



Maine Association for Play Therapy

Fall Newsletter - 2011

President's Corner

Welcome to the September edition of the MEAPT Newsletter. As the temperatures moderate and the leaves begin to turn color, I am reminded of children and people returning to school at this time of year. Many of us are lifelong learners who attempt to attend training during the "good weather" of spring and fall. MEAPT is proud to offer several training opportunities within the state of Maine that can help you increase your expertise in play therapy or obtain or retain your RPT or RPT-S. Accessible training opportunities were one of the priorities of this new board and energized members. We believe that we have met and or exceeded the training goals for 2011-2012.

In this newsletter, you will find information about our collaborative efforts with regional Round Table training offered through By The Sea Seminars and collaborative training in conjunction with Sweetser. We have included information about the upcoming New England Play Therapy Conference to be held in MA on November 4th and 5th. The New England Play Therapy association is graciously offering us NEAPT membership rates for attendance at this conference. Several of us had a great time at the New England conference last year and are eager to return.

It continues to be my pleasure to serve as the president of this organization. I have met many interesting, motivated, caring and professional people in my tenure of this organization. When "like minded" people come together and share their expertise, lots of success and opportunities are possible. I will be attending the National Play Therapy Conference in Sacramento as the MEAPT representative. I look forward to sharing any updates from that conference.

Our next board meeting is going to be held on September 17th at 345 Water Street. All are welcome to attend. The meeting from 10-noon will be a regular board meeting and the plan at this time is that some members will meet from noon to 2pm to meet in small work groups on topics such as the needs assessment and bylaw revisions. If you have topics or needs that you want discussed please forward the information to me at ghbrace@roadrunner.com and I will pass it on to the remaining members. Our goal is to serve **you** and your clients. Board meetings will be held quarterly with increased meetings or committees as needs arise. We are committed to having regional board meetings so that every part of the state gets an opportunity to host a meeting. The location and the date of the winter meeting will be listed on the Yahoo List Serve.

We are still in need of help from anyone who has expertise in web design or social media development. We know that we can be a more effective organization if we increase our ability to effectively communicate with all of you.

MEAPT membership continues to grow at a slow and steady rate. We are pleased with the increased interest and opportunities available within the state. I hope that you all have a pleasant and productive fall season. I look forward to continued contact with all of you...

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Comments? Questions?
Write to
Sare.gebhardt@gmail.com

Parenting Sheet on Setting Limits

Pg. 2

By Gretchen Fall, LCPC

Quick Parenting Sheet – Feel free to photocopy this page to give to parents as long as you keep the referenced information at the bottom of the sheet. Send your parenting sheets to the MEAPT newsletter to share with others!

Help with Limit Setting for your child*

“Mom, I WANT IT!” (in the middle of the store, repeatedly)

“Andrea, stop pushing your little brother for the Nth time!”

“Samuel, why do you keep going outside when I told you to wait for me?”

Children are constantly asking for limits in a variety of ways because a natural goal of childhood is to understand the surroundings. Setting limits for kids helps them feel secure that they have safe boundaries. We are also teaching children to deal with boundaries just as we adults deal with rules. (We need to show up at work on time, we need to make money to feed our families, we can't go on vacation unless we can pay for it... we deal with boundaries all day long!)

Most parents agree that boundaries, rules and setting limits are important. They often are asking about HOW to set limits, especially ones that work! Here is one way that has worked for many parents – even doing 2 or 3 of the ideas can help make your limit clear to children.

REFLECT WHAT THE CHILD WANTS:

*You really want that new toy.

#You are mad and want to yell at your brother.

By reflecting, the child knows that you understand and are listening to them. You also can calm some of their emotions by this first step.

SET THE LIMIT:

* Toys aren't always for buying. OR Mom isn't spending money on toys today.

#People aren't for yelling at.

The limit is about the issue, not the child. With this method, we talk about the behavior as being inappropriate or “wrong,” not that the child is “bad.” It doesn't have to be perfectly grammatically correct – just use the “ _____ isn't for _____ ” statement.

REDIRECT THE BEHAVIOR:

*You can play with the car toys. OR You can play something else with your friend.

#You can speak with an inside voice.

Have you ever notices when you set a limit with a child, they then just keep testing the limit? Without a redirect, some children can't figure out how to get their needs met and stop testing the limit. Really, isn't asking for something or doing an inappropriate behavior a way to get your need met?

You may have to keep setting the limit in a normal tone of voice a few times. If a child wants to argue, set another limit. “*You'd like to argue with me. I'm not for arguing. You can speak calmly.....*” and at that point, you may want to put in a consequence like “*or I won't listen to you until you calm down.*”

The hardest thing about setting limits is to STICK WITH THEM! You really are giving to your child when you set a limit. You are helping them learn about dealing with limits as a normal, everyday part of life.

* Adapted from the limit setting model in Play Therapy: The Art of the Relationship by Gary Landreth.

Teaching Parents How to Help their Grieving Child Pg. 3

By Sue Carroll Duffy, Psy.D., RPT-S

Grief and loss of all sorts is a normal part of life—but it can be difficult for parents to know how to help a child through the grief process. Perhaps the most powerful tool a parent can use is the art of communicating and listening to their child...but how do you do that? We take lots of courses to learn how to do that!

With the help of Annie Beckham, LCSW, ATR, David Brass, LADC and Jana Haslam, I offered a free workshop for families at Christ Episcopal Church in Eastport on May 21st. During the first hour and half, children and their parents were separated and Annie and Janna worked with the children. The children decorated simple cloth backpacks—which became their “Feel Better Bags”. Annie and Jana then led a game with a beach ball. On the ball were names of coping skill props. For example the words “bubbles”, “pipe cleaner”, and “cotton ball” were written on the ball. The children tossed the ball around the circle and after a minute whoever was holding the ball read the name of the coping skill “prop” that was under their right thumb. Then the group practiced that coping skill and put the “prop” in their “Feel Better Bag”.

Meanwhile, the parents had their own workshop. They learned about children and grief, and how to use story, sand and play (*Moving Stories Method*) to communicate a therapeutic message to their child and then how to listen to their child’s play response. It was a first attempt at formally teaching parents elements of the *Moving Story Method*.

After this instruction, the parents joined their children and practiced the skills. They told a story in the sandtray using simple objects such as sea glass, marbles, rocks, and sticks and practiced non-directive play skills. Some of the sandtrays were wet and some were dry. Afterwards they summarized the child’s “play story” and we took a picture to remember it. It was powerful to witness parents taking the risk of telling a story in the sandtray and then truly listening to their child’s play response. At the end of the workshop the parents were given a list of the coping skills that the children had practiced and the symbol that represented it so that they could reinforce positive coping at home. The families were also sent away with homework--30 minutes a week playing with their children using story and sand.

Many thanks go to Annie Beckham, LCSW, ATR, David Brass, LADC, and to Jana Haslam for donating their time and skills to help grieving children and families. I am also grateful to the families who spent time on a Saturday to make things better at home.

The following article is the first in a 3-part series of reflections on the more prominent models of play therapy today. This first article considers the primary tenants of Child-Centered Play Therapy, while the second article will review Cognitive Behavioral Play Therapy, and the third edition will summarize Flexibly Sequential Play Therapy. The author considers her experience of blending these models in today's economic environment, where there appears to be increasing pressure to "fix it within 18 sessions." Responses to this article are welcomed, and may be published in the following editions of the newsletter.

A Delicate Balance: Becoming a Hybrid Play Therapist — Part 2

By Bonnie Spencer

Cognitive Behavioral Play Therapy

Cognitive Behavioral Play Therapy is a more recent modality of play therapy that has its roots in behavioral interventions and cognitive therapy. Cognitive therapy is a structured approach which helps individuals develop awareness of their thoughts to make necessary changes in their thinking and perceptions to bring about positive behavioral change (Kendall, 2000). Cognitive behavioral therapy adds the dimension that an understanding of the interfering experience, and modification of emotions about that experience, is required to successfully integrate cognitive problem solving strategies.

“Cognitive-behavioral play therapy provides a theoretical framework for working with children based on cognitive-behavioral principles. It is a potentially powerful arena for children to learn to change their own behavior and become active participants in treatment. CBPT incorporates cognitive and behavioral interventions within a play therapy paradigm. The cognitive-behavioral play therapist uses play activities, as well as verbal and nonverbal communication. CBPT emphasizes children's participation in treatment and provides a framework for their involvement by addressing issues of control, mastery, and responsibility for their own behavior change. By incorporating the cognitive components, children may become active participants in change. For example, by helping children identify and modify potentially maladaptive beliefs, they may experience a sense of personal understanding and empowerment. Integrating cognitive and behavioral interventions may offer effects of the combined properties of all approaches. ... Thus, CBPT is based on the cognitive model of emotional disorders. It is brief, time limited, structured, directive, and problem oriented. It depends on a sound therapeutic relationship, in which one role of the therapist is educator.” (*Play Therapy in Action*, 1993, Knell, Kottman & Schafer, ed. p. 170)

Cognitive Behavioral Play Therapy has several underpinnings that create the foundation of its theory. First, CBPT is structured, directive and goal oriented. This

includes the identification of the problem and definition of treatment goals with the child and help of parents and /or other caretakers. Next, the therapist develops strategies of communication of the therapy through the use of play, instead of through direct verbal interactions, or through the interventions of the parent or guardian. Third, the play therapist helps the child to become aware of his/her thoughts, feelings, and emotions related to the identified problem. Then the therapist teaches the child adaptive strategies for coping with maladaptive situations. Fifth, modeling, role-playing and other empirically supported techniques are utilized to help the child learn concrete and specific skills for self-modification of behavior. Lastly, because specific goals have been developed, the review and assessment of treatment progress can be measured. (Knell, 1993)

Cognitive Behavioral Play Therapy differs from Person Centered Play Therapy in many ways. With CBPT, toys are used as tools for the therapist to teach to the child, whereas with PCPT, toys are chosen by the child as a tool for communication. In PCPT, the therapist's primary role is to develop a therapeutic relationship based on unconditional positive regard, and to observe and narrate the child's play. In PCPT, the child 'leads' while the therapist 'witnesses' and maintains a safe environment for the child's self-expression. With CBPT, the therapist is the 'educator' and teaches skills to the child through the use of toys and props. The child is the recipient of this knowledge, and uses the toys to demonstrate his/her understanding of the therapeutic concepts.

There is also the difference between the use of praise and interpretations in the therapeutic environments of CBPT and PCPT. In CBPT, it is the therapist's responsibility to interpret the actions and behaviors of the child to develop treatment goals and implement strategies change behavior. Encouragement, praise and rewards are external motivators used by the cognitive behavioral play therapist to encourage positive behavior change. With PCPT, the therapist does not interpret the behaviors and actions of the child. He or she merely observes and reflects actions and feelings portrayed by the child. Any rewards the child receives in PCPT are intrinsically developed as the child gains greater self-acceptance through the therapeutic process.

“Whether or not a child's actions, behaviors, or feelings are good or bad simply does not occur to the therapist. They are accepted as they occur without being screened through any hint of judgmental attitude. By empathically reflecting these happenings and feelings, the therapist expresses respect for the child and

affirms the child's right to have feelings and to express self through actions. ... An important dimension in the therapeutic process is the child's need to be accepted as a person of worth regardless of inadequacies, deficiencies or behaviors. This is the epitome of respect, to be accepted just as one is without even the possibility of criticism, evaluation, judgment, rejection, disapproval, censure, condemnation, punishment penalty, rebuke, reprimand or praise, compliment, reward, or accolade.” (Landreth, 1991, p. 185)

There is also a difference about the philosophy of establishing goals between Cognitive Behavioral Play Therapy and Person Centered Play Therapy. With PCPT, there are no specified goals of treatment defined; instead it is through the intrinsic nature of the child's developing self-awareness and the therapist's ability to observe subtle shifts in the child's play that the determination is made to bring closure to the therapeutic visits. With CBTP it is much easier for measurement of progress to take place because specific and concrete skills are taught to the client. Therefore, there is a defined beginning, middle and end to the therapeutic process because the therapist can easily measure whether the goals have been achieved. This makes it much easier for outside funding sources to place expectations and limits on the therapeutic process. Also, because CBTP is much easier to quantify, it has undergone much more scientific research, therefore it can be 'scientifically proven' to be a successful treatment option.

This debate was addressed recently at the Association for Play Therapy's annual conference, held in Louisville, KY in October, 2010. The key note presentation, "Play Therapy: Art or Science?" considered the increasing interest in research based practices versus the importance of 'difficult to quantify' non-directive practices. Janie Shelby (PhD, RPT-S, UCLA Assistant Professor and Harbor-UCLA Child Psychology Training Director) shared her view that "Play therapy cannot separate its art from its science -- it's important for the field to build its understanding of which treatments work best. "

JP Lilly (LCSW, RPT-S, Brigham Young University faculty member, and a private practitioner at Sierra Counseling Associates) argued that it is the relationship between the therapist and the client which is the most powerful expression of therapy. "The relationship is the 'art' of therapy because two people create their own artistic expression of their experience. Research factors out the relationship, the personality of the therapist, and the individual uniqueness of the client' experience." Some argue that evidence-based treatment modalities become too easy to mandate by agencies who are pressured by their funding sources to provide effective treatment in short amounts of time. Evidence based treatments

can become “cookie cutter” when placed in the hands of an inexperienced therapist. JP Lilly cautions that insurance companies’ reliance upon evidence based treatment modalities “over-generalizes the field and creates situations where the treatment techniques can be taken out of context too easily,” which ultimately diminishes the touted effectiveness. He further argued that “insurance companies do not understand the depth and mystery of the human condition, and the relationship between client and therapist.”

Janine Shelby contends that “there will always be uniqueness [in the client/therapist relationship] but research helps us determine how therapy interacts with the client variables to produce positive or negative outcomes. Research helps us explore and identify the key areas of success.” She acknowledges that “some of the directions research has taken often leaves the clinician and his/her expertise out of the considerations of variables, and some of the researchers do not always do their clinical homework, yet science is still the best way to define a beneficial treatment.” She remarked that “getting on ‘the list’ of best practices [which insurance companies will reimburse for treatment] is an important delineation between theories, and unfortunately/fortunately it’s here to stay.” She urges the emerging population of play therapists to create “our own research to guide the direction of ‘the list’, rather than allowing others to define ‘the list’ for us.” JP Lilly maintains that we “need to re-establish our position that we cannot quantify the relationship between therapist and client. We need to take back the power from the insurance companies.”

Despite any personal belief about a therapist’s individual expertise, or a client’s unique need, the reality of a private practitioner (who accepts insurance reimbursement) is that she/he must become more focused on a brief course of treatment. Some argue the best course of action is to simplify the problem into bite-sized chunks which can be addressed in a short amount of time. Given the complexities of the multi-systemic issues that clients bring to the therapist however, it is difficult to simply break the problem down to time limited successes. Continued education may help a non-directive practitioner understand the empirically based treatments, while training in non-directive approaches may help a practitioner of cognitive behavioral therapies develop the relationship skills necessary for maintaining the “art” of the client/therapist relationship.

“We enter into this profession out of a genuine and intense desire to help others in a meaningful way. Our initial training and skills become tested and strained by the burgeoning number of trauma-ridden cases coming into our offices and

agencies. As we try to respond effectively, we find ourselves needing to reevaluate programmatic and clinical services, often pushed by funding resources that want to see proven efficacy in treatment. As professionals, our basic training and skills are tested and stretched to the limits and often found wanting. Over the years, my initial nondirective psychodynamic play therapy skills were tested in working with sexually abused and traumatized children. I found that “one size fits all” of treatment approach did not work. Children who did not want to reveal their abuse story or address their rage, held it inside and found lots else to play out through nondirective play. If I did not go there, they would not either. We were at a standoff. Healing was slow, if at all, in these cases.

There had to be another way. Over time, through workshops and exposure at national Association for Play Therapy conferences, the answer came by blending play therapy through a prescriptive and integrative approach. Using knowledge gained from empirical and evidence-based trauma treatment approaches, along with cognitive behavioral components – especially the creation of the child’s trauma narrative – coupled with play-based techniques, deep healing could occur. It required flexibility in being grounded in and utilizing such other theoretical frameworks as attachment and cognitive-behavioral therapy, along with updates on neurobiological-psychological research on trauma. The child and teen responded to increasing their feelings vocabulary, identifying their emotional triggers, and learning ways to self-soothe and self-regulate. Role-playing through puppet play helped to desensitize the material and then master alternative strategies that could be generalized in many settings. I learned how to use nondirective play to set the stage for a safe environment, sensitive to the child’s pacing, as well as offering a release at the end of a structured directive time in dealing with highly charged feelings and material. It became a dance of learning when to be nondirective and how and when to be directive and for how long.” (*Play Therapy with Traumatized Children*, 2010, Drewes, Goodyear-Brown, p. 5)





We apologize for any inconvenience you may have had while trying to reserve your room at the Sheraton Needham. Please [Click Here](#) to reserve your room at the NEAPT Annual Conference Rate of \$109! If you have any further questions, please contact Kristin at 877-509-7755 Ext. 2

Add Play to your Work...

Friday, November 4th & Saturday, November 5th
Sheraton Needham
Needham, MA

Friday November 4th: Pre-Conference A and B

Pre-Conference A: Replays / Affective Behavioral Play Therapy

Presented by: Dr. Karen Levine

Pre-Conference B: Advanced Sandtray Training

Presented by: Judith Kneen

Saturday, November 5th: Annual Conference

Fawns in Gorilla Suits: Strategies with Children Who Act Out with Aggression and Violence

Presented by: Dr. David Crenshaw

CEU's Available for Both Days

****GREAT COMBINATION RATES AVAILABLE****

Conference Rates include Dinner on Friday, Lunch on Saturday and CEU's

[Click here](#) for Online Registration

Member, Non-Member & Student Rates Available

Visit www.NewEnglandPlayTherapy.org for Registration & Speaker Information

New England Association for Play Therapy
11 S. Angell St. #327
Providence, RI 02906

Looking to carpool to this? Carol Atleson is looking for other people interested in attending this conference. You may contact her at catleson@gmail.com.

9th Annual Autumnal Play Therapy Retreat & Transformational
Nature Worldplay & Sandtray-Worldplay Training
Meetings with the Tree of Life

This workshop

is a very special opportunity for personal and professional transformation through Nature-Worldplay. Each year, therapists, play therapists, trainers, teachers, bodyworkers, and activists find teachings and community that deepen their work. Sandtray-Worldplay methods for group and individual play; dynamic expressive play therapy forms, including music making, embodiment, movement, and ritual; and direct communication with nature are used to explore how intentional participation in the natural world, above and below, inspires and supports our work with children, adults, families and communities.

For those new to Dr. De Domenico and her work, this workshop offers a direct experience of Dynamic Expressive Play Therapy, Sandtray-Worldplay and Nature-Worldplay as practiced in the sacred spaces of the Play Therapy Room and the Earth Space surrounding it. Auguste Elliott is a psychologist, registered play therapist supervisor, and Sandtray-Worldplay trainer committed to bringing the natural world and Spirit into our work and daily life and to bringing recognition of Indigenous wisdom into our education, social, and legal systems.

Workshop Objectives

Participants in this workshop will:

- Explore Sandtray-Worldplay and Nature-Worldplay practice and their therapeutic, educational, and community building potential.
- Have an understanding of the capacity for Nature-Worldplay to support child and adult development with cultural humility.
- Be able to articulate the intersections between nature-worldplay and their own worldview and theoretical orientation.
- Have strategies for application of Nature-Worldplay to specific populations and problems they encounter in their play therapy or other healing practice.
- Learn to use Sandtray-Worldplay and Nature Worldplay to practice and teach self-care.

To Register Please Return the Attached Form

For more information about the workshop contact Auguste Elliott at (802)456-1600 or sabinpond@aol.com. To learn more about Dr. De Domenico and her teachings visit her website at www.Vision-Quest.us.

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Workshop Registration

- I will be joining you. Please send details and directions to:
name _____
email _____
street address _____
phone # _____
- \$400 in full by September 20 covers tuition, lodging and meals
(*\$300 for commuters*)
Total Amount Enclosed \$ _____
- \$450 after September 20 (*\$350 for commuters*)
- \$ 25 CEU processing fee

Trees are sanctuaries.
Whoever knows how to
speak to them, whoever
knows how to listen to
them, can learn the
truth. They do not
preach learning and
precepts. They preach,
undeterred by
particulars, the ancient
law of life.

Hermann Hesse, *Wandering*
(1972)

I have special dietary or accommodation needs/requests as follows:

Continuing Education Hours for Professionals

Vision Quest Into Symbolic Reality is responsible for the educational content/objectives of this retreat and offers 17.5 hrs minimum for a \$25 fee, payable at the completion of the course. These CE hrs meet continuing education criteria for the following organizations: California-Board of Behavioral Sciences LCSW, MFT (Provider #PCE 732), National Board of Certified Counselors (Provider NBCC #5411) and the Association for Playtherapy (APT-Provider #95-018 for all Play Therapy Trainings).

Proposed workshop schedule is: Friday: 5-10pm (4.5 hrs w/break), Saturday: 9-5 pm & 7-9pm (10hrs w/breaks), Sunday: 9-3 pm (4.5 hrs w/ breaks).

Please make checks payable to Auguste Elliott and mail with this form to:
27 Hemlock Road East Calais, VT 05650. Thank you.