



AUSTRALASIA PACIFIC PLAY THERAPY ASSOCIATION

WELCOME TO THE APRIL NEWSLETTER FOR 2016.

Welcome to a new year and I hope that you had a peaceful break. Summer is nearly over and I am sure that you and your family and friends have been enjoying the longer days and warmer weather. This year members will receive a combination of communication from our Association - Newsletters as well as emails. You will have seen the excellent range of Professional development across Australia, in our recent email news. We are excited to have three International Play Therapists visiting and hope that you can take the opportunity to engage, participate and learn more. Several members have registered for the Animal Assisted Therapy training in QLD this year and this is exciting training on our doorstep. I look forward to seeing members register for Kevin O'Connor's days in August.....Enjoy the rest of summer and take care.

Jay Anderson (Chair of APPTA)

Membership

Thank you to those members who have sent their renewal documents and their payments. The Membership Committee will shortly sent out your 2016 membership certificates.

We have had some problems with the APPTA mailbox. To allow for a smoother process, please note that there has been a change to the email address that you can sent your documents to: membershipappta@gmail.com

Our sincere apologies for any inconvenience this caused you.

Thank you for your support and contributions in 2015. The APPTA membership runs from January till December. As such, we would like to ask you to renew your membership. Please refer to email for required documents.

Please pay your due fees by 31 January and submit notification of your payment together with your completed CPD log and any supporting documentation to: membershipappta@gmail.com
Late payment will result in additional admin costs.

Payment can be made:

Netbanking:

- BSB 633 000
- Account Number: 139222293
- Account Name: Australasia Pacific Play Therapy Association (APPTA)

Details to ensure that we know who has paid: Please ensure first and Surname on fees

banked. Sent confirmation details of payment to: membershipappta@gmail.com

Training – PD

Eco systemic approach to Play Therapy

Kevin O'Connor - PhD, RPTBS, APT
Board Emeritus; Alliant International University,
Fresno, CA Distinguished Professor Three quarter time faculty position. Duties:
Teach: Play Therapy; Ecosystemic Theory, Teaching Parents Parenting Skills; Child
Abuse Assessment, Reporting and Treatment; Group Therapy for Children &
Adolescents; and, Children's Literature, Arts and the Media, Personality Assessment;
Projective Assessment. Dissertation mentoring (6 - 12).
Scholarly work including professional writing, presentations and research.
Faculty Chair (1988 -1992 & 1999 - 2001).

Training Dates:

Location	Dates	Time	Advanced supervisor Sessions	Time
Perth	August 4 and 5th	8.30am to 5.00pm	Saturday 6th	9.00am to 1pm
Sydney	August 11th and 12th	8.30am to 5.00pm	Saturday 13th	9.00am to 1pm

Abstract:

Summarizes the key elements of Ecosystemic Play Therapy. Emphasising the flexibility of the theory and allowing therapists to work with children at any developmental level in a variety of contexts. This model requires therapists to always consider the children, their problems and the therapy process within the context of the children's entire ecosystem.

Kevin will explain the basics of the theory which are heavily grounded in theory which is used by the therapist to develop well defined treatment goals and to design creative interventions geared toward achieving those goals. Play supports both the relationship between the child and the therapist as well as supporting the therapeutic process. This model focuses on helping all children function optimally in the contexts which they live. However the therapist if also venturing out of the playroom to the advocate for children and push for changes in the systems that most impact their lives.



CHIPPA *Workshop*

CHIPPA workshop
20 - 23 July, 2016
Melbourne
9:00am - 4:30pm



Rendezvous Hotel Melbourne
328 Flinders St, Melbourne VIC 3000
Stanley Room

About

The Child-Initiated Pretend Play Assessment (ChIPPA) – administration, scoring and interpretation.

This three day workshop takes participants through the assumptions of this assessment, and a brief history of the development of this assessment. How to administer this assessment and how to score this assessment is covered in 1½thth days of this workshop. The final day is dedicated to the interpretation of scores.

The ChIPPA is a unique assessment that is child-initiated. This assessment provides information on how a child functions and organises him/herself. The self-initiation of pretend play is not routinely assessed even though information relating to a child's level of complexity in play provides valuable information that can be inferred for the child's language, narrative and social competence (based on validity studies of the ChIPPA).

The ChIPPA is a norm referenced assessment of a child's ability to self-initiate play. This workshop will be focussed on the ChIPPA-2, the second edition of the ChIPPA.

Day 1

Introduction to the ChIPPA
Underlying assumptions and development
Selection of play materials
Administration
Overview of scoring

Day 2

Scoring with practice in small groups

Day 3

Interpretation

Presenter's profile

Professor Karen Stagnitti currently works as Professor, Personal Chair at the School of Health and Social Development at Deakin University, Victoria, Australia. She graduated with a Bachelor degree in Occupational Therapy from the University of Queensland. For over 30 years she has mainly worked in early childhood intervention programs in community-based settings as part of a specialist paediatric multidisciplinary team.

In 2003 she graduated from LaTrobe University with a Doctor of Philosophy. Her area of research is children's play. Karen has written five books on play. She also has over 80 national and international papers published as well as 20 book chapters. Her norm referenced standardised play assessment, the Child-Initiated Pretend Play Assessment was published in 2007. From this research, the Learn to Play approach to building play ability in children was developed through clinical work. Throughout the year, she is invited to present her work on the play ability of children nationally and internationally. Currently she teaches into the Master of Child Play Therapy at Deakin University.

Registrations open in December. Please register online at www.karenstagnitti.com/workshops-and-training

Learn to Play

E: learntoplayevents@gmail.com

W: karenstagnitti.com

Learn to Play Workshop



Learn to Play workshop
18 - 19 July, 2016
Melbourne
9:00am - 4:30pm

Rendezvous Hotel Melbourne
328 Flinders St, Melbourne VIC 3000
Ballroom B



About

This workshop provides participants with knowledge on the development of pretend play from 18 months to 5 years and how to use this knowledge as an assessment of a child's play ability. The links between pretend play, theory of mind, narrative language and self-regulation are also discussed. On the second day the Learn to Play therapy approach is explained and participants are taken through the principles and process of this program, which includes the 11 key play skills that are an essential part of a child's ability to play.

The workshop uses a mixture of information giving, case studies, video analysis and practice of the key skills in a small group format. The workshop is aimed to give therapists, teachers and early intervention workers practical skills that they can use on the next time they are working with children and families. The Learn to Play therapy approach aims to develop the capacity in children to self-initiate their pretend play.

At this workshop the Pretend Play Developmental Checklist will be available and participants will be trained in its use for practice.

Day 1

The development of pretend play

Pretend play and links to language, narrative and implications for literacy; social competence; and self-regulation. Research on brain development and pretend play.

Assessment of pretend play using the SIPDC-R and patterns of play

Day 2

Learn to Play therapy approach

Principles, the Learn to Play process to engage children in spontaneous play

11 Key skills

Presenter's profile

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Supervision training using the Play Therapy Dimensions Model

Presented by Lorri Yasenik

The Supervision training program is designed to prepare participants to supervise child and play therapists. Attendees will have the opportunity to explore various models of supervision and receive specialized training in the Play Therapy Dimensions Model. During the program, participants will have the opportunity to work in small groups, debrief supervisory experiences, learn about practical playful supervision strategies, and utilize a case conceptualization model for debriefing cases. This training will also be useful for participants who are currently or intend to supervise others.

As part of this training, participants are asked to bring a case example of client work or supervision work to share with the group. Time will be allotted to choose cases that will benefit the majority of the group.

Suggested Textbook:

Supervision can be Playful: Techniques for Child & Play Therapy Supervisors. Drewes, A., & Mullen, J.A. (2008; Lanham MD: Rowman & Littlefield Publishers).

Course Objectives:

To provide a working definition of supervision

Enhance the ability to describe the purpose, goals and role of the supervisor

Gain an overview of the models of supervision

Gain an understanding and use of a specific play therapy model for supervision (Play Therapy Dimensions Model)

Increase the ability to identify the stage of development of the supervisee and supervisor

Provide a repertoire of creative supervision strategies

Increase an awareness of legal and ethical issues specifically related to work with children

Exposure to a variety of process and assessment tools for supervisors and supervisees

- Increase awareness of multicultural issues related to supervision

Biography

Lorri Yasenik, Ph.D., is the co-director of Rocky Mountain Play Therapy Institute in Calgary, Alberta, Canada and the co-author of the Play Therapy Dimensions Model: A Decision-Making Guide for Integrative Play Therapists (2012). Lorri is a Licensed Clinical Social Worker, Certified and Registered Play Therapist Supervisor, Registered Family Mediator and Parenting Coordinator-Arbitrator and a founding member and former executive board member of the Alberta Play Therapy Association. She trains nationally and internationally in the areas of play therapy, child psychotherapy, trauma, attachment, family violence, high conflict divorce and family mediation. Lorri completed her doctoral research in the area of including children's voices in the legal system and has recently co-developed a post doctorate model of child inclusion for alternative dispute resolution practitioners.



APPTA Board of Directors

Please see below for an outline of the new APPTA Board of Directors.

Chair of Board of Directors – Jay Anderson



As Chair of the APPTA, I am excited to be actively involved in our Association. We are in the process of examining how the organization operates and our role as a Professional Association. As a managing committee, the Board of Directors welcomes new members and works together to assist in the smooth operation of our Association. We aim to collaborate with members and to continue to raise the profile of Play Therapy and to ensure the professionalism of our industry.

Vice Chair – Kate Renshaw



I am a BAPT trained and registered Play Therapist and I have enjoyed being back in Australia as an APPTA Play Therapist and Supervisor since 2013. I have my own private practice and am also in the process of completing my PhD by research with Deakin University.

In my ongoing role as Vice Chair of APPTA I look forward to continuing to support the Chair and other Board of Directors to work together towards the future for Play Therapy in Australia. In my previous role as Chair of Policy & Ethics (2013-2015) I worked closely with the Chair and Bod to begin the process of reviewing and updating Appta's policies. I look forward to still being involved in this process by supporting the new Chair of Policy, Judith Taylor in her role.

Treasurer – VACANT

If you are interested in taking on this role, please contact your State Rep, or a member of the BOD

Secretary – Cathy Mills



Cathy Mills has worked in the community services sector since 2012. During 2015 she worked as a school Chaplain in three schools and more recently took on the role of 'Coordinator Children's Contact Services' in the family separation services centre for AnglicareWA. Prior to that Cathy worked for a service that integrated people living with mental illness, intellectual and physical disabilities back into the community through employment and education programs.



Membership Chair – Jacki Short

I am an APPTA Play Therapy Supervisor and counselling psychologist with over 25 years of clinical experience with children, young people and adults. Before moving into private practice work in Glebe, Sydney, I worked in drug and alcohol agencies, hospitals and as a school counsellor. My passion for working with children with play based therapies led me to training with Garry Landreth and I could not but be inspired! In addition to counselling and supervision, I enjoy running training for Sydney Centre for Creative Change. Outside of work, I love swimming in ocean pools, full moons, the colouring-in book craze and cake decorating.

My role as Chair of the APPTA Membership Committee involves working closely with the other four committee members to collectively review new memberships, upgrades and renewals. We are also finalising our review of Membership Policy, Credentials and Guidelines in consultation with other groups and the Board of Directors. As a committee, we look forward to welcoming new members and working to ensure the professionalism and high standards of practice, ethics and training of our industry.



Research Chair – Karen Stagnitti

Hi All. My role in APPTA is the research person. I will be providing information in the newsletters on research on play therapy and what is happening in Australia in terms of play therapy research. If you are a Higher Degree Research student at an Australian University or are carrying out research yourself, please contact me if you would like APPTA members to know about your research activities.



Special Projects Chair – Jenny Lord

Jenny is a registered Play Therapist with the Australasia Pacific Play Therapy Association, of which she is the Special Projects Chair and also sits on the Membership Committee. Jenny has a Masters qualification in Play Therapy and Social Work. She has a private play therapy practice providing therapeutic support to children, young people and their families and also offers education, training and development in a variety of professional settings.

The role of the Special Projects Chair is to network and support other organisations in Australia and worldwide who would like to learn more about play therapy and look at how APPTA can raise the profile of play therapy through special projects.

APPTA BOARD

Newsletter & Social Media Chair – VACANT

If you are interested in taking on this role, please contact your State Rep, or a member of the BOD

Accreditation Chair - VACANT

If you are interested in taking on this role, please contact your State Rep, or a member of the BOD

Policy Chair – Judith Taylor

Judith is seeking interested members to assist in this role.

Supervision Chair – Jay Anderson

My role as Chair of the APPTA Supervision Committee involves working closely with the APPTA Registered Play Therapist Supervisors - discussing supervision techniques, process, policy and clinical supervision training. We are in the process of reviewing the Supervision Policy in consultation with the APPTA Membership committee, members and the Board of Directors. As a committee, we look forward to welcoming new Supervisor members and working together - maintaining the professionalism and high standards of practice, ethics and training of our Supervisors and members.

Conference & PD – Josephine Downs

Jo is seeking interested members to assist in this role. If you are interested in organising member PD and the next conference please contact Jo. We are very excited to be planning the next APPTA conference for August 2017 in Darwin

State Representatives

Our State Reps are always eager to hear what is happening in your world. Please get in touch with your State Rep and let them know any news, they share this with the Board and can answer/ find the answer to any questions you have.

Position	Name	Email
NT State Rep	Cathy Lucas	cathynzgirl@gmail.com
WA State Rep	Jay Anderson	mrsjayanderson@gmail.com
SA State Rep	Michael Oniszczuk	michael@trueflow.com.au
Vic State Rep	Ruth Turvey	billandruth@bigpond.com
Tas State Rep	Katherine Olejniczak	Katherine.olejniczak@hotmail.com
NSW State Rep	Vacant	
QLD State Rep	Deanna Wainwright	deannawainwright@hotmail.com
Asia Rep Vacant		
Pacific Rep	Donna Zander	donnazander@optusnet.com.au



CRO – Complaints and Resolutions Officer – Lucinda Mora

Lucinda Mora has been working as a children’s occupational therapist since 1996. She has worked across the university, private practice, mental health, community health and disability sectors. Lucinda has specialised in working with young people with intellectual disability and mental health difficulties and/or trauma.

She has been using child centred play therapy with young people since 2008 and combines this with Jungian sandplay and systemic approaches, in order to work therapeutically and collaboratively with children and their care and service systems.

Lucinda is currently the Complaints and Resolutions Officer (CRO) for APPTA and is passionate about inviting feedback in order to create a culture of openness and transparency. The CRO role is independent to the APPTA Board to ensure impartiality, and to protect confidentiality. The role involves co-ordinating clinical complaints hearings, responding to APPTA feedback and writing complaints policy and procedural documents.

Article - Virtual Sandtray The Virtual Sandtray App

Jessica Stone, Ph.D., RPT-S

The Virtual Sandtray App is a new and exciting way to create, save, load, and share sandtrays with your clients, patients, students, supervisors and during trainings - wherever you may be. With the Virtual Sandtray App you can go above and beyond what is possible in a traditional tray. This app is not a game, rather it is a professional tool designed to enhance and expand a traditional method to new heights and possibilities.

For the purpose of this article a professional working with a client or patient will be referred to as a “specialist”. This implies a level of training and experience commensurate with the field the professional works within.

What is Sandtray Therapy?

“Sandtray therapy is an expressive and projective mode of psychotherapy involving the unfolding and processing of intra- and interpersonal issues through the use of specific sandtray materials as a nonverbal medium of communication, led by the client(s) and facilitated by a trained therapist.” (Homeyer & Sweeney, 2011)

Traditionally a specialist has a box with sand in it and many miniatures available to be chosen by the client and placed in the sand. Some features of sandtray therapy vary with the approach and foundation of the specialist, however, in general the items are placed by the client into the sand

depicting a representation of his/her world view, experiences, and/or difficulties. At times there is a verbal story to complement the tray and at times there is not. A specialist's primary job is to understand trays via this "nonverbal medium of communication" in a way that assists the person through the issues effecting his/her life.

How Does The Virtual Sandtray App Meet the Needs of The Client in a Digital Way?

Margaret Lowenfeld was an early play therapist who spoke of working with children in a non verbal way. Sandplay therapy was a specialty of hers and she is well known for her amazing work. Lowenfeld's World Technique (1979) is still used today. Whichever technique a specialist uses with the sandtray, certain aspects remain crucial.

"I set for myself as a goal to work out an apparatus which would put into the child's hand a means of directly expressing his ideas and emotions, one which would allow of the recording of his creations and of abstracting them for study." (Lowenfeld, 1979)

The Virtual Sandtray App is a way of meeting many of the traditional needs of therapy with a sandtray and expanding it's use in new ways that were previously impossible. With this app a client can have in his/her hands an apparatus to allow for direct expression of ideas and emotions and it literally has the ability to record them for study. With this app a client can create a tray which includes digging, painting, placing and manipulating models, saving, loading, sharing (encrypted files), taking still screenshot photos, and taking video of the process as desired.

With a deep respect for the various theoretical modalities of working with a sandtray, The Virtual Sandtray App's focus will remain on the key aspects of the therapeutic value of this time honored tool. For instance, the key aspects of Sandtray therapy include a "dynamic interpersonal relationship", an emphasis of promoting "play and relationship", and the Sandtray therapist "facilitates rather than choreographs the process" (Homeyer & Sweeney, 2011). Each of these can be achieved with the Virtual Sandtray App.

Another important concept is the importance of speaking the client's language (Stone, 2015). Therapists frequently have educational instruction regarding this important concept. It is the creation of a safe holding environment for the client. In 2016 the majority of clients speak a digital language and speak it quite well. Young children are quite fluent in it and consider it a fun, familiar medium. To discount the importance of speaking a client's language based on the fact that it is digital is a mistake, especially if that 'language' can lead to important clinical information and interactions.

Touch

Touching and feeling the sand and miniatures is an important part of sandtray therapy. It is acknowledged that this is not present in The Virtual Sandtray App in the same way as a traditional tray. However, there are some important factors to consider.

Some clients do not like the feel of the sand. For instance, many clients who have a diagnosis on the autism spectrum do not like to touch the sand. Some clients do not like to get their hands dirty, including many with a diagnosis of Obsessive Compulsive Disorder. Some clients are unable to reach the sandtray because of mobility issues such as degenerative disorders, wheelchairs

which cannot move close enough to the tray, or those in hospital settings who for mobility or health vulnerability reasons cannot access the traditional tray.

The loss of touch is important, however, these needs can still be met with a traditional tray when available. The exciting part is that with the Virtual Sandtray App, the digital aspect offers so much more. The digging feature alone has settings which allow the client to change the liquid level from various types of water to lava to poison and more. The models can be placed in whatever quantity desired and then altered for position and size, pushed over, restored, and even buried. In a traditional tray there are limits. If a client wants to place a family of elephants the specialist would need to have a number of elephants to choose from or something symbolic of this family for use. In The Virtual Sandtray App the client has the ability to place what is needed to fulfill the client's desires within the tray's creation. Twelve elephants, fire, water, weather, translucent rainbows, and active volcanoes can be placed. You name it!

Application of Digital Tools in Various Settings

The task of appropriately applying digital tools into play therapy is a bit daunting. It is important to carefully analyze what needs and/or goals the therapist hopes to meet when evaluating a digital tool. In addition, does the digital tool detract from the therapeutic value? What does the digital tool enhance or contribute that is therapeutic? The evaluations are critical so that play specialists can maintain their professional and personal integrity and continue to support and promote the distinction between "just playing" and play therapy.

In order to begin these evaluations it is important to distinguish what is therapeutic about the play itself and then carefully define how the digital tool does or does not meet these needs. Can the therapeutic goal of the session or of the course of treatment be furthered by utilizing this tool? If so, how? What does it provide? If not, why not? What is it either missing or it doesn't meet? A great aspect of the digital nature of these tools is that quantifiable data is relatively simple to compile when incorporated into the code of the program. There is a great need for research with therapeutic use of digital tools.

When conceptualizing The Virtual Sandtray App and researching information to answer the above questions a number of resources were found. Some articles discuss the concept of digital tools however, others offer phenomenological data from actual use. Many of the articles available discuss the benefits of using digital tools to meet goals.

Alternate Settings Using Digital Tools

The use of digital tools in a medical setting was found to be favorable. It was found that the familiar digital format and medium contributed to the younger patient becoming relaxed and at ease. This allowed for the patient to get "exercise and improve range of motion". The digital intervention was found to be fun and the patient appeared to engage in the therapeutic process more quickly.

Some researchers specifically address the use of an iPad in therapy. Snow, Winburn, Crumrine, Jackson & Killian (2012) defined types of digital apps used in session based on Terry Kottman's five categories of play. Once apps were assigned to each category they were used and evaluated for therapeutic value. Therapeutic value was found and the authors depict a case of sexual abuse

disclosure. The disclosure was made in direct conjunction with the use of the digital tool. “ The iPad provided him a way to express his emotions as he told the therapist a very difficult and painful experience.”

The authors also described ways to set up the seating and logistics within the playroom and how to make the iPad available. Further defining the logistics assists in distinguishing the digital tools from game apps the client may play on their own. They posit that the “use of the iPad and associated apps within the playroom is a new concept, and therefore its true potential and purpose has yet to be discovered.”

Digital Sandtray Research

The use of the use of a very basic version of a digital sandtray was found to be useful to the specialist attaining their therapeutic goals. Hancock, ten Cate, Carbondale and Isenberg (2010) conducted research regarding the use of an interactive tabletop for sandtray therapy. A combination of computer science students and mental health workers teamed up to explore the therapeutic value and usefulness of a tabletop sandtray. Their research yielded that their “prototype was sufficient for therapists to gain insight about a person’s psyche through their interactions” when using the basic digital form of the sandtray.

The team introduced the concept that a digital form of the sandtray may be more attractive to teens and pre-teen clients and the ‘wow’ factor of the digital form may engage them further than a traditional tray. In addition, they discuss the clients who “perhaps due to their own response to traumas, dislike the feeling of sand and refuse to play with sand may find a digital sandbox more to their liking.”

The specialists involved in this study stated that they could easily interpret meaning from the use of the virtual objects such as object representation, client-object interaction, and object arrangement. The discussion of these categories assists in answering the questions of the digital modality meeting therapeutic needs and goals.

“Specifically, the use of precise interaction and a physics engine can together provide a richness that is sufficient for therapists to understand things about a client’s psyche through their interactions with the virtual artifacts. These artifacts thus can take on meaning in a way that is not typically sought after in the design of traditional computer applications. “

Future research with The Virtual Sandtray App will hopefully support these concepts and expand the findings of therapeutic value. The ability to write components into the app to track objects used for research purposes may even result in hard data to further support the use of sandtray as an empirically based intervention. The ability to save, photograph and video trays will also contribute to research in ways a traditional sandtray setup has not been able to do previously.

At this point it appears there is sufficient evidence to support the use of digital tools in therapy. The digital tools can positively contribute to the therapeutic process and goals. In play therapy The Virtual Sandtray tray is completed by the client and the process is observed by the therapist sitting close to the client, as is done in the traditional method. The follow up and discussion can be conducted in

the manner the therapist has done traditionally. Object representation, client object interaction, and object arrangement can all be observed, preserved and analyzed.

The Use of the Virtual Sandtray App

Designed to maximize portability, creativity, and affordability, the Virtual Sandtray App is an additional tool available to a specialist. In educational settings this app can be used within courses to teach components of analyzing trays without the logistics of traditional materials. It can be used in supervision to share encrypted files and videos taken directly in session, with or without sound, and contribute to a very rich analysis of both the specialist's work and the client's. Within a school classroom a teacher can use this app to stimulate creativity in writing and serve as a prompt and communication tool

In hospitals the rich benefits of a sandtray can be brought to the patient who cannot travel to the Child Life Specialist's room. The patients who previously could not benefit from this great tool to work through anxiety and trauma can now participate. This could benefit an immunocompromised patient immensely as the iPad can be cleaned to the hospital's specifications for the patient's use.

In crisis situations where materials are either scarce or impossible to bring along this app can once again bring the benefits of sandtray work in a manageable way. Instead of carrying models, a tray (however portable), and sand the specialist only need bring the iPad with The Virtual Sandtray App installed to have access to all the basic features, 600+ models, and any expansion packs added along the way.

In the office this app can be incredibly useful when each play room is not equipped with either a sandtray or duplicate miniatures and the specialists share the space. The Virtual Sandtray App allows for consistency among available materials. In a more static setting, the app can be used instead of or in conjunction with the traditional tray. Often clients will complete both within one session when both are available. This can lead to some amazing results when analyzing the themes that stay consistent, the qualities shared that are changed, and how the creativity is manifested in both modalities.

What The Virtual Sandtray App Includes

The basic app package available through the App Store on your iPad device includes the tray which can be moved, rotated and zoomed in and out. The tray has a background or skybox which can be customized to create, enhance or emphasize the tray's mood. In addition, a digging feature which can be customized to dig down (e.g. two layers down reveals liquid), raise the sand up (e.g. for mountains), the size of the "shovel" can be chosen, and if a client wants to restore a particular portion the eraser can bring it to it's original level. A painting feature is also included. The client can choose a paint style, the size of the brush used and create a scene using anything from lava to cobblestones to grass to snow to depict different aspects of their tray. The entire tray can also be painted at once if desired to save effort and time.

The basic pack includes over 600 3D models and available expansion packs can be purchased as desired to create a collection to meet your client's needs. The models can be manipulated (e.g.

resized, rotated, pushed over, restored, and deleted) by long pressing on the item until the controls appear. Great care was employed to allow for both the traditional two finger control on the screen (e.g. the same technique is used when expanding a photo, for instance) and for those who either dislike the two finger controls or are unable to complete the motions, a larger panel is shown to give additional control options.

Changing the skybox (e.g. background/skyline) and the liquid type (e.g. one digs down to) is possible in the environment options dropdown menu. Some basic options are included and more can be added through expansion packs. The user menu allows you to turn features on or off, such as animation, auto save, and more.

A camera icon allows the specialist or client to take screenshot photos of the work in progress. The client can zoom in or out, rotate around and get just the perfect angle of their work to preserve in a photo. In addition, an add on feature of video recording capabilities can be purchased. This feature can record with or without audio.

Unlike a traditional tray, these sandtray files can be saved and reloaded at a future time for reference or to continue the creation. The trays can be saved and named as desired. Retrieving them is simple upon return. As a safety feature, there is a customizable auto save capability in case your iPad unexpectedly quits. The autosave can be set to save every 0, 3, 5, or 10 minutes. It is recommended that the tray is saved along the way to preserve the work, both as a saved file and through autosave.

The login menu allows for an administrative option where the specialist can share encrypted files with other professionals. The recipient must register as well and retrieve the file from the program to ensure it reaches the intended party. These additional steps have been included to address the privacy of the clients and the needs of the professional.

Conclusion

The Virtual Sandtray App allows the client to have access to an amazingly creative tool to create sandtrays in numerous environments. The specialist assisting the client has the ability to manage the files in a professional manner. The features and models available can be customized to maximize the usefulness of the app for your needs. The research thus far supports the use of digital tools to attain and further therapeutic goals while maintaining the key features of the traditional tray.

Created by a psychologist and registered play therapist and a self taught programmer, this professional app has an attention to detail which is unmatched. The cost is less than half the price of a traditional starter sandtray kit and new model packages will be added continuously to increase your model collection. The Virtual Sandtray App is an important addition to a specialist's toolbox to meet client needs.

With The Virtual Sandtray App the possibilities are virtually endless!

Citations

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Promoting Play Therapy in the Community

Dr Parson meets the Foreign Minister

Dr. Judi Parson was invited by Sarah Henderson MP, member for Corangamite, to attend a community afternoon tea with the Foreign Minister, the Hon Julie Bishop. It was a great opportunity to hear the Foreign Minister speak and meet community members. She briefly spoke about the governments priorities including national security, job creation, and support for families as the agenda.

Julie Bishop spoke about refugees and asylum seekers and the need for long term support. Judi stated "At this point, I was able to mention that I was from Deakin University and that Play Therapy is really appropriate for these groups as play is a form of language and especially for helping intergenerational trauma and therapeutic life story work for children."

If you have been able to promote Play Therapy within the community, let us know, so we can share it with the Play community, we all love hearing about the ways we are getting play and Play Therapy out there and known about.

WA on Rural “& Remote Mental Health

In October 2015, There was a conference in WA on Rural “& Remote Mental Health. Several Members participated in preparing and facilitating a “symposium” on child therapy - highlighting play therapy. The 2 hour symposium was Titled ..”Therapy for young children in rural and remote regions. Understanding play therapy as an essential technique.... and included several short presentations on play therapy and a case study presented by Kellie Van Sebille (co-authored with Katherine Olejniczak) titled

“The use of PACE in the play room: Can Freddy Kruger ever be accepted?”

Symposium presenters - Jay Anderson, Josephine Downs, Kellie Van Sebille, Elisabeth Pellicaan, Supporting authors - Katherine Olejniczak, Donna Berry, Judi Parson

Article – As published in June edition of in Psych Play Therapy: Working creatively with children

By Jacki Short MAPS MCCOUNP, Director of Sydney Centre for Creative Change
“Play is the child’s natural medium for self experience.”

Virginia Axline (1989), founder of child-centred play therapy

Play therapy is a powerful means of joining with the innate, creative, non-verbal capacities of children in order to engage and work therapeutically with them. It is a developmentally appropriate, evidence-based method of counselling younger clients. In play therapy, children can play out, literally and/or metaphorically, their inner and real life experiences in a way that builds insight and capacity. Play therapy allows children to express, regulate, communicate, practice and master new skills as well as their emotional responses.

Sensitivity to the culture of childhood

We are aware of the need to be sensitive and to adapt counselling methods and means of engagement with those who are culturally different from us. It can be argued that children are ‘culturally different’ from adults (Mullen, 2007). They have a different time orientation (reflected in the all too familiar travelling plea, “Are we there yet?”), speak language differently (“Birdy go bye bye”) and can hold different value sets due to their developmental stage (“Why do the adults just sit and talk at picnics when we can play chasings?”).

As adults we can often forget how different a child’s lived experience (and way of communicating) is from ours. This has profound implications for how therapists choose to engage, assess and work with young clients. To maximise sensitivity to and respect for children, we should allow them a means to express themselves in a language that is familiar to them. When children feel comfortable, relaxed and safe enough to express their concerns, abilities and interests, then we are allowed to see and hear some of their real experiences.

What is play therapy?

Play has long been recognised by developmental psychologists, such as Piaget and Vygotsky, as a critical pathway to healthy physical, cognitive and psychosocial development (Sigelman & Rider, 2012). Therapeutic play builds on the developmental appropriateness of play and offers a structured approach to intervention for children’s problems.

Landreth (2012) defines play therapy as:

... a dynamic interpersonal relationship between a child (or person of any age) and a therapist...who provides selected play materials and facilitates the development of a safe relationship for the child ... to fully express and explore self (feelings, thoughts, experiences, and behaviours) through play, the child's natural medium of communication, for optimal growth and development. (p. 11)

There are many approaches to using play in therapy. The psychoanalytic approach focuses on the child's unconscious (e.g., Lanyado & Horne 2009; Blake, 2008; Poynton, 2012; Conolly & King, 2015), while gestalt and release methods focus on expression and integration (e.g., Oaklander, 1988; Pearson & Nolan, 1995; Pearson, 1998). CBT and solution focused methods of play therapy are more short-term, structured and goal directed (e.g., Schaefer & Drewes, 2009; Knell & Dasari, 2009; Lowenstein, 2013).

Child-centred or non-directive play therapy was originally developed by Virginia Axline in the mid-20th century. She was strongly influenced by the person-centred approach of Carl Rogers (1961). Axline's principles of play therapy continue to be foundational for much contemporary play therapy practice and aim to maximise the child's exploration of concerns through a trusted relationship and creative play. The eight basic principles that underline child-centred play therapy can be summarised as forming and maintaining a warm, caring, accepting and permissive relationship with the child that allows him or her to express any emotion (but not any behaviour) and gain insight. It respects children's ability to solve problems and make decisions. The therapist does not lead, guide or shape the child's expression or behaviour, hurry the therapeutic process or set limits until required (Axline, 1989).

The advantages of child-centred play therapy include children having choice about what, how, when and whether to express their worries and wishes. It is a respectful method optimally suited to 3-10 year olds.

Integrative approaches to play therapy

Contemporary integrative approaches recognise the need for different play therapy methods depending on presenting issue, child factors and stage of therapy. The Play Therapy Dimensions Model (Yasenik & Gardner, 2012) for instance, describes four discrete methods of utilising therapeutic play. These four methods emerge from intersecting two dimensions – consciousness of child and directedness of therapist. The non-intrusive responding method reflects the unconscious and non-directive play therapy approach suited to early stage work, traumatised and self-directed children. Conversely, the open discussion and exploration methods represent conscious and directed work and are argued to be suited to specific skill development and older children. The co-facilitation method, reflecting unconscious and directed work, is recommended for children with low play capacity and to interrupt repetitive play themes and deepen the play. Active utilisation methods represent conscious and non-directed play activity to support children with strong play capacities or coping abilities (Yasenik & Gardner, 2012).

The stage-based model proposed by Geldard and Geldard (2008) offers another integrative approach to play therapy involving a different therapeutic focus at different therapy stages. This model suggests initially using a client-centred approach to join with the child, followed by gestalt and narrative methods to gain awareness, experience and to release emotion and start to develop a new self-awareness. In the final stages, cognitive behaviour and behaviour therapies are suggested to challenge unhelpful thinking and practise new behaviours.

Recommended toys and materials

Play therapists use a range of toys that are carefully selected to allow children to express and explore their experiences. Sturdy, easy to clean toys that represent expressive play themes such as nurturing, real life, aggression and fantasy, and that are appropriate from a gender and cultural perspective, are recommended (Landreth, 2012).

Suggested toys for the play therapy room include dolls house with family and baby dolls, hand and finger puppets (animal and human), art supplies (pencils, paints, craft materials, modelling clay), transportation vehicles, plastic animals, toy soldiers and action figures, Lego or construction blocks, play cookware, play handcuffs, foam sword, rubber knife, play doctor's kit, play money, toy construction tools, dress up clothes or fabrics, musical instruments and balls (Cochran, Nordling & Cochran, 2010; Ray, 2011). Order and consistency of set up of materials is recommended to promote safety and regularity for the child.

Evidence for the effectiveness of play therapy

Meta-analytic reviews of over 100 play therapy outcome studies (Bratton, Ray, Rhine & Jones, 2005; Leblanc & Ritchie, 2001) found that the overall treatment effect of play therapy ranges from moderate to high positive effects. The review by Bratton and colleagues was conducted on 93 research studies, finding a large treatment effect size of .8 and indicating that play therapy was effective across a variety of presenting issues. Non-directive approaches were found to yield better outcomes than therapist-directed play approaches. Additionally, positive treatment effects were found to be greatest when there was a parent actively involved in the child's treatment.

There is emerging neurobiological evidence that therapies that allow for non-verbal enjoyment, safety and attunement (such as play therapy) can offer traumatised children a more sensitive and appropriate therapy (Gaskill & Perry, 2014). These authors posit that children affected by trauma have underdeveloped cortical modulation networks affecting impulse control, higher order thinking and planning, as well as over sensitised regulatory neural networks, and are very resistant to traditional talk-based interventions.

Reviews of research have indicated positive effects of play therapy for children with a range of presenting issues including behavioural disorders, psychosocial issues, physical and learning disabilities, and speech and language problems. Additionally, children experiencing anxiety, abuse, domestic violence, depression, grief and loss, and posttraumatic stress have demonstrated benefits from play therapy (Baggerly, Ray & Bratton, 2010; Landreth et al., 2010).

Suitability for play therapy

While there is substantial and growing evidence for the efficacy of play therapy, play therapy may not be suitable or necessarily the best form of assessment and intervention for all children or presenting issues. A thorough parent or carer assessment prior to working with children is essential to determine how best to understand and work with a child, if at all. In some families where children are displaying challenging affect or behaviour, the optimal intervention can involve working primarily with parents. When children are deemed to be at risk of harm, safety planning and relevant child protection notification to the appropriate authority takes precedence. Where children are showing symptoms of obsessive compulsive disorder, the research literature suggests behavioural interventions should be used in the first instance.

Feedback from children

Feedback from children who have experienced play therapy sessions attests to its popularity and usefulness. In qualitative studies, children report valuing the counsellor's empathy and acceptance, allowance of choice of play methods, having fun, developing self-awareness and the relationship to the therapist (Axline, 1950; Green, 2010).

Children report valuing having their own concerns and experiences responded to (as distinct from those of referring adults) as this child reflected, "She (the counsellor) understands us. She understands children... You feel happy because you are being understood and not ignored" (Green, 2010, p. 257).

One boy described how play therapy had helped him with his terrible sadness and loss following the death of his grandmother. "When my grandma died, I went over to the doll house and kind of did what I needed to do for my grandma" (Green, 2010, p. 260).

While the purpose of counselling work is serious, the counselling process in play therapy can be fun and light-hearted. While not all play experiences are necessarily fun for children, the capacity for them to be so at times lightens the weight of sharing challenging experiences. As one boy reported, "I like coming to counselling a lot 'cause it's fun" (Green, 2010, p. 258).

Conclusion

Play therapy is a creative counselling method that optimises children's abilities to express, explore and resolve troubling thoughts, feelings, experiences, worries and wishes in developmentally appropriate ways. It is a method that respects the culture of childhood and has a strong and diverse theory base that informs practice. There is a substantial body of evidence to show that it works. Play therapy is gaining international recognition as an effective psychological intervention. Indeed, in the UK, USA, Canada and South Africa, play therapy is a registered, accredited and protected discipline of health practice.

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Our Mission

The Australasia Pacific Play Therapy Association's aim is to promote and support the practice of Play Therapy throughout the Australasia region. APPTA aims to facilitate educational opportunities and support play therapists for the advancement of the profession through the Australia, Asia and Pacific regions.

Our greatest mission is to support children who suffer from trauma.

Our Goals

- To provide self-regulation and governance for its membership and supporting sub-branches throughout the Asia Pacific region.
- To maintain a register of APPTA members.
- To support APPTA members by facilitating professional networks, education and research.
- To promote health and development of infants, children and families through play therapy.
- To raise the awareness of the benefits and limitations of Play Therapy for children, parents, professionals and the community.
- To provide a means of liaison and a communication channel between APPTA members and kindred organisations in Australia and overseas.

web: <http://www.appta.org.au>

email: secretary@appta.org.au

If you are interested in submitting something for the upcoming newsletter, please ensure that you have emailed your submission to secretary@appta.org.au. We welcome all submissions and encourage all members to update us on what is happening in the world of Play Therapy. Photos, information and written pieces all encouraged.



If you are on facebook and would like to join the APPTA FB forum, please follow this link: Australasia Pacific Play Therapy Association (APPTA)