

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

Playground

Spring/Summer 2024



Implementing
the Family
Assessment
Device with
Play Therapy
Activities

A First Attempt
Using Sand Tray
During Family
Therapy

The Potential of Miniatures
and Sand for Migrant
Children: The Encounter
with Omar by the River





CAPT Foundation Play Therapy Training 2024

Training will be presented on-line in one or two-day trainings with individual instructors over a period of six weeks. Each day offers six 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 2024

May 6 – 17, 2024

- 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
- Family Play Therapy
- Non-Directive Play Therapy and Filial Therapy (2 days)
- Attachment Theory and Therapy in a Play Therapy Setting
- Theraplay as a Play Therapy Model

June 10 – 21, 2024

- Using Sandtray in Play 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)
- Creating an Inclusive and Culturally Competent Play Therapy Practice
- Storytelling in a Play Therapy Session
- Understanding and Treating Anxious Children using Play Therapy
- Play Therapy with Abused Children
Day 1: Physical and Emotional Abuse
Day 2: Sexual Abuse

August 5 – 16, 2024

- Treating Disruptive Behaviour Problems in a Play Therapy Setting (2 days)
- Puppetry in a Play Therapy Setting
- Play Therapy with Adults
- Group Therapy in a Play Therapy Setting
- Play Therapy for Children and Families Coping with Loss (2 days)
- Case Application with Play Therapy
- 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, 9:00 a.m. to 3:30 p.m. Eastern Time Zone. Schedule may be amended to accommodate instructor availability.

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 Certification webpage under Certification at: <https://canadianplaytherapy.com/certification/>
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Playground

Canadian Association for Play Therapy

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Message from the President

Dear Members,

As we approach the Spring season, and in particular the Spring Equinox, I watch the snow melt, I marvel in the wonderful awakening of the plants, and I greet the animals waking from their slumbers. All around me is a sense of renewal and rebirth. I am also reminded of the teachings I have been blessed with from my Elders. Spring is the time for planting seeds. Not only physically, although each year I do that, but also mentally, emotionally and spiritually.



With each seed we plant we are actually planting potential. Some seeds sprout almost instantly, some take days, weeks, or even the whole season. The work we all do in our professional lives is the same. We see potential. We nurture and support that potential. We wait. Sometimes great things happen and we get to witness that beauty. Other times, we have to hold in our heart the knowledge that our work may not show immediate beauty, but that beauty is still there and will emerge at some time in the future. Even more powerful is the work we do putting our hearts and minds into planting seeds for those who can't. For many of the people we work with, we place our energy and love in the support we provide so that others can reap the beauty of the harvest with us. This is truly magical work.

In this issue of Playground we explore the strength and resiliency of Families. Not just those who we are directly related to by family bond, but our communities and our extended families of this Earth we all share. I encourage each of you to plant seeds in your communities, to help communities grow and thrive. With these acts of love and compassion, we truly grow together.

Speaking of growth, I am so excited to be celebrating the tremendous growth and success of Play Therapy in the East of our beautiful country. This Spring on the majestic Coast of the Atlantic Ocean, as we hold our Annual AGM and Conference in May, we celebrate the selfless dedication of those working in a helping capacity in the East as a true demonstration of planting the seeds of change, nurturing them for their communities, and seeing the incredible beauty that emerges. I am so thankful to be a part of this incredible growth in my own small way, by supporting and encouraging this growth and taking the time to honour it. Despite all of the hardships and challenges that our Maritime brothers and sisters have endured, they remain strong and steadfast. We can learn so much from their compassion, resiliency, and nurturing through the examples they set for the rest of the country and the world. I hope that you can join us in Nova Scotia in this celebration and in the beauty that has grown there from a small seed planted long ago.

Happy Spring, everyone!

Kevin St. Louis
President, CAPT

Update from your Executive Director

Spring 2024,

Dear Members,

I hope you're enjoying our latest issue, themed around "Families." It's got me thinking about our own CAPT community and how important it is for us to gather, share, and grow together.

I'm excited to invite you to our CAPT Conference and Annual General Meeting, happening May 3-4, 2024, at the scenic Oceanstone Resort in Nova Scotia. For a sneak peek at the venue, do check out oceanstone.ca.

This year, we're keeping things a bit more intimate. It's all about creating meaningful connections and making sure everyone can participate, whether you're with us in person or joining online. And just so you know, we're already planning a bigger Conference and Annual General Meeting for 2025, so there's lots to look forward to.

Be on the lookout for registration details for the Annual General Meeting. It's going to be a great time to reflect on our achievements from the past year and share what we're excited about for the future.

Our events are all about coming together as a professional community, sharing insights, and supporting each other. Whether you're joining us in Nova Scotia or from the comfort of your own space, you're a vital part of what we do.

As you flip through this issue, think about how you might want to engage with our upcoming gathering. Your involvement is what makes our events special.

Looking forward to seeing you in May!

Best,

Scott Kettles
Executive Director, CAPT





Implementing the Family Assessment Device with Play Therapy Activities

Theresa Fraser CYC-P, MA, CPT-S, RP, RCT, CT

McMaster Model of Family Functioning (Epstein et al, 1980) is associated with the McMaster University Family Assessment Device (FAD). The FAD is a 60 question self-report screening tool designed to assess the functioning of families. It can be implemented as a semi-structured interview or a questionnaire. The FAD is linked below after this article. This therapist was trained in this model over two semesters of a family therapy course in the 80's. It has been a wonderful template assessment to integrate in family play therapy where this therapist believes play-based activities can also provide valuable information in combination with this screening tool implemented by discussion or pen and paper.

The McMaster model is derived from systems theory. Family system's theory views the family as a complex and interconnected system of individuals. Each family member has their own behaviour, roles, as well as interactions with each other, but each contributes to the overall functioning of the family system. This means that the therapist looks at how the family comes together to deal with the expected daily challenges but also, the unexpected. The model looks at how to improve functioning in all dimensions. These are problem solving, communication, roles, affective responsiveness, affective involvement, and behavior control. This short article will review each of these dimensions and also suggest

play-based activities that can provide information about areas of strength as well as opportunity for growth for the family system and perhaps individual family members. This therapist facilitates a longer training where therapists also look first at attachment theory in relation to the couple relationship.

Dimensions of this model (Epstein et al, 1980)

PROBLEM SOLVING

In this dimension, the therapist is curious about how the family resolves problems in a way that maintains effective family functioning. The therapist is curious about how the family finds solutions to expected and unexpected events that impact the whole family system as well as individual members. Of specific concern are unresolved problems that may impact the integrity and functioning of the family (Miller et al, 2000).

Problems are looked at as being instrumental or affective. Instrumental problems are task-based problems such as managing menus, money, or family schedules. Affective problems are related to how family members feel and the emotional experiences that impact these feelings.

Specific play-based activities can include some of the following:

- Carla Sharpe's Build a house technique – where families are invited to build a house with blocks, dollhouse furniture and other play therapy room healing tools (See reference list).
- Virtual Reality games where family members need to engage in a quest all together.

- Roblox where team members can create virtual worlds.
- Quest activities created by the therapist.
- Family Pastimes Cooperative board games.
- Jenga game with question cards (Lubimiv – Canadian Association for Play Therapy Family Therapy training, 2002).
- Using questions from the Family Assessment Device as sandtray directives

COMMUNICATION

Communication review in the McMaster model is based on verbal communication and how communication is shared between family members. Is communication veiled or masked? Is communication direct to the person the information was intended for or indirect so that information is communicated to a family member via another family member?

This therapist expands this curiosity to also nonverbal communication. However, in the original model, Epstein et al. (1980), indicated that only verbal communication was included given that the researchers were worried nonverbal communication could be easily misinterpreted by not only family members but also the therapist or researchers.

Specific play-based activities can include some of the following:

- A Marshak Interactional Method assessment (Theraplay®) which assesses the quality of the parent/child relationship.
- Jenga game with question cards (Lubimiv – Canadian Association for Play Therapy Family Therapy training, 2002).
- Dollhouse play
- Using questions from the Family Assessment Device as sandtray directives

FAMILY ROLES

Roles are defined as recurrent patterns of behaviour that fulfill family needs as well as functions. The therapist asks the family who purchases food, who cooks, who takes out the garbage, completes bill payments or takes children to appointments. Again, behavioural tasks are divided into affective and instrumental areas and further into necessary family functions or those described as other family functions. Other family functions may be those that aren't necessary for effective family functioning but arise in the life of every family (Miller et al, 2020). Examples could include arranging a birthday party or planning a vacation.

Specific play-based activities can include some of the following:

- Land of no rules (Fraser, 2010)
- Jenga game with question cards (Lubimiv – Canadian Association for Play Therapy Family Therapy training, 2002).
- Using questions from the Family Assessment Device as sandtray directives.
- Playing the Game of Life (Markham & Klamer, 1960) and engaging family in roles discussions.

AFFECTIVE RESPONSIVENESS

Affective responsiveness speaks to how the family responds to the expression of feelings both quantity and quality. Regarding quality, do family members exhibit the range of feelings when responding to family members who also feel open to express the full range of feelings. Also, does the response match what has been exhibited or is the response under responsive.

Specific play-based activities can include some of the following:

- A Marshak Interactional Method assessment (Theraplay®)
- Puppetry
- Using questions from the Family Assessment Device as sandtray directives

AFFECTIVE INVOLVEMENT

The dimension of affective involvement reviews the level of interest shown to family members about the interests and values of individual family members. "The focus is on how much, and in what way, family members show an interest and invest themselves in each other." (Epstein, et al, 1980). This involvement includes family activities but is not limited to these.

Specific play-based activities can include some of the following:

- Directive sandtray activities that identify individual and family interests.
- Family Flag or family cheer (Fraser, 2021).

BEHAVIOUR CONTROL

This dimension looks at how family members respond to three types of behaviours.

These include physically dangerous situations, situations where members need to both express and meet biological needs including eating, drinking, aggression,

sexual behaviour and elimination, and lastly interpersonal behaviour that occurs both in and outside of the nuclear family. Every family develops their own standards and rules in each of the above areas.

Specific play-based activities can include some of the following:

- A Marschak Interactional Method assessment (Theraplay®) (Brook, 2004).
- Using questions from the Family Assessment Device as sandtray directives.
- Play Therapists are in a unique position to assist families in increasing their play literacy as individuals and within their family system. Play-based activities can also assist in both learning more about a family and helping the family learn more about themselves. Play can identify areas of family functioning that they would like to adapt or modify.

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Resources:

- Family Assessment Device Assessment Screening tool and Scoring information.
- <https://arc.psych.wisc.edu/self-report/mcmaster-family-assessment-device-fad/>

CAPT 2024 AGM & Conference



Celebrate Growth and Resilience in Play Therapy

Join us at the picturesque Oceanstone Seaside Resort to mark the progress of Play Therapy in Eastern Canada. This year, we reflect on the challenges overcome and the power of resilience within our communities.

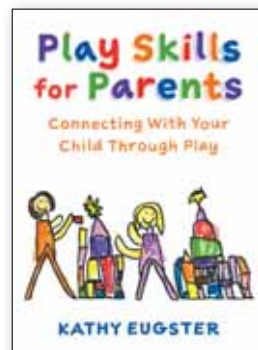
Friday, May 3rd, 2024

5:30pm – 6:30pm
Annual General Meeting

Saturday, May 4th, 2024

9:00am – 5:00pm
Full day of training with CEU credits available
6:00 pm
Banquet and Reception with live music

Would you like to support the parents or caregivers of the children you work with?



My book, **Play Skills for Parents: Connecting with Your Child Through Play**, is targeted to parents or caregivers of children, ages 3-10 years old, and provides information on effective ways of playing with their children. The information I outline in my book is meant to:

- encourage healthy child development
- strengthen the parent-child or caregiver-child relationship
- support parents or caregivers in learning new skills

Visit my website for more information for parents or caregivers in over 30 Blog articles on parent-child and caregiver-child play, with new articles added monthly.



Pacific Spirit Play Resources

Contact Kathy at: keugster@telus.net

SANDTRAY PRACTITIONER CERTIFICATE

Level 1- Introduction



This is your introduction to Sandtray. We review history, necessary tools, the protocol to witness a sandtray and practice in dyads. You take on the role of builder and witness. If you have taken CAPT sandtray training you have already finished Level 1
12 hours of instruction
Plus Sandtray Group Supervision 4 hours

Level 2-Sandtray & various groupings



Now that you have learned the Sandtray Protocol let's apply it to working with adults, couples, families and groups. Directive sandtrays will be introduced.
12 hours of instruction
Plus Sandtray Group Supervision 4 hours

Level 3- Integrating sandtray



This level reviews how to integrate sandtray with other methods of psychotherapy including CBT, DBT, parts work and specific counselling approaches with individuals across the lifespan.
12 hours of live or zoom instruction
Plus Sandtray Group Supervision 4 hours

Level 4 Unique Topics



You choose two asynchronous sandtray courses of interest once other levels and supervision are complete. $2 \times 2 = 4$ CEU's.
Final Reflection paper submitted
Plus 1 hour of Individual Sandtray Supervision

LEVEL 2 is in Halifax or Zoom on September 20-21, 2024
\$475. plus HST

LEVEL 3 is in Halifax or Zoom on November 21-22, 2024
\$475 plus HST

Each Live Level 2 person receives a complimentary small sandtray
Each Live Level 3 person receives complimentary miniatures
from Implicit Miniatures

All participants receive an International Sandtray competency workbook and
Sandtray Cards

Note: Supervision costs are extra and discussed in training.



Register here



A First Attempt Using Sand Tray During Family Therapy

Tracy Frazer H.BA, MACP, CCTS-F, RP

As therapists there are few therapeutic interventions that do what Sand Tray does in its ability to access and interact with both the conscious and unconscious experiences of an individual to support their healing journey. For those who have never used the sandtray in therapy, I highly recommend seeking training and consultation to better understand the vast power it has in connecting with any client.

As a therapist, I love using creative and expressive client centered therapies, so when I heard about Sand Tray therapy I immediately signed up for training and instantly fell in love with the modality. Over the last few years, Sand Tray therapy has been at the top of my list as a psycho-therapeutic client-centered intervention. I am excited and honored at any opportunity to experience the natural process of a client's unconsciousness in expressing and processing emotions. Clients who have experienced Sand Tray have reported the sessions to be some of the most powerful and transformative ones. The Sand Tray experience supported their ability to connect, communicate, and understand themselves in creative ways. This then promoted enhanced therapeutic healing and growth that otherwise would have been inaccessible in their subconscious.

As a therapist myself, the reason I love Sand Tray is its versatility and inclusivity across the lifespan, (children, teens, adults) and cultures. I have used Sand Tray as a form of play countless times with clients of all ages, from various cultures and neuro-diversities, individually, and with family members. I took it to the next step and attempted Sand Tray as the primary intervention in Family Therapy. As therapists, we all understand and appreciate that an individual therapy session, compared to a Family Therapy session, is quite different and presents its own unique challenges. In session, therapists are tasked with

managing and monitoring the client relationship(s) in order to build, preserve and maintain safety in a therapeutic environment. This article speaks to my first experience using Sand Tray in Family Therapy and what I learned.

Therapy offices are often small rooms without a lot of space, and mine is no exception. As a child therapist, there is greater consideration than how to organize the space so that it is not cluttered, easy to clean up, and functional for any child. The healing space holds various play-based intervention tools and toys including sandtray miniatures and the sandtray itself. Seating space can therefore be limited. With an individual client the space works well, but when I decided to also engage in Family Therapy, I had to get creative in setting up the space to ensure that the space was comfortable with enough seating for each member. I also needed to ensure that the sandtray and miniatures were easily accessible for all family members.

Luckily, I had made most of my furniture versatile and easily adaptable and adjustable to best support the therapeutic needs of any client, child, teen, adult, or an entire family. Thus, there is room for families of anywhere from 3-5 family members once I make adaptations. In my office, the sandtray miniatures are all displayed on a 3 x 3 shelf organized in themes. Most importantly, I created the shelf to be on wheels! In preparation for a family session, I decided to move the miniature shelf against the wall between two chairs with the sofa facing the shelf and chairs. In the center of the room is the sand tray that doubles as a center table because it has a lid.

That first interaction with any new client or group of clients requires the therapist to observe the interactions and behaviours of those who enter the therapeutic space. This includes inviting family members to choose where they would like to sit and observing how they make that choice. After the family was seated comfortably, I then sat myself on the end between one of the chairs and the sofa.

As we all know, the first few sessions are focused on information gathering to gain understanding, while



simultaneously building the therapeutic relationship to best inform the therapeutic treatment planning. With families I find that even trickier, as there are many individuals in the family to also get to know, that help inform how the family unit operates and how the families struggle is maintained. Family Therapy always has the added challenge for a therapist managing strong, passionate personalities in the family, but I was confident in my ability to redirect, reframe and gently remind the family of the emotional safety and respect rules that had been previously established.

Personally, family work always excites me with the range and complexities of ages, differing stages of development, varying mental health, neuro-diversities, cultures, and the list continues. I was confident Sand Tray was the right intervention to use in Family Therapy as it supports safety in communicating across lifespans between family members. Moreover, Sand Tray is supportive to the therapist in gaining insight into the uniqueness of the individuals that form and inform the family system and how it functions.

To begin a Family Therapy session, I started by gathering information about the family's reason for seeking out therapy and ensured the goals for the family in therapy were aligned for all members. Once that was established, I introduced Sand Tray. Always starting with informed consent, purpose and emotional safety components are critical. When interacting simultaneously with multiple individuals' subconscious, it is imperative to protect their inner psyche. For those who might not know those

considerations with Sand Tray, a quick highlight is the importance to not comment or interpret other miniatures and to only touch their own. This is inclusive of both verbal and non-verbal communication. The first time I used Sand Tray in a Family Therapy session I provided the prompt, "choose a miniature that best represents how you see yourself in the family". The last piece of information I then provided was to exclude miniatures that resembled a person. The purpose as a therapist in the assessment phase was to gain information in a strength-based way of the individuals and how they inform the family system.

The session thus far had been going very well. Each family member chose a miniature and put it in the sand. After each member had placed a miniature in the sand, the family took a minute to observe their miniature in relation to others. I then provided the opportunity for them to make any changes. That might be to move their miniature, and/or if they wanted to change the miniature they had chosen. Once everyone had comfortably settled with the placement and their own miniature, I then was able to begin processing the experience with a family and get to know each member. I first began processing the family system as a whole and their experience, observing the placement of the miniatures in relation to one another and gathered valuable information of how it represented the family relationships in the home and where the challenges existed. Secondly, I then wanted to learn about each family member and how they view themselves in relation to the family and went around the room one by one and had members share.

This is where I learned a lot! Not only did I learn lots of information about the family I was with, but this experience informed my professional development as a therapist, and the use of Sand Tray in Family Therapy. I learned what to be more aware of, and what I can do differently that would have assisted me to better manage and maintain emotional safety in the therapeutic space. As I was comfortable moving from looking at the sand tray as a family system and relationships that exist, to members individually sharing while I processed each member's miniature along the way. I went around the room engaging member by member inviting them to share their unique experience and interpretation of themselves. I asked follow-up questions and used the family unit to confirm strength-based information that provided validation for the individual. This was all supportive and strengthening until it was a parent's turn, and the other parent laughed, criticized, and invalidated the parent who was sharing. At that moment I was unsure how to navigate through this for everyone to return to a regulated safe state. I had been very aware the children had all become dysregulated and sought out playthings in the room to regulate, while their parents likely demonstrated a pattern that had been viewed before. The children sought out colouring tools, fidgets, and sensory items. I was hesitant to stop the individual processing as there was only one child left and had been concerned how that child would feel to not get the individual opportunity to be validated and celebrated by their family members as their siblings had been. I similarly felt the same way for the parent that was attempting to share at that moment.

After the session was over, I was able to reflect and identify that it hadn't been wrong what I did, or how I did it. As for me, it was also awesome that, early on in therapy, the family felt comfortable and allowed me to experience their family in a vulnerable state (more unconsciously than consciously). Although I can validate and reassure myself as a therapist for that to be true, I also do not want a repetition of it, particularly in the beginning of a therapeutic journey. With that, this session was a discussion that I reviewed in consultation with my CAPT supervisor. The experience taught me many things about myself as a therapist and using Sand Tray in Family Therapy. Primarily I was reminded of who the primary client was, being the family system itself and to maintain processing there, rather than with the individuals.

My attempt at processing both the individual and the family system is where things became challenging. The complexities within the different neurological and unconscious pathways for each individual can easily push individuals or even the family system past the window of tolerance into dysregulation. Learning and

gathering information about the individual were valuable as it helped inform how to best support the family in processing the tray together. Additionally, individual members impact and influence those patterns and dynamics that have been created within the family system. I acknowledge that parents are the foundation of this family. Understanding who they are as individuals and how they interact in their relationship is integral to understanding how the family unit functions daily. The family therapist also wants to gain insight in how the family manages challenges all while continuously growing. With that lens, if I could go back and re-do the session, I would adjust where and when I spent most of my time processing. Should I have had a magic wand to go back in time, I would have allowed each member to share their miniature first, without any processing. That would have modeled listening without fixing as actionable help and would have provided me with greater understanding of who individual family members are within their family system. Then I could focus on observing this family tray together after those initial observations of how family members interact and function in relation to one another. This would have helped to mitigate the impact on the individuals in the family, the parent relationship and how that all impacted on the family system. I have grown as a therapist through this experience, and it validated how awesome Sand Tray is in supporting communication with the family and communication between the family in a creative way both consciously and unconsciously. If you haven't yet had the opportunity, sign up for training in Sand Tray with CAPT this coming June.

About the Author

Tracy initially completed her undergraduate degree in Psychology and continued her education and completed a diploma in Community and Justice Services. Tracy then set out to expand her experience and worldview and transitioned to working alongside police assisting victims of crime and/or tragic circumstances. This led Tracy to pursue her Master of Arts in Counseling Psychology and became a Registered Psychotherapist. Tracy works from a client-centered approach and uses an integrative trauma informed framework based on Attachment Therapy, Cognitive Behavioural Therapy (CBT), Sand Tray Therapy and Psychodynamic Therapy. Additionally, Tracy is currently working towards her certification as a play therapist through the Canadian Association of Play Therapy (CAPT).

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Associate Psychotherapist - Dig A Little Deeper,
Psychotherapy & Counselling*

Celebrate Growth and Resilience in Play Therapy

Join us at the picturesque Oceanstone Seaside Resort to mark the progress of Play Therapy in Eastern Canada. This year, we reflect on the challenges overcome and the power of resilience within our communities.

Explore how challenges are navigated in the Play Room, understand resilience, and share in the strength and perseverance of Play Therapists from the East.

ITINERARY

Friday, May 3rd, 2024

Annual General Meeting
5:30pm - 6:30pm
Reception to follow

Saturday, May 4th, 2024

9:00am - 5:00pm
Full day of training with CEU Credits available
6:00 pm
East Coast "Come as you are"
Banquet and Reception with live
East Coast Music



For more details visit:

<https://canadianplaytherapy.com/capt-2024-agm-conference/>

Clinical References on Play Therapy with Families For Your Bookshelf

Tania Bryan



Searching for new inspiring family therapy ideas and interventions can be an anxiety provoking experience; there are so many choices and voices. This post serves to provide you with references that you can trust. Note that some familiar classic references have been updated. A resource which has been divided to highlight the expertise by local CAPT members as well as other internationally renowned experts.

CAPT Members' Publications

Canadian play therapists and play therapist supervisors have contributed to the treasure of resources available for the novice and seasoned therapist. In the interest of publication spacing however, every individual publication is not listed where the hosted edited book is referenced. Edited book series by prolific author and editor, Liana Lowenstein contains publications by: Bidwell, Bedard, B (2010), Bennett (2021), Fraser (2010), Jones Warrick, (2008), and Lubimiv (2010) and many others. Similarly, Riedel-Bowers (2013) *Play Therapy in Families* lists contributions by: E. Munns; M. Rowbotham; and K. Trotter. Additionally, Bedard-Bidwell & Sippel (1997) edited text also includes family play therapy articles by Munns, and many others.

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Evangeline Munns

If you have ever been taught in a Play Therapy training to Yodel and sing (a tee ta ta a tee ta ta a tee ta ta) then you have met the engaging Dr. Evangeline Munns. Dr. Munns grew up on a farm in rural Alberta and later earned her Ph D, C Psych, from York University in Ontario. Some may not know that she is also an award winning painter in Ontario. However, today Evangeline is a retired Play Therapy Supervisor with the Association for Play Therapy and the Canadian Association for Play Therapy.

Evangeline has directly supported children and their families for over forty years always providing strength based feedback to support stronger attachments. She has taught Child Centred Play Therapy, Filial, the neurobiology of play and Theraplay® workshops worldwide. She is the past director of Blue Hills Play Therapy Services, (now York Hills Centre for Children, Youth and Families) and helped many therapists learn and practice Theraplay® in Canada at this Centre located just north of Toronto. Over the years she has served as a consultant to many agencies.

Evangeline contributed to our field with her numerous articles and chapters on Theraplay as well as edited books entitled "Theraplay: Innovations in Attachment-Enhancing Play Therapy" and "Applications of Family and Group Theraplay". Dr. Munns is a recipient of the Monica Herbert award from the Canadian Association for Child and Play Therapy (CAPT) for "an outstanding contribution to the field of play therapy in Canada". It is no surprise that in 2023, Evangeline was also the recipient of the American Association for Play Therapy's Lifetime Achievement Award.

Thank you Evangeline for all you have shared in the world. You have touched the lives of many people who think of you the instant someone yodels, talks about joy juice in the brain or Theraplay®.

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The Potential of Miniatures and Sand for Migrant Children: The Encounter with Omar by the River

Isabella Cassina MA, TPS, CAGS, PhD Candidate

Article originally written for the magazine Rivista di Play Therapy of the Association for Play Therapy Italy APTI (no.7, published Nov. 2023. ISSN: 2673-9151. [Link to the original article](#)).

This article introduces a look at the beneficial potential of miniatures and sand in psychosocial support for asylum seekers and refugees. Through an encounter with Omar, edited to protect his privacy, the author recounts how typical tools of Sandtray Therapy methodology can support the prevention and treatment of hardship in the context of a reception service.

Some readers may think that this article is not intended for them since they do not work in the field of migration or wish to do so. Other readers have already guessed that all of us may sooner or later have to deal with an asylum seeker or refugee in the context of our work as teachers, speech therapists, social workers, psychologists and psychotherapists, etc. Still others, curious enthusiasts of life stories and complex situations, immediately understood that this article could provide inspiration for them as well by nurturing a path of reflection already undertaken on the beneficial potential of expressive materials such as miniatures and sand in the difficulties of life.

I would like to tell you the story of Omar, a 15-year-old boy of average height, with brown hair and eyes and a radiant smile. Omar arrived as an asylum seeker and unaccompanied minor at a reception center in Switzerland on an April day a few years ago. He was wearing a pair of jeans, a dark blue hoodie, and flip-flops. He had a woolen hat; when he entered my office he took it off and fixed his shaggy hair. He spoke English fairly well and knew a few words of Italian (the official language of the region we were in). Before he left, he lived with his mother and sister in his home country and attended school regularly. He was a boy with a very gentle manner, his movements were composed and the tone of his voice gentle. Omar longed to make new friends, was curious about his host country, wanted to start a language course as soon as possible and resume school to make up for the months he had missed. I remember thinking, "I wish what I see superficially represented the whole picture: the boy is enthusiastic, serene, and ready to take on a new adventure," but I imagined that might not be the case.

At that time, I was leading a play therapy project supporting migrants. It was also through this five-year project that I refined my thinking about the psychosocial needs of asylum seekers and refugees and possible responses by practitioners. Tools and guidelines for project development in crisis contexts are described in full in the book I edited with colleagues Claudio Mochi and Karen Stagnitti in 2023. In this article I find it useful to introduce the "Avalanche Metaphor" (Cassina, 2019, 2023) that can be applied in the migration context as well as in situations of vulnerability more generally.

I recently employed the Avalanche Metaphor in working with an adult client following the loss of a loved one; the client was feeling distressed in that several months after the bereavement he was still extremely distressed and had the feeling of being stuck in a time-space with no possibility of turning back or moving forward in his life. Through a series of steps and the use of expressive

"Behind the beaming smile were fears common to many teenagers and fears born out of a vulnerable family situation characterized by the mother's depression, the father's brutality toward his children, and his violent death at the hands of a local group; the damage done by the "avalanche" still seemed to be well in place."

techniques, including miniatures and sand, the client was able to visualize and understand that his reaction was also the consequence of difficult circumstances accumulated over the years that could in no way vanish the very instant the main source of grief seemed to have dissolved (the bereavement ended a long period of suffering due to illness). The desire to take back one's life and "function as before" is natural and understandable, and the inability to do so in the given time-frame has the potential to create strong frustration and fuel grief and sadness. Being guided by a simple and clear metaphor and realizing the main working mechanisms of human beings can bring relief in times of difficulty.

Going back to the field of migration, the journey of asylum seekers is not limited to moving from one country to another and especially does not end the moment a person reaches the country where he or she seeks (and perhaps is granted) asylum. An avalanche is commonly a quantity of snow that accumulates over time and at some point can become very large, break away from the mountain face and begin a descent during which it grows exponentially. The avalanche can become so large that it overwhelms everything it encounters, and its devastation does not end once it reaches the plains.

Similarly, in the migration process (and in other contexts of vulnerability such as the one described above) the

person is subject to an increasing number of risk factors. Difficult and oppressive conditions, especially when they are protracted over a long period of time, exacerbate the individual's vulnerability, can be traumatic, and deprive him or her of the experiences necessary to foster psychosocial wellbeing. If we think of children, this very often results in their inability to play and thus benefit from the most natural and dynamic self-healing process in which they can engage.

When Omar arrived at the reception center, he seemed immune to what had happened to him. Colleagues immediately began the procedures for his school placement in the last year of compulsory schools to give him the opportunity to obtain a school license and later take a path of his choice. It was our custom to organize regular recreational activities for unaccompanied minors. I used to take part in these activities when I wanted to spend time with the newcomers, gather information

indirectly or monitor the situation, so that Wednesday I decided to go on a field trip as well.

We headed to a very nice place in the area to walk in the woods, have a picnic lunch and a series of outdoor plays. Omar kicked the ball around a few times after which he walked away from the group. He was sitting on the riverbank, his eyes fixed on his hands with which he touched the sand, stroked it, made a pile and then replenished it. He spontaneously picked up some small stones and created a rectangular frame on the ground. Inside it he placed leaves and small pieces of wood so as to create figures.

I watched him for a long time from a distance until I decided it was time to join him. "Hi Omar, can I sit here?", I asked him in English. Once seated, I added, "You created an image in the sand." As he looked at the ground he replied, "Yes." We were silent for a few minutes, then he stated, "It's nice here, it's very quiet... I'm used to the noise. I had a hard time sleeping, studying, there was always noise." I commented, "When there is noise, it is difficult to do some things." After a series of further exchanges, I asked him, "Would you like to tell me about the image you made in the sand?". Not only did Omar answer me yes, but he began to tell much of what I still know about him today. He shared some details that I can never forget and they confirmed



that what was in front of me was by no means "the whole picture." Behind the beaming smile were fears common to many teenagers and fears born out of a vulnerable family situation characterized by the mother's depression, the father's brutality toward his children, and his violent death at the hands of a local group; the damage done by the "avalanche" still seemed to be well in place.

The field of migration fuels very different points of view. Maintaining neutral thinking and acting accordingly is as difficult as it is important. It is not the job of practitioners on the ground to determine the veracity of the stories told, but it is certainly their duty to provide the opportunity to tell them, whether they are real or fictional. It is important to create the time and space for people to express and process situations and emotions, and for this to happen, it is crucial that the individual feels safe enough.

Stephen Porges (2018, 2021) explains that continuous exposure to threat signals (such as those inherent in a migration route) can transform a defensive state into a permanent condition, which is why individuals may come to perceive risks even when there are none. According to Polyvagal Theory (Porges, 2018, 2021), our system offers two ways to lower defensive systems and promote safety: 1) one pathway is passive and responds unconsciously to safety cues such as a modulated and quiet voice, warm and welcoming facial expressions, and gestures of

accessibility; 2) the other pathway is active and requires voluntary behaviors to trigger mechanisms that change the physiological state such as breathing, vocalization, movement, and play.

In planning a psychosocial support intervention, it is necessary to consider that the passive pathway (thus mainly the practitioner's attitude) promotes the initial feeling of safety that allows access to the active pathway. In the chapter written with colleague Claudio Mochi, "Regaining a Sense of Safety in Natural Disasters: Preparatory and Advanced Interventions with Play and Play Therapy" (Mochi & Cassina, available from 2024), we introduce the concept of Safest Possible Environment (SaPE) to explain the need to provide individuals facing acute distress with as many positive stimuli and safety signals as possible, even and especially beyond the therapy room and the time devoted to it.

Considering these aspects and thinking back to what happened at the riverbank, it is possible to realize that there was a combination of elements that fostered Omar's openness to me: the timing, my attitude, and the environment, including the material available to him (i.e., sand and a number of objects from nature). This last aspect, the presence of nature, is not to be underestimated. As Fearn (2023) explains, when an individual has initial distrust of others due to previous

negative experiences, his defenses may be triggered by the intensity of the one-on-one relationship in an enclosed study or therapy room. An open space in nature can, in some cases, serve as a therapeutic ally by offering a greater safety distance.

When Omar arrived at the reception center, it was not planned for him to begin a course of a therapeutic nature. Nevertheless, my colleagues and I were ready for the possibility of providing more substantial support to a selection of children and youth. Some considerations seem in order:

1. Not all asylum seekers and refugees have experienced trauma and need (or want) consistent psychosocial support;
2. Not all symptoms of psychological distress appear immediately nor are they clearly visible. What we see (a 15-year-old boy with a radiant smile, gentle manner and composed movements) sometimes hides much more (fear, anxiety, restlessness);
3. It is necessary to wait for the right moment (sometimes a picnic by the river) to get in touch with the individual and invite him or her to open up. One should never be insistent;
4. It is good to always remember that being safe does not mean feeling safe. Doing constant self-assessment of one's interaction skills and observing the work space with a critical eye is essential;
5. If necessary, one must be ready to intervene promptly by having a stock of effective and up-to-date skills and abilities.

Following that activity that arose (more or less) spontaneously, I proposed to Omar that we meet regularly to conduct a course marked by expressive therapies. In the space set aside for work with adolescents there were art materials of various kinds: miniatures, sand and objects from nature (leaves, flowers, twigs, stones), colored pencils and brushes, modeling materials (such as clay) and building materials, disguises, musical instruments, etc. Omar gladly accepted and jealously guarded the opportunity to share that moment.

Over the months he told me his story several times, preferring the use of miniatures and the sand tray. I always asked him few questions to process the trays as Omar spoke much of his own volition. I was careful, however, that the narrative did not turn into a "script" and invited him to expand on new elements that appeared in the tray or narrative. Over time, the boy gave more and more space for new thoughts and deep reflections.

Paraphrasing the Avalanche Metaphor, unfortunately we cannot prevent an avalanche from happening, whether it stems from a migration route or any other potentially difficult and traumatizing situation, but I can say that it was always very engaging and exciting to create with my colleagues the conditions for helping the avalanche that had swept over Omar, and many other people we had met over the years, not to get bigger and to have a role in dissolving it and repairing its disasters.

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About the Author:

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Unlocking the Value: The Significance of CAPT™ Certification for Play Therapists

Creative and playful minds often inquire about the true worth of obtaining certification as a Play Therapist through the Canadian Association for Child and Play Therapy (CAPT™). This esteemed organization stands as the pinnacle professional association for the realm of play therapy in Canada. CAPT™ was established in 1987 to ensure qualified clinicians and therapists in the practice of play therapy. It has roots firmly embedded in the commitment to ensuring the highest standards within the practice.

The Institute for Credentialing Excellence in Canada states that the primary focus of a professional certification program is on providing an independent assessment of the knowledge, skills, and/or competencies required for excellent performance of an occupational or professional role or specific work-related tasks and responsibilities. CAPT™, in alignment with these principles, has diligently established a certification process that not only reflects the competence of individuals but also serves as a testament to their dedication to the field.

The certification bestowed by CAPT™ signifies that Certified Play Therapists have not only showcased the requisite knowledge and skills but have also fulfilled all other criteria meticulously set forth by the CAPT™ Certification Committee. This certification isn't just a symbol; it is a tangible representation of the high standards upheld by CAPT™ and its unwavering commitment to maintaining excellence within the profession.

Employers, clients, and stakeholders are assured that a Certified Play Therapist has not only met the standard of excellence as established by CAPT™, but also has continued oversight provided by the association to

ensure a continuous commitment to maintaining the highest standards of practice. Furthermore, CAPT™ certification is not a one-time achievement but an ongoing commitment to professional development. Certified Play Therapists are required to engage in approved trainings throughout their career, ensuring that their skills and knowledge remain current and aligned with the latest advancements in play therapy.

In your quest to find a Certified Play Therapist, the CAPT™ website stands as a valuable resource. This curated directory ensures that you can confidently select a practitioner who has demonstrated excellence in the field. When assessing the qualifications of someone claiming to practice play therapy, inquire about their affiliation with the CAPT™. Visit the CAPT™ website for a reliable roster of certified professionals or inquire about membership status to ascertain the level of training and expertise possessed by the play therapist you are considering.

For those eager to delve deeper into the realm of CAPT™ Certification as a Play Therapist, an avenue for exploration and understanding awaits. To learn more about the transformative journey towards becoming a Certified Play Therapist through CAPT™, please explore the CAPT™ website at <https://canadianplaytherapy.com>, join one of the Certification Q & A sessions (information found on our website <https://canadianplaytherapy.com/certification/>) and feel free to contact us certification@canadianplaytherapy.com.

The Certification Committee



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- 3** Do they have a CAPT supervisor or have they completed the required Play Therapy supervision hours for Certification?

Certified members are listed on the CAPT website and members who are preparing for certification are engaged in #2 and #3 above.

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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 Theresa Fraser, CPT-S

Written by: Cynthia Manley

What drew you to the field of Play Therapy?

I read the book *Dibs in Search of Self* (Axline, 1986) in high school and suspected that this was where I wanted to make a difference. There were no play therapy programs in Canada at that time. I discovered that I could take a Child Care Worker program in Ontario. This program taught human development, therapeutic programming and psychology so that was as close as I could find to a play therapy program at that time.

After graduation, I worked primarily with teens who had experienced complex trauma, so I was invited to teach a trauma class at Humber College in Toronto. In 2000 a student talked about sand tray therapy and the play therapy program at the Canadian Association for Play Therapy. I took that program with the support of my employer in 2002. The program was managed by CAPT but occurred at King's College for six consecutive weeks beginning in May yearly.

I also knew right away that I wanted to incorporate Sandtray therapy into my practice, so I researched sand tray trainers and found the work of Gisela De Domenico referenced everywhere. I phoned her to purchase a sandtray from her and she explained that she couldn't ship them to Canada at that time so I could purchase one at a training. She had an upcoming Sandtray Worldplay © training in Lansing Michigan in 2003. After attending her Level 1, I knew I had to continue learning and did so for five more years. Over the years I have purchased 10 of her sandtrays that I use in my own office spaces and in training. The certification standards for PT in those days

required 200 supervision hours with a CAPT supervisor, 2500 hours of practice and 500 of those were specifically in PT. It took 7 years to become a Certified Play Therapist. I completed both the 180 hours of PT training and then 200 more hours of Sand Tray training.

I first helped to create a private clinic called Branching Out in Brampton, Ontario. We were the sister program to a Treatment Foster Care Agency. In 2009, I was invited by Charles Schaefer to attend an international study group where play therapists from around the world got together to talk and learn about play therapy. I was star struck. I am indebted to Charlie because I didn't feel worthy to be in the midst of all these keen PT minds. Charlie believed in me and encouraged the work I was doing. I became a supervisor that year and in 2011 created my own practice called Changing Steps Child and Family Counselling.

I began to teach small sand tray trainings as well as became a continuing education approved provider with CAPT. While also becoming a full time professor, I completed a certificate in Adult Learning and worked as a curriculum consultant later teaching in the same adult learning program.

In 2018, I moved to Atlantic Canada and found that I was the only certified person in the Maritimes, though there were many clinicians saying that they were play therapists. The first task was to provide education to service providers about what play therapy is and what training is required for certification. We now encourage people to ask if the clinician is a student or certified member of



CAPT. With this membership you can be assured that the individual is adhering to their Code of Ethics and involved in a comprehensive certification process.

I began Maritime Play Therapy Centre in 2018, where we provide training and Play Therapy with individuals across the lifespan. Initially, we had 1 clinic in Pictou, Nova Scotia.

In 2021, we opened a clinic in Charlottetown, PEI as there was only 1 other play therapist on the island. This clinic is known as Changing Steps Child and Family Counselling. It was fun to take the ferry from NS to PEI to see clients in Charlottetown.

Social workers began to ask if I could provide services in Halifax. Hence, we opened another Maritime PTC clinic in Bedford in 2023 and then Dartmouth. In December of 2023, a chiropractic clinic invited us to provide mental health services alongside their multidisciplinary team, so we opened another location in Tatamagouche, Nova Scotia in early 2024. Gratefully, in addition to our PT services, there are other PT clinics that have developed in Bedford, Sackville and Truro by other CAPT members. Demand has increased for play therapy as parents and service providers have seen the impact and efficacy of play therapy.

What is your primary orientation and how did you determine this.

I have had the gift of obtaining supervision from Canadian PT greats including, Dr. Betty Bidard Bidwell, Dr. Nancy Reidel Bowers, Liana Lowenstein, Greg Lubimiv, and Lorie Walton. I also have been greatly influenced by the work of Dr. Charles Schaefer and Dr. Athena Drewes as well as Dr. Gisela De Domenico. I would describe myself as integrative and prescriptive, meaning that I am intentional about the approach utilized and at times will pair approaches if they address



the treatment needs of the child and family I am working with. However, neurobiological research underpins all that I do.

In each of our offices, we create play therapy spaces for children and families. This is different than many other clinics who create spaces for the therapist where each therapist meets their own clients. Instead, my team members book the specifically created spaces for the clients they are seeing. In our PEI location, we have a Theraplay® / SMART (Sensory Motor Arousal Regulation) Treatment room in addition to a child play therapy room, a family play therapy room and counselling room where we have sofas and chairs for full family participation. Our Pictou and HRM locations have child and family play therapy spaces. Our Tatamagouche space only has one little play space currently. Seeing families and adults in play therapy spaces encourages adults to also be playful.

We have similar healing tools in each office. With 2023 being a big year of expansion, I have developed a strong connection with our amazon delivery person who wondered why I was purchasing so many toys. I have a consistent list of what we need (Centre for Play Therapy, 2024) adhering mostly to the work of Dr. Gary Landreth meaning that we have healing tools in the categories, creative expression, aggressive and emotional release and real-life toys. We also have therapeutic books for

bibliotherapy, board games and Virtual Reality headsets to use as appropriate.

What is your favourite play material?

Our clinics are located on the ancestral and unceded territory of Mi'kma'ki, so we are always looking for culturally appropriate resources to utilize purchasing these from indigenous artists. Our program tag line is Maritime Play Therapy where interventions are neurodevelopmentally informed, so we are connecting all of what we do with neurobiology, and the impact of trauma and attachment disruptions on brain wiring and functioning. Therefore, we also can provide clients with neurofeedback, safe and sound protocol®, MUSE biofeedback and heart math.

Each of my team members are trained in Theraplay© as well as play therapy and additional sandtray courses. They take additional training programs according to their own professional interests. It is also important that all team members have taken the Indigenous Canada course as a minimum requirement of learning and practice.

What training and supervision would you recommend for new therapists?

Of course, the training that CAPT and their approved providers provide, prepares clinicians for strong practice. We also have many inspirational supervisors with expertise in a variety of areas.

I am biased about Canadian training and am always trying to encourage supervisees to create resources for their colleagues here in Canada. We have many amazing clinicians in Canada, and we need to share our expertise with each other. There is more to be gained by being collaborative than competitive.

The words of wisdom I have for emerging therapists is to join a practice where you can learn while in community without working 12 hours a day. Opening a practice within a few years of graduation from your mental health degree doesn't give you the time to prioritize your learning and development of expertise under the mentorship of others.

It is also not a smart business practice to open up different locations. My capital costs and rent are higher than other businesses and my hope is that I break even over the next few years. However, these locations give new and emerging therapists a place to develop while in a supportive environment. Multiple locations also support advertising play therapy because the best advertisement for play therapy is a child or families testament that they got better after engaging in play therapy and the therapeutic powers of play.

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About Theresa

Theresa has published much about play therapy including a recently co-edited book entitled: *the Embodied brain and sandtray therapy: stories of healing and transformation*. She was a two-term president of CAPT. She has won the following awards for her mental health service provision.

- Awarded Monica Herbert award -April 2017
- Co-awarded Jim Lewis Treatment Foster Care Award 2017
- Awarded the Dennis McDermott Career Achievement Award Ontario Association of Child and Youth Care 2017
- Awarded School of Community Services Lifetime Achievement Award – Sheridan College 2017
- Nominated for Ontario Premier Award 2017 for Community Service
- North American Trauma Award – Clinician of the Year – 2009 National Institute for Trauma and Loss



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Canadian & International Play Therapy Week 2024

Canada celebrated its 2nd Annual Play Therapy Week February 4 - 10, 2024. To start, we hosted a hashtag contest to be used as our slogan for the week. The lucky winner was Jen Hayley, who suggested #PlayOn.



Kicking off our 2024 Play Therapy Week, CAPT President, Kevin St. Louis, provided a welcome video that was shared throughout our social media platforms. Kevin announced many exciting upcoming events for CAPT – including the announcement of CAPT’s new Instagram page @canadianplaytherapy.

There were also daily “did you know” information bits provided to our members with a question at the end; for their chance to win some prizes. Prizes ranged from sand tray miniatures to books created by our own members. A big thank you to our generous donators: Theresa Fraser, CPT-S; Hannah Sun-Reid, CPT-S; Billie-Jo Bennett, CPT-S; Greg Lubimiv, CPT-S; Liana Lowenstein, CPT-S; Betty Bedard Bidwell, CPT-S, and Lorie Walton, CPT-S.

From Monday-Friday, CAPT provided spotlight to some of our student interns and their journeys towards certification as a play therapist with CAPT. Student interns included Kathleen McDonald, Carmela Diano, Rachel Porter, Grant Gear, and Anne Elliott.

There was also some Play Therapy Week 2024 swag that members could purchase: hoodies, sweatshirts, t-shirts, bags, etc. The logo was created last year during CAPT’s first play therapy week, by Lori Wareham-Mulrooney and her husband, Lou.

On Monday, members Grant Gear and Lori Wareham-Mulrooney, attended a round table discussion on how to promote play therapy in their respective communities. This is a networking opportunity for play therapists to learn

from one another that was led by Ricky Joel McIntyre. Each month, different play therapists in the Atlantic Provinces will interview members to share their knowledge with our play therapy community.

On Friday, the Purple Butterfly Healing Centre hosted its 2nd play therapy week social for CAPT members. Director, Billie-Jo Bennett, had participants bring a toy that represented them, organized a trivia game, and also facilitated discussions on participant’s play therapy journeys. Billie-Jo then did many give prize draws (yay!), and all participants left the social with a prize! Thank you Billie-Jo for continuing the play therapy social and the opportunity for networking across the country.

Our last big event was a continuing education course titled, “Children of War” that was facilitated by Isabella Cassina, MA, TPS, PhD Candidate & Claudio Mochi, MA, RP, RPT-S. The course looked at using the therapeutic powers of play and play therapy in working with migrant children and families. A big thank you to Isabella & Claudio for your shared expertise, and thank you to our members who participated.

To end off Canada’s 2024 play therapy week, we received a closing message from Executive Director, Scott Kettles. Scott mentioned website updates, increasing awareness of play therapy in Canada, and CAPT’s certified members. Scott encouraged recommendations from members on how to further support our members within CAPT; because together, we are stronger.

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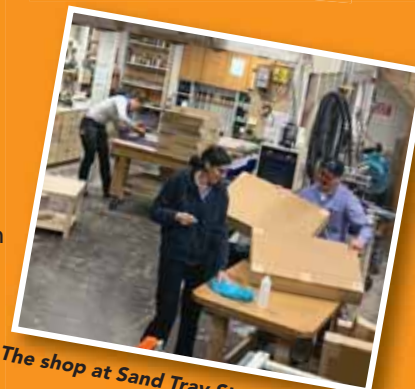
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