

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

Playground

Spring/Summer 2023

The Pairing of Two
Diverse Models Within
a Play Therapy Session

Looking Through a Lens –
A Photographer’s Insights
for Play Therapy

The Healthy Benefits of Play

The Lived Experiences of Child
and Youth Care Practitioners Who
Use Tactile Objects in Practice





CAPT Foundation Play Therapy Training 2023



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

Live On-line Instructor Lead Individual Full Days of Training for 2023

May 8 – 19, 2023

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

June 12 – 23, 2023

- Sandtray Therapy (2 days)
- Brain Research and Child Development in a Play Therapy Setting
- Understanding Traumatized Children and Applying Play Therapy Tools in the Treatment of Trauma in Children (2 days)
- Play Therapy with Abused Children (2 days)
Day 1: Physical and Emotional Abuse
Day 2: Sexual Abuse
- Creating an Inclusive and Culturally Competent Play Therapy Practice
- Storytelling in a Play Therapy Session
- Understanding and Treating Anxious Children

August 7 – 18, 2023

- Treating Disruptive Behaviour Problems in a Play Therapy Setting (2 days)
- Puppetry in a Play Therapy Setting
- Play Therapy with Adults
- Group Therapy
- Play Therapy for Children and Families Coping with Loss (2 days)
- Case Application
- Art Therapy in a Play Therapy Setting
- Vicarious Trauma and Self Care in a Play Therapy Environment

Please Note: All classes will be held weekdays, Monday to Friday.

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

For further information on becoming certified as a Play Therapist, please visit our Education webpage under **Education and Certification** at:

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Playground

Canadian Association for Play Therapy

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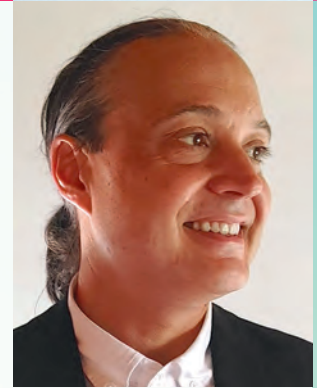
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Message from the President

Dear Members,

As the first signs of strawberries poke up from the ground I know two things – first, spring is here! Secondly, we will soon gather with our members to celebrate the incredible work we do together at our Annual Conference and AGM. Both are kind of like a rebirth. There is no doubt that so many of us were impacted in various ways from the effects of COVID. Many of us have been lying dormant, waiting for the signs that we can emerge again, connect with those around us, and find our new paths.



I am very excited about the content of this Spring Issue of Playground. We have lots to celebrate in these pages, including the incredible success of Play Therapy week, the tremendous growth of our membership and the eminent expansion of our roster of Play Therapy Supervisors, the growing geographical and cultural diversity of our membership and the amount of engaging literature that is emerging in our field. Finding a place in this issue as well as in our hearts and minds is creating a space for healing – both as Play Therapists and members of our diverse and ever growing community.

One of the greatest impacts of these past years in our work, in our daily lives and in the people we serve is a heightened sense of isolation and loneliness. Those of us who work with marginalized populations will likely have recognized that social, geographical, emotional and psychological isolation have truly had an impact on us all, and it seems those who need that interpersonal connection and support from others the most are the ones who have experienced the most hardships throughout this time.

The theme of the Annual Conference this year is “Grief, Loss and Life Transitions”. I have experienced a lot of loss over the past years and I know that I am not alone. Losing a loved one, friend, client or colleague over the past years has, for many of us, felt even more difficult. We couldn’t spend the time together with those we care about to grieve in the ways that we used to. I think it is so fitting that we will be exploring these concepts together as part of our rebirth as Play Therapists, some in person in Niagara Falls, and some virtually. As human beings I believe we were never meant to grieve alone. Yes, it is a personal journey, but along the way we share so much in common with each other – our experiences and feelings are entwined like a braid of sweetgrass. As Play Therapists we carry so much on our journeys. Thank you all for carrying all of the pain, joy and everything in between with such grace, compassion and dignity. I think the connecting work we do is so important and I applaud each of you for doing this.

I look forward to the feast that follows our emotional fasting. We shall gather again, either in person or in spirit. We shall emerge from our isolation and loneliness together. We shall eat strawberries.

Kevin St. Louis
President of the Canadian Association for Play Therapy

Update from your Executive Director

Spring 2023,

I want to wish all CAPT members and partners a Happy Spring Season from the CAPT Head Office in the Niagara region. Spring has certainly sprung here, just in time for the CAPT Annual General Meeting and Conference May 5 & 6 in Niagara Falls.

The CAPT Annual General Meeting on the evening of May 5, 2023, will celebrate our successes, report on results, and provide some insight into the future vision of CAPT. The CAPT Strategic Plan is being finalized and operationalized, and we look forward to sharing a progress report of the Strategic Plan with CAPT members at the Annual General Meeting.

Your Board of Directors and CAPT Committees have continued to meet over the winter months, with a focus on:

- The CAPT Strategic Plan and priorities
- Inaugural International Play Therapy Week
- Update to the CAPT website and member database
- Monthly Certification Q&A zoom meetings with members
- Membership Renewals
- Annual General Meeting and Conference Planning
- Training opportunities for 2023 and beyond

Play Therapy in Canada and membership with CAPT continue to grow. This issue of Playground highlights some of this growth through a report on the Inaugural International Play Therapy Week and a map of members and certified members throughout Canada. This growth is the direct result of the work of CAPT dedicated Board Directors and Volunteers, and would not be possible without them and CAPT members.

As a volunteer driven association, CAPT relies on the help of volunteers to fill important roles on CAPT Committees and projects. If you feel you have an interest in supporting CAPT as a volunteer, be sure to contact one of our Committee Chairs or our office at any time. I look forward to connecting with you should you be interested in volunteering with CAPT and encourage you to contact me with any questions.

I look forward to connecting with members both in person and online at the upcoming CAPT Conference, and throughout the rest of the 2023 year.

Wishing you a wonderful Spring and Summer from the CAPT head office.

Scott Kettles
Executive Director, CAPT



The Pairing of Two Diverse Models Within a Play Therapy Session

Lorie Walton, M.Ed, CPT/S; CTT/ST, RP



Mental health practitioners who work with young children know that helping children learn how to master control over their emotions is no small feat. Children, unlike adults, are unable to make significant emotional changes without a supportive, attuned caregiver co-regulating them through the process.

Most often, children with dysregulated emotional systems require interventions which help their bodies unconsciously experience soothing and calming from an external source, such as a supportive attuned co-regulator, BEFORE they can consciously begin to master triggered emotions in a controlled and motivated way independently. There is growing evidence which endorses the concept that children require a secure relationship with a supportive adult to help them master control over their emotions prior to working on regulating triggers from past experiences of trauma.

Combining Theraplay® with other modalities has been known to be an effective way to support the complexities of many childhood mental health issues. Theraplay's



magic supports early foundational healing components via a bottom-up approach and is respected within the neuro-sequential models of thought. Cognitive Behaviour Play Therapy (CBPT) treatments offer a top-down approach and are at the other end of the spectrum when considering mastering control over triggered responses.

Theraplay® has evolved over its inception and has become known as one of the primary foundational play-based interventions for its ability to effectively support children with emotional regulation issues. Theraplay is considered a bottom-up approach because it taps into the lower regions of the brain and limbic system. Theraplay helps children by offering structure to the parent-child dyad through endorsing in-sync, nurturing responses via playful interactions which effectively co-regulate the child. One of Theraplay's many assets is its ability to assist the caregiver to help the child unconsciously internalize new reactions to stress. Attunement, by definition, is the process of feeling emotional synchronicity with another person. This involves the sharing of feelings within a dyadic moment (Gray, 2007). Theraplay endorses the building of synchronicity by providing activation, support and foundational healing by incorporating attuned, empathic

responses during playful engaging moments to assist the dyadic dance.

Baylin (2018) describes how specific attachment-figure based methods, including Theraplay, help to disarm the child's defense system and promotes the awakening of the child's Social Engagement System (SES). Initially, the prefrontal regions of the brain must be engaged to achieve emotional regulation which then allows the child to work on a more conscious level of mastering

The physically active, face to face play used in Theraplay combines safety cues with up-regulating states of arousal and down-regulating states of overstimulation.

emotions (Baylin, 2018). Polyvagal Theory affirms these types of dyadic playful interactions efficiently calm our physiological state and shift our flight/flight behaviours to trusting relationships (Porges, 2015). As well, play, is considered to be an important neural exercise for practicing the detecting of trust versus danger in relationships (Norris, et al, 2020). The physically active, face to face play used in Theraplay combines safety cues with up-regulating states of arousal and down-regulating states of overstimulation. These playful moments promote co-regulated experiences and provides integration to the Social Engagement System and prompts signals of safety. Over time, the child's inner responses begin to solidify towards security which then supports the child's eventual ability to self-regulate emotions and stress-like situations on his own, without the caregiver's presence.

Cognitive Behaviour Play Therapy (CBPT) is rooted in evidence-based theory of Cognitive Behavioral Therapy (CBT). It is considered a top-down approach as it activates the higher regions of the brain – namely the cortex and neo-cortex. CBPT utilizes play-based interventions to help children change their thoughts, feelings, and behaviors by restructuring each in a developmentally appropriate manner (Drewes, 2019). It includes cognitive and behavioral interventions which help children gain mastery over their environment while being an active participant to change (Drewes, 2019). CBPT can offer support to the healing journey of a child who experiences uncontrollable emotions by offering the ability to cognitively learn the science of how their body works in conjunction with their emotions. Hierarchical in nature and problem-focused, CBT involves teaching skills and coping strategies to help children effectively deal with a wide range of emotional responses (Castagna et al, 2020).

Recent studies demonstrate how the inclusion of a supportive attachment figure can positively support the healing journey of a child long term. Bosmans (2016) review of CPT when paired with attachment interventions asserts that restoring trust in insecure parent-child attachment relationships can be integrated within CBT and could contribute to its treatment outcomes.

A combination of supports such as the implementation of Theraplay with age appropriate CBPT techniques can

make a long-lasting impact of change for a child who struggles with emotional vulnerabilities, dysregulated trauma responses, and attachment insecurities. The following case will demonstrate how the combination of using Theraplay and CBPT helped a little boy master control over the "Big Mad" and helped him to form a secure bond with his primary carer.

Case Example

Mark was a smart but feisty little boy for 7 years of age. He had a right to be given his earlier history of neglect and abuse. Mark had been placed in 3 foster homes, before being placed with Laura at the age of six. Laura was an experienced carer who understood childhood trauma and was open to doing all that she could to help Mark feel safe in her home but she readily admitted it was hard work and exhausting at the best of times. It was reported that Mark was vulnerable to episodes of intense anger, recurring nightmares and sleep challenges as well as controlling behaviours, especially during transition times. Struggles with social issues at school were prevalent and often caused him to be sent home on suspension. He was repeatedly in trouble for violent behaviour such as fighting with his peers and for physical aggression towards his teachers.

Child Psychotherapy was requested to support Mark's healing journey and to assist Laura with therapeutic parenting strategies in the hopes that Mark would not need to be moved again. Treatment planning occurred and several observational assessments were conducted, to assess Mark's relationship with Laura as well as to assess Mark's trauma and grief responses. The Marschak Interaction Method Assessment (MIM) was implemented to observe the dyad's strengths as well as to assess areas which required support for Mark, for Laura, and for their relationship.

Results from the MIM demonstrated Mark's vulnerabilities. He appeared to be in a constant state of hypervigilance which presented as oppositional defiant behavior. He constantly moved around, checking the room and doors that led to the hallway. It was positive to see that he often circled back to be physically close to Laura which demonstrated his ability to use her as a 'secure' base.

Laura presented with many strengths. She was observed to be calm and often used a soft voice which Mark seemed soothed by. Although Laura had many strengths, Mark's hypervigilant presentation and controlling behaviours appeared to exhaust her. Mark was not easy to engage and after many attempts to complete each of the directive card activities unsuccessfully, Laura would move on to the next task.

Children who experience early traumatic experiences, including disrupted attachments, most often present with many symptoms and challenges in their social, emotional, behavioural and cognitive development. Mark's presentation was certainly an indication of his emotional vulnerability. Impairment of the brain from early chronic stress can impact virtually every aspect of development. Because both the emotional and cognitive components are vital to relationships, their proper development, functioning and reciprocal regulation are essential to the healing journey, especially for a young child (Cozolino, 2006). Thus, it was recommended that the therapeutic treatment plan include a combination of Theraplay and play based techniques which included directive CBPT-based activities to support this little boy's healing journey.

The structure of each session included 40 minutes of CBPT time alone in the playroom with the therapist and then a 20-minute rejoining segment with Laura for Theraplay-ing. Directive CBPT tasks included activities which helped Mark become more comfortable with feelings such as Feelings Tic Tac Toe, and Feelings Bean Bag Toss. These directive CBPT activities encouraged Mark to slowly process emotions and supported the mindfulness of his internal responses in a safe space and fostered a cathartic release of pent-up energy and triggered responses.

As therapeutic rapport began to solidify, Mark began to comfortably share specific details of his world with the therapist. He talked about when he felt mad at school or at home and would tie memories from the past into these sharing moments. Mark labelled one feeling "THE BIG MAD" when he recalled an incident at school where he threw a chair in his classroom. He stated, "I think the BIG MAD made me do it!" This was the open window the therapist was waiting for. Mark was ready to consciously begin working on methods to help him become a master of his feelings rather than the feelings be in charge of him.

Mark was a curious and smart little boy and he was easy to engage when the therapist brought in specific CBPT mediums such as a picture book on how the human body works to demonstrate the physiology of stress or materials to make a volcano erupt (to demonstrate how emotions can make us blow-up out of control). Mark became motivated to learn how to master his overwhelming emotions through the use of the CBPT activities. He was also excited to share these strategies with Laura when it was time to join her for the end portion of his sessions.

The joining at the end of each session was to implement Theraplay to include Laura as Mark's co-regulating carer. The theory behind scheduling the sessions in this way was to help Mark feel nurtured after working emotionally hard during the individual component of sessions. Being soothed, nurtured and to experience being delighted in at the end of processing difficult memories was the goal for using Theraplay in this way. Mark would eagerly run into Laura's waiting arms and receive her welcoming hug when reunited. During Theraplay, he responded with enthusiasm to his favorite magic carpet/blanket games and especially welcomed the opportunity to cuddle with Laura while eating fishy crackers. During these moments, Mark would share openly about the Big Mad and would tell Laura what strategies he learned to be in charge of it. His favorite technique during Theraplay was what we called 'feather blowing' fingers. Mark would wiggle his fingers across Laura's hand and blow on them as if they were feathers. This became their magical way of greeting each other and as later reported, their way to help Mark transition from Laura onto the school bus.

The CBPT strategies he was learning was providing Mark and Laura a common language to communicate about his feelings as Mark learned and gained mastery over these emotional experiences. It was affirming to hear Laura report that she was incorporating Theraplay's nurture and structure into her daily routines with Mark. Although everyone involved knew Mark had a long road of healing ahead of him, he was well on his way to gaining mastery over some of his emotions and was beginning to form a trusting relationship with his carer. This was most likely the first relationship he had ever had that was consistent, attuned, nurturing and provided a balance of structure, engagement, and challenge to create a sense of feeling enjoyed, cared for and protected.

Conclusion

The combination of implementing CBPT and Theraplay within a therapy session, although completely different in style, work well together and are quite effective at supporting a client's healing journey. By introducing CBPT strategies children can begin to consciously learn

age appropriate yet effective ways to master control over triggered responses which can then be supported by the attuned caregiver. The caregiver welcomes the child via Theraplay and provides immediate co-regulating, attuned, synchronised experiences which ultimately aid in the growth and stability of the child's foundational development. This in turn blueprints the child's inner working model as secure, safe and adored. This therapy combination provides a strong, comprehensive model which supports healing from the bottom-up as well as from the top-down and meets in the middle to support healing, regulation AND long-lasting mastery. All things necessary to repair a hurting heart.

Feelings Tic Tac Toe – a directive CBPT Game which is similar to the old game of Tic Tac Toe. Instead of using X and O's, the grid is left blank and each person draws a feeling face in an open space. Once drawn the person tells what the feeling is and when they felt that feeling.

Feelings Bean Bag Toss – a directive CBPT game where the participants throw a bean bag into a large drawn out grid on the floor that has feeling faces in each grid. Wherever the bean bag lands, the person gets to name the feeling, act out the feeling and/or say when they experienced that feeling.

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Lorie Walton, RP, CPTS, CTT/ST has been a dedicated CAPT member since 2000 (President, Committee & Board Chairs and recipient of the Monica Herbert Award). 23 years owner of Family First and Executive Director of Theraplay Canada since 2020, Lorie offers clinical consultation, internship opportunities, supervision and trainings across Canada.

The Canadian Association of Play Therapy has an extensive list of Play Therapy supervisors who provide CAPT students and interns with supervision, teaching and share their knowledge about the wonderful world of play therapy.

Here is the current list of Play Therapy Supervisors in Training:

Leslie Pearson is from Sherwood Park, Alberta. Leslie utilizes both directive and child-centered approaches from a variety of theoretical orientations. Leslie is a Registered Psychologist in private practice in Alberta.

Heddy Swigger is from Mississauga, Ontario. Heddy utilizes child-centered play therapy and filial play therapy. Heddy is a MSW, RSW and CPT.

Rachel Dundas is from Strathmore, Alberta. Rachel utilizes play therapy alongside EMDR, she specializes in working with children and adults who have trauma experiences. Rachel is a Registered Psychologist.

Ricky McIntyre is from Saint John, New Brunswick. Ricky utilizes child centered play therapy, sand tray, IFS and EDMR. Ricki works with people of all ages and provides services in both French and English. Ricky is a MSW, EMDR trained, and WPATH trained.

Cheryl Hulburd is from Fernie, British Columbia. Cheryl utilizes non-directive, sand tray, puppetry and EMDR. Cheryl is a MSW, RSW, CPT, EMDR certified and EMDR consultant.

Looking Through a Lens – A Photographer’s Insights for Play Therapy

By Donna Starling MSW, RSW, CPT-S



Go your own path, even if no one else follows you



Jack Ellery

When I arrive to interview Jack Ellery, he is sitting in front of his computer at his dining room table. On his computer are the thousands of pictures he has taken on the large natural property of his home, in his community of Fergus and Elora and during some of his international

travels. The sun is pouring into the room. It would be quite easy just to sit with Jack in front of his computer and listen to him describe the place and the day that each photo was taken. He describes the lighting, the colours and the angles of his photos, seeming to remember his thoughts during each shot. I do get drawn in for a while, very tempted by the beautiful thumbnail pictures and wanting to see each one in a larger size, maybe with the secret hope of finding a way to magically step inside each one. Clearly, we could be here all day, especially when I see his pictures of Costa Rica and Portugal... perhaps it is because it is a February winter’s day in Fergus, and the warmth of the feelings from these pictures just glow and invite the person looking at them to not only look at the photo, but also to experience it. Jack is a photographer

who has an amazing talent to capture the feeling of a moment. As a therapist, it is this that made me want to interview Jack and to hear from him how photography can be a medium to express. I wanted to learn more about how this expressive medium can be used in our work as therapists.

Jack Ellery is a photographer in the community of Centre Wellington who largely takes nature photos. His cards showing the beauty of Fergus and Elora sell at the Elora Centre for the Arts, as well as the Karger Gallery and Chanticleer, both in Elora. He won an award for his photography in 2019. He has been part of an art show titled “See the Forest Through the Trees”, a mental health initiative curated by Lianne Carter to highlight the importance to our mental health of being in and experiencing nature. A book developed from this initiative, in which some of Jack’s incredible photos of trees are found. Jack sells his framed photographs and cards to those in the Centre Wellington community as well as to people who happen to find his photographs by chance and luck. He has a strong Instagram and Facebook following, where many of his customers have reached out to him.

Jack explains that his love of photography first started as a love of the season of Fall. “I love the Fall. I love the

colours and the smell of Autumn. I love the crunching of the leaves on the ground. I love that it's not too hot or cold. I like to capture the Fall in photos." As Jack describes this, I remember one of his photographs in my mind – a close-up of multi-coloured Fall leaves freshly fallen on the ground and newly covered with morning frost. I see all of Jack's words about the Fall in this photo – his words confirm everything that I have felt looking at this photo before. I think then about play therapy – about the beauty of expressing without always needing words and I want to hear more from Jack.

When I ask Jack about the inspiration in his work, he says "It is the outdoor world. The outdoor world is such a beautiful place to be. It doesn't matter what the temperature is or what the weather is, you can't go wrong – there is always something beautiful to take a picture of." He goes on to describe how the photograph is important but that importance lies also in the ability to explore and capture a moment. He adds "I find peace when I take photos." When I ask him more about the process around taking the photos, he says "It really is a quiet activity that you can do by yourself or you can go with friends, but one of the really great things about nature is that nature stays still. It doesn't walk away." I pause for a moment and let this statement sink in. I think about how many of our conversations in life end with "I have to go" and I see the power of what he is talking about and how our clients might experience this stillness and attentiveness in nature if we went outdoors with them and took pictures together. Then Jack, who also has a great sense of humour, says "except if it's a squirrel... those guys do NOT sit still!"

Now completely inspired to incorporate play therapy work with photography, I ask Jack about the more practical side of what he does and his thoughts for play therapists if they were to begin the work of nature photography with a client. Jack explains the importance of finding a place away from people, while acknowledging that this may not always be possible in a large city centre. He says "sometimes beginning in your own backyard is a great place." He describes noticing aspects, details and characteristics in the things we always see. I ask Jack if he thinks having autism has helped with his ability to notice things that people without autism would miss. He says he doesn't know – either way, whether it comes more naturally to a person or having to be more mindful about "noticing", taking the time to notice could be incorporated into the framework of a therapeutic photography session. While talking about one of his most favourite places to take photos, the Elora Gorge, he describes realizing that the

bridge has aspects of a heart. As we begin talking more about the idea of amplification within photography, Jack describes his process of taking his photos back home to edit and highlight, crop and filter to show what he hopes to show. As he is describing the importance of this process to him, I am also thinking about how our work as play therapists could tap into what he does to create space for our clients to highlight what stands out for them within a photo that they chose to take – that the editing process together with them can be a continuation of a way to show, to express, to communicate and to amplify.

As we talk more about his editing process, Jack then adds "but if it doesn't turn out the way I wanted, I can go back another day or another time and do it again. I can get it the way I want next time so it really doesn't matter." So many times, as Jack speaks of photography, life lessons emerge, and this is one more time. The reflection involved in looking for the picture itself can be a valuable tool, the experience of walking in nature can bring improved mental health, and the perseverance and resilience to ensure the picture truly says what the photographer wants is a lesson as well.

As Jack talks about his photographs to answer my many questions, the theme of "paths" keeps coming up in the conversation. When describing a trip to Portugal, Jack says "I walked about 15 km every day and there was a photograph with every step I took. There were many paths. It was always so cool to see where each path went." The metaphor of the path during a therapeutic photography session is really intriguing so I ask Jack more about paths from a photographer's point of view. We share other moments we have both seen paths on hikes and Jack adds "a path is a great place to be on, but it is also great to sometimes venture off. If you get lost, you can always find your way back." Jack then shows me a beautiful picture of a path in Portugal. He has titled the photograph "Go your own path, even if no one else follows you." The metaphorical power for reflection within therapy is obvious.

The idea of finding a title for a photograph reminds me of other play therapy interventions in art, sand tray, storytelling, dramatic play, and the power that comes from providing a title. I ask Jack more about his process of deciding on a title. He describes coming back in from his photographic adventures and just looking at his photos to reflect. If he selects one for his social media accounts, he considers a title to convey a message. Sometimes it is serious or poignant and sometimes it contains some of Jack's characteristic humour. Jack says one of his winter photos is called "The coldest days mean the best hot chocolate", adding "Really, I find any



Fall Storm



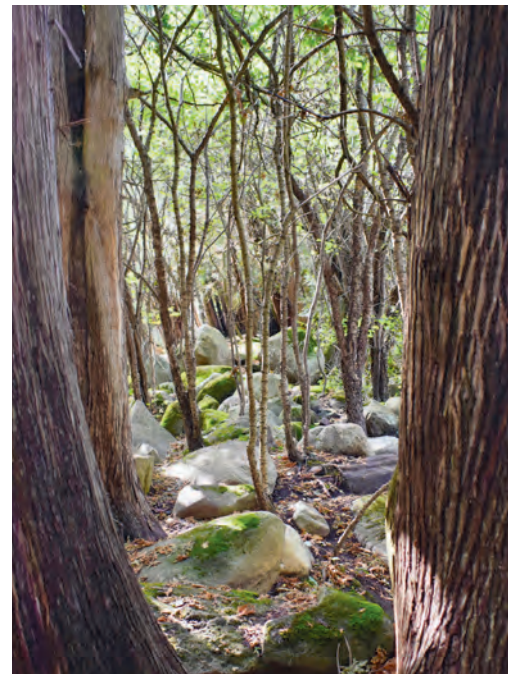
Heart of Elora



The gorge is a GORGEous place to be



Before you love someone else, love yourself



Oxygen of life

reason to drink hot chocolate!" In talking to Jack more about titles, it is clear the title is a chance to amplify and communicate the feeling of the moment even more. He shows me a photo of a large blue heart that someone had graffitied onto a very old stone wall in Elora. He simply says, "I really like this one." I think about all the incredible scenes that Jack has photographed and for a moment I wonder why a large blue heart on a wall would stand out to him. He has titled it "Before you love someone else, love yourself." With this title, the beauty and meaning suddenly shine. He shows me one of his photos he gave as a gift to a friend titled, "Life is better with friends". Another, that he gave to a friend, who is an environmental science student, is a bee on a flower, titled "Insects of importance". I start to see how titles can not only amplify, but also then be used to connect with others, if the photographer chooses.

During our interview, Jack mentions often wishing that he could take a photograph with his brain – that there have been times when his camera is not with him, but he sees a wonderful moment and wishes to capture it. "If only I could just blink my eyes and – click – a picture would be there." I reply to him that this is what a memory is – a moment that the brain holds. It is with memories, moments, feelings, and events that, as play therapists, we

assist our clients. By using photography, we may be able to bring those memories forward through the metaphor of what is found outside. By sharing it together outside of the brain, communicating about it and amplifying the feelings around it, we can assist in processing.

I leave the interview with Jack in absolute wonder of his insights, his knowledge, his talent and his incredible collection of moments.

More of Jack's photography can be found on Instagram at Jack Ellery (@jackellery11_).



Insects of importance

Congratulations to the first two graduating classes of Maritime Play Therapy Centre



This group of clinicians celebrated with a graduation Tea on June 4th, 2022.

- Kerry Casey, New Brunswick
- Joann Cullen, Prince Edward Island
- Kristi Garrido, Nova Scotia
- Kim Grant, Nova Scotia
- Natalie Hache, Nova Scotia
- Valerie Hewitt, Nova Scotia
- Jill Hossack, New Brunswick
- Mora MacDonald, New Brunswick
- Claire MacDonell, Nova Scotia
- Cynthia Manley, Nova Scotia
- Ricky Joel McIntyre, New Brunswick
- Tracy Munden Hancock, Nova Scotia
- Kevin St. Louis, Ontario
- Nicole Williams, Nova Scotia



Reprinted from *The Bulletin*, September/October 2021 issue.



The Healthy Benefits of Play

by KENDA RIGGS

Summer break is over, and you are back to work for another year of teaching. What did you do over the summer to rejuvenate your mind, body, and soul? As you reflect on your summer, I invite you to think about some of the things you did that you enjoyed. If it feels like summer slipped by, what may have gotten in the way of you taking time to pause to incorporate some time for play, that important time for you?

Research tells us that adults often forget to play. With adulthood, there is a natural expectation that life becomes more serious with a focus on education and career goals, while moving forward in life with other responsibilities of home and family. The transition into a professional adult identity is not always a balanced one. Particularly for teachers, many often stay in work mode not only during the day, but during evenings and weekends too, and lose their sense of identity outside of their working self. Even though there is emphasis on work-life balance, many teachers have gotten so caught up in the cycle of work-life that many have forgotten to play.

Teachers go to work and then come home to work, whether that is checking and responding to emails and phone calls, organizing lesson plans, attending meetings, online workshops, research, or completing evaluations. Teachers will often say that they just don't have time to play. Play is often viewed to be a guilty pleasure that distracts from the serious tasks. However, the impacts of work overload on the physical and mental health of teachers takes a toll on the well-being of teachers. One of the solutions to feel better is to incorporate more play time into your day, even when you don't feel that you have the time. The overall health benefits will be profound.

What Is Play and Why Is It Important?

Dr. Stuart Brown, Founder of the National Institute for Play, defines play as being "a process you feel"; a state of being that is purposeless, fun, and pleasurable. He describes play as being essential to human growth and development, learning, and cultivating relationships *throughout the lifespan*, which is essentially the gateway to feeling vitality. Play can be structured activities whereby games or events are planned with other people with similar interests, or play can be unstructured

spending time with others or time by yourself.

Play is important for many reasons. Play is fun time, and helps to regulate emotions, promotes creative thinking, and develops problem-solving capability which protects the adult brain by improving cognitive flexibility and memory. Play helps to build relationships by encouraging open communication. It can bring healthy energy and elevate your spirit while helping you to relax. Play can foster positivity, discharge stress, and even boosts your immune system. Play can improve your overall productivity and quality of sleep.

Play is essential for good health, just like food, water, and sleep are critical for your well-being. There is significant research regarding the neuroscience behind brain development indicating that when the brain is deprived of play during childhood or adulthood, it impacts the brain's growth and development. Play often brings laughter which helps to relieve stress and inflammation with the release of dopamine, a neurotransmitter that has a role in experiencing pleasure. Dopamine is known as the 'feel-good' hormone that helps you to experience happiness. With feelings of positivity and happiness, play boosts productivity at work and quality of work increases. Without play, or with prolonged play deprivation, burnout and compassion fatigue become more probable for teachers.

Play and Mindfulness

When thinking of play, many envision physical activity. But play can also be relaxing, mindful activities as well. Mindfulness means your mind is paying full attention to what is going on in the present moment. It is the ability to be fully aware of where you are and what you are doing, and not being overly reactive or overwhelmed by what is going on around you. The research on mindfulness shows that benefits include improvements to self-awareness, mental concentration, and emotion regulation. There are many mindful play activities which include: painting; photography; berry picking; fishing; exploring a new trail; puzzles; knitting; coloring mandalas; reading a good book or magazine; walking your pet; enjoying an evening campfire.

Even the popular toy Lego has introduced mindfulness for adults with a focus on relaxation while

"We are designed to be lifelong players, built to benefit from play at any age."
~ Dr. Stuart Brown

creatively building, and they recently launched a botanical garden and flower bouquet collections as part of their newest builds. Given the importance of play and mindfulness, the goal is to offer another play medium for adults, with a focus on relaxation, being in the present moment, and enjoying the mindful benefits of play!

Play and Nature

Richard Louv, Author and Co-founder of the Children and Nature Network, describes the concept Nature Deficit-Disorder (NDD), which is not a medical diagnosis, but "...the human cost of alienation from nature, diminished use of senses, attention difficulties, high rates of physical and emotional illnesses including Vitamin D deficiency". He explains that spending less time outdoors is taking its toll on the overall physical and mental health and well-being of adults and children. With the digital world in which we live, adults are spending increased amounts of energy blocking out many of the human senses to focus on electronic screens, which is ultimately leaving people feeling less alive. People do better overall physically and emotionally when experiencing the great outdoors, benefiting from the positive feelings, stress reduction, and energy restoration from being in nature.

Playing outside in nature is an important component to experience the best health benefits. Nature can also promote play and mindfulness, as this involves using all your senses to live in the moment and observe what is going on around you without passing any judgement. The next time you are outside, pause and notice the activation of your five senses. What do you truly see around you? It may be a leaf blowing on the tree, a ladybug crawling on your deck post, or a cloud floating in the sky. What do you hear? Try to really listen to the sounds around you. Do you hear the leaves rustling? Do you hear a brook flowing? Or a songbird chirping? What do you taste? Slowly sip a warm or cold drink outside and enjoy the warmth or coolness, the flavor, and the feelings of the liquid gently going through your body. What are you touching? Are you sitting on a chair or a swing, or the grass? Notice your surroundings. What do you smell? Breathe deeply to let the fresh air absorb into your lungs. Breathe in through your nose and out through your mouth. Breathe in the freshness of the air and the nature scents around you.

There are direct benefits of playing in the fresh air and sun, while using protective sunscreen. Sunshine gives our bodies Vitamin D, which strengthens our immune system and helps protect against illness. Research has shown that just one hour of natural light per day significantly improves the quality of

sleep. Just being outside in the sunshine helps to reduce stress levels. What did you do to get outside and enjoy the sun and fresh air this summer? How can you bring more play and nature into your life each day throughout this upcoming year?

When Was the Last Time That You Truly Played?

When was the last time you allowed yourself to be truly creative and have fun? Not only to laugh, but to laugh out loud from the soul, and to feel and experience the joy of happiness? Teachers may stop playing because they are distracted by always having something else to do such as work tasks, parenting responsibilities, house chores, and family duties. Sometimes teachers even plan to take a vacation or time off for fun, and end up checking emails or answering calls, and ultimately working on their 'time off'. It is truly hard to experience the full benefits of play if you continue to work during these times.

Think about some of your favorite ways to play. Do you have a hobby? Play sports? A favorite activity? Do you like to collect things? What do you do to have fun to rejuvenate yourself?

Here are some adult play ideas to consider, with many of the activities requiring just small amounts of your time such as: swimming; bowling; mini golf; charades; jumping rope; board or card games; dancing to music; baking a new recipe; crafts such as rug hooking or cross-stitch; sport activities like golfing, softball, basketball, or tennis; playing an instrument; riding a bike; gardening; flying a kite; blowing bubbles; playing horseshoes; frisbee; sliding or snowshoeing; home karaoke...or any other play activity that you enjoy doing.

Play Is for Everyone

As you begin the school year, I encourage you to explore integrating play into your days as you navigate your own work-life balance. Remember that play is not a waste of time or an activity for children. Play is for all ages, and the power of play is just as magical for adults as it is for children. Dr. Brown highlights that play "...energizes us and enlivens us, eases our burdens, renews our natural sense of optimism, and opens us up to new possibilities". It is ultimately an investment in you and your overall physical and mental well-being. A healthy balance of play leads to healthy teachers. As Albert Einstein stated, "Play is the highest form of research". So go ahead and play!

Kenda Riggs is a Coordinator with the Employee Assistance Program for Teachers. For confidential assistance contact Kenda (ext. 265) or Gail Carroll (ext. 242)

**"We don't stop playing because we grow old...we grow old because we stop playing."
~ George Bernard Shaw**



Happy International Play Therapy Week!

A brief report compiled by Ricky Joel McIntyre on various initiatives, across the country and the globe, to create awareness and celebrate Play Therapy.

This year, Play Therapists from across the country joined to celebrate the first edition of the Canadian Association for Play Therapy's (CAPT) National Play Therapy Week. The purpose was to celebrate the therapeutic powers of play and all the wonderful work that is being done with children across the country. As part of the celebration, let's look at the work that has been done in the country to celebrate this week but also witness how Play Therapy was celebrated throughout the world.

Starting in Atlantic Canada, where play therapy is slowly taking flight, Play Therapy Week was a way to showcase-prove the growth that has happened on the East Coast. Theresa Fraser, former President of CAPT reported: "In 2018, there was one CAPT member in Nova Scotia. Now in 2023, there are close to fifteen therapists engaged in Play Therapy training, and in addition, there are some in New Brunswick, PEI and Newfoundland. Play Therapy is growing in the Maritimes!".

In our Easternmost province, Megan Edmunds and Grant Gear held a Play Therapy social with their Indigenous self-government, the Nunatsiavut Government. Grant Gear explained the event stating "Greg Lubimiv, was our special guest. Greg spoke briefly about puppetry. Megan and I facilitated an art group project "Heart Maps" with staff; a Heart Map is a heart and in different sections you draw or write what you love. We then shared our heart maps with the larger group. We had door prize draws as well for attendee's (e.g., puppet, play therapy kit, art supplies, visa prepaid cards). We had over 30 frontline staff attend our social".

Grant Gear from Newfoundland and Labrador also had several draws on the Canadian Colleagues in Play Therapy Facebook page to promote the incredible wealth of knowledge from different parts of the country. Grant Gear said "We would like to thank the many sponsors for their generous donations. Some of the prizes included books, play therapy materials (miniatures, cards), supervision hours, and so much more. We also want to send our congratulations to all the winners. We hope to see the same level of enthusiasm for the next year".

During the Play Therapy week, Nova Scotia Play Therapists and Play Therapy students engaged in many activities. Kristy Garrido, Executive Director of Head Start Child and Family Therapy in Truro, kicked the ball off by dropping off a container of play dough to referring agents with a gift tag that had the hashtag #playischildswork. This hashtag was also generously shared with the Play Therapy week committee for use across Canada.

Nova Scotia CAPT members were invited to engage in a panel presentation that explained what Play Therapy was to referring agents. Members also agreed to fill in a referring chart so that this could be shared with agencies across Nova Scotia. Play Therapy has grown, so has the occurrence of other therapists stating that they offer Play Therapy, though they may not be associated with CAPT our National Association.

The first Play Therapy week conference in the Maritimes was held in Halifax and sponsored by Maritime Play Therapy Centre. The training showcased Jodie Hiebert

(CAPT supervisor) teaching live and virtual attendees about parts of self and play therapy.

Next year Liana Lowenstein will present a two-day workshop on integrating Trauma Focussed Cognitive Behavioural Therapy and Play Therapy.

As understanding of Play Therapy grows in the Maritimes, members will continue to provide psychoeducation to parents, community partners and referring agencies so therapists that are engaging in education and supervised practice are recognized for their commitment and expertise. If other Canadian members would like to hold similar panel discussions in their own geographical areas they are welcome to contact Theresa Fraser at Maritime Play Therapy Centre (maritimeptc@gmail.com) for a copy of the presentation that they can adapt for their own province.

On to the Central area of our country. Billie-Jo Bennett and The Purple Butterfly Healing Center, Cambridge, Ontario launched their first episode of Let's Play Canada Podcast. This Podcast is a platform for Play Therapist's, in training or seasoned experts, to be heard in their profession and showcase the wonderful healing work that is being done in our country. The first episode of the podcast can be heard here: https://www.youtube.com/watch?v=YagO_BHDXyE&ab_channel=Billie-JoBennett.

Fatemeh Heshmati from Mississauga, Ontario also offered a chance for Play Therapist to speak and share some resources through her videos that were shared on the Canadian Colleagues in Play Therapy Facebook page. From across the country, people also used the hashtag #playischildswork to celebrate and promote play therapy in their community.

We would also like to take this opportunity to mention our colleagues from across the globe. The International Consortium of Play Therapy Associations is a non-profit, worldwide association that promotes the quality and integrity of Play Therapy. Part of its mission is to support the development of Play Therapy by helping national organizations by establishing criteria required to be qualified as a Play Therapist. This is to ensure support, growth, ethics and regulation around the designation of Play Therapy to help and protect the profession. The organization finally launched in 2022 and as part of their first actions, they decided to sponsor an International Play Therapy Week.

The Board of Directors of CAPT voted last year to hold their first Play Therapy Week at the same time as The International Consortium of Play Therapy Associations to celebrate Play Therapy around the world. International

Play Therapy Week was one of their first accomplishment that will be followed by many more to come. The details of the various global initiatives and celebrations are available on <https://www.ic-pta.com/>

Many other events and celebrations were also held across the country and if you want your own activity to be highlighted, feel free to email (rickyj13@gmail.com) to be featured in our next edition. We hope that everyone had a chance to celebrate in their own way and will join us for next year's edition. In the meantime, remember that play is serious work... and fun.

My World

by Grant Gear

It's cold, I'm tired, and it's dark.

I try to speak, can anybody hear me?

*I need something, anything, but I can't identify,
So many people want me to say what's wrong,
I don't know what's wrong, but something
is not right.*

It's cold, I'm tired, and it's dark.

*I'm overwhelmed, there's so many people with
too many questions.*

How do I tell them "what's wrong with me?"

I don't know what they mean?

It's cold, I'm tired, and it's dark.

*They tell me I have to speak with someone,
I'm scared. I'm afraid. What do we talk about?
I can't tell what this feeling is, but it's not nice.*

It's cold, I'm tired, and it's dark.

*They welcome me to the play room,
I enter, and there's so many toys,
They listen, they are non-judgmental,
I'm welcomed to be myself.*

I'm warm, I'm happy, and it's light.

I can do what I want,

I can play with what I want,

I can say what I want,

I'm warm, I'm happy, and it's light.



RESEARCH AWARD WINNER 2022

The Lived Experiences of Child and Youth Care Practitioners Who Use Tactile Objects in Practice

Allison Stickney, RACYC, MACYC
Registered Clinical Counsellor



This article shares the results of a qualitative study focused on exploring the lived experiences of Child and Youth Care (CYC) Practitioners who provide or utilize tactile objects in practice with clients. This research was for my thesis, but my curiosity of tactile objects, their use, impacts, and effects began long ago.

I have worked within CYC for twenty years in various occupations. These include working with individuals who are neurodiverse, working in group homes, working in

private and public schools as an Educational Assistant, working in licensed daycare, teaching preschool, working within schools as a Youth and Family Counsellor, and now, working as a Registered Clinical Counsellor in private practice. In every occupation, tactile objects have been used as a form of communication, education, growth, or comfort, etcetera. While I complete the requirements to become a Certified Play Therapist, tactile objects continue to play a large role in my daily practice.

The research explored the lived experiences of CYC practitioners who use tactile objects in practice. Tactile is defined as “perceptible by touch; of, relating to, or being the sense of touch” (Merriam-Webster, n.d.). In Petersen’s (2020) study about receptors measuring the quality and limits to sensory experiences, he refers to the diversity and richness of tactile experiences giving examples of “a wasp crawling over skin, [and] the texture of linen”

(p. R215). Although Petersen (2020) uses the term tactile experiences as ‘being touched,’ for my purposes, when “tactile object” or “tactile experience” is used, I am referring to something that can be touched, held, or an act of using it. This experience of using a tactile object may be as simple as holding a cup, fiddling with a pencil, painting, or rubbing a stone.

When I first started to research this topic within the context of CYC, it became clear to me that this would be exploratory research as there is very little discussion of tactile objects within the literature. One exception to this is an overall practice guiding CYC: relational practice.

CYC is relational by nature. Practitioners support children, youth, and families in their daily lives; building success on the strength of relationship (Fewster, 1990; Garfat, 2009; Garfat & Fulcher, 2012; Krueger, 2005). CYC practice focuses on supporting the growth and development of children, youth, and families (Maier, 1991). Henry Maier (1919-2005) is one of the pioneers of CYC concepts, particularly developmental theories. His interest in challenging issues in CYC, and how to be effectively caring leads to his work in relational practice. Relational

practice means meeting people where they are at, in everyday, simple ways such as having a tea or building a puzzle (Garfat & Fulcher, 2012; Krueger, 2005; Maier, 2004). I believe these simple 'daily life' interactions are interventions in themselves. When I reflect on my time learning about and practicing relationally, there is most often a tactile object or experience along with that interaction/intervention.

I explored other ways that tactile objects showed up within the literature including: the effects tactile objects produce (regulation and co-regulation), allied practices using tactile objects (expressive arts therapy, synergetic play therapy, art therapy, sandtray therapy), tactile objects within counselling offices, and tactile objects within education.

After reviewing the literature, I interviewed six participants with a degree in Child and Youth Care who use tactile objects within their practice. The participants hold a variety of jobs including:

- **Child Life Specialist** supporting children/youth with coping plans during a planned or emergency medical procedure
- **District Educational Assistant** in public school working with individuals who are neurodiverse and may require specialized assistance
- **Support Worker** for adults with varying needs (while obtaining Master's in Occupational Therapy)
- **Educational Assistant Mentor** coaching Educational Assistants to work with clients 2-6 years who are neurodivergent
- **Child, Youth, and Family Support Worker** whose job includes support/counselling to families, helping teach life skills to youth, providing parenting support, supporting children, going into the community
- **Registered Psychologist** with an undergraduate degree in CYC and master's degree in Counselling Psychology; working with children and youth ages 2-18 years of age engaging in play therapy while working towards being a Certified Synergetic Play Therapist.

The method of research was phenomenology. Phenomenology is the study of the human experience of phenomena and the search for the essence of an experience (Creswell, 1998). There are two primary approaches of phenomenology, interpretive and descriptive, and I focused on interpretive (Giorgi et al., 2017; Sloan & Bowe, 2014). Interpretive phenomenology, also known as hermeneutic and existential phenomenology, was developed by Martin Heidegger (Eatough & Smith, 2017; Lopez & Willis, 2004; Sloan & Bowe, 2014). I used Interpretive Phenomenology Analysis (IPA) to get an "appreciation [of] each participant's account" (Pietkiewicz & Smith, 2014, p.

9). IPA draws on the principles of phenomenology, hermeneutics, and idiography (Pietkiewicz & Smith, 2014). Phenomenology looks at how things appear to individuals in their experiences, identifying the essential components which make the phenomena special and unique through eidetic reduction (Pietkiewicz & Smith, 2014). Hermeneutics is interested in existence and what it is like to be in the participants' shoes while knowing that is not entirely possible (Pietkiewicz & Smith, 2014). The analytical process is 'double hermeneutics' in that the participants make meanings of their world, then the researcher tries to interpret that meaning to understand the participants' meaning-making (Pietkiewicz & Smith, 2014). The last orientation is idiography which is an in-depth analysis of each case in their unique context made by the researcher before producing any general statements about the group (Pietkiewicz & Smith, 2014). Lastly, as IPA tries to preserve each person's meaning as truly as possible, I also accept that I am inevitably a part of the research that I co-constructed with my participants.

I was able to determine two major themes from the participants' contributions: (1) Tools and (2) Relational/Relationship. The following table defines the two themes along with their subthemes.

Table 1: Themes, Subthemes and Descriptors: An Overview of Findings

Themes	Subthemes	Descriptors
<i>Tools:</i> Included are the ways that Tactile Objects and Experiences showed up as a means for or instrument of a variety of results.	<i>Communication</i>	Qualities that relay a message
	<i>Regulation</i>	Aspects referring to offloading or processing energy and emotions.
	<i>Engagement/Participation</i>	Qualities that refer to actively 'being a part of'
	<i>Grounding/Present</i>	Being in the present moment; moving into related thoughts, feelings, and experiences in the body
<i>Relational/ Relationship:</i> Included are the ways that Tactile Object and Experiences contributed to important connection to others, self, and the environment.	<i>To Other/Co-regulation</i>	Being in relationship with one another while using tactile object/s
	<i>To Self/ Self-Regulation</i>	Narratives of learning more about self while using tactile object/s
	<i>Empowerment</i>	Moments of autonomy, pause, and discovering power

Within the theme of Tools, tactile objects were identified as a form of 'communication'. Whether hugging a tactile tool produced a smile or using an object loudly versus quietly appeared to express how a person was momentarily feeling, participants shared many stories of messages being relayed through tactile experiences. Participants referred to regulation as a tactile object or experience being used and then an individual was able to return to a working state- seemingly because of the object or experience. Engagement/Participation was

identified as times having tactile experiences helped people become actively a part of the moment. The last subtheme within Tools, is grounding/present. These were times when participants described tactile objects helping one be in the present moment, a person moving into thoughts and feelings related to that moment and experiencing their present bodily feelings.

Within the theme of Relational/Relationship, tactile objects were described as contributing to important connection to others, self, and their environment. The subtheme of To Other/Co-regulation includes the moments where participants felt like tactile objects were an integral part of their relationship with another person. The object or experience not only impacted their relationship with the other but, more specifically, the way they felt within that shared relationship. The subtheme of Relationship to Self/Self-Regulation included narratives of learning more about self while using tactile object/s. Lastly, the subtheme of Empowerment was co-constructed with interviewees' and included autonomy, pause, and discovering one's power. This subtheme explores how permission and removing permissions for clients showed up in the participants' experiences as well as the idea of space was co-constructed; space for an individual to be just as they are, without apology, or a need to explain.

These themes and subthemes make sense from the lens of a play therapist but co-constructing these ideas with CYC practitioners brought a variety of reactions ranging from 'aha', to wanting to know more, to questioning 'what is regulation?', and a commitment to more intentional use of tactile objects.

First, the subthemes of To Other/Co-regulation, to Self/Self-regulation, and Empowerment emerged from stories that largely demonstrate Relational Practice; stories of tactile experiences that helped people be in relationship together, learn more about themselves/be more comfortable with self or use tactile objects to create space to be themselves. Empowerment was a powerful subtheme with stories of how tactile experiences allowed a client to take space, have "an excuse", or "not be ready" without apology. Often the experience was shared, embodying Maier's (2004) spheres of interaction; reciprocal personal interactions creating powerful connections that promote enrichment (with self and other). Additionally, this subtheme highlighted reduced feelings of shame.

The largest discovery was that Relational Practice overlaps heavily with the eight principles of Non-Directive Play Therapy created by Virginia Axline (1947; 1969) which are as follows:

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.

2. The therapist accepts the child exactly as he is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feeling completely.
4. The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insights into his behaviour.
5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.
6. The therapist does not attempt to direct the child's actions of conversation in any manner. The child leads the way; the therapist follows.
7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.
8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship. (Axline, 1947, pp. 73-4)

This was an exciting realization because it opens up the possibility to draw from Play Therapy principles, concepts, and theories within CYC where tactile objects largely have not been researched, yet have a daily role for many practitioners.

Lastly, while engaging in conversations with participants about tactile objects and their clients, and considering related literature, it became clear there are multiple understandings of regulation. From the participants, regulation means:

1. An offloading or processing of energy and emotion
2. When the energy in the body matches the necessary energy for the activity
3. Being present in the moment, feeling emotions come and go but not allowing the emotions or reactions to them control your actions
4. Information enters your conscious, and you can notice, recognize, and process it. By sticking with uncomfortable sensory stimulus, you may increase your capacity to handle that stimulus
5. Stimulus enters your awareness, and despite the potential discomfort or overwhelm, you can remain grounded and continue to engage with your environment

As one participant highlighted in my research, Synergetic Play therapy relates regulation to being 'grounded' or 'present' to the information or stimulus that is entering

a person's awareness. Founder, Lisa Dion (2008) defines regulation as being mindfully connecting to self (Integrative Psychiatry Centers, 2020). In my literature review, self-regulation was defined as a series of steps that include awareness of self in comparison with others, adjusting behaviours, and learning to adapt (Carver & Schier, 2001; Heatherton, 2011). Co-regulation was defined as more than one person doing the same, and one person was generally more capable (Hadwin & Oshige, 2011; Murray et al., 2019). This is another area where Play Therapy may play an important role in helping define effects that are not thoroughly explored in CYC.

This research was exciting as someone with one foot in CYC and one foot in play therapy, as the themes that were co-constructed make a case for borrowing current research from play therapy. My hope is that this research will shed more light on play therapy and related concepts within CYC and will highlight the beneficial effects of tactile objects within CYC practice.

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Allison has worked in Child and Youth Care for 22 years. During her graduate school practicum, she began her foundational play therapy training. Her research was funded by the CAPT Research Grant and might bridge the gap between CYC and Play Therapy. Allison presented at the CAPT 2022 AGM.

Healing Spaces

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

This edition of Healing Spaces is happy to focus on Chenoa LaCaille, RSSW, Residential Program Facilitator & Program Developer for the Indigenous Youth Trauma & Wellness Program, within Enaahchtig Healing Lodge & Learning Centre.

Written by: Kathleen McDonald, MSW RSW

Meet Chenoa LaCaille



Chenoa began her career Enaahchtig Healing Lodge & Learning Centre in September of 2017, after fifteen years of working with youth at-risk. In April of 2020, Chenoa began working as the Residential Team Facilitator for Enaahchtig's Youth Wellness & Addictions Treatment

Program. Enaahchtig Healing Lodge & Learning Centre recognizes the value of play when working within Indigenous communities.

Chenoa was supported to attend the play therapy foundation training with CAPT. After completing the foundation training, Chenoa was inspired to finish her education journey and completed her Honours Bachelor Social Work (HBSW) program. Chenoa uses play therapy techniques along with Indigenous best practices as a core curriculum and foundation for Enaahchtig's youth residential program.

Chenoa began her training as a developmental services worker; she combines this knowledge with cultural best practices and specializing in trauma work. Being

of Seneca, First Nations ancestry and raised immersed in her culture, traditions and ceremonies, Chenoa has a strong understanding of First Nation's communities and their needs. That being said, Chenoa expressed the importance of approaching any community with a perspective of cultural humility and acknowledging the various First Nations across Canada; that each nation is different, having its own language, geographical area and belief systems. As a play therapist, it is also important to remember, First Nation's people know exactly what they need and how they are best supported.

Storytelling, is one of the play therapy techniques that works well with Indigenous children and youth, who have been raised in a culture that rely on oral teachings. Storytelling provides a common ground and is a natural way to build relationship. Integrating narrative therapy techniques with Indigenous best practices of storytelling, allows people to share their stories and have difficult conversations, while feeling connected and supported.

The principles of nature play align with many of the values First Nations people live by. Nature play fosters reconnection to the land, regulating your mood through gratitude and grounding, gathering the benefits of being in nature, the power of Mother Earth and relationships with animals. Conducting play therapy sessions on the

land fosters a natural connection between the work being done in session and Mother Earth. For Indigenous children and youth, this connection can enhance the therapeutic relationship, while also allowing the child or youth to regain a sense of connection and purpose as Indigenous culture is based on having a relationship with the land and all life.

Chenoa has had the privilege of working with and supporting many Indigenous children, youth and families throughout her career. Combining her deep understanding of her culture and western best practices that align with Indigenous values, has allowed her to serve the communities she works with using practices from both worlds. Through the power of play, nature, relationships and connection Chenoa has learning every individual's healing journey is different. Chenoa using her knowledge to support people in returning to the basics of life, the simplicities of nature, land, play and connection, to find the path to true healing.

Chenoa believes that through combining the best practices of both Indigenous and non-Indigenous principles and knowledge; that this country can move forward and heal as a nation, not just as individuals. Integrating play therapy and play therapy techniques into Indigenous communities is essential in supporting those in their healing work. However, a major barrier for Indigenous people when considering utilizing play therapy in their communities is the requirement to hold a Master's level degree.

As a direct result of colonization, Indigenous communities are not inclined to participate in many



post-secondary avenues of westernized education. The western education system was forced upon Indigenous communities as a part of a long, dark history of colonization within Canada. Due to this and many other historical factors, it is very difficult for many Indigenous professionals and helpers to value a westernized system, that does not take into consideration a different way of learning and being.

Looking at this from this perspective, it would appear that asking Indigenous professionals to complete several years of westernized education in order to access the skills and knowledge of play therapy training, lends a hand to continued colonization. In a time when the need for healing work is more prevalent than ever (especially through this pandemic), Chenoa believes that it is our duty as helpers to remove barriers for Indigenous communities and to provide support, education, skills, tools and training, whenever needed. Play therapy is being incorporated and becoming a popular modality in Indigenous healing and trauma work. The very nature of play therapy techniques lends credibility to Indigenous best practices that have been practiced since the beginning of time for Indigenous communities.

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