

SPRING ~ SUMMER

NEWSLETTER



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### President's Message

Athena A. Drewes, PsyD, RPT-S



Spring is finally here in full bloom and summer is rapidly approaching! I hope you all will take time for self-care to enjoy the beauty of nature and to play outdoors! Renew your body and soul in order to have the energy to do the hard work that you all do, making a difference in the lives of all the children, teens and families you touch!

It is an honor to have been re-elected for a final two-year term as your President. I have enjoyed serving NYAPT and helping it move forward toward Gold Branch status and growth. I look forward to serving with re-elected Vice-President, Stephen Demanchick; newly elected Recording Secretary Elizabeth Davis, and re-elected Director Annie Monaco. Special thanks to Kim Berkery who finished her term as Recording Secretary for four years. Your service is greatly appreciated and we look forward to your continued involvement with NYAPT!

**2014 Conference a Success!**

Our annual NYAPT conference and meeting was a resounding success through the hard efforts of Annie Monaco and her committee. Thank you for all that you did to make this a memorable event. Dr. Eliana Gil's two days of presentations filled us with lots of helpful information and support for our work. We were honored to have had her present for us as she winds down her large venue trainings and devotes her time to other activities and smaller trainings. We wish her much success and happiness!

**2015 NYAPT Conference Update**

Our conference for next year is already being planned for. Mary Anne Assini will be the chairperson and is beginning to gather her committee together. We are excited to have the venue moved to Albany, New York at the Desmond Hotel and Conference Center for **Friday, March 20, 2015 and Saturday, March 21, 2015**. We will be having Dr. Rick Gaskill for two days speaking about the Neurosequential Model of Therapeutics originated by Dr. Bruce Perry. Dr. Gaskill, an engaging and knowledgeable presenter, has trained and worked with Dr. Perry and is highly qualified to offer this training. The Neurosequential Model is a very useful assessment and preliminary treatment tool for working with trauma, especially complex trauma. So Save the Date!!!!

**Gold Branch Status**

Special thanks to all of you who have worked hard to bring in new members. We obtained our Gold Branch status again!!!! It is a wonderful honor to receive and shows that our Branch is outstanding in the amount and quality of trainings it offers leading to growth in membership and RPT/S credentialing! Keep up the great work as we continue to meet the annual requirements in order to keep this honor.

**New APT Brochures about Play Therapy Available!**

Congratulations to Kathy Lebby being hired as APT's new CEO as Bill Burns retired. Kathy has been with APT for many years and knows its operations, conference planning and all fiscal aspects of its operations. We are lucky to have her as the new CEO keeping APT on an even track. Check out the website for details on trainings, History Speaks videos of play therapy greats, and also the new brochure on play therapy which is a great tool to give out to clinicians and parents!

Hope you have a wonderful summer!

In Service,  
Athena

*"We are receptacles for the things clients bring to us and we need to do something with it."*  
–Eliana Gil, 2014 NYAPT Conference

Submitted by: Joan Bender, MA, LMHC, HC, Director, Board of Directors, NYAPT

This is one of the valuable messages that I took away from the 2014 NYAPT conference in Buffalo New York. Dr. Gil shared that she usually engages in some form of artwork at the end of the work day and completes a sand tray at the end of each work week as a part of her self-care routine. She says that doing these activities helps send a signal to the mind that it is the end of the work day and work week. Dr. Gil used the metaphor of a receptacle, and encouraged fellow play therapists to find ways to do something with the things that our clients bring in and leave in our receptacle.

Take a moment to think about how many clients you see in one day. How many issues does each client bring to his or her session? As the day goes on, do you start to feel heavier, tired or overwhelmed? Do you have days when you feel like you can't hold any more information or like your emotions are about to overflow? This is your receptacle holding on to the things that your clients have been sharing with you. All receptacles have a limited amount of space, and there needs to be some action on our part to create more space once the receptacle is full. Think about a trash receptacle, eventually it needs to be emptied in order for more trash to fit in. If not, the trash will start to spill out all over the floor creating a big, sticky mess. Now you might be thinking that the things that your clients bring to you are important, and you don't want to just throw them away like trash. If this is the case, you might like the metaphor of a laundry basket. The dirty laundry gets tossed into one big receptacle, the hamper, until it is full. Then it gets divided into categories like whites, lights, darks, delicates, etc. Once divided, the laundry gets washed, dried, folded and put away in a new receptacle freeing space in the hamper for more dirty laundry.

By using artwork or sand trays, we create a similar process for our work. We engage the brain on a subconscious level where we can detach from our clients' issues. As we do this, we externalize our own feelings and thoughts about the things that have been put in our receptacle. We are then able to sort through what needs to get "washed out" and what needs to get "put away" into a new receptacle. This allows for more space in our hamper for another day's work.

I hope that you will continue to work with this metaphor. Here are some activities that you can try in addition to artwork and sand trays:

**Meditation:** Imagine a receptacle. Choose any type of container that has meaning for you. You might even try out different types of containers on different days. Imagine your clients putting things into the container. You might choose to label them with words or you might just use images. Then imagine yourself creating new space in this receptacle. You might sort through things. You might pour things out. Imagine whatever works for you.

**Movement:** Movement is a great way to unload things and create new space. You can reach down into your core with your hands and pull things up and out. You can look at the things you've pulled out. You might want to acknowledge them in some way or label them, if you want. You can move them to a new receptacle, blow them into the wind or give them a gentle toss into the air, letting them fly off into the universe.

**Bean Bag Toss:** Stand facing a receptacle and hold some bean bags in your hands. Set an intention to empty your receptacle of the day's work. Identify some aspect of the day that you wish to unload and toss away. As you toss each bean bag, say something about what you are tossing i.e., "I am acknowledging my feelings about my work with Jane today, and tossing away anything that is no longer useful for me."

I hope that these ideas have been useful for you, and that you'll start to develop your own routines for clearing space in your receptacle. I would love to hear what works for you. Send me an e-mail and tell me what you do to clear space in your receptacle. I can be reached at [Joan@jbenderwellness.com](mailto:Joan@jbenderwellness.com).



## Grist for the Mill of the Play Therapist

**David A. Crenshaw, Ph.D., ABPP, RPT-S**

I am grateful to Jillian Kelly, LCSW, and editor of this Newsletter for the opportunity to resume writing this column Grist for the Play Therapist's Mill which I wrote for a number of years with the last one in May, 2012. I was so moved by the extraordinary two day presentation given by Dr. Eliana Gil in Buffalo at the wonderful 15<sup>th</sup> Annual NYAPT Conference on "The Use of Metaphor in Play Therapy" and "Play Therapy for Children with Sexual Behavior Problems." Eliana Gil is a true gem in our field and someone that so many of us view as the most exemplary role model of all active play therapists. I discussed with Jillian using this first of my resumed columns to feature an interview I did with Eliana Gil in 2005 and they both agreed. The interview I believe reveals the uncommon wisdom and clinical insight that we've come to anticipate from Eliana. Because Eliana inspires us by her constant quest for new learning, she graciously is going to do an addendum to this interview that will be published in my next column in the newsletter to follow. The 2005 interview is reprinted below but first I want to give a shout-out to a long-time friend and much admired colleague Alan H. Spivack, LCSW, and a faithful member of NYAPT for many years, who was sidelined by a stroke and had to give up his long-time practice. Alan was kind enough to write me a nice letter recently indicating that he is progressing well, and that he enjoyed the article in IJPT in January on Therapeutic Presence that I wrote with my co-author Sueann Kenney-Noziska. Alan you are one of a kind, an immensely talented therapist, and a wonderful human being. We all wish you the best as you continue your journey to recovery.

NEW YORK ASSOCIATION FOR PLAY THERAPY INTERVIEW WITH DR. ELIANA GIL (originally published in the 6th NYAPT Annual Conference Handbook, reprinted with permission)

David Crenshaw: Let me start with the question of how you got interested in working with abused and traumatized children since this can be such a challenging population to treat?

Eliana Gil: I've often wondered about my chosen dedication to the area of child abuse and neglect. I have spent thirty-two years completely immersed in this work and I can honestly say I will continue to work in this field so that I can continue to understand more fully how to be of assistance to children and their families. When I think about why I do this work, I think my greatest influences were growing up in a third-world country and being very impressed by poverty and the plight of poor street children who would beg with sad eyes and outstretched hands and tug at my heartstrings. The other large influence was Catholicism and being trained to care about the plight of those who suffered. I thank the Catholic nuns for taking us by the hand and introducing us to families who had different resources than our own and whose lives were strikingly different. I thoroughly enjoyed bringing food, helping moms take care of their children, cleaning, and bringing toys for children to enjoy. My earliest memories of play as therapeutic occurred when we brought balls and balloons to poor children and sat on the ground with them and played. When their laughter rose in harmony, I felt alive, gratified, and happy.

I have always been drawn to children, like spending time with them, enjoy their company, and find them intriguing and delightful. I also admire their resiliency and trust. It is a pleasure, honor, and responsibility to work with children and their families with the goal of strengthening, enhancing, or helping them develop strong emotional connections.

David Crenshaw: You have influenced so many child and family and play therapists with your groundbreaking work with abused and traumatized children and developing methods for family play therapy, who are the people who have the most influence on your work?

Eliana Gil: I am inspired by the work of a lot of people and as I think of them I realize that they have one thing in common. They all have a deep respect for people, a zany curiosity about them, make efforts to understand them as people, not as diagnostic categories, withhold judgment, and recognize that therapy is not something we do TO people; its a collaborative exploration with an exchange of ideas. The first professional influence was Dr. Tom Stern from San Francisco. I would listen to him talk about his clients and then talk about his formulation of the problem, and it was clear how much respect he had for them and how much he wanted to help them. He also used his sense of humor to connect with clients and to keep therapy dialogues lively. He was the first person I saw laugh with his clients and I wondered at his ability to remain a person first, a professional second. I learned from him that if people don't connect with you as a person first, they won't be as likely to accept your professional guidance. The second big influence was Dr. Robert Jay Green. He's someone who recognized something in me that I did not see at the time. He chose me from a large group of talented professionals and invited me to join his internship program. That single act changed my professional opinion of myself in that I was able to recognize (finally) that I had great potential. Dr. John Briere and Dr. William Friedrich are great inspirations in the child abuse field because they are incredibly smart, take very large concepts and make them accessible, and they are both warm and personable. I admire their academic contributions and their relentless pursuit of science, all the while making this information available in simple language. Finally, Monica McGoldrick has inspired me in her humility, her very large heart, and her openness to exploring contextual issues. These are the people who have most influenced me as I developed into a clinician, teacher, and author.

David Crenshaw: We were privileged to have you come to NY in 1996 for our Annual Play Therapy Conference and I was fascinated when you told me at the train station that one of your first jobs was as a secretary to the late Dr. Murray Bowen. Did that experience stimulate your interest in developing Family Play Therapy as a therapeutic method?

Eliana Gil: I'm so glad that you remembered my first job as a secretary to Dr. Murray Bowen. I was a secretary for the Department of Psychiatry and was able to sit in and take notes at some of Dr. Bowen's consultations. I found his thinking very complex and intriguing. I thoroughly enjoyed working around so many interesting professionals who were dedicated to viewing individual problems within a systemic context. I had the honor of typing hundreds of psychiatric and psychological reports and I was fascinated by how clients could be understood, treatment plans constructed, and recommendations formulated for each unique person. I'm sure I absorbed a lot and I loved the interactions with the clients (patients) who responded to a kind word or an act of kindness (cup of water or tea). This was one of my favorite jobs.

David Crenshaw: I have found your Individual and Family Play Therapy Genogram to be an exceptionally useful clinical technique. Would you elaborate on the power of symbol and metaphor?

Eliana Gil: Regarding the family play genogram. I am so proud of having had that moment of insight that led to creating this technique. I have found it incredibly powerful and have thought about why it seems to work. I think it works well because it's disarming and charming at the same time. It allows people to make a paradigm shift from an established, rote, constricted narrative (that is, what I always tell people about my mother or sister) to a much less utilized language that replaces words with symbols or metaphors. When clients are asked to use symbols, they can actually broaden their communication, spicing it up and giving it depth and texture. After they make their choices they may find themselves surprised by them, moved by them, inspired by them. They may be disturbed or intrigued when they peruse their externalized objects. They may feel ignited and mobilized into action. Energy is released and boundaries are broken. The projected perspective or problem is externalized, viewed, taken in with new meaning, miniaturized, contained, managed, and experienced. It's quite an event with tremendous potential. Over time, I've experimented with other facets of this technique, like having miniatures dialogue with each other or having clients literally move miniatures closer to each other or farther away. Allowing this to go from a static to a more dynamic interactive process can also seem useful to clients who continue to do the work "once removed" and at a safe enough distance.

David Crenshaw: You are an inspiration to me and so many others, and I frequently quote things I have heard you say during presentations. One that particularly touched me is what you shared with us at the APT Conference in Denver last year. You said that when are struggling with the pressures of OTRS, progress notes, and trying to meet the needs of so many, you tell yourself everyday "I am doing the best I can." Would you speak to the issue of self-care in our field?

Eliana Gil: When I started working (in child abuse prevention and treatment) in 1973, I had a number of colleagues with whom I shared a deep interest in this work. One of them is now a chef and another is a flight attendant. Many others have shifted their interest and made contributions in other areas. I often ask myself (not so much "why did I get into this work?" as much as) "why and how do I keep doing this work?" The why is easy: I feel that sometimes I can be of assistance to people. The how is harder: I find myself tired, depressed, or discouraged from time to time. I have heard more than my share of horror stories. I choose to focus not on how hurtful humans can be to one another (or to their most precious loved ones), but rather, on how resilient children can be and how hard they work to take care of their injuries. In addition, I find that it's important to acknowledge that working with trauma all the time can produce negative or difficult feelings and sensations and that we need to make sure we're healthy and strong of heart and spirit in order to better assist others. For me that translates into spending time with my 4 year old niece, seeing my family and friends as often as I can, walking my dog, painting, playing tennis, shopping for toys, and trying them out. I am such a lucky person. I often sit with little kids or adults, I watch them play and show a reluctant or unused smile, hear a hearty laugh, and I am so glad to be a witness. Last Friday a five-year-old looked up at me and said, "When I grow up I want to have an exciting job like you do!"

David Crenshaw: How has your work or clinical thinking changed in the past 5 years?

Eliana Gil: Probably the most interesting change that I notice is that the older I get the less I say. I am much more interested in what clients say and do than what I say and do. I remember a time when I felt tremendous internal pressure to say and do the "right thing." I don't feel that internal pressure anymore. I trust the process more and more and I trust that I will simply be guided by the family and their collective spirit or energy. I work in a much more present way. I'm excited to be emotionally connected to people and I find that, more than anything else, allows me to understand and be understood. I am quieter and less hurried. I believe that I work at the pace the clients seem to require. I think of my work as extending invitations and respecting clients' willingness/ability to either accept or decline them. I fully respect the reparative drive in children and their families.

David Crenshaw: Your excellent new book, with Dr. Athena Drewes, on Cultural Issues in Play Therapy is an important contribution to the field. Would you identify common mistakes made in play therapy or therapy in general due to lack of knowledge or sensitivity to cultural issues?

Eliana Gil: I was honored to work with Athena on the new book on Cultural issues in play therapy. Writing down our thoughts created true opportunities to ponder and synthesize our thoughts and feelings about this very important topic. I think that mental health practitioners, in particular, but anyone seeking to assist families, needs to acknowledge how their own culture influences their very essence (perceptions, responses, feelings, attitudes) and thus how it will always enter the picture when working across cultures. It's not something that is in play with some families and not others, it's in play all the time. It's an interactive process that begins with our own willingness to explore ourselves first. When thinking about mistakes that I've made or others have made, I think the most common is narrowing the area of culture to ethnicity, thus, I've heard people say I don't do any cross-cultural work because they don't have clients of different ethnicities. The other major problem that occurs is when people take courses on cross-cultural issues and believe that taking the course in and of itself, is a discrete learning experience that is conclusive. Instead, working, establishing and enhancing cultural sensitivity requires an ongoing commitment to self-exploration, a willingness to explore others perceptions of culture, and an interactive, collaborative experience. As an acculturated bi-cultural person, I also think that the process of acculturation and the family tensions, difficulties, and even divisions that can emerge from this process are greatly overlooked.

David Crenshaw: Do you think the current enthusiasm in the field about neurobiology presents the risk that we will become too reductionistic in our conceptual and treatment approaches?

Eliana Gil: Personally, I'm very excited by the work of Daniel Siegel because he seems to challenge pessimism in recovery. In other words, he seems to suggest that the brain (of a traumatized child) has the potential to be re-wired in the context of new, positive, nurturing interpersonal relationships. I also love the fact that he seems to be actually focusing on the benefits of interpersonal (emotional) connectedness between people. For example, he has noted that one of the aspects of therapy that holds promise in assisting in the recovery process, is the individual's feeling of being felt by the therapist. To me that means that children who are seen, heard, felt, and who are given a chance to explore the boundaries of a safe interpersonal relationship, may be able to experience something reparative. My personal view of this is that mental health professionals have untapped resources in their own emotional presence and availability that can be enhanced in order to be of better service.

David Crenshaw: I share your enthusiasm for Daniel Siegel's work (I was privileged to hear him this spring at the Networker conference and have a lot of his lectures on CDs). I think though he is an exception. He is open to all kinds of sources of input and works on a Culture and the Brain project at UCLA that includes a Cultural Anthropologist, and representatives of many different disciplines and emphasizes it is important to learn what all these disciplines have to offer. There are many in the neuroscience field, as Jerome Kagan has pointed out, however, who are very reductionistic in their thinking. Kagan said in a lecture I attended two years ago that there are neuroscientists who believe that once we understand the brain fully we will be able to explain everything. Kagan says they are wrong. Culture will still be important, family will still be important. Temperament will still be important. The historical moment in time will be important. It is just like a play therapist saying, "Once we understand fully the child's play, we can explain everything." Would you comment of this?

Eliana Gil: The reality is that there is no one single explanation when considering the uniqueness of a human being. There have been so many attempts at "profiles." There is such great demand for formula or steps therapy. Look at how many mental health professionals flock to trainings titled, "Twelve steps to changing oppositional behavior," or "a 100% full-proof method of determining children's credibility." There is no such thing because people are individuals with their own biology, temperament, history, perception of history, social context, gender, age and developmental level, family of origin, extended family, significant relationships, coping strategies, cultural beliefs, expectations, and demands. This is the beauty of the human condition. We all have something to offer and something to gain in each of our encounters with others. I understand the desire for some clarifying truth that makes our journey more clear and predictable. I understand the anxiety that can build in the face of another's pain. I understand feelings of inadequacy as our hearts overflow with compassion. And yet, there are no single, discrete truths that will create the same type and level of injury or reparative experience for everyone. I worry that in our efforts to share what we have learned or gleaned from our experiences or studies that we will give the impression that there is only one way that works for everyone. I doubt that will ever be the case. We need to continue to listen to information from multiple sources, respect each other, look for how information may integrate and work in harmony, but be careful about rigidity setting in when we are dealing with matters of personal recovery. I am in total agreement with you David that we need to be very cautious about anything that casts a reductionist shadow on the field of trauma and recovery.

David Crenshaw: Likewise, with the field under pressure to deliver quicker and empirically validated treatments, are you concerned that the populations that you and I have spent the bulk of our careers working with, severely abused and/or traumatized children will receive less than adequate treatment? Often these children have been excluded from studies of empirically validated treatments because of the severity, complexity, and co-morbidity of their conditions. Would you share your views on this issue?

Eliana Gil: I am struggling with the pressure to deliver quicker and empirically validated treatments at the exclusion of other therapies. First and foremost, we are dealing with people with unique capabilities, strengths, and vulnerabilities. In my experience, time is of the essence in developing trust which is a requisite in optimizing mental health services. I have often been asked by mental health professionals how to help children build trust in the therapy/therapist? The only way I know to do that is for the mental health professional to focus on becoming trustworthy in word and action. Eventually, once the child does not need his or her defensive/protective barriers, they will come down. This is done as soon as the child is ready and not before. You can't rush trust. Pacing is set by clients, not their therapists, and in working with severely abused and traumatized children (and their families), long-term treatment is usually relevant. This is not to say that every child and family requires lengthy treatment but in my experience, clinicians need to be available for longer timeframes and these cannot be imposed externally. I believe in research and I believe in therapeutic training and experience. I am also clearly aware of the economic and administrative commitments required to conduct research. Most of those researchers producing treatment outcome studies are academicians with grant money and administrative support. In non-profit organizations that struggle to increase their pay or mixes to continue to provide quality services to their clients, there is often little opportunity to conduct research. It is important to note that the validation of one therapy approach does not in and of itself invalidate other approaches. We need to keep making efforts to design and implement studies that will highlight the benefits of our work and I for one, am committed to doing what I can to promote play therapy as a viable, reliable, exciting, and potentially reparative opportunity.

David Crenshaw: Reviewing your rich and extensive clinical experience what are the most important lessons you have learned that you would want to pass on to young clinicians just entering the field?

Eliana Gil: When I started doing community lectures and trainings in 1973, audiences were sparse. Now hundreds of people seem interested in abuse and trauma fields and students approach me all the time with an expressed interest in becoming mental health professionals (play and family play therapists) in the field of child and family trauma. I am so glad young clinicians seem interested in this work because they are desperately needed. When I'm teaching young clinicians, their enthusiasm and caring is very clear. When I am asked to give advice, based on my own clinical experience, I tell young clinicians to first do their own healing process that is critical in optimizing our chance of being helpful to others. Secondly, incorporate a system of checks and balance. Make sure others see your work, seek consultation without hesitation, grow your ability to tap into countertransferential responses, and cherish your personal relationships, taking care to balance work with your personal life. This balance is what I've learned to monitor the most. I've had times in my life when I've gotten discouraged, despaired, contaminated with negativity. I learned from those periods. I know recognize signs of dis- balance much earlier and I take a more pro-active approach than ever before. As I take care with myself, I find myself more open to establishing and maintaining emotional connections with my clients. The better the connection, I believe the better the care I can offer. There is a Sister Corita poster in my room which says "Be of Love a little more careful than any other thing." I try each day to be a little more careful than the day before.

David Crenshaw: Eliana, on behalf of NYAPT, I thank you for your generous giving of yourself both in time and in your thoughtful and insightful answers that we will all benefit from. You are an elegant and eloquent spokesperson for the field of Play Therapy.

**Training News:** Check your e-blasts for ongoing training news! And, our website has lots of great information on trainings/supervisors in the NY area. In the meantime, here are some goodies coming up...

<http://www.newyorkapt.info/>

And... you can learn from home!

The Association for Play Therapy (APT) has numerous opportunities for distance CE via:

#### Audio courses



#### Book tests



#### Journal tests



<http://www.a4pt.org/ps.training.cfm?ID=1638>

**Student Voices:** Congratulations to our student rep, Megan Meaney on her graduation from Roberts Wesleyan College this Spring!! We wish you must success! Please contact [JillianEKelly@gmail.com](mailto:JillianEKelly@gmail.com) if you are a student and interested in becoming the NYAPT student rep!

**NYAPT in the News:** Please share your fame, successes, or just good ole fun anecdotes with us! Send us your news. We can't wait to applaud you!



*NYAPT President Athena A. Drewes with Presenter Eliana Gil (photo taken at our Annual Conference in Buffalo in March!)*

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