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

Playground

Spring/Summer 2018

Using Play Therapy forw a Child with a Diagnosis of ASD

PARENTING THROUGH PLAY

The Difference Between the Professional Regulated College and the Professional Association

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Playground

Canadian Association for Play Therapy

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Message from the President

Dear Members,

I am writing to you as we just wrapped up our AGM, annual face to face board meeting, strategic planning session, and three day certificate program on the use of play in treating trauma. What an incredible whirlwind it all was! The feedback from the training was spectacular and our AGM was well attended. As a board, we reviewed all that we has been accomplished during the course of the past year and it was clear that once again, CAPT saw many successes and has done a great job in moving forward and negotiating through the changing times in which we live. CAPT's Management Team, Board Members, Ambassadors, Committee Members, Instructors, and many volunteers have worked tirelessly to ensure that CAPT remained vibrant and strong this past year. Our strong partnerships with stakeholders that have been forged over the years across our Nation have deepened and we continue to ensure that the Association represents you well in creating opportunities to promote the understanding and value of play therapy. It truly was a spectacular year for CAPT!!

As a Board and Management Team we recognize the importance of remaining innovative and active in order to ensure that our members are well supported and that CAPT remains vibrant and strong. So, while we celebrated last year's successes, we quickly rolled up our sleeve and went to work on beginning to plan for the years ahead in what was a very successful strategic planning session. I would like to thank all members who contributed to this planning through the answering of the survey that was sent out. The response was fantastic and I can assure you that your voices have been heard and will play a huge roll in how we as a Board and an Association move forward.

As we embark upon another year, you can expect to see CAPT continue to make efforts to ensure our standards remain high while at the same time in line with other national play therapy associations and similar associations in our nation. You will see training opportunities spread across our great nation as we seek to bring the message of the healing power of play to all communities. We will continue to seek from you, our members, your feedback, ideas and talents in greater effort to make this Association yours!

On behalf of the Board of Directors and the Management Team, we would like to thank our members for the healing work that each of you do in your individual communities and for the voice you bring to the world of play therapy. We look forward to journeying alongside you as we all continue to promote the understanding and value of play therapy.

Happy Reading in the pages that follow!

Nadine Hill-Carey
President – CAPT

Update from your Executive Director

Spring 2018

These are very exciting times at the Canadian Association for Play Therapy as we continue to work hard to promote play therapy in Canada and support those dedicated to the use of play therapy in their practices.

There's nothing like getting together face to face with like minded colleagues and friends to kick start the new fiscal year for our association! This year our Board, volunteers and management team gathered in Niagara Falls in record numbers to engage through networking, to learn more about how to reach out to mental health professionals across Canada with the tools and techniques of play therapy and to participate in continuing education in the 3-day Certificate on the use of play therapy with Trauma.

As we move forward into the 2018/2019 year, we continue to seek support and feedback from you, our members, on what you expect from your association. Watch for our requests for information on your needs as the year progresses. Member value is the key to success and as we always keep in mind our fiscal responsibility to stay financially viable, we also realize times are changing.

Play Therapy is a very experiential practice and we are ever cognizant of our responsibility to provide quality, intensive and focussed continuing education with workshops and 3-day certificates in topics of importance. Also, we are aware that we are charged with the need to reach out to those in remote areas with our support and training in the more didactic offerings that can be placed on-line. With that in mind we are researching various options for this and pursuing solutions to help you access the information you need in your work as well as meet the ethical and legislative requirements in your jurisdictions.

The Board of Directors and Committees have worked very hard over the past year to make the step to certification in play therapy affordable, accessible, while remaining responsible. The Certification Standards have been updated based on your feedback. Our Committees have listened, and your comments were heard. The results are evident in the new Certification Standards. The requirements have been changed to be in keeping with other national non-profit professional associations throughout the world. We work hand in hand with others to keep our standards high.

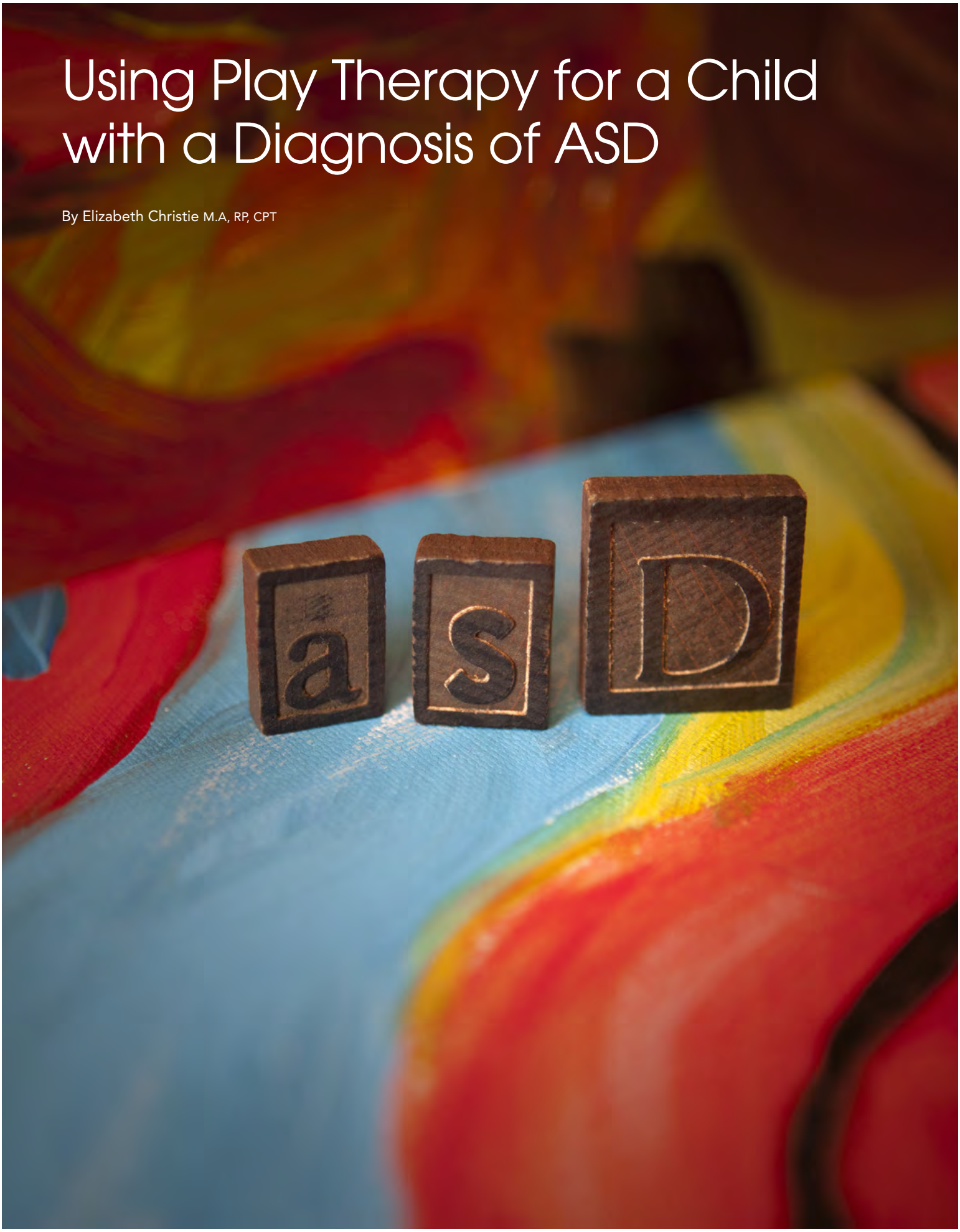
But keeping all of this in mind, we all know we have a need for professionals to apply for Certified Play Therapist status, become Certified Play Therapist Supervisors and take positions of leaders in CAPT. Many of our CAPT members are moving toward retirement as the rest of the population of our country does the same. It will be important for our young professionals to participate on Committees and take advantage of the experience and mentorship available now in our association through these amazing leaders, instructors and supervisors.

Wishing you a very productive and enjoyable summer!

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

Using Play Therapy for a Child with a Diagnosis of ASD

By Elizabeth Christie M.A, RP, CPT



PLAY THERAPISTS ALWAYS get excited when therapeutic play can be used effectively with the young clients they support. Children coming to see a therapist who offers play-based therapeutic strategies often are doing so because they are struggling in school or at home.

They also most often have struggles with past or current trauma. The mental health community knows now that a therapist who has specialized training in Play Therapy has quite an advantage for treating a child entering their playroom who also has been diagnosed with autism, and possibly additional diagnosis and or trauma. Children on the autism spectrum do benefit from early interventions of Applied Behaviour Analysis or Intensive Behavioural Intervention, if necessary, as these educational therapeutic interventions have been standard for adjusting brain development within this young population.

There has been speculation about using Play Therapy with children on the spectrum, which is reasonable. The autistic population has been widely studied over the past several decades, to establish best practice with cognitive growth. The field of Play Therapy is trying vigorously and diligently to ensure that Play Therapy is viewed with the utmost respect and efficacy. Recent research has luckily changed the opinion when using Play Therapy as an evidence based approach for helping children diagnosed with Autism process feelings and possible trauma. Therapists working with children on the spectrum, of any age, must be able to distinguish when a child can understand content during the therapeutic process and when a client is too cognitively young to fully comprehend their traumatic experiences. It is also important that therapists must always be cognizant of 'do no harm'. Therefore it is very important to only open trauma doors if the client is able to manage the process of walking through that doorway and revising past scary or sad events. It is important not to flood young minds that cannot protect themselves from the stressful feelings of revising trauma memories. The great news is that children with higher functioning autism do very well with Play Therapy interventions. Since Play Therapy has been introduced to the world of treatment for Autism, clinicians have implemented both non-directive and directive approaches.

It is always important for the therapist to help any child client feel safe within the therapeutic relationship as well as within the therapeutic environment in which they will do their sessions. It is even more important for a child who has special needs to be supported through extra accommodations and modifications when helping to establish safety and relationship trust. Children should be in a room that is comfortable, relaxing and calming to them. The therapist must provide materials that relate to the child emotionally, spiritually, culturally, personally and sensorially. The playroom structure and design should be neutral and conducive to the child exploring the room and processing their inner emotions (Overley et el., 2017). The importance of a safe place for any child is to encourage the development of self-esteem through repairing the child's self-concept. When treating children with autism the playroom environment allows the child a unique opportunity to have control over their environment and play out their inner worlds (Overley et el., 2017). Children also benefit from natural interaction with another person, during the play therapy session, in a non-threatening manner (Overley et el., 2017). The playroom and the Play Therapist should work as a team to encourage the development of self-acceptance with autistic children, as this population often lacks a clear idea of a self-concept as well as a health development of their internal self-concept (Overley et el., 2017).

Child-centred Play Therapy is the approach for every child in the playroom, which is so thrilling that it works with children on the spectrum too. Common referrals will include a child on the spectrum with a dual diagnosis of anxiety, depression, anger, oppositional defiant disorder or turrets syndrome. The child is most likely dealing with sensory processing issues, which is important to know so you as a therapist can best assist the young child. Children with autism struggle with social impairments and emotional regulation, which both affect their interactions with peers on a daily basis (Salter, Beamish & Davies, p. 79). Children with these issues can be intimidated by initiating social interactions, or they may not know how to naturally navigate social interactions due to their social inhibitions

or inability to accurately read social cues. Interactions can often be a strain on the child's self-esteem, when children wish to achieve "neurotypical social experiences with a neuroatypical brain". While using a client centred approach to treating children with autism, Salter, Beamish & Davies, 2016, found that parents initially noticed their children presenting with sadness, were withdrawn and lacked enthusiasm for school and social interactions. However, this study demonstrated that as child-centred play therapy progressed (during 5-9 sessions) the children exhibited an interest in school, peer interactions and improved emotional stability.

In addition to the child-centred approach of Play Therapy, which has been found to be a successful treatment of children with Autism, evidence-based Theraplay has also been found to be highly effective in helping children on the Spectrum. Theraplay was designed in 1960 by Ann Jernberg through the Head Start preschooler's program, and the work completed by Jernberg has been influenced by the work of Austin Des Lauriers' research on children with autism (Simeone-Russell, 2011).

Children with autism can experience impairments with social skills, education requirements, rigid or repetitive behaviours, impulse control, emotional regulation and joint attention or being present with another person (Howard, Lindaman, Copeland & Cross, p.58). Although this population may isolate themselves and become rigid or resistant to joint interactions, Theraplay has become successful in helping children with Autism develop social awareness. However, it is important that any therapeutic treatment also benefits the interactions between parents and their child. Parents raising a child on the autism spectrum can experience daily stress which feels cyclical. If the stress never goes away, it can become increasingly difficult to manage and overcome. It can be exceedingly difficult when their child refuses to interact or bond with them. Theraplay offers additional support to the family with the goal of improving attachment within the family dynamic. The results achieved do rely on the child's response to the four dimensions of Theraplay, which consist of structure, engagement, nurture and challenge. Each dimension has a direct benefit for the child involved in the process. It has been postulated that through structure a child with ASD has the opportunity to learn that the world is a safe and secure predictable place to assist them is developing a feeling of trust (Simeone-Russell, 2011). As children on the spectrum struggle with social interactions, Theraplay incorporates joint attention during every engagement activity. This creates the positive experiences between the children and their parents. Theraplay can be used in school settings with peer groups, as well. During

these engagement activities children with ASD are able to learn and develop appropriate social responses tailored to their tolerance level (Simeone-Russell, 2011). Nurture provides children on the spectrum with the tactile sensation of being taken care of, valued, accepted and loved (Simeone-Russell, 2011). Nurture and engagement games are also wonderful to minimize rigid behaviours when a parent is attuned in a loving manner towards their child. Due to the deficits of autism, children naturally struggle with many skills. The challenge component to Theraplay is successful in boosting the child's self-esteem as they get to try and master new things in a safe environment (Simeone-Russell, 2011).

A study conducted by Howard, Lindaman, Copeland & Cross, 2017, set out to evaluate Theraplay using a sample of 8 autistic children who were diagnosed with mild to moderate autism. The children participated in a 2-week intensive Theraplay intervention which consisted of each caregiver and child dyad taking part in two 1 hour sessions each day over a 2-week period of time with a trained Theraplay therapist. This study yielded results that thoroughly support the efficacy of using Theraplay with children in this population. Theraplay interventions used within the treatment plan in this study were found to encourage children to externalize symptoms of anxiety, depression, and somatic complaints of the sample children (Howard, Lindaman, Copeland & Cross, 2017). The Theraplay treatment also effectively demonstrated improved attachment, communication, and engagement with others (Howard, Lindaman, Copeland & Cross, 2017). For example, parents demonstrated improved responsiveness to their children, responsive eye contact and offered more guidance (Howard, Lindaman, Copeland & Cross, 2017). In addition, children were more vocal, they maintained closer proximity to their parents, exhibited improved eye contact and were more likely to accept guidance (Howard, Lindaman, Copeland & Cross, 2017).

CASE EXAMPLE

Ella (pseudonym), diagnosed with Autism and Oppositional Defiant Disorder was a young 8 year old girl who struggled greatly with managing her behaviours daily. She was aggressive and rigid, and she did not care for any form of structure imposed on her; although she enjoyed being in control of any situation she was in. She often argued with her mother and her step-father, and did not like to take any direction from her step-father. Her biological father abandoned her and her mother when her mother was pregnant. Ella attended two 50 minute Play Therapy sessions each week. Cognitive Behaviour Play Therapy was used to help her learn new ways to manage her emotions (specifically anger and sadness), and to help her process the loss of her biological father. Art, games, puppets and sand mediums were used to modify the cognitive behaviour therapy message into a sensorial experience rather than a 'verbal input' approach. These materials helped Ella to visualize and experience new ways of managing her emotions through her senses rather than through a cognitive abstract medium Ella's mother and step-father were often included at the end of each session to update them about her progress in session, and to provide any strategies to help during the week. During this time, Theraplay was used to help build and support the relationships between Ella and her mother and Ella and her step-father. She was initially quite rigid to the Theraplay process but each week showed significant shifts in the trust she was building with each of them. Accommodations needed to be made for the Theraplay sessions in order to help Ella relax and enjoy the benefits that Theraplay offers. Soft lights were turned on, and fluorescent lights turned off. The positioning of the bean bag chair was put in a spot which helped Ella lean back and relax, picture cues were made to help Ella understand the structure and routines of the session and food items were reviewed with mom in order to determine the food

choices were safe and enjoyable rather than risk rejection for texture or allergies. Ella was not comfortable with some of the touch components of Theraplay, due to her sensory issues, and so modifications and adjustments were made to help her experience touch in comfortable and fun ways. For example, Ella was very uncomfortable with the feather and cotton ball textures used in the feather/cotton ball touch game. Therefore, the therapist, Ella and her mom made a game out of what materials Ella was comfortable with (trying out a felt cloth, a soft blanket, a piece of material from her favourite track pants) in order to figure out what items she could successfully play the touch game with. Ella loved this and especially enjoyed it when she had to guess where mom touched her arm with her favourite items. These types of modifications were so helpful and supported Ella and her mom to form an even stronger relationship of trust.

The therapist also, through the course of the year and half of working with Ella, supported the parents in learning how to adjust their parenting techniques in order to more effectively co-regulate and manage Ella's behaviours at home. Ella demonstrated great gains, through our one-step-at a time process, over the 1 year and a half of attending sessions.

Ella's case is a good example of how working with a child who has special needs requires many more levels than some other child clients. In conclusion, it is imperative that extra care be taken when planning treatment goals and outcomes for children who have special needs. Therapists need to review not only the child's symptomology of trauma and grief, but plan for how to best modify the treatment plan and how best to accommodate the child's special needs in order to achieve long lasting and successful outcomes. Often children who have special needs require more time, longer sessions and activities that 'speak their language' as suitable modifications and accommodations help them understand, process, communicate and learn new ways of expressing their emotions and experiences.

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About the author:

Liz Christie is a Liz is a Certified Play Therapist. Liz is in the process of submitting for full registration as a Play Therapist. Liz has a passion for working with children and families, with the focus to help children and their families grow together and heal. She has a private practice, named Playful Solutions, located in Ridgeway Ontario. She is the clinical lead and creator of the Play-based Therapy program offered through Wellspring Niagara. Liz also holds a clinical position at Family First, Play Therapy centre in Bradford Ontario.

CAPT RESEARCH AWARD FOR ACTIVE RESEARCH IN PLAY THERAPY

PURPOSE: The mission of CAPT is to promote the value of play, play therapy and certified play therapists in Canada.

CAPT will award one research grant of $1,000.00 to a project involving current research in the area of play and play therapy for 2019. The award is approved by an ethics board. Applications must be received by CAPT no later than December 31, 2018 and the study or a report of the study is to be completed and submitted by September 1, 2019. A decision regarding grant applications will be made by the research committee by December 15, 2019.

For more information please contact:

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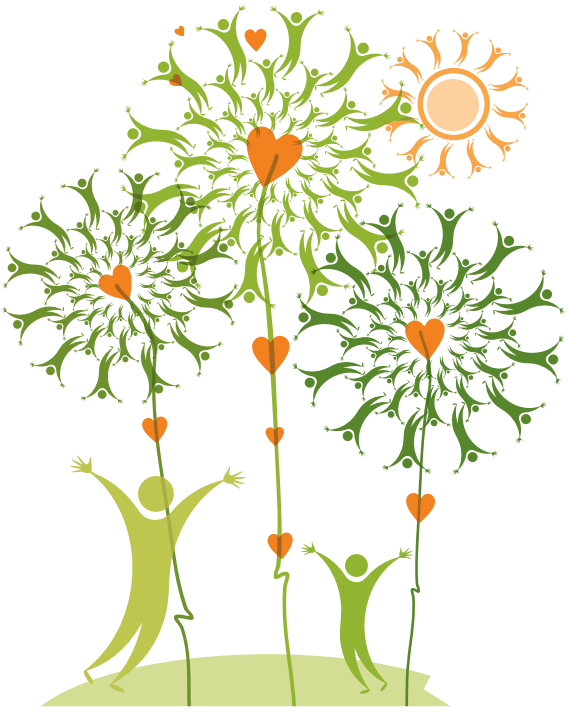
Executive Director, CAPT
Elizabeth@cacpt.com
or
Dr. Nancy Riedel Bowers CPT-S
Chair, CAPT Research Committee
nrbowers@aol.com

Parenting Through Play

By Alba Rosa D'Andrea MSW, PSW



Supporting Foster Parent caregivers to "Parent through Play" to address their child's behavioral health needs by fostering empowerment through education, coaching and training using Attachment Based Play Activities for children with special needs.

Building Your Space Activity

This Pilot Program was implemented in September 2015 in collaboration with the department of Foster Care and with the various professionals involved in clinical services. This program was developed to provide Parenting Support using attachment based activities. The main goal of the Pilot Program was to create and reinforce a sense of trust, relationship building and problem-solving skills between foster parents and their children. For many children with special needs having been exposed to emotional, physical and psychological abuse further complicates their ability to establish a trusting relationship with their caregivers. The transition

Parenting can be a challenging task, however, foster parents are committed to parenting a child that may express a set of unpredictable behaviors.

of adapting to a new or different family setting can create overwhelming emotional and psychological distress. For children with special needs, diagnosed with Autism, ASD or having a physical or cognitive impairment require more supports to help them express and identify their emotions. For this Pilot program, children with special needs included all children having a diagnosis of / or either with a mental, behavioral, or emotional disorder that resulted in a functional impairment which substantially interfered with or limited the child's role or functioning in family, school, or community activities.

In my daily practice as a Professional Youth Protection Social Worker, I have worked with many foster families that express feeling powerless when parenting as they express feeling uncertain of the child's reaction to boundaries, structures and express ambivalence in setting limits. They often express having fear of upsetting the child and thus, may tend to avoid confronting the child to avoid any "negative conversations and reactions". Consequently, there are crisis situations when the child is removed from the foster family. The foster parents express feeling overwhelmed in managing their child's emotions coupled with the additional everyday tasks and responsibility of adhering to the special needs of a child. This further challenges the child's opportunity to develop a secure attachment. They often exhibit disorganized and insecure attachment behaviors in their

day to day communication and relationships with their foster parents. These behaviours are often described as a child having "anger issues" and are often referred to anger management therapy. However, this individualized approach often excludes the participation of the foster parents. This unique Pilot Program offers the opportunity for the caregivers to firstly help support the child in identifying the emotion, expressing their feelings in a way that the caregiver can understand and help the identified cues of the emotion behind the child's behaviours. Secondly, the foster parents can assist and coach the child in implementing healthy communication skills.

Parenting can be a challenging task, however, foster parents are committed to parenting a child that may express a set of unpredictable behaviors. Building trust and setting limits and expectations can be a challenging role to play. The Pilot program consists of fifteen bi-monthly two hour sessions on Saturday mornings. The first part of the session, the undersigned meets with the foster parents to facilitate the Parenting Component. During this period, the children are supported by volunteer social work students that engage in art and craft activities.

The Parenting Education Component is based on theory and education on attachment, trauma-informed practice, child development, social skills and problem-solving. They are introduced to attachment-based activities as a communication tool in their parenting strategy to develop a trusting relationship. Activities include "modeling, role-playing, feedback and following a session. The parents are encouraged to include all members of their immediate family to practice imagery situations and practice communication activities, self-control activities, problem-solving techniques using social stories and day-to-day situational events. They are encouraged to keep a weekly journal of their experiences following a session and are asked to bring their journals to discuss any concerns or positive feedback that they experienced with their child. The goal of the journal is to provide the foster parents with a structure that serves as a venue in which they can record incidents of problem-solving while reinforcing a sense of control on their environment.

The Introduction Session includes the development of Social Rules and Norms of the Group Activity. The rules and norms are defined by the group and written on a big poster for everyone to see. We also include making a poster using visual pictures and symbols in order to ensure that it is simple for all. This activity includes the participation of the foster parents. This is to reinforce clear expectations of the group behaviors from the children and foster parents to reinforce a sense of security of what is to be expected by all members.

Creating a sense of belonging

Each child is encouraged to bring a favorite toy, or object that can be left in our secured playroom. Foster parents are encouraged to bring the child's favorite snacks, all to facilitate the sense of familiarity and comfort. I remember once, a child asking me why we didn't' have hooks to hang his coat at the same place for each time he came? … the child clearly expressed his need for consistency and routine… I explained that we would find a way to make sure that we select a space for each person. The impact of routine and consistency to reassure the child was pointed out to the foster parents. Pictures were taken of each session with everyone's permission and printed out on a big poster as a visual reminder of each gathering.

Icebreakers

Each session began with an icebreaker that involved a "Show and Tell time. This allowed many children to bring objects, sometimes it was a favorite food that represented their culture to talk about in with the group. A manual timer was used to help structure the time allocated for each child to allow everyone to have the opportunity, and also to help the child learn to practice transitioning from activities. Foster parents were encouraged to implement this game at home as well.

Group Activities

Simon Says …..

Attachment based activities included playing Simon Says. This game was the most challenging game for the adults as it takes some prompting to get them to engage in a "playing mood". It is a fun and interactive game where everyone has the turn to be "in control" of their environment.

Tracing Exercise

The reason why I call it tracing body parts is because from my experience, many children express difficulty in lying down and letting someone trace them because it involves letting someone into getting in their personal space. Therefore we begin the session with tracing the foster parents' hand and the child's hand. The second session involved tracing each-other's feet. Then, we ask about each other's favorite meals and activities. At the end of

the fifteenth session, the majority of the children appear more comfortable and allow their bodies to be traced by their foster parent or by another child from the group.

Building Your Space

This activity allows each child to build a space, using large boxes. This activity involves the foster parents in helping their child build a special place in the home that reflects, a "calm and private area for each child." The purpose of this activity is to identify for the child an area of the home that will provide them a "comfort zone" that they can use when they feel overwhelming emotions. Not unlike the "comfort kit", the child and the foster parents are aware of the purpose of this designated area and each child is encouraged to use it when needed.

Checking in with Feeling Games

Activities using words describing sensations and emotions are used during our card games. Using a flip chart, I write down or draw a face representing an emotion and then we fill in the blanks…….I feel my belly tightening when….. or I feel open-belly when I am…

This allows the children and foster parents to elaborate on their emotional state describing sensations using words that describe the body sensations when describing an emotion.

Conclusion

The purpose of this Pilot program is to provide foster parents with support by offering education, hands-on activities to help them to structure and apply parenting strategies to promote a trusting relationship: where the child allows the foster parent to nurture and parent them. For this program to come into effect, it requires the collaboration of multiple players and service providers in a unique and significant learning and growing opportunity so that each child can thrive and reach their potential.

About the author:

Alba Rosa D Andrea, MSW, PSW works as a professional social worker with over a decade of social work front-line experience with families and children at Batshaw Youth & Family Centers of the CIUSSS (Centre Intégré Universitaire Santé Services Sociaux of the West Island). Ms. D'Andrea has completed Level I of the Play Therapy Certificate and is presently integrating her skills in developing Parenting Groups for children and families.

Canadian Association for Play Therapy (CAPT)
Presents

Certificate in
Art Counselling

Instructors: **Betty Bedard Bidwell** PhD, CPT-S, Registered Art Therapist
& **Margot Sippel** CPT-S, Registered Art Therapist

Date: October 12–14, 2018 (Friday, Saturday and Sunday)

Time: 9:00 a.m. to 4:00 p.m.

Location: Saskatoon, Saskatchewan

OVERVIEW:

Art therapy is used across a variety of ages and populations and has grown in popularity as we come to understand the impact of art on the brain. This is your chance to learn how art therapy works and why. You do not have to be an artist to use art in your counselling practice. It is effective with clients who have no background in art as well as those who do.

This program is not intended to certify you as an art therapist but will give you basic tools to enhance your psychotherapy and counselling sessions by offering a new avenue to assist your clients in expressing themselves. You will learn to do assessments, use art as a therapeutic journey, and will learn to develop your own art techniques that are appropriate for your individual clients or for groups.

INSTRUCTORS:

Betty Bedard Bidwell and Margot Sippel are Play and Art Therapists and Registered Psychotherapists who have been using art therapy in a variety of settings for decades. Their teaching and facilitation style is down to earth and practical; however, they are intrigued and impressed with recent research into art therapy and the brain. They have presented workshops and training internationally and are respected instructors in the CAPT Play Therapy Training Program. They coauthored the first Canadian textbook on Art and Play Therapy.

PROGRAM ATTENDEES:

Best suited for therapists, educators and counsellors working with children older than eight through to adults, numbers will be limited to facilitate development of specific techniques for your client group.

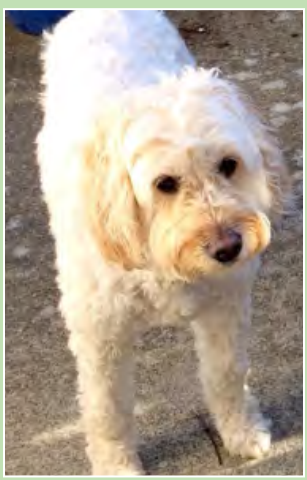
For more information on our Art Counselling Certificate and to register go to:
www.canadianplaytherapy.com/workshops

For further questions contact:

Elizabeth Sharpe, Elizabeth@cacpt.com or
Phone: 519 827 1506, ext. 1

2018
MONICA HERBERT AWARD
Dr. Laura Mills, Ph.D, CPT-S

At the CAPT Annual General Meeting in Niagara Falls on May 4, 2018, the Board of Directors and Membership of CAPT were proud to award Laura Mills, long time member and leader of CAPT the 2018 Monica Herbert Award. This award has been inspired by the courage, devotion, hard work and commitment to working with and helping children that has been demonstrated by Monica Herbert. This award is an annual award which will recognize outstanding achievements in or contributions to the field of play therapy.



Dr. Laura Mills is a Registered Psychologist and CAPT Certified Play Therapist Supervisor. Her practice in psychology is in Richmond BC, following her practice in Winnipeg, Manitoba and Vancouver Island. She is registered with the British Columbia College of Psychologists.

Laura is a member of the Canadian Centre for Child Protection (board), the BC Hear the Child Society (roster) and Anxiety BC. Dr. Mills received her education at Skidmore College (BA Hons), York University (MA) and she has a doctorate in Clinical Psychology from the University of Manitoba (Ph.D.). She was the recipient of Province of Ontario Graduate Fellowships and Medical Research Council Grants to support her studies.

Laura's contributions to CAPT over the past years are extensive. Her involvement in the CAPT Certification Committee provided many members and non-members of CAPT with opportunities to ask questions, to receive guidance and encouragement daily. Laura has worked countless hours for the association, reviewing applications, responding to emails and phone calls, and corresponding with individuals who are seeking, or just considering certification. She provided support to the CAPT Approved Provider Committee and it was often mentioned that Laura is always a pleasure to work with. She is enthusiastic and extremely knowledgeable.

In addition to her work with CAPT, Laura has a private practice where she sees children and families. With her therapy dog Reilly faithfully by her side, Laura often commented that Reilly was a full member of the CAPT Certification Committee. She and Reilly support the St John Ambulance Therapy Dog program in the Vancouver area.

CAPT is proud to congratulate Laura with the presentation of the 2018 Monica Herbert Award.

The Difference Between the Professional Regulated College and the Professional Association

Many Certified members of CAPT are also members of a regulated provincial "College" in the various provinces and territories across Canada. As a fully Certified member of CAPT, there is a requirement that you be affiliated with the professional regulated college or standard setting association that best represents your profession whether it be Social Work, Counselling, Psychotherapy or another mental health related discipline. It is important to understand why you would belong to CAPT as well!

In simple terms, the College is formed for the **protection of the public.** The Association is formed **to support and protect the growth, advocacy, training and ongoing support of the member** which is you.

To elaborate and more specifically:

The Value of Belonging to the Association – Canadian Association for Play Therapy (CAPT)

CAPT is in place to speak on behalf of child & family psychotherapists and play therapists and to be the voice of the members for the profession provincially and federally.

The ways in which CAPT can support its members are as follows:

- Engage with like-minded alliances and associations to advocate on behalf of the members for legislative reforms.
- Provide critical analysis of government policies and practices that will impact the profession of play therapy in each province.
- Promote and enhance the understanding of play therapists in the clinical environment
- Promote the efficacy of play therapy through research in Canada and throughout the world.
- To support the member through the provision of continuing education programs.
- To engage in the practice of knowledge management for clinicians and therapists in order that they remain current in the practice of play therapy.
- To provide a place to network with play therapists in similar areas of practice.
- To access services and products specific to the field of play therapy.

CAPT works for you, on your behalf as a professional psychotherapist and play therapist.

The Value of the Regulated College

A regulatory body's primary duty is to serve and protect the public interest. Its mandate is to regulate the professional practice it represents and to govern its members.

Regulation of a profession defines the practice of the profession and describes the boundaries within which it operates, including the requirements and qualifications to practise the profession. The primary mandate of any regulatory college is to protect the public interest from unqualified, incompetent or unfit practitioners.

Regulation brings credibility to the profession. Practitioners of a regulated profession are subject to a code of ethics and standards of practice.

Self-regulation allows a profession to act as an agent of the government in regulating its members because the government acknowledges that the profession has the special knowledge required to set standards and judge the conduct of its members through peer review.

CAPT as a Standard Setting Body

Although CAPT also sets standards and performs within a professional Code of Ethics very specific to play therapy, it goes one step further in providing its members with additional credibility specific to this field of practice.

In order to be a fully Certified Play Therapist with CAPT, you must maintain status as a certified, licensed, or registered member-in-good standing with a license to independently provide clinical mental health services in a Canadian professional (regulated) association or governing body.

Healing Spaces

Healing Spaces is an ongoing article in Playground. If you would like your therapy playroom to be featured please contact lorie.walton@hotmail.com.

181 Groh Ave unit 103 in Cambridge Ontario is a unique and welcoming space, offering therapeutic counseling services to children, adolescents, and adults. This healing space houses three separate and unique therapy offices, as well as a small group training room. The location is occupied by two play therapy interns, Suzanne Trotman, MA spiritual Care and Psychotherapy, and Billie-Jo Bennett, MSW, RSW, as well as Angela Harvey, MSW RSW. The trio partnered to open this unique space in the summer of 2017, with each therapist owning and occupying their own separate business. This article focuses on the two play therapy interns at 181 Groh Ave. In addition to sharing the space, the three also engage in peer supervision, collaborate on cases together, and share referrals from various sources.

HEALING WINGS THERAPEUTIC SERVICES

Billie-Jo Bennett, BA, BSW, MSW, RSW, EMDR trained therapist, EMDR trained child specialist, EMDR trained sandtray specialist, registered Circle of Security parent educator, Theraplay levels 1 and 2 trained.

How long have you been practicing play therapy?

I began my formal play therapy training with CAPT in 2013, and completed the last level in 2015. I have been formally practicing play therapy for the last two years..

What drew you to the field of Play Therapy?

I worked in the field of child welfare in various residential group homes with children and adolescents aged 4-18 for several years before I began working in a local children's aid society as a family support worker. In both these jobs I constantly witnessed traumatized children revolving in and out of the child welfare system without reprieve or healing, and often without recognition of the impact of their experiences on their symptomology and behavior. This sparked a strong desire to help these children heal their souls from the scars created by trauma and attachment wounding. In my first level of CAPT training, I absolutely fell head over heels in love with play therapy and the therapeutic power of play in the healing process for people of all ages.

What is your primary theoretical orientation and how did you evolve in to that orientation?

Attachment theory is metaphorically the foundation of my therapeutic house. I became very interested in understanding attachment theory many years ago when I was completing my Bachelor of Arts in Psychology. Working at Family and Children's Services allowed me to apply theory to practice in relationship with the children, youth and families. Lots of additional training and reading has allowed my theoretical foundation to solidify. During case conceptualization I also utilize Bruce Perry's Neurosequential Model of Therapeutics, the adaptive information processing model (EMDR), and polyvagal theory as a guide. I have also been very impacted by Lenore Terr's writings on trauma in children.

What is your favourite technique and why?

I have many favorite techniques, and the answer to this question is dependent on the modality I am thinking about. For example, I love the laughter I hear from children during Theraplay when we create a blanket swing, or go on a magic carpet ride. I absolutely love when I can help a child reprocess a trauma using EMDR.

Angela Harvey, MSW, RSW, Suzanne Trotman, MA and Billie-Jo Bennett, MSW, RSW

Another favorite of mine is introducing children to the play room using my Hoberman's sphere, as I explain that children come to see me often because they have really big feelings that we can work on together to make more manageable. This technique was learned from one of my mentors, Jan Yordy.

What is your play therapy environment like? (perhaps include a picture or two)

My play therapy environment was designed to accommodate various modalities of treatment. I am trained in play therapy, Theraplay, EMDR and a very unique and specialized EMDR sandtray protocol. I designed the space based on the shape and size of the room- I had to work with what I had! I have tried to make my office space as comfortable and welcoming as possible for the clients I see.

What was your Play Therapy training and supervision experience like and what would you recommend to new play therapists about it?

I took the three levels of CAPT training over the course of three summers. I absolutely loved it. Taking the training over three years allowed me to absorb and integrate what I was learning. I have also taken additional training whenever possible to gain competence and mastery in my learning journey. I continue to learn through ongoing supervision with several supervisors. My recommendation to new play therapists is to enjoy the journey. Find a couple of supervisors who share your theoretical orientation and really connect with them. Absorb what they have to offer. Don't be afraid to be vulnerable. Keep learning!

What do you do to practice self-care?

I find things to fill my soul with happiness. I keep a routine first and foremost. I eat well, make sure I get enough sleep, spend quality time with my family and friends. I get great quality massage therapy! I read often to fill my desire to learn. I love to travel and have been travelling to learn- recently to Arizona to train with Ana Gomez, an EMDR child specialist. I am also very creative so I enjoy painting, crafting and upcycling.

What do you envision your practice will be like in the next 10-15 years? Will you be doing the same thing? Or something different?

In 10-15 years I hope to be doing the same thing, just better! I am currently honing my skill in working with complex developmental trauma and hope that in 10-15 years I will have mastered that! There is so much to learn. I am passionate about utilizing right brain modalities to help children and their families heal!

WINDS OF CHANGE THERAPEUTIC SERVICES

Suzanne Trotman, RECE, BA Religion, MA Psychotherapy and Spiritual Care.

How long have you been practicing play therapy?

Since January 2011 (7 years).

What drew you to the field of Play Therapy?

I was co facilitating a self-regulation kids group in 2006 when one of the children experienced a flow blown PTSD episode. I asked the FACS staff if they had a play therapist on staff, she said no. Immediately after group I googled play therapy, found the CAPT website and my journey of training began in 2010.

What is your primary theoretical orientation and how did you evolve in to that orientation?

My primary theoretical orientation is Child Centered based on Sweeney and Landreth. I feel it feels very organic for me when working with children. I evolved into this orientation as it aligns with my ECE role and skill sets. My second theoretical orientation is Attachment theory (Theraplay), next is Jungian.

What is your favorite technique and why?

Being invited to join in play by a child and following their lead. This is my favorite as the child initiates it.

What was your Play Therapy training and supervision experience like?

The training was life changing as it opened my eyes to a whole new world of working with kids through play, which is their first language. My supervision experiences have been and continue to be grounding, vehicles of growth to hone skills but are also affirming. My recommendation for new Play Therapists is to complete the play therapy certificate and secure a number of different internships and supervisors with varied perspectives.

What do you do to practice self-care?

I engage in meditation sessions for grounding purposes before and after sessions to cleanse the emotional palate; I also do yoga, walking, music therapy journaling and writing.

What do you envision your practice will be like in the next 10-15 years? Will you be doing the same thing? or something different?

I am currently working on a new seven year plan but would like to include group Sand Therapy for grieving children as an extension of my future doctoral studies. I would also like to be holistic to include naturopathic practices and mindfulness.

I enjoy work primarily with children and their families who are experiencing life transitions such as loss due to death or divorce that has caused dysregulation. I also enjoy working with children who are living with an LD, anxiety or depression and children experiencing attachment concerns. The modalities I utilize are Play Therapy, Brief Solution Focused Therapy, and Satir Transformational Systemic Therapy. I also work with New Ways for families program through the High Conflict Institute; finally I work with families providing parenting support.

1. *Suzanne's therapy space*
2. *Welcome to Suzanne's play therapy space*
3. *Play area in Billie-Jo's office space*
4. *Billie-Jo's sand tray area*
5. *Billie-Jo's therapy space*
6. *Angela's therapy space – a great place for Theraplay*

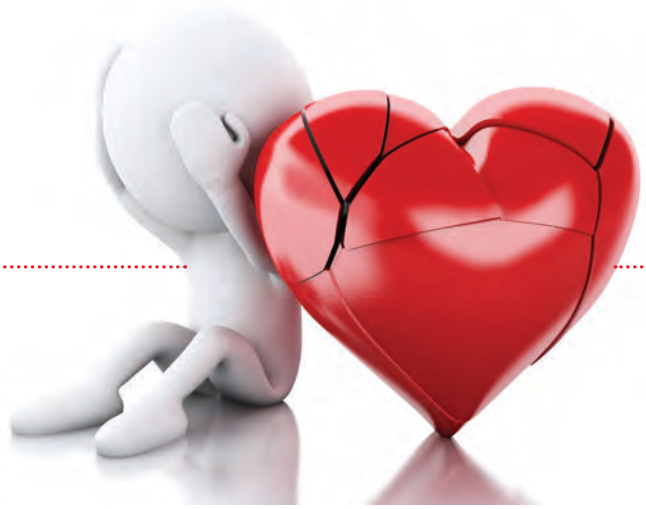

2
PLAY
THERAPY
LIFE DOESN'T HAVE TO BE PERFECT TO BE WONDERFUL


3


4


5


6
IMAGINE
CREATE
LIVE
CHERISH
LOVE
EMBRACE
BRAVE
HOPE



CAPT Bereavement, Grief and Loss Certificate

Working with Children through Grief and Loss

Irena Razanas MSW, RSW, CPT-S, RPT-S

Charlottetown, PEI
Monday, Tuesday and Wednesday, August 20, 21 and 22, 2018, 9:00 am – 4:00 pm

St. John's Newfoundland
Friday, Saturday and Sunday, August 24, 25 and 26, 2018, 9:00 am – 4:00 pm

Edmonton, Alberta
Friday, Saturday and Sunday, September 28, 29 and 30, 2018, 9:00 am – 4:00 pm

Overview

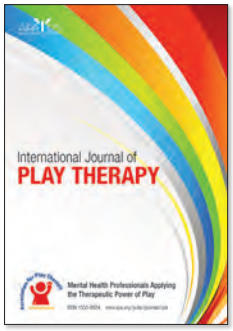
Working with children who are anticipating a loss or who have recently experienced a loss through death or separation demands a great deal of the therapist. Therapists need to have a solid understanding of child development and how death and separation is viewed at each age. They need to know the difference between a normal and a complex grief reaction and how to appropriately and simultaneously support children and the adults who care for them as they navigate through this often-tumultuous time in their lives. The application of this knowledge rests on the assumption that the therapist has examined and is aware of their own experience with grief and loss, and comes to the play room knowing that the activities they provide and the interactions they support will have a profound affect on the people they treat and in turn they too will be affected by the stories they hear and bare witness to.

Workshop Attendees

This Certificate Program would be of interest to those working with agencies and departments engaged in grief counselling including shelters, adoption agencies, victim witness programs, community living agencies and programs focusing on grief and loss. Also, those working as marriage and family counsellors, child life specialists, educators interested in gaining familiarity with play therapy and would be most valuable to people working with children and families in the mental health field.

For more information on our speaker/objectives and to register for this workshop go to:
www.canadianplaytherapy.com/workshops/

LEADING JOURNALS INFORMED BY PSYCHOLOGICAL SCIENCE



International Journal of Play Therapy®

Official Journal of the Association for Play Therapy

ISSN: 1555-6824

International Journal of Play Therapy publishes original research, theoretical articles and substantive reviews of topics germane to the play therapy modality. It provides new information and ideas about the complete spectrum of clinical interventions used in play therapy to academicians and practitioners who teach and practice play therapy. Psychologists, psychiatrists, counselors, social workers, marriage and family therapists, school psychologists and counselors, and other health professionals will find this publication an invaluable resource.

Official Journals of the Canadian Psychological Association

Canadian Psychology / Psychologie canadienne

1.429 Impact Factor*

ISSN: 0708-5591

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

Canadian Journal of Experimental Psychology / Revue canadienne de psychologie expérimentale

1.055 Impact Factor*
Indexed in MEDLINE®

ISSN: 1196-1961

In each issue of this journal, subscribers receive original research papers that advance the understanding of the broad field of experimental psychology.

Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement

0.404 Impact Factor*

ISSN: 0008-400X

This journal publishes empirical research in many areas of psychology, including social, developmental, school and educational, industrial/organizational, clinical and abnormal, environmental psychology, and diversity and equity inclusion.

The Canadian Psychological Association has published its first article awarded an open-science badge: "The Hebb Repetition Effect as a Laboratory Analogue of Language Acquisition: Learning Three Lists at No Cost" (psycnet.apa.org/fulltext/2017-31429-001.pdf)

APA is partnering with the Center for Open Science to offer these badges to promote soundness and transparency in scientific practice.

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