

New England Association Play Therapy
2024 Annual Conference
Mystic, CT
April 26-27, 2024

Continuing Education Packet

Instructions:

- ✓ A completed “*CE packet*” is required in order to receive continuing education credit. CE packets are accepted by MAIL only. Email/ scan packets will not be accepted.

What Does a Complete CE Packet Consist of ?

A complete CE Packet consist of:

1. Continuing Education Application Form
2. Record of Attendance Form
3. Evaluation form for EACH training in which you participate
4. Payment of \$30.00 CE Processing Fee. Make check payable to:
Institute Continuing Education

How Do I Submit my CE Packet ?

CE Packets are accepted by MAIL only, and should be postmarked not later than 45-days following the training.

Mail completed CE packets to:

The Institute for Continuing Education
P. O. Box 449
Montevallo, AL 35115

How Will I receive CE verification ?

Following receipt of your completed CE packet, *The Institute for Continuing Education* will process your CE application and will mail a CE verification for the hours attended. The mailing address you submit on the CE Application Form is used to mail your CE verification.

The Institute for Continuing Education

P. O. Box 449

Montevallo, AL 35115

Questions: instconted@aol.com

Continuing Education

This program is co-sponsored by the New England Association for Play Therapy and *The Institute for Continuing Education*. The program offers a total of 12.00 CE hours (6.00 hrs. per day), with full attendance required for the sessions you attend.

CE Packet: Attached is a CE Packet for the Conference. Complete and mail your “CE Packet” to *The Institute for Continuing Education* for processing. Please include payment of the \$30.00 CE processing fee. Make check payable to: ***Institute Continuing Education***. If you have questions regarding the program, continuing education learning objectives, faculty, contact *The Institute* at: 800-557-1950 / email: instconted@aol.com

NOTE: *To receive continuing education credit, applicants must complete all CE materials, sign in/out at designated locations, and submit an evaluation form for the sessions attended.*

NOTE: *It is the responsibility of the attendee to determine if CE credit offered by The Institute for Continuing Education meets the regulations of their state licensing/certification board, including the “Ethics” workshop scheduled for May 5th..*

NOTE: *The program workshops are not academic and may not be used toward fulfillment of a degree.*

Psychology: Not Offered.

Counseling: The Institute for Continuing Education and New England Association for Play Therapy are co-sponsors of this program. This co-sponsorship has been approved by NBCC. The Institute for Continuing Education is an NBCC approved continuing education provider, No. 5643. The Institute for Continuing Education solely is responsible for this program, including the awarding of NBCC credit.

New York: The Institute for Continuing Education is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed mental health counselors. Provider MHC-0016.

Social Work: This program has been approved for up to 6.00 hrs. per day for social work continuing education hours for re-licensure, in accordance with 258 CMR, NASW-MA Chapter CE Approving Program. Authorization D-92539-1 / D-92539-2:

New York: The Institute for Continuing Education is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers, Provider SW-0025.

New Jersey: This program will NOT be submitted for pre-approval for New Jersey social workers.

Marriage/Family Therapy: The Institute for Continuing Education is a recognized provider of continuing education by the **New York State Education Department's** State Board for MFT, Provider MFT-0012.

Massachusetts: This program has not been submitted for pre-approved for MA MFTs.

Play Therapy: The Institute for Continuing Education is approved by The Association for Play Therapy to sponsor continuing education specific to play therapy. The Institute maintains responsibility for the program. APT Provider 98-040.

Non-U.S. Professionals: The Institute for Continuing Education holds no CE provider status with Canadian or other non-U.S. licensing/certification boards. It is your responsibility to check the regulations of your licensing/certification board to determine CE requirements for training activities.

Skills Level: Beginning, Intermediate, Advanced. Attendees are urged to review the session descriptions to determine appropriateness for professional and personal needs.

Instructional Methodology: May include lecture, demonstration, audio/visual, experiential practice of techniques, case examples, large and small group discussion.

ADA: If you have special needs, please contact: NE APT

Continuing Education Application Form

New England Association for Play Therapy
2024 Annual Conference
April 26-27, 2024

Processing Fee: \$30.00
(To Be Mailed with CE Packet)

Please Print Your:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: (____) _____ email: _____

Request for Continuing Education Credit

I request continuing education credit verification in the professional discipline(s) of:

____ Social Work ____ Counseling ____ MFT ____ Play Therapy

State(s) in which you are licensed: _____

License Number: _____

(will be included on certificate, if provided)

I hereby make application for continuing education credit. I understand that to be eligible for continuing education credit, I must, and complete and return a CE packet and attend the sessions in their entirety. I also understand it is my responsibility to determine if CE credit offered by *The Institute for Continuing Education* meets the CE regulations of my licensing/certification board.

Signature: _____

Date: _____

The Institute for Continuing Education
P. O. Box 449, Montevallo, AL 35115
800-557-1950 / email: instconted@aol.com

New England Association Play Therapy Record of Attendance, Page 1

Print Your Name: _____

Friday, April 26, 2024

Directions: Check the Session(s) You Attend

9:00 am - 12:15 p.m.

3.00 hrs.

____ Session 1. Family Play Therapy - *Jill Forsberg, M.A., LMFT, RPT-S*

____ Session 2. Helping Parents Support Their Transgender and Gender Expansive Children
Using Play Therapy - *Mary Elizabeth Murray, LCSW, RPT-S*

2:00 – 5:15 p.m.

3.00 hrs.

____ Session 3. Building Positive Relationships in Play Therapy Settings Utilizing the Nurtured
Heart Approach - *Dorothy Derapelian, LCMHC, RPT-S*

____ Session 4. Supporting Transgender and Gender Expansive Youth Through Play Therapy
April Megginson, Ph.D., LMHC, RPT-S

Saturday, April 27, 2024

Directions: Check the Session(s) You Attend

9:00 am - 12:15 p.m.

3.00 hrs.

8:45 a.m. – 12:00 noon

____ Morning Session. Fostering Connection and Building Healthy Bonds with Transracial
Adoptive Families Using Play Therapy - *Sabra Starnes, M.Ed., LICSW, LCSW-C, RPT-S*

1:45 – 5:00 p.m.

3.00 hrs.

1:45 – 5:00 p.m.

____ Afternoon Session. Cultivating Compassion: Play Therapy and Cultural Humility for Therapists
Sabra Starnes, M.Ed., LICSW, LCSW-C, RPT-S

Attendee:

List the total number of continuing
education hours you are claiming for the
New England APT 2024 Conference

CE Hrs. Claimed: _____

**Concurrent Sessions
9:00 a.m. – 12:15 p.m.**

Directions: Check the Session You Are Evaluating

____ Session 1. Family Play Therapy

____ Session 2. Helping Parents Support Their Transgender and Gender Expansive Children Using Play Therapy

Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high)

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
I. Content / Relevancy/ Teaching Methods:					
a) Content was appropriate for intended audience	5	4	3	2	1
b) Content was consistent with stated learning objectives	5	4	3	2	1
c) Content included recent studies/findings/literature on topic	5	4	3	2	1
d) Teaching methods were appropriate and effective for subject matter	5	4	3	2	1
e) This program is appropriate to my education, experience, and skills level	5	4	3	2	1
f) Cultural, racial, ethnic, socio-economic, and gender differences were considered	5	4	3	2	1
g) Visual aids, handouts, and oral presentations clarified content and were useful	5	4	3	2	1
h) Information could be applied to practice and enhanced my professional expertise	5	4	3	2	1
i) I did not perceive any commercial bias or conflict of interest	5	4	3	2	1
j) Information could contribute to achieving personal and professional goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

II. Learning Objectives: Learning Objectives were met: (See Back for Listing)					
1. Learning Objective #1 was met	5	4	3	2	1
2. Learning Objective #2 was met	5	4	3	2	1
3. Learning Objective #3 was met	5	4	3	2	1

	HIGH	NEUTRAL	HIGH		
III. Faculty:					
a) Knowledgeable in content areas	5	4	3	2	1
b) Presented the subject matter clearly and clarified content	5	4	3	2	1
c) Responsive to participants and to their questions	5	4	3	2	1
d) Used technology effectively	5	4	3	2	1
e) Reviewed limitations to material presented	5	4	3	2	1
f) Described severe and most common risks, including risk of medications	5	4	3	2	1

HIGH NEUTRAL LOW

IV. Overall Rating:

a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
b) Conference facility was adequate and location was suitable for training	5	4	3	2	1
c) This session met or exceeded my expectations	5	4	3	2	1
d) How much did you learn as a result of this CE program	a great deal		some	very little	
e) How useful was the content of this CE program for your practice and other professional development	extremely useful			not useful	

V. Logistics / Technology / Administration:

a) Conference facility was adequate and location was suitable for training	5	4	3	2	1
b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly	5	4	3	2	1
d) Instructions for requesting accommodations for a disability were clear	5	4	3	2	1
e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the course/ training	5	4	3	2	1
f) Registration went smoothly and the event was well managed	5	4	3	2	1

VI. Comments About This Training: _____

Learning Objectives

Session 1. Family Play Therapy

1. Describe the history of and connections between Family Therapy and Play Therapy
2. Describe how play can help in assessing family structure, boundaries, hierarchies, roles and communication
3. Demonstrate at least 2 play-based interventions that align with Structural Family Therapy and Experiential/Humanistic Family Therapy

Session 2. Helping Parents Support Their Transgender and Gender Expansive Children Using Play Therapy

1. List 3 commonly encountered barriers to parent acceptance of transgender, gender expansive and gender creative play therapy clients
2. Identify at least 3 play therapy strategies to engage parents in a positive change process to support their transgender, gender Expansive and gender creative child
3. Identify at least 2 family play therapy strategies to support parent affirmation and attachment with their transgender children

Concurrent Sessions

2:00 – 5:15 p.m.

Directions: Check the Session You Are Evaluating

 Session 3. Building Positive Relationships in Play Therapy Settings Utilizing the Nurtured Heart Approach

 Session 4. Supporting Transgender and Gender Expansive Youth Through Play Therapy

Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high)

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
I. Content / Relevancy/ Teaching Methods:					
a) Content was appropriate for intended audience	5	4	3	2	1
b) Content was consistent with stated learning objectives	5	4	3	2	1
c) Content included recent studies/findings/literature on topic	5	4	3	2	1
d) Teaching methods were appropriate and effective for subject matter	5	4	3	2	1
e) This program is appropriate to my education, experience, and skills level	5	4	3	2	1
f) Cultural, racial, ethnic, socio-economic, and gender differences were considered	5	4	3	2	1
g) Visual aids, handouts, and oral presentations clarified content and were useful	5	4	3	2	1
h) Information could be applied to practice and enhanced my professional expertise	5	4	3	2	1
i) I did not perceive any commercial bias or conflict of interest	5	4	3	2	1
j) Information could contribute to achieving personal and professional goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

II. Learning Objectives: Learning Objectives were met:					
1. Learning Objective #1 was met	5	4	3	2	1
2. Learning Objective #2 was met	5	4	3	2	1
3. Learning Objective #3 was met	5	4	3	2	1

III. Faculty:					
a) Knowledgeable in content areas	5	4	3	2	1
b) Presented the subject matter clearly and clarified content	5	4	3	2	1
c) Responsive to participants and to their questions	5	4	3	2	1
d) Used technology effectively	5	4	3	2	1
e) Reviewed limitations to material presented	5	4	3	2	1
f) Described severe and most common risks, including risk of medications	5	4	3	2	1

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
IV. Overall Rating:					
a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
b) Conference facility was adequate and location was suitable for training	5	4	3	2	1
c) This session met or exceeded my expectations	5	4	3	2	1
d) How much did you learn as a result of this CE program	a great deal		some		very little
e) How useful was the content of this CE program for your practice and other professional development	extremely useful			not useful	

V. Logistics / Technology / Administration:					
a) Conference facility was adequate and location was suitable for training	5	4	3	2	1
b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly	5	4	3	2	1
d) Instructions for requesting accommodations for a disability were clear	5	4	3	2	1
e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the course/ training	5	4	3	2	1
f) Registration went smoothly and the event was well managed	5	4	3	2	1

VI. Comments About This Training: _____

Learning Objectives

Session 3. Building Positive Relationships in Play Therapy Settings Utilizing the Nurtured Heart Approach

1. Identify the 3 Stands of the *Nurtured Heart Approach*
2. Describe how to utilize the *Nurtured Heart Approach* in a play therapy setting
3. Identify 3 unique impacts of the *Nurtured Heart Approach* in the play therapy setting

Session 4. Supporting Transgender and Gender Expansive Youth through Play Therapy

1. Identify at least 3 unique stressors of transgender/gender expansive youth and their families
2. Identify the importance of including gender inclusive play therapy clients in a play therapy practice
3. Identify and describe at least 3 play therapy techniques that are helpful with transgender/gender expansive youth and their families

MORNING WORKSHOP

9:00 a.m. – 12:15 p.m.

**Fostering Connection and Building Healthy Bonds with Transracial
Adoptive Families Using Play Therapy**
Sabra Starnes, M.Ed., LICSW, LCSW-C, RPT-S

Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high)

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
I. Content / Relevancy/ Teaching Methods:					
a) Content was appropriate for intended audience	5	4	3	2	1
b) Content was consistent with stated learning objectives	5	4	3	2	1
c) Content included recent studies/findings/literature on topic	5	4	3	2	1
d) Teaching methods were appropriate and effective for subject matter	5	4	3	2	1
e) This program is appropriate to my education, experience, and skills level	5	4	3	2	1
f) Cultural, racial, ethnic, socio-economic, and gender differences were considered	5	4	3	2	1
g) Visual aids, handouts, and oral presentations clarified content and were useful	5	4	3	2	1
h) Information could be applied to practice and enhanced my professional expertise	5	4	3	2	1
i) I did not perceive any commercial bias or conflict of interest	5	4	3	2	1
j) Information could contribute to achieving personal and professional goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

II. Learning Objectives: Learning Objectives were met:					
1. Identify at least 3 play techniques tailored to address challenges in transracial adoptive families, promoting secure attachments and addressing cultural nuances	5	4	3	2	1
2. Describe at least 2 strategies to create a therapeutic space that embrace diversity and navigates sensitive conversations around race and culture in transracial adoption and navigates sensitive conversations around race and culture in transracial adoption	5	4	3	2	1
3. Explain the intersection of play therapy, attachment, and family systems to enhance communication and resilience in transracial and adoptive families, contributing to overall family well-being	5	4	3	2	1

III. Faculty: Sabra Starnes, M.Ed., LICSW, LCSW-C, RPT-S					
a) Knowledgeable in content areas	5	4	3	2	1
b) Presented the subject matter clearly and clarified content	5	4	3	2	1
c) Responsive to participants and to their questions	5	4	3	2	1
d) Used technology effectively	5	4	3	2	1
e) Reviewed limitations to material presented	5	4	3	2	1
f) Described severe and most common risks, including risk of medications	5	4	3	2	1

HIGH Neutral LOW

IV. Overall Rating:

a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
b) Conference facility was adequate and location was suitable for training	5	4	3	2	1
c) This session met or exceeded my expectations	5	4	3	2	1
d) How much did you learn as a result of this CE program	a great deal		some	very little	
e) How useful was the content of this CE program for your practice and other professional development	extremely useful			not useful	

V. Logistics / Technology / Administration:

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b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly	5	4	3	2	1
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e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the course/ training	5	4	3	2	1
f) Registration went smoothly and the event was well managed	5	4	3	2	1

VI. Comments About This Training: _____

Cultivating Compassion: Play Therapy and Cultural Humility for Therapists
Sabra Starnes, M.Ed., LICSW, LCSW-C, RPT-S

Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high)

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
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f) Cultural, racial, ethnic, socio-economic, and gender differences were considered	5	4	3	2	1
g) Visual aids, handouts, and oral presentations clarified content and were useful	5	4	3	2	1
h) Information could be applied to practice and enhanced my professional expertise	5	4	3	2	1
i) I did not perceive any commercial bias or conflict of interest	5	4	3	2	1
j) Information could contribute to achieving personal and professional goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

II. Learning Objectives: Learning Objectives were met:					
1. Explain the influence of personal and professional values, beliefs, and life experiences on establishing a safe and collaborative therapeutic rapport with clients in play therapy sessions	5	4	3	2	1
2. Identify at least 2 current and historical racial injustices on clients' possible physical and emotional reactions during play therapy sessions	5	4	3	2	1
3. Identify at least 3 techniques and activities in play therapy that foster empowerment, support, and constructive therapeutic bonds with both clients and their families	5	4	3	2	1

III. Faculty: Sabra Starnes, M.Ed., LICSW, LCSW-C, RPT-S					
a) Knowledgeable in content areas	5	4	3	2	1
b) Presented the subject matter clearly and clarified content	5	4	3	2	1
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d) Used technology effectively	5	4	3	2	1
e) Reviewed limitations to material presented	5	4	3	2	1
f) Described severe and most common risks, including risk of medications	5	4	3	2	1

HIGH NEUTRAL LOW

IV. Overall Rating:

a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
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d) How much did you learn as a result of this CE program	a great deal		some	very little	
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VI. Comments About This Training: _____
