

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

Playground

Spring/Summer 2017

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with First Nations
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A GUIDE FOR
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Playground

Canadian Association for Child and Play Therapy

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Message from the President

Dear Members,

Our Annual General Meeting in April provided opportunity to reflect on the year that has passed as well as look forward to the year ahead. 2016 was filled with a tremendous amount of activity thanks to the tireless efforts of our Board, Ambassadors, Management and Members. Many items were crossed off our list of things to accomplish as a result of these efforts – thank you everyone! Given the commitment and compassion of many involved in CACPT, as one item was crossed off another was added so we are off and running with tremendous excitement surrounding what 2017 has in store for CACPT and the world of play!



As I reflect on this edition of Playground Magazine, I am once again reminded of how very honoured I feel to be a part of such an incredible association and serve as your President. To have watched how our Board of Directors, Management, Committee Members, and volunteers have answered the Call to Action that came from Canada's Truth and Reconciliation has been both a privilege and one of inspiration. The commitment, compassion, and humility that has been shown as those involved have sought to understand how our Association could best meet the recommendations that came from the final Truth and Reconciliation Report has resulted in new initiatives and a strong commitment to partner with our Indigenous Communities to bring the healing power of play to their children and families.

It is our hope that this edition of Playground Magazine will serve to affirm and share with all who read it, how CACPT is actively at work and putting into action the commitment we have made to recognize the history of country and to honour our Indigenous children, families, and communities. Our work is far from over and CACPT is both honoured and excited about the continuation of what we have started and the prospect of new initiatives that will continue to address the recommendations of the Truth and Reconciliation Committee. We have much to learn and we look forward to and are committed to learning from our Indigenous members, their communities, and leaders to ensure that CACPT continues to provide culturally appropriate training to mental health workers and support the healing of their communities through the wonderful world of play that we are all so privileged to be a part of.

To our Board Members, Committee Members, Ambassadors, Management, and countless other members who give of their time and talent to make CACPT the tremendous Association that it is – thank you! Your commitment and efforts to CACPT ensure that we are able to carry out the values and mission for which we exist.

Happy reading in the pages that follow!

Nadine Robitaille
President
Canadian Association for Child and Play Therapy

Update from your Executive Director

Spring 2017

With the Annual General Meeting behind us and as the Association reviewed 2016 from many lenses, we all agreed that we have accomplished much of what we set out to in 2016 and have already hit the ground running with our 2017 programming.

In 2015, Canada's Truth and Reconciliation Commission produced a Call to Action for all of us. A Call to consider our gifts and professional skills and to reach out and to share those gifts with children and families in Indigenous communities.

We all know that CACPT's mandate is dedicated to working with children and families, young and old through the practice of Play Therapy. In deciding how we could support the challenges faced by our Indigenous peoples, to respond to this call, CACPT's Board of Directors, management and volunteers engaged in a series of exercises to talk about next steps. We already possess the expertise to support so many of the 94 Recommendations that came out of the Truth and Reconciliation Commission's report and we stepped up as a team to identify how this might be accomplished. We determined that we could address 13 of the 94 Recommendations through already existing programs.

This edition of Playground Magazine will demonstrate how our members are working with Indigenous Communities across Canada and have been for many decades. Our initiatives to learn from and share with our Indigenous members, to continue to provide culturally appropriate training for mental health workers in all communities and to honour the history of our country.

Also over the past year, our Education Committee has gone above and beyond to support the requests of members to provide intensive training in the various modalities of Play Therapy that are taught in our Play Therapy Certificate Program. As a result, they have created several trainings that will be launched in Ontario in the form of Certificates over the next two years. Based on feedback, we will continue to present these new Certificates across Canada as determined by the Education Committee.

The Membership Committee continues to support the retention and recruitment of new members with great interest and vigour, knowing the value of being part of a community of like minded professionals. Please continue to promote and recruit new members from your regions to network, learn more and to share information with each other. We value your experience and knowledge.

We look forward to another very exciting year!

Happy Playing!

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



Seven Generations – Hope and Healing

By Tara Koblitz

My name is Tara Koblitz. I am a Registered Social Worker through the Ontario College of Social Workers and have a Master in Social Work. This year I became a Certified Play Therapist and am working towards becoming a Certified Play Therapist Supervisor. I feel blessed to offer Play Therapy to children and share my enthusiasm about play therapy through supervising and training students and staff. In addition to play therapy, I also offer trauma assessments, Theraplay, family therapy, and co-facilitate groups. With adolescents, I tend to use more narrative and expressive arts therapies. The narrative therapy approach reflects the philosophy of Indigenous storytelling.





Over the span of 10 years I have had the privilege of working with the First Nations community through Native Child and Family Services of Toronto (NCFST). NCFST offers a unique role of providing both child protective and support services to the Aboriginal population located within Toronto. I am on the Healing Team of the Mooka'am Clinic which offers clinical services within the agency. The name Mooka'am ("New Dawn") was founded through a naming ceremony by elders. As part of the medicine wheel, healing and new beginnings start in the East, which represents illumination and enlightenment in the Four Directions. Our team is comprised of counsellors who work with men, women, and children of all ages.

Intergenerational trauma adds to the complexity of the therapeutic work that I do at NCFST. The Indian Act, the Sixties Scoop and Residential Schooling have deeply impacted the entire well-being of the children, youth, and families. As a result, there are higher rates of children in care, homicide, suicide, family violence, sexual abuse, addictions, mental health issues, and incarceration as compared to the mainstream population. Fortunately, there is a resurgence of traditions and ceremonies, in addition to the government of Canada now acknowledging and becoming accountable for the atrocities that they inflicted on First Nations people. So, when asked if my work is responsive to the challenges that this community faces, in short, I would say that it is. However, I acknowledge the macro level systems at play and ongoing racism and oppression.

Play therapy assessments at NCFST are done using the medicine wheel model and involves a holistic approach using the four quadrants of the medicine wheel, including the four directions of the east, south,

west, and north. In the east, the child's spiritual well-being is assessed. This might include the child's family history, identity, self-esteem, relationship with Aboriginal Culture, and religious affiliation. In the south, the child's mental well-being is assessed. For example, this would include a developmental history of the child, attachment to primary caregivers, and any past assessments or diagnoses. In the west, the client's emotional well-being is assessed. For example, the child's capacity to identify and express feelings and the ability to regulate emotions is considered. In the north, the child's physical well-being is assessed. This might include the child's general health, hygiene, diet, exercise, self-care, medication, and economic situation. Healing occurs when the four dimensions are in balance.

Furthermore, positive Native identity is embedded in all that we do through language, customs, traditions and ceremonies. For example, when a client graduates from play therapy I hold an honouring ceremony. The child chooses who they wish to invite for their honouring ceremony. This may include the child's family (foster and/or biological), close friends, and collaterals. The ceremony involves smudging, a check-in, a sharing circle, and an acknowledgement of the strengths of the child and the progress that was made during therapy. A certificate of graduation, a card highlighting the child's therapeutic progress, and small gifts are given to the child.

Most of the play therapy that I engage in is non-directive. This allows the child a chance to express their needs without fear of judgement and for the therapist to find themes embedded in their play. While I still do some directive therapy, I find that the non-directive approach is more aligned with the traditional values of Indigenous



persons, incorporating the belief of non-interference. Also, many of the children have suffered neglect, physical, sexual, and emotional abuse at the hands of adults so this type of play allows them to gain mastery and control over their environment where previously they have little to no control in the chaotic, real world. Along these lines, I love working with children through the use of metaphor via role-playing with puppets and dolls, as well as miniatures in the sandtray.

My work is treatment oriented as a referral is received that highlights the concerns or issues that need to be addressed. However, the work of play therapists is also preventative. For example, when a child learns how to identify and express feelings in new ways this can generalize to many settings from their social sphere, to building healthy relationships, and advocating for what they need at school and in the future. More research is needed in play therapy to learn how to weave the traditional approaches of healing with the more Western approaches, as well as to evaluate and substantiate effectiveness.

It is my hope that the play therapy that takes place with one child, as well as the therapeutic relationship between child and clinician, will be remembered and that the healing effects of therapeutic play will trickle over and have a ripple effect with all beings that they encounter and affect future generations to come in positive ways. I am cognizant of the 7 generations that lay in front of them and the 7 generations passed that are ever present.

Everything and everyone is connected. Through the power of play, we play therapists affect lives and the lives of future generations. Oren Lyons, Chief of the Onondaga Nation, writes:

“We are looking ahead ...to make every decision that we make relate to the welfare and well-being of the seventh generation to come. ... What about the seventh generation? Where are you taking them? What will they have?”

About The Author

Tara Koblitz is a Clinical Social Worker, a Certified Play Therapist, and a Certified Trauma Assessor who works for Native Child and Family Services of Toronto. She provides play therapy and other therapeutic modalities for children, adolescents, and families within the Indigenous community. She offers treatment around a wide range of issues, including various forms of trauma and intergenerational trauma. Her dream – soon coming to fruition – is to build her own private play therapy practice. She can be reached personally through her email at tara.k@rocketmail.com



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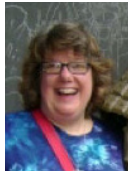
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About Dr. Kottman: She is the author of *Partners in Play: An Adlerian Approach to Play Therapy* (3rd ed.) (with Kristin Meany-Walen) and *Play Therapy: Basics and Beyond* (2nd ed.). Dr. Kottman has written numerous journal articles and book chapters on play therapy, school counseling, counseling with children and families and perfectionism

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Play Therapy with First Nations Children: A Guide for Counsellors

By Carley Hyder

(Reprinted from *Playground*, Spring 2012 issue.)

In an attempt to understand the strategies of play therapy with First Nation children, it is essential to comprehend the diversity of approaches to play therapy as well as their cultural implications. In today's culturally diverse world, counsellors need to have multicultural competence coupled with an understanding of the intricacies of acculturation, generational differences and culturally distinctive issues (Fielding, 1996).



First Nations History

To understand First Nations children, it is essential to comprehend the pain and suffering that has taken place in recent Aboriginal history. Starting in the 1930's there was a covert battle against First Nations (CBC news, 2008). Canada introduced the residential schools, essentially an aggressive assimilation into Canadian culture, language and life (CBC news, 2008). It has been reported that 50,000 First Nations children died in these residential schools (O'Rorke, Lawless & Annett, n.d.). Many stories of abuse, both sexual and physical, were not reported to the authorities, as it was these same authorities that placed the children in the residential schools (O'Rorke, Lawless & Annett, n.d.). Horrific sterilization occurred, where doctors would drug both women and men against their will to complete the surgeries (O'Rorke, Lawless & Annett, n.d.). These events took place within the last 80 years, with the last residential school shut down in 1996 (CBC news, 2008). Many survivors still live with the painful memories and trauma, and subsequent generations are feeling the effects. In addition to the residential schools, there are also other historical events including military action, missionary pressure, Indian Self-Determination and Education Assistance Act, relocation, and isolation that have all changed the lives and outcomes of the First Nations (BigFoot & Schmidt, 2010). These events have impacted all spheres of their lives including economic, social, education, employment, physical, and family (BigFoot & Schmidt, 2010).

BigFoot and Schmidt (2010) have indicated that modern poverty rates are more than double that of Caucasians (26% compared to 10%), while suicide rates are more than four times higher in men and three times higher in women. First Nations women are twice as likely to be victims of domestic violence and instances of child abuse and neglect are extremely high. First Nations peoples have a very high prevalence of PTSD compared to the general population (BigFoot & Schmidt, 2010). These increased vulnerabilities and trauma exposure can lead to severe mental health problems. Consequently, there is a need for therapy in First Nations communities. In many cases, lack of resources and funding prohibit this (BigFoot & Schmidt, 2010).

First Nations Culture

First Nations people value the balance of mind, body and spirit with the natural environment, and symbolize this as the circle of life (Hunter & Sawyer, 2006). An individual

who is in harmony values nature and respects elders (Hunter & Sawyer, 2006). A disequilibrium, which may be expressed as low performance at school or lack of friends, will lead to loneliness and withdrawal. Being out of balance with nature is believed to cause sickness. Nature is key in First Nations philosophy and personal growth (Hunter & Sawyer, 2006). The importance of listening, watching and waiting is something the First Nations elders have taught the generations after them to ensure that experience was not detached from knowledge, and wisdom from spirituality (Edwards, 2001).

Play Therapy Techniques for First Nations Children

Through empathic understanding, authentic reception, harmonious warmth and behavioral limits, children can work towards adaptive behaviors (Fielding, 1996). Although the term adaptive in this sense, does not imply the meaning of adapting to white mainstream culture (Fielding, 1996). Successful play therapy techniques with First Nations include pet therapy, talking circle, harmony circle, spirit animal, filial therapy and gardening (Fielding, 1996; Hunter & Sawyer, 2006; VanFleet, 2011). Children that avoid relationships can gain comfort and connectedness from animals. Pet therapy is compatible with First Nations philosophy and allows children to form bonds, develop empathy, express feelings, and understand the needs of others (Hunter & Sawyer, 2006). Pet therapy can yield other benefits, including; increased self-esteem, self-control, affection, autonomy and reduction of alienation and loneliness (Hunter & Sawyer, 2006). Hunter and Sawyer (2006) believe that children treat their pets, as they want to be treated. Having a small group walk a leashed pet can also help children develop control, responsibility and sharing (Hunter & Sawyer, 2006). Mourning the death of a pet allows children to build healthy coping skills for when they lose a friend or loved one (Hunter and Sawyer, 2006).

Many First Nations children are drawn towards earth objects, such as rocks, pinecones, eggs, leaves, and important animals such as the eagle or hummingbird (Fielding, 1996). Children are apt to particularly enjoy art, music, playing in sand, and clay, thus in combination of these earth objects and animals is ideal for First Nations children (Fielding, 1996). Talking circle is a group activity that can teach sharing, encourage children to express their feelings, and help young clients develop patience and self-confidence. For the talking circle, one child holds a special stick or totem. Whoever is holding it gets to speak; everyone else must listen. Once everyone has

had a chance to speak, the circle is closed. The children should be told that all the information that was shared is confidential (Hunter and Sawyer, 2006). A Harmony Circle can blend independence and belonging (Hunter & Sawyer, 2006). Each child can use an instrument or a container to make noise. The leader establishes a rhythm, and one person at a time adds in his or her own noise. Discussions afterwards can include appreciating each person's contribution as well as recognizing the power of the group (Hunter & Sawyer, 2006).

The First Nations peoples believe that each animal possesses a unique strength (Hunter & Sawyer, 2006). Asking children to name their favorite spirit animal and describe its relation to them is a good starting point for learning more about them. Examples of spirit animals include dog (loyalty), turtle (perseverance), hawk (watchfulness), ant or bee (cooperation), and squirrel (thriftiness) (Hunter & Sawyer, 2006). This theme can also be brought into narrative therapy by having children tell stories using spirit animals to represent each character (Hunter & Sawyer, 2006).

Gardening activities such as starting plants from seeds and growing flowers or vegetables can be therapeutic and informative for children. Such experiences with nature give extrinsic rewards for being generous (Hunter & Sawyer, 2006). This not only encourages patience, but demonstrates life cycles and the interconnectedness between all living things, which First Nations deem meaningful (Hunter & Sawyer, 2006). Most abused and neglected children have great difficulty expressing themselves, and may lack the verbal ability to do so (Landreth et al., 2005). Puppet play therapy is usually very helpful with expression.

Filial therapy, also known as parent-child therapy, is a family-based therapy allowing the parent to be in the room with the therapist (VanFleet, 2011). This allows the therapist to include the parent, who may then use these techniques at home (VanFleet, 2011). Fielding (1996) stresses the importance of involving the parents, especially when working with clients from non-white cultures. Not only will this benefit the child's progress, it will also allow the therapist to obtain information about family and cultural experiences.

To a Caucasian therapist, a First Nations child may seem quiet and timid, but in actuality this is the cultural difference in communication (Edwards, 2001). Children are encouraged to be independent and to make their own decisions, solve problems and be responsible.

Counsellors can facilitate this process by encouraging self-management traits such as recognizing and managing emotions, behaviors and thoughts (Edwards, 2001).

To conclude, cultural differences should be considered prior to commencing therapy. Play therapy is a helpful tool to assist children to act out their feelings and work through their troubles. Therapists using play therapy with First Nations children should take steps to include aspects of First Nation culture as a part of the play process. This will increase the children's comfort with therapy and enable them to concentrate on themselves, thereby facilitating their progress.

About The Author

Carley Hyder is a Registered Psychologist and works in private practice in Calgary and surrounding areas. She works with children of all cultural backgrounds specializes in counselling and psycho-educational assessments with children and adolescents.

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Theraplay with Aboriginal Families

By Patti Sutherland MSW, RSW, CPT/S, CTT, COS

Attachment theory was becoming more prevalent and we were moving away from viewing children through the lens of their behaviour. Theraplay provides a way to re-enter the beginning development of a child's life in a respectful, playful and meaningful way. Theraplay allows growth and development to be less about chronological age and more about a child's social and emotional needs – in the here and now. Parents can experience the joy and delight of being with their child. Neuroscience has taught us that children have an inner world of thoughts and feelings and that when an attuned parent responds to their child's needs that child grows and thrives. Most importantly, they learn to love.

However, it is impossible to speak about Theraplay with Aboriginal families in isolation of acknowledging the excruciating history of genocide which is the source of generations of pain and suffering for every Indigenous person I have worked with. In research completed by the Canadian Child Welfare Research Portal (2014), Milne, Kozlowski and Sinha referenced Manitoba's Child Welfare System and found that per 1000 children living outside of their family home (in Care), 34.6/1000 were from the general population and 86.9/1000 were

Aboriginal children. Rates of poverty, racism, suicide, addiction, abuse, family violence and incarceration are all disproportionate relative to the general population.

As a white settler, this history of inter-generational trauma, diversity of culture, and the contemporary realities faced by Aboriginal children must be taken into consideration when considering therapeutic intervention. The aftermath of the colonial decimation of family, culture and community lives on for Indigenous people in Canada in a very real, present and painful way – passed on over seven generations. Further to this, not all Aboriginal cultures are homogenous, and many Aboriginal families are defined by mixed heritage, are living in blended families, and choosing hybrid ways of living.

Most of the Indigenous children I work with are children living in Care. Many are living with foster parents from another culture. It can be challenging to work cross-culturally with diverse foster parents and Indigenous children. Misunderstandings and misinterpretations are ongoing, but can be overcome with a willingness to repair these moments and to grow and heal together. Over the past ten years more and more Aboriginal children in Manitoba are living with their extended family, usually grandparents, in kinship arrangements. Grandparents whose own children have suffered through loss, addiction and depression and have been unable to care for their children. Grandparents who have worked hard to create a healthier life for themselves and are now ready to have a second chance, as they tell me, to help

the next generation. For all families caring for Aboriginal children I spend time gathering information not only of the child's history but the history of community or family that came before them.

Theraplay works well in the context of multi-cultural therapy because its language is right brained and social/emotional. Relational, rather than verbal. Many Indigenous elders share teachings about the Medicine Wheel as the symbol of health and wellness for their communities. The Medicine Wheel includes a balance of social, emotional, intellectual and spiritual wellness. Theraplay is more holistic in its approach to healing relationship, as it takes into account the whole child, not

children are unaware of their culture and history. Worse, many have an internalized shame/racism in relation to themselves and their community. Sometimes spiritual symbols, or indigenous games can be integrated into Theraplay practice. However, the essence of the relationship, not the activity, is always at the forefront. Its not so much what we do, but who we become when we are together.

Most importantly, we must search for the meaning of the interaction and the responses that occur in these playful relational moments during Theraplay. What does a glance away mean? Is it an indication of developmental trauma or is it a deferential response due to cultural norms of

The aftermath of the colonial decimation of family, culture and community lives on for Indigenous people in Canada in a very real, present and painful way – passed on over seven generations.

only the intellectual components often utilized in other colonial therapies. And it does not focus on colonial behaviour management strategies.

Cultural values, beliefs and symbolic practices vary from nation to nation within Indigenous communities. It is important to be curious and ask about which nation children and their ancestors come from. Often

respect? Why is a parent reticent to be in charge during structure games such as Mother May I? Is it because he is lacking confidence or it due to an inherent parenting value of non-interference?

Meaning making, therefore, becomes a vulnerable collaboration with the therapist, parent and child. These moment are spoken about openly, in or after the





session, to ensure that we can co-create the meaning of the interaction and respond with sensitivity and care. We misinterpret and re-connect, repair and re-connect again. These repetitive relational repairs secure the relationship. The child's mental, emotional, physical and spiritual self is strengthened. The work is long term, and sometimes takes years, as we little by little use Theraplay to form the foundation on which we explore trauma and loss – and healing.

I could choose to avoid the discomfort of knowing my ancestors contributed to colonization of Aboriginal families and its ensuing devastation. I could say I was ill-equipped to help Aboriginal families to heal. I believe we need to take the risk of misunderstanding one another, of making mistakes.

Just this week a foster mother for an Indigenous child, age nine, said to me, 'When we left last week (after Theraplay) she seemed happy and connected to me. I haven't felt that before and I am sure she hasn't either.' A grandmother recently told me that she had never had the chance to be playful until Theraplay. It is uncomfortable, but wonderful at the same time and she continues to come each week because she loves her granddaughter and wants a better life for her.

We are together on this earth and we should be together in our healing. Theraplay is a therapy that makes cross-cultural healing possible.

About The Author

Patti Sutherland lives in Winnipeg, Manitoba. She is in private practice with Alloway Therapy (www.allowaytherapy.com). Patti shares her passion for play therapy and Theraplay with her talented colleagues at Alloway, specializing in developmental trauma and attachment-based therapies. If you are visiting Winnipeg, please drop by for a visit. (BYOB – Bring Your Own Bubbles).



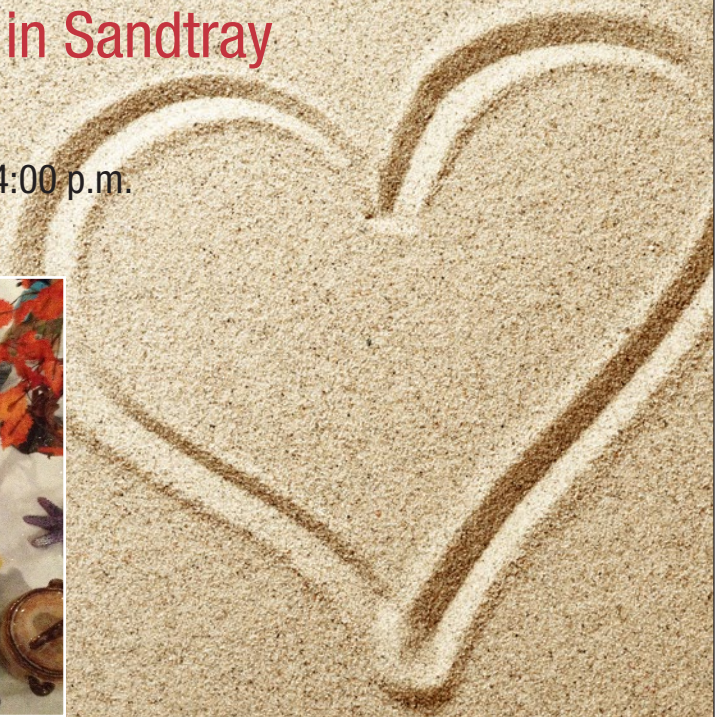
CACPT Presents

5-Day Certificate Course in Sandtray

Barbara Jones Warrick M.Ed, RP, CPT-S

October 19 – 23, 2017 • 9:00 a.m. to 4:00 p.m.

Toronto, ON



Overview:

Building on the Introduction to Sandtray component of the CACPT Level II training, this workshop offers participants opportunities to further develop their knowledge, understanding and skill in the use of sand tray therapy. Each day will focus on a specific topic where participants will be presented with some of the underlying theory, receive instruction in how to implement this aspect of sand tray and practice in small groups. Each day finishes with feedback for participants and opportunities to discuss and ask questions arising from their work.

DAY 1

Non-directive Approaches to Sand Tray

Participants will learn how to take a non-directive approach to sand tray therapy including: how to witness and “be with” clients, reflective commenting and interactive work.

DAY 2

Developmental Approaches to Sand Tray

Participants will learn what to expect in the sand trays of children at various stages of development, how to understand trays that do not fit with a child’s age and indicators in the tray of developmental trauma and mental illness.

DAY 3

Using Sand Tray Therapy in Assessment

Participants will learn the risks and benefits of interpretation in sand tray work and how to employ sand tray as an assessment tool.

DAY 4

Narrative Approaches to Sand Tray

Participants will learn how employ sand tray to support clients in expressing, understanding and changing the stories in their lives that no longer serve

DAY 5

Amplifications in Sand Tray World Play

Participants will learn how to explore amplifications of “what shows up” in the sand tray through various expressive arts approaches including visual arts, creative writing, movement, voice and drama.

For more information on our 5-Day Intensive Sandtray Certificate, the instructor and to register go to: www.cacpt.com and click on the **Workshops** at the bottom of the home page.

For further questions contact Elizabeth Sharpe:
Email: Elizabeth@cacpt.com
Phone: 519 827 1506



How the Canadian Association for Child and Play Therapy (CACPT) Supports the Truth and Reconciliation (T & R Commission's Recommendations)

As Presented by Chief Justice Murray Sinclair
and the Federal Government of Canada's Plans

ACKNOWLEDGE & UNDERSTAND

As members of CACPT, we can all play a part in honouring the evidence of the history of the First Peoples of our country and the part all our ancestors played. There is amazing cultural diversity within our association and in recognizing this and reaching out to first understand each other, we honour that.

EXAMINE OUR STRENGTHS

As an association, we can acknowledge our part. That is the first step to help the healing. The real work is ahead of us. In helping to reconcile the future, we can pull together as an association to examine our strengths, build beyond our weaknesses and continue to share our knowledge and expertise among all members of CACPT. Our CACPT members in Indigenous communities in rural and urban, North, South, East and West in our country deserve to benefit from the efficacy based, sustainable interventions that are available in the practice of Play Therapy today.

PROMOTE OUR PLAY THERAPY TOOLS AND TECHNIQUES

Its been a year and a half since Chief Justice Murray Sinclair presented his report in Ottawa. Healing takes time as we all know and given the expertise that all our members possess in child psychotherapy and Play Therapy with families and children, it is incumbent upon us to act. What we've discovered in embarking upon this journey is that many have. As we travelled across Canada last summer and talked to our members about how we might expand our already solid base of Play Therapy in Canada, we recognized that so much of what Chief Justice Sinclair asked us to do, is already being done by our Certified members/leaders/teachers and has been for many years, but on a very small scale. The need is enormous. To big for a few. To help meet the need, we are required to stretch ourselves and do what we can to make a bigger impact.

HOW CACPT MEETS THE RECOMMENDATIONS IN THE T & R REPORT

Of the 94 recommendations presented in the T & R Report, CACPT has identified that it meets many of these or part thereof. Those identified below, numbered as they were in the original report, are within our abilities and areas of expertise:

1. We call upon the federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in care by:
 - iii. Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the history and impacts of residential schools.
 - iv. Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the potential for Aboriginal communities and families to provide more appropriate solutions to family healing.

- v. Requiring that all child-welfare decision makers consider the impact of the residential school experience on children and their caregivers.

CACPT: *Many of the students in the CACPT's programs are mental health clinicians who work in Indigenous communities. The general membership is comprised of social workers, counsellors, child and youth counsellors and educators. Play Therapy training for mental health workers equips our members to effectively deal with the issues related to intergenerational trauma and abuse that has been identified in this report. These professionals take into account the cultural considerations, working with Indigenous partners who can assist in the assessment and development of plans and programs in each community on a case by case basis.*

2. We call upon the federal government, in collaboration with the provinces and territories, to prepare and publish annual reports on the number of Aboriginal children (First Nations, Inuit, and Métis) who are in care, compared with non-Aboriginal children, as well as the reasons for apprehension, the total spending on preventative and care services by child-welfare agencies, and the effectiveness of various interventions.

CACPT: *Programs provide interventions that are efficacy based (American Psychological Association International Journal of Play Therapy) in working with children and families over the long term. If the Federal government wants to collect data on the effectiveness of the interventions, funds need to be set aside for Canadian Research in the effectiveness of this and all interventions in Indigenous communities. CACPT is well situated to help in this area through its Research Award and Committee.*

3. We call upon all levels of government to fully implement Jordan's Principle.

"Jordan's Principle is a child-first principle intended to ensure that First Nations children do not experience, delay, denial, or disruption of services that are normally available to all other children. A Members Motion (M-296) endorsing the adoption of Jordan's Principle was unanimously passed in the House of Commons in 2007. One area in which Jordan's Principle applies is in child welfare services."

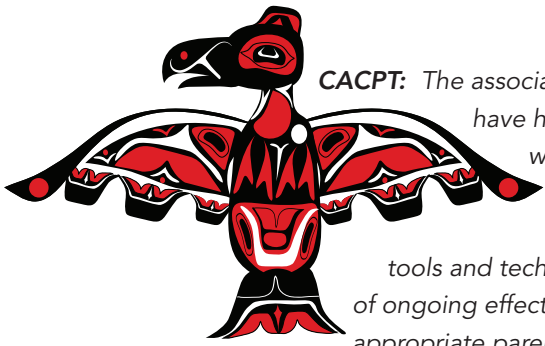
CACPT: *The association is well positioned to ensure that mental health professionals in Indigenous communities are provided with effective tools and interventions for mental health issues in collaboration with community leaders. Through this, CACPT can ensure that multi-generational trauma and abuse issues are addressed within communities on the long term through the provision of sustainable, efficacy based play therapy tools and techniques and training for mental health workers on First Nations Reserves and in urban/rural Indigenous communities.*

4. We call upon the federal government to enact Aboriginal child-welfare legislation that establishes national standards for Aboriginal child apprehension and custody cases and includes principles that:
 - i. Affirm the right of Aboriginal governments to establish and maintain their own child-welfare agencies.
 - ii. Require all child-welfare agencies and courts to take the residential school legacy into account in their decision making.
 - iii. Establish, as an important priority, a requirement that placements of Aboriginal children into temporary and permanent care be culturally appropriate.

CACPT: *The association is well positioned to provide the culturally appropriate tools and techniques required by Indigenous mental health clinicians and workers so that they are equipped to be able to support Indigenous agency workers in their work of the assessment and placement of children in culturally appropriate homes.*

5. We call upon the federal, provincial, territorial, and Aboriginal governments to develop culturally appropriate parenting programs for Aboriginal families.





CACPT: The association's members have historically worked with families and children to provide them with tools and techniques in support of ongoing effective and culturally appropriate parenting (ie: Family

Play Therapy, Group Play Therapy, Filial Play Therapy, Non-Directive Play Therapy, Trauma Focused Play Therapy, Theraplay, etc.). CACPT's training of mental health professionals, child and youth workers and educators in Indigenous communities provides an ongoing solution to heal and support families and children in crisis on the long-term. These mental health professionals can and should be part of multi-disciplinary teams of community professionals in Indigenous Communities on Reserves and in urban centers.

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law and constitutional law, and under the Treaties.

CACPT: Although not specified, mental health funding for children and families on First Nations reserves and other Indigenous communities has not been implemented to date. Culturally sensitive training for Indigenous mental health professionals and educators is essential in reaching long term solutions for the multi-generational trauma and abuse realized by these families. CACPT can provide much needed support and training for mental health professionals and educators as well as Certified Play Therapist Supervision services for professionals seeking this assistance through distance mechanisms.

21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centers to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centers in Nunavut and the Northwest Territories is a priority.

CACPT: The association is experienced and equipped to provide Indigenous mental health workers and educators with culturally appropriate play therapy interventions for children and families suffering from multi-generational trauma and abuse that has and will support Aboriginal healing centers in northern communities. Funding is required to provide this support.

NEXT STEPS

CACPT is dedicated to spending time, expertise and culturally sensitive services in partnership with our Indigenous members over the next number of years. We are determined to acknowledge our responsibility and ability in helping our federal government and the Indigenous communities we serve realize our part in the T & R Report Recommendations. Through partnerships with other likeminded associations and organizations, Indigenous communities, mental health agencies and institutions, with your help, we will strive to get the word out that we will try to learn and understand the need and how we are able to contribute.



THANK YOU

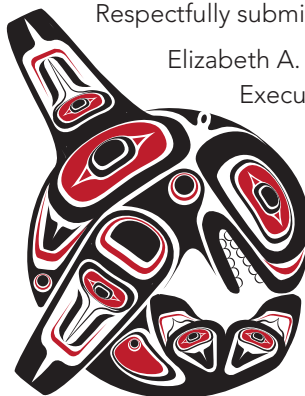
Many thanks go out to the many volunteers who have dedicated countless hours to the planning and development of programs, maintenance of standards and outreach. To those who are doing wonderful work in Play Therapy in all communities across Canada, we are grateful for your services. A special thanks to our instructors and our leadership who came on Board to kick-start this initiative and for their heart for community and inclusive solutions.

If you have any suggestions or comments on this or any other initiatives of CACPT, please don't hesitate to contact me at: Elizabeth@cacpt.com

Respectfully submitted:

Elizabeth A. Sharpe CAE
Executive Director

Canadian Association for Child and Play Therapy (CACPT)





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.

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.

To join go to www.cacpt.com and click on Members

Cutting Edge Training in Child and Play Therapy



CACPT Play Therapy Certificate



The Canadian Association for Child and Play Therapy (CACPT) offers cutting-edge training in Child and Play Therapy. Sign up for one-day courses or apply to Levels I, II and III offered in our two locations. All three levels take 6 weeks to complete but you can also sign up for each level separately. Earn 180 educational units for the six week program. The six-week program is one of the steps needed to become a CACPT Certified Child Play Therapist.

For further information on courses or on becoming certified as a Child Play Therapist, please visit our **Education** webpage under **Education and Certification** at www.cacpt.com or call CACPT at 1 519 827 1506.

Courses are offered in the following locations:

- Toronto, Ontario: July 3rd to August 11th, 2017 – Levels I, II and III
- Edmonton (Leduc), Alberta: November 6th to 17th, 2017 – Level III.

The application deadlines for the Play Therapy Certificate Program are:

- May 15 for Toronto
- September 15 for Edmonton (Leduc)

Apply soon so you do not miss out!

Applications are accepted after the deadline for an extra \$100 fee but priority is given to those who apply by the deadline. If you are interested in applying for an individual workshop, there will be limited space so you are encouraged to register early.

Some of our cutting edge courses include:

- Trauma-Focused Cognitive-Behavioral Play Therapy
- Drama in Play Therapy
- Disruptive Behavior Disorders
- Anxiety
- Sexually Abused Children
- Children with Sexual Behavior Problems
- Play Therapy for Children and Families Coping with Loss
- Sandtray
- Attachment Theory and Therapy
- Theraplay
- Family Play Therapy





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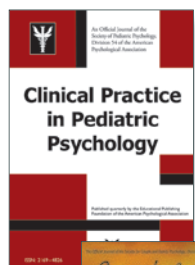
International Journal of Play Therapy®

Official Journal of the Association for Play Therapy (APT)

Editor: Franc Hudspeth, PhD, RPh, LPC, NCC, ACS, RPT-S

Quarterly – ISSN: 1555-6824

Publishes original research, theoretical articles and substantive review of topics germane to the play therapy modality. This peer-reviewed journal provides new information and ideas about the complete spectrum of clinical interventions used in play therapy to academicians and practitioners who teach and practice play therapy. Psychologists, psychiatrists, counselors, social workers, marriage and family therapists, school psychologists and counselors, and other health professionals will find this publication an invaluable resource.



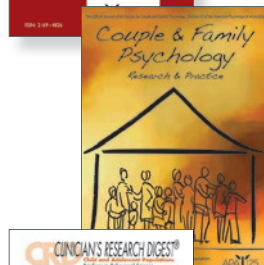
Clinical Practice in Pediatric Psychology®

An Official Journal of APA Division 54 (Society of Pediatric Psychology)

Editor: Jennifer Verrill Schurman, PhD

Quarterly – ISSN: 2169-4826

Articles describe the professional and applied activities of pediatric psychologists in different settings, presenting problems, responsibilities, financial supportive arrangements, and innovations.



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Quarterly – ISSN: 2160-4096

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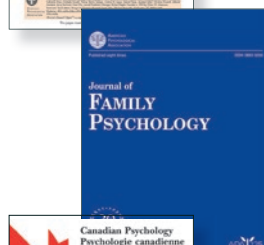


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Journal of Family Psychology®

Editor: Barbara H. Fiese, PhD

Eight issues: Feb., Mar., Apr., Jun., Aug., Sept., Oct., Dec. – ISSN: 0893-3200

Devoted to the study of the family system from multiple perspectives and to the application of psychological methods to advance knowledge related to family research, intervention, and policy.



Canadian Psychology / Psychologie canadienne

An Official Journal of the Canadian Psychological Association (CPA)

Editor: Martin Drapeau, PhD

Quarterly – ISSN: 0708-5591

Publishes generalist articles in the areas of theory, research, and practice that are of interest to a broad cross-section of psychologists. This journal also publishes original, empirical contributions if the research is of direct relevance to the discipline as a whole.



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