

Play Therapy Newsletter

Letter from the President

Ruth Fierro-Glover

Greetings! The FWTAPT year began in August, 2006. Due to the illness of our elected president, Sandra Kern, I have stepped up from my position as president-elect to take her place. We wish Sandra and her family all the best and our prayers are with her.

Since our February newsletter, the Texas Association for Play Therapy held its annual conference in Austin with Eliana Gil as its keynote speaker. Our very own Misty Duke and Leah Miller presented at this conference. In June, Misty gave a version of her presentation for our chapter, entitled "Family Interventions in Play Therapy". At that meeting, we also elected our new officers for the 2006-2007 year (see page 4). In September, we held our annual conference with Geri Glover. She presented for half a day on "Advanced Play Therapy Consultation" and for a full day on "Activity Therapy with Preadolescents". The conference was held at the El Paso Country Club, where we had good food and great conversation. In October, Dr.

Cristina Cruz presented on "The Theoretical Basis for Play Therapy", where we had an opportunity to learn about theory and how it can help us to conceptualize our cases.

In addition to our trainings, all of us on the board have also been involved in planning the Texas Association for Play Therapy's 2007 Conference to be held here in El Paso. Leah Miller is the chairperson for our committee. We are working hard on this and expect to have a great turnout and a lot of fun. Due to the many training opportunities offered by this conference, FWTAPT will not be hosting a March workshop.

I am looking forward getting to know many of you better this year at the conference and our upcoming trainings. Happy Holidays!

Far West Chapter
of the Texas
Association for
Play Therapy

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Special points of interest:

- Find out about upcoming events
- Renew your membership for 2006-2007
- Learn about the combination of family and play interventions
- Discover how to avoid common play therapy pitfalls

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Upcoming Play Therapy Events

October 20, 2006

The Theoretical Basis for Play Therapy, 1-4, Dr. Cristina Cruz, Western Hills Elementary

December 1, 2006

Self Care for Play Therapists, 1-4, Phronsie Kelly-Zion, 5906 Mira

Hermosa, El Paso

March 30-31, 2007

Texas Association for Play Therapy Conference, Understanding the Art of Play, El Paso, TX

Keynote Speaker: Eliana Gil

Troubleshooting in Play Therapy

Carlisle Navidomskis

A trouble-shooter is “a person who locates and eliminates sources of trouble, as in mechanical operations or diplomatic affairs”, according to the American Heritage Dictionary. This could also apply to play therapy. Our training as play therapists helps us to identify many sources of difficulty before they happen so that we will be prepared to deal with them effectively. For example, we have learned and rehearsed confidentiality and its limits and the practice of setting limits in the playroom. However, there will always be some situations for which we did not prepare; this article will share some of those experiences with the goal of improving our preparedness and reminding ourselves that nobody is perfect. Even Dr. Garry Landreth has said that his rule regarding being handcuffed only in the front came after spending an uncomfortable session with hands cuffed behind him.

Once I was working with two sisters, ages eight and eleven, who were living with their grandmother following the death of their mother. The grandmother was not able to control these two girls and they were also having problems at school, including stealing. I saw them in the activity room of their apartment complex. My first mistake was in seeing them together; their difference in ages, their constant testing of limits, and their strength in collusion all argued for individual play therapy. One day, they told me to close my eyes and I did so, tracking the sounds I heard: “It sounds like you’re over there. I can’t hear you now and I wonder what you’re doing. You want me to keep my eyes closed.” After awhile either they told me I could look or I told them I was going to open my eyes. The session went on, and, at the end of it, I followed them as they ran ahead to their apartment. Returning to the activity room, I packed up the toys and went back to my office. It was not until a few days later that I realized that, while my eyes were closed, they had taken the defunct cell phones that were a part of my play therapy toys.

I didn’t want to accuse them of taking

the phones because they would probably deny it and I did not think that such an exchange would be therapeutic. A week or so later, a family friend of the girls called me, having somehow gotten the phone number out of one of the phones, and the phones were returned to me. Since that session, when children tell me to close my eyes, I reflect their feelings and cooperate by averting my gaze, but I do not actually close my eyes!

One time a four year old client set off the security alarm at the office where I was working. Since then, I double-check to make sure the cover of the keypad is closed (it wasn’t that day).

On another occasion, I was seeing two brothers, aged six and seven, in sibling play therapy. I was sitting beside the

“There will always be some situations for which we did not prepare...”

craft table as one brother was trying to cut a pipe cleaner. He held the safety scissors with both hands, closed his eyes, and pressed as hard as he could. The other boy walked up and said sweetly, “I will help you, brother”, and reached for the pipe cleaner. Before I could tell what happened, and I was right there, the second brother started howling and blood was running down his hand. He had gotten a deep cut on his finger. We left the playroom and his mother and I wrapped the finger, but it kept bleeding profusely. I had no idea what to do. I called 911 and an ambulance and police officer arrived! When they saw the finger, the paramedics rewrapped it and instructed us to keep pressure on it and have the child hold his hand above the level of his heart (I didn’t know this first aid procedure at the time). There was really no need for an ambulance, but he did need to go to the doctor, and his mother couldn’t drive him into town. Her car had barely made it to my office. This was my last appointment for the day, but, for some reason, I didn’t think that I should offer to drive them to the

doctor. The mother called her sister-in-law and she took them to the doctor, where he received stitches to repair the cut. After that experience, if a child decides to cut a pipe cleaner, I tend to offer to help, even though that goes against my child-centered training, which says to wait until the child asks for help. I did not have a first aid kit in the office that day, either. I do now, as well as flashlights, just in case.

Both of these experiences contributed to my recognition that, if more than one sibling needs play therapy, it is not necessarily sibling play therapy that is needed. I now schedule back-to-back individual sessions unless sibling or family counseling is indicated.

Another lesson I learned concerned records. I saw a first grade boy two times, including the intake session and one follow-up session. The family no-showed for the next appointment. Some time later, I received a release authorization signed by the mother from a life insurance company. I called and left her a message saying that I had received the release form but I didn’t hear back from her. A week or two later, I went ahead and copied the child’s records and sent them to the insurance company. Several months after that, I heard from the mother, who said that her son had been turned down for life insurance based on his medical records-the records I had sent. At this point, the mother came to my office, reviewed his record, and took a copy with her because she was going to challenge the decision. After this experience, I decided that, in the future, I will not release records to a third party unless they are subpoenaed.

Another experience I had reminded me to be sure to review the child’s diagnosis with parents and with children, as appropriate, and to give families sources of additional information. It is easy to lose sight of the impact a DSM-IV diagnosis can have on a family, especially if they have little information about the condition.

I would suggest, as a form of troubleshooting, receiving continuing supervision or consultation.

Family Interventions in Play Therapy

Misty Duke

In June, I did a presentation entitled "Family Interventions in Play Therapy". I addressed the frequent disparity between two extremes. On one side, as play therapists, we often focus solely on the child, discounting relevant family dynamics. On the other side, family therapists frequently have little, if any capacity to relate to small children and often ignore them. However, there is a rich history in traditional family therapy of using playful and creative techniques to engage the entire family. Virginia Satir used communication games and family sculpting to make the family dynamics come alive in the session. Milton Erikson, Jay Haley, and Paul Watzlawick used paradox to engender strategic changes in families.

Carl Whitaker often used humor and absurdity to move families out of rigid patterns of behavior.

More recently, Eliana Gil has applied family therapy concepts to a play therapy setting. One example is her use of the family genogram with sand tray miniatures. Each family member chooses a miniature to represent each member of the family. Relationships between dyads can also be represented by miniatures. This brings to light the family's unspoken ideas about family roles and relationships. Another example is the family art assessment, in which family members draw three pictures. In the first picture, family members are divided into teams and must draw without speaking. In the second picture, the teams draw while

speaking. In the third picture, the entire family draws together while speaking. This allows for observation of communication patterns and family structure.

With an adequate understanding of family systems theory any play therapist can apply these concepts to a play setting using similar types of interventions. Other examples are to have the family create a city together or build a sand tray together.

For more information about this topic, see:

Play in Family Therapy, Eliana Gil
Handbook of Family Therapy, Gurman and Kiskern

Far West Texas Chapter of the Association for Play Therapy

300 Thunderbird, Ste 12, El Paso, TX 79912 * 845-3122

email: website: www.fwtapt.com

I would like to join FWTAPT (circle one): ANNUAL FEE New member (\$20) Renewing Member (\$15)
Student (\$15) Renewing Student (\$15)

Name: _____ Licensure: _____

Address _____

City, State Zipcode: _____

Home phone: _____

Work phone: _____

Cell phone: _____

E-mail address: _____

Please list me in the directory: YES NO

Are you interested in becoming a registered play therapist? YES NO

Are you interested in assisting with board activities? YES NO

Languages Spoken: ENGLISH ___ SPANISH ___ OTHER _____

Make checks payable to FWTAPT.

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Far West Chapter of the Texas Association

300 Thunderbird, Ste. 12
El Paso, TX 79912

Phone: 915-845-3122
Fax: 915-845-4165
Email: www.webmaster@fwtapt.com

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web!
www.fwtapt.com

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.

FWTAPT News

- The Texas Association for Play Therapy's 2007 Conference, "Understanding Art through Play" will be held here in El Paso on March 30-31, 2007. The keynote speaker will be Eliana Gil and presentations will be conducted by many highly skilled play therapists from around the state. If you are interested in volunteering for the conference, please contact Veronica Anchondo at 915-845-3122. If you are interested in setting up an exhibit, please contact Mary Kaiser at 915-845-3122.
- FWTAPT's very own Leah Miller elected this summer as the President-Elect of the Texas Association for Play Therapy. Next year, she will serve as the association's president.
- Membership dues for the 2006-2007 year were due in August. If you have not paid any dues since August, please complete the enclosed membership application form and submit it with your payment in order to continue receiving the benefits of membership, including free attending to quarterly workshops and discounted attendance to the annual conference.
- In June, the general membership approved a slate of board members for the 2006-2007 year. Due to the illness of the elected president, changes had to be made to the president and president-elect positions. The FWTAPT board for 2006-2007 consists of the following members: President, Ruth Fierro; President-Elect, Sylvia Ochoa; Secretary and TAPT Chapter Representative, Mary Kaiser; Treasurer and Immediate Past President, Misty Duke; Director at Large, Carlisle Navidomskis. Several members are serving in two positions. If anyone is interested in a position on the board, please contact Misty Duke at 845-3122.