November 2011
Number 15, Volume 4

President's Letter

Annual APT Conference:
If you were able to attend the annual APT conference in Sacramento I hope that you enjoyed the workshops and networking. One of the highlights of the annual conference is the awards ceremony. During this ceremony key APT awards are presented to members who demonstrate APT values by their outstanding achievements, contributions, and service. This year Stephen Demanchick, Ph.D, LMHC, RPT of Rochester was the recipient of the APT Service award. This award is presented to an APT member in good standing who "rendered outstanding voluntary service to APT, its Foundation for Play Therapy and/or its chartered branches". Congratulations Steve! Thank you very much for all your service to NYAPT and APT!

Congratulations to Athena Drewes, Psy.D., RPT-S, on her graduation from the APT Leadership Academy! As indicated on the APT website: "APT sponsors its Leadership Academy to orient play therapists about leadership attributes, the Policy Governance© Model, and how APT conducts its daily business" Congratulations Athena!

Upcoming Annual NYAPT Conference:
Be sure to save the dates of Friday and Saturday, March 9-10, 2012 for the next annual NYAPT play therapy conference. This conference will be held at the Poughkeepsie Grand Hotel, in Poughkeepsie, NY. This year NYAPT is pleased to host a two day presentation by **Paris Goodyear-Brown, LCSW, RPT-S** entitled ***Creative Play Therapy Interventions for Problems of Dysregulation***. Don't miss this excellent training opportunity! Please take a minute to review the "save the date" notice in this newsletter. The brochure will be distributed very soon.

Regional Training:
Speaking of conferences, I would like to extend a huge thank you to Ashley Lawton, MS, CCPT and Stephen Demanchick, Ph.D, LMHC, RPT! On August 19th the second NYAPT Regional Training was presented by Ashley Lawton. This training entitled ***Growing Up Too Soon: Dealing with the Loss of a Parent Using Play Therapy Techniques*** provided participants with important information on the impact of loss. A variety of play therapy techniques that can be used to help children work through this difficult issue were then presented.
On November 5th the third NYAPT Regional Training was conducted by Stephen Demanchick, Ph.D, LMHC, RPT. This workshop entitled ***The Use of Sandplay in Developmental Models of Supervision*** met the APT supervisor training requirement for RPT-S renewal. Comprehensive information on a developmental model for supervision was provided during this training. A variety of experiential exercises were also offered; including the opportunity to use this model during a sandtray consultation with student volunteers! Thank you very much Ashley and Steven! The next Regional Training is scheduled for September 21, 2012 - 9:00am-3:00pm. This training is entitled ***Using Play Therapy Interventions to Enhance Social Skills and Emotional Development***-Mary Anne Assini, LCSW-R,RPT-S.

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Newsletter:
I would like to again express how appreciative we are to Chris Foreacre and David Crenshaw for the many years that they have put this newsletter together! Your dedication is very much appreciated Chris and David! As I previously reported, Chris and David have indicated that they would like to "retire". There continues to be some interest indicated in working as a team on the production of the newsletter. If you are interested in participating please contact me at maassini2000@yahoo.com. Thank you in advance!

Student Representative:
We would like to also express our appreciation to Jessica Connors. Jessica has been the student representative for NYAPT for the past year. Thank you Jessica! Jessica is no longer a student, and we are therefore in need of a Student Representative. This is an honorary position on the NYAPT board. The responsibilities of the Student Representative include taking an active part in encouraging affiliate members to become full or professional members. The Student Representative's function is to attend board meetings in order to understand the workings of the NYAPT board (in order to eventually take on a more active role within the organization). We are looking for someone who is motivated and creative; someone who can envision and put into action ways to reach out to students and mobilize their involvement. Interested student members can contact me at maassini2000@yahoo.com for more information.

As always, if you have any questions or concerns please contact me at maassini2000@yahoo.com
Enjoy! - Mary Anne

New NYAPT Members

Congratulations to the following people who became members of NYAPT in the last three months (August - October 2011): Fanya Cutler, Kate Devaney, Jennifer Jalik-Contreras, Tiffany McLallen, Shane Sabnani, Concepcion Suarez. Welcome!

News of Members

Nancy Boyd Webb continues a very active writing and presentation schedule, although now formally 'retired' from her teaching position at Fordham University Graduate School of Social Work. She is very pleased to announce the publication of the 3rd edition of her best-selling text Social Work Practice with Children in August. This edition contains a lot of new content including a section on childhood obesity and a chapter on bullying. Nancy will be participating in a panel on bullying at the annual meeting of the Council on Social Work Education in late October. Her interest in children with medical conditions continues and she presented on this topic at the National Alliance for Grieving Children in Boston in July. She looks forward to welcoming Dave Crenshaw as the keynote presenter at the New England branch of APT in early November.

Athena Drewes has been busy the past few months. She presented at two symposiums and a poster session at the American Psychological Association in Washington, DC this past August. Past Astor doctoral intern, Dr. Angela Cavett, co-presented with Athena, along with Dr. Tony Mannarino and two other presenters, in a symposium she chaired on "Applications of TF-CBT with Children and Teens". Athena and Angie spoke on using play-based techniques with younger children in TF-CBT. Athena and Angie also have two co-authored chapters in the upcoming: "Applications of TF-CBT with Children and Teens" by Judy Cohen, Tony Mannarino and Esther Deblinger (Guilford, 2012) on "Play applications of trauma-specific TF-CBT components for young children". She also co-presented three workshops at the Association for Play Therapy conference in Sacramento, California. And, she received her certificate of completion graduating from the APT Leadership Academy!

In addition, Athena was senior author of a special United Nations training module on children and adolescents in collaboration with the Institute for Disaster Mental Health at SUNY New Paltz. The module is for the United Nations (General Assembly) International Emergency Preparedness and Support Teams (EPST) for overseas disasters that impact children, youth and families (e.g. loss of UN workers due to riots, terrorism, etc.). This module has been so well received by the UN that they have been forwarding it on to countries where any international disaster has been happening (e.g. in Egypt, Israel, Japan). Athena has also been invited to be part of the peace-keeping team in January 2012 with Dr. James Halpern and two other IDMH Health members to go to the Dead Sea area to meet with Palestinians and Israelis working together on helping to heal the trauma of their ongoing warfare. Athena will be giving a three-day training on the impact of war and trauma on children and teens and how to work with families.

Athena was also invited back again at the Albert Ellis Institute in New York City to give another training on *Cognitive Behavioral Play Therapy: Blending CBT and Play Therapy Techniques in the Treatment of Children* on October 28, 2011. Finally, her latest book "Integrative Play Therapy" co-edited with Sue Bratton and Charles Schaefer was released this October by Wiley & Sons.

Laurie Zelinger was recently interviewed for several venues seeking her input on child development. Those publications include Newsday, RedBook , the Sound Research (Canada), The National (Abu Dhabi) and Parents Magazine. She also was asked to write a foreword for a cyberbully pamphlet.

ACAIT Professional Insurance

Professional malpractice insurance is available at very competitive rates to APT member psychologists, counselors, therapists and social workers via the ACA Insurance Trust program. Inquiries should be directed to: Paul Nelson, 800-347-6647 x 342 or pnelson.acait@counseling.org.

Nutrition and Children's Mental Health

by Louise Nielsen

So many times parents bring in their young children because of behavior issues expecting the therapist to "fix" the child. As a play therapist working with children starting as early as age three, I find parents want quick fixes, and a psychiatrist to provide a "magic" pill. I have seen too many children put on medications like Adderal, Ritalin, etc., starting as early as age 3. Most of the time, the magic pills fail to solve the problems because one of the major contributors is an unhealthy diet. Medication benefits some children however, nutrition should be focused on first when possible; better nutrition almost always means better behavior.

We are all chemical machines, and if we ignore the reality that what we eat impacts our attention, memory, moods, etc., we miss out on the first key to physical and emotional health. Many of us as adults realize the impact of caffeine and sugar on us, but do not think about how our clients might be impacted by the diet that is common for children today. I have learned to always ask parents questions about nutrition as part of the intake for any child with behavioral issues. When parents have improved their child's diet and stuck with it for at least three months, they often find that their child's behavior improves dramatically.

There are some general guidelines I suggest to all parents: First, to feed their children "real" food (as opposed to processed food), e.g., fruits, vegetables, dairy, and healthy carbohydrates and protein. Real food means ingredients that can be recognized and pronounced! Foods rich in Omega 3 (salmon, flaxseed, walnuts) and antioxidants (e.g., blueberries and other deeply colored fruits and vegetables) are important. Organic food is ideal because it ensures that the child is not ingesting harmful chemicals. When it is not possible to persuade a child to eat fish, a good Omega 3 daily supplement will begin to show benefits within two months. Second, children (and adults) need healthy protein with each meal to balance blood sugar levels and provide sustained energy. Third, remove non-nutritive foods: reduce intake of sugars, while completely eliminating high fructose corn syrup, and artificial food colorings. This means eliminating almost all soda, candy (except occasional high quality dark chocolate), and other junk food, from the child's diet, reserving these items for special occasions. Additionally, all forms of MSG (mono sodium glutamate) should be avoided. Last, drink water; dehydration compromises not only physical health, but also mood and ability to focus.

For more information, I often recommend The N.D.D. Book (Nutrition Deficit Disorder) by Dr. William Sears, an informative and easy to read book for parents who are seeking to improve their child's diet. I also find that Carol Simontacchi's book, Crazy Makers, provides valuable insight on how what we eat impacts mental health from birth through adulthood.

Clinical Moments using a Doll House

By Jillian Kelly

As a child I spent hours playing with my doll house. My dad, a wizard of whittling wooden chairs and tiny tea cups, was constantly adding dolls, animals and gadgets to the magical worlds I created. Soon after achieving my LMSW I took a position as a mental health clinician with a caseload of children. I immediately knew what toy would help toward the process of engagement and assessment: the doll house. A co-worker passed on her

plastic “Little People” house made by Fisher Price, for which I was very grateful; especially given Janet Courtney, Ph.D, LCSW, RPT-S, referenced this house in her June 2008 article in *Play Therapy*. Ah yes, this would be my “starter home”…

I felt confident that the children would gravitate toward the house, play and explore, feel comfortable in the fun space we created together, and presto: engagement! And, this proved true. The children gave names and colorful personalities to the dolls, brought animals and various gadgets into the home, and projected their own feelings and experiences through this play.

The surprising part about this doll house, perched on a table between our chairs, was the parent’s response to it. During a collateral session for intake, I stepped outside for a moment to collect our standard intake forms. When I returned, the parent had hardly noticed me, as she was completely engulfed in creating her own play. I took a step back and observed this unexpected clinical moment. When I made my presence known, I was pleased to find that the parent did not appear at all embarrassed about her play. I asked that she continue to do whatever made her feel comfortable in our shared space. While many collateral sessions for intake are marked with uneasy tension, during this interaction the parent answered my questions and asked her own questions with ease and confidence as she played along.

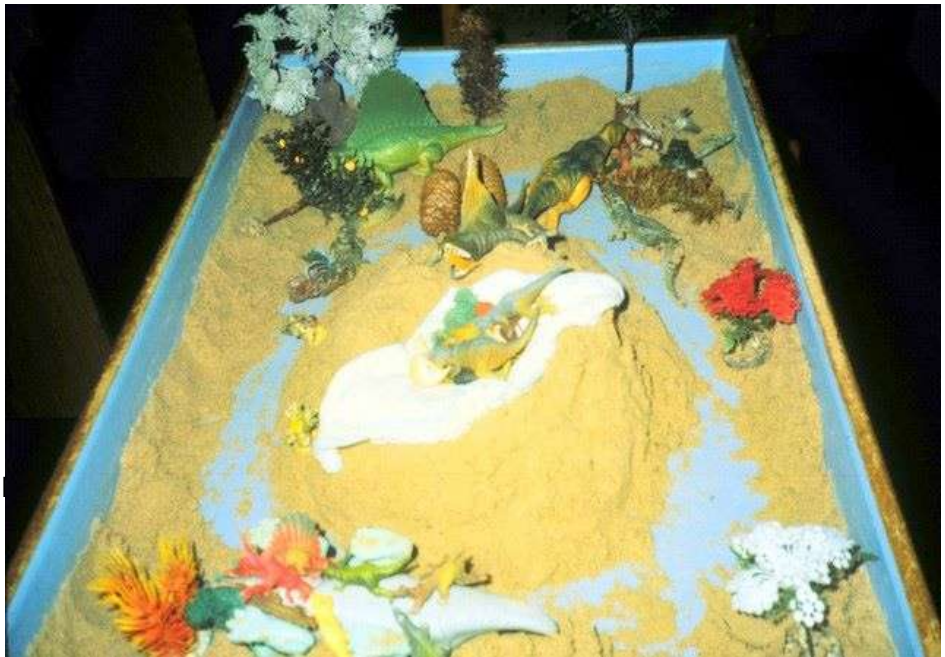
I now keep the doll house open, as a sign of welcome and acceptance to both children and parents as they enter my office at intake and all sessions thereafter. This “starter home” has served as a tool not only to engage children, to indirectly assess and explore their symptoms, and to learn about their interpersonal relationships, but also as a fundamental tool toward developing a relationship of acceptance with the parent.

SYMBOLS AND ARCHETYPES
Part II

Lois Carey, LCSW, RPT-S

Part I of this series ended with remarks about the Great Mother. I am presenting a couple of additional scenes to further explain this archetype since it is one of the most powerful that sandplay therapists encounter.

As mentioned in Part I, all archetypes including that of the Great Mother have both positive and negative aspects. An eight year old girl is the first example. Her mother had died of AIDS and had serious symptoms before her death. This child went through many stages of grief and this picture is an example of how she had finally begun to adjust. She showed a dinosaur that made a nest with a tissue and given birth to its young. She commented that the tissue was to provide a soft space for the babies. The process was quite moving because during the construction, she portrayed a mating scene as well. It is of interest to note that she had a sexually active teen-age sister.



This next picture is representative of a negative Great Mother and was produced by an adult male with severe OCD (Obsessive/Compulsive Disorder). In his picture, he has illustrated how castrated he feels with the castle, automobile and other figures lying down. He has not yet found the energy to combat the destructive elements of the Great Mother in his psyche.

The Wise Old Man, sometimes referred to as the Senex, is another archetype of importance. He is the masculine representation of the Great Mother. In His positive form, He has the wisdom of Solomon, a guru, or a savior. He can also be Zeus or God. The Wise Old Man is often projected onto an analyst (just as the Great Mother archetype is) and it has nothing to do with the sex of the therapist. The patient will use the analyst as whatever is needed for psychic health at the moment. The therapist must carry the projections until the patient eventually gets in touch with his or her own positive Great Mother or Wise Old Man. These are all inner figures, all a part of the dreamer or Sandplay patient. Miniatures that are often chosen to represent the Wise Old Man can range from animals with male-like characteristics such as the bull or lion, to rabbis or priests or other power-filled male figures. The scene that follows is that of a young boy and also indicates a firming of his movement towards a positive masculine stance. The very phallic castle, enclosed in a circular fenced in area demonstrates the positive assertion of his striving towards adulthood.

The negative side of the Wise Old Man is the Puer, the eternally youthful man who refuses to grow up, but who lives his life in a “devil may care” fashion. He is often the adventurer in stories such as Robin Hood or Peter Pan or, in real life, like Lawrence of Arabia. He seems to have frequent accidents and often an

early death. These are often the patients who are beset with alcohol and/or drug problems and who live in constant denial. They are often brought to therapy by others because of continuing relationship difficulties. This picture is that of an adult homosexual male who takes many chances in his life. Note the use of many female pictures as well as dark alien figures.

According to Webster[1], 'archetype' refers to the original pattern, or model, from which all other things of the same kind are made; the prototype; a perfect example of a type or group. Could we perhaps say that the symbol of bin Laden is the archetype of EVIL??

> In order to fully understand the deeper level of dreams or Sandplay, we need to have some acquaintance with mythology, for in mythology, the archetypes are clearly illustrated. If one's education is lacking in this area, it is difficult to see the deeper analogies that exist such as a case of compulsion neurosis and its connection to a classical demonic possession. These are intricately related. The term 'archetype' is often misunderstood as meaning certain definite mythological motifs or images. This is not the case, but these are merely the way we can consciously understand these representations. An archetype is a model, not an actuality.

Now, I'd like to say just a few words about signs and symbols. They are different than archetypes. Jung[2] writes about the difference between a sign and a symbol. "The sign is always less than the concept it represents, while a symbol always stands for something more than its obvious and immediate meaning. In dreams, symbols occur spontaneously, for dreams happen and are not invented; they are, therefore, the main source of all our knowledge about symbolism". In addition to dreams, Jung goes on to say, symbols appear in all sorts of psychic manifestations. "There are symbolic thoughts and feelings, symbolic acts and situations". It seems that even inanimate objects cooperate with the unconscious – one example Jung gives is when a clock stops at the exact moment of its owner's death.

There are also symbols that are collective in their nature and origin such as religious images. All this is directly related to interpreting dreams or sand pictures. This is why it is essential that one ask for the dreamer's or sand player's interpretation of any symbol seen because it is the client's associations that are the most important. The therapist's observations can enlarge the consciousness of the patient, but are not the only interpretation possible. Jung told his students to learn as much as possible about symbolism and then forget it when you analyze a dream.

Jung relates a dream that he had when working with Freud that illustrates this point[3]. Jung dreamt that he was in his home, apparently on the first floor, in a cozy, pleasant sitting room furnished in the manner of the 18th century. He was surprised that he hadn't seen this room before and began to wonder about the rest of the house. He went downstairs and found the place rather dark with furniture dating from the 16th century. Going down even more, he went to the cellar where there was a door opening onto a flight of stone steps that led to a large vaulted room. When he examined the floor and walls closely, the walls were of Roman origin. In one corner there was an iron ring on a stone slab. He pulled the slab and saw yet another narrow flight of steps leading to a kind of cave which seemed to be a prehistoric tomb, containing two skulls, some bones and broken shards of pottery.

Freud interpreted this dream to mean that Jung wanted Freud's early demise, whereas Jung viewed it as a history of his life. He grew up in a house that was 200 years old, the furniture was about 300 years old. The big news of that day was the work of Charles Darwin. Jung's early interest was in paleontology and comparative anatomy, which directly links this dream to the skulls and bones in the latter part of the dream. There is more, of course, but this is a rough idea of some of the differences between Freudian and Jungian interpretations.

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[1] Webster
[2] Jung, CW p. 55
[3] Jung, C.G., Man and His Symbols, pp 56, 57

A psychiatrist brought a handwritten booklet of dreams to Jung that had been given to him by his daughter for Christmas[4]. She was 10 and had had the dreams when she was 8. The father didn't know what to make of it. Here are the relevant motifs from the dreams:
"The evil animal," a snakelike monster with many horns, kills and devours all other animals. But God comes from the four corners, being in fact four separate gods, and gives rebirth to all the dead animals.
An ascent into heaven, where pagan dances are being celebrated; and a descent into hell, where angels are doing good deeds.
A horde of small animals frightens the dreamer. The animals increase to a tremendous size, and one of them devours the little girl.
A small mouse is penetrated by worms, snakes, fishes, and human beings. Then the mouse becomes human. This portrays the four stages of the origin of mankind.
A drop of water is seen, as it appears when looked at through a microscope. The girl sees that the drop is full of tree branches. This portrays the origin of the world.
A bad boy has a clod of earth and throws bits of it at everyone who passes. In this way all the passers-by became bad.
A drunken woman falls into the water and comes out renewed and sober.
The scene is in America, where many people are rolling on an ant heap, attacked by the ants. The dreamer, in a panic, falls into the river.
There is a desert on the moon where the dreamer sinks so deeply into the ground that she reaches hell.
In this dream the girl has a vision of a luminous ball. She touches it. Vapors emanate from it. A man comes and kills her.
The girl dreams she is dangerously ill. Suddenly birds come out of her skin and cover her completely.
Swarms of gnats obscure the sun, the moon, and all the stars, except one. That one star falls upon the dreamer.
Needless to say, this father could not make head or tale of these dreams. Neither, it seems, could Jung who had no chance to ask her about them. She lived abroad and died of an infectious disease about a year after that Christmas. He only knew later that this child was pre-ordaining her death.
In the text, Jung is able to demonstrate the archetypal quality and the relationship of the images in the dreams to very deep, philosophical issues that neither the girl nor her parents could be aware of. This is one example of an in-depth analysis of a dream that foretold the future.

I recall once being in a supervisory group and one of my colleagues had a client who had had a major stroke that paralyzed her left side. A few weeks before it happened, the woman had told my colleague of a dream she had where there was an extreme explosion in her left ear that was caused by a clown banging a drum. When she came to after the stroke, her first comment was "That damn clown"!!!

More recently, I kept thinking that I should call a friend of mine – I do not know why. Several days that thought kept appearing and so I finally picked up the phone. When my friend answered, she was in a very bad state because she had learned a few days earlier that one of her brothers had taken his own life. Somehow we were connected on an unconscious level and I was being prodded to call her.

Some dreams have an anticipatory aspect and this must be considered - especially when it doesn't seem to fit any known facts. It seems that our unconscious knows before we are consciously aware. The unconscious makes its decisions instinctively, whereas the conscious uses reason and knowledge. One knows that an archetype has been activated when there is an accompanying energy field, when there is a feeling tone connected to it. It has been said, re archetypes, we need to be in charge of them rather than they being in charge of us. For example, if you meet someone that makes you feel quite uncomfortable and you don't know why, you are probably encountering an archetype that you have not previously been aware of. This presents you with an opportunity to examine what about this particular person is making you uncomfortable. What has probably occurred is that you are being confronted with a part of your Shadow that you are not yet aware of. Archetypes have their own initiative and their own specific energy.

[4] Jung, Man and His Symbols, pp 67-82

Myths reveal archetypes in a telling way. One myth that is encountered through all segments of society throughout the world is the myth of the Hero. The Hero liberates his people from destruction and death, usually at great odds. He is greater than great or bigger than big. The Hero is that aspect of our psyche that dares to venture into the unknown, into the shadow of the unconscious, bringing us in touch with the darker aspects in our soul and in the world. The Hero allows us to figure out what it will take to achieve our goal. One thinks of the myth of Hermes, of Ulysses, of Christ, of Osiris/Horus.

Take Hermes as an example – he was born with super-human qualities. On his first day of life, he made a lyre from the shell of a turtle and used hairs from the tail of a cow to make the strings that could be plucked and then sang songs using this lyre. That same day he played a trick on his brother by turning the hooves on the cattle backward so that it looked as if the cattle were traveling in the opposite direction than they really were. All these myths have certain things in common – an unusual circumstance of birth, superhuman powers, conquering might with right. As far as symbols go, at Christmas time we put up a Christmas tree and burn candles. The evergreen tree has been associated with Christ as the beginning of a new era of Christianity and also with the cross, signifying Christ's death – so with one symbol, we are confronted with birth and death, the human cycle. Candles, too, symbolize the light being shed on humanity – the divine light of Christ.

In the Jewish tradition candles play a significant part in holidays – particularly on the Jewish New Year. The menorah, consists of eight candles. The celebration lasts for eight days so that one candle of the menorah is lit each evening. The Friday night candle is important also in the Jewish tradition. It is lit to sustain one through the Sabbath and/or to remember loved ones who have died.

Jung, in the 1950's, writing about the Iron Curtain and Russia[5] discussed that "the world, so to speak, was dissociated like a neurotic, with the Iron Curtain marking the symbolic line of division. Western man, becoming aware of the aggressive will to power of the East, sees himself forced to take extraordinary measures of defense, at the same time as he prides himself on his virtue and good intentions. What we fail to see is that it is our own vices, which are covered up by good international manners that are thrown back in our face by the Russians, shamelessly and methodically. What the West has tolerated, but secretly and with a slight sense of shame (the diplomatic lie, systematic deception, veiled threats) comes back into the open and in full measure from the East and ties us up in neurotic knots. It is the face of our own evil shadow that grins at Western man from the other side of the Iron Curtain". Today, this could have been written regarding our worldwide conflicts – certainly that of Iraq and now Afghanistan and Iran. America sees Iran as the embodiment of Evil, while Iran views America the same way. This has been played out in Afghanistan as well as the Unites States forces have stormed Osama bin Laden's hideout and killed him. Jung goes on to say that a strong intuition is needed in the work of interpreting symbols – sometimes it is a lucky hunch but this can be dangerous and can lead to a false feeling of security and we need to dig deep through the intellect. We need both the intellect and intuition to do the work well.

In my attempt to understand some of Jung's ideas, I have turned to Wilmer[6] as he has a way of putting things that are both humorous and enlightening. He has one chapter that is devoted to Symbolism and Creativity that I found quite helpful. He describes one Adlerian psychoanalyst who was planning a book on famous people. He wrote to Albert Einstein to see if he would consent to being analyzed. After Einstein's death, amongst his papers, was found a copy of his reply: "I regret that I cannot accede to your request, because I should like very much to remain in the darkness of not having been psychoanalyzed". I remember hearing it said many times that creative people refuse to be analyzed, as they fear that analysis will destroy their creativity. I believe, with Jung, that creativity can be freed up to function more effectively when some of the blocks have been removed. Obviously, this did not appear to be true for Einstein.

Wilmer[7] writes more on creativity and the Great Mother:

> "We are all born of mothers.
> The great mother archetype is a symbol of creativity.

[5] Jung, C.G. Man and His Symbols, p. 85
[6] Wilmer, H. Practical Jung
[7] Wilmer, Practical Jung, p. 262

The devouring mother archetype is a symbol of destruction.
What creates can kill.
What poisons can heal.
The therapist is midwife to birth and rebirth.
And partakes of some of the pain of this occasion,
Even though he does not know,
And this not knowing is his great wisdom."

Wilmer cites a quote of Jung: "Whenever conscious life becomes one-sided or adopts a false attitude - then archetypal images instinctively rise to the surface in dreams, and in visions of artists and seers to restore the psychic balance of the individual or of the epoch". Wilmer says that "A *complex*, according to Jung, is the sum of all the associated ideas and feelings that are attracted to an archetype, the complex gives the archetype a form of expression. The complex is powered by affect. It is feeling this affect which tells us we are experiencing the archtype."

Another quote from Wilmer [8] "In the still depth of the collective unconscious dwells absolute evil. Its model is hell and purgatory. It is manifest in cruel torture, fiendish torment, and terrorism, in deeds so dark we know they are malevolent, heartless, diabolical". (SLIDE – HEAVEN AND HELL) On page 97, "Terrorism and torture are justified by claims of 'cause', 'belief', and 'right'. Extermination, holocaust, lynching, mutilation, the collective shadow bursts like napalm in your face".

We know that archetypes are two-sided so when the dark side appears, we need to find its opposite and look for hope or enlightenment. I believe this most likely can be found in the Wounded Healer Archetype – for only by healing our own personal wounds can we heal the wounds of those we treat and ultimately hope that the wounds of those in power can also be reached.

I'll close with one more quote from Wilmer[9] when he writes of the Wounded Healer archetype:

"At one extreme in the wounded healer archetype
is the medicine man, shaman, trickster, and charlatan.
At the other end is the healer of highest technical and human skills.
In the middle is the balanced, centered healer.
The wounds of the wounded healer who is unconscious of
his own wounds may be stirred up;
When he devotes day in and day out to listening to
and helping others in psychological distress.
His tendency to see the patient as all sick and all-wounded blinds him to the inner physician.
It is the health-sickness archetype which is the spectrum of all who are wounded".

Save the Date:

Annual New York Association for Play Therapy Presents:

Creative Play Therapy Interventions for Problems of Dysregulation
Presented by Paris Goodyear-Brown, LCSW, RPT-S

March 9-10, 2012
The Poughkeepsie Grand Hotel
40 Civic Center Plaza,
Poughkeepsie, NY 12601-3118

[8] Ibid., p.96
[9] Wilmer, Practical Jung,, p. 117

About the training:

Creative Play Therapy Interventions for Problems of Dysregulation

Throughout this two day training a variety of play therapy techniques will be presented. Techniques that can be used to assist children with emotional regulation: self-regulation behaviorally, co-regulation by a parent, cognitive dysregulation (CBT oriented techniques), social, impulse control, attentional issues, etc will be presented throughout the course of this training.

About the presenter:

Paris Goodyear-Brown, LCSW, RPT-S is a Licensed Clinical Social Worker and a Registered Play Therapist-Supervisor with 17 years of experience in treating traumatized children and families. She is an Adjunct Instructor of Psychiatric Mental Health at Vanderbilt University, guest lecturer for several universities in middle Tennessee, maintains a private practice, and has an international reputation as a dynamic speaker and innovative clinician. She is best known for developing clinically sound, played-based interventions that are used to treat a variety of childhood problems and has received the APT award for Play Therapy Promotion and Education. She is the author of multiple books, chapters and articles related to child therapy. Her newest books include the *Handbook of Child Sexual Abuse*: *Identification, Assessment, and Treatment; Play Therapy with Traumatized Children: A Prescriptive Approach* and *The Worry Wars: An Anxiety Workbook for Kids and their Helpful Adults.*

Conference Scholarships Available!

Wishing you could attend the upcoming NYAPT Annual Conference but finances are getting in the way?

NYAPT has several options for you!

- **Become a volunteer!**

NYAPT has a limited number of volunteer positions available. Duties of the volunteer include helping out at registration, during our annual meeting and lunchtimes with raffle tickets, and during workshops to assist the workshop presenter, in checking entry tickets and giving out and collecting feedback forms.

- **Student Scholarships**

Next, we have ***two*** student scholarships for two-day attendance at the conference. These scholarships require the applicant to be enrolled full or part-time in an educational program.

- **NYAPT Member Scholarships**

Finally, new this year, are ***two*** NYAPT member scholarships for attending both conference days. Recognizing finances are tight for everyone, members can apply for their registration fee to be waived. You must be an NYAPT member to qualify.

Scholarships only cover registration for the conference. They do not cover hotel, transportation, or other related expenses. The scholarship is not transferable and can only be used by the individual selected.

If you are interested in applying for the scholarship, please fill out the application in this newsletter and return your application via email to Athena Drewes, adrewes@hvc.rr.com, by **January 20th**. Applications will be reviewed and winners chosen from all applications received. The scholarship winners will be notified by February 1st.

Scholarship Fundraiser!!!

In order to help fund our scholarships for students and members, this year we will be holding a *Tricky Tray Fundraiser* at the conference. A variety of new and gently used items will be available for attendees to try and win. Tickets will be sold. Attendees put in as many tickets as they want in the bags in front of the items offered that they are hoping to win. On our second day, March 10th, during lunch, one winner will be chosen from each bag for each of the items offered. The more tickets you put in the bag for the item you want, the greater the chance of winning!!

Do you have play therapy and self-care items you would like to donate? It could be an extra copy of a play therapy book, toys, sandtray miniatures, or other items of interest. Please contact Athena Drewes (adrewes@hvc.rr.com) if interested in donating to our fundraiser (donations are tax deductible)!

NYAPT 2012 CONFERENCE SCHOLARSHIP FORM

The purpose of the New York Association for Play Therapy scholarships is to provide the opportunity to current NYAPT individual members and students who, due to financial restrictions, would otherwise be unable to attend the annual NYAPT conference without support.

NYAPT Scholarships offer the recipient a complimentary 2 day conference registration, March 9-10, 2012. Awards are based on financial need, contributions to the field of play therapy, and potential to give back to the field. NYAPT members are given preference. Two Member and Two Student Scholarships are awarded to cover part or all of the base conference fee and do not include room and board or transportation. The scholarship recipient is responsible for securing their own travel, lodging and incidental expenses.

Application Procedure: E-mail applications are preferred as a more sustainable option than mailing paper copies. Copy and paste the application below into Word as a new document, complete the form, and submit as an attachment. Send the completed application to adrewes@hvc.rr.com. Paper applications may be mailed to: Athena Drewes upon request. **The deadline for receipt of the application is January 20th.** Selections will be made after reviewing all applications received. Scholarship applicants will be **notified of our decision by February 1, 2012.**

Scholarships are not transferable. Scholarship recipients must notify NYAPT if they cannot attend.

1. Name: _____

2. Phone (day): _____ Phone (evening): _____

3. Mailing Address: _____

City: _____ State: _____ Zipcode: _____

4. E-Mail:_____

5. Are you a current member of NYAPT?

6. Have you previously received an NYAPT conference scholarship, and if so, which years? _____

7. Are you a student? _____ full time (12-15 hours) _____ part time _____
(Submit a photo copy of your current school year ID with application.)

8. Please describe your current or past NYAPT activities and contributions:

9. Financial Need (Please list all figures in US dollars):

a. Sources for funding for conference attendance:
Employer _____ Out of pocket _____ Other, please specify _____

b. Assistance Needed (Check all that apply):
____ Complete Registration Fee comp
____ Partial Registration Fee comp
____ Serving as a Volunteer, with registration fee waived
____ Having registration waived but not serving as a volunteer

c. What else should we know about your Financial Situation?

10.On a separate page, please provide the review committee with the following information: Please write a statement, no longer than 500 words total **including all three** items below:

- why do you wish to attend this conference?
- how do you plan to use what you learn to promote play therapy in your work and community settings?
- what significance would the conference have for your personal and professional objectives?

I understand and accept the above requirements.

Signature _____ Date_____

Scholarship applications must be received by January 20, 2012.
Return Application to: adrewes@hvc.rr.com. You will receive a reply e-mail to let you know your application has been received. All scholarship applicants will be notified of decision regarding their scholarship application by February 1, 2012

Fetal Alcohol Spectrum Disorders
A Life Sentence with New Hope for Children*
By Catherine E. Cwiakala, LMSW

* Teens and Young Adults with FASD Prevention, Identification, and Treatment will be discussed in the February 2012 NYAPT Newsletter.

The advances in preventing, identifying, and treating Fetal Alcohol Spectrum Disorders (FASD) in children, infants, newborn infants [1], and prenatally [2,3, 4a-g] are encouraging. Two crucial advances this year were initiated by the **American College of Obstetricians and Gynecologists**[2] and **American Academy of Pediatrics.**[5]

Identifying children with FASD at an early age increases the mandate for Play Therapists to research and develop effective play therapy treatment for these infants and children.

I believe the following two resources are better references to diagnosis whether a child has FASD (with or without other major childhood mental and emotional disorders) than the DSM - IV.

- **Overlapping Behavioral Characteristics & Related Mental Health Diagnoses in Children:** Chart prepared by Cathy Bruer-Thompson, 3/23/10 (Created with sources including the NAMI: National Alliance on Mental Illness and Mayo Clinic)
  http://www.samaritanbehavioralhealth.com/files/Overlapping-characterisitics-chart.pdf

- **How Fetal Alcohol Spectrum Disorders Co-Occur with Mental Illness: What You Need to Know; http://store.samhsa.gov/shin/content//SMA06-4237/SMA06-4237.pdf**

In **May 2012** we await the new **DSM - V**. Then we will discover the American Psychiatric Association (APA) response to NOFAS, the Minnesota Organization on Fetal Alcohol Syndrome (MOFAS), and over 40 other FASD-focused organizations who advocate for the inclusion of FASD in DSM-V. [6a,b]

Play Therapy's Mandate:

The following advances and needs:

- The medical community has greatly advanced the early identification of children, infants, and even preborn infants with FASD including the assessment of:

  - Neurodevelopmental Disorder (ARND), which refers to children with primarily intellectual and behavioral problems. [2]

  - Alcohol-related Birth Defects (ARBD), which encompasses several physical manifestations, such as bone and kidney problems.[2]

  - Sensory perception injury.

    About 3 to 5 of every 1,000 babies born in the U.S. has FASD. According to the National Organization on Fetal Alcohol Syndrome.[2]

- Unfortunately the rate of FASD has not decreased.

  - There are more new cases of FASD each year than Down syndrome, cerebral palsy, and spina bifida combined. [2]

- The educational community has created effective (preschool through twelfth grades) educational practices and curriculums for children, adolescents, and adults with FASD many of which can be effectively used by play therapist. [7a-c]

- There is a crucial need to find and develop resources to prevent and treat by the medical, nutritional, educational fields, and especially, in the mental health fields continues to meet the vulnerable babies, children, adolescents, and adults with FASD needs, so they can reach their full potential. [8]

- The education and support of parents [9a-c] and siblings [10a,b] are key resources to help children, teens and adults with FASD.

This creates a:

Mandate for Play therapists to Research and Develop Key Play Therapy Techniques for Clients with FASD.

I am still seeking play therapy resources, including a Play Therapy Book, specifically for children with FASD.

Additional key information in the medical, educational, and mental health areas on FASD: Identification, Assessment, and Treatment:

(This article contains new information and does not include key information from two previous FASD articles in the NYAPT Newsletters: November 2009 and January 2010.)

Key Prevention Update:
Pregnancy: Prevention, Identification, and Treatment of Fetus and Newborn for FASD:

[1] Neonatal Cranial Ultrasound Leads to Early Diagnosis and Intervention in Baby of Alcohol-Abusing Mother
Therese M. Grant, Ph.D., Fred L. Bookstein, Ph.D., 1 1
Nancy L. Whitney, M.S. & Ann Streissguth, Ph.D. 1 1
University of Washington, Department of Psychiatry and Behavioral 1 Sciences, Seattle, WA
http://depts.washington.edu/pcapuw/inhouse/Neonatal%20Cranial%20Ultrasound%202006.pdf

[2] **American College of Obstetricians and Gynecologists** (ACOG) statement

- **Screen All Women for Alcohol Use, American College of Obstetricians and Gynecologists** (ACOG) Says by Todd Neale, Senior Staff Writer MedPage Today, July 21, 2011, Reviewed by Robert Jasmer, MD

  - Pregnant or not, all women seeing their ob/gyn should be screened for alcohol use to identify at-risk drinking and alcohol dependence, according to the ACOG.
  - The screens should take place at least every year and within the first trimester of pregnancy, stated an opinion form ACOG's committee on healthcare for underserved women, which was published in the August issue of Obstetrics and Gynecology.

  - Note that if intervention and education fail to get a woman who is drinking at risky levels to curtail her drinking, the ob-gyn should refer her to a substance abuse specialist.

  - The National Institute on Alcohol Abuse and Alcoholism defines at-risk alcohol use as more than three drinks per occasion (binge drinking) or seven drinks per week for healthy women, and any amount of drinking for women who are pregnant or who are at risk of becoming pregnant.

  - In addition, women who drink during pregnancy place their unborn children at risk of birth defects.

  http://www.medpagetoday.com/OBGYN/GeneralOBGYN/27662

[3] **Public Policy Statement on Women, Alcohol and Other Drugs, and Pregnancy; American Society of Addiction Medicine;** (ASAM), *posted 10/11;* http://www.asam.org/WomenandPregnancy.html

[4a]**"Fetal Ultrasound Measures as Predictors of Alcohol-Related Physical Features in the Newborn: Preliminary Results"; Jones, K. L. et al; University of California at San Diego**
Presented at the 2007 meeting of the American Teratology Society
http://www.ibis-birthdefects.org/start/fasprenat2.htm
[4b] **Alcohol Effects on a Fetus;** *Organization of Teratology Information Specialists*
http://www.cigna.com/individualandfamilies/health-and-well-being/hw/medical-topics/alcohol-effects-on-a-fetus-tk3598.html

[4c] **Alcohol and Pregnancy**
http://www.otispregnancy.org/files/alcohol.pdf

[4d] **Fetal Alcohol Syndrome -- The Biological Basis / FAS FASD Video;** Duration: 14:50: National Institute on Alcohol Abuse and Alcoholism (NIAAA) Bethesda, MD 20892
http://www.tutorgig.com/v/fetal+ultrasound

[4e] **Identifying Alcohol-Exposed Pregnancies through Biomarkers**
http://www.cdc.gov/ncbddd/fasd/pastactivities-identifying.html

[4f] **Canadian Association of Paediatric Health Centres: FASD Screening Tool Development Project: FASD Screening in Children and Youth A REVIEW OF THE LITERATURE; Funded by: Public Health Agency of Canada; Prepared by: Y. Ingrid Goh**, Division of Clinical Pharmacology & Toxicology, The Hospital for Sick Children; Department of Pharmaceutical Sciences, Leslie Dan Faculty of Pharmacy, University of Toronto; **Charlotte Rosenbaum**, Charlotte Rosenbaum Consulting Services
http://www.caphc.org/documents_programs/fasd/final_fasd_lit_review.pdf

[4g] Ultrasound Fetal Response To Alcohol Fetal Alcohol Syndrome. Ultrasound Recording Of A Fetus Responding To Alcohol Video. Text excerpts (from Fair Use) from Jonathon Carr-Brown and Martyn Halle; Sunday Times - Britain. November 20, 2005. Public domain video clip from w.timesonline.co.uk/sundaytimes. SCIENTISTS have captured graphic ultrasound images of the damage done to unborn babies as a result of v drinking during pregnancy.

http://justsearchit.com.au/Y_fasd,2,ultrasound_fetal_response_to_alcohol_fetal_alcohol_syndrome.html

[4g] CHDD – Center on Human Development and Disability Research Emphasis Area on Fetal Alcohol Spectrum Disorders; Coordinator: Susan Astley, Ph.D.

Faculty investigators for the Research Emphasis Area on FASD address seven areas of concentration within an interdisciplinary framework:
http://depts.washington.edu/chdd/iddrc/res_em_area/fas.html

[4h]**Psychologists' Knowledge and Attitudes about FAS, FASD, and Alcohol Use During Pregnancy:**
"Fetal alcohol syndrome (FAS) is a devastating byproduct of drinking during pregnancy. Its impact is lifelong, but with early intervention, FAS children can improve."
Proffessional Psychology: Research and Practice; Wedding D, Kohout J, Mengel MB, Ohlemiller M, Ulione M, Cook K, Rudeen K, Braddock S., 2007; 38 (2): 208-213 Summary
http://psycnet.apa.orgt/journals/pro/38/2/208.pdf

[5]**American Academy of Pediatrics:**
Fetal Alcohol Spectrum Disorders (FASDs): a Call to Action Quote:

DIAGNOSING FASDs
Diagnosing FASDs can be difficult because there is no specific diagnostic medical test and a broad range of symptoms and signs are included under the FASD umbrella. Greater awareness and consistent screening are needed to be effective in identifying and diagnosing FASDs.

Pediatricians should consider FASDs when evaluating children with developmental problems, behavioral concerns, or school failure. These diagnoses should particularly be considered for children in foster care, especially if drug or alcohol use by a parent was a contributing factor. Like other children with complex medical or behavioral disabilities, children with FASD need a pediatric medical home to provide and coordinate care and ensure necessary medical, behavioral, social, and educational services.**
http://www.medicalhomeinfo.org/downloads/pdfs/fasdfactsheet.pdf

[6a] **FASD and DSM V: Nat**ional Orgnaization on Fetal Alcohol Syndrome (NOFAS)
NOFAS, the Minnesota Organization on Fetal Alcohol Syndrome (MOFAS), and over 40 other FASD-focused organizations are advocating for the inclusion of FASD in DSM-V. Longtime proponent of FASD in the DSM, Dr. Susan Rich, MD, MPH, and other prominent psychiatrists are also collaborating to encourage the American Psychiatric Association (APA) on the FASD inclusion issue.

DSM-V is a planned revision expected to be released in May 2012. Two Task Force committees—the Substance-Related Disorders and Developmental Disorders Work Groups—are considering inclusion of FAS/FASD/ARND in a format and content that will be strictly based on the state of the research. An FASD research literature review that will present the scientific case for inclusion is currently in development.

NOFAS, MOFAS and other FASD organizations have submitted a letter of support for FASD inclusion to the relevant DSM-V Task Force work group chairs. It states in part:

> We are pleased that your deliberations on the DSM-V will be determined by the state of scientific research, as we strongly believe that thirty-five years of clinical, animal, epidemiological, and cellular research demonstrates a clear diagnostic framework for FASD. As advocacy organizations, we have a profound understanding of how the absence of FASD in DSM-IV contributes to diagnostic inaccuracy, treatment delivery problems, medication mismanagement, and resource limitations for affected individuals. It creates reimbursement problems for practitioners and results in under-reporting of this preventable disorder. In terms of prevention, under-reporting leads to the failure for women of childbearing age to be adequately informed about the lifelong psychopathology associated with drinking alcohol either during or before they are aware of pregnancy.
> http://www. nofas.org

[6b] **The MOFAS Position on FASD and the DSM:** Fetal Alcohol Spectrum Disorder (FASD) is currently undefined in the DSM-IV, which often results in misdiagnosis by medical and mental health professionals. Diagnosed and undiagnosed individuals are subjected to a lack of understanding and support in schools, social and judicial systems. While a Fetal Alcohol Diagnosis may facilitate the appropriate recognition of the underlying organic brain damage involved in individual's difficult behaviors and assist in the treatment with the child and family, there is no effective way to link the medical health side of FASD with the mental health issues that arises in approximately 90% of these individuals. The absence of FASD in the DSM prevents an integrated/multidisciplinary approach with medical doctors, psychologists, psychiatrists, speech/occupational therapists, probation/social workers and educational institutions. Furthermore, FASD in the DSM permits the education of medical and graduates students, including physicians, psychiatrists and psychologist to increase the awareness of the condition and its clinical presentation. This would also increase the families' abilities to receive appropriate services. Finally, the lack of coding impedes further clinical and psychiatric research of FASD. Although there are some logistical, technical, and procedural difficulties surrounding the inclusion of FASD in the DSM-V, MOFAS believes its inclusion is vital not only in facilitating more accurate diagnosis and reporting, but to increase awareness and present the opportunity to further medical and psychiatric research. **http://www.mofas.org/2011/09/dsm/**

[9a] **Supporting Parents of Children with Fetal Alcohol Spectrum Disorders, and Young Children with Significant Prenatal Alcohol Exposure,** HEATHER CARMICHAEL OLSON,1,2 PhD; JENNA RUDO-STERN,1 BA; BETH GENDLER,2 MSW, *1University of Washington School of Medicine, USA, 2Seattle Children's Hospital Research Institute, USA, (Published online February 9, 2011);* **Encyclopedia on Early**

Childhood Development 1 ©2011 Centre of Excellence for Early Childhood Development O'Brien J, Mattson SN, http://www.child-encyclopedia.com/Pages/PDF/Olson-Rudo-Stern-GendlerANGxp1.pdf

FASD Treatments: Key resources that give an overview of FASD Treatments, including new developments of identification (before and at birth and early childhood) and research for new effective treatments for infants, children, adolescents and adults with FASD.

- **Types of Treatments:** Medical Care, Medication, Behavior and Education Therapy (Friendship training, specialized tutoring, executive functioning training, parent-child interaction therapy, parenting and behavior management training) and alternative approaches (including art therapy, animal-assisted therapy, vitamin and other therapies)

http://www.skfasnetwork.ca/pdf%20files/LivingwithFASD_Fall2010.pdf

School and Community Resources:

I extend a special **Thank You to Theresa Ann Fraser, CYW, BA and Canadian APT Member** for her help in finding the following excellent resource:

- [7a] **FASD: Strategies not Solutions,** a strategies booklet to educate caregivers and the community in managing the behaviors associated with FASD.
  http://www.betterendings.org/strategies_not_solutions.pdf

- [7b] **Re: Defining Success: A Team Approach to Supporting Students with FASD: A Strategy Guide for Mentors and Coaches Working in Schools (Grade 1-12)**
  http://education.alberta.ca/media/932737/redefining_final.pdf

- [7c] **Canada School Information for the treatment of children with FASD:**
  http://www.lrc.education.gov.ab.ca/pro/default.html

Parent Resources:

- [9b] **The Mayo Clinic** has an excellent article for parents of children with FASD:
  "Fetal alcohol syndrome" which includes: When to see a doctor; Preparing for your appointment, Test and diagnosis; and Coping and support.
  http://www.mayoclinic.com/health/fetal-alcohol-syndrome/DS00184

- [9c] **Fetal Alcohol Syndrome: A Parents' Guide to Caring for a Child Diagnosed with FAS**, 2004
  Wake Forest University Health Sciences: School of Medicine, NC
  http://Fetal_Alcohol_Syndrome_Parents_Guide[1].pdf

- [9d] ADOPTING AND FOSTERING CHILDREN WITH FETAL ALCOHOL SPECTRUM DISORDERS: **W H AT Y O U N E E D T O K N OW**
  http://store.samhsa.gov/shin/content/SMA07-4254/SMA07-4254.pdf

Siblings of Children with FASD Resources:

- [10a] ***What Do I Do? Helping Your Kids Understand Their Sibling's Fetal Alcohol Spectrum Disorder.*** DHHS Pub. No.(SMA) 06-4246. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2006.
  http://store.samhsa.gov/shin/content/SMA06-4246/SMA06-4246.pdf

- [10b] ***My Sibling Has a Fetal Alcohol Spectrum Disorder (FASD). Can I Catch It?*** SMA06-4247.pdf (PDF, 36 MB), Pub id: SMA06-4247 Publication Date: 4/2007 http://store.samhsa.gov/product/My-Sibling-Has-a-Fetal-Alcohol-Spectrum-Disorder-FASD-Can-I-Catch-It-/SMA06-4247

FASD and Art Therapy:

- **Monsters, Monkeys, & Mandalas: Art Therapy with Children Experiencing the Effects of Trauma and Fetal Alcohol Spectrum Disoder (FASD)**, June Gerteisen, Anchorage, Viewpoint: Canadian Research Projects: http://www.fasdmanitoba.com/researchprojects.html

- **Art Therapy and Children with FASD: A Unique Connection?** By D. Beaudmont, Art Therapist, FASD Support Network of Saskatchewan Inc. Living with FASD Fall 2010 http://www.skfasnetwork.ca/pdf%20files/LivingwithFASD_Fall2010.pdf

Theraplay and Fetal Alcohol Syndrome:

- **Theraplay and Fetal Alcohol Syndrome, by Dafna Lender, LCSW, Training Director of the Theraplay Institiute; http://www.theraplay.org/articles/Lender_09.pdf**

Organizations for Help:

- National Organization for Fetal Alcohol Syndrome (NOFAS); http://www. nofas.org

- U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention www.samhsa.gov

- **WebMD** http:www.webmd.com

- **The National Organization on Fetal Alcohol Syndrome (NOFAS) provides a list of the State Resources for New York** (including: Community Resources and Family Support Groups, Diagnosis of FAS, Prevention Programs, including Treatment for Women, Treatment Services for Affected Individuals and Statewide Services): http://www.nofas.org/resource/results.aspx?ST=32&Name=New%20York

- **Northeast Regional FAS Education and Training Center**
  The Northeastern RTC, located in the University of Medicine and Dentistry of New Jersey (UMDNJ), has provided FASD-related education in multiple training and practice environments. It is closely associated with the NJ state-funded FAS Diagnostic Centers, one of which is also located in the New Jersey Medical School. This has given the Northeastern RTC direct access to child developmental specialists and pediatricians, allowing for practical assessment of strategies and materials developed as part of the educational network. Within the UMDNJ system, the Northeastern RTC has provided FASD training to all three major campuses and has worked with the affiliated nursing, allied health, and public health schools. The New Jersey Medical School, Department of Pediatrics, has a "week of FASD" for residents and third-year medical students, in which information has been provided on each core competency and practical case presentation from the affiliated state diagnostic centers are incorporated. Outside of the medical school environment, training has been provided to the New Jersey State Department of Justice personnel and local school districts and hospitals. Relationships and trainings have also been established at the state level with the Department of Human Services, Department of Health, Division of Youth and Family Services, Division of Medical Assistance and Health Services, Maternal Child Health Consortia, and state nurses. The Northeastern RTC is also an important and active member of the New Jersey Governor's Task Force on FAS. The Northeastern RTC received an extension for 2008–2009 to complete project activities. Visit their website to learn

more about the Northeastern RTC and find training materials and resources.

NJ Diagnostic Centers FASD:

- establish regional centers to diagnose and provide medical maintenance services to children with FASD and, when appropriate and available, refer to services
- ensure regional access to an appropriate team of professional and ancillary personnel (neurodevelopmental pediatrician, psychiatrist, psychologist, social worker, learning disabilities specialist, geneticist, etc.) for the diagnosis, treatment and education for FAS and FASD
- serve as regional resource centers for training/professional education regarding early detection and treatment work with the Perinatal Addiction Programs to ensure the availability of resources so that primary care providers within the regions disseminate information and literature that addresses the effects of FAS/FASD
- coordinate with the regional Maternal and Child Health Consortia (MCHC) regarding activities to influence and assist perinatal and family planning providers and primary healthcare providers to upgrade their ability to address substance abuse issues within their practice
  http://www.beintheknownj.org

Key Articles of Information on the Identification, Assessment and Treatment of FASD: (Please note the lack of FASD Play Therapy Research of Treatment Information.)

- **Play therapy for children with fetal alcohol syndrome.** Liles, E. & Packman, J. (2009). *International Journal of Play Therapy, 18(4), 192-206.*

- **National Organization on Fetal Alcohol Syndrome (FOFAS): A Literature Review of Fetal Alcohol Syndrome by Fields of Wheat;** http://fieldsofwheat.**hubpages.com**/hub/A-Literature-Review-of-Fetal-Alcohol-Syndrome

- **Fetal Alcohol Spectrum Disorders: An Overview of Interventions for Affected Individuals,** Chandrasena AN, Mukherjee RAS, Turk J, Child and Adolescent Mental Health Volume 14, No. 4, 2009, pp 162-167
  "Conclusion: Interventions for individuals for FASD suffer universally from a serious lack of systematic development and evaluation. …" Page 166.

- **Fetal Alcohol Spectrum Disorder: from Research to Policy.** Brenda G. Hewitt, Jennifer D. Thomas, and Kenneth R. Warren, Alcohol Research and Health 33-1-2, Winter – Spring 2010 - p. 118 Report **Quote in Abstract:** Research supported by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) has contributed to the identification of the range and prevalence of fetal alcohol spectrum disorders (**FASD**), as well as methods for prevention and **treatment** of **FASD**. The worldwide prevalence and high personal and societal costs of **FASD** speak to the importance of this research. This article briefly examines some of the ways that NIAAA has contributed to our understanding of **FASD**, the challenges that we still face, and how this research is translated into changes in public policy.

- **"Fetal Alcohol Spectrum Disorders: What if? Recognizing FASD / brain-based conditions and improving outcomes",** Diane V. Malbin, MSW,
  Portland, Oregon April 10, 2008, FASCETS, Inc. Power Point Presentation

- **Neurobehavioural Profiles of Individuals with Fetal Alcohol Spectrum Disorders, by *JESSICA O'BRIEN, BA and SARAH N. MATTSON, PhD***

- *Center for Behavioral Teratology, San Diego State University, USA, (Published online February 9, 2011)* **Encyclopedia on Early Childhood Development** 1 ©2011 Centre of Excellence for Early Childhood Development O'Brien J, Mattson SN
  http://www.child-encyclopedia.com/Pages/PDF/OBrien-MattsonANGxp1.pdf

- **Socioemotional Functioning of Individuals with Fetal Alcohol Spectrum Disorders, by *MARY J. O'CONNOR, PhD,*** *David Geffen School of Medicine, University of California at Los Angeles, USA, (Published online February 9, 2011)*
  Encyclopedia on Early Childhood Development 1 ©2011 Centre of Excellence for Early Childhood Development O'Brien J, Mattson SN
  http://www.child-encyclopedia.com/Pages/PDF/OConnorMANGxp1.pdf

These quotes are worth pondering:

FASD and the Child Protective Services System

© 2004 Teresa Kellerman (updated 2010), Director, FAS Community Resource Center, Tucson, Arizona, http://come-over.to/FAS/CPSandFASD.htm

- Of women of childbearing age, over half drink alcohol (SAMHSA's national survey on drug use and health)

- Of all pregnancies, half are unplanned (Alan Guttmacher Institute)

- Of those mothers who drink alcohol one year after the birth of a child, almost all were drinking at the same rate at the time they got pregnant. (SAMHSA's national survey on drug use and health)

- Of all mothers in Arizona who are asked after they give birth whether they drank alcohol during pregnancy, only 1 in 100 admit that they did. (Arizona Department of Health)

- Of all women in their first trimester who were asked if they drank alcohol during the past month, 23% admitted that they had. (SAMHSA's national survey on drug use and health)

- Foster parents who are familiar with symptoms of FASD report that they suspect at least 75% of their foster children may have FASD. (FasAdopt support group survey)

- Most children with FASD appear to be normal at birth and in the early years.

- Only 11% of children with FASD have symptoms that will warrant a diagnosis by age six. (Ann Streissguth 1996 study on FASD and secondary disabilities)

- Only 15% of children with FASD have mental retardation. (Ann Streissguth 1996 study on FASD and secondary disabilities)

- Twice as many babies are born with full FAS than with Down Syndrome. (National Organization on Fetal Alcohol Syndrome)

- More babies are born with an alcohol related disorder than with autism. (National Organization on Fetal Alcohol Syndrome)

- Half of all mothers who give birth to a baby with FAS are alcohol affected themselves.

- Children of parents who abuse alcohol are at high risk of abuse and neglect. (Bays, J. "The care of Alcohol- and Drug-Affected Infants". *Pediatric Annals*, Vol. 21, Aug. 1992, pp. 485-495.)

- Children with the less visible forms of FASD are at higher risk of becoming victims of abuse, neglect, injury, SIDS, and early death. (FASD Center for Excellence)

I implore my fellow NYAPT and International APT Members to join together to educate ourselves in how to help the precious babies, children, adolescents and adults with FASD.

The medical technology has been and continues to be discovered to identify newborns, and even unborn babies who have FASD. We need to collaborate to share our knowledge, research, and clinical practice experience of what has helped both those we know have FASD and those we suspect may have FASD. There is a crucial need for play, art, sand play, puppet, bibliog.-therapy specifically for people with FASD.

Together we can give babies and children with FASD and their families (birth, adoptive and/or foster) the education, protection, resources, services, and play therapy they need. Then we will be able to help these precious children reach their full potential to have productive and satisfying lives.

Please share your knowledge and expertise!
Please send your information to Catherine Cwiakala, at ccwiakala.lmsw@yahoo.com or 118 Edgehill Drive, Wappingers Falls, NY 12590. I will compile the information sent to me and put it in our next NYAPT Newsletter. Thank you!

Grin and Share It

A humor column based on true experience
by Dr. Laurie Zelinger
www.drzelinger.com

A sixth grade student approached her teacher with a compliment, saying, “I like you so much because you’re so maternal.” When another of her teachers overheard the comment, she asked, “How do you feel about me?”. The girl said, “Well, you have no children yet so you can’t be maternal. I guess I’d have to call you “teacher-ernal” but that’s a good thing too.

Hey mom! What’s a reptile dysfunction?

My very own son had this discussion with me last month when he called home from college on the Jewish high holy days.
Me: Hi Perry! I’m so glad to hear from you! Are you going to temple today?
Perry: No.
Me: But they must have religious services on campus or at a synagogue nearby.
Perry: I have a physics test coming up. I have to study for it.
Me: Well, why don’t you go just for a little while?
Perry: Ma, I figure it like this. I can go to services and pray, that I pass, or, I can stay home and study and know that I’ll pass.
Case closed.

Seven-year-old Ben wanted to know: When you get married, do you have to kiss your wife, or can you just have a secret handshake?