

# Play Therapy Newsletter

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**Far West Texas  
Association for  
Play Therapy**

## Letter from the President

Happy New Year! The FWTAPT year began in August, 2005 and I was pleased to be elected as President.

What an exciting six months it has been! The chapter presented its annual conference in September with Dee Ray, Director of the Child and Family Resource Clinic at the University of North Texas and Editor of the International Journal of Play Therapy. She presented for two days and her topics included "Advanced Play Therapy Consultation" and "Developmental Issues in Play Therapy". In October, the chapter sponsored a workshop entitled "Ethics in Play Therapy", presented by Leah Miller and myself. Included in this newsletter is an article reviewing one of the topics discussed in this workshop ("No Duty to Warn in the State of Texas"). In addition, Carlisle Navidomskis spoke at our workshop in December and her topic was "Troubleshooting in Play Therapy". Thank you to our speakers and to everyone who attended these presentations.

In addition to presentations, some of our members were very busy in August after 500 Hurricane Katrina refugees were placed in the El Paso Convention Center. These members set up a play room at the Convention Center and served most of the children housed there through play therapy. You can read more about this in the article "Far West Texas Play Therapists Volunteer with Hurricane Katrina Victims" included in this newsletter.

I am looking forward to what we have in store for the remainder of the year and I hope to see you at some of our upcoming workshops.

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### Special points of interest:

- Find out about upcoming events
- Learn about how FWTAPT members helped victims of Hurricane Katrina
- Find out what the American Pediatrics Association says about immunizations and autism

## Upcoming Play Therapy Events

### March 24, 2005

Child Centered Play Therapy, 1-4 pm  
Mayu Quevedo, Cielo Vista Elementary

### March 31st-April 2nd, 2005 TAPT Annual Conference

Growing Families  
Austin, TX

### June 9, 2005

The Basics of Sandtray Therapy, 9-12  
Sandra Kern, Community Foundation  
(tentatively)

### September 8th-9th, 2005- Annual Conference

Geri Glover, topic and location TBA

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## Far West Texas Play Therapists Volunteer with Hurricane Katrina Victims

Misty Duke

El Paso, Texas received approximately 500 refugees from Hurricane Katrina, including about 50 children. Most of these people came from New Orleans and many of them had been trapped in their homes during and after the hurricane. The refugees were housed in the El Paso Convention Center.

The Far West chapter of the Texas Association for Play Therapy jumped into high gear to provide play therapy for the children of the Katrina refugees. Three board members and one general member bought toys with chapter funds and set up a mini-playroom at the site. The board then recruited volunteers from our general membership to provide play therapy in shifts over several days. Children were seen in 30-45 minute sessions. Most of them were seen individually. We were able to have consistent use of two rooms, one of which was utilized for art interventions and one which was set up as a mini-playroom. We were sure to include the following toys, which were seen as especially relevant to these children's experiences, in addition to the toys typically included in a playroom: tools, army figures, rescue vehicles, and boats.

Our volunteers were able to serve most of the children housed at the Convention Center. One of our volunteers even went to another site, where several children, showing signs of PTSD, were placed. These children were later referred to play therapists in the community for continued treatment.

Our chapter was fortunate to be able to work through our local Mental Health/Mental Retardation Center, which allowed us to begin volunteering immediately, rather than waiting for training through the American Red Cross. We were able to educate the MHMR coordinators about the importance of play therapy in helping these children begin the healing process. It was this spirit of cooperation among the various entities involved that enabled the refugees to receive the ser-

vices that they needed.

The following are the experiences of some of our volunteers:

Working with the people who were evacuated from the gulf coast as a result of Hurricane Katrina was an enlightening experience. It was amazing to listen to the stories of the children regarding how they got to the El Paso area and what it was like to experience such a powerful storm. Many of them had stories that included the use of several different means of transportation. I was particularly impressed by the resilience shown by some of the children. I remember the words of a little girl, age 10, when I asked her if she would be willing to draw a picture of the hurricane. She said, "That was one bad

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"There, I've fixed your toilet. Now the water won't come up", she told her friend.

storm!" over and over again as she drew the details of her memory of that day.

Mary Kaiser

While volunteering at the Convention Center, I worked with a nine-year-old girl and a six-year-old boy in group play therapy. The first thing the girl did was to use the tools as she lay under a folding chair, fixing the toilet. "There, I've fixed your toilet. Now the water won't come up", she told her friend. The two children did some exploratory play, and then they both became interested in the food. The girl set the table and said, "Let's fix supper. What'll we have for supper?" "Spaghetti and meatballs!", the boy sang out, and they both smiled. He made playdough meatballs, and she rolled the playdough into noodles. The children demonstrated resiliency in this session as they dealt with anxiety by gaining a sense of control over their situation and through nurturing play.

Carlisle Navidomskis

One of the children I worked with was a four-year-old boy who had seen us bringing in the toys the night before. He had begged me to let him play with the toy sword, but I had told him, "I will be back tomorrow and then you can play with it." Sure enough, the next day, when I returned, he remembered me and was ready to play. After having played with the food, making us both supper, he engaged in play with the sword. He alternated between pretending to hurt me with it and pretending to protect me with it. He had us hide behind chairs, whisper, and then lay in wait to kill the "monster". He promised me that the sword would keep us "nice and safe". Later, he found the tools and had me help him "repair the wall". He seemed to be working through issues of safety and control and the power of play allowed him to do this work in a way was empowering to him.

Misty Duke

I would like to thank all of the following therapists who volunteered to work with these children: Denise Daniels, Ruth Fierro-Glover, Mary Kaiser, Sandra Kern, Debra Knapp, Leah Miller, Carlisle Navidomskis, Gloria Salazar, and Denise Walker. Their commitment to the healing power of play was evident in their willingness to reach out to a population of children in need.

## Vaccines, Thimerosal, and Autism

Dr. Paul Nowak

In 2001, the National Institute of Sciences' Institute of Medicine (IOM) Immunization Safety Review Committee assessed the scientific plausibility of the hypothesis that MMR (measles, mumps, rubella) vaccine contributes to the onset of autistic spectrum disorder (ASD). The committee concluded that the recent increasing trends in autism diagnoses **cannot** be attributed to the MMR vaccine.

The American Academy of Pediatrics also convened a panel of experts to review this issue before the IOM review, and the panel found that the available evidence **does not** support the hypothesis that

MMR vaccine causes autism or associated disorders.

The IOM Immunization Safety Review Committee examined the hypothesis that vaccines containing thimerosal (a preservative) could have caused specific neurodevelopmental disorders, including autism, ADHD, and speech and language delay. The committee concluded that the existing evidence was inadequate to accept or reject a causal relationship.

The committee stated, "While the health effects of thimerosal are uncertain, we know for sure that these vaccines protect against real, proven threats to unvaccinated infants, children, and pregnant women." By the end of 2001, all vaccines

in the recommended childhood and adolescent immunization schedule contained no thimerosal or only trace amounts of thimerosal. This is still true today.

For more information go to:

[www.aap.org](http://www.aap.org) or  
[www.cdc.gov](http://www.cdc.gov)

## No Duty to Warn in the State of Texas

Misty Duke

There is often confusion regarding therapists' duty to their clients or potential victims when therapists receive information that clients intend to harm another person.

The Texas LPC and Social Worker Rules and Regulations state that "a licensee may take reasonable action to inform medical or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the client to the client or others or there is a probability of immediate mental or emotional injury to the client".

The National Board of Certified Counselors Code of Ethics states "when a client's condition indicates that there is a clear and imminent danger to the client and others, the certified counselor must take reasonable action to inform potential victims and/or inform responsible authorities".

In California, the case *Tarasoff v. Board of Regents of the University of*

California illustrated a California therapist's responsibility to warn potential victims. However, in Texas, the case *Thapar v. Zedulka* contradicted this directive by asserting that Texas therapists do not have the obligation to warn potential victims, but, as written in the Texas Health and Safety Code, Chapter 611, "may disclose confidential information" to "medical or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others or there is a probability of immediate mental or emotional injury to the patient".

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**Thapar v. Zedulka illustrated that Texas therapists do not have the obligation to warn potential victims**

When a client presents to the therapist an intent to harm another person, the therapist is caught between his or her ethical duty to protect confidential information and his or her desire to pro-

tect the client and others. The therapist should consult with other professionals and legal council before making a decision regarding his or her actions. The therapist should also be mindful of the inherent risk of civil liability for breach of confidentiality if the therapist chooses to share privileged information with medical or law enforcement personnel.

In summary, the ethical codes governing therapists and Texas law permit therapists to inform medical and law enforcement in the case of potential harm to others by a client. Neither the ethical codes nor the law permits therapists to warn the potential victim. Therapists should seek advice by colleagues and legal council before making the difficult decision to breach confidentiality in these cases.

NOTE: This article should not be construed as legal advice. Any questions or concerns regarding the content of this article should be addressed with an attorney.

# Far West Texas Association for Play

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web!  
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The purpose of the Far West Texas Association for Play Therapy is to provide a forum for the discussion of play therapy ideas and concerns.

## Play Therapy with Grieving Children

*Mary Kaiser*

Grief encompasses many different types of losses including death, loss of relationships, environments, skills and abilities, future hopes, and external objects. Many of these losses may not be traumatic enough to warrant therapy, but often the way the adults handle the loss can be inappropriate and disrespectful of a child's thoughts and feelings, which in turn can lead to a traumatic experience. Children's problems are often compounded by the difficulties some adults experience in understanding and responding effectively to what children are feeling. As a result, children often experience disturbances in behavioral, emotional, physical, and cognitive functioning.

Through the use of play therapy, the therapist can enter a child's world and develop a greater understanding of the child's loss and the circumstances involved. Both Non-Directive and Directive play therapy techniques can be used to help children successfully resolve their grief. The non-directive or client-centered techniques include establishing rapport, providing a safe and trusting environment, maintaining eye contact, tracking the child's behavior, listening and reflecting, entering the child's world, and allowing the child to lead. Some of the directive techniques recommended for play therapy with grieving children are identifying feelings, writing letters, using drama, empty chair, puppets, story telling, books, role playing, creating memory books and creating memory boxes. The knowledge gained in therapy can then be used to help the child to work through and resolve their

grief as well as facilitate greater insight for parents into the difficulties that their child is experiencing.

Sandra Fox has identified four psychological tasks of childhood grief, which she has titled as understanding, grieving, commemorating, and going on/reinvesting In Life. Understanding involves understanding the cause and meaning of death/loss. The grieving task is an ongoing process and can encompass shock and disbelief, searching and yearning, disorganization and despair, and rebuilding and healing. The commemorating task involves releasing the grief, recognizing and sorting out emotions, and moving toward an acceptance of the death or loss. The going on task is a life long process. It is not about forgetting the person who is gone, but rather a readiness to again participate in fun activities, set and attain goals, and socialize with peers. Play therapy has been proven to be an effective means to help a child work through each task and grow up free of guilt, depression, anger, and fear.