

# PLAY THERAPY

Magazine of the British Association of Play Therapists

Spring 2011: Issue 65



**BAPT**

British  
Association of  
Play  
Therapists

**Filial Therapy:  
What Every Play Therapist Should Know  
Stories from the Play Therapy Room**

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# PLAY THERAPY

Spring 2011: Issue 65

**PLAY THERAPY** is published quarterly by the **British Association of Play Therapists (BAPT)**

All general enquiries should be addressed to:  
**British Association of Play Therapists**  
 1 Beacon Mews, South Road, Weybridge,  
 Surrey KT13 9DZ  
 Tel. 01932 828 638  
 Fax: 01932 820 100

**General BAPT email address**  
 info@bapt.uk.com

**BAPT website**  
 www.bapt.info

**Website comments**  
 webmaster@bapt.uk.com

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**PLAY THERAPY** is the official publication of the British Association of Play Therapists. It provides a forum for exchange of views among members of BAPT. It follows that views expressed in the newsletter, and signed by a writer, are the views of the writer and not necessarily those of BAPT. Publication in this newsletter does not infer endorsement of the writer's views. Similarly, publication of advertisements in **PLAY THERAPY** does not constitute endorsement by BAPT.

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- **editorial team:** Mary Carden, Nina Ridsdale  
 consultant Lisa Gordon Clark
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- **BAPT Communications and Public Relations Subcommittee:**  
 Harriet Armstrong, Sonnhild Freisinger,  
 Lisa Gordon Clark, Elise Refalo

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## Submissions

For all editorial and submissions please contact:

**Mary Carden**  
 Email: editor@bapt.uk.com

Material must be submitted on disc or via email in *Microsoft Word* format

**The copy deadline for the next magazine (Summer 2011) is 25th April 2011**

## Letter from the Editor



I want to thank those Play Therapists that have contributed some of their experiences of practice in this issue about what goes on in

the Play Therapy room, and I hope that it will encourage others to come forward to write about their experiences. It is a brilliant means of exploring what we do and to evaluate each other's methods of working and practice.

The editorial team are particularly grateful to Rise for another thought provoking and brilliant article. Rise wrote her article after just recovering from 'flu and whilst still caring for her husband who also had 'flu! But because she had promised us some time ago that she would write the article, like a true professional she got out of her sick bed to do it. BAPT are very grateful for your continuing support to us Rise. David Crenshaw has

been working tirelessly to set up a forum and blog for Play Therapists and he wrote the Fawn Story recently and gave permission for BAPT to publish this and other articles/stories which from time to time are published on the International Colleagues in Play Therapy site.

In these difficult economic circumstances it seems likely that Play Therapy is going to be at risk of being one of the services that is very likely to be subjected to cuts. The difficulty for our profession is that there is very little evidence-based research on what we do. If only Play Therapists could be as prolific as supporters of CBT and provide research and evidence of therapeutic outcomes! I am aware that there have been some recent attempts to rectify the gap especially using Theraplay and Filial Therapy, and I hope it may not be too late for us to convince the funding authorities of the value of Play Therapy as a therapeutic intervention. If any of you can provide evidence of outcomes or have completed a piece of an MA research, not on a single case study but on a researched group of children with defined therapeutic change from receiving Play Therapy, it would be important to try and get this published. BAPT would certainly be interested in publishing any research or outcome studies on the effectiveness of this approach.

**Mary Carden**  
 Joint Editor

## BAPT

British Association of Play Therapists

## BJPT 2011

### CALL FOR PAPERS

See your work in print!

The 2010 issue of the **British Journal of Play Therapy** was disappointingly somewhat thin so please consider what you could contribute to the world of Play Therapy by helping to ensure the 2011 issue is packed with varied and interesting content.

If you have a paper you have contemplated submitting (or a dissertation you think it might be possible to précis) then **please** get in touch with Lisa Gordon Clark on journal@bapt.uk.com

The closing date for submissions for the 2011 issue is 1st May.

Your article does not have to be in fully finished form by 1st May as journal publication is not until December: papers tend to go through various stages of editing and anonymous reviewing by the Editorial Board first.

Full submission guidelines may be accessed from: <http://www.bapt.info/journalsubmission.htm>

## BoD Contacts

**Chair Peter Ayling**  
chair@bapt.uk.com

**Vice Chair Tim Woodhouse**  
vicechair@bapt.uk.com

**Membership Penny Rowntree**  
applications@bapt.uk.com

**Treasurer Jenny Harrison**  
treasurer@bapt.uk.com

**Conference Janet Steel**  
info@bapt.uk.com

**Training & Education Ruth Watson**  
training@bapt.uk.com

**Research Alison Webster**  
Research@bapt.uk.com

**Student Co-ordinator Sarah Hickson**  
students@bapt.uk.com

**Professional Practice Audrey Lee**  
a.lee@bapt.uk.com

**Communications & Public Relations**  
currently vacant

**Company Secretary Judith James**  
j.james@bapt.uk.com

**Other BoD members**  
**Claire Harrison-Breed**  
c.harrison-breed@bapt.uk.com  
**Audrey Lee**  
a.lee@bapt.uk.com

**Ex-officio**

**Journal Editor Lisa Gordon Clark**  
journal@bapt.uk.com

**Magazine Editorial Team**  
**Mary Carden**  
editor@bapt.uk.com  
**Nina Ridsdale**  
nina.ridsdale@gmail.com

**Renewals Janet Steel**  
info@bapt.uk.com

## Board of Directors Report

The Board met for the first time in 2011 on January 22nd in London. As well as the usual members of the Board, John Robertson also attended as the Scottish representation.

### Chair's Report

Pete Ayling reports that there has been positive feedback from members following the EGM in 2010 and the e-bulletin that was sent out after that. It was confirmed that the next meeting with PTUK will be held on 7th February. It is hoped that an application will have been drafted by the AGM in June.

Judith James highlighted the need to start mapping BAPT's accredited courses against HPC's Standards of Proficiency (SoPs). It was decided that Judith, along with Ruth Watson, Chair of Training and Education subcommittee, and Pete Ayling, will start the process in order to have a draft format for the meeting with PTUK on 7th February.

Judith also gave feedback on her correspondence with Michael Guthrie from HPC. Judith wrote to Michael asking about the need to include 'Play Psychotherapist' in BAPT's HPC application. Michael clarified that additional titles only need inclusion if:

- The title is in common use
- The title is known to the Public
- To ensure that evasion of registration does not happen
- For clarity of communication with the Public
- Not including it would leave a gap where it would not fit with any other profession

Judith pointed out that neither of the BAPT accredited courses uses the title and it is also apparent that BAPT members do not use the title themselves so there is no reason to include it in the application. Further details of Michael Guthrie's reply to Judith will be included in the next e-bulletin to members.

BACP/UKCP – it appears that a group of these organisations' members have launched a legal challenge regarding HPC being the right forum for psychotherapists to be registered. Pete Ayling will ensure that members are kept up-to-date on the progress of this challenge via the e-bulletin.

### Subcommittee Feedback

**Training and Education:-** Ruth Watson, Chair of this subcommittee, noted that the re-validation of the Roehampton course is now due. She will be looking at possible dates and the availability of T&E members to undertake this work.

**Professional Practice:-** Audrey Lee has taken over as Chair of this subcommittee following the resignation of Judith James last year. Audrey has agreed to prepare a database of Play Therapists' expertise and work roles/areas around the UK. Dorothy Brownlie is planning to create a similar database in Scotland. Audrey will discuss the project with Dorothy.

**Communications and Public Relations:-** Elise Refalo attended the BoD meeting as Comms & PR representative as this subcommittee currently has no Chair. Elise noted that the subcommittee has dwindled in members and new ones need to be recruited; there is a particular need for someone who is IT-savvy as the subcommittee would like to develop BAPT's profile via Facebook, etc., and it would be helpful to have someone on the subcommittee who could assume responsibility for developing this area. Lisa Gordon Clark currently has responsibility for the website and continues to be editor of the journal. Harriet Armstrong has assumed responsibility for representing BAPT at conferences and exhibitions. It is planned that she will use the e-mail address: promotions@bapt.uk.com

Elise also noted that whilst there has always been a close link between the subcommittee, the Board and the magazine editorial board, due to recent changes in members' roles, this has weakened. Nina Ridsdale has recently joined Mary Carden on the magazine editorial board as Elise had to step down so the subcommittee has invited Nina to become a member in order for the link to be re-established. This will be discussed and reviewed over the coming months and ways of further strengthening the link between the magazine and the Board will be explored.

Elise gave feedback about a discussion the subcommittee had regarding the Students' website as it was felt to be underused. However, maintenance to make it more proactive and relevant would be hugely time consuming and beyond the scope of any of the members at present. It was felt that creating a forum where play therapists and student play therapists could talk directly to each other might be more beneficial; hence the idea of recruiting a new member to the subcommittee who could help to set up a Facebook page.

Elise noted that Harriet Armstrong was intending to contact the producers of the Archers regarding their recent storyline in which one of the main characters died with a view to suggesting they might introduce the possibility of play therapy for the character's grieving children.

The Occupational Profile flyer needs updating and it was decided that the Professional Practice subcommittee should be involved with this. Details of salary scales, etc. are out of date and the Board decided it needs current information. Janet Steel said she would give Audrey Lee a list of names of play therapists who have been involved in regrading recently.

The Board noted that the BAPT leaflets need updating. However, it was felt that this should form part of BAPT's strategic plan and was not an immediate priority.

**Membership:-** the issue of membership benefits was discussed and it was noted that one of the benefits that BAPT has been able to offer members was a special rate for professional indemnity insurance with Howden. However, this has since lapsed and Penny Rowntree will be contacting Howden in order to discuss the possibility of reactivating it. Penny will also be contacting the American Association of Play Therapists as it used to offer BAPT members a reduced subscription rate for their journal. Penny will explore the possibility of re-introducing this.

Following feedback from the AGM, Penny noted that many members consider the requirements for supervision and CPD to be too high and too rigid. Penny wrote to Louise Williams to raise CPD concerns. After some discussion, it was decided that Ruth Watson and Penny would meet and discuss how to take things forward that would ensure a better outcome for everyone.

Penny informed the meeting that she intends to meet with Virginia Ryan and Sonia Murray and three other BAPT members who have offered to help in order to write a definitive policy on the portfolio route for members. This would ensure that there was a clear document for future applications to be reviewed against. Audrey Lee said she will remain a member of the Membership subcommittee as this will link well with her Professional Practice role.

**Students:-** Sarah reported that she has met with Roehampton students and has also given a lecture at Roehampton on complex cases. Some students felt that they would like further input on the issue of transference. Sarah raised the question whether BAPT

needs to consider a CPD course on transference. Ruth confirmed that she would discuss this when she next meets with the course convenors of the BAPT accredited courses. Sarah noted that she is still trying to find a student representative at Roehampton.

The following new Full members were confirmed by the Board:

Claire Brown  
Nadine Jay  
Emma Latchem  
Laura Stewart  
Rosie Dymond

*Congratulations and welcome to you all!*

**Research:-** Nothing to report.

**Company Secretary:-** At the request of Judith James, the Board spent some time reviewing the 'Rules attaching to Members and Articles of BAPT'. A number of changes were agreed on and others were amended. Penny Rowntree agreed to review sections 1 and 2 as these relate to membership. Once completed, Judith will circulate the amended version of the Rules to all Board members for final confirmation.

**Finance:-** Jenny Harrison circulated a financial report to the Board. She noted that BAPT's deposit account is back to the level it was at the same time in 2010. However, membership renewals are down on last year's. Renewal reminders were sent out to members a week before the Board meeting so it was hoped that more renewals will come through in the weeks ahead. The Board discussed ways in which members could be helped with renewal, such as payments over a period of time, or even a monthly payment over twelve months. This will be discussed further at the Board's Away Day, to be held in September or October.

**Conference:-** Brochures have been printed and sent to all members and contacts. Details and booking forms on already on the website.

#### A.O.B.

Tim Woodhouse and Claire Harrison-Breed both announced that they will be resigning at the AGM. Pete thanked them both for their support and invaluable work on behalf of BAPT during their time as Board members.

Please note that summarised reports from all recent Board of Directors' meetings are available for access on the Members' Area of the website 'Latest News' page

*Elise Refalo*

*Communications and Public Relations representative*

## FAWNS IN GORILLA SUITS

By Dr. David A. Crenshaw, PhD  
Director Rhinebeck Child & Family Centre  
Qualified Clinical Psychologist & Play Therapist



*A fawn at the edge of the woods watches with a wary eye. Any sudden movement is likely to startle and send the fawn scurrying into the woods. If, however, you don't approach and be still the fawn may cautiously move a step closer. Children who are hurting deep inside from invisible, but very real wounds are like a fawn on the edge of the woods. They fear being hurt again. They don't dare approach because they fear that you will add to their pain. As much as they desire the contact, it will not be easy to convince them. Basic trust in some of these children was never established. They did not experience early in life what all children need to develop a sense of security, safety, and trust. They did not experience being cared for, loved, protected and nurtured. Some children do not get this at all, others unpredictably and inconsistently. The moments of nurture and love may be interspersed with anger or cold indifference.*

A small group of children experience life as a horror show. These are the repeatedly abused, often deprived and severely traumatised children who undergo multiple out-of-home placements. Their sense of trust is shattered. These are the children who typically make up the population of today's residential treatment centres. For these children allowing a modicum of closeness with even the most warm and friendly adult is taking a monumental risk.

#### Sociocultural Trauma

The work of Kenneth V. Hardy, Director of the Eikenberg Institute for Relationships and Professor of Marriage and Family Therapy at Syracuse University

and of James Garbarino at Loyola University advocate for a more complex understanding of severely aggressive children; not to simply view them as "bad kids." When the layers are peeled away what emerges are glimpses of deeply hurting children, who have suffered multiple, profound losses, and all too frequently traumatic losses. Hardy<sup>1</sup> stated that the complex underlying emotional process that is at the core of the child's aggressive acting-out needs to be appreciated. Unless the losses, the trauma events are faced, the treatment will consist of putting balm on the wounds, but there will be no healing.

#### Dehumanised Loss

The invisible wounds so often unrecognised by others and unacknowledged even by the child are thus trivialised and devalued. The disenfranchised grief of children is a result of the cumulative effect of multiple losses never attended to and the unexpressed, buried grief of children that is not recognised, supported or facilitated by the care taking adults. The end result of such ignored and unsupported grief is often loss of capacity to feel; what Hardy<sup>2</sup> refers to as dehumanised loss. Dehumanised loss plays a central role in the cycle of violence since the inability to feel one's own pain can result in extreme cases in the child's loss of the capacity to feel for the pain inflicted on others.

#### The Emotionally Focused Therapeutic Work

To restore a child's capacity for empathy with his or her own pain and for the pain of others requires intense, in-depth emotionally focused work.<sup>1,2,3,5</sup> This is not short-term work and there are no quick fixes. It involves engaging all the relevant systems impacting on the child and family. It will not be enough to engage the family. The larger systems of school, community, social service, and courts, will all have to be integrated in the provision of services in order for meaningful intervention to occur. Without a safety net of support, regular and reliable communication between service providers, the child and/or family will fall through the cracks. The pressures on these systems to meet an ever expanding level of need, to serve more seriously impaired individuals and families, and the human and emotional toll that this work can exact poses the risk that the systems designed to provide care becomes dehumanised as well.

#### The Traumatized Child Within

Garbarino<sup>6</sup> reminds us that whenever he has interviewed a youth who has committed a violent

crime he almost always finds an untreated traumatised child. To provide the intensive treatment that these children and families need, as many studies<sup>5</sup> have indicated, will in the long run result in huge cost savings to society. Furthermore, by making this commitment to providing the intensive services needed to the most vulnerable of our citizens it will be a step towards reversing the insidious devaluing process that results from making the mental health treatment of Sociocultural traumatised children in our society a low priority.

The art of healing fawns in gorilla suits requires not taking their anger personally, but realising anger is how they protect themselves. They hurt deep inside from invisible, yet very real wounds. To help such children feel safe, become trusting, and deal with intense emotions, Dr. Crenshaw developed special play therapy techniques. He teaches his techniques to clinicians, school personnel, and others who work with angry children.

[www.childtherapytechniques.com/](http://www.childtherapytechniques.com/)

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The Editorial Board are pleased to introduce an exciting new column which looks at the power of Play Therapy in action.

## Stories from the Play Therapy Room: Experiencing Sand

By Nina Ridsdale, Nadine Jay, Berni Stringer, and Nina Rye



Many eloquent and scholarly articles have been written about sand play. Here, brief case studies from three play therapists describe experiences of sand in play therapy with that particular and special eloquence that comes from the expression of a child's inner emotional world.

Nina Ridsdale worked with eight year old "Eddie". He was very troubled but also resilient and resourceful. His mother had mental health problems and could be rather chaotic but, when she was well, was attuned and caring. Eddie and his brother (who had some difficulties also) were staying with grandparents whilst their mother was trying to stabilise her health problems. His behaviour in school was unsettled and he reported he hated school.

Nina works for Pennine Care NHS Trust in a CAMHS team, doing play therapy and some generic work. Nina writes:

Eddie attended weekly sessions and spent virtually the whole session playing in the sand. In early sessions there was primitive embodiment play: Eddie would simply massage the sand in a rhythmic manner, noting the sand's texture and burying his hands in it. He breathed heavily with his exertions. His focus was intense as he added endless amounts of water until it was almost spilling over. I felt that "spilling out" was a theme for him: he was generally a little boy who held everything in, but in the room he would let down his guard a little. He said very little but his play expressed his mood and emotions. It appeared extremely cathartic and he seemed to leave with a sense of having worked hard, and with some relief. His play in the sand tray did progress into more projective play but when the family was in a state of crisis he would return to this messy sand play. In later sessions Eddie sometimes hid shells and stones and then searched for them. I felt that this play expressed how Eddie would

"hold things in", burying them but wanting to be understood. The same play also contained the theme of attachment/loss: his mother was largely absent (emotionally and not in family home) at this time. For Eddie building a relationship with me was risky, but he needed the space and the support that play therapy offered him.

The sand tray then became the scene of dramatic disasters such as drowning, and car crashes. Each time characters in the sand would be rescued at the last minute. The theme of danger/rescue intensified when his mother later became pregnant: the 'baby' became a central figure, and Eddie would place the baby on a 'pedestal' in the midst of chaos and danger in the sand tray.

Nina's case study gives us a moving glimpse into Eddie's intense sand play: the intensity with which he breathed and poured himself into it in the embodiment play; the drama and pain of his attachment to his mother expressed in his projective play. Dennis McCarthy (2007, p 144)<sup>i</sup> writes about the four sides of the sand box within the four walls of the play therapy room providing the experience of a "special place" where the child is in charge. McCarthy explains how the womb is the first "special place", and the child naturally moves through other special places in the process of finding out who they are. Play is an integral part of that process of finding out. In the play therapy room, the sand box (or boxes, if you are lucky enough to have wet and dry) offers physical, sensory, and potentially almost any other type of play mode a child might need. The involvement of the body in moving quantities of sand around can be a means for a child to begin to loosen up a habitual, but perhaps subtle, posture of defensiveness and/or grief. In the case study above, sand and water used together led to some freedom to feel, to express inexpressible worries and needs, <sup>i</sup> McCarthy, Dennis (2007). *"If You Turned into a Monster": Transformation through Play. A Body-Centred Approach to Play Therapy.* London/Philadelphia: Jessica Kingsley.

and much else besides.

Nadine Jay's case study describes her work with "Piper", a 10 year old girl who had been adopted at the age of two. Nadine worked with Piper during her time on placement in a CAMHS team whilst studying for her MA. Nadine writes:

Piper was referred for play therapy because of her increased aggression at home, particularly towards her adoptive mother. In our introductory session, when asked if she could change anything, Piper's response was "to be a bit more good at home". Piper and I shared 22 sessions of play therapy where she accessed the sand tray during each and every session.

In session 1 Piper went directly to a small sand tray. She immediately looked in to one of the boxes and picked out the crystal, holding it up and saying that this one was her favourite one. She placed the crystal in the centre of the tray and enclosed it with fences.

Piper picked out a dog, then two figures, saying that one was me and one was her. Piper put pigs in the sand tray, and a figure that she said was looking after them. Piper picked out a gorilla, a giraffe and a bear and placed them inside the fences with the crystal, looking outwards. When I reflected that these animals were with the crystal and were helping to protect it, Piper said yes. It felt that this session had an over-riding theme of protecting and being protected. In my opinion, from that first session, Piper associated herself with the very special crystal and spent much time creating narratives with the sand where it was buried and discovered by different animals.

The use of sand for hide and seek is an extremely significant function of this medium and is one of its most unique qualities. During her seventh session, Piper played out a poignant story that I felt was full of significance; after burying a stone heart she said that once the sand was cleared from the top, then the animals could go right underneath and find it, they then needed to push the heart to the side of the tray. Through my therapeutic relationship with Piper it heavily felt like she was telling me through symbolism (the use of the crystal, stone heart, and the animals) that through her therapy she may have found and understood herself more, but there was still a long way to go. As Piper continued to use the sand tray I found that she was increasingly aware of her feelings and her emotions and further there were key moments when she was able to verbalise these to me. During her thirteenth session, whilst

both Piper and my own hands were in the sand she told me that "she didn't like doing bad things but she sometimes just had to and sometimes she just felt like letting it all out.

When Piper used the sand tray, I often placed my hands on the edge of the sand, quite naturally and often without really thinking and Piper seemed to be most aware of herself and most expressive when both of our hands were together in the sand. It was hugely evident that the sensory nature of the sand enabled our therapeutic relationship to exist and to indeed strengthen.

The very last thing that Piper did on her final session was to write her name on some foam, choosing to bury it in the sand so that maybe another child could find it. It felt like the most perfect ending – that she wanted her name buried in the sand where she had processed so much, leaving a little piece of herself behind. So we buried it.

Nadine's case study gives further examples of how powerful projective play in the sand can be. From her first session, Piper was able to use the sand box in this way. One might imagine a child using figures, animals, stones and crystals on table top or on the floor to enact scenes and stories, but the sand box provides the essential third dimension of depth. In Piper's play, the animals who had to go under the heart, into the sand, and then push, expressed how she needed to work hard to find out who she was. The fact that sand in any quantity resists being pushed somehow validates a child's experience of therapy and at the same time makes it a literal experience of effort. Nadine also made the following important point about sand:

Sand is a unique medium in that you cannot get it wrong. There is no right or wrong way to play in and with sand. This makes it ideal when working in a therapeutic way as it is a perfect medium to express thoughts and emotions that are not able to be verbalised as they are either from within the unconscious or are too painful to admit and share.

Nina and Nadine's case studies illustrated how two children had used sand over a number of sessions. Berni Stringer, in contrast, tells how she worked for just one session using the sand box, with 15-year-old "Jamie". Berni explains: "Moshe Talmon says that each and every session is whole and complete in itself. He suggests the goal of psychotherapy is to help people take care of themselves and continue with the business of life in the hope they don't need any more sessions. If they do then - that's all right too<sup>ii</sup>. It was in this spirit I approached the session."

Berni is a Trainer Consultant Play and Filial Therapist with the British Association for Adoption and Fostering. Berni writes:

Jamie was referred because she was violent at home, absconding overnight, and truanting from school. She lived with her grandparents. Her birth parents, both very young when she was born, had never lived together. Their relationship was acrimonious. Her mother had no other children; her father had two young children and a new baby. Jamie was bouncing between all three homes. Her presenting behaviour suggested she was not secure in any of them. Her grandparents were keen for help though Jamie was reluctant to come to play therapy because she felt it was childish.

Jamie and all three of her families arrived for the first appointment because grandparents had persuaded everybody to come. A systemic session revealed some unwillingness of birth parents to take responsibility for Jamie. Grandparents agreed to bring Jamie back for an appointment and Jamie conceded to come back if brought by her father.

Arriving for her session a week later, Jamie told her father to wait outside and came into the playroom saying she didn't want to talk and wasn't going to play because it was kids stuff. I acknowledged this and commented that other young people used the clay and the sand in their hour in the room. I joined Jamie as she began to scoop and pour with her hands at the side of the sand tray. I wondered aloud if we could work together for this hour. I remember her comment, "If you want..." as I pulled out a basket of shells and animals from under the tray. Without a word she chose a rabbit and placed it in the middle of the tray.

Jamie worked in silence. I pondered that the rabbit seemed alone in a huge space. She lined up a gazelle, bull, a cow, horse and a dog in the tray and placed three chicks on its edge. I pondered more about the rabbit – seemingly still alone and unconnected – despite the other animals and wondered if this is how rabbit wanted it. Jamie moved the animals around the tray, ending by placing the bull over the rabbit and the cow by its side. I wondered aloud if this felt close or crowded as Jamie moved the gazelle to the edge of the tray nearest her. She placed the dog, horse, and chickens together on the other side of the tray between rabbit and the tray edge and made rabbit face the dog in the middle of the group. I wondered aloud if this was where rabbit

wanted to be, and I continued to wonder who would notice rabbit's sadness and joy, who would be available if rabbit was upset or happy or needing help. Jamie, seeming to be absolutely focussed, walked the rabbit from the middle to the edge of the tray. We were quiet for a time until I told her we had ten more minutes.

Slowly Jamie buried the gazelle, placed the dog horse and chicks between the middle and the edge of the tray and placed the bull and cow as if looking outwards on either side of rabbit. I waited and then asked if that is how she wanted it to be. She brushed off her hands and told me she was going to get her dad. I walked to the waiting room said goodbye and they left. I did not see Jamie again.

A phone call to grandparents a few days later revealed she had been to school for 3 half days and had been home some evenings on time but would not come back again to the play room. Follow up contact three months later revealed Jamie had settled with her grandparents and violence had reduced. She visited her father and half siblings alternate weekends and was having only phone contact with her mother. Her school attendance had improved although still erratic. Six months follow up revealed school had become more settled and Jamie was accepting of her grandparents' care to the point that they were coping better and more relaxed.

Berni's case study illustrates how sand can be an accessible medium for older children and adolescents who would not otherwise want to "play". Jamie became absorbed in the different constellations of characters she created, and seemed to find at last a place for herself (rabbit) between her grandparents (bull and cow) where she did not feel hemmed in, but where she could belong.

Different as the three case studies above are, they all contain descriptions of objects being buried. This can have a number of meanings and is not restricted to expressions of sadness or anger. McCarthy (2007, p 114) says that burying and finding hidden treasure is one of the most common events in the sand box but that "usually all this unearthing leads somewhere". In Eddie's and Piper's medium-to-long-term play therapy, it led to more complex stories that expressed depth literally and metaphorically. In Jamie's single session, burial of chosen characters expressed something more like a resolution of a complex problem.

In writing about their work, play therapists often place themselves somewhat in the background, as if "the room", or "play therapy" or, in this article, "the sand" bring about therapeutic change without

ii Talmon M. (2003). 'Lets Live and See' An interview. *Journal of Family Therapy*, 24 (1) pp. 38-40.

human intervention. However, the three case studies given here still demonstrate the importance of the relationship and the therapist's skills. Berni's tactful comment about "other young people" using sand and clay meant that Jamie could explore wordlessly how she felt about her world. When Nadine put her hands in the sand with Piper's, a profound therapeutic

message was given. When Nina allowed Eddie to add water "endlessly", she understood how he needed to do this, and provided containment for him. Sand is a wonderful material for a child to play with, but it is the therapist's way of being with the child, and her/his careful reflective thinking between sessions, that help something even more wondrous take place.

*Would you be willing to contribute a case study (about 600 words) or a shorter vignette (up to 300 words) for articles on specific topics? Nina Rye will put the contributions together and acknowledge them. You would not have to contribute every time. The next article will be about sensory integration and sensory play in play therapy and/or filial therapy.*

*If you are interested please email [ninarye@connections-c.com](mailto:ninarye@connections-c.com)*

### Editorial intro to Lisa's article "Shifting Sands – Shifting Self"

*Lisa Gordon Clark has contributed her own article about sand play in which she notes how an adult client approached sensory and symbolic work using this medium. Lisa's client achieved a classic stage of resolution, comparable to that often reached in successful talking therapy, as you will see, and the client was able to verbalise it. This is a "treat" that is rare for those who work only with children and young people. It is also fascinating to compare and contrast Lisa's account with those in the preceding article on children's sand play.*

## Shifting Sands – Shifting Self

Lisa Gordon Clark

This example of sand tray work that I am going to describe for this article relates to an adult Play Therapy client – indeed my first (she knew this from the outset and has since given permission to use anonymised examples of her work for publication). 'Suzanna' was a self-referred woman, in her mid 30s, troubled by acutely poor social confidence and a non-specific feeling that "something was missing": that she was "stuck" within her job and in relationships. She felt that the use of metaphors and symbols of Play Therapy might be the key to unblocking some of these deep-seated issues – she had had a brief taster of the approach through work and found that it had allowed her to express things she had previously never been able to articulate or explore: previous experiences of verbal counselling having left her feeling "exposed and nervous".

At the initial referral meeting I ascertained some of the 'facts of the case' including Suzanna's family background (the eldest child of a Catholic family in which religious values and 'keeping up appearances' were of pivotal importance), her current relationships (she had very few close friends but had been living with her boyfriend for a couple of years) and work context (she recognised that her nervousness and anxiety particularly in large group situations, which she traced back to early school days, was stopping her succeeding). She also told me she had been on and

off anti-depressants for about six years. We agreed to meet for three assessment sessions and to take it from there.

At the first such assessment meeting I immediately encouraged the move into metaphor and suggested Suzanna make a sand tray image to depict how she was feeling currently about her key relationships, inviting her to choose objects to represent important people in her life and to arrange them in relation to a figure to represent herself. This first sand tray image is shown below:



It was immediately obvious that Suzanna was going to be open to the experience of Play Therapy and was alert to the importance of avoiding self-censorship: she chose the empty wheelchair to represent herself, commenting as she did so "I don't know why...I didn't want to, but I went with the unconscious". This capacity to trust in the process and to see what

emerged was a hugely positive sign and I believe a significant factor in the subsequent success of the intervention.

Positioned first around the wheelchair she chose objects to represent two key current relationships: her boyfriend, as a small bright yellow rubber duck (“again – I don’t know why”) and a lady figure to depict her long-time best friend from University days (“because she always wears nice clothes”). She then moved on to her birth family: starting with her Mother, she chose the purple plastic hairbrush (“I don’t know why” - though it emerged later in the therapy that her mother was obsessional about external appearances) but spent quite some time deciding where best to place this in relation to the wheelchair. After a minute or so of contemplation she positioned it at some distance and then turned her thoughts to what and where she should place her father. Her dad was represented by an army soldier and placed in the sand tray next to the hairbrush, again nearer the edge of the sandtray than the centre. Next to be selected was a shiny glass nugget for her younger sister Angela which she carefully added to the sand tray just in front of the wheelchair. At the more cognitive referral meeting Suzanna had told me that although she had left home before Angela was born, she felt an affinity to her which she did not feel for two brothers and this was borne out by the difficulty she then had choosing objects for them: “I can’t find anything for Peter – I don’t know him that well”. A lion and steam roller were eventually added to the sand at the outer edges of the group.

As we contemplated this ‘sand genogram’ together Suzanna was thoughtful, acknowledging how small this group of ‘special people’ was, yet how lacking in closeness and intimacy. In line with my informal plan to use this activity as a qualitative assessment /outcome measure I invited Suzanna to make any alterations in the image that she would like to see, as a goal for our therapeutic work. She immediately substituted the wheelchair for a sparkly pink shoe, commenting “It’s more fun and bright”. For both her parents she chose objects that indicated changes she would like to experience in her relationships with them: a spinning top for her father so he could “loosen up and have more fun” and a vase of flowers for her mother with the hope that she could be “more warm” as well as stronger. As she removed the steamroller, replacing it with a bright pink car, placed much nearer to the central shoe, she voiced her wish that her relationship with her brother to “be more relaxed and fun” as well as closer. A similar wish for greater closeness with her other brother was

expressed as she swapped the lion for a tree placed near to the group. Having substituted a small pink flip-flop for Angela she noticed herself that she had chosen footwear for them both. Strikingly the only object to remain the same in both images was that for her boyfriend, although he was also brought much closer into the grouping.



As you can see from the photographs of these two sandtray images Suzanna aspired to relationships with greater brightness, vibrancy, warmth, fun and intimacy and she wanted everyone to change in this direction, including herself, with the exception of her boyfriend - who was already represented by a bright and fun metaphor.

I worked with Suzanna for the next ten months, totalling thirty sessions and throughout the intervention she continued to use the sand in numerous ways – sometimes cathartic, sometimes calming and self-soothing (she often began her sessions swirling the sand through her fingers, smoothing it, creating patterns, heaps and gullies, ‘grounding’ herself in the silent sensory experience of this), yet almost always rich in symbolism both conscious and unconscious that we were able to explore together. One of the novelties of working with an adult client in this way was that “she knew that I knew” that within the metaphors of the play there were salient and significant meanings which she was keen and open about examining – as she dug and rummaged in the sand we dug together into the depths of her issues, feelings and needs, like fellow treasure-hunters. There were plenty of hidden horrors and nasty surprises to be unearthed alongside the treasure, but she ploughed on with tenacity. Unlike the child clients I work with, Suzanna had sought the help for herself, was paying for it and was perfectly able to ‘draw the line in the sand’ whenever she wanted. Over our ten months together I regularly acknowledged how hard she was working to get her

own needs met and admired her determination and courage.

In the confines of this article I cannot do justice to all these masterpieces of self-exploration and discovery. As she created mountains and valleys/ trenches/gulfs in the sandworld so she experienced peaks and troughs, highs and lows in her real world: in just the third week of therapy she had a row with her boyfriend that called their future momentarily into question; in the second month she made a visit back to her birth family and was able to see the funny side of her mother’s undermining behaviour instead of taking it personally; half way through the intervention she coped with a job interview and changed her work role (twice) and shortly afterwards announced she had come off the anti-depressants and that she was pregnant!

Gradually one step at a time she transformed herself from the helpless, worthless image of that empty wheelchair. But did she ever become that sparkly bright shoe, tightly surrounded by vibrant fun-filled others? As the therapeutic intervention drew to a close (when she felt ready for this) we looked back together over all her work, carefully documented in photographs, and in particular at that first pair of sandworld images. As she perused the very first image she commented in surprise that it “didn’t look as gloomy” now as it had felt at the time - apart from the wheelchair. Ten action-packed months later she recognised that in many ways her world was still probably more like that first image than the second, but that it was her perspective on it that had changed: she was able to regard it now with more *acceptance* of how things are. With calm insight she recognised that she was limited in how much she could change others in her family system, although small shifts in one member can have a ripple effect on all. The significant change she had wrought was in her Self – she felt stronger, more independent, less overwhelmed, more in control of her life, more confident, less bitter, more positive, more whole. Looking at what she had previously aspired to beyond herself, she could now see that this was not only idealistic and unrealistic, but actually not what she really wanted. She could live quite contentedly without closeness to her brothers, without forward-looking or overtly affectionate parents. Through Play Therapy she accepted her family and her parents for what they were – and always would be – and loved them nevertheless. What is more though, she had learned to accept and love herself.

By now she will be a mother. I’m sure her baby will be encouraged to play freely in the sand.

## Professional Practice Issues

A number of important professional practice issues have made the editorial team think that a section of the magazine should be set aside for drawing to the attention of our readership important developments that are occurring.

### Firstly there are some updates on BAPT’s application to HPC:

**Protected title and “Play Psychotherapist”** – In her role as Head of the HPC working party Judith James sought clarification from Michael Guthrie at HPC as to their views about the use of the title “play psychotherapist” and the use of equivalent titles by other therapists in the “Arts therapist” category.

His advice was that HPC sought to identify and protect the minimum number of titles for each profession. The factors they considered included:

- *The need to protect the titles in common usage by members of the professions being regulated*
- *The need to protect those titles readily recognised by members of the public.*
- *The potential for the evasion of registration (i.e. by failing to protect a title) and the resulting risk this may pose to the public.*
- *The need for effective communication and clarity for members of the public.*

Following this communication Judith has been in contact with the existing BAPT validated courses and it is clear that the title “Play Psychotherapist” is not a title that is currently used by either course provider, nor by previously validated BAPT Play Therapy courses. There does not appear to be any evidence that this title is in common usage in the UK by Play Therapists or other professionals when referring to Play Therapy. For this reason the Board has agreed not to include this title as a protected title in the HPC application and it is our understanding that PTUK are not seeking to protect it either.

### Editorial Comment-

Obviously if the membership can evidence that the title ‘Play Psychotherapist’ or a variant of this is in use, then it is essential that Judith is contacted as a matter of urgency.

### Intellectual Property rights:

Judith checked with Michael about how previous joint applications to HPC managed the issue of shared intellectual copyright but Michael was not

aware of any difficulties in this respect before. He explained that HPC will provide feedback to both our organisations about our joint application when it is submitted and we will be able to make further amendments at that point. Once the document is accepted in its final form as an application it will become a public document and will be available for public download from the HPC website for scrutiny and comment by others. Further enquiries we have made regarding this subject suggest that each organisation will retain 'Intellectual Copyright' of the material we have separately prepared as part of the application process, i.e. the material regarding BAPT will be copyright material of BAPT and similarly for PTUK. Any material or research we cite as part of our application will obviously already be protected by its own copyright but the individual organisations use of the material will be attributable to the organisation specifically.

#### Standards of Proficiency:

Judith, Pete and Ruth (Chair of Training & Education) have been meeting to map our existing training requirements and competencies onto the Generic Standards of Proficiency (SOPS) for Arts Therapies in HPC. This is required as part of the Application and PTUK will be undertaking a similar mapping for their training programme. The profession specific SOPS for Play Therapy will need to be identified once our Application has been accepted by HPC and this will involve consulting interested members and meeting colleagues from PTUK to agree core professional standards for Play Therapy that are not shared by the other Arts Therapies.

*BAPT will be consulting members and seeking participation at a later stage for this process so please get involved at that point.*

Various consultations will be taking place with PTUK during the Spring and it is then planned that the draft of the final ratification for the joint submission to HPC will be presented at the BAPT AGM in June. PTUK will be presenting theirs to their own AGM and it is proposed that the final application to HPC will take place in July 2011.

There is also the Government's new publication on the expansion of psychological therapies for children and young people and an emphasis on early intervention and prevention which define the coalition Government's mental health strategy which was published on 2nd February 2011.

#### BAPT Complaints Procedure:

In line with other professional organisations the Chair of BAPT Complaints Board has asked that the membership should be made aware that the

outcome of all complaints which are upheld will be published in the BAPT Magazine

#### Government New Mental Health Strategy

The *No Health Without Mental Health strategy* includes an investment of £400m to expand access to evidence-based psychological therapies. The government claims the strategy attributes the same importance to mental health as is afforded to the nation's physical health. The government said a new emphasis on early intervention and prevention will help tackle the underlying causes of mental ill-health, citing statistics that show half of those with mental health problems first experience symptoms before the age of 14.

Health Secretary, Andrew Lansley said: "Too often in the past, mental health issues have been marginalised. This cross-government strategy will finally place good mental health at the heart of everything we do."

The six key aims of this strategy make clear our commitment to improving public health and wellbeing through improving mental health.

"For the first time, people of all ages with mental health problems will be able to receive personalised care to reflect their own needs."

According to the Government, the strategy will ensure that by 2014:

- More people will have good mental health.
- More people with mental health problems will recover.
- More people with mental health problems will have good physical health.
- More people with mental health problems will have a positive experience of care and support.
- Fewer people will suffer avoidable harm.
- Fewer people will experience stigma and discrimination.

#### Editorial comment:

The strong emphasis that Government is placing on 'evidenced based' therapy makes it clear that Play Therapy will need to provide much clearer empirical research of the work that we are doing. The editorial team has been aware for some time that a lot of interesting research is being undertaken for M.A.'s and PHD's but none of it seems to come in the public arena in the way that CBT based practice and research does. If we, as a profession are going to be seen as credible and worth funding in the future we must start to publish our research in the way that Play Therapists do in other countries.

*Mary Carden*

## A Strange Way to Make a Living



Nina Rye  
32nd instalment

It is not only play therapists who have strange experiences in the playroom. Here, Warren (he sprung out of my imagination but is based on children I have known) tells us something about his play therapy:

"Hello. Who are you? My name is Warren. I'm 10 years old. It was my birthday last week. Nina sent me a birthday card. It was OK but not my favourite one. My Nan says I have to say thank you when I go to play therapy next Thursday. I don't think Nina will mind if I don't but my Nan will. Nan is strict about manners like please and thank you and not swearing. But if I forget to say please or thank you in the play room Nina doesn't tell me. She doesn't say please either! And I don't think she would mind if I used a bad word, but I haven't because that's bad and I don't want my Nan to know. I don't think Nina would tell Nan - she says she doesn't tell her what I do or say - but you just can't tell with grownups.

"I've been to the playroom every Thursday except one for nine weeks. At first it was strange because I didn't know what to say or what I was supposed to do. I felt a bit shy so I went to the table and drew a picture for my Nan. I wanted to know what Nina thought of it, but I kind of didn't because I thought it was a bit rubbish. Nina didn't say anything about it being good, but she noticed how I did it carefully and the big loveheart in the corner. I asked, "Do you like it?" but she just said something weird, not "Yes, it's wonderful", which is what my TA says at school. Nina never says that I do something good or stuff like that, which annoys me a bit but is kind of OK because I can do a really bad drawing if I want and it doesn't seem to matter. I'm sort of getting used to how weird that is. I might try doing something a bit bad one day to see what Nina does, but so far I haven't. I have to be good for Nan and I have to be good at school, because I was not good for my mum and now I can't live with her and she's sick. I used to spit out my food and mess my nappies and stuff like that. Nan says that's what babies do and I was just a baby, but I've seen a baby's nappy and it smelled disgusting!

"Nina has this blue stuff that makes noises like farts and we play that it is her farting and I'm the teacher getting mad. I like that game because it is a bit like school but not really like school, only pretend, so I

don't worry about getting into trouble. Anyway, I'm the teacher so I can't get told off. I tell Nina off and shout that she's bad! Nina pretends she is really embarrassed but can't stop farting, and she says quietly how she wants to be good but can't do it all the time, and she looks very sad. And I think, "I know!" And I think that maybe in Nina's playroom children don't have to be good all the time, they can make mistakes but it is still OK. Like last time, I found some balloons and Nina let me put one round the tap to fill it with water. It swelled up then suddenly dropped off the tap and we got soaked! Well, Nina jumped back, and she was wearing a plastic apron, but it was dripping! I just knew she would tell me off this time. I was a bit surprised when she laughed instead. Then I filled another balloon and took it off the tap. I said it could be a water bomb, but Nina said that one of the things I couldn't do was to throw water. I wished I could. I think Nina read my mind because she said, "You wish you could!" She does sometimes know what I'm thinking, which is a bit spooky.

One time we were playing basketball. Nina said I wanted to win but I wanted to let her win too. How did she know that? Then other times she gets it wrong. One time when it there was only two minutes left I was just picking up the machine gun and pretending to shoot her for fun, and she said I was angry or something!! I was smiling so I don't know why she said angry. I smiled when it was time to go too, although I felt a little bit cross that Nina never lets me stay longer however good I am. Nina said maybe I was disappointed that it was time to go. I think she doesn't say "angry" again because she was wrong before. And I wasn't angry when I had to go, not really.

I liked it when Nina reminded me that I could take the Mother's Day card for my mum. I'd forgotten it was still on the table where I left it. Sometimes so much happens in the playroom that I forget everything else. I like that. It's fun to make a den or play snakes and ladders. Sometimes I even play with stuff that I've grown out of, like the cars. It doesn't bother Nina. It seems I can do most things in her play room but I haven't tried everything yet. I hope I get to come to play therapy for a long time. Nina and my Nan talked about that before half term. I wanted to be at that meeting but my Nan said I should be at school for once on a Thursday. She worries about me missing a whole day every week. We live a long way from King's Lynn and we usually have to come by bus so it takes up a whole day nearly. But Nan still said yes, she and Nina had agreed I could go on having play therapy for another eight times and then maybe some more even after that. I asked if we could go to McDonald's to celebrate and she called me a cheeky monkey, but she said yes to that too! I said "phew!" to myself because I want to go on trying things out in the play room. There is lots of stuff I haven't done yet."

# Filial Therapy: What Every Play Therapist Should Know

## Part One of a Series

Risë VanFleet, Ph.D., RPT-S

In the 54 years since Dr. Bernard Guerney walked onto the back porch of his home and suggested the idea of Filial Therapy to his wife, Dr. Louise Guerney, the method has been refined, researched, and disseminated throughout the world. Because the concept was far ahead of its time, it was

met with initial criticism. Critics could not quite imagine that parents would be capable of making a difference in their children's

lives this way, especially because the prevailing view was that parents were the cause of all the child's problems. The Guerneys and their colleagues answered those criticisms by doing research--research that clearly showed that parents were capable of learning to conduct the special play sessions and research that clearly showed that this method led to lasting improvements for children and their families.

It is perhaps only in the past 20 years that Filial Therapy has gained a strong foothold in the professional community, and just in the past decade that international interest in this effective form of family therapy has grown rapidly. As is often the case when a therapeutic method gains popularity, there grows with it misunderstanding and misapplication. People with insufficient training or partial understanding of the method try it, often without good results, and others claim it for their own while changing its essential nature. Others obtain training but little or no supervision, and once again, the strength of the method can be diluted, or its use is never expanded to its full potential.

In the history of psychology, this phenomenon can be observed many times, and I have seen it affecting the practice of Filial Therapy. I am excited that so many of my colleagues throughout the world have embraced Filial Therapy and found it to be as powerful as I always have, but I am also concerned that there are so many misunderstandings about what Filial Therapy really is and isn't. Most often, people underestimate its strength and applicability, limiting its use to cooperative or motivated families. I learned Filial Therapy from both Bernie and Louise Guerney 30+ years ago, and I still marvel at the theoretical and practical brilliance of their conceptualisation of the method. The Guerneys played a role in the refinement of the method throughout their careers and even into their retirement and this evolution of the approach is also misunderstood by some. Because of the flexibility that was built into Filial Therapy from the beginning, I have found very little need to "tinker" with it, despite using it with

a vast range of families and problems, including very severe ones. Since so many Play Therapists, Family Therapists, and other clinicians have seen

the value of Filial Therapy, whilst there are others who have not, I thought a series of articles detailing its foundations, methods, and adaptations would be helpful at this time.

### What Is Filial Therapy?

Filial Therapy is a form of family therapy. It is based on a psycho-educational model, not a medical model, of service delivery. It harnesses the power of Play Therapy. It empowers children, parents, and families. It changes children. It changes parents. It changes the family.

The term "filial therapy" derives from the Latin filios or filias, meaning sons or daughters. Loosely translated, it means parent-child. As Filial Therapy evolved, the Guerneys and others tried to find more user-friendly terms for it, but the name Filial Therapy has stuck. In 2003, Louise Guerney (personal communication) asked that the term be capitalised when referring specifically to the Guerney model of conducting Filial Therapy (FT), and that the

Risë VanFleet, PhD, RPT-S, Psychologist and Play therapist, is well-known internationally for her books, articles, DVDs, and training programmes on Play Therapy, Filial Therapy, and Animal Assisted Play Therapy. For over 30 years she has disseminated information and



trained child and family professionals in Filial Therapy and has been conducting multiple training programs in the UK each year since 2002. She is a past-president/board chair of the Association for Play Therapy in the U.S. and founder of the International Collaborative on Play Therapy.

lower case "filial therapy" or other terminology be used to refer to significant variations from the original approach. I am honoring that request in this article as I have in most of my recent writings.

FT refers to a theoretically integrative form of therapy in which therapists train and supervise parents or carers as they conduct special non-directive play sessions with their own children. The therapist provides feedback to the parents or carers to help them develop their competence and confidence, and the therapist considers parents to be full partners in the therapeutic process. The therapist also discusses children's play themes with parents and helps parents understand their children's motivations, feelings, intentions, and behaviors in context. As parents attain solid skills in conducting and understanding their play sessions, the therapist assists as they shift the play sessions to the home environment. The therapist continues to monitor the play sessions with weekly or bi-weekly meetings with the parents. As problems begin to resolve, the therapist helps the parents generalise what they have learned to everyday life and parenting situations. FT is considered a time-limited intervention, and it typically requires 17 to 20 one-hour sessions for moderately difficult problems.

FT was initially developed as group family therapy and is still conducted that way today when feasible. The length of family therapy-oriented groups has shrunk from 9 to 12 months in the very early days of FT to 16 to 24 weeks now. There are several group formats that are even shorter than this that I will review later in the series. FT easily can be used with individual families, and it can be applied for both prevention work as well as an intervention for seriously distressed children and families.

### Theoretical Integration

The heart and soul of any form of therapy depends on the theories and assumptions behind it. To truly understand an intervention, one must understand its foundations. Even I have been remiss in covering this information too quickly or too superficially in my writings and trainings. Now seems a good time to revisit the theories and principles underlying the practice of FT.

When Bernie Guerney began detailing his idea of having parents conduct non-directive play sessions with their own children under the supervision of a therapist, he pulled what he thought were the strongest aspects of several theories of human psychology (personal communication). FT represents

a true synthesis of features of psychodynamic, humanistic, interpersonal, behavioral, developmental, cognitive, and family systems theories. The contributions of these theories for children and parents in FT are described briefly below and in greater detail in VanFleet (2009) and Ginsberg (2003), and Cavedo and B.G. Guerney (1999).

**Psychodynamic.** From psychodynamic theory, FT pulls a recognition of the importance of the unconscious and of defence mechanisms and highlights the role of self-understanding for growth. Catharsis offers release and healing, while Adlerian psychology emphasizes the need for goals, mastery, and social interest. It is assumed that children's play during FT reveals their inner worlds, including their anxieties and their hopes. Their play is symbolic and meaningful. From the parents' perspective, children's play themes reflect matters of family dynamics. Children's play within the safety of the FT sessions helps parents see dynamic issues, not only for the child, but for themselves and the entire family. The therapist helps the parents work through these insights so that families can reach goals that yield better adjustment for all family members and the family as a whole.

**Humanistic.** FT applies humanistic, and specifically, Rogerian, theory amply throughout its process. FT aims to enhance each family member's self-concept through the use of acceptance, genuine respect, and empathy. Children receive positive regard from their parents during the nondirective, child-centred play sessions. Parents learn to provide genuine acceptance and empathy for the children's feelings, thoughts, and motives. It is a key feature of FT that therapists provide this same type of safe and accepting environment for the parents, using empathy to convey understanding of parents' feelings, thoughts, and desires. Deep empathy is essential for the effective engagement of parents in the process, and it helps parents make the sometimes difficult but necessary changes for a more satisfying family life. FT represents a chain of empathy, giving to parents the same acceptance the therapist helps them provide for their children and each other.

**Behavioural.** FT employs principles and methods from behaviourism and learning theory, including the use of teaching methods that ensure success. There are behavioural components within the play sessions for children, where the structuring and limit-setting skills add security, boundaries, and clear consequences to eliminate unwanted child behaviours. Parents learn a balanced approach to parenting. Therapists use reinforcement, shaping,

and vicarious learning to help parents to master new skills and behaviours for use with their children. The parent training process heavily depends on behaviour and learning principles.

**Interpersonal.** FT is based on the premise that individual behaviour is largely influenced by interpersonal experiences. Sullivan's (1947) circumplex model of interpersonal theory suggests that people's actions are closely associated with other people's reactions. FT seeks to alter the rather automatic action-reaction pairs that are common in the parent-child relationship by bringing them to awareness and selecting different ways of acting or reacting to circumstances or each other. Furthermore, incorporation of interpersonal theory suggests that attention to the reciprocal nature of parent-child relationships during play sessions helps both parent and child take responsibility for changes, resulting in more satisfying family relationships overall.

**Cognitive.** Cognitive therapy is based on the idea that what we think affects how we feel and how we behave. In FT, non-directive play sessions help children change the way they think about themselves, others, and the world. They can move from viewing themselves as victims to having a sense of personal power and self-efficacy. Much of this occurs during the play sessions as the children work through various feelings and try on new roles in their imaginations. Therapists also help parents think differently about their children and themselves. When parents react to dynamic issues that arise during the parent-child play sessions, therapists help them sort out their thoughts and help them reframe their understanding of the situation. For example, many parents start therapy thinking that their children are deliberately trying to anger them, but they often leave FT without this attitude, having replaced it with a more compassionate understanding of how trauma or anxiety drives behaviour.

**Developmental/Attachment.** Children's feelings and behaviours are deeply influenced by their developmental levels and attachment experiences. Children's play during FT sessions often reflects developmental tasks relevant to them at the time, such as when a five-year-old endlessly pours water back and forth in a time warp tea party to suggest developmental mastery. Therapists help parents understand developmental features when they emerge in the play and help parents set realistic expectations or become more accepting as needed. Attachment issues also naturally occur, such as when a child from an enmeshed, insecure attachment

situation does not invite her mother to play any roles with her. The therapist often must reassure the mother that this is a good thing, that healthy attachment involves episodes of child exploration and independence followed by a return to the secure base. In this way, even parental attachment dilemmas can be addressed and modified. FT empowers all family members in such a way that they can shift to healthier attachment styles and ways of relating. Even severe problems associated with trauma and attachment disruption can be addressed successfully by a properly trained and experienced Filial Therapist.

**Family Systems.** From a theoretical perspective, the client in FT is not the child, nor is it the parent. The client is the relationship that exists between each parent and child and among all the family members. Whenever possible, all members of the family are included in FT because change affecting an individual or dyad within the family affects everyone. Although the play sessions are held with one parent and one child at a time, the entire family is involved in the process. Therapists using FT must attend to changes at all levels within the family system, as well as to the impact of broader systems within which the family is embedded, such as extended family, neighbourhood, school, work, and culture. The essential family therapy features of FT have been outlined elsewhere (VanFleet & Topham, 2011).

**Psychoeducational Model.**

All of these theoretical contributions work together within FT primarily because it is based on a psycho-educational model that assumes that most problems arise for individuals and within families due to a lack of knowledge or skill. The family's repertoire of parenting or relationship tools is not sufficient to the stressor/s the family is facing. Psycho-educational interventions are designed to teach and supervise family members in applying the knowledge and skills that will help resolve their problems. This is a fundamentally different way of thinking about therapy than traditional approaches, and perhaps this is one reason that FT is sometimes misunderstood.

Early in its development, the Guerneys and their colleagues (Andronico, Fidler, Guerny, & Guerny, 1967) wrote about the didactic and dynamic aspects of FT. Louise Guerny (1997) discussed "the dual commitment to the forthright teaching of play sessions and simultaneous focus on the parents' feelings as players and on parents as

parents. ... In involving parents in this process, one is entering the potentially emotionally threatening world of the parent-child relationship--a world of feelings and attitudes and family dynamics that would require the same respect and understanding that parents were asked to provide for their children. It should be understood, however, that the task of working with the children is always given top priority and the parents' feelings and personal concerns never dominate. FT is not a circuitous route to providing client-centered personal or parental therapy to parents. The perspectives of parents are critical and require acceptance and understanding on the way to learning how to develop the competence to conduct an appropriate child-centered play session for the benefit of their children and their relationships with their children." (pp. 131-132)

Therapists who practice FT must be a clinician and an educator, developmental specialist and family therapist. A clear understanding of the theoretically integrative nature of the approach is essential for FT best practices.

In the second installment of this series on FT, the essential features of FT will be covered--those elements that distinguish FT from other interventions sometimes confused with it. Key variations and adaptations of FT will also be included, as well as their relative strengths and weaknesses. It is hoped that this review will help raise interest in FT and show how it can be implemented with many different types of problems and in a wide range of settings.

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**Violet Oaklander Gestalt Child Therapy Video**  
[www.youtube.com](http://www.youtube.com)

Gestalt child therapist Violet Oaklander has a knack for getting her clients to speak honestly and reveal their difficult feelings. In this video link, you can watch Dr. Oaklander in an interview about her approach. The full 3-part video shows an actual counselling session with a 13-year old boy who has difficulties. There are other video links via this Youtube link which we think will be of interest

An interesting one to watch?  
*Neil Morrissey – Care Home Kid*

The actor Neil Morrissey (of 'Men Behaving Badly' fame) was removed from his birth parents to a Children's home in Stoke on Trent at the age of ten and comments "for many years I thought that I had been taken into care because of my behaviour. It was only recently that I saw my file and spoke to the social worker involved with my case and found that the truth was probably quite different". Follow his story in this two part documentary which screens on 7th & 14th April on BBC2 at 9pm

## PROFILE OF A PLAY THERAPIST

*Hello Mary can you tell us something about your working week*

My week is divided into contact with my various clients, play therapy / filial play, supervision and training social workers, foster carers, adopters and kinship carers. At the moment I am gradually winding down as I take up other passions towards my retirement.

*What influenced you to become a play therapist?*

I was a Social Worker / Adoption worker in 1975, when I had my first experience of telling a child who lived in a Childrens Home that 'I had found them a new mummy and daddy'. The child said "...but I don't need them I see mine on Sundays'.

I thought this is not the way to do this.

We had just started a project to place older children into adoptive placements. I was employed for a trial period to get this project started and I soon realised I needed to find different ways to communicate with children.

My mother had been a trained Nanny and she had been very influenced by Gestalt. We, as children were encouraged to understand the world by making huge models using our imaginations without interference; the adults only came and admired or reflected with us but never adjusted our efforts. We lived on a derelict farm; it was stuffed with great materials to build boats trains

NAME:

**Mary Corrigan**



or houses on stilts. The farm was our playground.

I thought I could adapt the idea to help children explore through play, the issues surrounding their life and adoption. After a while, several of us who thought the same way got together. We all started to work initially directly and gradually later also in a non-directive way with the children to enable them to process and understand what was happening to them. The children taught me how to listen.

In 1988, I started working independently and I was fortunate to get fantastic supervision from some sound people at the Tavistock Clinic. I also attended training from visiting lecturers.

In those days training courses for Play Therapy were mainly undertaken by Child Psychotherapists who were expected to train for a number of years. I became a Play Therapist by years of practice, supervision

and writing, which was recognised by BAPT when I was admitted to full membership of the association via the portfolio route.

*What do you most enjoy about your work?*

- Watching the child blossom and become able to use his imagination.
- To see him begin to hope things might be different.
- Recognising that he can find humour in his life.
- Importantly hopefully then I can help him to find some resolution to his worries and as a result demonstrate for himself that he has resilience.

Perhaps it is best described by the metaphor of growing a pot plant. You see the plant slowly put down roots, you never quite know how the plant is going to look or belong when put out in the garden but eventually it finds its own space.

*What is the least enjoyable part of the job? If you don't mind I will re phrase that question. What is the most difficult part of my job?*

Trying to get the team around the child to focus our combined efforts on the child's needs and not the adult's wants.

*What do you think is your greatest achievement so far?*

This is a hard question to answer. I love all aspects of my work. I think an example was when a 17year old young man (who I hadn't seen since I

worked with him when he was 13year old) recognised me when I was visiting the foster family. He introduced me to the family by saying "this is the lady who showed me I had feelings."

*With your background in play therapy and working directly with children do you feel that people generally understand play therapy?*

If you mean the public, then I suppose they are curious but don't really understand the process but when you explain, I find there is a willingness to understand because it feels intuitively right.

The proof and understanding perhaps comes if they can see positive change in the child.

*And how do you try and educate people about Play Therapy?*

By working alongside parents and demystifying the skills. Also I believe it is important to teach other professionals the value of reflective listening. Since 1984 I have been teaching many types of play and direct work skills to a huge eclectic mix of people.

If I have a mission in life it has been to teach grown ups to listen to children through a third object so that the child becomes aware of their senses and feelings. In this way the adult can give the child the words to express their wishes and feelings. To that end I have recently completed, with Joan Moore, a Drama Therapist, a course handbook and techniques CD. This is soon to be published by BAAF and is titled "Communicating with Vulnerable Children".

*As a play therapist, if you had a magic wand what would you do?*

Give each Child in the care system a sum of money which followed them as they grow up and could be allocated to their therapeutic needs as and when it was needed. In the hope that it would help the children and promote awareness that the child has a right to therapeutic help. In this way children would be supported through loss and change and would be allowed to try and be the hero of their own stories rather than the victim.

*What do you think would help the profession gain more recognition?*

Raise the profile and training of filial play nationally. Also make more parents aware of the advantages of this type of help.

*What do you do to help you relax particularly after a challenging session?*

In the session if possible I try to work using sensory materials clay, water or music which can be a form of relaxation.

After the session I write five points down immediately to debrief and then listen to music in the car.

To relax generally I like to cook and share meals with friends. I also garden and sculpt.

*What advice would you give to someone thinking about training as a play therapist?*

This is a question I often get asked.

- I usually ask them a bit

about themselves and talk about the range of arts therapies and then find I out what leanings they have.

- I give them a list of all the places I know that teach therapeutic work with children and tell them to go and talk to people about the courses.

Many training courses demand a complete life change and some people may not realise how demanding this work can be. On the top of my list are the schools that teach Play Therapy, but the passion has to come from them to make the ultimate choice

*Are there additional things you would like to see your professional organisation do?*

I would like to see all forms of art therapies and Play Therapy belonging together under one umbrella, as a group we have a greater voice and we can also work together to raise all our standards.

I want all who work with children to have a better understanding of ways to listen and communicate with children so that children feel valued and have a voice.

In this way, the UK could begin to put children's needs first and put play and the arts into the forefront of children's learning. As children are the strength of our future and as a creative democratic society we should want to promote real freedom of speech by allowing children a voice.

## Books & Media

Books for working with children and adolescents with special needs-

**Helping Children with Complex Needs Bounce Back: Resilient Therapy for Parents and Professionals [Paperback]**

*Kim Aumann (Author), Angie Hart (Author).*

A new way of strengthening kids with complex needs. Parents receive exercises, worksheets, and the latest research as it applies to everyday situations in this guide.

**1001 Great Ideas for Teaching and Raising Children with Autism or Asperger's, Revised and Expanded 2nd Edition [Paperback]** *Ellen Notbohm (Author), Veronica Zysk (Author)*

This book is a great resource for parents of newly diagnosed kids with autism. This book gives great basic ideas in activities that young people with ASD would enjoy.

Recommended Reading:

**Child-Centered Play Therapy**

*Rise VanFleet (Author), Andrea E. Sywulak (Author), Cynthia Caparosa Sniscak (Author), Louise F. Guerney* Available from Amazon at various prices.

This is a good book to understand everything you need to know about being a child centred Play Therapist from how to set up the therapy room to completing an assessment and treatment plan

**Sandtray Therapy** *By Linda Homeyer, and Daniel S. Sweeney.*

Published Routledge £15.26p This manual is a practical, comprehensive, concise, and easy to understand approach to the essentials of sandtray therapy that could best be described as a sandtray therapy road map

To Be Published Soon:

**Supporting Traumatized Children & Teenagers**

*Atle Dyregrov*

Published: Jessica Kingsley £19.99

This is an accessible, comprehensive book providing an overview of the impact of trauma on children and adolescents and how they can be supported following trauma.

## Book Reviews

**Title: Sandplay Therapy - Research and Practice**

**Author: Grace L. Hong**

**Publisher: Routledge**

**ISBN: 978-0-415-57052-7**

Sandplay Therapy – Research and Practice is an excellent book which will be an invaluable resource for students and professionals alike.

This book draws upon Grace Hong's wealth of knowledge of working in the field of Sandplay therapy, exploring the creative and primarily non verbal approach to therapy. It is unique in its cultural diversity, exploring in depth case studies conducted in both the US and Taiwan.

Sandplay Therapy is a well organised book that is divided into five parts. In the first section the author introduces her research carried out in the US. Introducing the complexity of the sand therapy process, Hong conducts a literature review which explores previous sandplay therapy outcome research and grounds her research in relevant theory. Following this the method, results discussion and conclusion are presented. The author examines the research model and critically assesses the limitations of the study, exploring

the difficulties she encountered in being both therapist, and researcher.

Part two of the book takes the reader on a journey through the sandplay therapy process where the author writes an in depth case study. This is a case study of an eleven and a half year old girl who had experienced horrific sexual abuse by a neighbour when she was eight years old. The perpetrator was never prosecuted and continued to live next door to the child. During the sandplay therapy process Zana expresses her "inner barrenness, her ego alienation, her need for protection and her goal of searching for inner wholeness" (Hong 2007). As readers we are privileged to witness the incredible, painful journey, of a child who shows such courage. Sandplay therapy is said to provide direct access to one's inner world and initiate self healing of the psyche. The case studies in this book demonstrate the remarkable transformation that can occur.

The complexity of the Sandplay therapy process is brought to life by the author's detailed accounts. I particularly liked the way each sand world is presented with a photograph, an explanation of how the client created the world, comments from the client, and finally the therapist's interpretations of the world.

Part three focuses on the study of the symbol. The symbol represents a bridge into the client's inner world and using her own symbol study Hong discusses the importance of the symbol in sand play therapy. In this section there is also an excellent discussion around the meaning of symbols and how Eastern and Western cultures have such different meanings for their symbols. An example of this is the dragon. In Eastern cultures the

dragon is a figure of strength and goodness – the spirit of change, as opposed to Western cultures where the dragon represents a fearsome, troublesome figure.

In a similar style, Hong discusses a study conducted in Taiwan – the sandplay outcome study of twelve professional mental health workers in part four of her book. This leads on to part five where Hong presents a more in depth case study of a middle aged married woman suffering from severe depression. Again we are privileged to read about one woman's very courageous journey in exploring her shadow and resolving her inner turmoil.

I thoroughly enjoyed reading Sandplay Therapy – Research and Practice, it was a truly inspiring read and I feel it would be useful to professionals and students wanting to learn more about the approach and to any practitioners embarking on their own piece of research.

**Louise Adshead  
Play Therapist  
Manchester Calm Spaces.**

**Title: Healthy Attachments and Neuro-Dramatic Play**

**Author: Sue Jennings**

**Publisher: Jessica Kingsley**

**Published: 15/11/2010 £18.99.**

**ISBN: 978-1-84905-014-2.**

**Pages 272**

This is a highly accessible and refreshing text which would be a valuable resource for every therapist's toolkit; and is equally relevant to a wide range of professionals working with children and families.

Drawing upon her experience and observations of working with families within a fertility clinic,

Jennings develops her earlier priceless work that explored children's development in terms of stages of play: Embodiment, Projection and Role (the EPR paradigm). In this text, Jennings examines the importance of playfulness in terms of healthy brain development and building attachments between mother and child during pregnancy until the age of six months.

In the initial chapters of the text Jennings introduces the concept of Neuro-Dramatic Play, exploring the link between NDP and attachment whilst offering a critical review of the contribution of key theorists, such as Bowlby and Winnicott.

She stresses the importance of helping parents and carers to understand and apply attachment and brain development theory to understand the needs of the children they parent.

Jennings describes the concept of NDP in a clear concise manner: 'the sensory, rhythmic and dramatic playfulness that takes place between a mother and her unborn baby and mother and new-born from conception through to six months.'

She highlights that sensory play is essential during this critical time of 0-6 months, in terms of the baby's developing self and the basis of forming an attachment blueprint, giving helpful examples of echo play, lullabies and massage.

In her chapter on NDP play and Play Therapy she offers a passionate piece on the importance of play in children's development and a whistle stop tour of some key texts in Play Therapy theory. She then gives an overview of Filial Therapy and 'Theraplay' and introduces NDP as another model that can be used by therapists with children with attachment difficulties.

In chapter 4 and 5 she illustrates the foundation of her concepts with an exploration of the journey of pregnancy and the experience of a baby in utero, highlighting the role of NDP in the healthy development of the baby.

Jennings provides a refreshing and informative approach to looking at the needs of the new born baby which is innovative and backed up with research. Her contribution in this area is particularly fascinating and insightful and it illustrates so well, the solid foundation of her concepts.

In Jennings' own words 'this book also demonstrates that if NDP has not been established during this critical time, it is possible to intervene through appropriate sensory, rhythmic and dramatic processes later in life'

Later chapters in the book focus on NDP used therapeutically. More specifically how the approach can deepen our understanding and strengthen our practice with children with attachment difficulties, LAC, and young people. There are many exciting play exercises and stories which would be useful, both for sharing with parents, carers and therapists as well as practitioners in their direct work with children.

In subsequent chapters Jennings offers examples of how children on the Autistic Spectrum and those with Learning Difficulties can benefit from an approach informed by NDP.

Throughout these chapters Jennings discusses the specific needs of each individual client group, sharing case studies and applying her frameworks to give examples of wonderful play exercises for engaging even the most 'shut down' children.

The ideas offered in the book could easily enhance the practice of those working with children and families. The concepts and the examples of Neuro-Dramatic play as per developmental stage in the appendices would be particular useful for preventative work carried out for example, in the Antenatal Clinic and Health Visiting team. In a broader sense all Child Care Practitioners could easily incorporate Jennings' ideas into their assessments and practice.

Above all for Therapists, Practitioners and Carers it offers an optimistic outlook; reminding us that there is indeed hope of developmental growth for children who may have missed out on early healthy attachments and vital experiences of playing.

At a time of huge economic instability I urge those involved in policy, planning and commissioning services, to read and consider how the ideas in this book can inform service delivery. The important central theme to the book is it is essential that we invest early in preventative work because children are the future.

In conclusion this book has been both a pleasurable and stimulating read and I am sure many therapists will be excited at the prospect of building more of Jennings' ideas into their practice!

**Nina Ridsdale**  
*Play Therapist and Senior Social Worker Manchester CAMHS*

**Title:** *Assessment and Treatment Activities for Children, Adolescents, and Families: Practitioners Share their Most Effective Techniques*  
**Price:** \$25.00  
**ISBN:** 978-0-9685199-4-3  
**Edited by:** Liana Lowenstein, MSW  
**Publisher:** Champion Press  
**Pages:** 181

**Title:** *Assessment and Treatment Activities for Children, Adolescents, and Families Volume Two: Practitioners Share their Most Effective Techniques*  
**Price:** \$25.00  
**ISBN:** 978-0-9685199-5-0  
**Edited by:** Liana Lowenstein, MSW  
**Publisher:** Champion Press  
**Pages:** 155

*Assessment and Treatment Activities for Children, Adolescents, and Families: Practitioners Share their Most Effective Techniques and Volume Two* are two new activity resource books edited by Liana Lowenstein. In these books, Liana has compiled a wealth of creative activities useful for work with individual clients, groups or family sessions. She has drawn together a resource of the 'most effective techniques' from a wide range of Canadian and American practitioners working therapeutically with children. As a resource book claiming to hold the best and most effective activities submitted from experienced practitioners, it truly is a treasure trove for anyone working directly with children, groups or families.

The two volumes are set out in a user friendly format which appears accessible to all ages. Liana has brought together a plethora of tried

and tested creative techniques from such a wide range of practitioners that even on a quick glance, anyone picking up either of these volumes will find something relevant and profitable for their work. She has grouped the collections of activities into six categories; Engagement and Assessment, Feelings Expressions, Social Skills, Coping and Problem Solving, Self Esteem and Termination. These sections make it easy for the reader to quickly leaf through the different techniques and locate appropriate activities.

Each technique is structured for individual usage. The author provides the reader with a title for the activity and its theme as well as a recommended age and treatment modality i.e. suitable treatment group. Furthermore, clear instructions are given as to the Goal of the activity, the materials required (in some cases including specific photocopy-able activity sheets), and a brief description of the activity. This makes the activity easy to understand and gives its structure and content to the user. This is then followed by a Discussions section which elaborates on the outline and adds meat to the bones of the activity also providing useful thoughts and comments. The final part is a brief resume of the Author of the activity which not only recognises and credits the practitioner but also brings a warmth and personality to the activity by depicting the practitioner behind the technique.

I discovered a number of the techniques are very transferable to use both with current clients as well as support offered by schools. One example which stands out is in volume one under the Feelings Expression section. It is called 'Making Tear Soup' authored by Sally Loughrin. It is a creative activity focusing on normalising grief for children and it was so

easily explained that I am hoping to share it with learning mentors who are undertaking post play therapy support for bereaved clients. The ideas inspired me to adapt the technique to suit specific clients and develop the theme to use some of my existing equipment in a different way. I would recommend that you read it and be inspired!

These two volumes seem to be not only a valuable therapeutic resource but also affirming in their very nature. Resources such as these validate the therapeutic practitioners' knowledge and builds on the hard work and good practice of experienced practitioners. Assessment and Treatment Activities and Volume 2 are exciting new resource books worth their weight both in the credibility of the activities and also in the inspiration and creativity behind the ethos of the volumes.

**Chandrika Meeten**  
*Play Therapist  
The Wirral*

## KIDS welcomes reduction of bureaucracy and improved choices for parents of disabled children, but questions likelihood of success



9 March 2011

KIDS welcomes the Green Paper on SEN and disability and many of its recommendations, particularly in regard to a complete reframing of the assessment process for disabled children.

The charity, which works with disabled children, young people and their families across England, also believes that the new emphasis on key working and a proposed move towards personal budgets for families with disabled children, have the potential to improve the lives of disabled children and their families significantly.

Kevin Williams, chief executive, KIDS, said, "I'm especially pleased to see that the government has responded to calls from the sector for a single assessment procedure. Until now, thousands of families have been burdened with extremely complex levels of bureaucracy just to establish their child's needs and entitlements, involving as many as 28 different professionals.

He continued, "However, I'm concerned that decisions that have already been made by Local Authorities regarding cuts to services for disabled children will undermine some of the aspirations outlined in the plan. We're already aware of 154 families with disabled children who are having services funded by Local Authorities and provided by KIDS cut in three weeks time. This is in just three out of 152 local authorities across the country, so I suspect the numbers of families affected will rise significantly as more councils announce their budgets for 2011/12 in the coming weeks."

KIDS urges the Government and Local Authorities to use the publication of the Green Paper as a strong reason to postpone these impending cuts so that they can be reconsidered in the light of the Green Paper's recommendations.

Notes to editors

1. KIDS works towards a vision in which all disabled children and young people realise their aspirations and their right to an inclusive community.
2. KIDS enhances the lives of disabled children, young people and their families through play, leisure, education, family support, information, advice and training, empowering them to change their society: [www.kids.org.uk](http://www.kids.org.uk).
3. \*KIDS structured play development sessions in East Riding cover Withernsea, Brough, Langtoft, Bridlington Beverley, Hornsea, Driffild, Bampton and Hedon.
4. Services provided by KIDS throughout England include short breaks, Portage (home learning), inclusive adventure play, support for siblings and Transitions groups to support the progression from teenage years to adulthood. We also facilitate Parent Partnership Groups and offer SEN Mediation services.
5. For further details please contact Kate Summerside or Carly Brown. 020 7359 8238 or 07584 529 172 [kate.summerside@kids.org.uk](mailto:kate.summerside@kids.org.uk) or [carly.brown@kids.org.uk](mailto:carly.brown@kids.org.uk).

## Advance Information on BAPT Conference 2011

'WORKING WITH CHILDREN FACING LOSS & BEREAVEMENT' -  
Friday June 10<sup>th</sup> and Saturday 11<sup>th</sup> June 2011  
at Aston Conference Centre, Birmingham -

Pre Conference Masterclasses by John Robertson, Sonia Murray/Claire Harrison Breed and Jan Vance on Friday afternoon, followed by AGM and Dinner.

On Saturday June 11<sup>th</sup>  
Conference keynote speeches by Winston's Wish

Cate Masheder, Family Services Manager, Winston's Wish  
'Children and Grief - Current research findings'

David Trickey, Consultant Clinical Psychologist  
'Too scared to be sad'

Heather Tilley and Vicky Kammin, Family Support and Bereavement Counsellor and Music Therapist at CHASE, Hospice Care for Children Hospice  
'Rocks and Pebbles - A post bereavement sibling support group using Music as the therapeutic medium of expression'

Costs before 31st March are:

Full	£125
Students/retired	£100
Associates	£130
Non Members	£140
Friday Masterclass	£40

**Early bird booking rates before 31st March!**

# Noticeboard

## March

### Relevant Lectures, Courses and Conferences

**Title:** *'Psychoanalytic Energy Psychotherapy' and 'Transference'*  
**Date and Venue:** Saturday 26th March Marston Vale Forest Centre, Beds. MK43 0PR  
**Speakers:** Dr Phil Mollon and Lesley Murdin.  
**For booking and further details:** Tel: 01234 346077 Email june@bedfordcounselling.co.uk

**Title:** *Bruised Before Birth: Alcohol affected children in care: strategies, support and ways forward.*  
**Date and Venue:** 30th March at Diana Memorial Fund, County Hall, London.  
**Speakers:** Dr Raja Mukherjee, Professor Peter Hepper and other experts in field.  
**For booking and further details:** Tel: 020 8695 2315 / 077 935 80418 Email: c.lindsell@tactcare.org.uk.

## April

**Title:** *A Gestalt Play Therapy Approach to Child Therapy- Jogo Training*  
**Date and Venue:** 1st April Northampton  
**Providers:** JOGO  
**For booking and further details:** Tel. 01604 832088

**Title:** *Innovative Ways of Working with Parents to Support Child Well being.*  
**Date and Venue:** 2 April 2-18 Britannia Row London.  
**Speakers:** Various including Professor Colwyn Trevarthen.  
**For booking and further details:** Tel. 020 7354 2913 Fax. 020 7704 0171  
 email: info@childmentalhealthcentre.org

**Title:** *4 Day Intensive Filial Play Therapy Training 2011- For All BAPT Qualified Play Therapists.*  
**Date and Venue:** 5th - 8th April Heythrop College, 23 Kensington Square, London.  
**For booking and further details:** www.playandfilialtherapy.co.uk

**Title:** *Siblings - Together or Apart?*  
**Date and Venue:** 12th April Leeds.  
**Speakers:** BAAF.  
**For booking and further details:** mail@baaf.org.uk

## May

**Title:** *Introduction to creative assessment of using coping strategies using the Ph six piece story technique.*  
**Date and Venue:** 14th May Northampton  
**Providers:** JOGO  
**For booking and further details:** Tel.01604 832088

**Title:** *Too Much Too Soon? Assessing and treating the effects of overwhelming early trauma and deprivation on the global development of children in the care system:*  
**Date and Venue:** 17th May Aston Business School. Birmingham.  
**Speaker:** Dr Karl-Heinz Brisch MD.  
**For booking and further details:** Email: contact@familyfutures.co.uk  
 Tel: 020 7354 4161

**Title:** *Expressing Empathy in Supervisory Relationships. Part of the ongoing supervision training series by Dr Virginia Ryan*  
**Providers:** BAPT  
**Date and Venue:** 27th May 10.30 – 4.30: Friends House, London.  
**For booking and further details:** Tel. 01932 828638. Email: info@bapt.uk.com

## June

**Title:** *BAPT Conference 2011*  
**Date and Venue:** 10th - 11th June Aston Conference Centre, Birmingham  
**For booking and further details:** Tel. Tel. 01932 828 638

**Title:** *Child Parent Relationship Therapy.*  
**Date and Venue:** 17th - 18th June London  
**Speaker:** Dr Garry L. Landreth.  
**For booking and further details:** Tel. 020 7354 2913.  
 Email: info@childmentalhealthcentre.org

**Title:** *Transitions through partnership: working together for technology-dependent children and young people*  
**Date and Venue:** 22nd June Tadworth  
**Providers:** The Children's Trust, Tadworth  
**Further information:** Email:  
 getintouch@thechildrenstrust.org.uk  
 Tel.01737 365840

## Advance Notices

**Title:** *Advanced Filial Therapy Training*  
**Date and Venue:** 24-26 August 2011 near Berwick-upon-Tweed  
**Leader:** Risë VanFleet, PhD (bespoke trainer for Business Link in UK)  
**Further Details:** www.play-therapy.com  
**Prerequisite:** 4-day Intensive Filial Therapy training

**Title:** *Mooli Lahad Two Day Training*  
 Day 1 - 'The Seven Levels of interpreting the 6-part storymaking'  
 Day 2 - 'Men & Women the Storytelling Animals' (Part 1) 'Sailing into the World of Magic' (Part 2)  
**Date and Venue:** 20th - 21st September .Liverpool  
**Further details and booking:** Email:  
 playtherapytraining@gmail.com

**Title:** *Being Fully Called to Life: "The vital role of professionals in children's social and emotional development - what the latest brain science and the psychological research can tell us"*  
**Date and Venue:** 15th October Manchester Conference Centre.  
**Speaker:** Dr Margot Sunderland.  
**For booking and further details:** Tel. 01625 614039.

## Ongoing Courses

**Title:** *Building Foundations: Palliative and Supportive Care for Children and Young People*  
**Providers:** LOROS Education. The Hospice of Leicestershire and Rutland  
**For booking and further details:**The course is at foundation degree level and can be taken free as an accredited module of as CPD (continuing professional development).  
 Tel: 0116 231 8455  
 Email:  
 info@macclesfieldcounselling.bacp.co.uk

## Support groups

### North West

We meet every two months to share information, methods and ideas.  
 Contact: Angela Brereton on 0162 566 3772  
 aa.brereton@btopenworld.com  
 or Alison Woolf  
 e-mail: Alison@care-northwest.co.uk

### Cumbria/Lancashire

A support group for qualified and student Play Therapists in the area, meeting quarterly in Kendall.  
 For more detail contact:  
 Carol Green on 0194 659 5300  
 Alison Tooby on 0798 971 8001

### Greater Manchester

For dates and times, please contact:  
 Tim Woodhouse on 0771 717 4210  
 or e-mail: playistherapy@hotmail.com

### North East

Contact: Karen Allen on 0160 977 5826  
 or e-mail: Karen.allen3@ukonline.co.uk

### Shropshire, Staffordshire, Cheshire

A support group for Play Therapists working in these counties. Please contact Judith James at office@brighterfutures.co.uk (see BAPT website- Members' area - for further details)

### West Midlands

We meet every 2 months at one of our houses to discuss our experiences, share new skills and ideas, and indulge with play and food! We are currently up to capacity, but if anyone is interested in contacting us as a group please e-mail cathypettters@yahoo.co.uk

### Gloucestershire

Contact: Clare Sheridan on 0145 382 7286 or email: clare@solarious.co.uk

### South West and Wales

A support group for qualified Play Therapists and student Play Therapists in the area.  
 For further details, contact: Julie Thompson on 0139 225 0785  
 Julie.ft@virgin.net

### Hertfordshire/Bedfordshire/Buckinghamshire

For further details contact:  
 maureen@scottnash.freemove.co.uk or

**South**

From Wiltshire to Sussex, the BAPT Southern Play Therapy Group meets about every two months. Support, sharing information & methods, keeping Play Therapy alive.

Contact: Susie Dutton on 023 80731336

**Portsmouth / Chichester**

We meet monthly on Mondays at 6.00 p.m. at Hester Road Family Centre, off Velder Avenue, Portsmouth.

Contact: Kate Kirk on 0124 377 9171

**Surrey**

Contact Carol Platteuw on 0193 282 9587 or e-mail: carolplatteuw@hotmail.com for details of the next meeting

**North London**

Current North London support group no longer meets. If anyone wants to start a new group, please contact the editorial team (editor@bapt.uk.com) with brief details.

**South London**

Contact: Jenny Harrison on 0208 769 1469

**West London / Middlesex**

Contact: Lisa Gordon Clark on 0208 579 3756

**Essex**

We meet in Chelmsford for support, information, sharing and discussion.

New members welcome.

Contact: Janet Moore 0124 560 3462

Or e-mail: janbeam7@yahoo.co.uk

**East Anglia (mostly meets in Norfolk)**

Support group for Creative Arts Therapists who work with children

Contact: Gillian Catling

g.catling@tiscali.co.uk

**South Anglia**

“Faedem” Child Therapist Support Group meets in Colchester

Contact: Jan Cavanagh on 0147 373 0426

Or e-mail: jancavanaghcopdock@btopenworld.com

**Scotland**

Meetings at the Quaker Meeting Rooms in Elmbank Cres Glasgow, usually 12.30 – 2.30. Dates for future meetings can be agreed via email, coordinated from the following email address. anyone interested in attending please contact:

Dorothy Brownlie on 0141 339 2366

Dorothy.Brownlie@btinternet.com

**Edinburgh**

Open to qualified and student Play Therapists.

We meet quarterly for support, discussion, and tea-drinking.

Contact: Helen Forrester on 0131 660 0015

Or email: heleng.play@virgin.net

**Ireland**

Any BAPT members in Ireland interested in developing a Support Group are invited to contact

Aideen Taylor de Faoite

55 Gortgreine, Ragoon

Galway. On 091 520 647

Or e-mail: playtherapy@eircom.net

**OUTSIDE EUROPE**

**Tokyo Japan**

We meet monthly on Thursday evening.

The group shares information, methods and is supportive in keeping play therapy alive in Japan.

Contact: Sakae Mizushima on 080 3256 8011 (in Japan)

or e-mail: sakaemizushima@hotmail.com

**Want to train as a Play Therapist?**

**BAPT APPROVED COURSES:**

Please note that at present only the courses below have been formally accredited by the British Association of Play Therapists as leading to a qualification to practise as a Play Therapist:

MA in Play Therapy:

University of Roehampton

London SW15

Tel: 0208 392 5758

E-mail: enquiries@roehampton.ac.uk

M.Sc. in Play Therapy

University of Glamorgan, Wales

Contact person: Dr. Cath Jones

Tel. 01443654050

Website: <http://www.glam.ac.uk/coursedetails/685/924>

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**No support group in your area? Why not find out if there are others nearby who would be interested in forming one with you - use this free space!**