

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

Playground

August 2009

The Build-a-House Technique

A Family Play Therapy
Assessment Activity

Adoption, Play Therapy and Attachment Focused Family Therapy

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Playground

Canadian Association for Child and Play Therapy

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CACPT Membership Information



Hello from the President



CACPT is pleased and excited once again to bring you this edition of *Playground*. With its new fiscal year well underway, we have much to share with you!

As promised the Board of CACPT has been intent on reaching out to fellow Canadians to help spread the good news of how Child Psychotherapy Play Therapy can help our nation's children and their families. In this edition you will see how we are well represented across Canada. From Halifax where we hosted our AGM and Annual workshop all the way over to British Columbia where one of our author's resides ... and several other provinces represented in between.

Speaking of our AGM, we were warmly welcomed in Halifax this past spring where we hosted our Annual General Meeting and put on a one day workshop (Creative Interventions for Troubled Children and Youth) led by our very own Liana Lowenstein. Nova Scotian's are known for their fine hospitality and warm welcoming nature and this was demonstrated to us first hand while we were there. Thank you Halifax!

In this edition you will find articles focused on specific interventions used in Child Psychotherapy. As a therapist myself, I find learning how other colleagues use specific modalities helps to inspire me in working with my own clients. More specifically I find that reading about new games, playful interventions, styles or applications motivates me to venture out of my 'comfort' zone of using the 'same old ones' and to try new techniques. When I do, I find myself not only excited to see how the applications work but gratified to see how they help me to understand and help my child clients even further. Thank you to this editions authors for providing this insight and inspiration to all of us!

Summer is often a time for families and children to find time outside to play, relax and reconnect with one another. The summer months have a way of healing which can be as powerful as many interventions out there. Like most of you, I find it easier to take some time for my own family and focus on self-care during the summertime. With that in mind, I recently hosted a 3 day Retreat and Intermediate Theraplay® Workshop at my cottage this summer with the intention of helping therapists learn more about Theraplay®, as well as provide an opportunity to rejuvenate, reenergize and refresh. One participant came from as far away as Newfoundland and others from North and South Ontario. The days were balanced with reviewing Attachment and Emotional Regulation theory, observing and discussing Theraplay® video'd sessions along with kayaking, swimming, hiking or just sitting by the lake watching the loons swim by. The peacefulness of the setting and the building of camaraderie amongst like-minded professionals was not only refreshing to my mind but to my internal spirit. It refueled my energy and fulfilled my dream of sharing the blessings of my peaceful cottage with others who deserve to be nurtured after helping heal so many of their own clients. My hope is that all of you, my dear Canadian Colleagues, feel the same 'healing' powers from the summer months and that you get the opportunity to re-energize yourselves this season!

Summer Blessings everyone!

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



The summer months offer us the opportunity to reposition ourselves and to imagine new and exciting opportunities for our association. It was our pleasure this summer to take some time from our summer vacation to meet with some of our members in British Columbia. Their feedback will help us plan our new year and ensure that what we are doing will be of benefit to members across the country. We also talked to many members from across the country during our Play Therapy Certificate Program in London, Ontario in May and June this year. Their input and suggestions have been taken to heart and some exciting new plans are being implemented starting in September.

Despite the tremendous outcry in our country for more and more play therapists, we are reminded daily that there is a serious shortage of trained and certified play therapists to fill the gap. It is our hope to be able to offer the play therapy certificate training program across the country. In the meantime, CACPT has introduced its Approved Play Therapy Continuing Education Provider program. CACPT designates individuals, organizations, and businesses as Approved Providers of Continuing Education programs and are given CACPT's stamp of approval. This will help fill the gap and provide us with a list of training providers who meet the standards set by CACPT and who we can refer to.

Our membership continues to grow and we are very excited to report that more and more therapists are turning to CACPT for their professional support. *Playground* magazine has been a huge hit, thanks to our advertisers who have financially supported CACPT throughout the past two years. Without them, we would not be able to produce this high quality magazine.

Your volunteer Board of Directors continues to meet and develop great new opportunities, products and services. CACPT is pleased to announce an exciting, time limited opportunity for play therapists who have achieved Certification/Registration status with APT or PTI and who would like to become Certified with CACPT. You can become Certified with CACPT without having to formally apply for certification, and the certification fee will be waived. This is a time limited offer and is only available until December 31, 2009.

And last but not least, we are pleased to announce that this year we will be accepting membership renewals on-line. This will save you time and money not having to mail in your forms.

Have a great rest of the summer.

Respectfully submitted,

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

The Build-a-House Technique

A Family Play Therapy Assessment Activity

by **Chris Conley**, MA, RCC, RMFT, CPT-S, RPT-S

Registered Clinical Counsellor

Registered Marriage & Family Therapist

Certified Child Psychotherapist & Play Therapist Supervisor

Assessment is important to the formulation of effective therapeutic interventions. Too often assessment focuses on intra-psychic aspects to the exclusion of interpersonal and systemic. Understanding a child and their presenting issues within the context of the family is critical to deriving an effective treatment plan. This article presents the Build-a-House Technique, a family play therapy assessment activity created by Carla Sharp to “address the need for a child-friendly play technique that would assist the clinician in the assessment of the family system.” It is founded in child therapy, family therapy and systems theory and play therapy.

Use of Play in Family Assessment

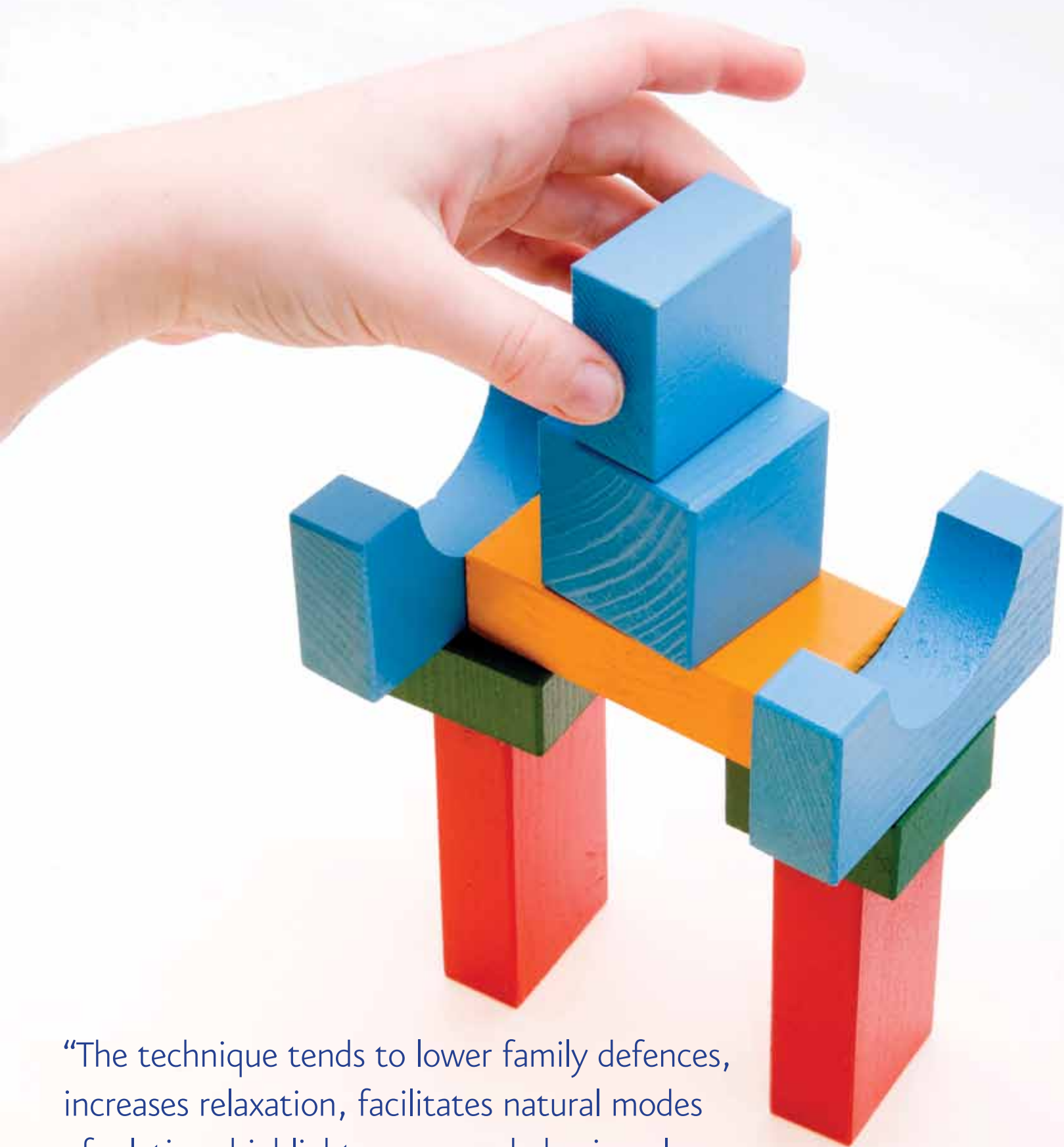
There are numerous benefits to using play in family assessment as noted by authors of family therapy and play therapy. Ackerman noted that “without engaging children in a meaningful interchange across generations, there can be no family therapy.” Keith and Whitaker observed that “fundamental family functioning takes place at the non-verbal level. Play is the medium for expanding their reality.” Play is a child’s natural form of communication. Often the most relevant information about a family and about a child’s presenting issues comes from the spontaneous verbal and nonverbal communication during interaction.

Play facilitates the inclusion of young children in the session. It is not necessarily the observation of young children that is important but rather the interaction with and reaction of parents and siblings to the young children. Carla Sharp notes that the technique tends to lower family defences, increases relaxation, facilitates natural modes of relating, highlights common behavioural patterns and reflects genuine affect.

Description of the Technique

Parents are informed at the onset of therapy that all family members will be asked to participate in a family play activity. It is commonly used at about the fifth session after the therapist has met with the parents for a session and with the child for a few individual sessions. It is contra indicated for use with families experiencing acute grief.

The family play activity itself is rather straightforward and takes about 40 to 50 minutes to complete. Family members are directed into a circle on the floor of the playroom, given a basket of 100 standard wooden blocks of various shapes and asked to build a house, any kind of house they want. They are told that they may put any items they see in the playroom into the house. Family members often place doll house furniture, doll house people figures and sand tray miniatures in and around the house they have built. They are told that the only rule is that they are to work on it together. The therapist tells the family that he/she will talk with them afterwards about what it was like to build the house. The therapist remains in the room observing family engagement. The therapist responds only to provide clarification or encouragement. The therapist provides feedback to the parents in the next session.



“The technique tends to lower family defences, increases relaxation, facilitates natural modes of relating, highlights common behavioural patterns and reflects genuine affect.”

The therapist formulates observations about the process of building the house and about the house itself. Observation of the process provides information related to family structure and dynamics, roles and communication patterns, family strengths and weaknesses, decision-making style, power structure, parenting style, and quality of family relationships. The house can be viewed as a projective instrument of the family's issues particularly those related to boundaries, conflicts, subsystems and unconscious dynamics.

Role of the Therapist

The therapist does not offer interpretation but may validate observations by asking questions including if it is typical of home life. The therapist may ask family members about what they enjoyed or did not like about the process and who was in charge. The therapist will sometimes ask for further information about the process or aspects of the house. Carla Sharp encourages the therapist to provide the parents and family members with at least one strength and to share with the parents insights observed. The therapist has the sometimes difficult task of understanding the symbolism and metaphors used by the family both in the communication and in the house itself.

The manual includes a recording form that is useful for organizing observations. The form covers numerous areas including the following: spontaneous response to instructions; who initiates, helps or hinders; level of organization in the family's approach to the task; role of each family member; communication patterns; level of control exerted by parents; conflicts and level of resolution; family dyads or triads; manner in which parents relate to each other; family's use of humour, teasing or joking; who introduces and builds a bathroom, kitchen; family member boundaries; level of observed enjoyment; reaction to house falling; attachment; family cohesion; family adaptability, description of the house and symbolic objects; description of how the family members described the house and the process; and family strengths.

Areas of Assessment

Multiple areas of assessment are possible with the use of the Build-a-House Technique. Extensive coverage of all assessment areas are beyond the scope of this article, however, Carla Sharp in her manual covers the most relevant of these: quality of attachments, parenting styles, family structure and dynamics, and family adaptability. She cautions the therapist to keep in mind how the areas are impacted by the family's culture, developmental stage and family system stressors.

Carla Sharp utilizes the Calgary Family Assessment Model (Wright & Leahey) as an assessment framework that covers three areas: structural, developmental and functional. Within this, functional encompasses stages of family development, tasks of each stage and attachments.

Parenting style can be observed during the activity in how the parents manage the task, promote participation and cooperation and deal with conflict and child behaviour. Information can also be gained about differences between parents with respect to style as well as parental alliance. Carla Sharp refers to Baumrind's research on the influence of parenting style on child development as presented by Stollak et al and uses the categorizations of autocratic, democratic and laissez-faire.

Family structure and dynamics can be reflected by family member's interaction during the activity. Level of enmeshment and disengagement can be observed.

Family adaptability can be observed according to Carla Sharp utilizing the Circumplex Model (Olson & Killorin). The model evaluates family cohesion along a continuum of disengaged, separated, connected, and enmeshed and measures family flexibility along a continuum of rigid, structured, flexible, and chaotic.

Projective Use of the House

The projective use of the house built is of particular interest. Carla Sharp, based on her experience with using the Build-a-House Technique, has associated common attributes to distinct styles of houses including ordinary, fantastic, roofed, one room, extended, separate dwellings, chaotic, those with lack of exterior walls, unusual bathroom treatment, lack of marital bedroom, lack of kitchen, and bizarre house. Caution needs to be taken in interpreting the house as is true of all projective instruments.

House characteristics suggestive of the level of attachments and boundaries include the following: single house versus multiple dwellings, level of separate and differentiated rooms, presence or absence of common areas, presence or absence of doors and walls.

Family dynamics and roles are often reflected in the house and are characterized by the following: level of security, organized versus disorganized, ordinary versus bazaar appearance, ordered versus chaotic, elaborate versus impoverished, realistic versus fantastic, level of openness to the outside, extent to which family members build their own space versus the space of others, presence or absence of a kitchen and bathroom and family members attitude around the process of building these rooms.

Information that can relate to parenting style and parental alliance include the presence or absence of a marital bedroom and who builds it, and the presence or absence of separate areas for children and adults.

An ordinary house as defined by Carla Sharp is one characterized by the following: family members created house floor plan using play room floor and blocks to create walls, doors and



Figure 1. Ordinary House

windows; house is organized and looks like a house; each family member has their own space; common areas are present where family members gather as a family; presence of a kitchen and a bathroom; building process is cooperative and enjoyable for family members; all family members participated; reasonable level of creativity is used; and therapist would answer yes to the question would they want to live there.

Fantastic houses are often very creative yet atypical. They are not functional in that they may lack rooms commonly associated with everyday family life. Although imaginative, they often emit a sense of confusion and chaos. Houses with roofs are not very common and may suggest something about the family's need for protection and security. One-room houses and those without inside walls may suggest lack of boundaries and differentiation and enmeshment. Extended houses tend to encompass separate individual space yet lack common areas for family engagement possibly suggesting disengagement. Again, caution is warranted as this style may also be present with recently blended families.

Separate dwellings may suggest dysfunction or disengagement. Chaotic houses are consistent with families who have difficulty organizing around the activity. Exterior walls provide containment, protection and shelter and according to Carla Sharp a house built without exterior walls may suggest that a parent cannot "contain" the family or trauma may have impaired the parent's ability to do so. Houses that reflect unusual bathroom treatment are notable. Marital conflict or dysfunction can be associated with the lack of a marital bedroom. The lack of a kitchen or its unusual treatment can be suggestive of systemic issues and often relates to the level of nurturing and



Figure 2. Bizarre House

family engagement present. Bizarre houses are those that do not resemble a house, do not seem to offer security or nurturance and may include scary or uncommon household items.

Examples of Ordinary and Bizarre Houses

Figure one shows a sample "ordinary" house. It looks like a house, has walls separating rooms, includes separate master bedroom and children's bedroom, has a bathroom, kitchen and living room for family members to gather and interact. The house seems organized and open to the outside world.

Figure two shows a sample "bizarre" house. The house does not look like a house but rather more like a fortress. There is a lack of internal walls for the most part that can relate to a lack of boundaries or differentiation in the family and enmeshment. There is one room that has a roof and fortified door that may be suggestive of family secrets and security issues. There is a lack of nurturing most notable from the absence of a kitchen and common areas. There are numerous scary and violent images inside and outside the house that may relate to trauma. There is an overall sense of distress.

Cultural Considerations

It is always important to address culture when considering the use of a therapeutic intervention. The Build-a-House Technique has been used effectively across multiple cultures. Cultural aspects need to be deliberated when interpreting both the family's process and the house itself. Nonetheless, the technique has both assessment and therapeutic value across cultures.

Conclusion

The Build-a-House Technique is an effective way to gather extensive clinical information about the child and family system towards formulating meaningful therapeutic interventions.

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About the Author

Chris works with families, children and adolescents in Vancouver, British Columbia providing child, family, play, and filial therapy. Chris is a Registered Clinical Counsellor, Registered Marriage and Family Therapist, Certified Child Psychotherapist and Play Therapist Supervisor, Registered Play Therapist Supervisor, and APT Approved Provider of Play Therapy Continuing Education. He offers play therapy training and supervision.



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Branching Out can also present other workshops in your own community for a variety of audiences. Look to our web site for information about our many services www.branchingout1.com. Our facilitators include Practicing Child Psychotherapists and Play Therapists (some of whom are also therapeutic foster parents), Life Skills Coaches, Child and Youth Workers, Adult educators and Trauma and Loss Clinical Specialists. Please call 905-799-7589 to register, or for more information.

MONICA HERBERT AWARD RECIPIENT

LORIE WALTON, M.ED, CPT-S



Lorie Walton, M.Ed, CPT-S

Each year CACPT awards the Monica Herbert Award to an outstanding CACPT member. This award is an annual award which will recognize outstanding achievements in or contributions to the field of play therapy as demonstrated in one of the following ways:

- Contributions to the play therapy literature;
- Outstanding clinical work using play therapy;
- Research related to play therapy, book, article or paper;
- Community or Committee work furthering the field of play therapy; or
- Making exceptional contributions to the lives of children within the community.

At the recent Annual General Meeting held in Halifax, long time member and volunteer of CACPT Lorie Walton deservedly was presented with this award. In total surprise Lorie graciously accepted the award. The family of Monica Herbert will meet Lorie in a special reception lunch in her honour.

Lorie Walton is the Founder and Lead Therapist of Family First Play Therapy Centre Inc. in Bradford, Ontario, Canada, a centre focused on assisting children and families dealing with attachment, trauma and emotional and developmental issues. She has extensive training in working with adopted children or children in foster care who experience attachment related issues and trauma. As well, she has specialized training in working with sexually abused children. She is currently a Child Psychotherapist Play Therapist Supervisor and a Certified Theraplay Therapist Trainer Supervisor and provides personal training, internships, group or individual supervision and workshops for parents and practitioners.

Before training to become a Child Psychotherapist Play Therapist, Lorie devoted her life and studies to a Special Needs Resource teacher for children, especially those with Developmental and Physical Disabilities, including Autism. She has worked with the Ministry of Education Program Standards Unit (Ontario, Canada) as well as for the Ministry of Community, Family and Children's Services, Special Needs Branch (Ontario, Canada) as a consultant in developing programming for children with Autism. Her involvement at the community level consists of being a past member of the Board of Directors for Blue Hills Child & Family Services in Aurora Ontario and currently provides Child Psychotherapy Play Therapy Clinical Supervision for child and family mental health agencies within Canada.

And most of all, Lorie is dedicated to CACPT, going above and beyond to meet the challenges and needs of this national association. Lorie was instrumental in establishing the new national Board of Directors for CACPT and guiding the Board of Directors through enormous change over the past three years. We are all very proud to congratulate Lorie on receiving this very prestigious award.

Adoption, Play Therapy and Attachment Focused Family Therapy

by Sandra Webb, Certified Play Therapist

In 1976 when I worked for the Children's Aid Society I was introduced to adoption when I was charged with finding an adoptive family for a 10 year old girl we will call Sherry. I began to understand then about the intricacies of a child's trauma, loss and sadness and the difficulty of finding a family who could meet the needs of that child. I also had my first window into how difficult it was to try to parent a child who still wanted to connect with her birthfamily and not necessarily have a "new family".

I understand now that Sherry had trauma/attachment difficulties. I think of the old adage, "If I knew then what I know now". If only we were wise from the beginning then we wouldn't have to look back on our failures (or what we perceive as failure) – but we also wouldn't learn what we need to know! Sherry did stay in touch so I guess she had some positive connection to me. Sherry became a single parent of two children and she had little idea how to be a parent. That is sad. It is also why I am so committed to helping children connect to their parents whether that is a biological parent, a foster parent or an adoptive parent. Children cannot grow up and be good parents if they do not learn how to have healthy relationships within a family.

Over the last 30 years, I have learned that every adoption is unique and complex. I have learned that every adoptive family who comes to me for therapy needs me to approach them individually and I need to be prepared to have a large array of techniques and therapies to offer. In the end, the most important thing is that the child can function to her best ability in the environment she lives in and gets her best chance at happiness.

The thing that also matters is – are the parents having their best chance for happiness? Do the parents feel sane? Do the parents have some quality of life? I meet parents and children who truly have so very little quality of life. They feel crazy, hurt, put upon, and desperately disappointed in what life has given them, sad, lonely and alone. The children are raging, angry and sad while sometimes looking happy (and "normal") to the outside world but the parents are not experiencing the children this way. I have had children spit at me, hiss at me and occasionally rage to the point of needing to be restrained. As Dan Hughes says, you have to find at least one small thing that you like in a child in order to do this work. I do delight in the children. They are amazing human beings. I also am utterly blown away by the strength and creativity of the children and the parents.

To my great glee, I have had the great fortune of being a part of amazingly wonderful, fulfilling, happy adoptions. This is what gives me hope. What worries me is that therapists who do not have the opportunity to see and celebrate fabulously happy adoptive families, have a one sided view of adoption – and that isn't a good one. I wish that there was a way to help everyone understand that the "good adoption" stories aren't just fairy tales. They are real life – the same as the unfortunate, difficult adoptions that we read more about and hear about on the news. But, the most important thing is that we can effect change in difficult adoptions. I believe this.

Along the way over the last 35 years (could it really be that long) since I graduated from University with stars in my eyes and naïve blindness regarding the complexity of children, I have encountered/studied/been certified in many methods of treatment and many therapies. I worked at a Children's Aid Society, am a Play Therapist, a Theraplay Therapist and an Adoption Practitioner. I studied six levels of Sandtray-Worldplay,



In the end, the most important thing is that the child can function to her best ability in the environment she lives in and gets her best chance at happiness.

am studying Sandplay Therapy and a Certified Trauma Specialist. I have studied with Dan Hughes in Dyadic Developmental Psychotherapy since 2001.

I have heard lectures and training – some good and some bad – on a disheartening array of the complex, bewildering list of behaviours exhibited by parents and children. Behaviour is a reaction to something. What causes the greatest problem for parents is that it seems like a reaction to them – a rejection of them. Is it? Maybe. But probably not. It is a reaction to something. So is the behaviour of a parent.

So what do we do to help these hurting children and families? It really isn't anything new. It is what makes our world go around. Work on the relationships. Work on the most important relationships – the relationships within a family. We help kids to know that the parent is here to understand the child better. The parent is the relationship figure. We can see children alone sometimes and in some situations but when we see kids who have serious trauma and attachment problems, I believe that it is essential to see them with a parent figure. The kids are suffering from misattunement, broken attachment situations, serious fear and trauma. They must have a parent figure to work this out with. When the child goes home from therapy, we want them going home with a parent who has been present during the treatment and discussion of the trauma. We want the child to experience repair, attunement and a cocreation of their story with their parent figure. The therapist is the witness, the director and the one who holds the co-creation of the new story that integrates the past with the present. The parent puts the co-created new story into play with their child.

In adoption, we (unfortunately) were a part of believing that an adopted child's "new" story began with the adoption. We all say "no we weren't"!!! But we were. We understood at some level that the child had a past, but I do believe we were under the misconception that the "new and healthy" family would be enough. We were wrong. Just like we were wrong that "love is enough". It isn't always.

Family Focused Attachment Therapy or Dyadic Developmental Psychotherapy (DDP) with Dr. Daniel A. Hughes, has taught me the absolute vital importance of understanding not only what the child brings to an adoption, but what the adoptive parents bring to this match. I didn't understand the impact of the adoptive parent's own attachment history on the adoption and the parenting. I didn't understand the potential disaster that the unknowns in a child's history; the unknowns about the birth parent's history; the unresolved grief and loss of the child; the hurt, anger, sadness and bitterness of the child coupled with the adoptive parents own loss and grief, traumas, sadness, anger and "naïve visions" were potentials for problems and sometimes disaster. I didn't understand what I was going to have to know in order to help families heal their lives, integrate their histories,



This is the Sandtray that John created about his adoptive family (on the right) going to pick up his biological family (on the left) to come and see his adoptive home. You can see the tracks in the sand from the journey back and forth.



The home of the biological family.

accept each other wholly and move on to new lives restructured together with new cocreated narratives of their lives together.

Through Play Therapy, Sandtray-Worldplay, Theraplay and Family Focused Attachment Therapy or DDP, I work with families to find a way to understand each other and communicate with each other. In play we help children tell their parents more about their lives, more about their wishes and dreams. One child created a Sandtray that described how he wanted to reconnect to his birthparents. He said that he was worried that his birthparents didn't know how to find him. John put in a house for his adoptive family and a house at the opposite end of the tray for his birthparents. He put in a car and said they (his adoptive family, he and his sister) drove together to his birthparents house and then brought them back to see where he lived. John said they would want to know where his bedroom was, that they had a dog and he would show them the backyard. The adoptive family drove them back home.



This is a Play Therapy activity to help this child express what he was thinking about “family” and “homes”. This was done by John, who did the Sandtray on the opposite page and his sibling.



Art, play and sand often happen at the same time. The world of a child is always evolving. Children “bring” us all of the information that we need to help them. Our job is to help children find ways to express their inner life and understand their inner and outer life. If possible, we want to help children find words to verbally express what is going on with them. In dyadic work with a parent, we help children and parents understand each other and learn more about their relationship.

What did John work out here? He let his adoptive family see into his heart and his mind. John released some of the grief and sadness of loss while embracing his adoptive family. John “let” his adoptive family take him to visit his birthfamily and

wanted them to know each other. John co-created a new story with his adoptive family that included his past. The adoptive father who was present in this session witnessed and accepted John’s birthparents into their lives. John let them know that he was proud of where he lived now and wanted to show his birthparents his new family. John told his birthparents that he was worried about his birthfamily and that he did think about them. The questions John had about the birthfamily included, “Where did they live? How are you doing? When’s your birthday? How old are you?” In the Sandtray you can see the “tracks” of the vehicles going back and forth. The birthfamily are on the right (present) and the adoptive family on the left (past). The houses and vehicles are of similar size – seeing them equally? Projecting the adoptive family on to the adoptive family? The birthfamily were poorer and did not live in great places when he was with them. Both have mailboxes – a desire to communicate?

John later told us that when he moved (three or four times) it was in a taxi because the worker didn’t have a car. Is that true? I don’t know. It is to him. Did doing the Sandtray create a new way of remembering those moves? Maybe. One thing was different. A parent was with him in this journey in the sandtray, helping and supporting him through the move. And another thing was different. John had shared some of his longings, dreams and hopes with his adoptive father. They went home together and took this story with them. I believe that what John had shared came from his unconscious into his consciousness and would continue to evolve in the days to follow.

We don’t always know what happens in play or sandtrays. We don’t always know what happens in a session. A lot is about faith in kids and families being resilient and wanting to heal. The best thing we can do is believe with our whole heart that adoptive children and adoptive families can grow together, heal the traumas and learn to be more attuned, joyful families. As therapists, we must continue to learn and search for the answers and good methods to support hurting families through their adoptive journey.

Art, play and sand often happen at the same time. The world of a child is always evolving. Children “bring” us all of the information that we need to help them. Our job is to help children find ways to express their inner life and understand their inner and outer life. If possible, we want to help children find words to verbally express what is going on with them. In dyadic work with a parent, we help children and parents understand each other and learn more about their relationship.

About the Author

Sandra Webb is a therapist/adoption practitioner in Cobourg, ON. For more information about Sandra’s services go to www.sandrawebbcounseling.com

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 Lynne Pinterics, CPT, from Winnipeg, Manitoba.

Lynne Pinterics is a play therapist in private practice working out of an office that has a home like atmosphere. She has had a variety of experiences at agencies working with families and children. She has an early childhood education degree, and is certified as a Child Psychotherapist and Play Therapist through CACPT. She was a founding Board Member for the Manitoba Association for Child and Play Therapy.

Lynne Pinterics is a Child Psychotherapist and Play Therapist in private practice in Winnipeg Manitoba. She began her work with children as a kindergarten teacher and then teacher of Early Childhood Educators at Red River Community College in Winnipeg. Her path led her to become a Director of a Women's shelter prior to working in a Family Violence Program in a Community Health Clinic. She facilitated therapeutic groups and provided individual therapy for children who had witnessed domestic violence where previously there were few programs focused specifically around children's needs. Lynne obtained clinical consultation from Dr. Laura Mills who then supported and encouraged her to attend the C.A.C.P.T. Play Therapy training program in London Ontario. It was here where Lynne met Betty Bedard Bidwell, who provided encouragement and consultation to Lynne and now C.A.C.P.T. Supervisor Linda Perry when they were establishing the Manitoba Association of C.A.C.P.T. This Association eventually developed a Certificate training program which continues to afford western clinicians the opportunity to gain valuable play therapy training and has done so since 2005.

Private Practice

Lynne moved into private practice in 1994, and obtained regular consultation with colleagues in her practice. She also credits Linda Perry at Elisabeth Hill Counseling Centre for her ongoing support and consultation and Linda has also been the CACPT Supervisor for other western Play Therapists. Lynne's practice is focused mainly on children, teens, and families. She receives referrals from Child and Family Services, Victim's Services, various social service agencies, as well as former clients.

Systemic changes in Service Provision

In 2006, Winnipeg social services experienced the devolution of child and family services into 27 agencies that were responsible for the protection of children, in order to provide appropriate cultural services for aboriginal and metis families. Lynne and I spent a little bit of time discussing how challenging this could be not only for Psychotherapists but other service providers who are attempting to support the child and their family in consultation with supervising agencies that may have each different and unique philosophies and mandates. This factor certainly appears to be unique to this part of Canada.

Who are Lynne's clients?

Lynne identified that she works mainly with children who have experienced abuse, trauma, multiple moves, subsequent losses, and attachment issues. Consequently, Lynne utilizes many modalities in working with her clients including Theraplay.

She also works with children and parents from high conflict separated families with another colleague, Steve Rauh. Steve and Lynne worked together previously at Family Centre of Winnipeg, running a group program for high conflict separated families called Giving Children Hope. They get referrals from Family Conciliation (which does court ordered assessments) as well as family law lawyers.

Lynne's Healing Space

I had the pleasure of visiting Lynne's "new" office located in an older house in the Wolseley area of Winnipeg in February 2009. This welcoming space greets the client first into a main floor waiting area with comfortable furniture, plants, and small building toys such as Lego. This room can also double as a family therapy or consultation room. Pocket doors separate the waiting area from a future group meeting or Board room. The main floor also has a kitchen and bathroom. The stairway in this house spans up the to the third floor attic which will become additional play therapy space in the future. Several other therapists work part time in the building, and will increase their time as the renovations are completed.

Lynne has set up her play therapy room utilizing materials she has collected over the years from a variety of sources, including her children, second hand stores, garage sales and Dollar Stores. Her partner's father made her sand tray, which is placed on three shoe shelves. These allow for storage underneath of small baskets of materials. The shelf on which the people objects are displayed is an old pamphlet display shelf from a church yard sale (Figures 1 and 2). She shared that she spends money on craft materials and some toys such as her doll house, puppets, and Playmobile items. However, she increasingly utilizes "found" materials for her sand tray such as rocks, shells, old jewelry, pieces of stained glass, etc. This approach to gathering Play therapy "tools" is a model of encouragement to new C.A.C.P.T. interns. We don't need to go out and obtain everything on a list at the toy store. Necessary items seem to "show up" in places around us as they are needed.

Lynne's office is divided into three areas. There is a desk and computer. Overhead hangs her C.A.C.P.T. certification scroll and her 2002 Monica Hubert award (that she and Linda Perry were both awarded for their pioneering work in setting up the Manitoba Association). There is a sitting area for teens and adults with two chairs overlooking the second story window that views the street below. The third and final area is her play area with this unique sandtray area, art area, and storage for other toys. She uses a storage cupboard for additional art and craft supplies.

Sandtray

Lynne identified that her experience is that children are naturally drawn to the sand tray area of her play therapy room. She also shared that she is increasingly excited and amazed by the healing benefits of sand tray work for children, teens and adults. (She wonders if her energetic orientation towards the sand tray has a subtle effect on clients). When covered with a plexiglass cover, the sand tray doubles as a large painting/poster making area, which can accommodate more than one person at a time or is a space in which to create family diagrams.



Figure 1. A plexiglass cover helps this area to double as a painting area.



Figure 2. Shoe organizers provide a sandtray base with extra storage.

Lynne's philosophy

When Lynne was asked how her Play Therapy practice has evolved she responded, "my play therapy practice has evolved over time in numerous ways. I have gradually become more aware of the importance of contextual/systemic work, and incorporating parents or foster parents in the sessions, as well as family work. When the work is with a child in care, I now request as part of the contract, frequent consultations with foster parents for parenting coaching, as well as consultations with foster parents and social workers and other collaterals".

Where possible, Lynne is increasingly involving the biological parent or family members in the therapeutic process. Lynne further stated that, "she has grown to value the unique nature of each child, their recovery process, and the importance of being able to be conversant with multiple theories and approaches, including expressive therapies (play, art, sand) as well as cognitive behavioural therapy for children who are more verbal. She added that as she continues to learn about the resiliency of traumatized children, she has become more able

to be present and patient with children's instinctual drives to negotiate trauma and express their experiences nonverbally. Her sand tray is often being utilized more and more.

Resources she would recommend

The book Lynne is most recently excited about is Eliana Gil's "Helping Abuse and Traumatized Children – Integrating Directive and Nondirective Approaches. In this book Eliana outlines an integrative approach, utilizing and integrating cognitive behavioral, expressive therapies and family therapy, which I think is very helpful for students beginning their practice".

Advice and/or encouragement for new Interns

Lynne recommends that Interns find a place of employment that would be supportive of utilizing play therapy in the context of the work but also that support providing or accessing

supervision/consultation. If that is not possible on a full time basis, she suggests that Interns attempt to be creative in their approach with Play therapy programs by suggesting part-time service in exchange for supervision. She also noted that while it may feel at the present time that opportunities for gaining the experience or supervision may be limited in some parts of Canada, the training you are taking in the present will be utilized in the future. Do not give up!

Article written by:

Theresa Fraser soon to be certified Child and Play Psychotherapist with the C.A.C.P.T. Theresa is currently completing her M.A. in Counselling Psychology at Yorkville University, Fredericton, New Brunswick and is the Manager of Clinical Services at Branching Out Enhanced Therapeutic Services in Brampton, Ontario. Her recently published book, *Billy had to Move* is available at Amazon.ca.

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Can I Do This?

The 'Scope of Practice' Question

Nancy Stevens M.ED. (PSY), CPT, CCC
CACPT Ethics Chair

Ethical guidelines are established for the purpose of expressing the ethical principles and values of a professional group, and serve to guide the professional conduct of members of that group. These principals (generally

expressed in terms of Codes of Ethics) also inform the public, who access services from professionals within that group regarding what standards of practice and behavior they might expect from members of the group. In Canada there are quite a number of such professional groups providing clinical services to the public (including counseling, psychotherapy, and assessment) and there is a high degree of consistency across organizations with respect to the central values underlying professional and ethical practice. As such, there seems to be agreement among service providers as to the basic concepts underlying appropriate client service.

As mental health professionals we all strive to understand and implement the highest possible standards in our practice. We are careful to respect confidentiality, engage fully in the informed consent process, and conduct our relationships with utmost integrity, avoiding dual relationships wherever possible, as well as possible conflicts of interest. And when we are unsure of how to handle challenging or ambiguous situations, we consult our colleagues in order to process our concerns, and ultimately arrive at the best possible resolutions for our clients and ourselves.

Another area of ethical obligation that we strive to address is Scope of Practice. Often referred to in ethical codes and guidelines as 'Competence', or 'Boundaries of Competence', scope of practice guidelines speak to the need to understand, acknowledge, and practice within the limits of our professional competence. In this extra-busy world we often hear about new and amazing therapeutic techniques, and may encounter client situations where (based on that conversation, or introductory 'break-out session') a new idea or technique seems to be a good match. Of course there are many ideas that, while perhaps representing a new angle on a situation, are close enough to our own training so as to be well within reason to incorporate. Lots of creative ideas are shared among professionals all the time, to the mutual benefit of us all. However, it remains the responsibility of each of us to continuously discern for ourselves

what the limits of our competence really are, and when we need to seek further learning or consultation, or even simply refer our clients to others who are better equipped to provide the necessary services. Indeed, in this era of 'the specialist', we can't possibly hope to be appropriately trained experts in every area we may encounter.

The CACPT Code of Ethics states that ... "it is the ethical responsibility of every therapist to maintain high standards professional competence and integrity" (p1). The code goes on to outline the basic areas of competency deemed necessary for practice in child psychotherapy and play therapy, and further states that "recognizing the limits and extent of one's professional competence and seeking consultation or making appropriate referral when needed is an integral part of professional competence". The Canadian Counselling and Psychotherapy Association (CCPA), another well-known professional organization, also stipulates that we must limit our practices to those within our professional competence "by virtue of...education and professional experience, and consistent with any requirements for provincial or national credentials" (p3). They too indicate the need to refer to other professionals when the needs of clients exceed our level of competence.

As members of CACPT we know that professional growth (learning and trying new things, and keeping up with advancements in research and practice) is an important part of ethical practice. It is important, then, to become informed as to what professional credentials are deemed optimal for training in any new area (such as a new medium of play therapy) and to avail ourselves of opportunities to receive appropriate, credentialed training and supervision in new areas we would like to pursue. Proper training and licensure in new areas of practice, as well as ongoing consultation as we begin working in a new way, will insure we are continually developing and expanding our competencies, and doing so in the most ethical and professional manner possible, protecting our clients and ourselves.

For more information, see: <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 be addressed in the next edition of *Playground*, please forward your suggestions to nstevens@sasktel.net.

AGM President's Report 2008

Hello Members. It's a great day to be a Play Therapist in Canada! Here we are in Halifax Nova Scotia for the very first time and what a thrill and an honour it is to be here! How fortunate we are to belong to a National organization, The Canadian Association for Child and Play Therapy and have this beautiful country to play in!!!



Elizabeth and Lorie in Halifax at AGM.

The board of CACPT has worked diligently this year, meeting one Saturday per month via telephone conference to review issues, discuss and form policy, and formulate new plans for the continuation of expanding across Canada's Provinces. Elizabeth Sharpe, our Executive Director, has guided the board with her expertise and knowledge. Like last year, this year has been another year of challenge and transition. As you will see in each of the Chair reports CACPT has once again undergone changes, albeit for the better.

First and foremost, over the course of this year, it became apparent that our contract with McPhersonClarke (the association management company) was not working out. Due to some major changes they had made, the productivity and front line functionality of CACPT was not being met. The contract that CACPT had with this management company was expensive and was initially made with the hope that with their support, our association would be able to meet the membership's needs. As well, the goal to have our membership issues and database efficiently run as we expanded across Canada was first and foremost a priority. However, with our needs not being met, the board and McPhersonClarke mutually agreed to break the contract prior to its expiry in one year's time.

In order to help maintain CACPT's survival and to ensure the members of our association were well taken care of, our executive director, Elizabeth and her husband Kip, agreed to take on the full management of CACPT from there on in. Once again, files were moved and boxes were sent from Ottawa to their new home in Guelph. This transition has been the best move yet and from what our members have reported, the efficiency and expediency of Kip and Elizabeth's response time to membership issues have been remarkable.

Another tremendous and successful change has been with the new glossy look to our *Playground* magazine. Since its launch at last year's AGM, CACPT has put out three editions. Each thematically based magazine has been sent out across Canada to current and prospective members. The response has been outstanding and due to CACPT's exposure in this way, our membership and our Child Psychotherapy Play Therapy Certification Program has continued to grow. This magazine is currently available to anyone free of charge. However, in the very near future, it will be only available to members as a valuable benefit.

The Play Therapy Certificate program was successfully run in three Canadian locations this year (London, Ontario, Pembroke, Ontario and Winnipeg, Manitoba). Inquiries from



Liana Lowenstein's Creative Interventions Workshop in Halifax.

other parts of Canada continue to come in and are currently being formulated so that perhaps by our next AGM we will be happily reporting of this program in other parts of Canada. The management of this National Program is now also under one roof. The board felt that with the program's expansion it was imperative that the coordination of this program be housed with the membership files. Thus, Elizabeth has taken on this role as well and with that, she has been working hard to someday soon fulfill the goals of having this program run in each and every province in Canada. A goal for us in the very near future, is to offer online/e-education play therapy workshops to professionals across Canada. Because our country is so vast, it is important to us to help reach as many of you as we can. We are aware that e-learning can help us achieve this goal and we hope to be able to implement some trial e-workshops early in this new fiscal year.

I have to say that one of our biggest accomplishments this year has been to make huge changes to our Certification Policies. A huge thank you goes out to Lindsay Hope-Ross (Board), Alan McLuckie (Chair) and the Certification committee members for working diligently over the last two years to bring this to fruition. We are thrilled to support our members by listening to their comments regarding the changes that were needed in order to help them become Certified as Child Psychotherapists Play Therapists and Play Therapist Associates. These changes are sure to encourage those who have been working hard to gain their certification requirements to apply for full certification, which in turn will help to increase the amount of certified mental health practitioners in Canada which in turn will help to increase the professional practice of helping children across our great country.

This particular Annual General Meeting holds much excitement for us as it represents a goal we have strived towards, for a long time – bringing CACPT to our Eastern Provinces. Last year marked our first time out of Ontario as we held it in Winnipeg, Manitoba. This year, our thanks goes out to beautiful Halifax and to all of you for joining CACPT. I have been an active board member for six years now and have been the president for four of them. I can't tell you how proud I am of this association, its members, its board and all that CACPT represents – the children and families we strive to help through the use of Child Psychotherapy Play Therapy. I must say the passion and commitment in this field is outstanding. CACPT is an Association to be proud of. It aims to help those using and needing Play Therapy. Its members are helpers helping those in need. Its board is unique in its commitment of time, productivity and national focus.

I would like to take this opportunity to thank the founding Board of CACPT, especially Betty Bedard-Bidwell, who remained as president and on the board longer than any other participant. Without their vision – supporting those wanting to learn and use play therapy across Canada – we wouldn't be here today. It is because of you that I remain committed to this Association and all that it stands for.

I would also like to personally thank each current member on the Board and Board Chairs for their passion, loyalty, support and most of all for their ability to get the job done with a positive team-like approach. Thank you to: Vice President, Leslie Eddy (NFLD);

Treasurer, Ken Gardner (AB); Secretary, Kathy Eugster (BC); Ethics, Nancy Stevens (SK); Certification Liaison, Lindsay Hope-Ross (AB); Education Chair, Liana Lowenstein (ON); and Membership Chair, Hannah Sun-Reid (ON).

A special thank you goes to Alan McLuckie, Certification Chair. His dedication and commitment to helping members become certified and most of all, for the extraordinary amount of time he has spent preparing recommendations for the Certification Policy changes was extraordinary and quite remarkable given that he was in the middle of completing his Ph.D. Alan, your commitment is outstanding and so very appreciated!!

Another special thank you goes to Kip Sharpe. His commitment to managing the membership database and all of the other association management duties is truly commendable. And he does all of it with a smile on his face, with enthusiasm in his voice, and with refreshing and upbeat emails. Kip – thank you sir, you are the best!!!

My biggest thank you goes out to Elizabeth Sharpe, our Executive Director. Her vision, positive outlook and her ability to remain calm and focused when times have been stressful have been a blessing not only to this association but to me personally. She remains an angel in disguise and I feel personally blessed to have her on our team!

In closing, I would like to challenge each of you, the membership, to help make Child Psychotherapy Play Therapy and CACPT a household name. By remaining active as a volunteer to help with the many committee issues, by contributing your experiences in writing for publication in *Playground* and by talking to your colleagues, parents and other professionals about Play Therapy – will all help to make CACPT grow bigger and stronger. Play Therapy is amazing and Canadian Play Therapists are the best! Make us proud CANADA! Make CACPT your number one ASSOCIATION!!!

Respectfully submitted,

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

Announcing the CACPT Continuing Education Approved Provider Program

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As a result of this partnership, Scholar's Choice is offering CACPT members a free Scholasaurus Club membership and being part of our exclusive club means extra savings for you. To view all the benefits, visit www.scholarschoice.ca "Become a member". Watch for your **FREE Membership coupon** which CACPT will be sending to all its members. This coupon can be redeemed at any of our 27 retail stores or on our website. Use your free coupon, sign up today and start saving at Scholar's Choice.

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Let's take a look at what's in it for you!

Playground magazine:

- is the publication of the only organization that certifies Play Therapists in Canada
- is the publication of the voice of Play Therapy in Canada aligned with its counterpart organization in the United States
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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.

Membership Benefits

1. Specialized Training

CACPT members receive a discount at all CACPT sponsored conferences, workshops and other events. The CACPT Play Therapy Certificate program is an intensive program available to members.

2. Publications

CACPT members receive the Association's periodicals including e-newsletters and *Playground* magazine as a membership benefit.

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The Canadian Association for Child and Play Therapy Membership Application

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Canadian Association for Child & Play Therapy

38 Steffler Drive, Guelph ON N1G 3N5 / Telephone: 519 827 1506 / Email: membership@cacpt.com

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 an 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.

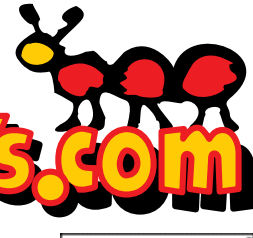
Elizabeth A. Sharpe
519 827 1506 / elizabeth@cacpt.com

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

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