



Welcome to a new year with the Arkansas Association for Play Therapy. We are a garden ready to grow, a community garden that is. This newsletter is proof positive that members are working together to share a bounty of fresh ideas, thoughts, and efforts to support each other in our work.

An early harbinger of spring will be the annual conference in Little Rock with Dr. Risè Van Fleet. Dr. VanFleet is an experienced presenter both nationally and internationally. She has a tremendous wealth of knowledge to share with us over the course of two days. It will be playful and pertinent in our casework and our treatment planning.

We are always excited about our largest event of the year. This conference is especially important because it fulfills one of the early goals the chapter board set to share the conference site around the state. We are very fortunate to break new ground in

Little Rock and appreciative that Baptist Health is hosting us. We know we will see familiar faces and some new ones along with a special guest to welcome us.

APT has been invaluable to me in expanding what I know and nourishing every aspect of my professional life. I enjoy and find more meaning in my work thanks to the people I have connected with in APT. We hope you will stay in touch, share your thoughts and needs, and if you can't attend this year's conference encourage your colleagues to check us out and suggest ways that we can extend the roots of ArAPT around the state. Board members are listed on the website along with our email address. We look forward to the growing season!

Jonna Hussey,
 President ArAPT

NOVEMBER PLAY DATE *Finding the Right Ingredients: Working with Young Children and Their Families*

was presented on November 20th at the Northwest Arkansas Education Cooperative. The focus of this training/play-date was to provide information useful to professionals from an array of backgrounds. The focus included the importance of developmental understanding of clients and systems presented by Amy Refshauge, LAC. It was continued to the afternoon with an overview of play therapy techniques that can be used successfully and provide a good match to specific needs presented by Leigh Wade, LCSW, RPT-S.

This training and play date included opportunity to review some of the play therapy techniques and approaches used with young children and their families and also practice in group activities putting these interventions to work. It was a delight to have so many wonderful participants from varied professional backgrounds adding to the richness of information and dialogue that took place. Among the participants were teachers, child developmental therapists, a researcher, speech therapists, parents, counselors, and social workers.

Amy and I would like to thank everyone for supporting our local efforts to extend training opportunities to the community and invite others to join in such efforts to enhance our knowledge and skills. We also enjoy this time to network within the community.

We look forward to seeing everyone soon!
 Leigh Wade and Amy Refshauge

SO WHY PLAY THERAPY?

- Helps you **SHOW** others what's going on inside
- Helps you **MANAGE** and **EXPRESS** big and small hurts
- Helps you go from passive to **ACTIVE** role (be in control)
- Helps you **PROCESS** terrifying things that leave you speechless/frozen
- Helps you physically **REBUILD** what feels destroyed
- Helps you **COMPENSATE** for losses
- Helps you **OVERCOME** hardships
- Helps you establish **RELATIONSHIPS** with others
- Helps you **REGULATE** your emotions
- It is **COMFORTING** and **NURTURING**

Eliana Gil





An Invitation to Bring Our Therapeutic Skills Out of the Playroom

These are exciting times for those of us in the field of play therapy...the current box office hit, *Avatar*, which has exceeded the highest historical record of viewing worldwide, espouses the message we play therapists have conveyed all along..."I see you." ("I am here. I care." (Landreth.)

As a play therapist, preschool behavior consultant, and grandmother of preschoolers, I am keenly aware of unlimited opportunities to convey this message "I see you" to children at any given moment of the day, through a child-led "way of being"...be it in the preschool classroom, the grocery store, the park, the home, or my favorite spot, our city's Botanical Garden of the Ozarks...a pristine wonderland, rich with vibrant colors, textures, whimsical landscapes, and earthy scents which seek to awaken the often dormant sense of wonder in all of us. I encourage those of you to be thinking of similar settings to encourage your families to share with their children.

As a therapist, I am constantly seeking to find ways to help families meet their children's emotional and sensory needs in these hurried and fearful times. Children are often led, but rarely lead. They are the recipients of "goodbyes," rather than the initiators. Children are encouraged to be passive, rather than active...to have isolating "virtual experiences" derived from screens, rather than experiences that engage their senses, as well as their hearts. Children are encouraged to comply, rather than to initiate, to follow, rather than to lead, and (for safety's sake) to "stay within sight," rather than to venture off to explore the unknown. In such safe, sensory rich places as the Botanical Garden, the rare gift of autonomy is returned to the child.

From the moment my granddaughter crosses the threshold of the garden gate, the world is hers—she leads, I follow. She watches the colorful fish swimming under the bridge, learns gentleness and respect of nature as she delicately touches the flowers and plants, and joyfully runs to the Japanese Garden where she confidently instructs me to "sit" on the bench, waves "bye," and promptly leaves me. As she looks over her shoulder, I assure her that I will remain, waiting in the same spot, until she comes back. She momentarily walks out of my sight, (the only place in town I would allow this to happen) only to return in a full speed run to joyfully initiate our reunion. Her confidence and exuberance rise with each reenactment.

When she tires of her "goodbye game," she leads me through a child-sized doorway, along a path of lavender and rosemary, invites me to join her in placing our hands under the cold, dripping water of the fountain, and leads me to a bench where we watch the antics of the crowing rooster.

Her greatest sense of mastery comes from successfully climbing the garden ladder. Week after week, she climbed a little higher—until she made it to the top, when she threw her head back and released a series of howls, which rivaled those of "The Wild Things." She was clearly overjoyed with her accomplishment.

It is in these moments that I am so grateful to have the skills and understanding of the value of child-directed play. Through it, my grandchild and I create a period of timelessness, joy, discovery, and connection.

As advocates of play, I see great opportunities for us to share the skills of relationship building which we implement in the therapeutic setting, by teaching them to the families (and teachers) with whom we are involved.

Children are hungry "to be seen." What a simple remedy for that situation. Garry Landreth and Sue Bratton have made it simple for us to do this through their Child Parent Relationship Training Model—(CPR-T)—Louise Guernsey and Risa Van Fleet (Filial Therapy), as well.

As our Garden visit comes to an end, I carry my granddaughter's now tired little body in my arms in contented silence. She places her cheek against mine, and we walk cheek to cheek across the grassy field to our car. Our contentment is as palpable as the flowers. We are assured, once again, that the love we hold for one another is enduring and like everything else we have experienced in the garden, real. In the sentiment of Garry Landreth, play therapists everywhere, and the beings of Pandora, this child and I look into each other's eyes and silently say, "I see you."



Julie Minkel LPC RPT-S
Fayetteville, Arkansas

OCTOBER PLAY DATE SANDTRAY EXPLORATION

For those who were unable to attend the national conference in Atlanta this fall, a much smaller, but satisfying training option was offered by ArAPT in the form of an experiential sand tray workshop entitled Sandtray Exploration. Therapists were provided the opportunity to explore challenging professional situations through the use of the visually expressive sand tray technique with the attentive support of the three J's—JoAnn Kaminsky, Joanie Green, and Julie Minkel, all LPC RPT-S's.

Encouraged by Dr. Garry Landreth to begin this practice of offering short trainings entitled "Play Dates" to area professionals, we have found a valuable and relatively simple way to provide APT training hours to those interested in gaining a deeper understanding of play therapy.



JoAnn Kaminsky, Joanie Green, and Julie Minkel, Group Facilitators



Amy Refshauge and Joanie Green

CREATIVE IDEA OF THE MONTH!

Colored Candy Family Go Around

Source: Katherine Arkell

Theme: **Engagement and Assessment**

Recommended Age Range: **Six to Adult**

Treatment Modality: **Family, Group**

Goals

- Gather information about the client and family/group
- Increase open communication
- Identify areas of change or improvement to be addressed

Materials

Packs of candy with assorted colors such as SKITTLES® or M & Ms®

Description

Distribute 10-15 candies to each group or family member. Have each member sort their candy by color with instructions not to eat them. Ask one member to pick a color and tell how many they have (i.e., two greens). Ask them to give two responses to the following questions or make up ones more relevant for current family/group goals or issues (i.e., anger management, social skills, etc.):

- Green: Words to describe self
- Purple: Ways you have fun
- Orange: Things you'd like to change/improve about yourself or family
- Red: Things you worry about
- Yellow: Good things about your family



After one person has answered a question, have them choose the next person to answer the same question based on the number of candies that person has. The activity is complete when each person has answered all questions. If a person does not have a particular color candy, they use the number of candies the person who went before them had. Candies can only be eaten after a question is answered.

Be sure each person has the floor when speaking and there is no interrupting or side conversation. Open the floor for discussion after each person has responded to all questions. Possible discussion questions are as follows:

- What did you learn?
- Did anything surprise you?
- How will you work towards making changes/improvements?

Discussion

This activity facilitates open communication and provides insight into individual and family dynamics. The family can be encouraged to try the activity at home with questions they generate either in session or on their own. A variation is to use colored beads or Leggo® rather than candy.

About The Author

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Therapy Translated into Play Language

Part One, Basic Skills

**By Sheila jo Beckton LCSW
Bentonville, AR**

I remember a specific conversation I had with a fellow intern in grad school. After watching some therapy sessions with a play therapist, this colleague questioned the efficacy of the process in these sessions. My colleague expressed, "She [the therapist] just lets them play." So we were both left thinking, "But how does that help? Playing is what kids do."

That was before I understood play therapy through the eyes of Virginia Axline, Garry Landreth and other noted play therapists. That was before I understood the concept that for children, play is their language and toys are their words. As with any foreign language, we as adults are left with the chore of translating between children's play and our own adult way of communicating. Essentially, we become bilingual. And whether your pet theoretical model is client-centered, strengths-based, cognitive or psychodynamic, the concepts of play also need translation into terms familiar to even the beginning therapist. So let's review those basic therapy techniques and see how they look in a play therapy session.

One of the most basic therapy skills is active listening -- "listen for meaning" while conveying interest in what the client is communicating. The listener only speaks to find out if what is being communicated has been correctly heard and understood. Garry Landreth summarizes what message is being portrayed by the "active listening" used in play therapy as "I'm here, I hear you, I understand, and I care." (Play Therapy: the Art of the Relationship, 2002)

In active listening, body language, tone of voice, and other nonverbal communication helps convey this sense of interest in what the client is communicating. In a play therapy session, a good play therapist is aware of their own non-verbal language as well as body language and facial expression of the child. Landreth teaches "nose before toes" to stress the need to keep focus on the child during play so that the therapist's interest in the session is obvious to the child. In client-centered play, it is important to be very aware of your tone of voice since child can read your tone of voice as being critical or shocked or encouraging of the play he is currently demonstrating and experience shows us that the child will often change her play in reaction to emotional reactions from the therapist. Awareness of the client's emotions and thoughts as they are translated through body proximity and facial expressions also allows reflection in the session.

Which leads us to the next set of therapy concept translations -- paraphrasing and summarizing. If you remember from your graduate training, paraphrasing is when the therapist restates what the client has said. Paraphrasing has multiple uses. It assures the client that the therapist is truly listening, it tests the level of understanding of what is being communicated, and it clarifies. In play therapy, paraphrasing takes the form of reflection of content

So how do you "paraphrase" an action such as play? Again emphasizing that play IS the child's language, paraphrasing play may consist of verbally describing the child's play or actually repeating the play with the child to indicate awareness of what the child is doing and communicating. Paraphrasing might sound like "you're burying him in the sand."

Whereas the goal of paraphrasing is to demonstrate understanding of what is communicated, the goal of summarizing is to find deeper meaning in the content of a therapy session. This may be seen in a play therapy setting when the therapist reflects emotions and content of the play. For example, when a child pounds a character with another character with an angry expression on his face, the therapist might say "He's angry at that one and wants to hurt him." As with adults, summarizing in play therapy is guided by the therapist's previous work with the client, including repetitive play themes and knowledge of underlying issues. Summarizing is usually used with caution in order to get the correct interpretation of the child's play. But don't worry, children usually let us know when we have misinterpreted what they are saying. "No, he is helping his friend hide in the sand."

What about asking questions in a play therapy session? In learning to do therapy with adults, we learn the difference between open questions and closed questions and how these two types of questions may affect the response we get from the client. Client-centered play therapists usually avoid any overt question as the child intuitively feels as if his response is being tested by the therapist. The anxiety, however small, that is produced by the need to please the adult many times will result in an immediate change in play, almost a "Oops, I'm revealing too much" reaction. However, the simple words "I wonder" can do wonders in play therapy. Possibly due to the child's developmental level, a child often immediately answers "I wonder" statements as if a direct question had been asked. Rarely is the change in play type or theme seen with this statement. For example, the play therapist's response to "I wonder why he is under the sand" might be "He's hiding from the monster." No question was asked, just suggested.

Of course many play therapy models may openly use questioning. Just like the models of therapy with adults vary some in the commonly used techniques, different play therapy approaches will incorporate specialized techniques. Active listening, paraphrasing, and summarizing are important basic therapy skills used with most therapy models. In the following issues we will discuss specific techniques from varying theories of therapy with adults and continue to translate these techniques into methods used by play therapists. We will discuss techniques that will be recognizable as cognitive-behavioral, gestalt or Adlerian. We will see special theoretical concepts of empowering the client, providing unconditional positive regard, or meeting the client where they are through the eyes of the play therapist.

Thank you for being a part of ArAPT! Please send any play therapy happenings/ideas/insights which you would like to share through our ArAPT quarterly newsletter to jminkel@msn.com or ara4pt@sbcglobal.net

Your ARAPT Newsletter Committee

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