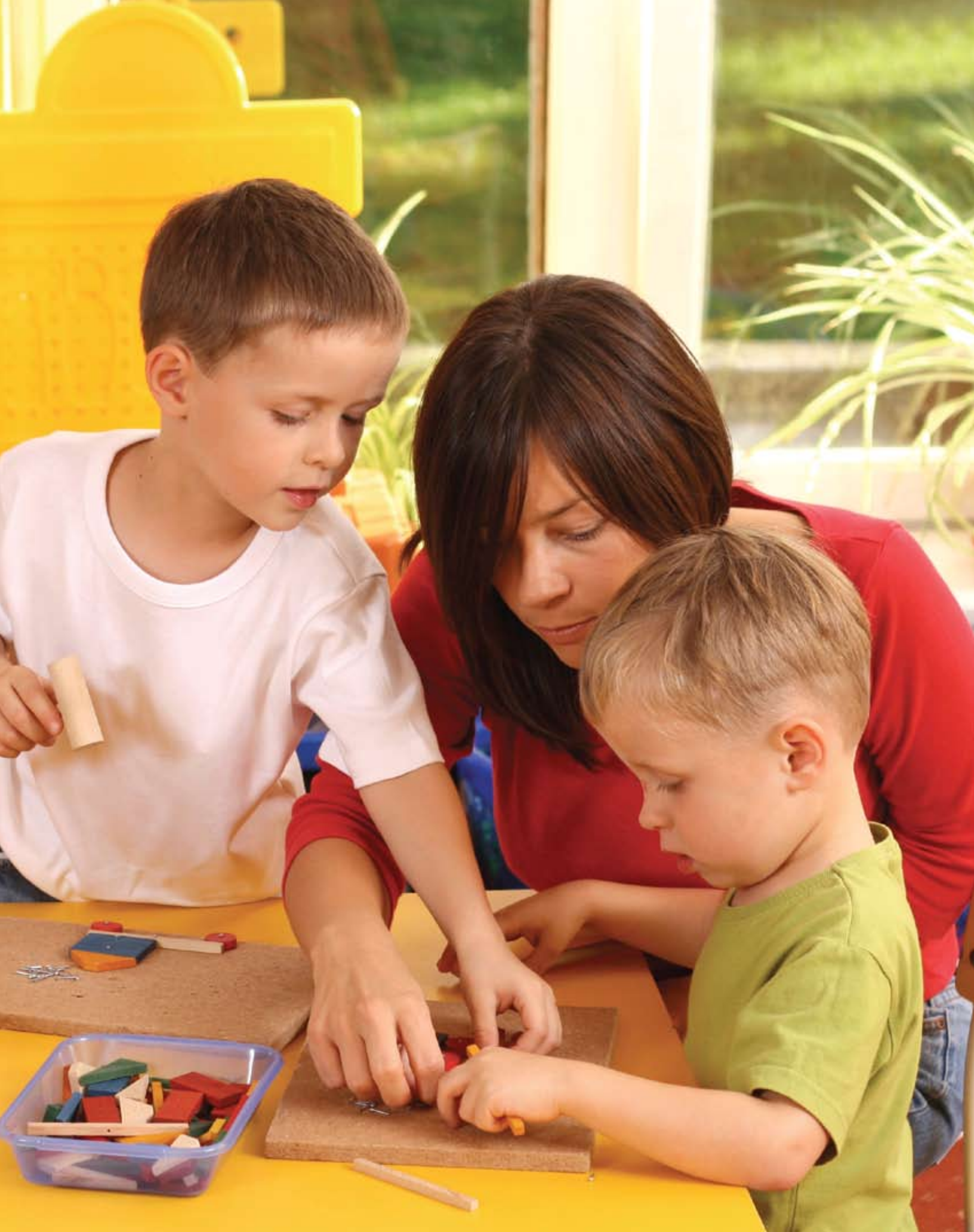
When implementing an activity, first consider how it will be introduced to the client. The therapists enthusiasm, creativity, and overall style will be key factors in determining if the client will become interested and engaged in the activity. The purpose of the activity should be outlined and the instructions clearly explained. Interventions should be carefully processed and used as a point of departure for further exploration. When the activity has been completed and sufficiently processed, the therapist should bring closure to the activity.

Interventions

The *"I Don't Know, I Don't Care, I Don't Want to Talk About it"* Game

(This activity is adapted from the book, More Creative Interventions for Troubled Children and Youth, by Liana Lowenstein.)

Explain the game as follows: "We're going to play a game that's going to help us get to know each other. It's called ***The 'I Don't Know, I Don't Care, I Don't Want to Talk About It' Game.*** I'm going to begin by asking you a question; a question that will help me get to know you better. If you answer it, you get a potato chip*,



but if you say I don't know or I don't care or if you don't answer the question, I get your potato chip. Then you get to ask me a question; a question that will help you get to know me better. If I answer the question, I get a potato chip. But if I say I don't know or I don't care or if I don't answer the question, you get my potato chip. The game continues until we've asked each other five questions."

The therapist should order and pace the questions appropriately. Begin with neutral questions such as, "What do you like to do when you are not in school?" and "What is one of your favorite movies?" As the child begins to feel more at ease, questions that involve greater risk taking can be asked, such as, "What is one of your worries?" and "What's something you wish you could change about your family?" End the game on a positive note with a question such as, "What's one of your happiest memories?"

The therapist should handle the child's questions with discretion. Some self-disclosure is required, but only information that is appropriate and helpful to the client should be shared. If the child chooses not to answer a question, the therapist can respond, "You must know yourself really well; you know what you feel comfortable talking about and what you want to keep private for now." This is an empowering message for the child.

* *An alternative to potato chips can be used, such as beads that the child can accumulate to make a bracelet, Lego pieces, or gemstones.*

Butterflies in My Stomach

The therapist introduces the activity by pointing out that everyone has problems and worries. Different ways the body reacts to stress are outlines; for example, when a person is scared, his heart might pound faster, or when a person is sad and about to cry, he might feel like he has a lump in his throat. The therapist then asks the client if he has ever heard of the expression, "I have butterflies in my stomach." If the client is unfamiliar with the expression, the therapist can offer an explanation, such as, "When you are worried or nervous about something, your stomach might feel funny or jittery, as if you have butterflies in your stomach. You don't ***really*** have butterflies in your stomach, it just feels like you do." Next, the child lies down on a large sheet of banner paper, while the therapist outlines the child's body. (Alternatively, the child can draw a body outline.) Then the therapist gives the child assorted sized paper butterflies (the therapist can copy butterfly outlines from the book, Creative Interventions for Troubled Children and Youth, by Liana Lowenstein). The child writes his or her worries on the paper butterflies. Bigger worries are written on the larger butterflies, smaller worries on the smaller ones. If the child is reluctant to identify worries, the therapist can give prompts, such as, "Write about a worry you have at school", "Write about a worry you have about your family" and "Write about

a worry you have with other kids." The butterflies are then glued onto the child's body outline, inside the stomach. As the child identifies each worry, the therapist can facilitate further discussion by asking open-ended questions, such as, "Tell me more about this worry." At the end of the exercise, the child can color the butterflies and decorate the body outline.

This activity facilitates self-awareness and open communication. It is a useful assessment tool that can be applied to a wide variety of client populations. This is a particularly useful activity with children who have a multitude of presenting problems, as it enables them to communicate to the therapist which problems are most pressing and need priority in treatment.

Color the Circle

(This activity is adapted from the book, More Creative Interventions for Troubled Children and Youth, by Liana Lowenstein.)

Cut out eight three-by-three-inch paper circles and use a black marker to write one of the statements below inside each circle: *(1) It is hard for me to talk about my problems (2) I pretend that everything is okay even when I feel upset (3) I feel loved and cared for (4) I get along well with my family (5) I get along well with other kids (6) I am worried I will not do well in school (7) I feel I am a good person (8) I am glad I am getting help now.*

Provide the client with a pencil, and explain the activity as follows: "Read the statements in each circle and fill in each circle to show how you feel. If you totally agree with the statement, color in the whole circle. If you agree a bit, color in part of the circle. If you do not agree at all, leave the circle blank."

The client's responses can be explored and used as a foundation to assess treatment needs. This is a particularly useful activity with clients who have difficulty articulating their feelings because the client can communicate salient information without having to verbalize. The activity can be modified depending on the client's age and the assessment information to be gathered.

The Way I Want it to be

The client draws two pictures. The first on the sheet of paper is titled: *The Way My Life Is*. The second on the sheet of paper is titled *The Way I Want It To Be*. The client then discusses the two pictures. The therapist can ask the following process questions: How did you feel during the drawing activity? How are you going to get from the way it is to the way you want it to be? What do you need to do differently in order to get to the way you want it to be? How might therapy help you get to where you want to be? How will you feel when you get to where you want to be? (For additional process questions see, More Creative Interventions for Troubled Children and Youth, by Liana Lowenstein). A variation for family therapy is to have the family draw two pictures. The first is titled: *The Way It Is in Our Family*. The second is titled: *The Way We Want It to Be in Our Family*. The counselor processes the activity as above, but the questions are reworded to suit a family session, i.e. How did each person in the family feel during the drawing activity? What does each member of the family need to do differently to help your family get to the way you want it to be?" How might therapy help your family get to where you want to be? How will it feel to get to where you want it to be?

Incorporating art activities into family sessions provides a medium to engage all family members. While the content of the family drawings provides valuable diagnostic information, the therapist should also focus on the family dynamics that emerge during the exercise, such as interaction styles, issues of power and control, roles, and dysfunctional patterns.

The Dice Game

(This activity is adapted from the book, Creative Interventions for Bereaved Children, by Liana Lowenstein).

Explain *The Dice Game* as follows: "This is a game to help you talk about your thoughts and feelings. To play, roll the dice. If you roll an even number (2, 4, 6), pick a card and answer the question. If you roll an odd number (1, 3, 5), you get a token. At the end of the game, trade in tokens for prizes (earn 1-3 tokens and get one prize, earn 4 or more tokens and get two prizes). Play the game until all the questions have been answered."

Develop questions geared to the client. For example, questions for a bereaved child can include: (1) Who told you your loved one died and what do you remember them saying? (2) How did you and each person in your family react to your loved one's death? (3) Tell about a worry you have had since your loved one died (4) Share a favorite memory of the person who died (5) What do you believe happens to people after they die? (6) What has helped you the most since your loved one died?

Since children enjoy playing games, this activity is engaging and facilitates communication about salient issues. The tokens and prizes at the end serve as positive reinforcements. The game can be adapted for group and family sessions.

Paper Dolls

(Adapted from Crisci, Lay, and Lowenstein, 1997)

(This activity is adapted from the book, Paper Dolls and Paper Airplanes: Therapeutic Exercises for Sexually Traumatized Children, by Geraldine Crisci, Marilyn Lay, and Liana Lowenstein).

Introduce the activity by stating, "We are going to do an activity about the important people in your life, and how you feel about them." The child makes a string of eight paper dolls (for instructions refer to Crisci, Lay, & Lowenstein, 1997, page 29).

The child uses the paper dolls to complete the activity as follows: "Label each doll by writing the names of the people who are

important to you. Include yourself, each person in your family, and other people who are important either because you feel close with them or because they have hurt or upset you. For example, you may want to include certain relatives, someone who hurt you, your teacher, a best friend, baby-sitter, foster parent, therapist, or pet. Next, you are going to put stickers on the paper dolls to show how you feel about these people. Put a happy face sticker on the people who feel happy, and explain why they feel happy. Put a red dot sticker on the people who feel angry and explain who they are angry at and why they feel angry. Put a black dot sticker on the people who are mean or bad and explain why they are mean or bad. Put a star sticker on the people who help you and explain what they do to help you." As a closing activity, the child can make a sticker book to take home.

The paper dolls and stickers are used to engage children and to help them express thoughts and feelings regarding family and community relationships.

Scavenger Hunt

(This activity is adapted from the book, Creative Interventions for Children of Divorce, by Liana Lowenstein)

This intervention is most appropriate for group settings, but it can be adapted for individual or family sessions. The therapist develops a list of scavenger hunt items for the group members to collect. The list can be modified depending on the age of the clients and the issues to be addressed in the session. For example, scavenger hunt items for a group of children dealing with divorce can include: (1) Definition of divorce (2) Outline of a hand (3) Five feelings children may have when parents divorce (4) Two people with the same shoe size (5) Words of advice to help children who feel the divorce was their fault (6) A group of children holding hands and singing a song.

The activity is explained as follows: "You will be divided into two teams. Each team will get a list of scavenger hunt items to collect. You will have 15 minutes to collect as many items on the list that you can. The team that collects the most items from the list wins."

A group leader should be assigned to each group to assist with reading and writing and to facilitate appropriate group interaction.

This intervention promotes open communication, expression of feelings, and problem-solving. It encourages open dialogue among group members and facilitates group cohesion.

Conclusion

Children will more readily embrace therapy if it is engaging, innovative, and immersed in play. The activities in this article are designed to appeal to children so that a positive therapeutic experience results. Therapists *can* break through the resistive barrier, engage children in therapy, and have successful treatment outcomes.

References

Crisci, G., Lay, M., Lowenstein, L. (1997). Paper Dolls and Paper Airplanes: Therapeutic Exercises for Sexually Traumatized Children. Indianapolis: Kidsrights.

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Lowenstein, L. (2002). More Creative Interventions for Troubled Children & Youth. Toronto: Champion Press.

Lowenstein, L. (2006). Creative Interventions for Bereaved Children. Toronto: Champion Press.

Lowenstein, L. (2006). Creative Interventions for Children of Divorce. Toronto: Champion Press.

About the author

Liana Lowenstein maintains a private practice in Toronto, provides clinical supervision and consultation to mental health professionals, and lectures internationally on a variety of topics related to child therapy. She has authored numerous publications including the books, Creative Interventions for Troubled Children and Youth, Creative Interventions for Bereaved Children, and Creative Interventions for Children of Divorce. To contact the author, visit www lianalowenstein.com

Manitoba Association of CACPT

Upcoming Certification Training in Winnipeg MB

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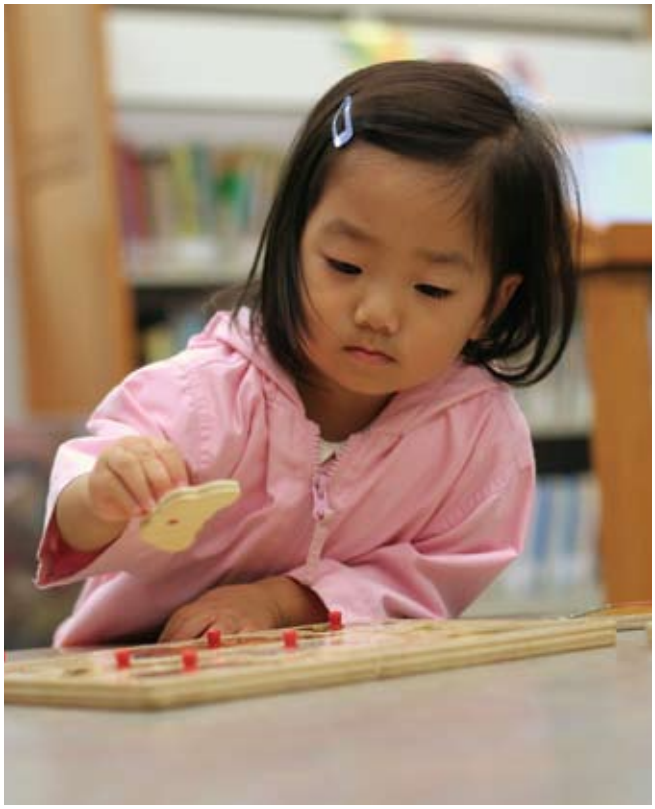
If space allows, individuals who are not in the Certification Training program may register for these courses. For more information or a registration form, go to the CACPT website, or contact Linda Perry: *perryla@ms.umanitoba.ca*

Play Therapy: An Annotated Bibliography



The following selection of resources was chosen for Mental Health Professionals including Counsellors, Therapists, Clinicians and Students interested in learning more about Play Therapy or who already use Play Therapy Techniques in their own practice. The list of books consists of Play therapy Classics, Favorite Canadian Authors and what's New and Hot in the area of Play Therapy. Topics include the history and development of Play Therapy, theoretical and practical approaches, Play Therapy techniques, developing the therapeutic rapport, utilizing Play Therapy with different ages, settings and populations in addition to practical activities and case examples.

Play Therapy Classics

Axline, V. (1947). *Play Therapy*. Boston, MA: Houghton-Mifflin.

Dr. Virginia Axline has written a practical book that provides illustrations of how play can be implemented in the therapeutic process. The eight basic principles of Non-Directive Play Therapy are introduced as well as the playroom and suggested materials, the child, and therapist. Dr. Axline includes a chapter on the implications of education and how the basic principles can be applied to the classroom. Lastly, an annotated collection of therapy records from individual and group therapy sessions is presented with children ranging in age, problems and personality. Although this book is intended for Clinicians and Case Workers, it would also be rewarding for the parent, teacher and anyone working directly with children.

Gil, E. (1991). The Healing Power of Play: Working with Abused Children. New York, NY: The Guilford Press.

This book helps the therapist facilitate Play Therapy with the child who is difficult to engage due to their past experience of neglect or abuse. Issues discussed include the impact of abuse; special considerations when working with the abused child as well as different Play Therapy techniques are explored. Dr. Eliana Gil also provides six clinical vignettes that offer guidelines for assessment and treatment in order for the abused child to work through their posttraumatic play and come to gain resolution. This book is an excellent resource for those Mental Health Professionals working with abused children.

Gil, E. (1994). *Play in Family Therapy*. New York, NY: The Guilford Press.

In order to bridge the gap between Family and Play Therapy, this book provides the therapist with the theoretical component as well as practical application of including the young child in the Family Therapy session. A repertoire of a variety of play techniques such as puppets, art and storytelling are presented within clinical examples. Although some family members may be resistant to participate in the play process, Dr. Gil provides the therapist with techniques on how to overcome problems that may arise. This book would be of interest to those therapists and students interested in both Play and Family Therapy.

Homeyer, L. & Sweeney, D. (1998). *Sandtray: A Practical Manual*. Royal Oak, MI: Self-Esteem Shop.

This manual provides a brief overview of the history and rationale for Sandtray Therapy, in addition to the key elements on how to conduct a sandray session, and processing the end product. The authors provide detailed information on the selection of the sand, sand tray, miniatures and specific arrangement in the therapy room. An appendix includes session summary forms, sample consent and professional disclosure statements that can be copied or adapted by the Therapist. Great for Therapists who want to learn about Sandtray Therapy for use in their own practice.

Landreth, G. (1991). *Play Therapy: The Art of the Relationship*. Muncie, IN: Accelerated Development Press.

Gary Landreth provides invaluable information for creating the therapeutic relationship with children and facilitating the process through play, the child's natural form of communication. Topics

include the meaning, development and theoretical approaches to Play Therapy, objectives of the child-centered approach, characteristics of facilitated responses and guidelines for the Play Therapy session. A great book for those just beginning or interested in knowing the foundations for therapy with children.

Oaklander, V. (1988). *Windows to our Children: A Gestalt Therapy Approach to Children and Adolescents*. Highland, New York: The Gestalt Journal Press.

Through a Gestalt orientation to therapy, Violet Oaklander describes the methods, materials and techniques needed for working with children and adolescents who have experienced trauma in their lives. Through the use of expressive therapies, the therapeutic process and specific problem behaviours that children have presented in which they bring to therapy is presented in the transcripts from actual case examples. Considerations and effective ways to deal with different age levels, group settings and how to adopt techniques to anyone or any situation is presented. Counsellors and Therapists in schools, mental health centers and private practice embrace this book.

O'Connor, K. (2000). *The Play Therapy Primer, (2nd ed.)*. Somerset, NJ: John Wiley & Sons, Inc.

Young children are unable cognitively to express themselves in the more traditional therapy session. ***The Play Therapy Primer, Second Edition*** provides therapists with an understanding of how children work through emotionally distressing experiences or overcome behavioural and developmental problems through Play Therapy. This resource also includes a chapter discussing diversity issues with case examples. This book provides beginning students and Practitioners with a thorough introduction to using play in therapy.

Schaefer, C. E. (Ed). (2003). *Foundations of Play Therapy*. Hoboken, NJ: John Wiley & Sons, Inc.

Foundations of Play Therapy is a valuable tool that provides detailed descriptions of all of the major theoretical models of Play Therapy. These models include Psychoanalytic, Cognitive Behavioural, Jungian, Family, Adlerian, Group, Child-Centered, Ecosystem, Filial, Phenomenological, Gestalt, Object Relations, Attachment-Oriented and Prescriptive theory. It provides a structure by which the reader can apply the theory and intervention model to their own practice. Psychologists, Counselors, Social Workers, and School Counselors, will find this an essential text for training students and professionals interested in the field of Play Therapy.

Favorite Canadian Authors

Bedard-Bidwell, B. (Ed.). (1997). *Hand in Hand: A Practical Application of Art & Play Therapy*. Thames River Publishing. [Also by the same author: *Hand in Hand II: An Art/Play Therapist's Treasure Chest* (2003)]

Hand in Hand is a compilation of practical applications of Art and Play Therapy from a number of experienced professionals. Betty Bedard-Bidwell begins in Chapter one describing the importance of the therapist and taking care of oneself professionally, personally and spiritually. The remaining chapters cover information about the history of Art Therapy in Canada, Theraplay, and equipment for the playroom, the use of puppets, how to use Play and Art Therapy with families and school system as well as ethical and professional practice. This book is great for anyone interested in Art and Play Therapy.

Crisci, G., Lay, M., & Lowenstein, L. (1997). *Paper Dolls & Paper Airplanes: Therapeutic Exercises for Sexually Traumatized Children*. Indianapolis, IN: Kidsrights.

This book is an invaluable tool for therapists working with sexually abused children. Included are several activities and exercises that can be integrated into any treatment plan. The themes in each chapter include the definition of sexual abuse, family and community relationships, identify and coping with feelings, secrets, post-disclosure experiences, documentation, responsibility, offenders, triggers, sexuality, personal safety, and self-esteem. ***Paper Dolls and Paper Airplanes*** can be used by Mental Health Professionals who work with sexually abused children in individual or group treatment.

Lowenstein, L. (1999). *Creative Interventions for Troubled Children & Youth*. Toronto, ON: Champion Press.

(Also by the same author: *More Creative Interventions for Troubled Children & Youth (2002). Creative Interventions for Bereaved Children (2006) Creative Interventions for Children of Divorce* (2006) Toronto, ON: Champion Press.)

Liana Lowenstein provides in her first book practical and creative ways to complete assessments and treatment plans with activities designed to engage resistant clients in counselling. Activities address issues such as feelings, coping strategies, social skills and self-esteem in addition to termination activities. ***Creative Interventions*** can be utilized in individual, group and family therapy sessions. Each activity identifies the treatment goal, recommended age range and treatment modality. This is a practical guide for any Mental Health Professional seeking to add innovative activities to their repertoire.

Lubimiv, G. (1994). *Wings for our Children: Essentials of Becoming a Play Therapist*. Burnstown, ON: General Store Publishing.

Through his book, Greg Lubimiv shares the power of play as well as how to understand and utilize play not only in the work of children, but also with adolescents, adults, families, groups and organizations. Topics include the importance of play, child development, child management and systems theory. Greg Lubimiv also provides practical examples of techniques used in the Play Therapy session and what to consider when setting up the playroom. For those Clinicians utilizing play therapy.

Munns, E. (Ed.) (2000). *Theraplay: Innovations in Attachment-Enhancing Play Therapy*. Northvale, NJ: Jason Aronson, Inc.

Theraplay is designed to strengthen the healthy attachment, self-esteem and trust between the parent and child. Dr. Evangeline Munns introduces this treatment method for individual child and parent sessions. Part one provides an introduction to the theory, history and techniques of Theraplay. Part two focuses on how Theraplay can be utilized with a single family or multifamily format as well as how it is easily adaptive with various populations, and settings. Part three discusses how Theraplay can be used in a group format or within a school or health care system. An excellent guide for all Mental Health Professionals looking for a new way in helping children, parents, and families.

Yasenik, L., & Garnder, K. (2005). *Play Therapy Dimensions Model: A Decision-Making Guide for Therapists*. Calgary, AB: Rocky Mountain Play Therapy Institute.

This model is a framework that organizes a variety of Play Therapy approaches and theoretical orientations that the play therapist can practically apply to treatment. According to the Play Therapy Dimensions Model, the Play Therapy process is attached to two primary dimensions, consciousness and directiveness and further conceptualized within four

quadrants. The four quadrants include non-intrusive responding, co-facilitation, active utilization and open discussion and exploration. The Play Therapy Dimension Model is illustrated by two clinical case examples that are described in this book and on the accompanying 60 minute DVD. This model is useful for the practitioner who uses an eclectic approach in their practice.

New and Hot

Gil, E. (2006). *Helping Abused and Traumatized Children: Integrating Directive and Nondirective Approaches*. New York, NY: The Guilford Press.

Eliana Gil presents an integration of Directive and Nondirective approaches for treating traumatized children. Through play, art, and other expressive therapies, children who have been traumatized by sexual abuse or other maltreatment can externalize and process overwhelming experiences in a non-threatening way. The ideas and strategies are drawn from Cognitive-Behavioural and Family Therapy. Four case illustrations describe the therapeutic process including interventions. Special issues are presented such as posttraumatic play, trauma-focused Play Therapy, problems of dissociation as well as assessing and clinical interventions. For any therapist working with children who have been abused or traumatized.

Reddy, L., Files-Hall, T., & Schaefer, C. (Eds.) (2005). *Empirically Based Pay Interventions for Children*. Washington, DC: American Psychological Association.

This book provides the Clinician with current research on Play Therapy and how it is being used to treat a variety of childhood difficulties including both externalizing and internalizing behaviours. The book focuses mostly on interventions for preschool and elementary aged children which can be replicated in a variety of settings and prove their efficacy. Clinicians will find this book useful to use as a reference for empirically based play techniques or programs.

Schaefer, C., & Kaduson, H. (Eds). (2006). *Contemporary Play Therapy: Theory, Research and Practice*. New York, NY: The Guilford Press.

This volume includes a diverse range of practical, hands-on approaches for specific problems and populations such as children who are homeless, sexually abused, exhibiting social aggression, cultural diversity in Play Therapy, and natural disasters. An overview of the theories including Object Relations, Narrative, Dynamic and Experiential Play Therapy, Play Therapy research, and specific applications are addressed. A valuable resource with practical information for Clinicians.

Written by:

Kimberly Blackmore, M.C.
Play Therapy Intern Level II

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.

Charitable Status: The Canadian Association for Child & Play Therapy Certificate Program is a non-profit charitable foundation offering scholarships and bursaries.

Membership Benefits

1. **Specialized Training**
   CACPT members receive a substantial discount at all CACPT sponsored conferences, workshops and other events. The CACPT Play Therapy Certificate program is an intensive program available to members.
2. **Publications**
   CACPT members receive the Association's periodicals as a membership benefit.
3. **Discounts**
   The 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.

Become a CACPT MEMBER!

Membership in the Canadian Association for Child and Play Therapy (CACPT) is open to those who are principally engaged in child psychotherapy and play therapy or have a direct or indirect interest in child psychotherapy in fields of education counseling, therapy, medicine, law, or arts and literature.

Membership benefits include specialized training, access to publications, discounts with specified retail outlets and professional liability insurance.

To join, please fill out the membership form and send it to the CAPCT address indicated below. 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 vs. 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 / easharpe@rogers.com

childtherapytoys.com

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PLAY WELL

Sandtray and Play Therapy Toys • Play Sand • Moon Sand • Play Therapy and Children's Books • Therapeutic Board and Card Games • Bop Bags • Dolls • Mobile and Filial Therapy Kits • Dollhouses and Furniture • Self-Help Books • Sound Screens • Classic Wood Toys • Puppets

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