



Maine Association for Play Therapy

Summer Newsletter - 2011

President's Corner

Welcome to the June edition of the MEAPT Newsletter. First I want to thank you again for supporting me to be the president of this amazing organization. We have accomplished many things in our ongoing monthly meetings. As you can see by the informative and interesting articles, many people have been working diligently behind the scenes to reenergize MEAPT so that the organization can better serve **you** and your clients.

The board is pleased to welcome Robyn and Ann as our newest members. Due to the dedication of several people, we have completed the needed tasks for year-end requirements of APT membership and the board meetings will now occur quarterly and rotate throughout the state as they have in the past with committees or work groups in between meetings to make sure that we complete the responsibilities of MEAPT in a timely and responsible manner. If any of you would like to serve on a committee or a work group, please contact me at ghbrace@roadrunner.com to let me know of your particular areas of interest and expertise. I know that our upcoming work group topics are developing a needs assessment for MEAPT and reviewing the Bylaws. Those two work groups are going to meet on September 17th in Gardner from 12-2 if any of you are interested. The work group meetings are following the next regular board meeting.

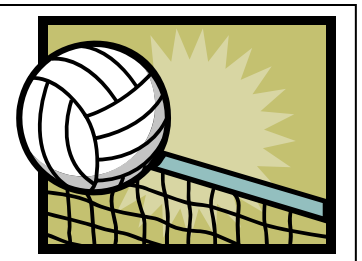
You will notice elsewhere in this newsletter a call for help for increasing our ability to effectively communicate with all of you. Please review that item if you have expertise in web design or social media development.

The state of Maine now has 42 active members of APT which is wonderful as this demonstrates a small growth in membership and increased interest in Play Therapy in Maine. Bonnie and I are working with Sue Carroll Duffy to get our two round table groups started by early fall. Please watch for more details. My group will be held here in the Gardiner area and Bonnie's group will be in Western Maine. We each have room for approximately 12 attendees. Sweetser has also agreed to work together to cosponsor three Play Therapy trainings during the upcoming training year (September to June). The board has decided that we will advocate for a beginning training, an intermediate training and a more advanced level training in our attempt to help and support all of you to increase your expertise and obtain your RPT or your RPT-S should you have that desire.

I hope that you all have a great summer as you take some time to enjoy yourselves, your families and our beautiful weather. I look forward to updating you in regard to all of our projects again in September.

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Comments? Questions?
Write to
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Can Solution-Focused Brief Therapy be used with Play Therapy?

By Tricia E. D. Westwood, M.A.

As a graduate student in Counselor Education and interested in both brief therapy and play therapy, I found a wonderful article on how to use both approaches effectively. Donald Nim* published in the International Journal of Play Therapy in 2007 about three cases where he utilized a solution-focused approach for successful results.

Solution-Focused Brief Therapy (SFBT) is a recognized approach that has been proven effective in time-limited circumstances. I will describe the usual steps in SFBT and show how they can be used with three play therapy techniques, using; (a) Art, (b) Sandtray, and (c) Puppets. The typical steps in SFBT include; (a) goal setting, (b) the miracle question, (c) exceptions, (d) scaling, and (e) the solution message.

Steps and Techniques

1. **Goal Setting** – the setting of clear and concrete goals that fit the individual needs of the child. The goal must be concrete, positive in nature, and behavioral. Using sand tray, after the child makes a representation of her world, the therapist asks, “How would you like to make this world a little bit better?” “Make a sandtray of what you would like to be different in your world” (pg. 58). This new representation becomes the goal.
2. **The Miracle Question** – once the child has identified a goal, the miracle question allows the child to visualize how life would be different if the goal were achieved, *even a little*. Using art, the therapist states, “Let’s draw a picture of your miracle,” or “Draw a picture of what would be a miracle for you; even if only a little bit” (pg. 60).

Exceptions – the accomplishment of little pieces of the miracle or times in the past when the presenting problem did not occur. When the client recalls the instances in

their lives when the problem did not exist, which provides a road map for solutions, success, and empowerment. The therapist used the sandtray and said, “Let’s use the sandtray to show me a time when you had just a little bit of the miracle” (pg 62). The child made a sandtray of his world when things were going well at home. This activity allowed the child the opportunity to experience the times when he felt happy and good about himself.

3. **Scaling** – a technique to provide a visual representation of the question, “On a scale of 1 to 10 with 1 being the worst and 10 the best, where were you on the day the miracle occurred?” (pg. 62). Scaling is an activity that sets the tone for the child’s new learning process that is active, relaxed, spontaneous, participatory, and fun. In using puppets, the child’s puppet was asked to take a marker and circle the face on the scaling sheet that was closest to her own mark related to achieving her miracle. The child’s puppet was asked to explain the reason for the rating and the discussion ensued.
4. **The Solution Message** – the final step in the SFBT process. It usually is represented as a concrete written summary of the session that the child can take home as a visual representation of the child’s efforts toward finding a solution. Using art, the therapist wrote out on construction paper the elements of the solution message for the child. For a young man having trouble with his frustrations on a tennis court, the message noted his courage in discussing his anger and the way he used his creativity in coming with ways to remain calm during playing tennis matches and at other times.

The combination of SFBT and different methods of play therapy have been shown to work well together and to be effective in working with young children and

adolescents. Techniques work best when matched with the child's developmental level. As a student currently using SFBT for adult women with trauma and domestic violence in their backgrounds, I am happy to see that this technique can also work well with play therapy.

*Nim, D. (2007). Integrating play therapy techniques into solution-focused brief therapy. *International Journal of Play Therapy*. 16:1, 54-68.

FOOD FOR THOUGHT

"I am not all knowing. Therefore, I shall not even attempt to be.
I need to be loved. Therefore, I will be open to loving children.
I want to be more accepting of the child in me. Therefore, I will with wonder and awe allow children to illuminate my world.
I know so little about the complex intricacies of childhood. Therefore, I will allow children to teach me.
I learn best from and am impacted most by my personal struggles. Therefore, I will join with children in their struggles.
I sometimes need a refuge. Therefore, I will provide a refuge for children.
I like it too when I am fully accepted as the person I am. Therefore, I will strive to experience and appreciate the person of the child.
I make mistakes. They are a declaration of the way I am – human and fallible. Therefore, I will be tolerant of the humanness of children.
I react with emotional internalization and expression to my world of reality. Therefore I will relinquish the grasp I have on reality and will try to enter the world as experienced by the child.
It feels good to be an authority, to provide answers. Therefore, I shall need to work hard to protect children from me!
I am more fully me when I feel safe. Therefore, I will be consistent in my interactions with children.
I am the only person who can live my life. Therefore, I will not attempt to rule a child's life.
I have learned most of what I know from experiencing. Therefore, I will allow children to experience.
The hope I experience and the will to live come from within me. Therefore, I will recognize and affirm the child's will and selfhood.
I cannot make children's hurts and fears and frustrations and disappointments go away. Therefore, I will soften the blow.
I experience fear when I am vulnerable. Therefore, I will with kindness, gentleness, and tenderness touch the inner world of the vulnerable child." (Landreth, 1991).

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 1

By Bonnie Spencer

The ongoing debate about whether non-directive play therapy, or directed play therapy is the most effective modality has become an important argument the play therapist must consider in this time of economic hunger. In this recession, we are all being challenged to "do more with less," and the push by insurance companies to provide efficient treatment in the fewest number of sessions is no exception. With an increasing focus on the evidence-based treatments, some play therapists are feeling relief that a therapist -guided and structured therapeutic approach has made the "list" of best practices which insurance companies will accept. Other play therapists however, who adhere to a more non-directive, person-centered approach to therapy, are feeling pressured to perform miracles when they have been granted a reduction in the number of sessions insurance companies approve for therapy.

A general description of play therapy could be defined as a dynamic inter-personal relationship between the child and the therapist who is trained to facilitate the exploration of the child's feelings, thoughts, experiences, behaviors, wants & needs. The use of toys allows the child to communicate in her/his natural language. Generally, the goal of play therapy is to change client behavior or to help minimize the effects of a defined problem. The role of the therapist will change depending upon the particular theoretical model the therapist adopts.

Person Centered Play Therapy

A Delicate Balance

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Person Centered Play Therapy goes by the labels of “non-directive therapy” or “child-centered play therapy,” and most recently “person-centered play therapy.” Carl Rogers (1942, 1951), Virginia Axline (1947) and Elaine Dorfman (1951) were among the originators of child-centered play therapy. Through his work at the University of North Texas, Garry Landreth helped to grow the field of play therapy by providing education and training to generations of budding play therapists. He continued the theories proposed by Rogers and Axline that budding play therapists. He continued the theories proposed by Rogers and Axline that the therapeutic relationship is the point of growth for the client. Perhaps this is best expressed by Landreth’s, “Principles for Relationship with Children.”

In Person-Centered Play therapy, when the client feels accepted by the clinician with unconditional, positive regard, then the client develops confidence to express his / her feelings, needs and wants unfettered, and can move in the direction of self-actualization. When a child enters the playroom, he/she becomes the ‘leader’ and the therapist takes the role of the observer and narrator of the child’s play and behavior.

“Behavior is best understood from the internal frame of reference of the child herself. To understand the child and explain her behavior, the therapist attempts to see the child’s world of experience as nearly as possible through the child’s eyes. Knowledge of the child’s frame of reference depends upon communication. In play therapy, we do not limit the child to verbal communication, but provide play as the medium for her to project her view of herself and her world. Toys are her words; play is her communication. The more all of her experiences are available to her consciousness, the more she can choose to communicate a more complete picture of her experiential field. The safer and less defensive the child feels and the freer she feels to express any and all thoughts, the more adequate will be her communication of her field. The increasing communication brings more of her experience into her area of awareness, and thus she is free to present a more accurate and total picture of her world.” (*Play Therapy in Action*, 1993, Perry, Kottman & Schafer, ed. p.9)

Person Centered Play Therapists understand that play is the child’s natural form of communication. Because children do not have the full capacity to communicate abstractly through verbal communication, children will use play and play behavior as a way of processing and communicating their concerns to the therapist who is trained to ‘listen’ to the play behavior. Sometimes a child will test the limits of safety within a play therapy room by attempting behaviors that are unsafe to the child, the therapist, or the environment. Safety limits are set by the therapist by acknowledging the child’s feelings, wants and behavior, then

communicating the limit to the behavior, and offering acceptable alternatives to the behavior. (Landreth, 1991).

Because the relationship between child and therapist is the most important element of Person Centered Play Therapy, there is not a focus on an 'identified problem,' therefore there are not specific goals geared toward change in problem behavior. "The therapist's purpose in being in the relationship has been to contribute to the child's development of self-responsibility, enhancement of self, and unfolding of self-directed change." (Landreth, 1991) This is perhaps one of the most difficult concepts for proponents of the medical model who are use to labeling problems as a diagnosis, and then gauging success based on a change in medical conditions. When the focus of therapy is on the development of a therapeutic relationship, and the child's comfort with the unconditional, positive regard of the therapist, leading to a child's exploration of intrinsic thoughts, emotions and behaviors, and finally the child's self-acceptance and natural change in self-esteem, then it is difficult to quantitatively measure progress.

"Since the child-centered play therapist has no predetermined individually tailored specific goals for children in play therapy, the question of when to terminate is not always easily answered as might be the case when, in the judgment of the therapist, a particular behavioral problem has been ameliorated. No specific goals have been established to point to as having been achieved, thus indicating readiness for termination. The therapeutic relationship has focused on the child rather than on a specific problem." (Landreth, 1991, p. 327)

Determining the length of treatment and expected termination of counseling can be a challenge for the Person-Centered Play Therapist because the course of therapy is based on the individual needs of the client, the child's developmental level, the child's ability to effectively participate in therapy, and the subtle nature of change the therapist is seeking to observe. To a Person-Centered Play Therapist, the limits on counseling sessions an insurance company places on the therapeutic process can seem arbitrary and unwarranted.

Next MEAPT Board Meeting

Where: 345 Water Street,
Gardiner, Grace's office

When: Saturday, September
17, 2011

Time: 10-12: Board
Meeting
12-2: Work Session/working
lunch

What: Agenda includes
needs assessment, general
public brochure, bylaws
review

HELP WANTED!

MEAPT desires to enhance communication in our technological era for members, professionals, and any other interested parties. We are looking for a *computer savvy volunteer* to coordinate a committee or effort, such as web page, social networking, etc.

If interested, please contact Grace
Brace at ghbrace@roadrunner.com