

# NEW ENGLAND ASSOCIATION FOR PLAY THERAPY



**ADD PLAY TO YOUR WORK!**

December 2013

## WHAT'S INSIDE:

Presidents' Letters

National Association for Play  
Therapy News

New England News

Mental Health Minute

Making Sense of Medicine

Training Calendar

Contact Us

We as a Board wish to thank Sarah O'Brien for her tireless leadership and dedication to the New England Association for Play Therapy. Without her 10 years of effort, NE-APT would not be where it is today. We presented her with a token of our appreciation at our annual conference, when we also welcomed Barbara van Hoff as our new president. Please join us in wishing both Sarah and Barb the best in their new roles!

*Hello NE-APT Members and Friends:*

*It's been a great ten years of branch and friendship building. I so appreciate your commitment to making NE-APT a reality and am so proud to pass on the Presidency to Barbara Van Hoff, RPT-S. It's such an amazing feeling to know you believed in this organization and New England's ability to support a now thriving Branch of the Association for Play Therapy. I'm thrilled with all we have achieved and am looking forward to watching it continue to grow. I am now serving as Past-President and adviser to the Board. I will also continue as spark plug for Rhode Island. Keep in touch! And Keep Playing!*

*With love and appreciation,*

*Sarah O'Brien*

*Dear all,*

*I am looking forward to the next 3 years serving as president of the New England Association for Play Therapy. It was a pleasure to meet so many of you for the first time at the annual conference in Natick – and also to catch up with so many from previous years!*

*As I look ahead, I would just summarize what I spoke about that Saturday afternoon:*

*In order to become a stronger branch, we need to become stronger states. I would love to see play therapists in each state get together at least once a year – have lunch or coffee together, share experiences, or good play therapy books – in short, networking and learning from each other. With Laurel, as the spark plug coordinator, I will be visiting each state within the next 6 months. When you get that notice, please come! And bring your friends and co-workers! Let's work together to spread the word that play therapy is alive and well in New England!*



*And secondly, I would love to see us all growing in our knowledge and application of play therapy. This comes from a willingness to learn, from each other and from others – the “experts” in the field. I am proud of the high quality of national speakers we have had for our annual conferences. I would also like to see more people from New England attending the national conference. It is definitely a big money commitment, but it is an experience like none other! Please think about putting it on your “bucket list”, and start saving your money! Along with that, I am committed to helping you become credentialed as RPT’s! That credential tells other people that you have put in the time (and money!) to learn best practices in our field! If you are already an RPT, or RPT-S, then look around ... who can you help on their play therapy journey?*

*Let’s work together on these goals ... stronger states/stronger branch, more education/more credentials. I look forward to seeing you in your own state soon! Growing together! Learning together!*

*Barb van Hoff*

## **NATIONAL ASSOCIATION FOR PLAY THERAPY NEWS**

The 2013 conference was certainly a success, especially from the view of the New England attendees! Julie Nash said that the location was beautiful, the workshops included a nice mix of introductory to advanced and variety of topics, and the networking opportunities were ample. “You get out of it what you put in,” she said. “If you chose to relax, there were many opportunities for that. If you chose to learn, there were so many great workshops to choose from, and if you wanted to meet anyone, all the key people were there!” APT is requesting proposals for next year by January 31. The 2014 conference will be held in Houston, Texas. Let’s aim for the biggest New England turnout yet!

## **NEW ENGLAND NEWS**

Our 2013 conference held many wonderful moments! Below are some reviews of each of the workshops. Do you have something you’d love to see in a future conference? Let us know at [training@newenglandplaytherapy.org](mailto:training@newenglandplaytherapy.org).

### ***Play Therapy For the Supervisor's Soul with Brijin Gardner***

*Reviewed by Wendy Monahan*

Registered Play Therapist-Supervisors of New England were treated to an afternoon of training by Brijin Gardner that left us with techniques to enhance our skills as both supervisors and as counselors. Brijin's warm presentation style encouraged us to care of ourselves, as she guided us through an exercise of "unpacking our backpacks," allowing us to open ourselves to new approaches in supervision. She led us through a series of techniques that allow the counselor to guide the self-exploration of the supervisee. We learned to understand what the "Love Language" of our supervisee is, so that we may encourage and praise them in ways that they would best understand. Skills like this translate in a powerful way to our work with children and families. Additionally she guided us through a variety of prop-based activities designed to focus the range of inquiry and assist a deeper exploration of seemingly surface issues. Our time together was both meaningful and informational. I am left with Brijin's words, "Where we land has a lot to do with who we become." Looking around this dedicated group of New England professionals assures me that I have landed in the right place!

### ***All Parts Welcome: Using IFS and Play Therapy***

*Reviewed by Laurel Hemmer*

Carol Garfinkle and our own NEAPT Board Member Stefani Misiph greeted us Friday afternoon with warm smiles, a ton of positive energy, and willing to share with us many of their “parts.” They shared their “knowledge parts” about IFS beginning with a very broad question: “What if we are SELF led?” They shared how IFS is a very empowering and holistic approach, it is non-judgmental and strength focused, and it allows for the natural inclusion of play techniques that we all believe in and know the power of. Carol and Stefani shared their “creative parts” as they had us get up and move for many hands on activities. These allowed us to play and re-energize and practice identifying and speaking to some of our own

parts. And what I loved best is how Carol and Stefani shared their “deep conviction parts” about IFS and the power of using this type of treatment with people across the life span.

IFS allows us to work with people and honor each individual’s self while helping them realize they have protective and vulnerable parts that are a natural part of them and are there to help them through life. Some of these parts may not be helping them in the best way possible yet when we help clients examine each of their parts non-judgmentally, allow them to understand the purpose of their parts, and help them to nourish and develop more healthy parts that will allow their ‘self’ to shine through, we are giving a gift to our clients. We are also giving them a language to look at their strengths and weaknesses, a language to share with family members, and a way to examine, accept, and live with their multiple parts. Carol taught us a great deal of IFS language and helped us conceive of protective and vulnerable parts, how these parts can speak to each other, and finding the intent behind our parts. Stefani used a case example of a boy and his two dads that was powerful and a helpful way to see how to integrate play into IFS. Their deep convictions, excitement and energy around IFS left me with my “I want to learn more part” on fire.

### ***Playing with the Big Kids: Using Play Therapy with Adult Clients with Barbara van Hoff***

*Reviewed by Kay Edwards*

This workshop had a plethora of techniques and activities of play therapy to use with adult clients. Barb's playful presentation offered a bag of goodies (literally) for each participant to take home to "jump start" their own use of the many tools. The adult individuals, family and couple were addressed, with references to the work of Kottman, Gil, Satir, Chapman and of course, Barb's own creative work. One of the favorites from Barb was the Fire/Embers illustration regarding working with anger. Thanks, Barb, for a fun and informative workshop!

### ***Powerful Play Therapy with Brijin Gardner***

*Reviewed by Susan Gestal*

Powerful Play, a perfect title for this powerful presentation! In an energetic and concise way, Brijin overviewed Attachment Theory and the Attachment Models of Parent Child Interaction Therapy; Dyadic Developmental Psychotherapy and Theraplay. What followed were hours of experiencing a variety of play therapy techniques. Brijin presented a wide assortment of techniques which she has tailor fit to meet the needs of her clients. My favorite time was when we got to practice play with our table cohorts.

I went home inspired and revitalized with energy, techniques and the desire to provide each client with therapy that meets their individual needs.

For those of you unable to attend I encourage you to make a point of attending a future training by Brijin. Check it out at [www.playonkc.com](http://www.playonkc.com).

## **MENTAL HEALTH MINUTE**

*Here are a few key things that are current and notable in the world of mental health:*

- ❖ Many insurance companies are requiring the switch to DSM-V coding and diagnostic criteria. The following [Criteria and Coding Updates for DSM-5](#) and [Updates and Changes to DSM-5](#) might be useful in your practice.
- ❖ Are [violent video games helping kids learn?](#)
- ❖ Tis the season for overspending. Help the parents in your practice [gain willpower over their finances](#).
- ❖ Is “indiscriminate friendliness” due to [disruptions in early parent/child bonding?](#)
- ❖ Twitter may be an [early warning system for teen suicide](#).

## MAKING SENSE OF MEDICINE

*“Drugs Are for Symptoms”*

**Prozac** (Generic name: Fluoxetine Hydrochloride)

Prozac is one of the most popular and successful medicines ever marketed. Prozac was very exclusive when it was first introduced in the mid 1980s. It was the first of a new kind of antidepressants which proved to be highly effective for a wide variety of problems while causing relatively few unwanted side effects. Because they acted on the brain metabolism of the neurotransmitter serotonin, they were referred to as the “Selective Serotonin Reuptake Inhibitors” or SSRIs.

Many other SSRIs came after Prozac, including Paxil, Zoloft, and Celexa. They are all effective, but each has a somewhat different side effect profile, and each has typically different clinical effects in different patient populations.

### **INDICATIONS:**

While Prozac is most commonly thought of as an antidepressant, it has also been approved for use in a variety of other psychiatric disorders as well, including Obsessive-Compulsive Disorder and Premenstrual Dysphoric Disorder, a relatively new category which encompasses most of the symptoms associated with “PMS.”

However, it is also widely used for both the vomiting and depression often seen in anorexia, though its effect on these two different problems seems to be through independent mechanisms of action.

### **OBSERVABLE SIDE EFFECTS:**

Prozac is very well tolerated by the majority of patients. However, there is no such thing as an effective medication that does not have any side effects, and Prozac is guilty of causing a few unwanted problems. Most commonly patients complain of nausea, difficulty sleeping, and nervousness.

Often these side effects are short-lived, and tend to diminish or even go away after several weeks. Adjusting the dosage, the timing, and taking the medication with food can also help lessen problems with side effects.

Other side effects have also been reported, but with less frequency. These include headaches, diarrhea, dry mouth, change in appetite, drowsiness, and dizziness. Much was made in the media a few years ago about the possibility of Prozac somehow being implicated in both murderous rages and suicides. This was never proven to be the case, and Prozac is regarded today as a safe and effective medication.

### **GENERAL USAGE:**

When the indications for Prozac are evident, it should be started at a relatively low dose and gradually increased over a period of several weeks. As a general rule of thumb, the dosage should be increased slowly until good clinical benefit is seen or side effects interfere and become too much of a problem. This process can take anywhere from four to eight weeks or even longer.

Prozac is a very long acting drug—which means that it is taken only once every twenty four hours, and thus is almost never administered in school. In addition, it has metabolites that are active for a very long time, so that it can take weeks and even months to taper someone off the drug.

Prozac is not very lethal—over dosage almost never leads to death. There also seems to be no abuse potential for Prozac—there are no Prozac addicts and there is no “street market” for the drug.

*Copied with permission from The Psychiatric Guide: Practical Approaches for Educators, March 2001.*

# TRAINING CALENDAR

## Ongoing

***Play therapy collaboration group*** meets the second Friday of each month from 9:00-11:00.

Cost: \$0

Location: Birch Tree Counseling, 226 Rockingham Rd., Londonderry, NH 03053

Contact: Kay Edwards or Linda Grant 603.425.2989

## January

### ***Play Therapy for Children, Adolescents and Adults Wednesday January 29, 2014***

Cathy L. Bissett, M.B.A., Psy.D.  
Executive Court Conference Center  
1199 South Mammoth Road  
Manchester, NH  
800-844-8260

### ***Play Therapy for Children, Adolescents and Adults Thursday January 30, 2014***

Cathy L. Bissett, M.B.A., Psy.D.  
Hilton Burlington  
60 Battery St  
Burlington, VT  
800-844-8260

**Remember, regardless of whom the presenter is, if the workshop announcements do not state APT approval with a provider number, APT will not approve it for RPT/RPT-S application or renewal.**

**If you are not a member, please join to receive the member discounts plus many more benefits outlined on [www.a4pt.org](http://www.a4pt.org).**

## CONTACT US

**Visit our Website** at [www.newenglandplaytherapy.org](http://www.newenglandplaytherapy.org)

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