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

Playground

March 2010

An Interview with Phyllis Booth

Theraplay: Helping Parents and Children build Better Relationships Through Attachment Based Play.

Let's Play Mama

Protect Your Rights as a Play Therapist

Providing Play Therapy with Parents and Children Ages Zero to Three

CANADIAN ASSOCIATION FOR CHILD AND PLAY THERAPY

ROCKY MOUNTAIN PLAY THERAPY INSTITUTE

1318 15th Avenue SW, Calgary, AB T3C 0X7
403-245-5981 rmpti@telusplanet.net

www.rmpti.com

CACPT Approved Provider 09-104
APT Approved Provider #06-179

Launch Yourself.... Become Specialized in Play Therapy

YOUR PATHWAYS TO PLAY THERAPY CERTIFICATION

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

YELLOW STREAM INTENSIVE SPECIALIZED PROGRAMS

The Yellow Stream programs are accessible to students and practitioners. There are a number of specialized 1, 2, and 5 day intensive programs to choose from. Yellow stream programs provide a Certificate of Completion and count toward certification or registration as a Play Therapist. Some programs require a prerequisite.

On-Line Introduction to Play Therapy
Earn 7 CEC's (continuing education credits); continuous registration. Apply though RMPTI website $140.00 + GST

Introduction to Play Therapy
Course for Loma Linda University, Canadian Campus, Lacombe Alberta for the Marital & Family Therapy Program - April 19-21
Interested registrants should contact Dianna Connors, Program Coordinator - DConnors@CAUC.CA

Certificate in Sandplay
5 day program with online component : Online component available April 5th - On-site class May 5-8 at RMPTI $1050.00 + GST

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

GREEN STREAM FOUNDATIONS OF PLAY THERAPY

To obtain full certification/registration as a play therapist, the starting point is the Green Stream - Foundations of Play Therapy. This 9 - day (75 hours) program is designed for those who wish to build on their current professional designations. The program is divided into 5 modules. Each module includes core topics related to play therapy and offers hands-on learning experiences in fully equipped play therapy rooms. Come learn about core play therapy theories, the play therapy process, the history of play therapy, play-based observation strategies and treatment planning using the Play Therapy Dimensions Model.

9 day program with online component : Online component available June 1 - On-site class July 10-18 at RMPTI $1650.00 + GST

ADVANCED THEORY AND TECHNIQUES IN PLAY THERAPY

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

9 day program with online component : Online component available July 15 - On-site class August 21-29 at RMPTI $1650.00 + GST

PLAY THERAPY SUPERVISION

Acquiring specialized Play Therapy supervision skills will enhance your professional credibility and open new opportunities.

Coming this Spring: Video Conference Supervision Groups. See website for details.

Contact RMPTI directly to identify your interest. This program runs based on identified interest from Supervisors.

CONTACT US
Please feel free to contact us at:

CACPT
Phone: 519 827 1506
E-mail: elizabeth@cacpt.com
www.cacpt.com

ADVERTISING
Advertising inquires should be directed to:

Kip Sharpe
Phone: 519 827 1506
E-mail: kip@cacpt.com

ADVERTISING SUBMISSIONS
Please send artwork for advertisements to:
CATALYST Creative Inc.
210 Hawkstone Manor NW
Calgary, AB T3G 3X2
E-Mail: eva@ion3.com
Phone: 403 205 6605
To upload large files, please contact: eva@ion3.com

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

GRAPHIC DESIGN & PRODUCTION
CATALYST Creative Inc.

Playground
Canadian Association for Child and Play Therapy

Contents

Hello from the President

Monica Herbert's sons, Chris and Andrew with Lorie Walton

CACPT is pleased and excited once again to bring you this edition of Playground. In October 2009, my husband Greg and I had the privilege of meeting Monica Herbert's sons, Chris and Andrew Herbert. We were gathered together by Elizabeth and Kip Sharpe for the purpose of presenting me with the Monica Herbert Award plaque. This was a humbling luncheon for me for several reasons.

Firstly, I never think of myself as a person worthy of being 'awarded' or honoured for helping children and families. I do my work because I LOVE the work that I do. I can't imagine having a job that does not include children in my day or helping others with their challenges. My work fulfills me in ways I could never put into words as I am certain that I gain so much more than I am able to provide to others. As the children find comfort in the play therapy room, their strength and perseverance humbles me in ways I could never explain. Thus, being honoured for what seems like the most fulfilling job in the world almost seems embarrassing but truthfully I am THRILLED to receive it!!!

I am thrilled because this award means something more to me than I believe it was intended. Let me explain: While at this luncheon I realized how often we tend to forget the support of our family and friends while we do the work that we do. Chris and Andrew spoke of fond and loving memories regarding their mom during their childhood and spoke of her passion for working with children with special needs. They proudly recalled how their mom went back to school to earn a degree in her 40's and was voted as the Valedictorian of her class at George Brown College. CACPT and Play Therapy gave her the tools to use and those who knew her admired her talents and passion for the work that she did. While listening to Monica's sons, I was struck with how they recalled her being liked and admired by not only her colleagues, but by their own teenage friends who also loved to be around her. Her ability to make young people feel special and her playful way of being a 'cool' mom really resonated with me. They also spoke lovingly of their father who has been by their mom's side since her debilitating aneurism 15 years ago. Their message was said simply and was filled with admiration and pride for their mom, and love and honour for their father.

While listening to them, it occurred to me how fortunate we are as therapists. While we are busy at work helping others, we have family members and friends who are behind us - providing us with the strength and the energy to do the work that we do and most often cheering us on while we do it. Our family members often unselfishly share us with strangers. It made me think of my own three cherished boys who have always supported me and stood behind me, proud of the work that I do. It made me stop and love my husband even more for his patience, love and selflessness – sharing me with those who need me more. It made me think of my own mom and dad and how they raised me to become who I am today.

This luncheon made me realize that this work, our work, is a calling. It is a mission we have been given from those higher above and from those before us who have led the way. Those before us, like Monica Herbert, believed in what she did simply because she LOVED who she did it with. And her family was there to help her do it just by loving and supporting her while she did it.

This luncheon was truly a tribute to Monica Herbert and to her family of which I am immensely proud to have met. It is my humbling honour to be recognized in her memory. In my acceptance of this award though, I will fondly think of it as an award to those who stand behind me, my entire family and close friends, who cheer me on, who pamper me when I am tired, who give up their time with me so that I can work with those who need me more.

I am thrilled about this edition of Playground because of its ability to bring inspiration to our Canadian nation. It is rich with articles that provide testimony on how Child Psychotherapy Play Therapy really does touch more than just the child. Families and professionals alike are positively impacted by all that Play Therapy has to offer and how CACPT plays a role in that.

I would like to dedicate this edition of Playground to Monica Herbert and her family. May they continue to be an inspiration for all therapists and the loved ones that stand behind them.

Welcome and Come on in!!

Lorie Walton, M.Ed, President CACPT
Certified Child Psychotherapist Play Therapist Supervisor; Certified Theraplay Therapist Supervisor Trainer

Update from your Executive Director

Welcome to Playground Magazine 2010!

Last Friday evening, the volunteer Board of Directors of the CACPT met by teleconference to discuss two important upcoming topics. We discussed the nominations process for our new 2010 Board of Directors and the upcoming AGM in Saskatoon on April 30th. And these are the topics that are foremost on our minds these days. But more than that, I realized while we comfortably encouraged and supported one another on the phone from our homes on a Friday evening, we had become very close as a team. Think about it! The Canadian women's curling team were playing for gold. The Canadian men's hockey team were playing a crucial semi-final game. As we talked through our CACPT business, from homes and offices across our nation, the CACPT Board members were updating each other on goals and scores like a true group of friends and colleagues would. And paying attention to business as well.

Unlike so many Board of Directors that I have been involved with, CACPT's board members are different. They love their work, they respect each other and not just superficially. It shows in everything they do. They work without politics and in a completely transparent way. It especially shows in how they treat us as a support staff; with respect and encouragement.

As we begin our 2010 year with CACPT, we thank each and every one of you for what you do on a day to day basis in support of children and families. We are here to acknowledge your work and your lives in treating children and families who are in trouble. Our Certificate program begins in London in May if you require top quality play therapy training. We are offering workshops during the program that are available as a one day opportunity to receive continuing education credits and update your skills.

I hope you enjoy this edition of Playground Magazine.

Respectfully Submitted

Elizabeth A. Sharpe
Executive Director CACPT

Let's Play, Mama!

A parent's account of how Play Therapy helped their family.

by Chynna Laird

Chynna is a mom of a special needs child. Here is her experience on how Play Therapy helped their child and family.

How do you think it might feel trying to walk across the floor when it's uneven or shaky? Or how a shirt made out of sandpaper or pine needles would feel against your skin? Or how frustrating it might be watching your peers doing simple tasks with ease—like cutting paper or unscrewing a pen cap—while you struggled to coordinate your hands to do the same tasks or even remembering the steps involved to start them? If you can imagine how these situations would feel, you may have an inclination of what it would be like living a day with Sensory Processing Disorder (SPD).

SPD is a disorder that can interfere with how the brain processes sensory the messages it receives from the environment. The sensory organs take in information from the environment but somewhere along their journey through the nervous system, the messages seem to get "scrambled". So by the time the messages get to the brain, it can neither read them nor tell the body how to react to them and this can result in sensory overload. And, like anyone with too many things demanding their attention at once, the person is left feeling overwhelmed and becomes unable to focus or function. Play, at least in our family's case, was the one way we got Jaimie to re-focus enough to allow us to help her.

We discovered the importance of play when our oldest daughter, Jaimie, was diagnosed SPD at two-and-a-half. Jaimie began Play Therapy, where she learned to use toys, dolls, puzzles or crafting projects as a way to work through her feelings, how to interact with objects and people as well as how to calm herself down when she felt too overwhelmed.

Play provided us with so much more than just a communication tool—it became the core of our family bonding. Jaimie's form of SPD can be so severe it interferes with everything from what she'll touch (or allow to touch her), what sounds she can tolerate, how, who or what she'll interact with, where she can venture to and even how well she can concentrate, balance or move. The most upsetting part of living with this disorder for us as her parents has been our inability to touch her or even speak with her as her sensitivity levels can be so high she can't handle any sort of light touch or our voices. Imagine trying to love, comfort and enjoy a child who can't even handle the basic forms of interaction and comfort. And it's been her Daddy, Steve, who has suffered the most.

Since we first brought her home from the hospital, Jaimie has rejected any form of interaction with her Steve. To this day, we aren't able to figure out exactly what it is about him that drives her into sensory overload—his touch, the pitch of his voice or, maybe, his natural scent—but it has hurt him tremendously. Play allowed a way for Jaimie and Steve to make a connection. It taught Steve how to get down there and share his own moments with Jaimie—at her comfort level—even at her most sensitive times. And it gave me a way to connect with my child in ways I hadn't been able to before. It taught us patience, openness and a new way of looking at parenting and we are so grateful. But it took a lot of work in the beginning..

For the first several therapy sessions, Jaimie absorbed herself in the play with her back turned to the rest of us and never

responded. Brian, her Play Therapist, said it didn't matter because she was working through things even if she wasn't talking to us. I didn't get it. How was this stupid therapy helping her if she was able to act the same way there that she did at home?

Sensing our frustration, Brian asked if he could tape the sessions so he could play it back for us near the end to go over strengths and weaknesses. "Sure, why not!" we said. By then we were used to being observed, taped and recorded. Boy, what an eye-opener that was.

We were able to see how, even though Jaimie didn't talk to us directly, she was attempting to include us in her play. In one scene, Jaimie played with kitchen stuff and pretend food. She made tea and said under her breath, "I think I'll have some tea. I've had enough coffee this morning." (Steve said that almost every morning on the weekends.) Then she shoved a tiny plastic cup at him.

"Thank you," Steve said. "I hope it's Green Tea. That's my favorite."

"Green Tea. Yeah." Jaimie said, smiling.

I was floored. I must have missed the exchange while I had been playing with Jordhan. That was the most verbal communication Jaimie and Steve ever had that didn't involve screaming, yelling and crying…ever. I mean, she didn't look at him or talk to him anymore than that but it was such a wonderful thing to see.

"Steve," said Brian. "That was an excellent exchange. Did you see how her total stance changed when you showed interest in what she was doing without asking a question? That's exactly what you do in free play. Great job!"

The play therapy route proved to be the most valuable tool we'd come across before that point. It proved to be the springboard to helping us create a more positive environment in our home using Play as the focus.

Allow me to share some of the strategies we learned and how other families can share in the joys and benefits of Play:

Choose an equal opportunity activity

Be sure to choose something that isn't too difficult for your younger ones but not too easy for the older ones. And be sure to choose an activity all can participate in and enjoy. In our house, we had the challenge not only of age differences and capabilities but also Jaimie's sensory issues. For example, our baby Sophie is too young for finger painting but Jordhan and Xander love it while Jaimie can't always handle the feeling of squishy, messy paint on her hands.

The beauty of play is children can explore and discover how to enjoy an activity in their own unique way. Sometimes all it takes is a small "tweak"—such as giving Jaimie a paint brush to use instead or having a bucket to wash her hands of right away when the sensation gets "too much"—to give everyone equal opportunity to enjoy the same activity. (And we give Sophie little baby Crayola stamps she can use instead.)

Permit time for kids to be kids

Playtime is the only time when kids don't have to fit into an adult world and when they're able to make their own rules. Jaimie's Play Therapist said that kids should be allowed to have at least fifteen minutes of free play where they get to choose the activity they want to do and be able to play with little or no guidance. What this means is if they want to play house in different gender roles or play a board game with rules they made up or color outside the lines, we need to bite our tongues and allow them that freedom of choice.

By giving Jaimie this free play opportunity, it helped to build up her confidence to make choices in other areas and even discover her own levels of creativity as she searches for new ways to use old toys and games! Plus it is so much fun jumping right in there and going on the adventure right along with her.

Goofiness required

Part of the fun at playtime is to be permitted the freedom of goofiness. Unless the child's behavior is so outrageous they are, or could, hurt themselves or others, allow them to be as goofy as they want to be. Let them put that oven mitt on their head; applaud that crazy dance they make up; and laugh right along with them to those funny—sometimes gross—noises. They have to be on their best behavior everywhere else during their day. They should be allowed to let loose when it's their time.

The other point here is grown ups should get down and goof right along with their children. Maybe I'm just a big kid at heart but I've never felt odd making funny noises, pulling a funny face or getting down on the ground and joining in the fun. It's the only time we adults are allowed to act silly and not care what others think. So, go ahead—who cares who's watching you. As long as you achieve belly laughs from your kids, it's the only audience that matters.

The funniest times in our house is when our girls put one of our old CDs or cassettes on the stereo and make up funky new dances. I'm sure our neighbors thought we'd lost our minds as we joined the girls in their loud, stompy rendition of "We Will Rock You" by Queen, but I had never laughed so hard nor had so much fun in my life. (Just be sure, if you live in a rental where you share a wall with your neighbors, that nobody is home when attempting such activities. It can get pretty rowdy!)

Build self-esteem

I know it sounds funny discussing self-esteem at the same time as playtime but they do coincide, especially when your child tries something new or plays with another child who can participate in the activity with greater ease. This is a subject we sometimes forget about with Jaimie.

There are many things she excels at, such as reading and making up stories, but others she is developmentally behind in, such as socially, fine/gross motor skills, and concentration, and she takes it to heart when she isn't able to do what others around her can do, especially her younger sister. The best thing to do in such cases is to applaud their attempts and what they could achieve. I know with Jaimie it makes a world of difference to her when we praise her for what she does—even if she didn't quite achieve success. It eases her from the thinking that she has to be perfect in everything or that she can't try something just because she hasn't done it before.

Always have a "cool down time" after busy activities

In our house, especially with Jaimie, it's crucial to have a period of time to cool down after we've done more physically exerting activities, like swimming, tobogganing or our dance-off's. For children with SPD, where calming down is difficult, saving the quieter activities, such as drawing, coloring, squeezing PlayDoh or even a game of Eye Spy can help bring their insides back down from speedy to a slow gallop in no time. And a nice deep pressure massage or joint pressure works phenomenally on children with sensory issues when they've had a crazy-fun Play time.

Playtime has proved invaluable to our family—especially to Jaimie—and it warms my heart to see Jaimie has finally felt brave enough to let herself play with other children. Most important to us is that play has allowed Jaimie—whose most severe sensory struggle is touch—to bond with her Daddy for the first time in her life. And for that I will always be grateful.

So, the next time the kids say, "Let's play, Mama!" throw caution to the wind, let loose and get ready for some serious belly laughs. Those will be the times they will always remember and that you will cherish down the road.

About the Author

Chynna Tamara Laird is a psychology student, freelance writer and author living in Edmonton, Alberta with her partner, Steve, and their three daughters [Jaimie (seven), Jordhan (five), and baby Sophie (twenty months)] and baby boy, Xander (three). Her passion is helping children and families living with Sensory Processing Disorder and other special needs. Chynna is also the author of I'm Not Weird, I Have SPD *and her memoir,* Not Just Spirited: A Mom's Sensational Journey With Sensory Processing Disorder (SPD). *She also has a reference book about the Sensory Diet coming out in January 2011. She can be reached at lilywolf@telus.net <mailto:lilywolf@telus.net*

Playground Magazine went to Russia

By Sandra Webb, Certified Play Therapist

In October 2009, four CACPT certified Child Psychotherapists and Play Therapists, Hannah Sun-Reid, Donna Cuthbertson, Brian Nichols and Sandra Webb went to St. Petersburg, Russia, to present on Attachment related issues and Therapeutic work with children at the Russian-Canadian academic and research seminar. We presented the Playground magazine to Dr. Lyudmila M. Shipitsyna who is the rector of the Institute of Special Education and Psychology in St. Petersburg, Russia. It was with pride that we represented Canada and our commitment to Play Therapy at this international conference.

It is amazing how life evolves to get us to where we are at. Is it fate? Is it coincidence? I am not sure. I am just glad that "fate/providence/divine intervention" or "coincidence" has brought me to this place in my life with the gift of wonderful friends.

More that 15 years ago I was at a workshop and a woman stood up to ask a question. She said, "My name is Lilia Day and I am a Play Therapist and I am here with a group of Play Therapists". As a result of that statement, I joined Lilia's Play Therapy supervision group and met Donna Cuthbertson, Brian Nichols and Hannah Sun-Reid. We became colleagues first and then a deep and treasured friendship grew over the years. We get together from 5 – 10 times a year to do peer supervision. We have joined each other in training and workshops on Sandtray-Worldplay, Dyadic Developmental Psychotherapy, Trauma and Loss Specialist Training, Theraplay etc. Together we have celebrated professional accomplishments as well as weddings, births and deaths in each other's families. I find it a little shocking that we are now senior clinicians in the field of Play Therapy. I believe that we all are honoured to be in a position to be sharing our wealth of experience with others.

Last year, Gordon Lewis who is the director of an international adoption agency called Mission of Tears asked me if I would lecture at Raoul University in St. Petersburg. When the other lecturers were unable to go I asked if Gordon would like me to invite my friends and colleagues (Donna, Hannah and Brian) to go. They said yes!

I was so excited that this University in Russia would get the benefit of such experienced therapists. I was so very thrilled to be going back to Russia with my friends. We had an incredible adventure together. It was such an honour to watch my friends and colleagues share their wealth of knowledge with Russian students, professors and other professionals. I think our presentations became more valuable as we shared the practical, day to day work with children and families as well as the theoretical knowledge. It has been great fun looking at the pictures of the participants looking joyful, interested and attentive. The registrants found it helpful to hear how we did our work, where we did our work and how we developed our practices. Brian taught about therapeutic space and art. They were fascinated. Donna lectured about play therapy and the therapeutic relationship. They were writing it all down and asking lots of questions. Hannah taught them about brain development, communication and attachment theory. They were impressed. I presented about attachment theory, play therapy and adoption. We all did workshops on the practical aspects of our topics which also included Theraplay. It was quite incredible to see our presentations translated into Russian. It was

Donna Cuthbertson, Hannah Sun-Reid, Brian Nichols and Sandra Webb in Russia

CACPT's Playground is enjoyed by two Russian Therapists

even more incredible to have our lectures translated and delivered in Russian. It was with reverence and awe that we responded to their many questions and felt their respect for our experience.

This was my third trip to Russia and the best one. I was able to teach what I love and share an incredible trip to a fascinating country with Donna, Hannah, Brian, Gordon and Diane Lewis and their son Jeffrey, as well as my good friend and office administrator Lois Ingram. How could life be better than that? My other two trips were strictly about adoption, meeting with judges and prosecutors and visiting orphanages. This time I was able to teach about working with adoptive, foster and birth families to help them with attachment through play, sand and art. Watching people's faces as they experienced Sandtray and shared personal stories about how the Sandtray figures connected them to memories was touching and encouraging. Watching my friends' faces as they taught what they love, as they experienced an orphanage and as they experienced Russia in all of it's beauty and history was, as Donna Cuthbertson says, "a pinch me moment".

About the Author

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

Providing Play Therapy with Parents and Children Ages Zero to Three

by M.E. Leroy Picher, M.A.

It is a well-established fact that healthy development in early childhood is largely dependent upon the quality of relationship that a child has with his/her caregiver. For this reason, play therapists working with very young children, ages zero to three, tend to favor therapeutic modalities that allow for the direct involvement of the child's caregiver(s) in therapy. This article provides an overview of several of the play therapy modalities that play therapists are currently using with young children and their caregivers. The overview, outlining the goal, background, therapist's role, method and materials of each modality, is designed to help those play therapists interested in working with young children to select an appropriate approach for their clients.

Dynamic Play Therapy

The goal of Dynamic Play Therapy (DPT) is to increase the positive play interactions between the child and his/her parent. DPT has its roots in Dance Therapy and Developmental-Oriented Play Therapy and has three distinguishing features. First, it incorporates physical engagement for both parents and children; second, it uses several expressive mediums such as drawing and storytelling; and third, it emphasizes spontaneous creativity in momentto- moment playful expression (Harvey, 2009). The method of DPT is simple and non-intrusive. After creating an overall warm environment for the child and parent, the Dynamic Play Therapist helps the parent to recognize and expand upon his/her child's invitations to play by encouraging spontaneous creative expression (Harvey, 2009). As such, the therapist's role in DPT is to guide the parent to identify and respond to his/her child's invitations to play in a positive and expressive manner. DPT uses materials that encourage physical interactions and creativity, such as blankets, stuffed animals, large pillows, big pieces of paper for drawing, and puppets for story telling.

Child-Centered Play Therapy

Taking directly from Virginia Axline's child-centered approach and Bernard and Louise Gurney's filial approach, Child-Centered Play Therapy (C-CPT) for very young children, seeks to train parents how to learn the attitude and skills necessary to develop a closer emotional connection to their young child. More specifically, the therapist's role is to teach the parents how to: become more sensitive to their child's emotional world; understand their child's needs; respond appropriately to their child; gain insight into themselves in relation to their child; encourage their child's self-direction; and change negative perceptions that they have of their child (Virgina Ryan and Sue Bratton, 2009). The method of C-CPT is similar to that of Filial Therapy or Gary Landreth's model of Parent Child Interaction Therapy in that it involves an assessment phase to determine the relationship goals, a training phase to help parents develop the core skills, a parent-child play session phase to help parents practice the skills and a generalization phase to help parents use the skills with their children at home. Materials that are used in C-CPT are items that facilitate the mastery of skills, such as sorting toys, as well as items that simulate real life, such as kitchen toys, baby dolls, phones, etc.

Caregiver-Toddler Play Therapy

Like C-CPT, Caregiver-Toddler Play Therapy (C-TPT) is an attachment-based approach that draws upon the work of Axline and Gurney and focuses on enhancing the relationship between the parent and child. The method of C-TPT differs from C-CPT in that it includes an assessment of the parent's developmental and attachment history and involves videotaping of the parent-child play sessions. After the parent-child play sessions are videotaped, the therapist reviews the sessions with the parent to provide gentle feedback, modeling of appropriate interactions, translation of the child's behaviour and psychoeducation (Helen E. Benedict, 2009). The role of the therapist in C-TPT is to form simultaneous, therapeutic relationships with the parent and toddler, intervening to improve the relationship while in the midst of their play. C-TPT uses toys that are developmentally appropriate for the toddler stage of development, such as sorting toys, kitchen toys, dolls, etc.

Ecosystemic Play Therapy

Ecosystemic Play therapy (EPT) with young children has four defining features: it utilizes a developmental framework; it is relationship-focused; it is strengths-based; and it is grounded in an eco-systemic context (Beth Limberg and Sue Ammen, 2009). Having its origins in Ecosystemic Therapy, EPT recognizes that young children exist within the context of multiple interacting systems. (Limberg and Ammen, 2009). As such, the goals of EPT include: supporting the child's social and emotional development; identifying and reducing the risk of delay or disorder in the child; nurturing the strengths and competencies within the child's caregiver; and strengthening relationships within the family. The therapist's role in EPT is to determine the structure and flow of the play therapy sessions with the child and family. Treatment ranges from child-led non directive play to therapist-led developmental play with the parent-child dyad, to family play therapy and also includes consultation, collaboration and/or advocacy roles with other systems (Limberg and Ammen, 2009). Since EPT often includes doing family play therapy with an older sibling, the EPT therapist must have variety of toys for children of all ages.

Parent Child Attunement Therapy for Toddlers

Developed from Susan Eyeberg's Parent-Child Interaction Therapy, Parent Child Attunement Therapy (PCAT) is a behavioural approach that teaches parents how to change their young child's problematic behaviour. In addition to improving the child's behaviour, the goal of PCAT is to enhance the parent-child relationship by helping parents to notice and praise their child's positive behaviour. The method of PCAT involves "in vivo" coaching from behind a one-way mirror, which teaches parents how to: follow their child's lead in play; avoid excessive commands; ignore negative behaviour; and praise positive behaviour. Parent-child play sessions are videotaped and reviewed by the therapist to provide feedback to the parents on how they can improve their interactions with their child. As such, the role of the therapist in PCAT is to teach parents how to interact more positively with their child. In conducting PCAT with families, the therapist must have a fully equipped playroom, one-way mirror and videotaping equipment.

Theraplay

Like many of the other approaches outlined above Theraplay has its roots in attachment theory and is focused on enhancing the quality of relationship between parents and their children. Unlike many of the other approaches, Theraplay does not have to be adapted to meet the needs of young children, as it is already a treatment method that is most ideally suited for the zero-to-three population. Theraplay has several defining features that make it an ideal approach for young children: First, it tries to replicate what "normal" parents do with their children; second, it places an emphasis on physical contact with the child; third, it incorporates sensory activities; fourth is a non-verbal therapy; and, fifth it utilizes nurturing as a way to increase self-esteem within the child (Evangeline Munns, 2009). The method of Theraplay involves doing the Marschak Interactional Method assessment, which evaluates four areas of the parent-child relationship, including the parents' ability (and the child's response) to nurture, structure, engage and challenge the child The role of the Theraplay therapist is to first, identify relationship goals in the aforementioned areas; and to second, create a therapeutic play agenda to addresses these goals. The therapist begins Theraplay by interacting directly with the young child and then encourages the caregiver to become actively involved in leading the sessions. Theraplay uses materials that enhance physical touch and comfort within caregiver-child relationship such as blankets, lotion, baby powder, etc.

Situational and Story-Stem Scaffolding in Psychodynamic Play Therapy

Like Psychodynamic Play Therapy, the goal of this modality is to help young children to express their innermost thoughts and feelings as a means of gaining insight, facilitating psychological processing of conflict situations, identifying maladaptive coping defenses, strengthening adaptive coping mechanisms and promoting psychological integration of internal and external stressors (Theodore J. Gaensbauer and Kim Kelsay, 2009). The method of Situational and Story-Stem Scaffolding in Psychodynamic Play Therapy differs from standard PPT in that the former is far more directive in its approach. Drawing upon the story-stem method, whereby the therapist provides the "stem" of a story for children to build upon, the role of the therapist in this modality is to "scaffold" children's play experiences or to set up play scenarios, which foster the expression of thoughts and feelings that would not ordinarily be expressed by young children without assistance (because their ability to use symbolic play is still developing). Materials used

in this modality include toys that facilitate storytelling, such as sand-tray, puppets, dollhouse figurines, etc. Of all the modalities mentioned, Situational and Story-Stem Scaffolding PPT works most directly with the child as opposed to the parent and/or parent-child relationship. For this reason, it may be the preferred modality, when working with children who do not have reliable and/or available caregivers.

The above overview outlines several modalities that play therapists are currently using with young children. Although the role of the therapist, the theoretical background, the materials and the method differ among approaches, the goal remains relatively consistent: to enhance the quality of the parent-child relationship. For this reason, it is crucial that play therapists interested in working with babies, toddlers and preschoolers also have the skills necessary to work with their caregivers. If and when play therapists are able to fully engage young children's caregivers in the play therapy process their outcomes with young children are much more likely to be successful.

About the Author

M.E. Leroy Picher, MA is a Child and Family Clinician and Play Therapy Intern (PTI) working and living in Toronto. An avid proponent of early intervention and prevention, M.E. specializes in doing play therapy with children 0-6 and in supporting parents to foster healthy, well-rounded development in their young children through play-based

Announcing the

CACPT Continuing Education Approved Provider Program

CACPT would like to offer individuals, organizations or businesses the opportunity to provide play therapy training to those interested in accumulating credits towards play therapy certification with CACPT as well as to those who are interested in gaining play therapy training to enhance their professional skills.

Two types of providers will be offered:

Type 1: Provides play therapy training at multiple events (conferences, workshops, etc.) and programs during a 36-month approval period.

Type 2: Provides play therapy training at one event that neither extends beyond five consecutive days nor offers more than 30 hours of play therapy credit.

For more information see the CACPT Approved Continuing Education Provider Program Guide and Application Form available on the website under Education and Programs: **www.cacpt.com**

An Interview with Phyllis Booth

Theraplay: Helping Parents and Children build Better Relationships Through Attachment Based Play. Third Edition (2010)

by Linda Perry

Author and Clinical Director of The Theraplay® Institute, Phyllis Booth discussed her new book, highlighting the changes and additions that have been made in this edition with the authors.

Hot off the press is the third edition of Theraplay: Helping parents and children build better relationships through attachment-based play! Phyllis Booth stated that several factors led her to write the third edition of Theraplay, including new research on brain development, and the importance of compiling outcome research on Theraplay. As well, the practice of Theraplay has evolved over the years, and significant changes have occurred even within the last 10 years since the second edition was written. This edition builds on the foundation of the earlier editions and provides a great deal of important and exciting new information.

What is New in this Edition?

Some highlights are:

Core Concepts of Theraplay. A new chapter in this book discusses the theoretical underpinnings of Theraplay, and new developments in brain research and attachment. It provides a clear understanding of the core concepts that are important to the development of healthy social-emotional development, and the research that supports these concepts. For the reader who is familiar with Theraplay, these concepts are not new, but what is new and exiting is the discussion of the research that supports the core concepts and the implications for Theraplay practice.

CORE CONCEPTS

1. **Interactive and relationship based.** Theraplay is modeled on the interactive dance of a mother with her baby. It is through this interaction that they can synchronize their actions and co-regulate their emotions, which leads to healthy brain development.
2. **Direct, here and now experience.** In Theraplay the relationship between a child and her or his parent is created or repaired in a direct, hands-on manner. Through moments of intense connection ("now-moments") the child can experience herself as lovable and capable, and her parents as loving and trustworthy.
3. **Guided by the adult.** While Theraplay has always emphasized the importance of structure, recent research has confirmed the importance of an in-charge, caring adult in creating resiliency in children.
4. **Responsive, attuned, empathic and reflective.** When a child's underlying needs emerge in an interactive moment, and they are met by an attuned, responsive adult, this lays the foundation for a secure attachment.
5. **Preverbal, social, right brain level.** Theraplay interactions replicate the early attachment experiences that shape the child's developing brain.
6. **Multisensory.** Theraplay involves all the senses. Sensory stimulation is necessary for healthy development, and in particular, to help children to learn to regulate.
7. **Playful.** Theraplay introduces fun, surprise and playfulness, which not only help children to learn to share and expand joyful experiences, but also to modulate them so they do not become overwhelmed.

Regulation. Theraplay has always emphasized engaging, playful interactions as a way to help children regulate. However, exciting new research in recent years has placed affect regulation at the center of human development, and has helped us to better understand the role of the parent in supporting their child's brain development and capacity to self-regulate. As a result, Theraplay practice now places much more emphasis on regulation, and helping parents to learn to read their child's cues and to be responsive, attuned, empathic and reflective. The concept of regulation not only has a whole new chapter in the third edition, but it is also integrated throughout the book.

Trauma. When Theraplay was first being developed, it was thought to be an inappropriate intervention for children who had experienced trauma. However, the second edition of Theraplay reversed this decision and began to explore how this treatment could be helpful to a traumatized child. Now the third edition provides a new chapter on complex trauma that explores the research on the impact of trauma and brain development, and a much more comprehensive discussion of how Theraplay can be modified to be helpful to traumatized children.

Autism. Another new chapter discusses the use of Theraplay with children with autism spectrum disorders. This chapter provides information on autism, summarizes the research in this field, and discusses how Theraplay's relationship-based model is uniquely suited to enhancing the relationship skills of children with autism.

Outcome research. There is an increasing body of research demonstrating the efficacy of Theraplay in a variety of clinical situations, including attachment disorders, autism, and features of personality and language disorders. A new chapter in this edition is the first attempt to pull together this body of research.

Comparison with other attachment based therapies. While other attachment based therapies also emphasize the same concepts as Theraplay, the authors describe the uniqueness of the Theraplay approach. A key factor that makes Theraplay unique from other approaches is that it includes the children and the parents in every session, and focuses directly on the relationship. Most other interventions work only with the parents.

New case examples. Interesting and instructional case examples are included throughout the book, three-quarters of which are new.

About the Author

Linda Perry, MA, MSW is a certified Child and Play Psychotherapist and Supervisor with the Canadian Association for Child and Play Therapy, and she is working on her certification in Theraplay. She works at the Elizabeth Hill Counselling Centre, which is a training facility for the Faculty of Social Work, University of Manitoba in Winnipeg Manitoba.

Phyllis Booth

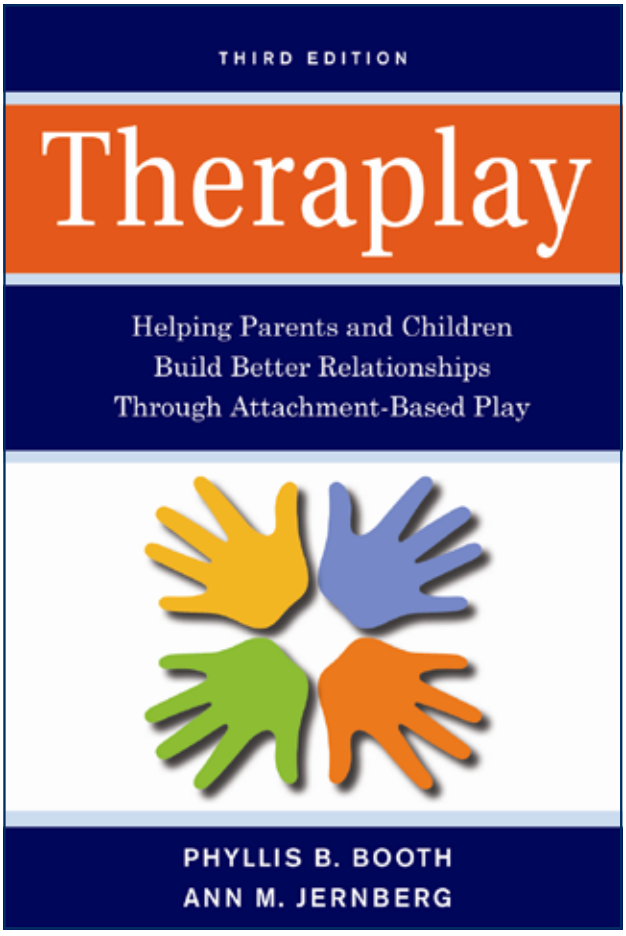
Theraplay has an interesting history, and Phyllis Booth has been involved since its inception. In 1967 Ann Jernberg recruited Phyllis to be part of her team at the Head Start Program in Chicago. This lead to a long collaboration that resulted in Theraplay as we know it today. Phyllis is still an active Theraplay therapist, supervisor and trainer.

She is the Director of The Theraplay® Institute in Wilmette, Illinois, USA. Theraplay is now practiced in 29 countries. The Finnish people are celebrating their 10th Theraplay anniversary, and more than 600 people in England have attended Theraplay training programs.

Where to purchase a copy:

Theraplay: Helping Parents and Children build Better Relationships Through Attachment Based Play. Third Edition (2010) is available from the Theraplay Institute www.theraplay.org ($54 us) Canadians can order online from Chapters Indigo and save themselves the cost of duty and shipping fees from the States. Book costs Canadian $68.40 Shipping and Handling: $0.00 GST: $3.42

TOTAL: $71.82 Canadian and it gets to you in about 3 days!



My Job -Your Job: What Should the Supervisory Relationship Look Like?

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

Over the past two years as CACPT Ethics Chair I have received quite a number of queries related to supervision in play therapy. Coming from supervisors and supervisees alike, these questions arise quite readily as professionals (expert and novice) attempt to navigate the sometimes complex process of teaching and learning the practice of play therapy.

As mental health professionals we are all concerned with ethical practice, and its cornerstone: 'Integrity of Relationships'. Regardless of one's particular discipline or regulatory body, this principal emerges as a central and overriding obligation for ethical practice, and can be simply described as the need to be fair, honest and transparent in all relationships with clients, recognizing the power imbalance that exists between therapist and client, and the ensuing obligation on the part of the therapist to be a protective force in the therapeutic process for the client. This core responsibility of all practitioners is one that supervisors work very hard at instilling in their supervisees during initial training and at reflecting in the supervision process with even the most seasoned of therapists.

Although the degree of detailed guidance varies across the variety of professional bodies represented in the field of play therapy, it is interesting to note that virtually all Codes of Ethics liken the supervisor-supervisee relationship to the therapist-client relationship, noting the parallels in power differential (particularly where students are concerned), and placing the primary onus of responsibility on the supervisor for providing a transparent and predictable context within which to learn. Much like clients, supervisees also have obligations insofar as expectations and boundaries in the supervision relationship, although these expectations generally far exceed those we might place upon a therapy client.

So then, if I am a student of play therapy, or a therapist wishing to embark on the journey of becoming a supervisor, what are the essentials? What would constitute reasonable responsibilities and expectations for each of these roles in the supervision process? And what should that relationship look like? After consulting our CACPT Code of Ethics as well as other "Best Practices" documents pertaining to the area of clinical training and supervision, I have identified the following as basic and appropriate expectations in that relationship. I hope you will find some of them useful.

#1 Contract – Supervisors/Supervisees should have a written contract at the beginning of the supervision process that outlines in detail the nature of the supervisory agreement, including such things as the time frame for the supervision agreement, expectations of Supervisor and Supervisee, the skills/competencies to be mastered, a schedule according to which informal as well as formal/documented feedback will be provided to the Supervisee, and clear expectations as to the Supervisee's right to confidentiality and the conditions under which it will be waived.

#2 Documentation – Supervisors have a responsibility to provide ongoing feedback, including written, to Supervisees outlining progress toward a previously agreed-upon set of competencies, and detailing time spent in clinical supervision. In some cases, a record of clinical hours may also be appropriate, depending on the nature/context of the supervisory relationship.

#3 Support – It is the Supervisor's responsibility to support the Supervisee in attaining the skills/competencies outlined in the contract, giving feedback as to strengths and areas of concern in a timely fashion, and opportunities for remediation where skills/competencies are assessed by the Supervisor as failing to emerge as necessary.

#4 Integrity of Relationship – It is the Supervisor's responsibility to maintain integrity in relationship with the Supervisee in much the same manner as a therapist protects the well-being of a client, recognizing the power imbalance inherent in such relationships. All efforts must be made to assist the Supervisee in attaining learning goals, feedback must be given in a specific and timely manner, and the Supervisee's confidentiality must be maintained, except for where written permission has been granted or where the limits of confidentiality set out in the contract apply.

#5 Ethical Obligation – It is the Supervisor's responsibility to model and support the highest ethical standards in the Supervisee's practice. It is the Supervisor's responsibility to withhold recommendation for certification to Supervisees in cases where they feel the Supervisee has failed to meet the minimum standards of clinical practice (as outlined in the supervision contract) and must provide to the Supervisee a clearly documented account of reasons

underlying this decision, as well as reasonable opportunities to rectify/redress the areas of concern. In cases where the Supervisor believes the Supervisee has violated CACPT's ethical code (whether this concern be related to professional conduct, competency/scope of practice, or other issues of ethical practice) the Supervisor is obligated to file a formal complaint with the CACPT Ethics Chair; indeed this is one limit to confidentiality which should be covered at the time of contract initiation.

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 have addressed in the next edition of Playground, please forward your suggestions to nstevens@sasktel.net.

Healing Spaces

by Theresa Fraser

Healing Spaces is an ongoing article in Playground. If you would like your playroom featured please contact theresafraser@rogers.com. Theresa is particularly interested in hearing from therapists from other provinces since previous articles have focused on Ontario and Manitoba. This edition of Healing Spaces is focused on Don Chafe, CPT, from Darthmouth, Nova Scotia.

Don Chafe is a Child Psychotherapist who works in the Nova Scotia public school system and teaches Play Therapy as well as Human Development in the Master's of Education (Counselling) Program at Acadia University. This University has recently received accreditation from the Canadian Counselling and Psychotherapy Association (CCPA).

Don began his work with teens in the classroom as a high school Science teacher and then later Elementary School Counselor. He completed grad school at the University of Victoria but became "hooked" on play therapy after attending a workshop presented by Mark Barnes. Don attended the CACPT training program in the early 90's and was later also grandfathered in as a certified member of Play Therapy International. Don has lived and worked both in the North West Territories and Alberta when he gained his supervision hours for certification. His distance supervision consisted of many tapes made, analyzed, and sent to Bridget Revell who then lived in Ontario. Don recommends that interns get creative by gaining supervision hours in exchange for services.

During these years he worked in a number of different environments as a Play Therapist including schools, private practice, mental health, and hospital settings. As many Play therapists know, each of these environments presents their own unique logistical challenges. While navigating these challenges,

Don shared that part of him attests that his therapeutic approach has stayed the same over the years, however he identified that he also believes his approach has evolved as he has attempted to gain and hone clinical skills.

Don identified that his family work is clearly structural and strategic while his focus with children is primarily non-directive. In his roles as a therapist and teacher he suggests that students

Don Chafe

not choose eclecticism too early in their careers. He espouses that true eclecticism or prescriptiveness (Schaefer, 2001) is only possible after a deep understanding of the many multiple approaches is achieved. New Interns may be reassured to know that Don maintains that he is struggling to master non directive Play Therapy even after twenty years.

Don currently works as an elementary School Counsellor in two schools in Dartmouth, Nova Scotia providing services not only to students but also to their families. He shares his passion for Play Therapy both in service provision but also in his teaching. He has presented at conferences for CACPT and PTI. He noted that the informal conversations that occur in these settings are not only invaluable learning experiences but also provided him with the opportunity to make international contacts. Though Play therapy is well recognized in the United Kingdom and North America, it is becoming more known in other parts of the worlds as well.

Don's graduate Play Therapy course and one taught by Dr. Nancy Riedel Bowers at Wilfred Laurier University are believed to be the only courses of their kind in Canada. Incidentally, both of these Pioneers are presenting workshops on Play Therapy in Morocco in May 2010. Nancy's workshop is entitled Research in Play Therapy around the World, and Don's workshop is entitled, Increasing effectiveness of Play therapy in a state school setting: forming multi level therapeutic relationships.

Don shared that "after working in many different environments my own healing space resides in my head. That way I can use it any time I want". This philosophy was also shared by Dr. Barnes, who wrote,

> *"Do not feel that you have to have all the "right" tools before beginning. You will never have all the resources you could hope to have but you will always have access to your own inner voice. Professionals in the most wonderfully equipped play therapy settings can still do a poor job. Toys do not make the therapy. A truly skilled therapist could work with only the air and emptiness*
>
> *(Barnes, n.d.)".*

Portable play tools.

That said, Don states that he has not found a way to set up a play room economically because he is a self admitted Toy addict and "enjoys his addiction". On the other hand, when necessary he can quickly gather key toys to utilize in individual play therapy, filial therapy, or for his students while teaching. When service is provided within a therapeutic playroom he observes that most people who enter this healing space are drawn to the Playmobil house and castle. However, he wants clients to find the area of the space that works for them.

Don also shared that while most play therapy training and supervision opportunities occur in central Canada, he is interested in hearing from Eastern Canada therapists who like him are seeking further training and supervision. Don can be reached via email at don_chafe@hotmail.com.

About the Author

Theresa Fraser is the Manager of Clinical Services at Branching Out Enhanced Therapeutic Services in Brampton, Ontario.

References

Barnes, M.(n.d.).An introduction to Play therapy. Retrieved December 12, 2009 from: http://www.playtherapy.org.uk/Resources/Articles/ArticleMBIntro1.htm

Riedel Bowers, N. (2009). A naturalistic study of the early relationship development process of nondirective play therapy. International Journal of Play Therapy, 18(3), 176-189. doi:10.1037/a0015330.

Schaefer, C. (2001). Prescriptive play therapy. International Journal of Play Therapy, 10(2), 57-73. doi:10.1037/h0089480.

Protect Your Rights as a Play Therapist

by Dr. Teresa Woolard, Small Business & Group VBenefit Specialist

There is a popular saying that states that if you don't know your rights, you don't have any.

Would you know what to do, or where to turn, if:

1) a client slipped on the stairs to your Play Therapy room and injured him/herself?
2) you have liability questions in launching your business?
3) you need to know how to protect yourself (and your business) from possible legalities in dealing with certain complex family situations?

If you answered "no" to any or all of these questions, you are not alone. Many business owners and home-based business owners may think of these things but simply hope they never happen. The truth is, if you are not prepared or do not have access to the resources to help you, it may detrimentally affect your business as well as your emotional and financial well-being. Definitely not a good situation when dealing with children and having to be in a calm, patient, focused and open-minded state as a therapist.

What if you could simply pick up the phone and ask a lawyer these types of questions and more without having to worry about the fees each time you did so? What if you could get quality legal advice for you and your entire family for pennies a day? Well, you can with a Life Events Legal Plan.

A Life Events Legal Plan through PPL Legal Care of Canada Corporation (the Canadian subsidiary to Pre-Paid Legal Services, Inc), a NEW Member Benefit Provider with the CACPT, can certainly help you and your business. With a Life Events Legal Plan, you get phone consultations, letters written and phone calls made on your behalf, your contracts and documents reviewed and even help with contacting government agencies from experienced lawyers in the area of law you need.

Almost 2.0 million families and over 54,000 business owners across North America currently own a legal plan through Pre-Paid Legal Services, the pioneer and leading provider of legal service plans. Additional benefits include wills and Powers of Attorney preparation, small claims court advice, 24/7 access in legal emergencies and a Preferred Member rate for court representation. As a member, you, your family and your business can enjoy these terrific services for only $26 per month (plus GST). Business services such as unlimited access to experienced business consultants, a website, templates for forms and documents are available as an add-on benefit. For further details, please visit www.prepaidlegal.com/hub/teresawoolard.

Read testimonials from other business owners who have benefitted from this service.

"I want to start off by saying thank you, your product offers a service which helps level the playing field and in my opinion fosters the ability of small business owners to stand up for what is right....I would not have known my rights nor could I have afforded to properly learn what my rights are and been able to defend myself against the strong arm tactics which were used to try and scare me out of starting my business."

W. Blair, C
Owner/Operator

"PPL provided me and my business with one of the best lawyers in the area of law I required for the audit. I was in great care and won my case having the money returned that the Canada Revenue had taken from me. Thanks to PPL's system of top level lawyers, my business survived and continues to grow today."

D. Dolinksi
Winnipeg, Manitoba

Don't get caught unprepared or in a situation of not knowing what to do in any given situation.

Get your questions answered, protect your legal rights, have confidence in making daily decisions and gain peace of mind in running and growing your business. By enrolling for these services, not only will you be helping yourself and your business, but CACPT as well. Contact Dr. Teresa Woolard directly at (888) 315-9633 or teresawoolard@prepaidlegal.com for further information.

And remember the old adage: **An ounce of prevention is worth a pound of cure.**

As a Child Psychotherapist Private Practitioner, I was relieved to have this service available to me, not only for my own personal and family needs, but for my private practice needs as well. One example which I personally experienced was when a client's father had subpoenaed me to attend court to support his case on behalf of the work I had done with his daughter. However, he was representing himself and he did not understand the court systems. When he served me with papers, he expected that I would attend court for the entire week as he waited for his case to be called in to the judge. Being unfamiliar with the family court system, but knowing I had to honour the subpoena, I was quite upset and anxious that I would have to miss an entire week of work to attend this hearing. I was not signed up with PrePaid legal at the time because if I had been, I would have been able to receive an immediate consultation (free of charge) to learn that I did not have to be there for the full week. Instead I spent at least 6 hours of my own time tracking down my rights about this situation by calling the court house and trying to sort out what exactly could be done. This type of situation can occur for any practicing therapist. Knowing now that I can have immediate consultation about any type of legal issues is well worth my piece of mind. And for aprox $30 per month, it is well worth the expense!

Lorie Walton, M.Ed
Certified Child Psychotherapist Supervisor,
Owner and Private Practitioner of Family First Play Therapy Centre Inc.

About the Author

Dr. Teresa Woolard
Small Business & Group Benefit Specialist
PPL Legal Care of Canada Corporation
www.prepaidlegal.com/hub/teresawoolard
Toll Free: 888-315-9633

CACPT presents two Paris Goodyear-Brown workshops with Leading Edge Seminars:

Paris Goodyear-Brown, MSW, LCSW, RPT-S, maintains a private practice and serves as adjunct professor at Trevecca University in Tennessee. She presents frequently throughout North America and has been awarded the Play Therapy Public Education and Promotion Award by the Association of Play Therapy. She is the author five books including *Play Therapy with Traumatized Children: a Prescriptive Approach*. For more info, see www.parisandme.com.

Strengthening the Attachment Bond: Blending Science and Technique

On Thursday, April 22, 2010, 9:00am to 4:30pm at 569 Spadina Avenue, Toronto

This workshop will combine recent research in the areas of brain development, attachment styles, and how trauma and neglect affect a child's ability to relate in healthy ways.

A host of treatment goals will be broken down into sequential steps, with several engaging, nurturing techniques illustrated for each step. Innovative ways of teaching psycho-educational concepts to parents will be covered. State-of-the-art parent-child interventions will be demonstrated. Workshop attendees will leave with many immediately useful tools for helping parents and children begin to delight in each other again.

CACPT members' discount
$135/ workshop before April 7 (regular rate: $169)

$143/workshop after April 7 (regular rate: $179)

Paris Goodyear Brown is a groundbreaking innovator in child therapy. Her workshops combine up-to-date theory with creative and practical techniques. I highly recommend her workshops to practitioners who work with children and families.

*(*Liana Lowenstein, MSW, Author of *Creative Interventions for Troubled Children and Youth)*

Helping the Wild Child:

Creative Techniques for Children with Behavioural Problems

On Friday, April 23, 2010, 9:00am to 4:30pm

This workshop will present dozens of practical, engaging, and evidence-informed techniques for helping children who act out.

Techniques will be presented to address problems with anger management, stress management, impulse control, and social skills. These techniques can be used by mental health practitioners, parents, and teachers. The strategies covered in this workshop will benefit clients with the following diagnoses:
Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Post-traumatic Stress Disorder, Pervasive Developmental Disorder, Autism Spectrum Disorders, and aspects of the anxiety and depressive disorders.

Both workshops take place at Koffler House/Multi-faith Centre, 569 Spadina Avenue, Toronto

Please sign me up for: ❑ Strengthening the Attachment Bond ❑ Helping the Wild Child

Name(s): _____
Address: _____
_____
Email: _____
Phone: _____

3 ways to register!
Phone 416-964-1133
Fax 416-964-7172
Mail 88 Major St, Toronto ON M5S 2L1

I will be paying the course fee of $_____ (GST included) by:

❑ VISA ❑ Mastercard ❑ AMEX ❑ Cheque

Name on card (if different from above) _____

Card number: _____ Expiry Date: _____

Please make cheques payable to Leading Edge Seminars Inc. 88 Major Street, Toronto ON M5S 2L1 CACPT-mag

See www.leadingedgeseminars.org for more workshops .

CACPT will hold its Annual General Meeting in Saskatoon, Saskatchewan on April 30, 2010. CACPT is pleased to announce that it will present the following full day workshop with our very own Lorie Walton followed by a reception and our AGM.

Lorie Walton is the owner 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 children who have been adopted or are in foster care who experience attachment related issues and trauma. As well, she has specialized training in working with children who have experienced other forms of trauma including sexual abuse.

In conjunction with her private practice, Lorie offers Play Therapy Clinical Training and Supervision for Child and Family Agencies and for Play Therapy and Theraplay® interns and is currently in her fourth year as President for the Canadian Association for Child and Play Therapy (CACPT).

Helping Parents and Children Build Better Relationships through Attachment-Based Play

Lorie Walton, E.C.E., B.A., B.Ed., M.Ed.

This one day hands-on workshop is for **Therapists, Social Workers, Educators and Health Care Providers. It is also presented for Parents, Grandparents and Extended Family Members who have Adopted Children or who are Fostering Children.** Professionals supporting these families are encouraged to attend.

This workshop is geared to help not only therapists, social workers, educators and foster and adopted parents, but their extended family members as well. It is a fun, interactive workshop which helps caregivers and their support teams learn the importance of using unique parenting techniques to help emotionally settle an adopted or foster child.

Children who have experienced attachment losses are unique in their ability to become securely attached. This hands-on fun, interactive workshop will review the psychobiological impact of their early life experiences and how interventions like Theraplay® can assist in helping secure attachments begin to form.

This 6 hour presentation offers practitioners and parents the opportunity to learn the **WHY**, the **WHAT** and the **HOW** in helping children who have disrupted attachment histories. It is a dynamic, hands-on presentation that offers strategies and tools to take home and begin using right away.

Please contact Elizabeth Sharpe: **Elizabeth@cacpt.com or 519 827-1506** for further information.

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.
3. **Discounts**
   CACPT is involved in arrangements with an increasing number of organizations, i.e. bookstores, toy stores, to provide discounts to Association members.
4. **Insurance**
   CACPT provides professional liability insurance packages for its members.

Dear Members:

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

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

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

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

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

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

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

childtherapytoys.com

HACKER SAFE

BBBOnLine RELIABILITY PROGRAM

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

Largest online selection of play therapy resources. Certified Hacker Safe online ordering. Check out free stuff and monthly specials.

www.childtherapytoys.com

Enter coupon code: CACPT and get 10% off