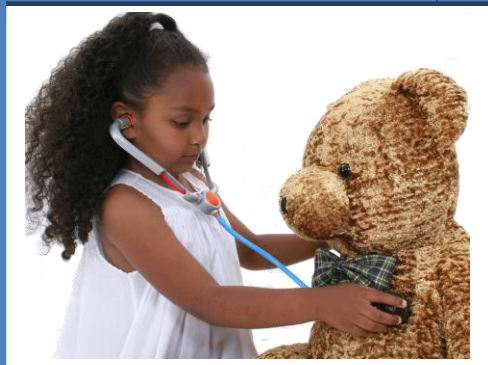




CALAPT TODAY

A Newsletter of the
California Association for Play Therapy

Volume 25, Number 4, August 2014



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President's Message

Hello California Members of APT,
Where has the year gone? CALAPT has had a great year thus far. We hope that you have enjoyed the recent trainings that the California chapters have hosted. As the year comes to a close we hope to see many of you at the Annual APT Conference, we also hope that you will consider becoming a part of the 2015 Board or a Chapter Officer. For interest in Board Positions please contact Mary Ruth at maryruthcross@comcast.net Being a chapter officer or a Board Member provides you with great networking opportunities within the play therapy field, and free trainings within the California region, For more information on chapter officer positions and trainings provided by different chapters please visit the CalAPT website leadership page at <http://www.calplaytherapy.org/LEADERSHIP.html>

Being an APT member provides you with discounted rates for full day trainings, Quarterly Journals, and the Play Therapy Magazine. Membership also allows for discounted rates for the Annual National Play Therapy Conference. To renew your membership please talk with your nearby chapter or visit the APT Website at <http://www.a4pt.org/memberapp.cfm>

Aseye Allah, CALAPT 2014 President
arkaa3@yahoo.com



Aseye Allah,
CALAPT 2014 President



APT Updates



31st Annual
Association for Play Therapy International Conference

October 7-12, 2014

Westin Galleria
Houston, Texas



Special Announcement

As we get closer to the end of the year you will begin to see opportunities for leadership positions within each chapter and at the state levels. There are many benefits to involvement in CALAPT. For positions at the Chapter level please contact the chapter president nearest you in order to communicate about open positions. Please keep your eyes open for information concerning positions available at the State Level.

Aseye Allah
-2014 CALAPT President

Featured Article:

Play Therapy in Schools **Ken Schwartzenberger, LCSW, RPT-S**

At 7:45 am I arrived at the elementary school – just before the bell rang to start the day. I stopped at the school’s main office to sign in the visitors log and to say ‘good morning’ to the administrative support staff and then headed for Room 17 to meet with Jake’s teacher before her class began at 8:00 am. Jake was referred for play therapy because of his negative behaviors in her classroom and for anger problems on the playground, where he was frequently in trouble for fighting with the other second graders.

The school office staff is the first point of contact. They are the gatekeepers and they can be extremely helpful in many ways for the play therapist. They have access to information including; students’ class schedules, their teachers and classrooms, and parent’s phone numbers. They assist me in contacting the principal, school counselor, teachers and other school staff. And, they always know when one or more of my clients have had a difficult day. I make an effort to form positive relationships with the staff in the main office and, to show my appreciation, at times I bring them coffee and donuts.

Leaving the ‘main office’ I checked in with the school principal, greeting her with a wave and a cheerful smile. She immediately told me that Jake had lost his playground privileges and that he has to remain in the ‘main office’ during lunch and recess time. She was very concerned about him and wanted him to be safe at school. She gave me permission to take him out on the playground during recess and I told her I planned to speak with his teacher today.

School principals are the key to the success of a play therapy program in schools. Their support and belief in play therapy is integral in setting up school based play therapy services for children. It is helpful to develop a working agreement with the principal – an understanding of confidentiality issues, the role of the play therapist and other things such as providing a play therapy room, getting teachers’ permission to take students out of classroom instruction time, and assisting play therapists in crisis management and mandated reporting procedures. It is absolutely necessary that the principal and the assistant principal value play therapy as a resource for the students and families referred.

It was our first meeting and Jake’s teacher was eager to tell me all about his misbehavior in her classroom. I listened attentively as she expressed her frustration, validated her strengths, and acknowledged her care and concern for him. I told her that there were lots of stressors at home and that I also intended to provide family counseling. I was careful not to disclose any confidential information about him - although I had a signed release from his mother to share information with school staff. I explained that play therapy is a way for children to share their feelings and how it assists them to develop self-regulation skills, learn social-emotional skills, and how this helps them become learning ready in the classroom. I learned that it is vital to connect with teachers and form respectful relationships in order to build an effective school based-team.

School teachers are the most significant persons for children at school. Their relationships determine their success or failure and profoundly impact a child’s emotional and educational experience. Children seek attention and acceptance to form safe attachments with their teachers. They will test for the protection of the teacher by not paying attention, not following directions or being disruptive in the classroom. The teacher’s response tells them if they can feel safe – teacher-child interactions shape the attachment relationship – a securely attached child will likely feel safe, be attentive, follow directions, and be compliant and self-motivated. As with parents, it is critical to connect with

teachers and form respectful relationships.

I ended our brief consult by asking her what behaviors she would like me to focus on with Jake and also the best time to get him out of her classroom for our special play time. She said she would like me to help him control his anger and pay attention in the classroom – she added that mornings would be best for me to take him out of class and so Jake and I headed off to the playroom – a room near the cafeteria – around 8:45 am. He decided to play with a ball and then selected some super hero toy figures to defeat the bad guys in his pretend play. He did not want to leave so I patiently used a countdown (we have 5 minutes left in our play time today) and it helped him transition out of our play time. The play session went well and he asked if I would be back again tomorrow. I thanked him for playing and told him that I would play again next time.

The playroom in the school is a very special and magical place where the children have a confidential space to play with a selection of toys and art materials. It may be a small space that is shared with other school staff or it may be a room used only for play therapy. If needed, I will bring my case of toys that go with me on home visits and other places where I meet my clients. I mostly let the child decide what to play and set limits to redirect any unsafe play. I can reach children through play and form safe relationships by providing a safe place for children to use their imagination in pretend play to express their fears, worries and trauma experiences.

When the bell rang for recess at 9:35 am, I went with Jake out to the playground to observe his interactions in play with his peers. On the playground he was always in a hurry to get the ball, climb the slide, or be first in line – he needed to control the play and would get very upset when things did not go his way. I introduced myself to one of the playground staff. She pointed out that Jake gets angry quickly, plays’ a little too rough, and that he didn’t always listen to her. It was an opportunity for me to playfully assist him to learn to wait, take turns, accept rules, manage his excitement and anger, read social cues, problem solve, self-regulate and play safely with peers.

The bell rang again at 9:50 am – we got in line together to re-enter the school when another student accidentally bumped into Jake and he reacted with a hard shove back. I immediately intervened with a smile and in a soft tone of voice I told him “it’s okay” and assured him that he was safe. I helped him modulate his emotions by asking him to take a deep breath and placed some play-dough in his hand to squeeze (sensory stimuli to the brain stem to calm his central nervous system) – he quickly started to modulate his intense anger reactions, self-regulate and calm down - he even apologized to the other student.

Playground staff provides supervision for children during recess and lunch time every day. They are responsible for their safety and manage their behaviors on the playground - teachers will often help out. They have lots of information about our clients and can assist them to practice their self-regulation and interpersonal skills and help them feel safe around other students.

My next stop was a meeting with the school counselor at 10:45 am – she shared information about Jake and stated that he is not reading at grade level and he is at risk of retention. She planned to meet with the school psychologist to schedule an assessment to identify any learning deficits that may be impeding his ability to complete his academic work or emotional disturbance that may be affecting his behavior in the classroom.

The school psychologist conducts psychoeducational assessments to determine if a student has any identifiable learning deficits that may be interfering with learning and that meet the criteria for an individual education plan and special education services. They also assist the principals, counselors and teachers in crisis interventions, conduct assessments for self-harm, develop safety plans and behavior plans for students, participate in SST (student study team) and IEP (individual education plan) meetings, determine eligibility for educationally related mental health services, assist in the implementation of 504 special accommodations plans and refer students for play therapy. They can be an important member of the school-based team.

The school counselor told me that Jake's teacher had tried different classroom behavioral interventions, including; rewards, time outs, loss of recess and other privileges, and that she frequently makes calls home to his mother. However, all of these attempts to change his behavior were not successful. Together we developed a safety plan for him at school and I asked if I could spend time in his classroom to assist him in self-regulation and to directly support the teacher. Additionally, she said she would ask his teacher to reduce the frequency of homework assignments and the calls to his mother whenever he was in trouble at school. I explained that this created increasing levels of fear and worry, conflict in the relationship with his mother, and unmanageable stress for him at home that interfered with his ability to consistently self-regulate his emotions and was contributing to his negative behaviors at school. *School counselors identify children in need of play therapy and work with teachers to make referrals for mental health services. As a liaison at the school, they meet with parents to explain play therapy and obtain consent for the play therapist to contact the student's parents to offer mental health services. They assist in managing crises and meet with teachers, students and parents to decide on discipline for inattentive, disruptive, non-compliant, or aggressive behavior in the classroom. They assess students for self harm ideation, make suspected child abuse reports and are helpful in working with teachers and parents to provide support for our clients.*

It was now 11:40 am and I went to Room 7 to get Angelica, a third grader, referred because she was highly anxious, exhibited frequent crying episodes lasting up to twenty minutes each time, and she wouldn't remain in the classroom. Angelica looked forward to our special time in the playroom and, after some initial hesitation, she initiated a pretend play scene with the toy people leaving the dollhouse and going off to school. She took the role of the mommy, hurriedly getting the children off to school in the early morning. She then pretended to be the teacher – calling home to tell the mommy that her little girl was crying again and that she should come pick her up and take her home. This was only our second play session and Angelica was telling me, through her play themes, about her experiences at home and at school. She was well on her way to confronting her fears and managing her anxiety about separating from her mother. It was now 12:40 pm and my lunch time – time to write some session notes and catch up on other documentation – paper work!

At 1:15 pm I went to Room 11 to meet with Jaquan's teacher. Jaquan, a first grader, was referred for play therapy for an inability to sustain attention, not completing tasks and hyperactive behavior that was disrupting others in the classroom. Although he presented with ADHD symptoms, many traumatized children have difficulty sustaining attention, staying on task, seek out sensory stimulation to self-soothe and regulate emotions and behaviors, experience PTSD triggers and struggle with sensory integration challenges. I requested permission from his teacher to observe his sensory seeking activities in the classroom in order to develop a 'sensory profile' (his sensory stressors and sensory preferences) for him. I wanted to identify the stimuli in his environment that was irritating and stressful for him in order to help his teacher to implement sensory activities that effectively assist him to self-soothe, self-regulate and sustain attention during lesson time in the classroom. I learned that his sensory preferences included deep tactile pressure (squeezing his hands together, pushing his feet against his desk, and pulling his hooded jacket tightly over his head). He was hypersensitive and reactive to loud sounds and bright lights.

I sat down on the floor next to his desk which was in the far corner of the room, facing the wall – isolated from his peers (to eliminate distractions - I was told). I took out my small pencil pouch filled with sensory toys and objects such as play-dough, a squeeze ball, bendable and fidget toys. He immediately used the sensory toys; squeezing the ball and rolling and shaping the play-dough. Within five to ten minutes he was calmer and regulated and even successfully passed a benchmark shapes and colors test. His teacher and I were both amazed and she told him he did a good job on the test - he was so proud of his accomplishment.

The clock on the wall in the classroom indicated 2:20 pm and I left to get Marcos, a fourth grader, in Room 13. He was referred for play therapy because of a lack of motivation and refusal to participate in learning exercises and not complete his academic assignments in the classroom. In addition he would not speak with his teacher or the other students at school. His teacher had tried several approaches to get him to do his school work, including the use of rewards, restrictions from school activities, writing his name on the board – or pulling his card (color coded for misbehavior), giving him time-outs and other negative consequences (that he always perceived as punishment – as most children do). His teacher also called his mom almost every day - this made Marcos most afraid, as it created high levels of stress and conflict in the child-parent attachment relationship.

In my experience, teachers, counselors and principals often call parents too frequently and this causes stress on the parent that is then projected onto the child – often teachers expect the parents to consequence (punish) their children at home if they get in trouble at school. If the parent is highly stressed and angry when they confront the child for misbehavior at school it may place the child at risk of mistreatment in the home. It also negatively impacts the child-parent attachment relationship. In my experience, conventional classroom behavior management techniques that are fear based have limited effect in helping children self-regulate their affect and behavior, creates stress and anxiety, and is traumatic for children. In addition, this type of response to negative behaviors in front of peers' places children at risk of being teased by others and bullied. These extremely stressful emotional experiences have a negative impact and can lead to low self-esteem, depression and hopelessness for children – it may also place them at risk for self-harm and suicidal ideation. These and other traumatic experiences are imitated and re-enacted as recognizable themes in the child's play sessions.

Marcos' mother reported that he speaks with her and other family members at home and she is puzzled as to why he will not talk to his teacher and others at school. She shared that the problems at school started at the end of the third grade – about the same time that he lost his father in a car accident – a terrible shock and trauma for the whole family. I began to understand that fear was the underlying reason that he was selective mute at school and perhaps why he was hesitant to develop an attachment relationship with his male teacher. Marcos was sad and afraid and his mother was also very distraught and depressed, grieving the father's death and not able to be emotionally present for him at times. In effect, Marcos was struggling with the loss of both of his parents – a double loss of attachment figures. At first he would simply play (no talking) – using the toys as words and the play to express his painful feelings of sadness with play themes depicting loss, separation fears, loneliness, and searching for his attachment figures (mother and father).

Parents and caregivers are the most important persons in a child's life – they are the attachment figures and have the most emotional meaning for the child. I have learned that it is important to start by listening to them attentively, accepting their parenting styles, being aware of and sensitive to cultural differences, and aligning with their perceptions of the child's behaviors. I make every effort to connect with the 'inner child' of the parent, accept their wounded inner child, and make it safe to trust and form therapeutic relationships. I acknowledge their struggles and difficulties in managing the behaviors of their child. I patiently wait before I make suggestions about how to parent differently or provide information regarding child development. Parents may not initially be ready to hear this and perceive it as criticism and judgment of their parenting. I focus on the strengths of the parents and my goal is to strengthen the child-parent attachment relationship through family play sessions.

In time Marcos slowly started to talk with his teacher and peers at school - the play time was exactly what he needed to feel safe, accepted, understood, and cared about. I suggested his teacher to be patient and avoid using negative consequences and behavior management methods that created fear for Marcos. I helped him identify positive reinforcements and a

variety of sensory activities to help him calm his central nervous system and assist him in self-regulation. His teacher agreed to use my suggestions and Marcos immediately responded to his new approach – their relationship improved and he started to trust again.

Now it was nearly 3:35 pm and time to attend an IEP (Individual Education Plan) meeting for Jaquan in the counselor’s office. I provided input and suggested therapeutic limit setting and redirection rather than negative consequences for his inappropriate behaviors, as well as OT (occupational therapy services) and a daily sensory activities schedule to be utilized in the classroom to assist Jaquan in learning self-regulation skills and to increase his attentiveness in class.

IEP meetings are held initially to review the results of the testing and assessments completed by the school psychologist and to develop educational and behavioral learning goals and objectives.

Annual IEP meetings are held to evaluate progress on these goals. These meetings include the parents, teachers, school psychologist, and school administrator (principal or assistant principal). Additionally, tri-annual educational assessments are required and must be completed by the school psychologist. I have found it very helpful to be knowledgeable and informed about special education laws. These meetings are opportunities to work together as a team to support parents and provide input regarding the mental health needs of my students.

After the meeting I returned to the playroom to restore some order to all of the toys and play materials I used in my play sessions. I finished my session notes for the day and closed the door on my way out at just past 5:00 pm – until the next morning and I start my day at the school all over again.

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Chapter Updates

Central Coast Chapter Leadership and Update:

(The Central Coast Chapter includes the areas of San Luis Obispo and Santa Barbara)

President ~ Anne C. Harris, LMFT Email: anneandpoozie@yahoo.com

We had a great turnout for our May workshop on Mindfulness and Play Therapy with Christine Hoffman! We enjoyed the time we spent together and we learned some fabulous techniques. Our next presentation will be our 6 hour CEU workshop on July 26 with Lyla Tyler. This workshop will provide information on two different populations; working with children of divorce and working with dysregulated children.

Thank you, Anne C. Harris, MFT

Central Valley Chapter Leadership and Update:

(The Central Valley Chapter includes the areas of San Joaquin County and Modesto)

President ~ Lisa Huerta Email: Mslisa87@hotmail.com

The Central Valley would like to thank Jeanne Brown, LMFT for her wonderful presentation at our last chapter meeting: "Using Play Therapy with Families." Attendees had the opportunity to experience several Play Therapy techniques for working with families and all were excited to apply what they had learned.

Our next event will be a chapter meeting/training and is scheduled for September. More information will be coming soon.

Please feel free to contact us at centralvalleycalapt@gmail.com .

-Central Valley Chapter Officers

Los Angeles Chapter Leadership and Update:

(The Los Angeles Chapter includes the areas of Los Angeles, Ventura, & the San Fernando Valley)

President ~ Deisy Rangel, LCSW Email: deisyangel@gmail.com

The L.A. Chapter held their 6.0 CEU training on Saturday August 2nd at LMU. Our presenter was Ken Schwartzenberger, LCSW, RPT-S and he presented on Drama Play: Acting in the Theater of a Child's Play. A big warm thank you to all of those who supported and made this event happen!

Our next L.A. Chapter 1.5 training will be held on Thursday September 25, 2014 with presenter, Christy Livingston, LMFT, at The Guidance Center in Long Beach. The topic will be announced soon.

Deisy Rangel, LCSW
President- LA Chapter

Orange County Chapter Leadership and Update:

(The Orange County Chapter includes all geographic regions of Orange County)

President~ Lisa Klipfel, LMFT Email: lisa@lisaklipfelmft.com

We had a great turn out for our topic of grief. We welcomed Jodi Smith, LCSW, RPT-S and Victoria Keyser, MSW, PsyD as they provided an enormous amount of information and interventions packed into 1.5 hours of training on Play Therapy and Grief. We heard great stories and were reminded of the effectiveness of play therapy in healing young people's traumas.

We also wanted to congratulate our President-Elect, Malaika Clelland, LCSW for being approved as an Registered Play Therapist. We look forward to her leading us next year as an RPT!

Watch for our chapter email for a play therapy room tour and a social gathering in the fall so that we can all stay in touch and see what is on the horizon.

Lisa Klipfel, MFT
President OC Chapter CALAPT

Sacramento Chapter Leadership and Update:

(The Sacramento Chapter includes Sacramento and outlying areas including Elk Grove, Folsom, El Dorado Hills, Roseville and Auburn and Davis, Yolo County.)

President ~ Sidonie Smith-Dustman, LMFT Email: sasdustman@yahoo.com

The Sacramento CALAPT chapter 6 CEU will be on September 13, 2014 hosting Kimberly VanderDussen presenting Super Heros in Play Therapy. We are very excited for this training and hope to see you all there.

Sidonie Smith-Dustman, MA, LMFT, IPMHS
Sacramento CALAPT Chapter President

San Bernardino Chapter Leadership and Update:

(The San Bernardino Chapter includes all geographic areas of San Bernardino County)

President ~ Gladys Dorantes Corado Email: gladgeorgia@gmail.com

We were very excited to have Linda Llamas, LMFT and Theresa Marie Vaughan, LMFT present to our San Bernardino County chapter on Regulation in June. They have a great deal of experience in the area of childhood coping skills and were a great resource in teaching us how to help children regulate and cope through play therapy. We had a successful training this month regarding teens and communication presented by Albert Balderas.

*~ Gladys Dorantes Corado
2014 San Bernardino Chapter President*

San Francisco Bay Area Chapter Leadership and Update:

(The San Francisco Chapter includes all geographic areas of San Francisco Bay)

President ~ Jeannette Harroun, LMFT Email: Jeannettehar1@aol.com

The San Francisco Chapter's next event will be a 1.5 Workshop on September 19, 2014. y Mary Ruth Cross and Kate Rome will talk about "Playful Approaches to being a Workshop Presenter."

We have an additional 1.5 CEU workshop planned for November, so stay tuned!

-Jeannette Harroun, M.A., MFT 2014 Chapter President

CALAPT LEADERSHIP OPPORTUNITIES!

Interested in networking, expanding your resume and attending **FREE** play therapy trainings? If so, then CALAPT leadership may be for you!

Benefits of service as a CALAPT officer include:

- ✓ Free attendance at all CALAPT Chapter Workshops throughout the state
- ✓ Free continuing education credits specific to play therapy for the BBS, APA, and APT
- ✓ Leadership experience to add to your resume
- ✓ Opportunities to network & strengthen your professional career while serving the play therapy community

Leadership opportunities are available at the local chapter level as well as the executive board level. Contact President, Aseye Allah at arkaa3@yahoo.com for more information.

2014 California Association for Play Therapy Board of Directors

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Advertisements



Do you see a need for increased representation and training events in your area?

To start a chapter in your area or to find out about chapters in the process of forming please contact: Aseye Allah, LCSW, RPT at arkaa3@yahoo.com

Credentialing Corner

We encourage all play therapists and CALAPT members to seek formal credentialing with the Association for Play Therapy.

For more information, go to

<http://www.a4pt.org/ps.credentials.cfm?ID=1637>

OR

Contact Carol Guerrero, (559) 252-2278 x 1



Take advantage of all your dual membership power!

Check out the websites:

www.calplaytherapy.org

and

www.a4pt.org

The Association for Play Therapy (APT) is the parent organization of CalAPT. The Association for Play Therapy observes a dual membership policy. Dual membership requires:

- Persons joining CalApt to join APT
- Persons living in California who join APT also become members of CalAPT

The purpose of dual memberships is to increase collaboration and interaction between APT and its state branches – a partnership CalAPT supports!

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or

download the newsletter ad form at <http://www.calplaytherapy.org/NEWSLETTER.html>

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