



NYAPT NEWS

Co-Editors: David A. Crenshaw & Christine Foreacre

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President's Letter

As I prepared to write this letter it occurred to me how quickly summer is flying!

A few weeks ago, after back to school shopping (having learned the hard way last year that to wait until the last minute means risking not being able to find the 10 required marble composition notebooks), I took my youngest son to see "Toy Story 3". As I smiled, laughed, and I will admit, sometimes cried, I couldn't help but think what great examples there were of truly imaginative play! It was a rare pleasure to see a movie that really captured some the richness of fantasy play. All too often, at younger and younger ages, there seems to be such an emphasis on "working" and achievement. What a great reminder that "Play is a child's work"! (Isaacs, 1929 in Smith, 1995, pg.11).

In keeping with our awareness of the importance of play, NYAPT will again be participating in the "theme box raffle" at the annual APT conference in October. Last year this proved to be a fun and creative endeavor to help raise money to fund play therapy research grants. This year our theme will be "Self-Care for the Play Therapist". If you are going to be there, come buy a ticket. What a fun way to support play therapy research!

We are also hoping to hold a get together for NYAPT members at the annual APT conference. If you are able to attend please check the bulletin board in the registration area for more information.

As we indicated in the last newsletter, the next NYAPT conference will be held at the Poughkeepsie Grand Hotel on March 18-19, 2011. More details will follow!

Speaking of conferences, I would like to extend a huge thank you to Joan Bender, MA, LMHC! On June 25, 2010, The New York Association for Play Therapy, in conjunction with St. Catherine's Center for Children, sponsored the first regional training of 2010 "**Vicarious Trauma and Self-Care for the Play Therapist**" presented by Joan Bender, MA, LMHC. This creative and energizing workshop offered play therapists valuable insights on, and ideas for, self-care. Thank you very much Joan! We are hoping to be able to coordinate other regional trainings throughout the state. The proposal form can be found on the website at www.NewYorkAPT.org. Please contact Jodi Mullen at jodi.mullen@oswego.edu or Mary Anne Assini at maassini2000@yahoo.com with any questions.

Lastly, I would like to encourage everyone to consider enrolling in the APT Leadership Academy. The focus of this on line program is to increase member's awareness and understanding of general and APT specific leadership information and education. For more specific information please refer to the APT website at: <http://www.a4pt.org/ps.programspublications.cfm?ID=2384#anchor23378>

As always, enjoy and I hope to see you in Louisville! Mary Anne

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Enjoy! Mary Anne

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New NYAPT Members

Congratulations to the following people who became members of NYAPT in the last three months (May- July, 2010): Patrick McCauley, Courtney McKee, Jean-Marie O'Hehir. Welcome!

News of Members

Dr. Nancy Boyd Webb was the recipient of the prestigious Day-Garrett award on July 23rd given by the Smith College School for Social Work to honor alumnae who have made contributions to the profession and/or to the School. Nancy's tribute was read by the President of Smith College, Ruth Christ. The evening began with a reception and a special dinner to which Nancy's family was invited; this included her 2 adult children and her 4 grandchildren [between the ages of 7 and 16]. After she comes back to earth Nancy says she plans to continue her work on the 3rd edition of **Social Work Practice with Children**.

Laurie Zellinger reports that she has a new (children's) book coming out that she wrote with her son. It's called, "Please Explain Anxiety to Me: Simple Biology and Solutions for Children and Parents". Its published by Loving Healing Press with a list price of \$21.95. Laurie also was interviewed for a few magazine pieces as follow:

CNN.com June 11 "Kids Experiment with Video Playdates"

American Baby August 2010 Q&A about baby's first haircuts

Parent Magazine Sept 2010 helping 7-8 year old kids develop a passion for sports

Parent Magazine Oct 2010 Q&A - reducing fear of Halloween costumes

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.



Grin and Share It

A humor column based on true experience

by Dr. Laurie Zelinger

www.drzelinger.com

When looking through my cabinet of markers and paints, Olivia exclaimed, "Oh, I just love arts and crabs!"

Anxious Jordan was much relieved that he weighed 30 pounds more than his younger brother. When I asked if that relieved his anxiety because he felt powerful, he calmly told me, "No, that's because fat kids are harder to kidnap!"

Avi and I were playing Hangman with the kit that comes with blue body parts. I was very slow at guessing the correct letters and the man's body was quickly nearing completion. With only a lower leg left until I was 'out', Avi suddenly quit the game. He said he couldn't be responsible for anyone dying.

Leo and I were playing store, when he asked me which is more, a second or an hour. When I answered him, he informed me that the necklace was going to cost me 14 hours and 3 seconds, and I could charge it.

Sam was very upset because he was sure his mother left his sister hurt and injured at a friend, when she said that she **dropped his sister** off at a play date.

My friend Barbara was in the bathroom when the telephone rang so she asked her 3-year-old to answer it. Through the door, Barbara heard her daughter say, "We're going to the park later and mommy made crême cheese sandwiches. But first we have to pick up Jaime from school. Daddy is going read me, "Where the Wild Things Are" tonight before bed. No, mommy can't come to the phone yet because she's still in the bathroom pooping for a long time". From the bathroom, Barbara yelled out, "Please ask grandma if she can baby sit on Saturday." After a pause, her daughter replied, "He said he's not grandma and he can't baby sit. He said to tell you he's the Prudential man!"



by Gabrielle Dworkin, MEd Certified School Counselor

My topic at this symposium was *Play Therapy in a Special Education Preschool*. I stood a little taller and confident as I replied "No, I am a presenter" to the question if I was an undergrad student at registration. I was nervous, since I am not an expert like my esteemed fellow NYAPT colleagues, but after all I am a part-time actress- so I could handle it. The audience of about 15, had students from the university, faculty, as well as teachers, authors, toy collectors, historians, and museum representatives from as far as the Netherlands. Below are some highlights from the sessions I attended.

Panel VI-A: Playful Possibilities: Special Topics

Rough and Tumble Play in Early Childhood- Linda Davey, Hofstra University- Some schools are eliminating recess and outside play as a way to prevent injuries. Instead they focus inside on worksheets. The speaker stated “Chasing, running, wrestling, open handed hitting is not aggressive if everyone agrees”. This behavior has been seen as a precursor to aggression. Pilot Study- PreK parents on Long Island- 71 said their child had outdoor play every day, 84 state when noticing children wrestling, would stop them. 75%, parents are confused about play, aggression and recess- perhaps they need a play coach- and the children need to explore their world through play. Of 31 student teachers, 17 had never observed outdoor recess play.

The Special Value of Age-Mixed Play- Peter Gray, Boston College- Evolutionary perspectives and how children observed, explored, and played in hunter/gatherer culture. This was how they learned; not by teachers. At a school in Framingham, MA- Sudbury Valley School- there is always recess. This school was a model for mixed-age classrooms. 10 staff at the school are elected by students. Classrooms can have up to a 4 year age difference. He feels that free age mixing works, such as in Montessori and children can go at their own pace. They learn from their older classmates. Adults are there to help if the child comes to them; they are not there to supervise or intervene.

Parent-Child Play, a Foundation for Positive Relationships: Replacing Stumbling Blocks with Building Blocks- Joan Kuchner, Stony Brook University- Parents tend to bring workplace home with them and don't unwind with their kids. Focus should be on the process of play. Toys are sometimes substitutes for absent parents. Fathers spend more time alone at home even when kids are present. Play is viewed as frivolous and a waste of time. The parent is usually not the play companion. There are classes on how to play with children and learn to listen. She mentioned Child Life in that children play or learn about their medical procedures while they are the hospital. They shouldn't have to wait for a crisis to learn to play.

Steven Mintz, Visiting Presidential Scholar from Columbia University- Huck's Raft: A History of American Childhood, Presented on how children were seen throughout history: slaves, romantic, little adults, Hollywood depictions. toys were seen as the devil.

Panel VII-B: Play is Primary

Understanding Parents Perception of Play at Please Touch Museum at Memorial Hall (Philadelphia)- Randi Korn & Associates, Inc.- This firm was hired to conduct a study on what the parents thought about children museums and their role at the museum, through the Association of Children's Museums. The Please Touch Museum is the first under 5 museum in the United States. It has 2 floors and the focus is that play is learning! Play is enhanced through adult-child interaction. 73 adults were interviewed after exiting the museum. It was a standard questionnaire and the firm also observed 168 adults and kids as a unit, unobtrusively. The first series of questions dealt with- “What do you value about the museum and play?” 50% feels museums are hands on and fun, 35% say it is a place to practice skills and imagination, 48% thought it was just to have fun and imagination, 27% know that play is important for healthy brain development and can be active to burn energy. No one mentioned the value of learning or education. The second section of questions dealt with- “What was your role in the museum?” 53% said it was to play and have fun or to allow the child to guide the activity, 32% said it was to supervise, give them freedom or facilitate, 36% adults played with their kids, 64% supervised, instructed and redirected behavior, 1% read the signs at the exhibits. There is a perception gap between lifelong learning and the parent role. Perhaps have staff communicate the value of play and the parents role as well as actively model appropriate interactions

Play Strategies in Different Learning Environments- Dana Friedman, The Early Years Institute & Kathy Deerr, Middle Country Public Library- Play strategies in different learning environments such as a local library- The Institute found that the essential qualities of play are that it is interesting, intrinsically motivated, freely chosen, is active and engaging. Should there be a differentiation between play and learning time? There are designated Family Places in libraries for the past 10 years at 250 sites where the child can play, learn, read and connect with caregivers. There are also community professionals that visit available to parents for informal

questions regarding their child's speech, development, nutrition, etc. Libraries value young children and their families. Play=learning, it builds community and increases language

Long Island Nature Collaborative for Kids- Hillary Olson, Director- Children should be engaging in more outdoor play. It is a way to preserve open spaces and is a substitute for indoor play. There are researched benefits of outdoor play for children. They have more advanced coordination, are sick less often, are more active throughout their life, increase their Vitamin D, have more peer interactions, are more verbal, they have a positive feel of their environment, score higher on tests of concentration and self discipline, are more creative and they sleep better. Outdoor play can involve challenging coordination tasks or can be unstructured such as observing nature.

Play Therapy and Social Stories

by Susan Reynolds

The preschool board game was placed near the boys, James and Ethan.

"What's this?" asked James. I responded, "It's a game. You can play it with Ethan. First, I want to read you and Ethan a story." They sat and listened while I read a short story about two little boys named James and Ethan who were learning how to play a board game together. They listened intently while I read them a ten sentence story in which I start with a positive statement regarding their friendship and then I described how to decide who goes first and how they take turns during the game. James's disappointment and emotional response during the game taking was described and an emotional regulation strategy was suggested. Then, they began to play.

Both children attended a Committee on Preschool Special Education Integrated preschool where they received speech/language therapy, occupational therapy and counseling. James also received physical therapy. James has been diagnosed with a Developmental Language Disorder (disorder of pragmatic language) and a Developmental Coordination Disorder. Ethan has been diagnosed with a Pervasive Developmental Disorder. Both children displayed behaviors consistent with a Sensory Processing Disorder. James, in particular, struggles with emotional regulation and upsets easily when he is disappointed. For instance, he cries and yells when he has to wait for his turn. The social story technique was incorporated into the boys' child-centered play therapy early in the school year.

Carol Gray, an Educational Consultant from Grand Rapids, Michigan, developed Social Stories and Comic Strip Conversations in 1991 because she saw a need to help children with an Autism Spectrum Disorder (ASD) acquire basic social skills. The Social Story describes a relevant social situation which is challenging to the child and the child is the main character of the story. Each Story is written in a direct and simple language style that corresponds to the child's speech/language and cognitive developmental level. Specific social skills involving social pragmatics such as eye contact, conversational turn-taking and how to stand in line at school can be taught. In addition, many educators and therapists use social stories to address emotional regulation difficulties.

James and Ethan took turns four or five times before James started to become upset because he believed that Ethan was winning the game. However, with a verbal reminder, "What can you do to feel better?" he replied, "I don't want to play the game (anymore)" and he re-directed himself to another play activity. Ethan continued to play with the board game on his own for several minutes and spontaneously re-directed himself to a new play activity. Eventually, during the play therapy session the boys engaged in brief cooperative play again while putting out pretend fires with 'light lasers' made of magic markers. There is progress and there is always another social story to be written and heard.

SANDPLAY TRAINING WORKSHOPS PRESENTED BY LOIS CAREY, LCSW, RPT-S

Telephone for further information – 845-358-2318 or e-mail – ljcarey@optonline.net

1. THREE-DAY INTRODUCTION TO PLAY THERAPY: INCLUDES SANDPLAY AND ART THERAPY –

History and theories of play therapy, directive vs. non-directive treatment, ages and stages, parent involvement, multicultural issues, ethics, sandplay, art, symbols and archetypes, play therapy with individual children and adults, families, groups. Combination of lecture and hands-on experience. Ample time for questions.

DATES: Sept. 17, 18, 19, 2010

TIME: 9:30 a.m. – 4:00 p.m. (Bring lunch; drinks and snacks provided)

PLACE: Lois Carey's office, 254 South Blvd., Nyack, NY 10960

COST: \$400 – Cash or Credit Card

The Center for Sandplay Studies is an Approved Provider for APT under #95-020. 18 hours of CE's will be awarded for participants. Minimum of 5 participants.

2. ADVANCED PLAY THERAPY WORKSHOPS: FOCUS ON SANDPLAY - Participants must have completed some basic sandplay training; minimum of 5 participants who are committed to the series of 4 workshops. Combination of lecture and hands-on experience.

DATES:

Sept. 11, 2010 – Play Therapy and Sandplay: Similarities and Differences; directive/non directive approaches; Jungian Play Therapy (includes Sandplay and Art)

Oct. 2, 2010 – Case Assessment – Child and/or Family Play Therapy, rationale for case planning.

Nov. 6, 2010 – Play Therapy and Sandplay in Cases of Loss and Bereavement -Types of loss; grieving in children and family; cultural issues in grief

Dec. 5, 2010 – Attachment Theories in Play Therapy: Bowlby to Benedict. Understanding importance of theory in Evidenced-Based practice.

TIME: 10:00 a.m. – 4:00 p.m. (Bring lunch; drinks and snacks provided)

PLACE: Lois Carey's office, 254 South Blvd., Nyack, NY 10960

COST: \$500 – Cash or Credit Card. The Center for Sandplay Studies is an Approved Provider for APT under #95-020. 22 hours of CE's will be awarded for participants. Minimum of 5 participants.

3. PLAY THERAPY SUPERVISION – Individual and/or Group

Individual supervision can be arranged as contact or non-contact hours

Groups are scheduled as requested (minimum 3 persons) and are contact hours only.

Lois is an RPT-S and Supervision Hours are awarded under #RPT-S 043.

Fees for individual and group to be arranged.

4. WOMEN'S SANDPLAY GROUP FORMING - September 10, 2010 will begin a women's study and sandplay group. Selected readings will be assigned for discussion, followed by a sandplay experience. The first book to be explored is The Wounded Woman by Linda Schierse Leonard. This group is open to all women who are on the path to individuation. The group will meet bi-weekly (9/10, 24, 10/8, 22, 11/5, 19, 12/3/17) for 3 hours (10 – 1) Women need to commit to the

entire series (8 meetings). The cost is \$600 (\$75/workshop) – cash or credit card. Minimum number will be 5 women; maximum 8.

Groups meet at Lois Carey’s office, 254 South Blvd., Nyack, NY 10960.

THREE METHODS OF SANDPLAY THERAPY: Erica, Lowenfeld, Kalff

Lois Carey, LCSW, RPT-S

THE ERICA METHOD

This method is not well known in this country, but it has had some practitioners such as Dr. Sjolund who has now returned to Sweden. It was developed at the Erica Institute in Sweden by Gudrun Seitz who had been influenced by Margaret Lowenfeld, Melanie Klein and Anna Freud. It was originally designed as a diagnostic assessment tool – and attempted to organize unstructured approaches into a standardized form. The equipment consists of 360 miniatures that are scaled to size and are kept in a 12 compartment cabinet. I have included an example of a few of the items as well as a diagram of how the cabinet is to be arranged.



Organization of Toy Cabinet Erica Method

	Aggressive	Peaceful	Peaceful	Aggressive
Moving Objects (Vehicles)	Airplanes	Trains	Cars	Boats
Active Objects (People and animals)	Soldiers Cowboys Indians	People	Farm animals	Wild Animals
Static Objects	Fire Cannons	Houses Churches Trees	Furniture	Fences Traffic Signs

The Erica Method began with three observation sessions that illustrates normal or pathological issues with particular attention paid to sequence, form and composition. The therapist makes note of indifferent

placement, sorting, configuration, simple categorization, juxtaposition, conventional and whether or not the construction provided a meaningful whole or was chaotic, bizarre, and/or closed.

One quote that I find particularly relative to all forms of sandplay is by Esther Harding a well-respected Jungian scholar:

“About one thing it is necessary to be clear from the first. The method is very difficult and calls for very prolonged training.”

Next, I will write a few words about Dr. Margaret Lowenfeld whose methods are far more known than those of the Erica Method.

There are a number of books by Lowenfeld that describes her history and childhood and that are included in the bibliography below. She was heavily influenced by H. G. Welles book, Floor Games that most of you are familiar with. In her psychiatric clinic for children, she credited the children with developing “sand tray therapy”. She had a sand tray and miniatures in one section of her play therapy room and she noted that the children took the toys and placed them in the sand. By her observations, she saw that the children were conveying to her, non-verbally, just what their issues were. In addition to her work with children in the sand, she also developed several other testing methods – mosaics, Poleidoblocs and Kaleidoblocs. (Spelling may be incorrect.)



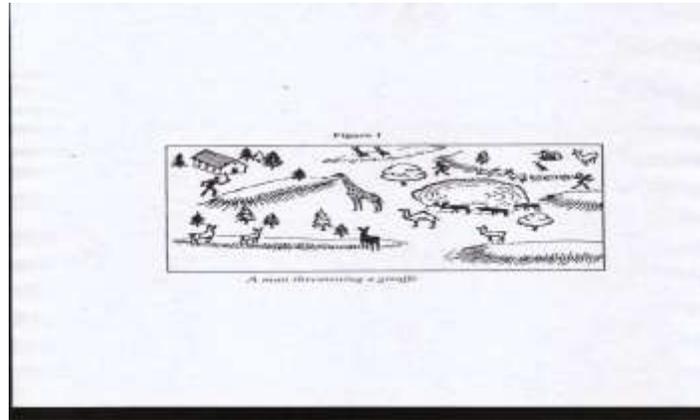
This is a set of mosaics, set up in the appropriate way – by colors and by shape. The therapist picks up one tile from each compartment and explains, “This is a triangle; this is a square, etc.” The child is then instructed to make a picture using the tiles in whatever way he/she desires.

I have copied one below of a young girl who was trying to make two trees, but ran out of room so that one is cut off.



Lowenfeld's original work was for diagnostic purposes, as was the Erica Method; however, it later was used therapeutically. One of her methods was of concern to later followers and that was in the area of the transference. She believed that the transference should be to the tray and not to the person of the therapist and, to control for that, she would change the child's therapist periodically. Thank goodness, that is no longer the case!

Dr. Lowenfeld was quite adept at drawing and you will see below how she illustrated the sand picture of a



child.

A Lowenfeld quote that I particularly like is:

“Play in childhood is a function of childhood. Toys to children are like culinary implements to the kitchen; every kitchen has them and has also the elements of food. It is what the cook does with these implements and elements that determine the dish”.

This brings us to Frau Dora Kalff, the one that I am most familiar with. Frau Kalff was a Jungian, having lived quite near the Jung's. Her children used to play with Jung's grandchildren and it was Jung who urged her to follow her interest in the Lowenfeld technique. She spent a year in London with Lowenfeld in order to learn all that she could and then returned to Switzerland where she added her other major influence – Zen Buddhism. She searched for a theory to help her understand what she observed in the sand pictures that the children made and was able to see that the stages that the children went through were closely related to the theories of Erich Neumann, a German analyst. The stages are chaos, animal-vegetative, fighting, ego-Self, and adaptation to the collective.

Frau Kalff became well-respected for her work with children, as Jungians were primarily adult-oriented. In the 1950's, the San Francisco Jung group brought her to this country where she lectured many times and gained numerous adherents to her method. Her fame spread far and wide and, I am told, Sandplay is the number one form of therapy in Japan.

Today, Sandplay is practiced in many countries in the world and, while still relatively unknown, is the preferred method of therapy with many child therapists. When I began to use sand in my work (1980), no one in New York had heard of it and I told no one what I did until I experienced how powerful it was with the children that I treated. I won't go further with Dora Kalff's influence as that is truly a whole book in itself.

One of my favorite quotes of Kalff was one that I heard frequently during trainings with her: "DON'T FORGET TO TRUST THE PROCESS!!!"

The equipment needed for the Kalff technique:

Two sand boxes - one half-filled with wet sand, one with dry. The reason for two boxes is that the choice of sand can be diagnostically important. The size of each box is 19 ½ x 28 ½ x 4 inches deep with the bottoms and sides painted blue.

Miniatures in use usually represent the interests of the therapist; however, certain categories are included:

- A. animals (domestic, wild, prehistoric)
- B. birds (many varieties including storks, peacocks, penguins)
- C. buildings (houses, barns, churches, etc.)
- D. people (various occupations, men, women, children, babies, black, white, Asian, Indian)
- E. spiritual/religious /fantasy figures (fairy tales, superheroes)
- F. natural items (trees, shells, stones, rocks, feathers)
- G. transportation vehicles (cars, trucks, planes, boats)
- H. miscellaneous items (fences, bridges, caskets, head stones).

The collection of miniatures can be as broad as space and money permits; however, it is suggested that one's collection hold only those items of which the therapist has some mythological or archetypal understanding.

Below is a sand picture of a young child with numerous issues. The next one is that of a mature woman on the path to wholeness. You will note the differences between a child and an adult.





Sandplay Bibliography
by Lois Carey, LCSW, RPT-S

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Editors' Note

The following two articles were written by Wendy Ludlow, LCSW. She is sharing these materials to assist parents with preparing kindergarten children for their first day of school and with discipline of their children.

Simple Do's and Don'ts for First Time Kindergartners and Their Parents

Back to school time is particularly anxiety provoking for those entering kindergarten and their first time parents! Here are some simple tips to ease the stress for both. They will also instill confidence in your child for their ultimate success in life!

1. DON'T have long goodbye's with your child – it creates confusion for the child about your confidence in their ability to make this transition. Smile and confidently turn away assuring them that they are in the right place at the right time.
2. DO Tell your child who will pick them up/how they will get home and what you will do that evening after school. This reassures the child that there is an after school and the separation is temporary.
3. DO Give the teacher a compliment about your child in front of your child. Something like: "I know he will be such a great kid to have in your class". This reinforces the belief that you believe in your child's ability to be successful at school.
4. DON'T discuss your concerns about them in front of them!
5. DO tell them how proud you are of them and that you know they will be ok at school and will probably even enjoy it!
6. DON'T cry in front of them – save it for the car.
7. DO send food in their lunch box that they will enjoy.
8. DO be a bit early for drop off and for pick up – it is very reassuring to have the security of a parent for a relaxed transition and not one that feels hurried or pressured.
9. DO tell your spouse/the child's sibling/friend (it has to be sincere) – even if in a phone call – how wonderful your child did at their first day/week of kindergarten (even if they cried) so that they can over hear you.
10. End the day at bedtime with a list of comments about what your child did well that day – even if it is about their effort. For example, if a child cried at drop off or even had to be picked up early – say: "I'm really proud of how hard you worked today to be in kindergarten! What a great success you already are!"

These tactics will instill your belief in them which in the long run – is really all every child needs!

The Benefits of Gentle Discipline and 5 Easy ways to do it!

Parents often come to my office wanting to know how to get their child to behave. Take listening for example: "He just won't listen to me. No matter how many times I ask him not to take his sister's things-it just gets worse and worse. I GIVE UP! I've tried everything!" but when asked by me (a therapist specializing in play and cognitive behavioral therapy for children): "Well, what are you doing to strengthen his listening behaviors?" I am often given a stare of disbelief and confusion.

A critical mistake often made by parents is the effort and attention given to stopping an unwanted, maladaptive behavior (not listening) vs. the attention given to the desired, pro-social behavior (good listening). As a result, discipline efforts such as yelling, spanking, and humiliation tactics are used and neither child nor

parent ends up feeling very good about much. To add, and this is key, the child being given so much verbiage about how they don't listen is steadily and more strongly developing his skills at being a non-listener.

Attention is the key. All behavior is developed due to reinforcement (verbal and physical attention) or lack thereof from one's caregivers. Attention is a powerful tool in creating behavior, a fact not disputed by any professional in the field of child development. In fact, the research is clear on this fact. That means that the more attention a parent can give a child for the times that they *ARE* in fact listening (or keeping their hands to themselves, or doing a kind act...) – the better results they will achieve in having a child who listens.

Here is a list of 5 things that you can say to your child in support of promoting and developing their good behaviors! In discipline, I can say with confidence that giving attention to the good behaviors – no matter how minute they are in the beginning – will in the long run get the behaviors that you want; not the punishment. Try saying these sentences to your child several times a day and watch the new behavior blossom!

1. What a great job you are doing of _____ (ex. listening to me right now)
2. Wow, I am so impressed with how you are _____ (looking at me and listening to me talk).
3. I am really noticing what a good _____ (listener you are becoming).
4. Does everyone in this room see how Johnny is doing such a good job of _____ (listening right now?)
5. You are an amazing _____ (listener).



Grist for the Mill of the Play Therapist
David A. Crenshaw, Ph.D., ABPP, RPT-S

Review of “The Therapeutic Action of Play in the Psychodynamic Treatment of Children: A Critical Analysis” by Alan J. Levy, (2008), *Clinical Social Work Journal*, 36, 281-291.

Levy's paper is an excellent review and analysis of the psychodynamic approach to play therapy. It begins with a comprehensive overview of psychoanalytic contributions to the understanding of the therapeutic use of play with a review of the work of Melanie Klein, Anna Freud, and Winnicott. He captures in the quote below what is one of the most compelling advantages of the therapeutic use of play:

“While play lacks the precision of language (Sutton-Smith, 1997), it affords the clinician certain advantages over other means of communication. Aside from being children's natural forms of expression, play provides both clients and therapists “plausible deniability” concerning troubling material, i.e. it permits the parties to suspend, and, if necessary, to disavow its reality. After all, it's “only” a game. Play therefore frees the participants to express and explore these issues in ways that would be far more difficult if one was to pursue a more exclusively verbal means of communication” (p.284-285).

The article details the ways that non-verbal processing of experience independently contributes to the ways that people function. “Lyons-Ruth et al. (1998) note that ‘implicit knowings’ governing interactions are not language-based and are not routinely translated into semantic form. Since children’s play entails more non-verbal elements, it provides greater access to implicit relational knowledge and gives therapists a means for developing and expanding it with their clients, by developing new models for being with others (Levy, 2007)” (p.285). This concept parallels the work of Daniel Stern in adult therapy with its emphasis on “implicit relational knowing”.

I particularly liked how Levy explains the difference between the requirements of the therapist in play versus more verbal forms of therapy. “Play demands the participation of therapists in ways that are unimaginable in more verbally oriented therapies. As a result, the roles of child therapists are necessarily more active, and they find themselves in situations that allow little time to reflect upon the meaning of what transpires in treatment prior to their actions (Gaines, 2003)” (p.285).

I highly recommend this scholarly and astute paper for an excellent summary of the psychodynamic approach to play therapy.

References:

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Lyons-Ruth, K., Bruschiweiler-Stern, N., Harrison, A. M., Morgan, A.C., Nahum, J. P., Sander, L., et al. (1998). Implicit relational knowing: Its role in development and psychoanalytic treatment. *Infant Mental Health Journal, 19*(3), 282–289.

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Veterans' Mental Health

submitted by Catherine Cwiakala

NASW, New York State Chapter “Update” Vol34-No 6 June 2010 has an excellent CE Section: “**Veterans’ Mental Health**” pages 19-52, with a CE Test for 3.0 CEU Credits. Included in the article is the following:

Veterans’ Mental Health Training Initiative

National Association of Social Workers, Medical Society of the State of New York and New York State Psychiatric Association formed a partnership to develop and implement a “full spectrum training initiative that that focused on increasing the capacity of community providers to meet the unique needs of our returning veterans and their families. The project was made possible through a legislative grant administered through the NYS Office of Mental Health.”

“Topics for the first year of the initiative included understanding military culture, depression and suicide prevention, screening and assessment of combat specific Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), substance abuse, military sexual trauma and issues facing women in the military as well as family issues related to deployment and re-entry.”

It is expected that mental health practitioners will be able to access a video version of the training with selected topics featured in the original training module online through the websites of the sponsoring organizations beginning in the fall of 2010.

(NASW, New York State Chapter "Update" Vol. 34-No 6 June 2010, p. 19)

Please note these topics are covered in this article.