

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

Playground

Spring/Summer 2020

Comparing
the Principles
of Adlerian
Psychology and
Synergetic Play
Therapy

CAPT's Play Therapy
Journey – Relational
Therapeutic Play

Empowering
Play Therapy
with Music and
Rhythm and
Movement

Theraplay in
Bangladesh



Cutting Edge Training in Play Therapy



CAPT Foundation Play Therapy Training



The Canadian Association for Play Therapy (CAPT) presents cutting-edge training in Play Therapy throughout the year across Canada.

Training will be presented in one- or two-day trainings with individual instructors over a period of six weeks. Each day offers 6 educational units toward the 180 educational units required for Foundation Play Therapy Training for Certification as a Play Therapist.

For further information on courses or on becoming certified as a Play Therapist, please visit our Education webpage under **Education and Certification** at:

www.canadianplaytherapy.com

or call CAPT at 1 519 827 1506

Courses are offered in the following location:

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The application deadline for the CAPT Foundation Play Therapy Training is:

- May 15, 2020

Apply soon as classes fill up quickly! Applications are accepted after the deadline for an extra \$100 fee but priority is given to those who apply by the deadline.

If you are interested in applying for an individual training, there will be limited space, so you are encouraged to register early. You are welcome to sign up for as many of the individual days as you wish.

Some of our cutting edge courses include:

- Understanding Traumatized Children and Applying Play Therapy Tools in the Treatment of Trauma in Children
- Treating Disruptive Behavior Disorders
- Understanding and Treating Anxious Children Using Play Therapy
- Play Therapy With Abused Children
- Play Therapy for Children and Families Coping with Loss
- Using Sandtray in Play Therapy
- Attachment Theory and Play Therapy
- Using Theraplay in Play Therapy
- Family and Group Play Therapy
- Art in Play Therapy



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Playground

Canadian Association for Play Therapy

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Elizabeth A. Sharpe CAE

Message from the President

Dear Members,

I received a call about a year ago inquiring if I would come back to the CAPT board. Our association is in a transition phase that will have ramifications for the success of Play Therapy in Canada.

A few factors contribute to this.

#1 The Association Management Company (Elizabeth and Kip Sharpe) who have been our association management company for over 14 years are soon retiring and they have not only managed CAPT faithfully but championed Play Therapy both in Canada and internationally.

2 We are a small association that relies on membership fees and training revenue to exist. Training dollars across the country appear to have decreased in the last few years. In my own province (Nova Scotia) there are little to no training dollars except for Government identified initiatives and additionally, clinicians need to take vacation time to attend training. Training dollars and lack of sponsored training time across Canada appear to have impacted the numbers of attendees in our certificate program that occurs in Toronto every summer. This year Elizabeth has found a new space that is more cost effective and caters to our needs.

After receiving this call from Elizabeth- I agreed to step in as who can say no to Elizabeth Sharpe?

I again found an amazing group of people that make up our board with representation from across Canada.

In the fall of this year we launched the Certificate in Relational Therapeutic Play. This 8 course online certificate has almost 40 registrants. It is geared towards Child and Youth Care Practitioners who very soon will be joining the College of Counselling Therapists of Alberta or may be seeking certification with the National Child and Youth Care Certification board.

These professionals are learning about the therapeutic powers of play and the competencies of Child and Youth Work. They have completed many deliverables including interviews with Canadians about a child's right to play. There are a few examples of Play Posters that have been submitted. We have added these to our magazine with the consent of these students. It is gratifying that there is already interest in this program running again next year.

I am truly sad to say goodbye to Elizabeth and Kip Sharpe. In their day to day interactions with our board, membership, other Play Therapy organizations and the public, they epitomize the mission and values of CAPT.

As we move forward with a new management company we are challenged to stay true to our mission and values which is that as an organization we actively support and advocate for the value of play therapy and its contribution to an individual's mental, emotional, social and psychological well-being. We uphold the highest standards of professional and ethical practice, we spread the word on the value of play therapy in every interaction, empower through creating connection and outreach and we advocate inclusion and respect.

Thank you for your membership in this inspiring organization.

Theresa Fraser CYC-P, CPT-S, RP, MA , RCT
President, CAPT



Update from your Executive Director

Spring 2020,

Fourteen years ago, our company joined forces with the Canadian Association for Child and Play Therapy to help make a difference in the world of Play Therapy. CACPT needed a management team to support the operations and staff leadership of the association and we were in the business of serving and working for non-profit associations throughout North America. It was a marriage made in heaven!



Over the past 14 years, there have been a lot of changes. On November 23, 2007, a new national Board of Directors was appointed by the membership of CACPT. Those who had served a primarily Ontario association, stepped down to invest in and accommodate this new national entity. This was the beginning of many years of regional representation, diverse ideas and uncountable new friendships formed from across the country. Recently, the Canadian Association for Play Therapy changed its name to be more inclusive of all age groups.

I have observed in the past 14 years that the unsung heroes for play therapy in Canada remain under the radar, working hard behind the scenes for the betterment of our association. The instructors who have dedicated their professionalism and experience in helping young therapists. Those who excel in the world of child and family mental health but remain humble and willing to give more. Those who travel to the remote regions to serve communities in need of tools, techniques and loving support. Those who teach in universities and colleges and share their knowledge of the value and efficacy of play therapy with eager minds. Those who serve human needs by sitting with the parents of suicidal teens, helping families through their challenges with multi-generational trauma and providing the latest healing techniques for families overwhelmed with worry and concern for their children. This is what CAPT stands for.

Each day, our team talks with members of CAPT who share with us their interests and their ambitions to be effective and professional in their work. That has been the most valuable part of our work with CAPT. Hearing the excitement in those young voices and hope for a new career of serving others. CAPT's Board of Directors and Committees have created a framework and set of standards to support this ambition. We have been proud to serve with this amazing association.

In August of this year, The Association Management Company will end its contract with CAPT and we will pass the baton to a new management team. We will remain on board in an advisory capacity to help in the transition and I will continue to support the Committees and the Board in developing programs and standards for a short while.

We hope to see you all in Winnipeg in May of this year to celebrate another year of successes at our Annual General Meeting and to attend the 3 Day Certificate being presented by Dr. Eric Green on the topic of Play Therapy & Preteens.

Wishing you all a very Happy Spring!

Elizabeth A. Sharpe CAE
Executive Director, CAPT



Sometimes an Ostrich is just an Ostrich (or a Cigar is just a Cigar)

Lessons from being a speech-language pathologist and a play therapist

By Maya Sloan RCT-C

Yesterday a five-year-old girl held up a little figurine of an ostrich and asked me what it was. I replied my standard phrase: "In here you get to decide. In here everything is imagination." However, I also knew that really this inquisitive smart girl is looking for ways to grow her vocabulary. So, I said: "Well,

I think that it is supposed to be an ostrich, in real life it is a really large bird.” But, to stay within the play therapy model, I added that she can decide what she wanted it to be. I could tell, that she was satisfied that I gave her the word, which after a few exposures and repetitions, she will be able to add to her lexicon in her brain.

I have a three-year-old in play therapy who has a severe language delay. He came to me speaking in one to two word sentences. In terms of his play development, he was at the cause and effect stage. He loved opening and closing doors and marvelled at the effect of it. I modelled: "You opened the door", "I am closing the door!" for him, as he was only saying "Open!", "Close!". He also, like many young children, had difficulties with pronouns, especially the use of the pronoun 'I', as he referred to himself by his first name. So, I repeated sentences for him where I pretended to be him. I would say it the way it would be correct for him, such as: "I am pushing the car.", rather than "You are pushing the car." I also pointed at my heart and said "I" and "You say "I" when you talk about yourself."

A seven-year-old client, who experiences some difficulties with sentence structure and past tense verb forms sometimes says "I 'taked' the garbage can." I am able to model the proper use of this word through my verbal tracking "I can see you 'took' the garbage can."

The goal of speech-language interaction therapy is for the parents to be a good language model with rich vocabulary and a variety of sentence length. The caregivers learn to take what the language-delayed child is saying and model it back to them with correct sentence structure, and possibly rephrased with more specific words.

As Play Therapists, we may meet a lot of young children who, due to neglect and other adverse conditions, may have speech-language delays. Speech-language disorders are a co-morbid condition, whether it is caused by trauma or genetics or both. Thus it seems natural to me that I want to use my time with them, whenever the opportunity arises, to also expand their language, and grow their vocabulary. When I am asked: "What is this?", I will check to see if they are actually needing the name of that object or if they are ready to accept the standard "in here that can be whatever you wish it to be". It can be frustrating for a child who is in a language learning phase to be asking the therapist "what is this?" and to really need the answer to learn the actual name of the object but not be given that answer. As therapists, we need to be able to discern the difference don't want to throttle their imagination, but at the same time, this child may actually require the name of the object for them to continue contentedly within their play sequences.

I first learned about play therapy in my speech therapy training in Germany in the early nineties. It was the approach our instructor for childhood stuttering used. I would say it was pretty basic non-directive play therapy. I read Virginia Axline's book 'Dibs – In Search of Self' then and caught the play therapy bug. As much as I could while working as a speech-language pathologist, I used play, as children are more in tune with themselves during play than when they do worksheets. Play is also a good way to carry over newly learned skills, for example learning to make the /r/ sound and then using it in their language while playing.

Another more systematic approach for children and parents who stutter which I was exposed to when I lived in London, England, was what is now called Palin PCI (parent-child interaction therapy). In this approach, the parent is video recorded while playing with the child who stutters. The goal is to create a communicative situation that is less stressful for the child: slowing down speech, eliminating competition for speaking, leaving pauses,

adapting one's linguistic level to that of the child, having eye contact and having a two-way conversation. Parents do not cause stuttering, but their communication style can alleviate or exacerbate it. This is certainly similar to other parent-child interaction therapies in the play therapy world, but the focus is more on non-verbal and verbal communication.

Parent-Child Interaction is also facilitated for language or speech delayed children. The goal of speech-language interaction therapy is for the parents to be a good language model with rich vocabulary and a variety of sentence length. The caregivers learn to take what the language-delayed child is saying and model it back to them with correct sentence structure, and possibly rephrased with more specific words. The same is true for speech errors: The parent repeats the words the child is saying with incorrect sounds, such as "tup" for cup, and repeat it back correctly. For example, the child might say: "Here is a tup of toffee for you.". The parent would be

instructed to answer: "You have a cup of coffee for me." (emphasizing the corrected sound). Since children just like older humans do not like to be corrected all the time, it is important to do this just like tracking, not by saying: "No, it supposed to be cup, not tup!".

One of the prominent parent-child interaction therapy models in speech-language therapy worldwide is from the Hanen Centre in Toronto. There are a variety of programs to help parents communicate with their children, for example learning 'OWL', Observe, Wait and Listen. The programs that are delivered by speech-language pathologists are: It Takes Two to Talk, Learning Language and Loving it, and More Than Words. The latter is designed for children on the autism spectrum. There are also workshops for professionals and paraprofessionals working with children. The intervention is often taught in a group format, with homework for the parents to play and read with their children at home. The effect is that parents are more attuned to their children, listen to them, spend time observing them and provide bite size language that the child can internalize.

As I am a speech-language pathologist as well as a play therapist and counsellor, I am reflecting here out loud how I can bring the wisdom of language enhancement into the play therapy room, not ignoring it, not focusing

on it when it is not appropriate but when the opportunity arises, I would not hold back giving the child new language they want to learn.

I would be happy to be in touch with you about any of the above. What are your thoughts? How are you integrating your previous profession into your play therapy practice?

For more information:

Palin PCI: <https://actionforstammeringchildren.org/michael-palin-centre/>

Hanen: <http://www.hanen.org/Home.aspx>

Language expansion: https://www.superduperinc.com/handouts/pdf/227_LangExpExt.pdf

About the Authors

Maya Sloan is a counselling therapist and Play Therapy Intern in Halifax, NS. She initially trained as a speech-language pathologist in her native Germany and then added a master's degree in Human Communication from City University in London, England. She finally did what she always wanted to do and became a counselling therapist through Acadia University, and did the CAPT Foundation Training after that. She works in private practice in Halifax NS. She still is registered as a speech-language pathologist and has a small caseload in stuttering therapy and dyslexia therapy, although the bulk of her caseload is now play therapy.



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Barbara Jones Warrick (left) with Nadine Hill-Carey

The Monica Herbert 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. We were sad to learn that on July 5, 2019, Monica Herbert passed away.

This award is an annual award which will continue Monica's legacy to recognize outstanding achievements in or contributions to the field of play therapy in Canada.

Monica Herbert Award

Barbara Jones Warrick CPT-S

In May of 2019, at the Annual General Meeting of CAPT, the Board of Directors announced that the recipient of the Monica Herbert Award is Barbara Jones Warrick. At a special luncheon held at Langdon Hall in Cambridge, ON in October, the award was presented to Barbara with colleagues present to celebrate her achievements and to thank her for her contributions to the association.

Barbara Jones Warrick lives in London, Ontario with her partner where she enjoys working in her garden, being out in nature and reading. She practices earth-based spirituality that is linked to her personal philosophy and politics.

Barbara is known to CAPT as a champion to those working with children and families across Canada. She is a Certified Play Therapist – Supervisor with CAPT and has an M.Ed. in Counselling. She is a registered member of the College of Registered Psychotherapists of Ontario. As a dedicated member of CAPT this woman has supported the Certification of many members of CAPT through her work as an assignment marker, instructor and encourager for the students of our Foundation Play Therapy programs for many years.

Barbara was a Child and Family Therapist on the Early Years Team at Vanier Children's Services in London for 30 years and continues to work as an individual and group counsellor at ANOVA, in private practice, as a trainer for the Adoption Council of Ontario and an instructor at Wilfrid Laurier University. At Laurier she served on the Equity Committee that employs anti-oppressive and self-reflexive practices to raise awareness about the impacts of colonialism, racism, class and economic oppression through workshops and research. Barbara previously served on the local Child Abuse and Woman Abuse councils and as a clinical consultant to Bereaved Families.

Our Monica Herbert Award winner has been using sand tray in her work as a therapist for almost 30 years and has been teaching the use of sand tray in Play Therapy in the CAPT Foundation Play Therapy Training program since its inception. She completed training in Sandtray Worldplay with

Dr. De Domenico as well as the Erica Method with Dr. Margareta Sjolund. She is currently a doctoral student in the Faculty of Social Work at Wilfrid Laurier University where she is interested in exploring the connection between spirituality and clinical counselling.

The Canadian Association for Play Therapy is proud to present the Monica Herbert Award to Barbara Jones Warrick CPT-S and to know she continues to support the Mission and Vision of our association.

Empowering Play Therapy with Music and Rhythm and Movement

By Carol Ahmad RN, CTT-S

"Ready?"

"Clap your hands or snap your fingers as we sing
this welcome rap together!"

I'd like to welcome you here today

To have some fun and have some play

Our time together is not that long

So let's get started and end this song!



A number of years ago I had the privilege of working with a group of young teenage boys with Asperger's Syndrome and their parents. In the early stages of the group, teens and parents alike went along with the well-seasoned welcome and goodbye songs. However midway through, another dimension was reached, when the boys created this engaging rap...a wonderful mix of music, rhythm and movement. A goodbye rap of their creation at the end closed the group until the next session.

The rhythmic beat, the words and the intonation, make this an exhilarating experience of vitality, empowerment, fun and self-expression. Finger snapping or body drumming or hand clapping with a partner or using percussion instruments can add to the pleasure and participation in this activity.

Recently in a family group the Welcome Rap was used to invite and enhance fun and cooperation with each other. Parent and child sat opposite each other and did crossover clapping as we sang the rap. Speed and intonation were varied to provide additional challenge. When parent creativity resulted in dysregulation of the

movement and appropriate eye contact, holding hands or sometimes elbows. She incorporates the element of surprise by hesitating with a new word, especially if the child is not participating in the singing, and would get either an anticipatory smile or participation by filling in the blank. She would often sit for songs, however for children unable to sustain that she stands and gets the entire body into it.

Our seven body senses are ready to let us know if we are safe or if there is something to fear. Violet Oaklander, Child and Adolescent Therapist discusses how music alters the state of communicating or meeting.

Contact is made in meeting the other, which is further strengthened with other music making experiences. It's not the words. It's the rhythm and tone of your voice as you sing or say (if you are not comfortable singing) the words that communicate your intent of welcome and acceptance. We take special care to adapt to the child not yet ready to engage in the relationship in this way.

Whose curiosity isn't aroused with music, movement and rhythmic beats these ancient forms of communication and expression that are utilized worldwide. The use of this mode fits in nicely in therapeutic work with children. (Oaklander 1978). Music experiences promote contact and the enhancement of the contact functions. (Oaklander 2007)

Meeting a child for the first time with a song, with close attention to the inflection of your voice can be a gesture of welcome, creating safety to socially engage with each other, befriending our mutual nervous systems, coregulating our first experience together.

children, redirection to pacing and pattern appropriate for the children brought regulation back. The Rap then quickly became the attuned fun connection it was meant to be and was incorporated into each session.

Meeting a child for the first time with a song, with close attention to the inflection of your voice can be a gesture of welcome, creating safety to socially engage with each other, befriending our mutual nervous systems, coregulating our first experience together.

Hel...lo Sarah, Hel...lo Sarah

Hel...lo Sarah, I'm glad you came to play!

Shirley Eyles, Play Therapist and Theraplay Practitioner in Aurora, traditionally uses Hello and Goodbye Songs, with

One of Violet Oaklander's aspects of her therapeutic process is contact. Contact involves having the ability to be fully present in a particular situation with all of the aspects of the organism-senses, body, emotional expression, intellect-ready and available for use. Good contact also involves the ability to withdraw appropriately rather than to become rigidified in a supposedly contactful space. When this happens it is no longer contact, but a phony attempt to stay in contact. An example of this is the child who never stops talking, who can never play alone, and needs to be with people at all times. (Oaklander 2007)

Anatomically and physiologically what is this all about? Where did it all start...the meeting of the genes? By 18 weeks gestation the baby starts to hear sounds, and by



24 to 26 weeks gestation the baby responds to noises and voices muffled by the protective nature of the amniotic fluid and sac. The mother's rhythmic heartbeat and the "whooshing" of fluids bathe the growing baby in sound. By the fifth month in utero the vestibular system is well developed and stimulated by the movement of the carrying mother's body. The vestibular sense lets a person know where they are in space, whether they are moving or still, and if moving how quickly and in what direction. (Moyer 2017). Proprioception develops early in utero. This is the sense of relative position and movement of limbs and body. This information is provided by receptors in the muscles, tendons, joints and skin. (Kanczak et al, 2000).

Within 3 weeks following conception the tactile system, the sense of touch and pressure, begins to emerge, and is the most mature system at birth. (Kandel 2000). From the twenty eighth week of gestation in utero until after a child's first birthday, the brain is undergoing exponential growth and development, most particularly in the right hemisphere. At the same time the baby is developing an attachment bond of emotional communication with a primary caregiver, which significantly affects the development of self-regulation. These two happen in synchrony with one another; the attachment relationship is the foundation of the infant's ability to self-regulate and the ability to self-regulate strengthens the attachment

relationship. (Theraplay 2010). The development of the attachment relationship and the ability to self-regulate are so closely intertwined that Allan Schore (2000,2001a,2005) defines attachment as the “dyadic regulation of emotion”.

So entwined with emotion that music, rhythm and movement are, it can often strike terror in the heart of those of us thinking to use it. As a child, I was often told I was “off key” and I repeatedly heard “You can’t carry a tune!”, “Stand at the back and mouth the words”. These disparaging remarks that so many of us have heard have silenced us. Gratefully I was given hope and an opportunity to use “my sound” when I was given a whistling part in the concert. As an adult my talking voice was often remarked on and valued positively. Enjoying and practicing children’s songs and singing with children has liberated the joyful song within me. I have found most children totally accepting and non-judgmental of singing. Some may be aversive to singing or a song and that requires adaptation.

The following voices can help explore some aspects of the body as your emotional instrument.

1 List 3 of your own voices e.g. speaking, singing, soothing

2 Pick 1

3 Give it a name

4 What does that voice want?

5 Who might that voice be imitating?

What colour is that voice?

Where does it reside in the body?

When, where and with whom is it most dominant?

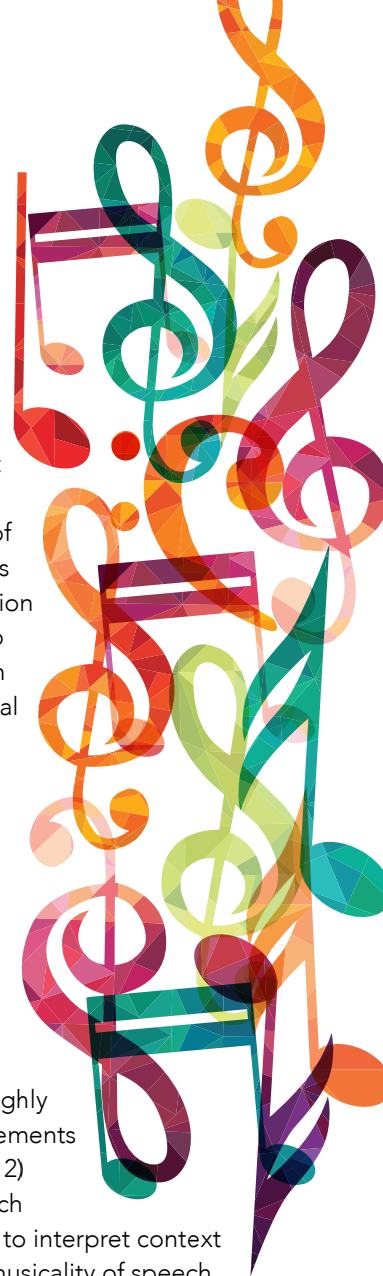
Take a few moments to reflect on your findings and how you might integrate your new knowledge.

Our life experiences have shaped our physical emotional responses to all things musical and rhythmical, so that the natural impulses to sing and vocalize have been interfered with negatively or positively. The brain heart connection is a powerful one.

Dan Hughes in Brain-Based Parenting (2012) discusses how parenting rests upon the development of strong connections between our brains and our hearts, based on a branch of a complicated wandering nerve called the vagus nerve, that is part of our parasympathetic

nervous system. Stephen Porges (2011), a neuroscientist and trauma researcher, informs that part of the vagal system orchestrates voice quality or “prosody”, the musical quality of the voice as exemplified in “motherese”, the way parents typically vocalize to their babies in higher-pitched, sing-song tones. He explains further that this vagal circuit has a connection to a muscle in the inner ear that is vital to the process of tuning our hearing to the frequencies used in human speech. This connection allows us to be good listeners and to attune to both the content of speech and to the prosody, the subtle musical qualities of each other’s voices.

Rand Coleman, Neuropsychologist and Family Therapist, “incorporates dancing activities and music regularly. There is a whole science of music and music therapy. It activates the emotional centers of the brain in a way that is unique, similar to smell. This may be based on two brain factors specialized in humans: 1) rhythm circuits that are highly developed for repetitive motor movements such as walking, pounding, etc., and 2) melodiousness and prosody of speech which we use at a high attuned level to interpret context of social linguistic statements. This musicality of speech gives information about intent of the communicator, emotional status of the speaker, and perspective of the speaker. It is right side dominant and tied in with regions that become activated by both music and emotion. This is probably why listening to a sad song when we are sad can make us feel as if someone is empathizing with us. Music seems to be tied in to the pleasure center of the brain, activating the ventral tegmental region and nucleus accumbens regions that are also connected to experiencing pleasure from movement, small accomplishments, positive eye contact, novelty, highly preferred foods and social interaction. Music makes us feel as if “something is happening” which prolong a social interaction (e.g. snuggle time) or serve as filler to replace conversation when all the topics have actually been covered (e.g. why we turn on the music on a car ride with a silent partner).”



Dafna Lender, Program Director for the Theraplay Institute, has an article, Daring to Play...The Challenge of Embracing Our Youngest Clients, in Playground Spring/Summer 2019. She describes how singing in a soft rhythmic way, humming and cooing, initially engaged a terrified four-year old. Then connecting through touch at the right moment, with the right pacing and playfulness the child was brought out of his paralysis, all through non-verbal cues that communicated "You are safe."

Human beings are equipped with innate capacities for responsiveness that lead to social interaction including the ability to enter into rhythm, synchrony, and resonance and the ability to imitate and understand the intention of others (Theraplay 2010). How do therapists accomplish this? Multiple Theraplay activities involve music, rhythm and movement, and include to name a few, Patty Cake, Hokey Pokey, Motor Boat, Row Your Boat, Hand Clapping Games, Rock A Bye Baby, Twinkle Twinkle and Lullabies like Hush Little Baby or a parent's favorite lullaby. From all of the dimensions of Theraplay practice these activities are uniquely attuned to the individual child at transmitting the message of safety.

Why know this about sound and rhythm and movement? Our ultimate goal is a strong sense of self for the child through meeting the child's needs in a finely attuned relationship within the therapeutic process. Now ...

What about the therapist?

What about your voice? rhythm? movement?

How do you feel about your talking voice?

How do you feel about your singing voice?

Use 3 words to describe your voice, your rhythm, your movement.

What 3 actions do you need to take to support you in bringing more of this into your life and into your practice?

These are some questions to explore when wanting to expand these components in your sessions.

Susan Garofolo, Play Therapist and Psychotherapist, reflects, "Ha Ha Ha ! My singing voice? I'm truly amazed that I do it. I think my very average singing voice helps parents be brave and sing too!" She goes on to say "I include the welcome and goodbye songs and lullabies at nurturing times. I'm reminded of Stephen Porges talk about the prosody of voice and how it regulates. I sometimes have that "sing songy" voice that Dan

Hughes talks about to connect with the child and thereby teaching the Mom. I remember one Mom who tried it at home in the morning, singing the morning rituals to direct the child." She adds "From my play therapy work with therapists in Bangladesh, I experienced the across the cultures nature of the therapeutic effects of music, rhythm and movement."

Evangeline Munns, Psychologist, Theraplay Trainer and Supervisor, recommends using more music, rhythm, and movement in play therapy, it being an easy way to engage both children and adults since we have an instinctive response to rhythm. Singing in a group increases oxytocin and bonding, joy and connection. D. Levetin's book "Your Brain on Music...the Science of a Human Obsession" is a fairly easy read on this subject.

When through the senses, rhythm and movement and music are enlivened, a new sense of self is developed and strengthened. It emerges within the therapist and within the child as they join together and that is powerful playful connection.

"Ready now?"

"Snap your fingers, drum your body or do a clap, as we sing our goodbye rap!"

Our time together has come to an end

That you cool dudes/gals can depend

Oh no! Don't be bleak

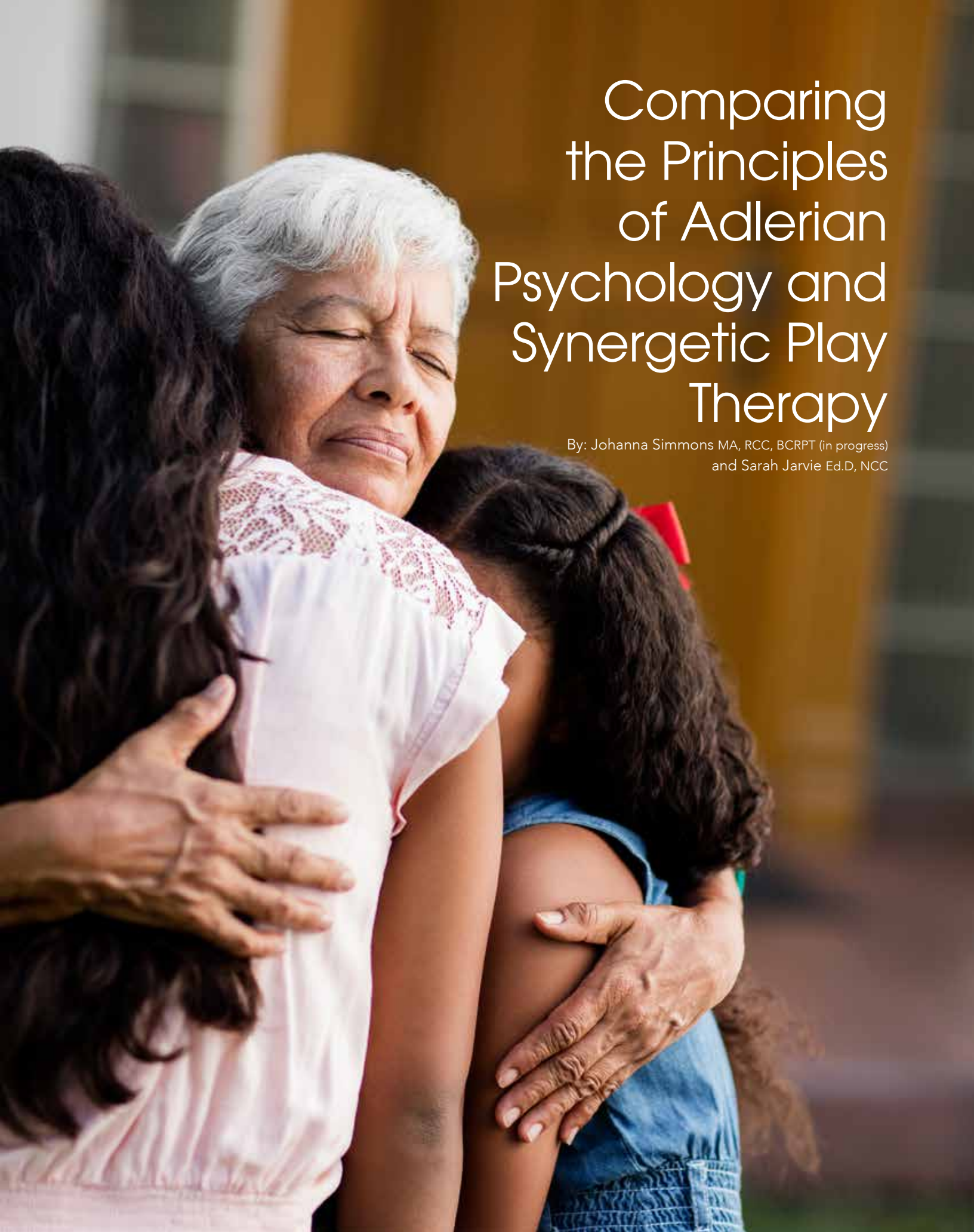
Gonna see you all again next week!

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About the Author

Carole Ahmad is a Play Therapist in Private Practice in Schomberg, Ontario. She is a Certified Theraplay Practitioner and Supervisor.



Comparing the Principles of Adlerian Psychology and Synergetic Play Therapy

By: Johanna Simmons MA, RCC, BCRPT (in progress)
and Sarah Jarvie Ed.D, NCC

Perhaps you don't know much about Adlerian Psychology and Alfred Adler (1870-1937). He was a man ahead of his time. In 1912, he founded Individual Psychology with "'individual' meaning 'indivisible', that is holistic." (Mosak & Maniacci, 1999, p. 6). One could view Adler as one of the first feminists as he believed that the "'driving force' behind 'psychic disturbances'" was "the overvaluation of masculinity." (Mosak & Maniacci, 1991, p. 5). Additionally, Adler believed that all behaviours are goal driven and that the ultimate human goal is to belong (Mosak & Maniacci, 1991, p. 16). These two tenets of Adlerian Psychology are threads that similarly run through the principles of Synergetic Play Therapy (Dion, 2008) and inform this article.

Adlerian Psychology

Adlerian Psychology says that children behave to achieve one of four goals and that the ultimate goal of both children and adults is to belong: belong in the family, belong at school, and to belong in a community (Dreikurs, 1990). In other words, they want to feel connected and strive to gain this sense of connected belonging in each and every social situation. In their book, *Born for Love*, Perry and Szalavitz (2010) reiterate this when they say "without connection, we are empty" (p.3).

These tenets of human motivation and behaviour lay, in part, the foundation for Adlerian parenting programs that are being used today. The Systematic Training for Effective Parenting, also known as STEP, is one such program and was developed by Dinkmeyer, McKay and Dinkmeyer (1997). This program is based on the book by the Adlerian Psychologist, Dreikurs titled, *Children: the Challenge*, which was originally published in 1964. Similarly inspired by the work of Adler and the writings of Dreikurs, Nelsen developed the Positive Discipline program in 1981 (Nelsen, n.d.). Both programs, made possible by the pioneering parent education work by Adler and Dreikurs.

Parent Education Background

Adler first introduced the idea of parenting education to audiences in the United States in the 1920s (Nelsen, n.d.). Later in the 1930s, Dreikurs brought classroom



techniques to the United States from Vienna (Nelsen, n.d.). As is evident, these teachings have been around for a very long time.

The teachings, then and today, offer an explanation into the behaviours of children. The Mistaken Goals Chart in the Adlerian parenting books tell us that there are four mistaken goals of behaviour: undue attention, power, revenge, and assumed inadequacy (Nelsen, 2006). In order to decipher the child's goal, the parent identifies how he feels faced with this child's behavior. If the parent feels annoyed, irritated, worried or guilty, the child's goal is undue attention; if the parent feels challenged, threatened or defeated the child's goal is power, if the parent feels hurt, disappointed, disbelieving or disgusted, the goal is revenge and finally if the parent feels despair, hopeless, helpless or inadequate the child's goal is assumed inadequacy (Nelsen, 2006). This chart gives further information on how to respond to the child based on the mistaken goal.

If we tease this out a bit further and look at the feelings of the parent, we can safely say that the feelings of the adult are the feelings of the child projected onto

the adult. From this we can assume the following: a child who wants undue attention is feeling annoyed, irritated or worried that she is not getting the attention as she believes that she only belongs when she is being noticed. The child who wants power is feeling challenged, threatened or defeated as she believes that she only belongs when she is in control. The child who is in a revenge cycle is feeling hurt, disappointed, disbelieving or disgusted because she believes that she doesn't belong and will hurt others as she feels hurt. Lastly, the child whose goal is assumed inadequacy is feeling despair, helpless, hopeless and inadequate as she believes that she cannot belong because she is not perfect. A side note - these same principles apply in the classroom and can be used by teachers.

Synergetic Play Therapy

In 2008, Dion introduced a new paradigm in play therapy called Synergetic Play Therapy. Dion (2008) describes it this way:

Synergetic Play Therapy is a research-informed model of play therapy combining the therapeutic powers of play with nervous-system regulation, interpersonal neurobiology, physics, attachment, mindfulness and therapist authenticity. Although Synergetic Play Therapy is a model of play therapy, it's also referred to as a way of being in relationship with self and other. It's an all-encompassing paradigm that can be applied to any facet of life.

Among the Synergetic Play Therapy tenets, the significant one for the purpose of this article, is "[t]he child projects his inner world onto the toys and therapist, setting them up to experience his perception of what it feels like to be him" (Dion, 2008, Tenets of Synergetic Play Therapy section, line 9). Is this not in essence what Adlerian parenting programs tell us about identifying a child's mistaken behaviour goal?

Additionally, Dion, like Adler, states that all behaviour has a purpose; however, Dion states that the purpose of a child's behaviour is a child's attempt to regulate (L. Dion, personal communication, September 30, 2017). She understands the child's symptoms to be symptoms of a dys-regulated nervous system (Dion, 2008, Philosophy of Synergetic Play Therapy section, para. 10). If we view the behaviour of a child, whose goal is attention, through this lens, we can see that the child who believes that she only belongs when she is being noticed is dys-regulated. In order to regulate through this discomfort, the child strives for attention.

Application of Adlerian and Synergetic Play Therapy to Parenting Models

The piece that now needs to be added to the Adlerian parenting model is what the parents do with these feelings when they notice them. The Adlerian model tells us how to react to the child's behaviour and feelings, but not what to do with the feelings and the dys-regulation of the nervous system brought about by these feelings. For example, if the child's goal is attention, we redirect the child's behaviour but we are told what to do with the feelings of annoyance that arise for both the parent and the child. The Synergetic Model shows parents how to regulate their own nervous systems in the face of the feelings that arise (Dion, 2008a). This modelling activates the child's mirror neuron system and shows the child how to regulate. As Badenoch (2017) says,

"We don't come with any kind of regulatory circuitry but it has to be co-built with another person" (The Myth of Self-Regulation, 3:48-3:52). When a parent notices what he feels, and self regulates through the discomfort, it helps the child regulate and in turn connect to her own nervous system. This is what Dion describes as the replication of "the delicate dance of attunement that occurs between a caregiver and an infant" (2008) (Philosophy of Synergetic Play Therapy section, para 3). The dance of attunement can continue throughout the span of a lifetime, in all facets of life and in all relationships.

The importance of attunement, regulation, and co-regulation, as supported by current scientific research, would be a wonderful addition to the already great Adlerian parenting programs around today (Ostlund, Measelle, Laurent, Conradt, & Ablow, 2016; Housman, 2017).

Modern understandings of human neurobiology when combined with the pioneering work by Adler and Adlerian Psychology serve only to support us to achieve the ultimate human goal: to belong.

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Dr. Eric J. Green - Ph.D., LPC-S,
RPT-S, Jungian Sandplay Practitioner
and Faculty Associate - Johns
Hopkins University, Baltimore, MD



A Senior Therapist's Observations and Concerns

CLINICAL EDITOR'S COMMENTS:

The author urges play therapists to (re-)consider their motivations for practice.

Re-Printed with permission from the Association for Play Therapy and Eliana Gil. Original Appeared in APT's Play Therapy magazine Volume 14, Issue 3, September 2019

| ELIANA GIL, PhD, LMFT, RPT-S

When I started my professional career, my primary inspiration was a desire to be of service to others, plain and simple. That desire burned in my heart from the time I was a young child. These days, we talk about teaching children empathy. When I was a child, no one mentioned the word but, somehow, I learned it through my father's example. I do not remember much about him anymore, and I rarely mention him, but what I learned from him was to have tremendous compassion towards others. Clear memories include watching him give his sandwich to a poor person sitting on the sidewalk and give his umbrella to a woman and a child getting soaked by the rain. He treated everyone around him with respect and tenderness, and I am so grateful to have seen the things he held dear to his generous heart.

From Humble Beginnings: Volunteering

I also had a Catholic upbringing, and those Christian principles resonated with me. Like my father, I was constantly aware of those who were struggling around me. As soon as I could, I volunteered to do community work on the weekends. I looked forward to this more than most things in my youth. The nuns accompanied a handful of students into the poor sections of Washington, DC. They would go into the houses to speak with the parents or caretakers and we stayed outside playing with the children. We did very simple things: threw balls, drew on the streets with chalk, played hopscotch, blew bubbles, ate snacks, listened to music and danced, sang funny made-up songs, and jumped rope. I was oblivious to all the stressors in these children's lives, and I was disinterested in what the nuns were doing inside. I was just content to be present with these little ones, to enjoy each other's company, and to participate in a little laughter and fun.

This is where I first knew that I wanted to work with children and that I wanted to be of service to them and their families. I had no concept of what shape that would take or that my chosen profession would value play as much as I did. My career has been completely gratifying.

As I sit back and watch a new crop of professionals finding the work they love, I find myself beset with pleasure and pride. I have had so many students eager to learn, passionate, in fact, to give the best of themselves to others. I hear amazing stories from therapists all the time that demonstrate how invested they are in helping, how much they worry about doing everything they can to make a positive difference. I feel that there is an army of warriors equipped with love and willingness to connect with and provide to others. I am so proud to be a play therapist and to belong to the Association for Play Therapy! And, from my vantage point, I see other trends developing that cause me concern and a desire to ask people to pause and rethink some new trends that are emerging.

Concerning Trends: A Shift in Motivation

I see a rush to self-promote, to "brand," to set one person apart from another. I see models and certifications popping up everywhere, actually diluting the very meaning of these distinctions. Individuals are now certifying people in their often new and untested models. Certification always has been something that demonstrates that someone has obtained additional knowledge and experience in a specific area, but also that someone has been accountable through a process of supervision. Certificates are conferred by formal entities that set standards and regulations and enforce those.

As Registered Play Therapist/Supervisors (RPT/S), we became eligible for the credential through the Association for Play Therapy (APT) only after obtaining a master's-level degree in a mental health field and a mental health license to practice independently, documenting specialized play therapy and child development instructional and practical requirements, amassing thousands of play therapy clinical hours under a licensed mental health professional's supervision, and receiving play therapy-specific supervision. We understood that we were accountable to others, and we got the guidance we needed after we learned the basics.

Many current offerings of individual certifications are usually didactic (without experience or supervision requirements). There is little

accountability, and the inferred expertise may or may not be properly transmitted, received, or verified. The more individuals certify others, the less significant certifications become and the more pressure new professionals feel to keep up with the sheer quantity of certifications they can put behind their names.

We are at a stage in the development in the play therapy field where very few original theories will be created: Most approaches will fall under a seminal or historically significant theory that already exists. Models are best proffered after they have been established for a substantial amount of time, and after the approaches have been tested with hundreds of clients, not just a few.

“***I also remain convinced that our peers are quite generous in their receptivity of original and creative work, and they are quite willing to applaud those whose notoriety is well-earned and deserved.***”

A few years back, I read an article on “branding,” and the author rightfully encouraged therapists to become more business-minded. Mental health programs do not typically offer courses on how to run private practices and/or how to market ourselves in our communities. Yet, my observation is that social media has created opportunities for some to simply flood the air space with self-promotion, and this is very unbecoming in those who have not yet earned the right to promote themselves so aggressively. When I see posts not-so-cleverly designed to promote something personal, like a product of some kind, I notice how turned upside-down marketing and promotion has become. In the past, people set out to help others and, sometimes, if they were believable, credible, and had something worthy to say, others took notice of their work and inquired about it. Now, it seems, tooting one’s own horn creates enough noise so that the real questions are not asked:

- Is your primary goal to be of service to others?
- Are you giving yourself enough time to test your hypotheses and approaches with a substantial number of clients?
- Although many of us are not in academic settings where we can do formal research, is there some way that you collect data about how people progress as a result of receiving your services?

And, I guess I just have to ask: Whatever happened to humility? Whatever happened to earning your right to be heard? Where is this “rush to fame” coming from? And can we reverse these trends before it becomes intolerable? These trends range from off-putting to downright dangerous, and I hope we can all pause and consider the basic question of why we do what we do!

A Cautionary Account

Play therapists whose major motivation is to become a presence in the field of play therapy by presenting, traveling nationally or internationally, or writing books in the hopes that they are widely cited, may have mistaken goals in striving for this popularity. I have seen literally thousands of clients, and I feel confident that I can share my experiences with the caveat that all children are unique and what works for one child or family may not work with others. I hold myself to a high ethical standard: I will not give speeches on a topic I have not worked directly on for a minimum of five years; I will not write on a topic unless I have had direct and substantive experience in the topic area.

Many people have asked me how I got where I am today, and this question feels uncomfortable to me when it seems to come from a place of vertical striving, or trying to get ahead for the sake of personal notoriety and/or financial gain, rather than horizontal striving, or sharing acquired knowledge with others so that the whole profession advances as a result of the conversation. This question, and the concern I have over the recent trends I have noticed, inspired me to write this piece as a cautionary account.

Personally, I just wanted to help children and their parents. That’s all I set out to do. The rest just followed. I was really lucky in that I enjoyed talking about my work and people seemed to find what I said useful. I never set a goal to be a speaker or a writer or a big deal in any field. I set out to help kids, and that remains my goal to this day.

I realize that some people may be offended by something I have said here. Although it is not my intent to offend, condemn, or pass judgment on anyone, it is simply my goal to encourage reflection on these topics, and to share my discomfort with the individualized trend of shifting towards “what the field can do for me,” rather than the collective spirit of, “What can I offer others to help them?” I originally titled this “Musings from a Cranky Old Lady,” but in re-reading it, I felt that I needed to document legitimate concerns I have about the profession I love and value greatly.

I also remain convinced that our peers are quite generous in their receptivity of original and creative work, and they are quite willing to applaud those whose notoriety is well-earned and deserved. They are most eager to praise, applaud, and elevate their peers. Maybe trusting that recognition will happen rather than trying to create it, would be a more simple and earnest goal to which to aspire. I hope that the legacy each of us leaves is one of pride in what we do for others instead of pride in our individual accomplishments. 🐾

ABOUT THE AUTHOR



Eliana Gil, PhD, LMFT, RPT-S, is a certified art therapist, and a recipient of the Association for Play Therapy’s Lifetime Achievement Award. She is a pioneer in Family Play Therapy and treatment of abused/traumatized children.
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By Susan Garafolo, CPT, RP

I am a Certified Theraplay® Practitioner working in private practice in Oakville, Ontario, Canada. A little while ago, I was invited by the Institute of Educational Development (IED) at BRAC University in Dhaka, Bangladesh, to provide a 5 day workshop.

BRAC University is one of many institutions and programs developed by this world renowned NGO, that provides opportunities to developing countries in Asia, Africa and the Caribbean. Recently, BRAC has received global recognition for their efforts in lending aid during the Rohingya refugee crisis. To learn more, see: www.brac.net

The BRAC Play Centre Project began several years ago and currently, BRAC play centres are a vital presence in refugee camps and throughout Bangladesh. The expertise of professionals in child development, worldwide, have been called upon to assist in the

development of these centres which provide play-based learning and play engagement for all ages.

I presented a workshop that featured the Theraplay® Sunshine Circles, which was very well received and, I have been pleased to learn, has been included in the play curriculum in the BRAC play centres throughout Bangladesh, Uganda and Tanzania.

In presenting the activities, I was heartened to see the participants recall their own memories of childhood games and songs which they shared with such joy! I felt happy to know that they not only learned from my teaching, but were also able to recognize and newly appreciate their very own wealth of knowledge of play!

Susan is a Registered Psychotherapist in Oakville Ontario. You can reach her at www.susangarafolo.ca





CAPT's Play Therapy Journey - Relational Therapeutic Play

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

Some Context

From the years 1987 to 2020, the Canadian Association for Play Therapy developed programs and services in Canada to support Play Therapy professionals in their practices of social work, psychology, psychotherapy, education and medicine in the work of child and family mental health services. The association also served those professionals in child and youth work, early childhood education and other mental health setting who worked with families and children.

As legislative changes took place in provinces across Canada, it became more evident that CAPT needed to redefine its products and services, setting high quality standards for those practicing Play Therapy. Play Therapy is defined legislatively as a form of psychotherapy or counselling in many provinces. It also became necessary to maintain services for the many CAPT members who work in fields other than clinical settings. With CAPT's roots firmly planted in the early days with Child and Youth Workers, it made sense to go back to the drawing board with some new product ideas.

Relational Therapeutic Play

The Relational Therapeutic Play Certificate was launched by CAPT in November 2019 as a pilot on-line training that is offered over a seven-month period with a Capstone Course for four following months.

The therapeutic play program is based on the belief: **"that every child has the right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts (Article 31: Convention on the rights of the child)".**

Therapeutic play is used as a means of helping children express or communicate their feelings, increase skills, and interact with peers in a developmentally and culturally supportive way that also prevents or overcomes psycho-social problems (Mochi, 2017).

Who Benefits From The Relational Therapeutic Play Program?

Though this Certificate directly address' the competencies of Child and Youth Care work because:

"Child and Youth Care (CYC) is a profession which focuses on the developmental needs of children and families within the space and time of their daily lives" (Stuart, 2013) and

"in Child and Youth Care, every competency we practice is connected to the relationships we develop with children, youth, families and communities (Fraser, Ventrella, 2019)".

Relational Therapeutic Play and the Therapeutic Powers of Play can enhance the professional work of others who demonstrate these values:

- Nurses
- Teacher's Aids
- Community Workers
- Social Service Workers
- Treatment Foster Parents
- Case Managers

True to the Child and Youth Care Certification Board (CYCCB) Certification Professional Training Requirement, 46 hours of the 250 hours required are offered in this on-line course:

- Professionalism 20 hours
- Cultural and human diversity 20 hours
- Applied human development 20 hours
- Relationship and communication 40 hours
- Developmental practice methods 80 hours
- Other (not assigned to specific domain) 70 hours

FACT – Federation of Associations of Counselling Therapists of Alberta

Competencies reviewed also align with entry to practice competencies identified with Federation of Counselling Therapists of Alberta for Child and Youth Care Counsellors. This regulatory college began member application in August 2019.

Retrieved August 2, 2019 from:

<https://static1.squarespace.com/static/5c93c5db51f4d4c50094672d/t/5c9d6dfae5e5f0ada722f53e/1553821179415/CYCC+Competencies+for+Entry+to+Practice+for+the+Profession+of.pdf>

Feedback Midway

We are midway through the pilot training for the CAPT Relational Therapeutic Play program.

And initial feedback and evaluations from an audit of 50% of the attendees conducted partway through the training are extremely encouraging. As we continue to perfect the training, through this first offering, we plan to offer another training in November of 2020. Stay tuned for more on this!

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Theresa Fraser is the President of CAPT and has a long career of working with children/youth/families and communities as a Child and Youth Care Practitioner, foster parent/ educator/ Play Therapist and Play Therapist Supervisor.

Theresa graduated from Humber College in 1983 with an advanced diploma in Child Care Work now known as Child and Youth Care. She completed her Certification with the North American Child and Youth Care Certification Board in January 2017. She is a lifetime member of the Ontario Association of Child and Youth Care (OACYC) and a member (Board member) of Nova Scotia Child and Youth Worker Association. She continued her education and became Certified as a Canadian Play Therapist Supervisor and is currently completing her Phd dissertation on the use of play with socially isolated adults.

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Instructor

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Liz Manson awards recipient.



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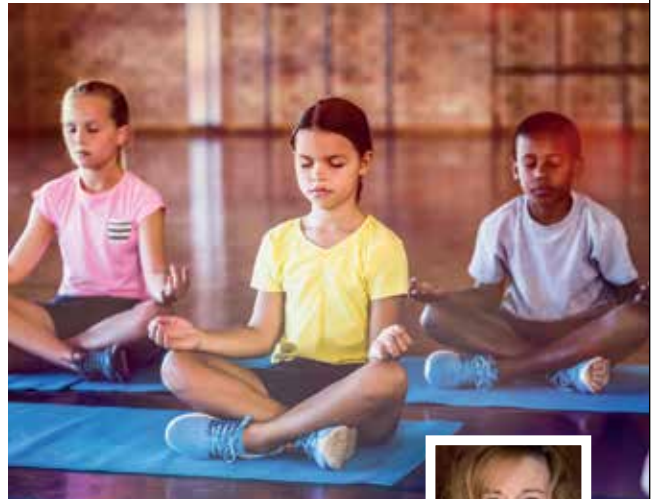
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Instructor

Tina Lackner - BACYC, MSc, RP (CPT) (RCYT) (RYT300)
Professor & Course Development in Child and Youth Care
Practitioners Diploma, Humber College, Registered Psycho-
therapist, Mindfulness Coach and Certified Yoga Teacher.



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Relational Therapeutic Play Certificate

Participants in the Relational Therapeutic Play Certificate engage in online learning, discussion and live classes. One of their marked assignments was to create a poster about what play is.

Their posters reflect: **ARTICLE 31: UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD.**

“that every child has the right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts”

Article 31: UN Convention on the rights of the child.



They were asked to provide examples of what play meant for them or examples of what play is for the children and youth/families/ communities that they work with or examples of what play is for the multi-disciplinary team that they work with.

Their posters are then an artifact that participants can keep to share in the final capstone course of this certificate.



Michelle Briegel: Family Play Poster

This poster represents the types of play that I use in my personal and professional life.

An example of how we use art as play in my family. We use play as a time to connect.





My teenage daughter playing with clay and building a Fairy House




My 5 year old nephew and his Mom building a Fairy House using homemade clay and items from the outdoors used as decorations for the house

A workplace children's event at my University where play stations were set up for the children. The faces of the children who are not my family are covered with a happy face for privacy.



A 4 year old girl and a my teenage daughter playing with playdough

Two girls between the ages of 8 and 10 painting each others faces with face paint



An 18 month old child playing in a small ball pit

By Michelle Briegel

Sue Rogers

4 Areas of Play in a Labrador Emergency Placement Home



Shaundell Button

Play Poster:

Article 31: Convention on the rights of the child.

Shaundell
Button

"that every child has the right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts"

Figure 1. & 2. illustrates a game to play when a child needs a break, we step out to hallway to burn energy, have some fun and refocus!

Active Breaks



Figure 2

The games shown in Figure 3. are played like 'Go Fish', but in order to get the card you need to answer a question. They prompt great conversations!

Card Games



Figure 3

Sitting with a child and being creative in making a glitter jar as seen in Figure 4. or just making art as shown in Figure 5. is great for relationship and confidence building!

Arts & Crafts



Figure 4

Figure 5

Using toys such as these scooters, illustrated in Figure 6., are used to let loose and to engage in some friendly competition builds strength and social skills!

Locomotor



Figure 6



Figure 7

PLAY

What it looks like for the children and families I work with as a Child and Family Worker for SNAP.

Figure 7. shows our SNAP dragon mascot with a child dressed as a bear from our Halloween party.



Figure 8

Blocks

Using building blocks, such as the ones shown in Figure 8. with children allow them to create and also discover balance, weight, colors, and shapes!



Figure 9

Imaginative

Above in Figure 9. is our SNAP dragon puppet, used for role-play when teaching regulation. He creates the possibility to learn and use their imagination simultaneously!



Figure 10

Sensory

Using activities such as making slime, illustrated in Figure 10. helps with fine motor skills and self-regulation!



Figure 11

Outdoor

Figure 11. is a picture of our tents from taking children on an outdoor camping adventure. Opens them up to many new challenges and experiences!

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.

Welcome THERAPLAY CANADA®!

We are pleased and excited to announce that Canada now has a Theraplay franchise!!

Lorie Walton is the new Executive Director of Theraplay Canada. She is an Ontario Registered Psychotherapist, Certified Theraplay Trainer and Supervisor, Certified Play Therapist Supervisor and owner of Family First Play Therapy Centre. Lorie has been part of the Theraplay and Play Therapy community for over 20 years. She has a vast amount of clinical, supervisory, board and business experience and is excited to formally manage Canada's first Theraplay franchise.



WHAT ARE THE OBJECTIVES FOR THIS FRANCHISE?

1. To spread the word of Theraplay and offer consistent professional evidence based training to Mental Health practitioners across Canada, through recognition of the unique cultural diversities and vast differences within each Canadian community.
2. To develop a sustainable financial franchise model to successfully grow Theraplay within Canada and also for the success of the Theraplay Institute.
3. To develop future Theraplay leaders within Canada to ensure Theraplay's growth and sustainability, which reflect Canadian culture and values.

WHAT DOES THIS MEAN FOR PRACTITIONERS?

1. Canadian Mental Health practitioners can receive training, supervision and certification managed with Canadian funds and supported by a Canadian office.
2. All Canadian activities regarding membership records, files, supervision, training, mentorship, and certification **will be navigated through the Theraplay Canada office.**
3. The Theraplay Institute has directed that **all trainings within Canada** (Introduction to Theraplay and MIM, Sunshine Circles, Group Theraplay and Intermediate Theraplay) will be arranged via Theraplay Canada. If interested in hosting a Theraplay training of any kind, contact **lwalton@theraplaycanada.ca** or call **(647) 210-7595** for more information.
4. Canada has many fantastic Independent Theraplay Supervisors and practicum students can continue to receive supervision from them. Practicum students that do not yet have a Theraplay Supervisor, will be able to be assigned to one by Theraplay Canada.

Please keep an eye on the website **www.theraplaycanada.ca** for further information
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