

New York Association for Play Therapy
21st Annual Conference
April 15-18, 2021

Continuing Education Packet

Instructions:

- ✓ A completed “*CE packet*” is required in order to receive continuing education credit. CE packets are accepted by **MAIL only**. Email/ scan packets will not be accepted.

What Does a Complete CE Packet Consist of ?

A complete CE Packet consist of:

1. Continuing Education Application Form
2. Attendance Log
3. Evaluation form for EACH training in which you participate

How Do I Submit my CE Packet ?

CE Packets are accepted by **MAIL only**, and should be postmarked not later than 30-days following the Conference.

Mail completed CE packets to:

The Institute for Continuing Education
P. O. Box 778
Saraland, AL 36571

How Will I receive CE verification ?

Following receipt of your completed CE packet, *The Institute for Continuing Education* will process your application and will mail you CE verification for the training(s) in which you participate. The mailing address you submit on the CE Application Form is used to mail your CE verification.

The Institute for Continuing Education
Questions: 800-557-1950 / email: instconted@aol.com

Continuing Education Offered

This program is co-sponsored by the New York Association for Play Therapy and *The Institute for Continuing Education*. Each workshop offers 3.00 contact hours with full attendance required for the workshops in which you participate. There is no additional fee to make application for continuing education credit

CE Packet: A "CE Packet" should be completed and mailed to *The Institute for Continuing Education* for processing. See information above for submitting completed CE packet for processing. If you have questions regarding the program, continuing education learning objectives, faculty, contact *The Institute* at: 800-557-1950 / email: instconted@aol.com

NOTE: *It is the responsibility of the attendee to determine if CE credit offered by The Institute for Continuing Education meets the regulations of their state licensing/certification board.*

Psychology: The Institute for Continuing Education is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. The Institute for Continuing Education maintains responsibility for this program and its content.

New York: The Institute for Continuing Education is recognized by the New York State Education Department's State Board for Psychology as an approved provider of continuing education for licensed psychologists #PSY-0043.

Counseling: The Institute for Continuing Education and the New York Association for Play Therapy are cosponsors of this program. This co-sponsorship has been approved by NBCC. The Institute for Continuing Education is an NBCC approved continuing education provider, ACEP Provider No. 5643. The Institute for Continuing Education solely is responsible for this program, including the awarding of NBCC credit.

New York: The Institute for Continuing Education is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed mental health counselors. Provider MHC-0016.

Social Work: This program has been approved 12.00 social work continuing education hours for re-licensure, in accordance with 258 CMR, NAW-MA Chapter CE Approving Program Authorization: D-81250-1 / D-81250-2.

New York : The Institute for Continuing Education is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers. Provider No. 0025.

Marriage/Family Therapy: The Institute for Continuing Education is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for Licensed Marriage and Family Therapists. Provider MFT-0012.

Play Therapy: The Institute for Continuing Education is approved by the **Association for Play Therapy** to offer continuing education specific to play therapy. APT Provider 98-040. Due to COVID-19 health concerns, these one-time, online, live events have been approved by APT for CONTACT CE hours.

Canadian Professionals: The Institute for Continuing Education holds no CE provider status with any Canadian licensing/certification boards. It is your responsibility to check the regulations of your licensing/certification board to determine CE requirements for training activities.

Skills Level: Beginning, Intermediate, Advanced

Instructional Methodology: May include lecture, demonstration, audio/visual, experiential practice of techniques.

- ✓ **ETHICS** Credit: Ethics credit is not offered for any events scheduled.
- ✓ CE credit offered is not "academic" and cannot be used toward fulfillment of an academic degree.

Application Form

Continuing Education Credit

New York Association for Play Therapy

21st Annual Conference

April 15-18, 2021

Processing Fee: \$ NONE

Please Print Your:

Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Telephone: (____) _____ **email:** _____

Request for Continuing Education Credit

I request continuing education credit verification in the professional discipline(s) of:

___ **Psychology** ___ **Social Work** ___ **Counseling**

___ **Marr/Family Therapy** ___ **Play Therapy**

State(s) in which you are licensed: _____

License Number: _____

I hereby make application for continuing education credit. I understand that to be eligible for continuing education credit, I must complete and return a CE Packet. By signing this Application Form, I am certifying that I attended in their entirety, the sessions listed on the Attendance Logs. I also understand that it is my responsibility to determine if CE credit offered by The Institute for Continuing Education meets the regulations of my licensing/certification board.

Check Dates Attending:

___ THRS, April 15, 2021

___ FRI, April 16, 2021

___ SUN, April 18, 2021

Signature: _____

Date: _____

*The Institute for Continuing Education
P. O. Box 778, Saraland, AL 36571
800-557-1950 / e-mail: instconted@aol.com*

Record of Attendance

Print Your Name: _____
Directions: Check the Session(s) in Which You Participate

Thursday, April 15, 2021

___ TH-1 - 9:00 – 12:15 p.m. EST 3.00 hrs.
Family Play Therapy in the County Jail: A Story of Resilience
David A. Crenshaw, Ph.D., ABPP, RPT-S

Friday, April 16, 2021

___ FRI-1 - 8:15 – 11:30 a.m. 3.00 hrs.
Engaging the Therapeutic Powers of Play to Grow as a
Culturally Attuned Play Therapist
Sabra Starnes, LICSW, RPT-S

___ FRI-2 - 12:30 – 3:45 p.m. 3.00 hrs.
Play Therapy with Pre-Teen and Teens
Lisa Dion, M.A., LPC, RPT-S

Sunday, April 18, 2021

___ SUN-1 - 1:00 – 4:15 p.m. 3.00 hrs.
Incorporating Digital Play in Play Therapy Practice
Rachel Altvater, Psy.D., RPT-S

ATTENDEE: By signing below, you are certifying that you attended the sessions indicated in their entirety. Please list the total CE hours you are claiming for this Conference:

Signature: _____ Date: _____

Total CE Hours Claimed: _____ hrs.

Family Play Therapy in the County Jail: A Story of Resilience
David A. Crenshaw, Ph.D., ABPP, RPT-S
9:00 a.m. – 12:15 p.m.

Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high)

		<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>	
I. Content / Relevancy/ Teaching Methods:					
a) Content was appropriate for intended audience	5	4	3	2	1
b) Content was consistent with stated learning objectives	5	4	3	2	1
c) Content included recent studies/findings/literature on topic	5	4	3	2	1
d) Teaching methods were appropriate and effective for subject matter	5	4	3	2	1
e) This program is appropriate to my education, experience, and skills level	5	4	3	2	1
f) Cultural, racial, ethnic, socio-economic, and gender differences were considered	5	4	3	2	1
g) Visual aids, handouts, and oral presentations clarified content and were useful	5	4	3	2	1
h) Information could be applied to practice and enhanced my professional expertise	5	4	3	2	1
i) I did not perceive any commercial bias or conflict of interest	5	4	3	2	1
j) Information could contribute to achieving personal and professional goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

II. Learning Objectives: Learning Objectives were met:					
1. List at least 3 reasons why family play therapy was the treatment of choice for this case of a young child, her brother, and her mother	5	4	3	2	1
2. Describe the protective and therapeutic value of masking symbols when engaged with trauma play and the contrast with affect-porous play symbols	5	4	3	2	1
3. Identify at least 4 characteristics of resilience expressed by this case of a child in her symbolic play	5	4	3	2	1

III. Faculty: David A. Crenshaw, Ph.D., RPT-S					
a) Knowledgeable in content areas	5	4	3	2	1
b) Presented the subject matter clearly and clarified content	5	4	3	2	1
c) Responsive to participants and to their questions	5	4	3	2	1
d) Used technology effectively	5	4	3	2	1
e) Reviewed limitations to material presented	5	4	3	2	1
f) Described severe and most common risks, including risk of medications	5	4	3	2	1

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
IV. Overall Rating:					
a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
b) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
c) This session met or exceeded my expectations	5	4	3	2	1
d) How much did you learn as a result of this CE program	a great deal		some	very little	
e) How useful was the content of this CE program for your practice and other professional development	extremely useful			not useful	

V. Logistics / Technology / Administration:					
a) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly and event was well managed	5	4	3	2	1
d) Instructions for requesting accommodations for a disability were clear	5	4	3	2	1
e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the course/ training	5	4	3	2	1

VI. Comments About This Training: _____

Engaging the Therapeutic Powers of Play to Grow as Culturally Attuned Play Therapist
Sabra Starnes, LICSW, RPT-S
 8:15 – 11:30 a.m.

Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high)

	HIGH	Neutral	LOW		
I. Content / Relevancy/ Teaching Methods:					
a) Content was appropriate for intended audience	5	4	3	2	1
b) Content was consistent with stated learning objectives	5	4	3	2	1
c) Content included recent studies/findings/literature on topic	5	4	3	2	1
d) Teaching methods were appropriate and effective for subject matter	5	4	3	2	1
e) This program is appropriate to my education, experience, and skills level	5	4	3	2	1
f) Cultural, racial, ethnic, socio-economic, and gender differences were considered	5	4	3	2	1
g) Visual aids, handouts, and oral presentations clarified content and were useful	5	4	3	2	1
h) Information could be applied to practice and enhanced my professional expertise	5	4	3	2	1
i) I did not perceive any commercial bias or conflict of interest	5	4	3	2	1
j) Information could contribute to achieving personal and professional goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

II. Learning Objectives: Learning Objectives were met:					
1. Explain in Gestalt Play Therapy how the therapeutic powers of play connect in focusing on the whole child in play therapy sessions; and assess the cause of symptoms through play	5	4	3	2	1
2. Define cultural equity and explain the relationship to ethical practice and powers of play that connect with, impart empathy, and heal clients	5	4	3	2	1
3. Identify how therapist self-awareness of values, beliefs and experiences can have a positive impact on a safe and collaborative therapeutic relationship with brown and black clients in play therapy sessions	5	4	3	2	1
4. Identify professional strategies and resources to minimize the negative impact of the Play therapist's privilege, power, and unconscious bias on treatment	5	4	3	2	1

III. Faculty: Sabra Starnes, LICSW, RPT-S					
a) Knowledgeable in content areas	5	4	3	2	1
b) Presented the subject matter clearly and clarified content	5	4	3	2	1
c) Responsive to participants and to their questions	5	4	3	2	1
d) Used technology effectively	5	4	3	2	1
e) Reviewed limitations to material presented	5	4	3	2	1
f) Described severe and most common risks, including risk of medications	5	4	3	2	1

	<i>HIGH</i>		<i>Neutral</i>		<i>LOW</i>
IV. Overall Rating:					
a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
b) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
c) This session met or exceeded my expectations	5	4	3	2	1
d) How much did you learn as a result of this CE program	a great deal		some	very little	
e) How useful was the content of this CE program for your practice and other professional development	extremely useful			not useful	

V. Logistics / Technology / Administration:					
a) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly and event was well managed	5	4	3	2	1
d) Instructions for requesting accommodations for a disability were clear	5	4	3	2	1
e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the course/ training	5	4	3	2	1

VI. Comments About This Training: _____

Play Therapy with Pre-Teens and Teens
Lisa Dion, M.A., RPT-S
 12:30 - 3:45 p.m.

Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high)

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
I. Content / Relevancy/ Teaching Methods:					
a) Content was appropriate for intended audience	5	4	3	2	1
b) Content was consistent with stated learning objectives	5	4	3	2	1
c) Content included recent studies/findings/literature on topic	5	4	3	2	1
d) Teaching methods were appropriate and effective for subject matter	5	4	3	2	1
e) This program is appropriate to my education, experience, and skills level	5	4	3	2	1
f) Cultural, racial, ethnic, socio-economic, and gender differences were considered	5	4	3	2	1
g) Visual aids, handouts, and oral presentations clarified content and were useful	5	4	3	2	1
h) Information could be applied to practice and enhanced my professional expertise	5	4	3	2	1
i) I did not perceive any commercial bias or conflict of interest	5	4	3	2	1
j) Information could contribute to achieving personal and professional goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

II. Learning Objectives: Learning Objectives were met:					
1. Explain why it is important not to have a script for when to apply directive and non-directive play therapy interventions with pre-teens and teens	5	4	3	2	1
2. Identify the importance of assessing the pre-teen or teen's emotional age in the play therapy process	5	4	3	2	1
3. Explain the most important goal when applying play therapy to work with pre-teens and teens	5	4	3	2	1

III. Faculty: Lisa Dion, M.A., RPT-S					
a) Knowledgeable in content areas	5	4	3	2	1
b) Presented the subject matter clearly and clarified content	5	4	3	2	1
c) Responsive to participants and to their questions	5	4	3	2	1
d) Used technology effectively	5	4	3	2	1
e) Reviewed limitations to material presented	5	4	3	2	1
f) Described severe and most common risks, including risk of medications	5	4	3	2	1

HIGH *Neutral* *LOW*

IV. Overall Rating:

a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
b) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
c) This session met or exceeded my expectations	5	4	3	2	1
d) How much did you learn as a result of this CE program	a great deal		some		very little
e) How useful was the content of this CE program for your practice and other professional development	extremely useful			not useful	

V. Logistics / Technology / Administration:

a) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly and event was well managed	5	4	3	2	1
d) Instructions for requesting accommodations for a disability were clear	5	4	3	2	1
e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the course/ training	5	4	3	2	1

VI. Comments About This Training: _____

Incorporating Digital Play in Play Therapy Practice
Rachel Altvater, Psy.D., RPT-S
1:00 – 4:15 p.m. EST

Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high)

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
I. Content / Relevancy/ Teaching Methods:					
a) Content was appropriate for intended audience	5	4	3	2	1
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c) Content included recent studies/findings/literature on topic	5	4	3	2	1
d) Teaching methods were appropriate and effective for subject matter	5	4	3	2	1
e) This program is appropriate to my education, experience, and skills level	5	4	3	2	1
f) Cultural, racial, ethnic, socio-economic, and gender differences were considered	5	4	3	2	1
g) Visual aids, handouts, and oral presentations clarified content and were useful	5	4	3	2	1
h) Information could be applied to practice and enhanced my professional expertise	5	4	3	2	1
i) I did not perceive any commercial bias or conflict of interest	5	4	3	2	1
j) Information could contribute to achieving personal and professional goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

II. Learning Objectives: Learning Objectives were met:					
1. Describe chosen core theoretical framework for play therapy practice	5	4	3	2	1
2. Describe the application of clinically sound tele-play therapy interventions based On theoretical framework and client problem behavior	5	4	3	2	1
3. Identify at least 2 diversity factors and two ethical considerations when navigating the tele-play therapy platform	5	4	3	2	1
4. Demonstrate enhanced application of digital tools via tele-play therapy and transition of these interventions back to in-office play therapy sessions	5	4	3	2	1

III. Faculty: <i>Rachel Altvater, Psy.D., RPT-S</i>					
a) Knowledgeable in content areas	5	4	3	2	1
b) Presented the subject matter clearly and clarified content	5	4	3	2	1
c) Responsive to participants and to their questions	5	4	3	2	1
d) Used technology effectively	5	4	3	2	1
e) Reviewed limitations to material presented	5	4	3	2	1
f) Described severe and most common risks, including risk of medications	5	4	3	2	1

HIGH *Neutral* *LOW*

IV. Overall Rating:

a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
b) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
c) This session met or exceeded my expectations	5	4	3	2	1
d) How much did you learn as a result of this CE program	a great deal		some		very little
e) How useful was the content of this CE program for your practice and other professional development	extremely useful			not useful	

V. Logistics / Technology / Administration:

a) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly and event was well managed	5	4	3	2	1
d) Instructions for requesting accommodations for a disability were clear	5	4	3	2	1
e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the training	5	4	3	2	1

VI. Comments About This Training: _____
