

# Annual Association for Play Therapy International Conference Learning Objectives

Wednesday, October 3, 2018

## **W-1 Play Diagnosis and Assessment: Using Play Therapy to Assess and Diagnose**

Heidi Kaduson, PhD, RPT-S

1. Discuss advantages and disadvantages of using play in diagnosis and assessment.
2. Utilize a play history in an interview process for play therapy.
3. Use developmental play scales in a setting of their choice to aid in play therapy assessment.
4. Describe the informal diagnostic play techniques and their value in the play setting.
5. Utilize puppetry to assess children in the play therapy setting of their choice.
6. Create their own informal assessment technique with guidance to facilitate their understanding.

## **W-2 Play & Art & Sand. Oh My! Expressive Interventions for Accessing & Reprocessing Traumatic Memories**

Sueann Kenney-Noziska, MSW, LCSW, RPT-S

1. Identify core components of trauma treatment as delineated in the literature.
2. Link specific play therapy techniques to several core components of trauma treatment.
3. Explain how traumatic memories are stored, accessed, and reprocessed.
4. Articulate how play therapy and other expressive interventions are consistent with findings in the neurosciences.
5. Describe how expressive interventions can be utilized to access and reprocess traumatic experiences.
6. Discuss how reprocessing traumatic memories can reduce posttraumatic reactions in play therapy.

## **W-3 The Highly Sensitive Child (HSC) in Play Therapy: Helping Them Thrive When the World Overwhelms Them**

Parie Faridnia, PsyD, RPT-S & Nicole Chavez, PsyD, RPT

1. Summarize the main tenets of the Highly Sensitive Child trait to educate the child's family and inform treatment planning in play therapy.
2. Assess for and detect when they are working with a highly sensitive child.
3. Discover, adapt and utilize a minimum of two play therapy interventions with the Highly Sensitive Child within their own play therapy practice.

## **W-4 AutPlay Therapy for Children and Adolescents with Autism Spectrum Disorder**

Robert Jason Grant, EdD, LPC, CAS, RPT-S & Tracy Turner-Bumberry, MA, LPC, CAS, RPT-S

1. Identify the basic symptomatology of autism spectrum disorder and implications concerning play strengths and deficits.
2. Identify the basic components of AutPlay Therapy including conducting an AutPlay session, phases of treatment, and primary and secondary target areas.
3. Define the theoretical underpinnings of AutPlay Therapy including play therapy approaches and behavioral therapy.

## **W-5 "Sense-sational" Play Therapy: Considerations for Sensory Processing-Related Challenges**

Cary Hamilton, MA, MFT, LMHC, CMHS, RPT-S

1. Describe the clinical presentation of sensory processing disorder (SPD).
2. Articulate 3-5 unique challenges associated with this population, and how this necessitates play therapy.
3. Explain 5-6 play therapy interventions that are sensory-specific, as well as create a sensory-lifestyle for a case example.

**W-6 Expanding Multicultural and Social Justice Competencies through Child-Centered Therapy Approaches**

Phyllis Post, PhD, LPCS, NCC, ACS, RPT & Peggy Ceballos, PhD

1. Discuss their awareness of multicultural and social justice counseling competencies in play therapy.
2. Describe why minority group children who experience economic distress are more likely to have adverse childhood experiences.
3. Analyze why child-centered play therapy approaches are effective with culturally diverse children.

**DG-1 Developing Great Play Therapists with Developmental Supervision**

Laura Tejada, PhD, LMFT, LCPC, NCC, RPT-S & Mary Sosalla, MA, LCPC

1. Apply concepts of developmental supervision of counselors to play therapy supervision.
2. Examine aspects of play therapy supervision which add complexity to the supervisory relationship and process.
3. Identify experiential activities to address developmental needs of trainees in play therapy supervision.

**W-7 Exploring Diversity, Deepening Conversations: A Sandtray Model to Approach Multi-Cultural Issues**

Karen Pernet, MSW, LCSW, RPT-S

1. Describe the process of play therapy supervisors creating a cultural sandtray and list 2 advantages of this process over lecture or discussion on diversity and culture.
2. List at least 2 ways that play therapy supervisors can broach the subject of culture and bias with their supervisees.
3. Recite the steps involved in the Exploring Diversity Sandtray model.

**W-8 "Why do they do that?" Diagnosis, Assessment, and Case Conceptualization**

Scott Riviere, MS, LPC, RPT-S

1. Identify techniques to lower a child's resistance to play therapy.
2. Describe one key difference when engaging adolescents.
3. List common diagnosis in childhood and adolescence in play therapy.

**W-9 When Family Time Becomes a Battle Zone: Play Therapy with Children Affected by High-Conflict Divorce**

Lisa Staab Shadburn, PsyD, RPT-S

1. Identify three specific effects of high-conflict divorce that can be seen in play therapy.
2. Describe at least three factors that affect children's adjustment to divorce.
3. Identify at least three play therapy techniques to utilize in the treatment of children and families of high-conflict divorce.

**W-10 Keep Calm and Pass It On: Discovering Play Therapy Techniques to Build Emotion Regulation in Clients**

Tracy Turner-Bumberry, MA, LPC, CAS, RPT-S & Celeste Daiber, MEd, LPC, NCC, RPT-S

1. Apply the Gross Model of Emotion Regulation when working with clients in play therapy settings.
2. Describe the importance of both antecedent and response focused strategies when implementing play therapy preventions and interventions.
3. Detail at least 3 antecedent focused play therapy strategies to assist in clients maintaining healthy levels of emotion regulation.

**DG-2 Post-Licensure Supervision: A Theoretically Integrated and Developmentally-Based Discussion**

Renee Turner, PhD, LPC-S, RPT-S

1. Identify the six stages of counselor development applicable to the play therapist.
2. Describe the play therapy supervision needs of a student supervisee versus a professional counselor supervisee.
3. Analyze personal biases toward and against theoretical orientations and how these may limit supervisee growth.

### **W-11 Once Upon a Time: Using Mutual Storytelling in Play Therapy**

Pam Dyson, MA, LPC-S, RPT-S

1. Explain the rationale for using storytelling in play therapy.
2. Describe how mutual storytelling can be integrated into play therapy.
3. Assemble the materials needed to facilitate mutual storytelling in play therapy sessions.

### **W-12 Using Child-Centered Group Play Therapy to Address Social/Behavioral Skills**

Theresa Kascsak, PhD, LPCS, NCC, RPT-S

1. Adapt skills for use with group play therapy explaining the special considerations needed to effectively employ this intervention in a variety of therapeutic settings in a culturally competent manner.
2. Describe the typical issues and play themes of Child-Centered Group Play Therapy and how to address them with children in the playroom.
3. Explain to parents, teachers and other consultants how the group play therapy model benefits children with regards to goals, progress and behavior change outside of the playroom.

### **W-13 Parents as Healers: Dynamic Ways to Integrate Caregivers in Play Therapy**

Anne Marie Ramos, MSW, LCSW, RPT-S

1. Name and describe at least one parent-led play therapy which has been proven to be an evidence based intervention according to research.
2. Implement a creative multisensory family play therapy strategy for developing goals and interventions for the child/adolescent.
3. Use a feelings thermometer to conduct a family play therapy trauma processing session.

### **W-14 Building Resiliency in Military Families**

Lisa Remy, MEd, LPC-S, NCC, RPT-S

1. Recognize the unique qualities of military culture and lifestyle and how these impact counseling needs.
2. Identify specific stressors faced by military families including breaks in family attachment, impact of moves and transitions.
3. Describe play therapy techniques that can be utilized to build resiliency in military families.

### **W-15 Playfully Connect with Tweens: Enhance Emotional Regulation, Perspective-Taking & Self-Understanding**

Anne Stewart, PhD, RPT-S, Erica Pritzker, MA & Virginia Larsen, MEd, MA

1. List 2 findings from neuroscience related to changes in brain function in early adolescence that support the use of play therapy with tweens/teens.
2. Describe 2 dimensions from attachment and developmental theory that guide therapeutic interventions in play therapy.
3. Describe 2 play therapy interventions with tween/adolescent clients to enhance emotional regulation.

Thursday, October 4, 2018
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### **Th-1 Play Therapy Foundations: Why, What, and How**

Sue Bratton, PhD, LPC-S, RPT-S

1. Define play, play therapy, and therapeutic play.
2. Identify developmental and therapeutic rationales for the use of play in therapy.
3. Identify major theories of play therapy as well as similarities and differences in their application to practice.
4. Discuss the evidence base for play therapy and identify specific populations and target problems for which play therapy has shown beneficial treatment effects.
5. Apply basic relationship-building play therapy skills.
6. Discuss the training and experience requirements for obtaining the RPT designation.

## **Th-2 Healing Trauma in the Sand: An Interpersonal Neurobiology Perspective**

Theresa Kestly, PhD, RPT-S

1. Describe how the sand tray modality uses both sides of the brain in play therapy contexts to heal trauma.
2. Identify the three branches of the polyvagal nervous system that are visible during a sand tray play therapy session.
3. Explain to another person how the nervous system works during play therapy using the traffic light analogy of Stephen Porges.
4. Name at least three of the seven motivational-emotional systems in the brain.
5. Describe one way that sand tray play therapy provides the safety that is required to heal trauma from an interpersonal neurobiology perspective.
6. Cite one researcher who has provided scientific evidence for the role of play in healing trauma and building resilience.

## **Th-3 Group Play Therapy: There's Magic in the Madness**

Sarah Blalock, PhD, LPC-S, RPT-S & Kristie Opiola, PhD, LPC, CCLS, RPT

1. Discuss the unique benefits of providing group play therapy.
2. List the ethical concerns involved in conducting group play therapy.
3. Demonstrate the unique skills involved in conducting group play therapy.

## **Th-4 Writing Goals and Objectives for Play Therapy Treatment Planning**

Jane Johnson, MS, MSW, LCSW, RPT-S & Linda Klein, MA, LPC, RPT-S

1. Apply at least two methods of writing therapeutic goals and measurable objectives in play therapy.
2. Analyze three theories of play therapy and how their application impacts goal setting.
3. Plan two play-based activities that help children and their families set play therapy goals for themselves.

## **Th-5 Children Born Opioid Addicted: Implications, Outcomes and Play Therapy Treatment Approaches**

Athena Drewes, PsyD, RPT-S

1. Participants will learn three emotional issues facing children born opioid-addicted that makes play therapy treatment difficult.
2. Participants will be able to apply four play-based techniques and treatment approaches in dealing with poor affect regulation.
3. Participants will learn two ways to work with the parent/caregiver to help children with attachment difficulties and affect dysregulation.

## **Th-6 Let Me Hear Your Voice: Play Therapy for Children with Selective Mutism**

Kim Vander Dussen, PsyD, RPT-S

1. Describe the diagnostic criteria for selective mutism.
2. Recite how selective mutism impacts the child and their family in play therapy.
3. Describe the steps involved in utilizing a play therapy approach for treating selective mutism.

## **DG-3 Play Therapy Considerations for the Established Registered Play Therapist-Supervisor**

Teri Krull, MSW, LCSW, RPT-S

1. Discuss how technology and long distance supervision is influencing the field of play therapy as it relates those they supervise.
2. List examples of play therapy supervision record keeping.
3. Analyze the variables to consider when doing play therapy supervision versus play therapy consultation.

## **Th-7 Using Play Therapy Techniques to Teach Conflict Management Skills**

Diane Frey, PhD, RPT-S

1. Identify the four major types of conflicts and the five most commonly used conflict management styles, other than fight or flight.
2. Describe their own conflict management style as well as that of their play therapy clients.
3. Apply several play therapy techniques which can be used to improve clients' conflict management skills.

### **Th-8 Filial Therapy - A Radical Approach**

Garry Landreth, EdD, LPC, RPT-S & Louise Guernsey, PhD, RPT-S (Retired)

1. Articulate a deeper understanding of Filial Therapy, the most significant development in the field of mental health, in particular play therapy, in the last 60 years.
2. Describe insight into the theory and dynamic capability of the Filial Therapy process to facilitate dramatic change in parents and children in play therapy.
3. Describe how principles of utilizing family members as change agents has been extended into various family constellations.

### **Th-9 Childhood Disrupted: Attachment Centered Play Therapy to Treat Disruptive Behavior Disorders**

Clair Mellenthin, MSW, LCSW, RPT-S

1. Discuss the etiology of DBD and best practice interventions to treat these disorders in childhood.
2. Describe how attachment theory is an important aspect in treating Childhood Disruptive Behavior Disorders and developing a treatment plan in play therapy.
3. Disorders and developing a treatment plan in play therapy.

### **Th-10 How to Help a Hurting Child - Play Therapy with Grief and Loss**

Barbara Van Hoff, MFT, LMFT, RPT-S

1. Describe the developmental stages of childhood, and how each impacts the way a child grieves.
2. Describe a theoretical model for the treatment of loss/grief in children.
3. Demonstrate at least three (3) interventions that may be useful in the treatment of childhood grief/loss and develop a play therapy treatment plan based on the above model of grief/loss treatment.

### **DG-4 Using Child-Parent Relationship Therapy with Latino Families**

Diana Garza-Louis, MEd, LPC, LMFT, RPT-S

1. Discuss their knowledge about Child-Parent Relationship Therapy.
2. List some of the barriers that Latino families encounter in seeking mental health treatment in play therapy.
3. Discuss advantages of using Child-Parent Relationship Therapy in determining if this is the best approach for a particular family.

### **Th-11 The Play Therapist's Role in Supporting Caregivers of Transgender and Gender Expansive Children**

Rebekah Byrd, PhD, LPC, NCC, RPT-S & Emily Donald, PhD, LPC, NCC, ACS, RPT

1. Analyze what it means to be gender-expansive.
2. Evaluate information and resources for growing skills in this necessary area in play therapy.
3. Assess legal and ethical information specific to children and parents.

### **Th-12 Finding Connection in the Digital Age: Play Therapy and the 30-Day Blackout Intervention**

Stacy Jagger, MMFT, LMFT, RPT

1. Implement the 30-Day Blackout Intervention with their clients in family-based play therapy sessions.
2. Identify and implement 5 attachment-based play therapy activities to foster connection in the parent-child relationship.
3. Demonstrate 3 Theraplay-based activities for families implementing the 30-Day Blackout.

### **Th-13 The Use of Play Therapy in Cases of High Conflict Divorce**

Kimberly Merendino, PhD, LMFT, LPC, ACS, RPT-S & Suvi Miller, MSW, LCSW

1. Describe the characteristics of high conflict divorce.
2. Analyze the impact of high conflict divorce on different developmental stages in children.
3. Describe/assess the many different systems that may interface in working with children involved in high conflict divorce cases in play therapy.

### **Th-14 Adverse Childhood Experiences: Attachment, Trauma, and Process in Child-Centered Play Therapy**

Dee Ray, PhD, LPC-S, NCC, RPT-S

1. Define adverse childhood experiences and list 4 possible ACEs.
2. Identify two ways ACEs affect brain development.
3. List 3 CCPT skills that positively impact children with ACEs.

### **Th-15 Reality Play Therapy Interventions: Real Play for Real Life**

1. Describe sandtray techniques that can be used to help clients critique and revise their wants (W), what they are doing (D), evaluate (E) their total behavior, and plan (P) for future choices.
2. Analyze the five basic needs in RePT and design a wheel to explore and assess where a client's needs are out of balance.
3. Utilize play therapy supplies such as building blocks and figurines to explain and analyze a client's quality world.

**Friday, October 5, 2018**

### **Keynote Address**

#### **Play Therapists in Troubled Times: The Art of Bearing Hope in a Culture of Violence**

Janine Shelby, PhD, RPT-S

1. Define vicarious traumatization.
2. Identify three factors associated with vicarious traumatization in their play therapy practice.
3. Name at least three strategies play therapists can implement to reduce the negative effects of vicarious traumatization.

### **F-1 Understanding the Journey Toward Healing in Play Therapy**

Mary Bennett, PhD, LPC-S, CCCPT-S, CCPRT-S, RPT-S & Linda Homeyer, PhD, LPC-S, CCCPT-S, CCPRT-S, RPT-S

1. List the basic tenants of Adlerian play therapy theory.
2. Name the basic tenants of Child Centered play therapy theory.
3. Describe the basic tenants of Cognitive Behavioral play therapy.
4. Discuss the basic tenants of Gestalt play therapy.
5. Write a theoretically consistent treatment plan for play therapy clients.
6. Write play therapy specific case notes that will help in determining client progress.

### **F-2 Family Ties: Using Family Play Therapy to Loosen Binds and Strengthen Bonds**

Nick Cornett, PhD, LPC, LMFT, RPT

1. Identify at least 3 rationale based in theory or research that supports the use of family play therapy.
2. Discuss how to introduce families to family play therapy.
3. Describe considerations for selecting family play therapy activities.
4. Describe at least 5 family play therapy activities that can be utilized with children and their families.
5. Discuss how to conceptualize and process family play therapy.
6. Apply family play therapy activities through case examples and experiential exercises.

### **F-3 Responding to Tragedy and Mass-Scale Disaster with Play Therapy**

Janine Shelby, PhD, RPT-S

1. Name the US best practice standard protocol for crisis intervention following disasters and terrorism.
2. Identify at least three play therapy techniques corresponding to modules in the protocol identified above.
3. Describe three steps play therapists can use when disclosing tragedy to play therapy clients or mass-scale disaster survivors.

### **F-4 Adlerian Family Play Therapy – Theoretically Grounded Fun for the Whole Family**

Jeff Ashby, PhD, RPT-S & Ashley Tolleson, MS, NCC

1. Identify the basic theoretical assumptions of Adlerian Play Therapy theory.
2. Develop preliminary Adlerian conceptualizations of families.
3. Compare family play therapy treatment plans and identify a variety of family play therapy techniques consistent with an Adlerian theoretical conceptualization of the family.

### **F-5 Secrets and Silence, Addressing the Disclosure Process in Play Therapy for Sexual Trauma Survivors**

Brian Bethel, PhD, LPCC-S, LCDC III, RPT-S & Julie Oates, MEd, LPCC-S, RPT-S

1. Identify common challenges in the disclosure process for victims of sexual abuse.
2. Demonstrate three specific play therapy techniques to empower children in the disclosure process.
3. Apply a variety of theories of play therapy when empowering children in the disclosure process.

### **F-6 Innovative Techniques for Working with Hard-To-Engage Children, Teens, and Parents**

Liana Lowenstein, MSW, RSW, CPT-S

1. Describe the factors underlying therapeutic resistance.
2. Implement creative interventions to facilitate rapport-building with children of all ages in play therapy.
3. Implement play therapy techniques with clients who are reluctant to verbally articulate their thoughts and feelings.

### **F-7 Bricktionary: Building and Facilitating Expressive Dialogue in Family Play Therapy**

Mary Anne Peabody, MSW, EdD, LCSW, RPT-S

1. Describe at least three therapeutic powers of play that are evident in the LSP model applicable to play therapy.
2. List at least two play therapy theoretical orientations that underpin the Lego® Serious Play® & Lego® BuildtoExpress approaches making it an integrative model.
3. Describe at least two directives that could be applied during family play therapy educational and assessment sessions.

### **DG-5 Serving Those Who Serve: Play Therapy with Children of Military Families**

Dee Ray, PhD, LPC-S, NCC, RPT-S & Elizabeth Burgin, MA, LPC-Intern, NCC

1. Describe cultural features unique to children of military families.
2. Identify at least 3 points of education for inclusion in parent consultation with military parents in play therapy.
3. List at least 2 modifications to play therapy to better serve children of military families.

### **F-8 Through the Years: Strengthening Relationships Utilizing Attachment Based Play**

Gloria Cockerill, MA, LCSW, RPT-S & Andrea Bushala, MA, MSW, LCSW, RPT

1. Describe the four dimensions of Theraplay®, a modality of attachment based play therapy.
2. Demonstrate 3 activities from each dimension: Structure, Engagement, Nurture and Challenge.
3. Describe how to adapt activities across the lifespan in play therapy.

### **F-9 Multiculturally Competent Supervision: Let's Talk About Gender and Culture in Play!**

Janessa Henninger, PhD, LPC, RPT & Diane Stutey, PhD, LPC, NCC, RPT-S

1. Analyze current research about the impact of gender and culture with children in play therapy.
2. Discuss and critique gender and cultural norms as they pertain to children's play.
3. Evaluate their own assumptions and biases about play as it relates to gender and culture and help play therapy supervisees do the same.

### **F-10 Jungian Analytical Play Therapy with a Sexually Abused Three-Year-Old**

John "JP" Lilly, MS, MSW, LCSW, RPT-S

1. Describe the intricate relationship between conscious and unconscious material by way of the ego-self axis.
2. Identify and define "complex", and how it is formulated in a child, and how a child's symptoms are empirical manifestations of the complex.
3. Utilize a Session Review form in which the critical components for an analytical understanding is presented, and follow the journey of a two year old child as she "circumambulates" her way to healing by engaging unconscious material.

### **F-11 Use of the Therapist-Child Interaction Rating System (TCIRS) in Play Therapy Supervision**

Kevin O'Connor, PhD, ABPP, RPT-S

Graduate Facilitators: Omar Khder, MA, Amanda Ekmann, MA, Jia Jian Tin, MS & Gina Young

1. Describe the conceptual basis for the TCIRS in play therapy supervision.
2. Utilize the TCIRS to rate therapist-child interactions during play therapy sessions.
3. Discuss the cross-theoretical application of the TCIRS.

### **F-12 Movies and Music and Play, Oh My!**

Lisa Remey, MEd, LPC-S, NCC, RPT-S

1. Summarize the fundamentals of cinema therapy and music therapy as it applies to play therapy.
2. Identify how to incorporate metaphors and symbols found in movies and music in the play therapy process.
3. Describe how to process movies and music in a play therapy session.

### **F-13 The Play Therapist and The Law – Privilege to Exposure: Ethical Dilemmas and Legal Issues in Court**

Marilyn Snow, PhD, LPC, RPT-S & Ruth Ouzts Moore, PhD, NCC, LPC

1. Describe the ethical and legal role of the play therapist in criminal, chancery (family law), and youth court.
2. Develop ethical protocols to ensure standards of practice when working with play therapy cases involved in the legal system so that the therapeutic process is not contaminated.
3. Develop ethical protocols for working with custody and physical/sexual abuse cases in play therapy to protect the child's privilege.

### **DG-6 Around the Circle with Supervisees: Growing Up the Next Generation of Play Therapists**

Paris Goodyear-Brown, MSSW, LCSW, RPT-S

1. Articulate the two primary roles supervisors play when using the Circle of Security paradigm as the foundation for supervision.
2. Identify one countertransference issue that arises when they are providing play therapy supervision.
3. Identify one anxiety they carry as a play therapy supervisor and one tool for being present with their supervisee even as they notice the anxiety.

<b>Saturday, October 6, 2018</b>
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### **S-1 To War, To Soothe, To Learn? Multiple Pathways for using Play Therapy with Anxiety Disorders**

Paris Goodyear-Brown, MSSW, LCSW, RPT-S

1. List three metaphors for helping children externalize their anxiety.
2. Name the 6 co-regulation strategies encoded in the acronym SOOTHE.
3. Explain 5 play therapy techniques for practicing the relaxation response.
4. Enumerate 4 play therapy interventions that help clients identify cognitive-distortions and practicing replacing them with restructured cognitions or boss back talk.
5. Define the phrase "externalizing the anxiety" as it applies to play therapy.
6. List five strategies for helping clients articulate their worries.

### **S-2 Advanced Interventions in Adlerian Play Therapy**

Terry Kottman, PhD, LMHC, NCC, RPT-S & Kristin Meany-Walen, PhD, LMHC, RPT-S

1. Describe two Adlerian play therapy techniques using dance and movement.
2. Describe two Adlerian play therapy techniques using sand tray activities.
3. Describe two Adlerian play therapy techniques using structured play experiences.
4. Describe two Adlerian play therapy techniques using adventure therapy strategies.
5. Describe two Adlerian play therapy techniques using storytelling and therapeutic metaphor design.
6. Describe the process they can use to decide which interventions are appropriate for specific clients.

### **S-3 Marschak Interaction Method Rating System (MIMRS): Quantifying MIM Observations**

Kevin O'Connor, PhD, ABPP, RPT-S, Victoria Williams, MA & Ashley Navarro, MA

1. Describe the conceptual underpinnings of the MIMRS and its implications for play therapy.
2. Define the concept of co-regulation and its importance in healthy parent-child relationships in play therapy.
3. Define how the parent's ability to engage in Structuring, Challenging, Engaging and Nurturing behaviors facilitate co-regulation.
4. Describe how the use of the child's behavior as the baseline for MIMRS ratings reduces the cultural loading of the instrument.
5. Use the MIMRS to rate sample videotapes.
6. Develop play therapy treatment goals based on MIMRS ratings.

### **S-4 Ethical Play Therapy: Navigating Technological Challenges**

Jeff Ashby, PhD, RPT-S

1. Discuss the ethical construct of informed consent in the use of technology in play therapy.
2. Describe the ethical construct of confidentiality in the use of technology in play therapy.
3. List the ethical construct of multiple relationships in the use of technology in play therapy.

### **S-5 Building Bridges: Child Teacher Relationship Training as a Play Therapy Intervention in Schools**

Kim Coggins, PhD, PPC & Kara Carnes-Holt, PhD, LPC, RPT-S

1. Describe the basic CTRT protocol as applied within diverse settings.
2. Discuss potential short- and long-term effects of integrating CTRT play therapy approach into a school setting.
3. Utilize CTRT research to build a case for the use of this intervention in their own unique settings.

### **S-6 Gatekeeping of the Play Therapy Profession: RPT-S's Roles, Responsibilities, Duties & Practice**

Erin Dugan, PhD, LPC-S, NCC, CRC, RPT-S & Sharolyn Wallace, PhD, LCSW, RPT-S

1. Describe an overview of the Registered Play Therapist-Supervisor's (RPT-S) role as a gatekeeper to the profession.
2. Present and discuss the responsibilities, and duties as a Registered Play Therapist-Supervisor (RPTS) based on ethical guidelines and best practice standards.
3. Present and discuss the Registered Play Therapist Supervisor's (RPT-S) practice implications including expectations, recommendations, and protocols in relationship to their supervisees.

### **S-7 Connecting with a Disconnected Teen: Play Therapy with the iGeneration**

Scott Riviere, MS, LPC, RPT-S & Brijin Gardner, MSW, LCSW, LCSW, RPT-S

1. List three negative impacts of digital communication in general and in play therapy.
2. Identify how to use technology to engage a teenager and several play therapy activities to help adolescents confront their issues.
3. Explain the primary need of teens and the key factors of connecting this population.

### **DG-7 An Integrative Play Therapy Approach to Supervision**

Athena Drewes, PsyD, RPT-S & John Seymour, PhD, LMFT, RPT-S

1. Recite recent trends in integrative play therapy approaches.
2. Employ supervision techniques for helping supervisees develop an integrative play therapy approach.
3. Identify and name three types of integrative approaches.

### **S-8 Creating Deep Connections: Trauma-Informed Play Therapy Supervision**

Sue Bratton, PhD, LPC-S, RPT-S & Anne Stewart, PhD, RPT-S

1. Discuss a rationale for the use of trauma-informed play therapy supervision.
2. Discuss a rationale for use of play/expressive media in trauma-informed supervision including the neurobiological basis.
3. Identify at least two creative/expressive play therapy supervision activities and guidelines for processing supervisees' experience.

### **S-9 Spark It Up! Playful Approaches for the Treatment of Burnout and Compassion Fatigue**

Mary Ruth Cross, MS, MS, NCC, RPT-S & Leslie Baker, MA, NCC

1. Define the difference between compassion satisfaction, burnout and secondary post-traumatic stress in play therapy.
2. Identify at least 1 assessment tools for the assessment of psychotherapist burnout.
3. List at least 3 indicators for psychotherapist burnout.

### **S-10 Learning in the Sand: Sandtray in Teaching and Supervising Novice Play Therapists**

Emily Donald, PhD, LPC-S, NCC, ACS, RPT & Rebekah Byrd, PhD, LPC, NCC, RPT-S

1. Identify ways to incorporate sandtray into clinical play therapy supervision.
2. List specific strategies for incorporating sandtray in other areas of the play therapy curriculum.
3. Identify the potential benefits of using sandtray in work with novice play therapists.

### **S-11 Navigating the Crazyess of Sessions with Families: What Every Play Therapist Needs to Know**

Darryl Haslam, PhD, LCSW, RPT-S

1. Describe essential concepts and perspectives needed to effectively use play therapy with families and how to apply these in actual practice situations.
2. Identify how to use at least three theoretically-guided family therapy interventions and describe the goals and desired systemic impact of each.
3. Identify challenging clinical issues and ethical concerns in conducting sessions with children and families and describe how to manage these effectively in play therapy.

### **S-12 Theraplay® Groups with At Risk Kindergartners**

Timothy Musty, MSSW, LCSW, RPT & Evangeline Munns, PhD, RPT-S

1. Describe group Theraplay® principles used in a public school setting with kindergartners.
2. Identify important planning steps and group formation principles for a successful kindergarten group.
3. Identify pretest and posttest options for documenting group progress in this play therapy approach.

### **DG-8 Image of Self as Supervisor: Using Reflection and Collage to Explore Professional Identity**

Heather Maritano, MSW, LCSW, RPT-S

1. Describe how you came to be a play therapy supervisor
2. Discuss key differences and similarities in the role of therapist and the role of supervisor
3. Clarify, in image, how you understand your identity as a play therapy supervisor

<b>Sunday, October 7, 2018</b>
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### **Su-1 Socrates as Play Therapist: Advanced Cognitive Coping Skills in Cognitive Behavioral Play Therapy**

Angela Cavett, PhD, LP, Certified TF-CBT, RPT-S

1. Explain how the language of children's play allows the play therapist insight into the child's thinking/beliefs.
2. Explain how play therapy techniques enhance cognitive coping.
3. Describe how the relationship with the play therapist is necessary but not sufficient for cognitive change.
4. Utilize play therapy techniques for psychoeducation about the cognitive triangle (relationships between feelings, thoughts, and behaviors).
5. Utilize play therapy techniques for explaining cognitive distortions (anxiety/angry/sad thinking).
6. Describe to parents how play therapy techniques focused on cognition are effective in reducing symptoms of internalizing and externalizing disorders.

## **Su-2 A Relationally Sensitive Neurobiological Approach to Play Therapy**

Richard Gaskill, EdD, LCPC, LCP, RPT-S

1. List the six R's of trauma sensitive treatment.
2. Describe the relational function of each R.
3. Explain the concept of bottom up therapeutic approaches and how it informs play therapy practice.
4. Utilize the regulation, relate, and reason paradigm to create a sequential treatment protocol in play therapy.
5. Create a clinical example of how each R could be implemented in play therapy.
6. Discuss how each major brain level is impacted by one of the six R's.

## **Su-3 Utilizing Neurobiologically-Informed Play Therapy to Address the Complex Trauma of Bullying**

Edward Franc Hudspeth, PhD, LPC-S, ACS, RPh, CPC, RPT-S

1. Describe what is meant by "neurobiologically--informed play therapy."
2. Describe the characteristics of complex and/or developmental trauma and be able to identify the neurobiological changes associated with complex trauma (viz., bullying).
3. Discuss the components of evidence based, relationally--focused, play therapy treatments and incorporate aspects of these treatments into their play therapy practice.
4. Assess the level and type of complex trauma caused by varying durations of bullying.
5. Determine the play therapy course of action (frequency & length), based on assessment results, to address the complex trauma.
6. Develop play therapy treatment plans that address the issues arising from bullying.

## **Su-4 Creating Effective Play Therapy: The Therapeutic Powers of Play in Action**

Julie Nash, PhD, RPT-S

1. Outline the basic tenets of at least five major theories of play therapy.
2. Identify the 20 therapeutic powers of play seen through play therapy.
3. Identify the eight primary traits of play as used in play therapy.
4. Demonstrate at least three examples of how to connect basic tenets of theories with specific therapeutic powers of play to use in play therapy to achieve a desired outcome.
5. Demonstrate at least three examples of how to connect primary traits of play with specific therapeutic powers of play to identify why play works in play therapy.
6. Discuss how to choose an intervention to promote a desired observable outcome from play therapy, given a specified therapeutic power of play and trait of play.