NYAPT NEWS

May 2010
Number 14, Volume 2

President's Letter

Welcome to spring! I hope this newsletter finds everyone happy, healthy and looking forward to warmer weather. I am pleased to be able to begin this letter by announcing that NYAPT has met the eligibility criteria for the designation of gold branch. Thank you everyone for your dedication and efforts toward this end. Be sure to look for the gold branch insignia on the next newsletter.

It was wonderful to see so many members at NYAPT's annual conference in Poughkeepsie in March! We hope you enjoyed the presentations. Thank you to keynote speakers David Crenshaw, Ph.D., RPT-S, Athena A. Drewes, Psy.D., MA, RPT-S and Lois Carey, LCSW, RPT-S, and workshop presenters Nancy Boyd-Webb, DSW, BCD, RPT-S**,** Susan Hansen, LCSW-R, RPT-S, Jodi Mullen, Ph.D., RPT-S, David Myrow, Ph.D., RPT-S, and June Rickli, LMHC, CPT-S for sharing your experience and expertise with us! If you weren't able to attend this year we hope you can join us next year. The twelfth annual NYAPT conference has been scheduled for March 18-19, 2011 at the Poughkeepsie Grand Hotel. More details will follow!

Speaking of conferences, I am pleased to announce NYAPT's first regional training of 2010. On June 25, 2010, The New York Association for Play Therapy, in conjunction with St. Catherine's Center for Children, will sponsor ***"Vicarious Trauma and Self-Care for the Play Therapist".*** This free workshop will be presented by Joan Bender, MA, LMHC. CE certificates that document 5 hours of APT approved training will be available for a fee of $20.00. Please refer to the enclosed flier for additional overview and registration information. Don't miss this great opportunity!

NYAPT now had an interim student representative! Jamie Reed will hold the position of student representative until her graduation in August of this year. Thank you Jamie for your interest and enthusiasm

Thank you to everyone who voted in the recent election. Newly elected board members Kim Berkery, LMCH, RPT-S- recording secretary and Susan Hansen, LCSW-R, RPT-S –board member, and re-elected members- Mary Anne Assini, LCSW-R, RPT-S- president, Athena Drewes, Psy.D., MA., RPT-S-vice president, and Shelia Doherty, Psy.D., RPT-S-treasurer were inducted by David Crenshaw, Ph.D., ABPP, RPT-S at the annual NYAPT meeting. Welcome Kim and Susan. NYAPT would also like to extend a huge thank you to departing board members Chris Foreacre, MS and Virna Little, Psy.D. I am pleased to announce that Chris will continue to co-edit this newsletter. She has also volunteered to coordinate the registration for next year's annual conference. Thank you, Chris for your tremendous dedication to NYAPT. I am also pleased to announce that Virna Little has agreed to chair the newly created ad hoc communications committee. Thank you, Virna for your unwavering commitment to the advancement of play therapy.

I hope to see many of you at the June 25th regional training!

As always, if you have any questions or concerns please feel free to contact me.

Enjoy! Mary Anne

New NYAPT Members

Congratulations to the following people who became members of NYAPT in the last three months (February-April, 2010): Kimberly Bonds, Malka Bruer, Lisa Clancy, Karen Clay, Patricia Davis, Janine Haines, Sarah Jabbour, Deborah Leitner, Diane Lewis, Melinda Massoff, Bernadette McCourt, Michelle Perepiczka, Bronna Romanoff, Ester Rothbaum, Julie Schnabel-Kuehn, Mariana Solis-Tito, Lisa Strayer, JoAnn Smegelsky, Jennifer Stone, Kate Winkoop, Janine York. Welcome!

News of Members

Nancy Boyd Webb's 3rd edition of *Helping Bereaved Children: A Handbook for Practitioners* has just been released and includes chapters, not only by Nancy, but also one by Lois Carey and another by Dave Crenshaw. There are other play therapists included in the book as well.

Lois Carey also has a chapter in Liana Lowenstein's new book (not yet released) *Creative Family Play Therapy Techniques.* On June 7th, Lois will present "Family Play Therapy" to the New York Association for Marriage and Family Therapy and will also present this topic to the Marriage and Family Play Therapy Summer Course at Nyack College.

Congratulations to **Gabrielle Dworkin** who has been issued a Provisional Certificate as a School Counselor PreK -12 in New York State after years of school and hard work!

Anecdote

submitted by Athena Drewes (originally from Kirsten Burns)

> My six-year-old client that just came in wanted to play Candyland. Halfway through the game he asked (very hushed so as not to get us in trouble) "does your boss know you play games at work?"

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.

Announcement

NYAPT now had an interim student representative! Jamie Reed will hold the position of student representative until her graduation in August of this year. Jamie can be reached at Jreed@thechicagoschool.edu. Welcome Jamie!

Book Reviews

A review of Cathy A. Malchiodi's "Understanding Children's Drawings"
By Paul Most, LCSW, Mental Health Clinician, Institute for Family Health

Many of us who have worked with younger children have watched in fascination, as our young clients draw for us. But what do these images mean, these stick figures extending long arms to fellow family members; these backgrounds with cloudy or cloudless skies; these sometimes indecipherable abstracts?

Cathy Malchiodi has written an important and overdue introduction to this subject, Understanding Children's Drawings (Guilford Press, trade paperback, 1998). Malchiodi, the author of the groundbreaking Breaking the Silence: Art Therapy with Children from Violent Homes, is also the Editor of "Art Therapy: Journal of the American Art Therapy Association." And with Understanding Children's Drawings she has provided therapists who work with children, a much needed update on children's drawings.

The first thing a reader might notice is the absence of rote symbolism. Gone is the idea that towers are always phallic symbols or that water represents mother. In much the same way that dream symbolism has been reinterpreted by contemporary therapists as imagery personal to the patient, Malchiodi sees the imagery in children's drawings as emblematic of their own lives, their own personal symbology, their own narratives, their own culture and subculture.

Additionally, Malchiodi provides readers with an overview of contemporary perspectives on developmental aspects of drawings, somatic and spiritual aspects, emotional content (including trauma, abuse and childhood depression), and family and interpersonal aspects of children's drawings.

The book is lavishly illustrated with children's drawings illustrating the development of children's drawings...drawings as measures of cognitive and creative ability...the use of drawings in diagnosis and treatment...trauma and how it may be represented visually by children...and how illness and spirituality manifest in children's drawings. Yes, there's even some insight into what those stick figure drawings of family members and houses with smokestacks may mean for the individual children who had drawn them.

Malchiodi ends with a caveat. It was Gide who wrote, "don't understand me too quickly." and Malchiodi similarly warns, "this (book) is only a beginning," reminding readers that understanding and interpreting children's drawings is a skill – and perhaps an art – that, like all clinical ability, takes years to develop.

A Review of David Crenshaw's "Reverence in Healing: Honoring Strengths without Trivializing Suffering" by Catherine Cwiakala

The book, Reverence in Healing: Honoring Strengths without Trivializing Suffering, edited by David A. Crenshaw, with a wealth of proficient contributing therapists, is a much needed addition to child therapy literature. While addressing client's fragilities and illness, it asks clinicians to respectfully look at the total client and family to identify their strengths and resiliencies.

Clients and family's strengths and resiliency and how to best use these qualities to help, are key resources frequently missed in therapy. This book is packed with ways to recognize and engage one's clients in an interactive spiral of help to solve problems.

Individual chapters can be shared to help parents better understand child and adolescent therapy. They also can be used to help parents learn ways to help their children and therapist with hope and resilience to find the best possible solutions.

In addition to a positive strengths and resilience focus, this book has a wealth of the latest play therapy experts' methods. I found myself wanting to further explore many of the methods addressed in this book

Grin and Share It

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

As is my practice at the end of a session, I permit a child to take ONE treat from the candy jar. Dana asked if she could also take one for brother, and when I consented, she chose a red licorice stick. After she ate her own laffy taffy, she proceeded to unwrap and bite into the licorice. When I exclaimed, "Dana, that one is for your brother!" she replied, "I said I was *taking* it for him, but I didn't say I was going to *give* it to him!"

Mrs. S. was concerned about her son's ability to be successful in school. During the intake session, she repeated, "I just want to make sure that he can tackle the obstacles in life. He falls apart on tests. He worries about tests. And those are small obstacles. He has trouble with memory, and reading and fine motor. He has so many obstacles he has to overcome. And he's so worried about tests all the time. Why do they have to give so many tests? Tests ***and*** obstacles. Tests ***are*** obstacles! I wish I could make tests and obstacles go away. I just want to make sure that he can handle all the testicles that come his way in life".

After this we're going to the paint store. I'm not supposed to tell anybody, but my mother is getting old and her hair is really white at the bottom. So she has to buy paint to make it brown again. I think glitter paint would be prettier.

When I asked 5-year-old Lena what the worst part of her day was, she replied, "Why should I tell you? What do you think, I'm your husband?"

One liners:
Oopsie. My tushie burped!

Did you know that a long time ago, there were meat eating and plant eating vagina saurs?

If you're a psychologist, do you know the other one- Sick Man Freud?

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

About 5 years ago, when I was about 36 years into my postdoctoral journey to seek ways of healing troubled children I experienced an epiphany. The Hudson Valley Psychological Association very kindly gave me a gift card to Barnes and Noble to thank me for giving a series of presentations to HYPA. Since I love books and the gift card was a generous amount, I felt like a kid in a candy store when I arrived one Sunday afternoon at B &N.

An amazing thing happened to me, however, while in the store. As I skimped through one book after another in the Psychology and Psychotherapy sections of the bookstore my initial enthusiasm began to wane as I put one book after another back at his appointed place on the shelf. Finally, after two hours I walked away empty handed from that section of the bookstore. I had reached an epoch in my professional journey and growth. Nothing on that shelf after a casual screening excited my imagination. It was at that moment that I realized my hunger for a larger language to capture what I experience in my work with child and families. The academic, sometimes sterile language of our field, was too small, too confining to dignify the human beings I've spent my professional life trying to understand.

I wandered aimlessly around the book shelves until I came to the Poetry section. An hour later, I left with an arm full of books by Rilke, Wordsworth, Neruda, and contemporary poets such as John O'Donohue, Billy Collins, and David Whyte. Every Christmas since my family knows that poetry books are what I want and my collection has grown steadily to include Cavafy and Holderlin and others. I also have tried to find my own voice in this new language that speaks deeply to me. The great poets have an uncanny ability to say things in a new way that enlarges the meaning and touches our hearts.

This little piece below I wrote after NYAPT's Annual Conference in March and was inspired by a story told by Athena Drewes in her Keynote address about what really matters in therapy and I choose that as the title:

What Really Matters

I explained to the child and mother at the beginning of family play therapy,
We will be using an approach that is not yet an empirically supported treatment.
I thought it was important to make them aware,
Perhaps I did not explain it well because the mother and child didn't seem to care.
At the end of treatment,
I asked the child and mother what mattered most to them about the therapy.
The mother and child replied, "You were there."
They explained, "You listened, understood, and fully accepted us in family play therapy."
Most of all, the child and mother added, "You cared."

Play Therapy Technique

Superhero Wrestling
submitted by Barbara Biermann, LCSW

A tub of superhero figures are both exciting and appropriate for the playroom (Using Superheroes in Counseling and Play Therapy, Lawrence C. Rubin, 2007). For many boys they are the toy of choice. What is often observed with young boys (4-7 years old) is what I call 'superhero wrestling.' I avoid placing WWF wrestling figures in the playroom, primarily because of my own counter transference. Given the continual role of magical thinking with this age group, they just don't get the difference between reality and staging. This misconception often plays out in the school yard. So with no wrestling figures in the playroom, superheroes fill in. Boys, particularly those with ADHD, can sit and bash figures together for an entire session. Getting them to slow down and develop symbolic play can be challenging. I have found that narrating the unfolding play, much as a sports announcer, ads a dimension and awareness that would otherwise be undeveloped. Surprisingly, the children don't experience this intervention intrusive. The patter of narration can go on indefinitely without acknowledgment. To transfer ownership of play, I feign fatigue and suggest the child take over the narration. They usually do and in the transfer, something magical happens. The child looks up as they play and creates a therapeutic connection. They begin to THINK about what they are doing and the play slows down and develops symbolically. I would never remove my superheroes from the playroom, but what a reprieve for my senses to move from bam-bam, bash-bash to "Superman is tossed through the air, but pulls himself up to try again."

Play Therapists Address Current Issues

Requests for Articles and Information

We believe all play therapists can agree that it is difficult, if not impossible, to keep up with all the current research and resources for play therapy. Often we're faced with difficult questions with new clients.

An example would be the special issues of a family and children facing domestic violence by a service person returning from war with PTSD. This is especially difficult if the service person refuses help. What have you found to be the best play therapy techniques and resources for such a family?

Please share your knowledge and expertise! Please write an article on your success with these clients **and/or other topics** and send them to the NYAPT Newsletter.

If you prefer you could send your information and we'll compile all the information sent to us and put it in our next NYAPT Newsletter. Thank you!

Mary J. O'Connor, PhD Comments on Fetal Alcohol Syndrome

By Catherine Cwiacala, LMSW

Mary J. O'Connor, PhD (Member of National Task Force for Fetal Alcohol Syndrome and Fetal Alcohol Effects, an appointed body that reports directly to Congress), (http://www.semel.ucla.edu/profile/mary-oconnor), phoned me on Wednesday, February 10, 2010, concerning assessment and treatment of children with FASD. She had these Key Points:

- FASD is not easy to diagnose. A sonogram and/or a MRI, needs for be followed up by the 4 Criteria/4-Digit Diagnostic Code.
- The facial features of FASD are determined during three days of a woman's pregnancy from 19th to the 21st day of pregnancy.

- The majority of children diagnosed with FASD are in foster care. Children living with parents with active alcoholism are not diagnosed as much.
- Dr. O'Connor, trained in play therapy, stated play therapy doesn't help as much with children diagnosed with FASD. These children are **"play delayed".** There are no controlled studies of play therapy with children with FASD. There is a need for empirical research studies.
- Play therapists may learn from the recommendations and curriculum for teachers and parents of children with FASD such as: **The 8 Magic Keys** www.fasstar.com. http://www.cdc.gov/ncbddd/fasd/documents/Flyer_InterventionsForChildremWithFASD.pdf
- **Treatment** focus should be on early intervention, improving the parent-child relationship, rehearsal modeling strategies, friendship skills development, practical skills development, behavioral regulation and training, conflict resolution, and adapting the environment to the child's needs.
- **DSM-V** – Experts from the FASD Field are working with the authors of DSM-V. FASD is a brain disorder, not a psychiatric diagnosis. It belongs on Axis 3 as a medical condition. FASD often has a co-morbid diagnosis.
- **Key Research Information:** "Developmental Disability Research Review, Special Issue: Fetal Alcohol Spectrum Disorders", Volume 15, Number 3 (2009)

Same Sky Sharing

Submitted by Deborah Johnson

His eyes barely peered over his tightly folded arms. His small body tightly crumpled up in a ball, is pressed into the corner of the busy elementary school hallway. His backpack with its several sewn patches, serves as his self proclaimed shield, from what he isn't ready to face this early morning.

His peers busily move about, eagerly entering the building as they make their way to their classroom. "Mrs. Thompson, Alex is sad", reports one of the more astute and emotionally savvy second graders. "He's not coming inside….again."

Mrs. Thompson, a well seasoned and responsive teacher, takes a slow, deep breath as she walks into the hallway. As a teacher in this military community, she knows all too well the emotional challenges that children and families are facing. She also has witnessed resourcefulness, commitment, and strength that enable some military families to cope with the ever constant change and uncertainty.

She bends down and looks into Alex's eyes. His eyes seem to say, "I want to be with you, but I cannot". It is clear, that at least for the moment, Alex is not available to learn. He could use some time to communicate through play, his hurt, his confusion, his fear. He misses his Dad so much, who is now serving his second deployment. His mom is trying her best, but becoming more and more irritable with him. In fact, Mrs. Thompson reflects, that she too could use some strategies, to help deal with the loss, change and transitional issues that are behind the behavior and are so embedded into this young boy's life, much like the patches adorning his backpack.

Most military children primarily attend civilian public schools and increasingly report that teachers, counselors do not seem to understand their experiences. And for the families not on or near a base, the isolation is even greater. The number of children whose parents are deployed in the National Guard or Reserves is increasing, as this group of "suddenly military" are being called to serve in numerous ways, in numerous locations.

The typical military family is faced with on-going transitions, accompanied with loss on such a consistent basis, that one loss phase rolls into the next. It is the accumulating effect that can take its toll even on the healthiest of families.

Play therapy has always helped children with change, loss and grief issues. Play therapists also work to ensure they are being multi-culturally competent practioniers. Military life is in itself a culture. Play therapists can be trained to help military families meet their needs, but it is essential that we understand the worldview,

mind-set, and culture of the military before attempting to intervene and work with these families and children. Play therapists in schools, community agencies, and private practice will undoubtedly need to assist in the support of these children and families.

Children's Institute Pilot sites are conducting evaluation and the research phase is scheduled to begin in the next year. Additionally, **Same Sky Sharing** has training for mental health professionals and a parenting series also available.

Children's Institute is no stranger to evidence-based, play informed programs. Its mission is to support the emotional and social well being of young children and has a rich history in our state of New York for doing just that. It is the developing agency of two nationally recognized and evidenced based children's play based programs: (Primary Project and Children of Divorce Intervention Program. In fact, our own Athena Drewes, has highlighted Primary Project in her recent books *Blending Play Therapy with Cognitive Behavioral Therapy* and *School Based Play Therapy*. Both programs are featured in the prevention section of *Empirically Based Play Interventions for Children* by Reddy, File-Hall and Schaefer, through American Psychological Association.

Training for **Same Sky Sharing** is available now. If you would like to get on the mailing list for summer or fall trainings, or would like to talk to someone about bringing the training in your area of our state, please contact Deborah Johnson, djohnson@childrensinstitute.net or Mary Anne Peabody mpeabody@childrensinstitute.net.

If you would like to run a group and participate in the pilot project, please give us a call as well. 1-877-888-7647

SANDPLAY SUPERVISION

By Lois Carey, LCSW, RPT-S

I have been a Sandplay practitioner for over 35 years and, in addition to my private practice, have provided training and supervision for many therapists both here and abroad. I had the good fortune to have studied with Dora Kalff in Switzerland and my work has always been from her framework.

As a Sandplay supervisor, I am constantly perusing different ideas to implement into my work. I recently read an article "Mentoring supervisors: a process model" in Sandplay Supervision by Rie Rogers Mitchell that helped to stimulate the idea that one could have a supervisee make a tray while keeping in mind a particular client that the treating therapist may be concerned about.

This led me to trying this technique with a group of supervisees at the Lighthouse Counseling and Wellness Center in Eatontown, New Jersey. I have been the supervisor for the partners of that organization for the past three years.

The experiment far surpassed what I expected. I have asked for comments from the makers of two of the trays which were so revealing, both as to the case, as well as to the countertransferential issues that were exposed.

This first description was contributed by Gretchen Morgan, LCSW. She has called her contribution "Supervision in the Sand: Transferential Insight into the Mind and Body of an Eating Disordered Client"

The supervision group with Lois Carey is a journey that I have taken many times for the past three years. Lois has been an astute guide in a process that has been transformational for me as a clinician, introducing me to the wisdom of Dora Kalff, C. J. Jung, Marion Woodman, Robert Bly, John Allen, Frances Wickes and Jean Bolen as well as assisting me in the exploration of my own conscious and unconscious counter-transferential issues with my clients.

A few weeks ago in our group, Lois explained that she has recently read a chapter in a book that is mentioned above that outlined an exercise that intrigued her. Of course, my business partners and I were to be the guinea pigs, and we enthusiastically agreed to participate in the exercise.

Lois explained that we were to imagine our most challenging case. Then, while holding the picture of the client in our minds and noticing our corresponding feelings, we were to make a Sandtray as if we were the actual clients.

I immediately knew which client I would use for this exercise. Rebecca was a 22 year old young woman, who recently returned to treatment after a three year absence. An exceptional student and athlete,

Rebecca first presented to treatment four years ago after developing an acute case of Bulimia Nervosa after a painful break up with her boyfriend.
Rebecca, as many other clients I have treated with Eating Disorders, refused to engage in a Sandplay process, stating, “it would mess up her manicure,” or that “the toys freak me out,” or that she “would rather talk than play”. Rebecca eventually reconnected with her ex-boyfriend at a party and began dating him again. Rebecca’s weight stabilized and she reported her Eating Disorder “was under control”. I voiced my concerns about her reported dependence upon her boyfriend and her expressed need to “have him in my life so I am not sick anymore”. I explained the inherent risks of maintaining an external locus of control and strongly recommended that she continue her treatment to explore the root causes of her initial distress. Rebecca told me that she “was fine” and that “I didn’t have to worry about her”. She stated she was “really busy with school” and that she would “call back to reschedule in a few weeks”.

Almost three years to the day after she terminated services, I received a distraught voicemail message from Rebecca. She stated that she had lost 30 pounds in two months and that she wanted to come in to “talk about some stuff”.

The following week Rebecca returned to treatment and reported that she had not eaten anything in four days. I was gravely concerned about her mental and physical health and told her that she needed to enter into a rehab facility as soon as possible.

The next morning was my scheduled supervision with Lois. While choosing my Sandplay pieces for the exercise, I felt waves of anxiety originating in my stomach and traveling in quick succession to my heart. I then spent what felt like an inordinate amount of time grooming the sand, carving out what I thought were two pools of water separated by a mound of sand. I placed pieces of food around the left pool and a collection of human and animal figures around the right pool. I placed a candle in the center of each pool, and interestingly, the candle on the right kept blowing out, requiring me to relight it. By the time I was discussing the tray, the candle would not relight at all, and I opted to leave the right candle unlit in the tray. Here is a picture of the scene.

Lois observed that the two “pools” resembled kidneys. My partners agreed and when I viewed the tray again it became apparent to me that the “pools” did share an odd likeness to human kidneys. I explained that I was very concerned about Rebecca’s overall health, but was unsure what, if any, connection kidneys had to the clinical picture. Lois advised me to be patient, and that the meaning would surface when it was meant to.

Four days later, I received a voicemail from Rebecca’s mother. She said that she and her husband came home last night and found Rebecca gravely ill in their living room. They took her to the emergency room where she diagnosed with a severe kidney infection. When I heard the words “kidney infection” the image of my Sandtray immediately entered my mind. I felt stunned that this medical information was communicated to me on an unconscious level in our last session, and that I was able to express her illness symbolically through Sandplay.

This next segment is contributed by Mary Pat McGeehin, another one of the supervisees.

During our last supervision session with Lois Carey we tried a new targeted sandplay exercise. Lois asked us to think of a client that was difficult for us or with whom we were having some issue. The client who

came immediately to mind was a client with whom I've been working for a little less than two years. The client presented as wanting to file for divorce from a verbally abusive man. She had been in therapy about the incompatibility and abuse for almost all of the time of her long-term marriage.
The client had also had a double mastectomy with reconstruction, the second cancer that she had survived. She reported being grateful that anyone would be willing to marry anyone "as damaged as I was".

When I began to build my supervision tray, I had a rush of adrenalin and determination as I went to gather all of the largest rocks on the sandplay shelves. I proceeded to pile them up in the front of the tray, and then to build the rest of the world with great haste and determination beyond the rocks. The world that resulted contained several disconnected areas. In the lower right hand corner was a fisherman near a lake which had no connection to the rest of the world.

When I was finished (and frustrated) I said that this is how I felt working with this woman as though I was blocked from being able to work effectively. Lois asked about the block and what would happen if it were removed. I removed the pile of rocks and quickly the items in the tray were able to be reworked and connecting paths were constructed. Each part was able to use the qualities of the other to create a whole.

I realized that the barriers were of my own making; for what reason, I'm not sure.
While this was a very interesting exercise, I wasn't sure how it would translate into movement for my client. Several days later I saw this client. I walked with her back to my office. As she sat down, I remembered that I had left something in another room.

When I returned, the client was across the room in front of my sandplay items. She turned to me as I entered and said, "I want to build a sandtray today". I said "Great". I sat down and we began our journey in the sand which has continued for at least a part of each session. Interestingly, several other clients have begun to use the sand as never before, leading me to wonder about whose block was it, anyway. The why? Maybe I'll never know.

These two examples illustrate the very deep process that can be accessed through the use of a supervisory exercise. As explained earlier, this was an experiment on my part with the willingness of the group to explore a new method of supervision. We were all astounded at what was so readily revealed through the

medium. The first example told the therapist what to look for and the second, what barriers needed to come down.

I am a firm believer that supervision need not be a passive experience, but by accessing the method itself to serve in this way, we can sometimes move a case in a positive direction, possibly more quickly than by other means.

** Friedman, Harriet and R. R. Mitchell (Eds.) " Mentoring Supervisees; A Process Model" in Supervision of Sandplay Therapy, (p. 145), London & NY: Routledge, 2008.
Reprinted with permission from the *East Coast Sandplay Journal*, Dec. 2009.

ANNOUNCEMENT

NYAPT in Conjunction with St. Catherine's Center for Children Presents

Vicarious Trauma and Self-Care for the Play Therapist

Presented by: Joan Bender, MA, LMHC

June 25, 2010, 9:30am-3:30pm (lunch on your own)

St. Catherine's Center for Children
Pastoral Center
40 North Main Ave.
Albany, NY 12003

About the Workshop: Working with children who have experienced trauma can leave a play therapist feeling physically, mentally, emotionally and spiritually worn out. The cumulative effects of hearing traumatic stories, and re-enacting trauma through play, contribute to a therapist experiencing vicarious trauma. During this workshop we will explore signs of vicarious trauma, and ways of combating its effects through personal self-care.

About the Presenter: Joan Bender, MA, LMHC has been the director of training and professional development at St. Catherine's Center for Children since 1998. Since 1995 she has provided individual and group play therapy to children in a variety of settings. Ms. Bender is a graduate of Russell Sage Graduate School's Community Psychology Program. She is also a Sanctuary Faculty member. In this capacity she provides training and consultation regarding the implementation of the Sanctuary Model.

Training is free. Certificates verifying 5 CE hours of APT approved training will be available for a fee of $20.00. Payment will be collected at the door.

Contact Mary Anne Assini at maassini2000@yahoo.com or (518) 384-3060 to register.

Hope to see you there!

NYAPT is an APT Approved Provider. APT Approved Provider #- 98-044