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Please visit our CALAPT website at www.calplaytherapy.org
It is value packed with resources and information about play therapy trainings throughout CA!
President’s Message

Mary Ruth Cross, MS, MFT, NCC, RPT-S

WOW! WHAT A YEAR IT HAS BEEN!! I am so grateful for the time I have spent with CALAPT. There were unexpected challenges as well as wonderful connections with all of you. I have been asked recently “Why do you do it? Why are you a part of CALAPT?” The answer is simple. I love being a part of CALAPT because it allows me to be a part of the driving force that brings play therapy to the forefront in working with children, teens and families. When play therapists get together we have a lot of fun. This was most evident at the Annual Play Therapy Conference in Palm Springs in October. There are pictures on our Facebook page that show what a good time we all were having, be sure to check it out. Not only did we learn a bunch of cool stuff about play therapy but we really could see that we “play well with others.” I would like to especially thank the 2013 Board of Directors for their time and dedication to keeping CALAPT thriving and on a steady course. The CALAPT Board as a leadership team has been phenomenal. Everyone brought their talents together so that all of our members can enjoy a strong and healthy organization. Well done team!

Time to Vote: The ballot for the 2014 slate of officers will be sent to you soon. Please notice that we still have vacancies in key positions on the board. CALAPT needs an RPT to fill the President Elect position and a Ph.D. to fill the APA Oversite position. These are positions on the Board of Directors and must be filled in order for CALAPT to continue working effectively. If you are an RPT or a Ph.D. and would like to be more involved so that you too can make a difference in the play therapy world please contact me directly at maryruthcross@comcast.net.

Did you know: CALAPT has provided over 70 hours of continuing education units in play therapy this year? Check out the chapter updates at the end of this newsletter to see what is happening in your local area. Check out the 2014 calendar on our website at www.calplaytherapy.org to sure you don’t miss out on any of the outstanding trainings and activities in your area.

2014 Regional Conferences: The Northern California Regional Play Therapy Conference is scheduled for March 1, 2014 in Livermore. This one day event features a selection of four 3 hour workshops to choose from. The Southern California Regional Play Therapy Conference is a two day conference scheduled for April 25 and 26, 2014 in Orange. Mark your calendars. Participants will have a choice of 8 different workshops to choose from. Presenters are needed for these two conferences. Watch your email for the “Call for Presenters” that will be coming out soon.

Public Awareness of Play Therapy As you have probably seen in the Member Flash from APT we are being asked to help increase the public awareness of play therapy. You can do this by liking APT on Facebook and following us on Twitter. Be sure to use the “Why Play Therapy?” brochure to help families understand how play therapy can help. Let everyone know about the Association for Play Therapy and the terrific work that we all do to make a significant difference in children’s live. APT will have a survey of public awareness of play therapy in March of 2014 and we hope to show significant improvement in this area by then.
As I step into my new role as Immediate Past President I hope you will all join me in welcoming and supporting our new President, Aseye Allah. Aseye is a terrific leader and she’s got some great ideas for all us in 2014.

Thank you CALAPT for a wonderfully enriching experience as your President. I look forward to the next playful adventure with you.

Joyfully yours,

Mary Ruth Cross, MS, MFT, NCC, RPT-S
President, CALAPT 2013
“I am seeing a 13 y/o girl with an attachment disorder. Her birth Mother is in prison and her birth Father is dead. She was recently placed with a therapeutic foster Mother who wants to adopt her. My question is how to engage her? She has been in non-directive play therapy, which foster Mother says made no impact on the quality of their relationship. Mother reports that the play therapy “told me nothing about how to help Lily.” Instead she told mom that therapy was “confidential.” Mother is frustrated and Lily is ho hum about coming to see me. I have not yet started to see Lily. I have just spoken once to mom. Any ideas?”

Answer:

Begin by getting as much information as you can about Lily’s developmental age and her history. You need to know her age when she was first removed from her birth family. If possible talk to prior foster parents and her teachers. You need a comprehensive picture of Lily so that you can imagine her map of the world re: relationships. Ask her foster mo what she thinks Lily’s map of the world looks like. This is the beginning of understanding Lily as a person rather than a project to be remodeled or a problem to be solved.

The legacy of emotional neglect requires repeated experiences of being seen as individuals. The label, Attachment Disorder, can kill our curiosity and facilitate stereotyping. The core of attachment is about being truly seen and valued. Lily must not get the message that she needs improvement or repair. This will create resistance to treatment. It will likely evoke shame, which is a core issue with emotional neglect. Children doubt that they are lovable. If you unwittingly evoke shame children or adults respond with defensive behaviors (attack, blame, withdrawal).

When you meet Lily begin with respecting her. Tell her what you already know and emphasize that her foster Mother wants “to get along better.” Avoid talking about “relationships or “attachment.” Remember that the relationship continuum moves from casual to routine, to personal, to intimate. Children with DO get very anxious when you move towards personal engagement. Your language needs to reflect your understanding.

Lily needs to know immediately that treatment isn’t about fixing her or making her more able to meet her foster Mother’s needs. So many children with neglect and abandonment and/or abuse histories are vulnerable to feeling rage at doing what adults want. They have no template for mutuality or reciprocity. They hate their own dependency needs, since these needs made them vulnerable and vulnerability is associated with exploitation, disappointment, and abandonment.

It makes very little sense to do only individual non-directive play treatment when you are trying to repair a relationship problem, even with young children. You need to see Lily with her foster Mother. This way you can see the dynamics between then which either foster or undermine the attachment process. You gather crucial information about Mother’s responsiveness to Lily and Lily’s reaction to emotional engagement. You can understand what, if any distortion is present.

I find it is very useful to see members of a family individually at least once, making sure that I see each one for an equal number of sessions. Individual sessions give information that is often lacking in conjoint sessions. Often children minimize their pain in order to avoid upsetting a parent. I have seen this dynamic even in teens that seem to hate their parents.

Given her likely history of loss and trauma, Lily will need individual work. Let her decide when she wants to do more of this. For children in the foster care system there is a loss of autonomy and control. They are often moved without prior notice or consent. Others make very important decisions about their lives.
Often they are moved without someone making sure that they have all of their possessions. They don’t feel like individuals with rights. Treatment needs to be the opposite of this experience.

Activities need to begin at the parallel play level and the session needs to be predictable. If Lily knows what is going to happen she is more likely to relax. Some activities girls her age enjoy revolve around music, movies, and fashion. If you want to know what is happening in general in the teen world there are many teen magazines. There is also YouTube.

Metaphor is always a useful tool when you are trying to move teens from casual and routine to more personal. Metaphors give emotional distance while speaking directly to difficult topics. Her metaphors will be visible in her choice of music and movies. Get the lyrics to her favorite songs and talk about them with her. Find out which characters in movies appeal to her or with which ones she identifies. Watch these movies. Share your views. If she were the director how would she have changed the story? Would she have chosen the same clothes for the characters? Would she have chosen the same actors to play the part? Get the mom and Lily to talk about this. Where do they agree? Disagree? Why? Movies always have many examples of relationships. If they were the screen-writers how would they have written these scenes?

For those of you who have worked with this population, please add your ideas and experiences.

Carmela Wenger
Chapter Leadership and Updates

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

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Our chapter continues to grow and present fantastic local trainings. I am so thankful for the tireless efforts all of you have extended to keep CALAPT alive and growing.

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

President
Lisa Huerta

Secretary
Elisabeth Contreras, MFTI

President-Elect
Valente Orozco, LCSW

Immediate Past President
Vacant since this is the first year!

The soon-to-be Central Valley Chapter has held three meet and greet events across the Central Valley. Many Play Therapy enthusiasts have attended and shared their interest in developing Play Therapy resources within the Valley. Our chapter officers are excited for the 2014 year and are looking forward to building a robust Play Therapy community in the Central Valley. For more information, please email us at centralvalleycalapt@gmail.com
Los Angeles Chapter Leadership and Update:
(The Los Angeles Chapter includes the areas of Los Angeles, Ventura, & the San Fernando Valley)

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The LA Chapter would like to thank Loyola Marymount University for hosting our 1.5 workshops, and all our presenters for another wonderful year of Play Therapy trainings and networking in our LA community. We were fortunate to finish out our workshop calendar with a fantastic presentation from Ken Schwartzzenberger, LCSW, RPT-S on “Play Therapy in Schools.” The LA Chapter would also like to introduce our newest board members, Karla Gonzales, LMFT, who will serve as President-Elect for 2014, and Gloria Osborne, MSW who will serve as Secretary for 2014! We look forward to a great year ahead!

For additional information about the Los Angeles Chapter, please contact the Chapter President, Laia Vicens-Fuste at (714) 655-1407 or by email at laiavicensfuste@hotmail.com

Riverside Chapter Leadership and Update:
(The Riverside Chapter includes all geographic areas of Riverside County)

President
Vacant

President-Elect
Vacant

Secretary
Vacant

Immediate Past President
Kimberly Bartlett, LCSW, RPT

We are still looking for volunteers to be on the chapter leadership team. Please consider using your wonderful leadership skills to keep Riverside Chapter thriving. Please contact Chapter Immediate Past President Kimberly Bartlett at play_therapist@verizon.net.
**Orange County Chapter Leadership and Update:**
(The Orange County Chapter includes all geographic regions of Orange County)

Robin Christopherson, MA, President Orange County Chapter CALAPT

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**Immediate Past President**
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As 2013 comes to a close, we reflect back on the successful and fun workshops the OC Chapter hosted. We learned about a variety of topics ~ Child-Parent Relationship Therapy, Art and Play Therapy to Reduce the Effects of Trauma, the Developmental Power of Play and a Multicultural Approach to Play Therapy. We saw record attendance at our workshops and our membership grew. We networked, made new friends and even met for lunch at the Annual APT Conference. It was a great year!

I would like to thank our 2013 speakers for sharing their knowledge and wisdom with Play Therapists in the Orange County community ~ Kathryn deBruin, MA, LMFT, RPT-S; Margaret Creek, LMFT, ATR-BC; Myisha Driver, LMFT and Dominique Eugene, LMFT, RPT-S.

I would like to thank Alliant University for generously donating facilities for our workshops.

I would also like to thank the amazing 2013 officers ~ Jennifer Gallagher and Lisa Klipfel for their service and support of the OC Chapter.

We will be ushering new officers in for 2014. Lisa Klipfel will serve as President, Malaika Clelland as President-Elect and Cristina Minchala as Secretary. We are busy planning workshops for next year and we look forward to you joining us.

For additional information on the Orange County Chapter, please contact Chapter President, Robin Christopherson at robinmft@yahoo.com
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.)

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President-Elect
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Immediate Past President
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It has been a "fun-tastic" year for the Sacramento Chapter! We have continued to grow in members and enthusiasm for play therapy, filling the room to capacity for all the workshops we’ve offered this year. In April, we hosted Karen Pernet who presented a fun and informative workshop on filial therapy. Through videotaped sessions and lots of hands-on practice, participants were able to deepen their understanding of the core principles and practices of this child-centered form of play therapy.

In June, we were delighted to welcome our chapter founder, Lyla Tyler, who co-presented with Heather Foat on the use of yoga and movement in play therapy. The energy was upbeat and imaginative as participants were on their feet...and their hands...the entire time learning a multitude of creative ways to bring this time-honored form of movement into their play therapy practice.

We were ecstatic to top off our year of workshops with Eliana Gil, who was generous enough to come across the country to present a topic of great relevance and cutting edge ideas: integrating directive and non-directive play therapy interventions when working with complex trauma. She added an extra boost of excitement and surprise when she announced that she was donating free admittance to one of her 2 or 3 day training programs at Starbright Institute in Fairfax, Virginia, as well as a one-hour consultation call! We also had two of her books to raffle as well as other play therapy goodies. The only negative part was having to turn many people away since the workshop sold out within a week!

As we bring this amazing year to a close, we are excited to be in the planning stages for 2014, as we welcome our new officers, who are sure to keep the momentum going. They are:

Sidonie Smith-Dustman, President,
Rita McCampbell, President-Elect
Jennifer Tutt, Secretary

I hope everybody has a wonderful holiday season and we'll look forward to seeing you next year!

Shelli BW Rose, LMFT
2014 President, Sacramento Chapter
CAL-APT

For additional information on the Sacramento Chapter, please contact Chapter President, Ann Burke at ann_burke@mindspring.com.
San Bernardino Chapter Leadership and Update:
(The San Bernardino Chapter includes all geographic areas of San Bernardino County)

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

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The San Francisco Bay chapter has had a play-filled, busy year, and we look forward to another great year in 2014 with Jeannette Harroun as our President and Tiffany Williams as Secretary.

Our final two chapter events for 2013 were a 1.5 presentation on Sensory Motor Considerations in Play Therapy in September and a 1.5 presentation on Using Drama in Play Therapy in November. Both presentations were fun and informative.

For 2014, the coming attractions are:

Jan 31 -- Mary Ruth Cross presenting on effective interactions with parents. (1.5)
June 28 -- Katrinca Ford presenting on Child Development and Play Therapy (6.0)
Sept 19 -- to be announced (1.5)
Nov 21 -- John McGinnis presenting (1.5)

So, mark your calendars! We looking forward to playing and learning with you.

Susan Brumm, LPCC
San Francisco Chapter President, CALAPT
(soon-to-be Immediate Past President)
Anxiety is one of the most common presenting problems of children seeing a play therapist. Children present with a full range of anxiety disorders from separation anxiety to post traumatic stress disorders. They present with easily identifiable symptoms such as excessive worry, specific fears, heightened startle response, clinging to parent, difficulty sleeping, nightmares, and avoidance of specific places, events or objects to more vague symptoms from somatic complaints, irritability, difficulty concentrating, and losing interest in activities that were enjoyable.

The apparent increase in incidence rates in both children and adults indicates that it is important that we, as play therapists, are equipped to address anxiety in the playroom. Anxiety may be secondary to a presenting problem. In this article, I will discuss the reasoning why certain types of techniques are used, as well as how to make them engaging for children.

When Anxiety Strikes

When a child is having an anxiety attack, immediate intervention is needed. An anxious body may have physical changes of rapid heart rate, shallow breathing, feeling hot, clenching fists, muscle tension and more. There are three main ways to calm the physical anxious reactions. These include techniques that control breathing, relax the body and calm the mind.

Controlling Breathing

We experience deep breathing instinctively as adults when we sigh, as something stressful has been put on our desk. A sigh is a deep breath. Children don't always respond to the command, “take a deep breath,” so we come up with creative and fun ways to take deep breaths. Physiologically when we take deep breaths, it increases the oxygen to our body, our blood and ultimately to our organs. Deep breathing reduces the stress response that is created through our nervous system, reducing our heart rate and relaxing our body. Therefore, when someone is in the midst of an anxiety attack, deep breathing is an essential part of calming down.

The most common way we teach children deep breathing is through blowing bubbles. We tell them to take a deep breath and try to get as many bubbles out in one dip to the bubble mix. Their mental focus is changed from the anxiety-provoking incident to the bubbles that are filling the room, while the child is forced to take a deep breath to make the bubbles flow.

Another similar tool is the use of a pinwheel. Kids naturally take the pinwheel and try to make it go as fast as they can. You will notice when they do this, that they take short quick breaths. It is important that instructions include exhaling as long as they can. I usually instruct children to take in a deep breath and ask them to see how long and slow we can get the pinwheel to turn.

At times, you will be in a situation where a child is having an anxiety attack and you don’t have any bubbles or pinwheels at your side. If you have no tools with you, two visuals that help kids to remember to breath is smelling a flower and blowing out birthday candles. Ask them to think of a flower and take in a big whiff of it’s scent, then exhale long and hard like they are blowing out the candles on a birthday cake. Keep repeating flower and candles until they start to calm down.

For children who are visual, the kleenex techniques (Zelinger, Zelinger and Sabella, 2010) is helpful. I take a kleenex corner and touch it to my nose. Then I instruct them to try to make the kleenex float as long as they can, like a cloud floating through the air. Kids love this because it takes some
experimentation to master. Parents love this because tissues are plentiful and it is easy for parents to remember.

**Relaxing the Body**

Relaxing the body is the next area of immediate anxiety management. This is the concept of bringing muscles to their relaxed state. This is typically done in two ways. The first is through a progressive muscle relaxation exercise, while the other is physical exercise. Both work on the gross motor muscles.

Progressive muscle relaxation is where you tighten one section of muscles in your body and progress to the next section until all the muscles in your body are relaxed. Adults can typically follow instructions of tightening muscles of a specific part of your body, but for kids it helps if they can imagine a specific physical activity they might do. For example, “pretend you are picking up a crayon with your toes and you have to hold it for 5 counts so it doesn’t melt in the lava below”. For hands, you can have them pretend to make lemonade. For shoulders, have them squish their shoulders up as if they are holding a tennis balls between their shoulders and ears.

Another way to relax gross motor muscles is by getting them moving. When a child exercises, it speeds up their heart rate, tenses their muscles, and the automatic regulatory system returns them to their natural resting rate. You can recommend easy “stay in place” exercises like jumping jacks, push-ups or jump rope, or short sprints, such as running to the back fence of a backyard and back. Quantifying this exercise may help as well, such as a number of push-ups, time to jump rope, or beating speed of running to fence and back. If possible, parental involvement can make this a success in repeating these techniques at home when necessary.

**Calming the Mind**

Another conceptualization is what I call calming the mind. These exercises help to refocus the mind from an anxiety producing thought to something calming for immediate results. Some of these exercises can be done during an anxiety attack, while others are done as on-going treatment. These techniques can include such items as mediation, mandalas and psycho-education.

Meditation can take many forms. In this case, a guided imagery that includes the act of using diaphragmatic breathing coupled with visualization is very helpful. You will start with having the get into a comfortable position, and engage in deep breathing for a few minutes before introducing a visualization. The most common visualizations include a safe place or a calm relaxing place (Oaklander, 1988). The direction will depend on if this relates to PTSD or generalized anxiety. During guided imagery, it is important to have the child imagine all the senses of the visualization from sight, smell, sound, taste and feel. Many play and art therapists recommend solidifying this technique by having the child draw their visualization once the meditation is over.

Mandalas originated in Eastern religions to aid in meditation and engaging in trance states of consciousness. Carl Jung also references mandalas and it’s significance on the psyche (Jung, 1972). Mandalas are a graphic symbol typically in a circle with often symmetrical geometric symbols within it. Use of mandalas in therapy have shown to have a calming effect, reducing anxiety (Curry & Kasser, 2005). Mandalas can be used in a multitude of ways in the playroom. The most simple and quickest technique is to have a child put their finger on an outside line and trace the mandala line until they get to the middle. Then they will reverse the process. Raised mandalas can be found for a more tactile experience. Mandalas can also be used on the art table. Coloring in a mandala helps a child to focus in a trance-like way that allows them to take their mind off the anxiety provoking thought and to recenter themselves in a self regulating manner. There are many emerging books on use of mandalas, mandala samples and how to create your own mandalas.
Symbolic Play

In on-going play therapy treatment, we engage children’s imagination as a way to reduce anxiety through symbolic play. Children often channel their fight or flight responses in the playroom as well. The flight responses include things that are defensive, while fight responses include offensive strategies. Defensive strategies include play themes encompassing shelter such as shields, homes, buildings, turtle shells, umbrellas, tree canopies, camouflage, force fields and the like. We want to take note of the effectiveness of the defensive strategies. Offensive strategies could include themes related to fighting or destruction: physical or verbal fights, war, explosives, weapon discharge, directive techniques where objects are thrown at the anxiety representation or the anxiety representation is destroyed. It’s important not to over-generalize and consider every use of a symbolic bomb implies battling of anxiety.

Psychoeducation

Lastly I cannot address anxiety management without the option of direct education about anxiety, symptoms and cognitive distortions. While this may seem rather dry and boring to a play therapist, psychoeducation can be done in very creative ways. Bibliotherapy is a great start, utilizing some great children’s books from the series of Scaredy Squirrel, by Melanie Watt to Please Explain Anxiety to Me by Zelinger, Zelinger and Sabella, 2010. I use Zelinger’s book often which explains how our nervous system has a switch that gets turned on and off. This spurs art representations of the “switch” and discussion of symptoms, triggers and coping skills. If you like cognitive behavioral therapy and want to learn more about how to bring play therapy together with CBT then consider reading the book, Blending Play Therapy with Cognitive Behavioral Therapy by E. Gill and N. Jalazo (2008).

Conclusion

This article is just an overview of anxiety management and not an all inclusive list of theories or techniques. I hope that it helps to provide a framework for why you are choosing the play therapy techniques to manage and treat anxiety with your clients. It’s important that parent’s are also educated along with the children, so they can help to identify symptoms and implement your recommended interventions between sessions.

About Author: Lisa Klipfel is a licensed Marriage and Family Therapist with a private practice in San Clemente, CA, www.LisaKlipfelMFT.com. Lisa specializes in the treatment of anxiety and anger management in children through play therapy. She works closely with local schools on the message of anti-bullying, as well as sitting on the Special Education CAC for Capistrano School District. She consults with therapists on technology for therapy practice management and marketing. Lisa is also the President-Elect of the Orange County Chapter of CALAPT.
References:

Lively participation at Eliana Gil’s Workshop in Sacramento

Sacramento Chapter Training in June focused on the use of Yoga and Movement in Play Therapy
2013 California Association for Play Therapy Board of Directors

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For upcoming CALAPT events visit our website at www.calplaytherapy.org
Schedule subject to change
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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-Elect Aseye Allah at arkaa3@yahoo.com for more information.
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