

Nevada Association for Play Therapy



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When October Goes

By: Katherine M. Hertlein Ph.D

I don't know if you are a jazz fan, but Nancy Wilson sings the best version I've ever heard of a song called, "When October Goes." It starts: *"And When October Goes, the snow begins to fly. Above the smoky roofs I watch the planes go by. The children running home, beneath a twilight sky...Oh, for the fun of them, when I was one of them..."* Instantly I am 10 years old again, running home from the bus stop on a chilly and grey Chicago afternoon. Every fall when I listen to this song, I am hit immediately with heavy nostalgia. I can still smell the fallen leaves, hear my shoes on the sidewalk, and see the orange-yellow light in the window welcoming me home.

It is one of the most pervasive images of my childhood I still have.



Play therapists are a special breed; we have an ability to access our images of childhood and use them to inform our practice, talking to clients in their language. We rely on such images to guide our questions, identify what interventions will work, and to establish and maintain the therapeutic relationship. It's our job to access the clumsy, funny, leaf-crunchers we once were in order to

help someone else.

It's the best job in the world.

It is my hope that each of you will find some way to access the nostalgia of your childhood and integrate it into your practice. I suspect you will rediscover some element of what it means to "play," whether it means listening differently, intervening differently, or just being more genuine. Keep finding new ways to incorporate who you were as a child into your practice. Find your October and make it happen every day.

"I should be over it now, I know....It doesn't matter much how old I grow...I hate to see October go. .."



In This Issue of the NVAPT Newsletter

Play therapy with specific populations

This issue of the NVAPT Newsletter is dedicated to addressing play therapy with specific populations. We are pleased to include selections on high school students, families, eating dis-

orders and Christian families. Our next issue will address tips for difficult situations in play therapy. Please send your suggestions to be_ducky@yahoo.com

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Get ready Las Vegas!!!

In 2009 the NVAPT Annual Conference is coming to play in Vegas.



Call for Submissions:

Article, networking items, book reviews, comments to the editor about previous article/issues are all welcome. For more information on submitting an article, please contact Becky Rudd at be_ducky@yahoo.com

🐣 Activity Therapy for High School Students By Elisabeth E. Liles MA

High school is not for playing. Or is it? Play therapy is an empirically supported tool for children, and activity therapy is often used with preadolescents. However, little research exists that demonstrates the use of activity therapy with children older than 12. This is unfortunate because adolescents may benefit from activity therapy in a variety of ways. Although adolescents have entered the formal operations stage, and they are beginning to develop the ability to understand abstract concepts, they are still not necessarily reasoning at the same level as adults (Wadsworth, 2004). As such, activity therapy provides an opportunity for high school students to grapple with abstract concepts in a concrete manner.

Group activity therapy is especially beneficial for high school students because it allows adolescents to socialize with their peers. When Slavson (1944) first developed group activity therapy for preadolescents, he asserted that group dynamics influence behavior. Ginott (1961) also discussed how adolescents modify their behavior through group experiences, as they desire acceptance and belonging. According to MacLennan (1977), group activity therapy enhances feelings of self worth, as well as facilitates identity formation and feelings of social connection.

Adolescents learn a variety of skills by participating in group activity therapy, including teamwork, anger management, communication, acceptance of others, self-exploration, problem solving, and decision-making (Jones, 1996). Activities not only promote social competence, but also facili-

tate self-expression (Bratton & Ferebee, 1999; Oaklander, 1988). Processing activities enhances self-reflection and interpersonal communication, as well (Smith & Smith, 1999).



Packman and Bratton (2003) reported on a study using group activity therapy in a school setting with preadolescents diagnosed with learning disabilities. Results of this study included diminished anxiety, depression, somatic symptoms, and problem behaviors, while increasing self-control, self-expression, and focus in students (Packman & Bratton, 2003). Building upon this study's use of activity therapy in schools, Paone (2006) compared group activity therapy to group talk therapy in increasing adolescents' moral reasoning. Paone (2006) found that group activity therapy not only resulted in improved attendance for at-risk adolescents, but it also significantly increased their moral reasoning. Furthermore, talk therapy did not have a significant impact on moral reasoning in at-risk students (Paone, 2006)

Although there is still limited research on using group activity therapy with adolescents in a school setting, the results from studies like those discussed above provide support for the efficacy of this counseling technique with high school students. Not only

does group activity therapy provide school counselors with the opportunity to meet the needs of more students in an efficient manner, it also teaches students numerous skills while facilitating their social development.

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Elisabeth Liles is a counselor at McQueen High School in Reno. She is currently a doctoral candidate at the University of Nevada, Reno.

Play Therapy with the Christian Child and Family By Dan Lemaire

How a child relates to the various influential people in his or her life is portrayed in play. Therapists soon find out what the child thinks of Dad, Mom or Brother or Sister etc. which is immensely helpful for *being in the moment* with the child in play. Play therapy is only a little different if that child was raised in a Christian home.

How a child portrays God in play tells us a lot about the way they are parented at home

God is a family member to many children. Children relate to God in as many ways as they relate to a Mom, Dad or others. One of the important aspects therapists must remember is this family Member is with a capital “M.” His place is usually above the parents in authority. A child’s view of God usually comes from how the parents present Him in the family. Parents most often portray God to the child in the way that the parents see Him or experience Him. Depending on how the parents relate to God, the child may have a good feeling or a bad feeling about Him. He may be one who can be trusted in difficult times, a helper, all wise, a protector, or He may be a punisher of “bad children.”

How parents portray God to the children often indicates how the parents think they ought to raise and discipline children. It is how the parents see God, the ultimate Parent, towards themselves that shapes their parenting. Some positive parenting styles adapted from God might be: nurturing, faithful, the one with the answers, and always there for protection, guidance, and comfort. Some negative adaptations may be a style that is punitive, the

law-giver, the enforcer, judgmental and stern. How a child portrays God in Play tells us a lot about the way they are parented at home.

We can find out through play what the child thinks of God. On one end of the spectrum if God is not part of the play, then He is not a big part of the family. A child may play going-to-Church, but the Person of God is not an element in the family. On the other end of the spectrum, if a child has conversations with God, finds comfort or direction with Him, then this child has probably actually encountered Him at some experiential level. God has taken a place of influence in the child’s life much like a grandfather. The therapist can track this play like any other relationship and apprehend a lot about how life is going for this child.

How a child relates to God may reflect how well the child is attached to the parents, particularly if the parents are very serious about having a relationship with God. A poorly attached child (who typically does not trust his parents) will also mistrust their God. It is not oxymoronic for a child of parents who are really “godly” people to be poorly attached. They may have had traumatic periods of neglect or abuse with the parents before they became believers, or the child may be adopted and may have experienced the lack of attachment before coming into the adoptive

home. The worst case scenario might be the parents so involved in Church activities, or perhaps had a “position” in church or serving others, that they did not have time for the child. These children will not be trustful or look to God as an ally.

Very often the way a child sees God is parallel to the way the child sees Dad. Both are culturally given the image of the protecting provider, all wise and strong. Children will tend to see God as a copy of Dad. For example, if the child portrays God in play as a heavy handed ruler, there is a good chance that is how the child sees and experiences Dad. You may not hear about Dad, but see him through the child’s concept of God. Helping children (and adults) separate these two individuals, Dad and God, is important work if the child is to find peace both with Dad as fallible and God as trustworthy.

How a child relates to God may reflect how well that child is attached to the parents

In short, don’t be intimidated, even if you don’t feel you know God very well. You don’t know the child’s grandfather very well either, but you can track the child’s relationship with him. Track the child’s relationship of God in the same way as you would other relationships, and much will unfold about how it is to be in that child’s soul.

Dan Lemaire is a pastor and a marriage and family therapist intern in Reno. He has experience working with children using play therapy and families.



Activity therapy with families: A source of confidence for play therapists

By Becky Rudd, MA, NCC

Family therapists often find it difficult to engage small children or teenagers in the family therapy process, but recognize the importance the children have in the family. Too often young children do not participate to their full capacity in the family therapy setting. They will often be seen playing with toys or drawing pictures while their parents discuss the *real* concerns in the family. Or the elusive teenager will despise the family therapy session and spend most of the time looking at the carpet completely disengaged from the process all together. While these behaviors hold clues to the family functioning outside the therapy office, it does little to engage the family in the process of therapy.

Often the therapist will avoid working with the family if there are small children or teens and just work with the parents because the therapist lacks the necessary skills or confidence to work with the whole family. Children under the age of nine lack the full cognitive or verbal capacity for abstract thinking required in talk therapy (Dumont, 2008). Therapists who attempt to engage these children in the conversation may be met with confusion, wariness, shyness, or embarrassment on the part of the child. While teenagers have a greater capacity for verbal and cognitive understanding, they are often difficult to engage in the family therapy process (Dumont, 2008). Therapists who engage adolescents with activities will be able to facilitate the goals of the family therapy through the creative use of activities and play.

The use of activities in family

therapy parallels several of the tenants in family therapy. Systems theory focuses on the interaction between and among family members (Nichols & Schwartz, 2006). Activity therapy can assist systems theorists by instigating interaction between family members, observing the dynamics and interactions, ability to easily manipulate subsystems, teach new methods of communication and problem solving, begin to break up enmeshed boundaries, and control dominant members. The processing of activities can be done by all members of the family because the situation offers concrete and observable experiences that mesh well with all developmental and cognitive levels. During family process, the therapists can call upon these observable experiences in the therapy session to meet the treatment needs of the family.

Once therapists know the benefits of integrating activity therapy into the family session, it is important to understand what activities are beneficial to family therapy. Activities from games to drawings can be useful tools in family therapy. There are three important questions when choosing an activity for family therapy 1) does it meet the cognitive and developmental needs of all family members? 2) Does it require the entire family to interact with one another? 3) Can the therapist observe the dynamics in the family?

The last important element of activity therapy in family therapy is processing the activity. The

benefit to activity family therapy is that all members, regardless of age, can participate in the processing. The therapist can refer back to certain behaviors, verbal exchanges or actions that took place during the activity to highlight certain family dynamics. When Sarah's older brother took the marker she was using right out of her hand during the activity she yelled at her brother, then her Dad told her to find a new one allowing her brother to continue the dynamic. A therapist could pull from that dynamic seen in the activity and bring Sarah into the conversation.



Method

The Nevada Association for Play Therapy put on a training for play therapists last year on the topic of Group Activity/Play Therapy: With pre-teens, adolescents and families. The audience consisted of total of 11 marriage and family therapists, social workers and school counselors. All of the participants had a master's degree and anywhere from 0-10 years of play therapy experience in the field. The participants were given a questionnaire before the presentation that asked about their confidence working with children, pre-teens, and teenagers in family therapy. The available choices were *very confident*, *confident*, *somewhat confident*, *somewhat unconfident*, *unconfident*, and *very unconfident*. They were given the same questionnaire after the presentation to determine if the information learned increased confidence working with this population.

Continued on page 8

The value of getting your hands dirty: Using sandtray with eating disorders By: Elizabeth Dear, MFT

As many play therapists know, working in the sandtray allows clients to bypass left brain, linear thinking. For clients with eating disorders, who are operating in a rule-bound world of forbidden foods and required rituals, the sandtray offers an opportunity to connect to the creative, intuitive, emotional side of thinking and to depict the experience of living with the eating disorder. This experience can invite a more balanced approach to perspective and decision-making, the combination of emotional and rational thinking that Marsha Linehan refers to as “wise mind.” Even therapists who do not work with clients with eating disorders can help prevent the development of eating disorders by validating the feelings and thoughts of clients through their work in the sandtray and providing an antidote to our culture’s valuing appearance more than experience.

I introduce sandtray as a helpful therapeutic tool for people of all ages, so that a teenaged or adult client does not find it infantilizing. I describe the sandtray as a way of communicating or understanding experience that may be difficult to describe or even access through talking. Sometimes I ask clients to depict their world in the sandtray; sometimes I ask them to show the eating disorder’s role in their lives. If we are working on family issues, I might request a representation of their family in the sand. Due to clients’ initial nervousness, I give more guidance at the beginning, encouraging them to choose whatever fig-

ures appeal to them and asking them not to doubt themselves or try to analyze while they are in the process of creation.

The tactile experience of working in the sand provides a safe way for the client to reconnect to being in touch with bodily experience. To have an eating disorder, a person must dissociate from the body’s needs and signals; this may have been a necessary adaptation to a traumatic experience or the only way to suppress intolerable feelings, but healing the mind-body connection is essential to full recovery. How clients respond to the sand helps the

Validating the feelings and thoughts of clients through the sand tray

therapist understand how they relate to their world physically. Perhaps the client dislikes getting sand underneath his nails, or she ignores the figures and simply soothes herself by running her fingers through the sand and making patterns on its surface. One client worries about the sand spilling out of the tray so much that she is inhibited in her expression, while another picks out the detritus left by other clients. I have not had many adult or teen clients choose to work in wet sand, perhaps because as a figurative representation of the unconscious, wet sand is frightening in its uncontained, sloppy mass, but my young clients, with or without eating disorders often relish the mud of wet sand. Many readers here probably read the recent debate in the last two issues of the APT’s “Play Therapy Magazine” over “virtual sandtray.” Any computerized work

would miss this essential sensuous element of the sandtray.

For working with clients with eating disorders, a therapist needs symbols and figures for the sandtray that are useful for representing the struggles of an eating disorder. For instance, plastic miniature food is helpful; I found some of mine in Chinatown in San Francisco, rather pricey 2” x 4” trays of food that can be taken apart, reminding me of the esteemed art of synthetic food produced for restaurant displays in Japan. Other food toys show up in thrift stores and as part of dollhouse or toy sets. Since food is a powerful metaphor, food symbols can be useful to all clients. For eating disorder clients, and again I think for everyone, it is important to have human figures of different shapes, sizes, and ethnicities in order to avoid mirroring the dominant cultural expectation that everyone should be thin and pale-skinned. Small mirrors, although breakable and thus needing supervision with small children, offer both literal and metaphorical aspects of the experience of an eating disorder: someone with an eating disorder often has a distorted image of her body and also has lost sight of her authentic self, as her focus has shifted to what she eats and how she appears to be. As for most clients, eating disorder clients need symbols such as fences and bridges to explore rules and boundaries. The edges of the sandtray are pre-existing boundaries that allows the client the experience of having feelings contained in a safe environment.

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Meet Members of the 2008/2009 Board



President: Katherine Hertlein PhD, MFT

Katherine M. Hertlein, Ph.D., is an Assistant Professor in the Department of Marriage and Family Therapy at the University of Nevada, Las Vegas. She received Master's in Marriage and Family Therapy from Purdue University Calumet and her Ph.D. in marriage and family therapy from Virginia Tech. She has published

in several journals including the *Journal of Marital and Family Therapy*, *The Family Journal*, *Journal of Couple and Relationship Therapy*, *American Journal of Family Therapy*, *Contemporary Family Therapy*, *Journal of Feminist Family Therapy*, and *Journal of Clinical Activities, Assignments, and Handouts in Psychotherapy Practice*. She serves

as reviewer for several journals, as a co-editor for a book on therapy interventions for couples and families, and as a co-editor on a book for the clinical treatment of infidelity. She received training in non-directive child therapy while at her doctoral internship site and currently teaches the Child Counseling course at UNLV.



Vice President: Shannon Smith PhD, NCC

Shannon Smith is an Associate Professor in the Department of Counselor Education at the University of Nevada, Las Vegas. He has worked as a child and family

therapist in community mental health, director of child counseling clinic (Mansfield, OH), and as a school counselor in the public school system. His research

interests include multicultural counseling and development, issues of diversity and social advocacy, child and family therapy, school counseling and play therapy.



Student Representative: Kristina Huddleston

Kristina Huddleston serves as the student representative on the 2008-09 board for the NVAPT. She is currently a second year graduate student in the Marriage and Family Therapy program at the University of Nevada, Las Vegas. She received her BS degree in Human Services Counseling at UNLV as well. Kristina has interest in furthering her by seeking certification in play education and training therapy.

Kristina's professional experience includes early intervention services, substance abuse treatment; and she currently working as a psychosocial rehabilitation specialist with the foster care population.

In her free time, Kristina's favorite activity is to spend time with her four-year-old son Kaiden. Her son has been a constant source of inspiration and she lists Kaiden

as her greatest accomplishment. Upon completion of degree and licensure requirements, Kristina hopes to find a job that will allow her to balance a career and time with her son. Her clinical interests include child and adolescent treatment, specifically with Reactive Attachment Disorder in children.

★ Membership Committee Chair: Sherry Sanders MS

Sherry Sanders earned her M.A. in Counseling and Educational Psychology at UNR in 1994. She is an elementary school counselor in Washoe County School District. She has used sand tray play with students whose families do not have other counseling resources. She earned her M. Ed. with a specialization in Montessori from the College of Notre Dame, Belmont, CA. in 1973.

She has enjoyed all the aspects of her career as a counselor, consultant, writer, teacher, owner and director of Montessori schools, as well as a supervising counselor and teacher. She brings all of these experiences to her three-pronged private practice Educare Global Counseling which also includes educational consulting and writing. Play therapy is one of the modalities that she

uses in her private practice and The Bridge Center. She focuses primarily on children, adolescents, parenting issues and family life changes. At TBC, she sees children and the foster or natural parents of families with abuse issues. She has three grown children and a husband of 36 years.

📧 Newsletter & Website Editor: Becky Rudd MA, NCC

Becky Rudd is currently a doctoral candidate at the University of Nevada, Reno. She earned her bachelors degree in applied developmental psychology in 2003 from Eastern Washington University. She then went on to earn a Master degree in Counseling at the University of Nevada, Reno. Becky has been active in her com

munity and has volunteered at the crisis line, area middle and high schools doing play and activity therapy. Becky has also been involved with NVAPT for the past three years.

Currently she has a private practice in Reno and specializes in play and family therapy. Becky is

also assisting with the introduction to counseling course at UNR teaching counseling skills under Dr. Marlowe Smaby.

Becky is working on a certification as a registered play therapists.

Board Member Openings

Join a motivated team and help us make NVAPT strong!

We are looking for board members who are

- Excited about play therapy
 - Outgoing
 - Motivated
- Professionals, interns, students—all are welcome

Open Positions: Secretary, Treasurer, Southern Membership Committee Representative

To view position descriptions got to www.nvapt.org/board.htm
Contact Katherine.hertlein@unlv.edu if interested

Activity Therapy with Families: Continued from page. 4

The workshop had three key learning objectives. The first learning objective was to understand the importance of incorporating activity therapy in sessions with families. The second objective was to learn how to use activity therapy in the family session. The third objective was to determine how to process activity therapy with family members in the session to gain meaningful results. Each participant received five activities that could be used in family therapy with small children or adolescents.

Results

The participants that took this training noted a significant increase in confidence working with

children, pre-teens and adolescents in family therapy ($z = -5.398, p < .001$). The most notable change in confidence was found in integrating play/activity therapy into family therapy sessions ($p < .007$) as a result of the training. Many of the participants noted that they appreciated the family activities that could be used in family sessions and learning the importance of processing activities with the family to gain a similar objective as talk family therapy.

Discussion

This small group training suggests that these therapist gained more confidence after they received tools and theory that ex-

plained how they might work with families that have small children or adolescents. Marriage and family therapists who utilize play therapy and activity therapy skills with families have an advantage over marriage and family therapists who have no training in play therapy.

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Parachute Ping Pong

Objective: System under stress

Theoretical Orientation: Structural & strategic family therapy

Materials: 1 sheet, 6 ping pongs

Instructions:

Each member will hold an end of the sheet and the therapists will ask the oldest member of the family to choose someone to begin bouncing the sheet to get the ping pong going. Then that person will choose someone else to go next

Until all members have joined in and the ping pong balls are all bouncing. The goal is to ensure that all the ping pongs stay on the sheet so the family will need to work together to keep them in the correct place.

Process:

The therapist is to watch the dynamics in the family such as alliances in the system, ways the family manages to maintain homeostasis (ensuring all balls are on the sheet). Observe the interaction, both verbal and nonverbal of the family.

Getting your Hands Dirty Continued from page 4.

Some schools of thought strongly advocate leaving the tray as it is at the end of session so that the client experiences his world as left intact. Leaving the tray as created by the client also may allow another member of the treatment team to witness the work and to increase understanding of the client's experience. (I have the good fortune and convenience of working on-site with other eating disorder clinicians in

an outpatient setting.) Leaving the sandtray can be a helpful challenge to a client's compulsive urge to make things neat or a means of reducing her shame in an experiential way by not rushing to hide her thoughts and feelings; however, some clients feel too vulnerable and afraid leaving their work exposed and may need to put things away in order to be able to reenter their daily lives without their internal chaos spill-

ing outside the therapy session. I usually take a picture of the sandtray created by the client to put in the client's file. These pictures can help the therapist and client see and honor the client's process.

Elizabeth Dear is a Marriage and Family Therapist who specializes in Eating Disorders.

★ Member Spotlight: Becky Rudd

By Sherryl (Sherry) L. Sanders



Those of you who attended last May's NVAPT conference will remember that we dedicated the weekend to the life of

Becky Rudd's two year old son Porter Matthew Rudd who passed away suddenly and unexpectedly from influenza B a month before the conference. Becky was our president at the time.

Many of you have inquired about how Becky is doing. The answer to that question might best be served by a Chinese proverb quoted from Becky's website: "To get through the hardest journey, we need only to take one step at time, but we must keep on stepping." From one who stands on the outside looking in, Becky has made great strides by focusing her mind, heart and energy on continuing her counseling career and creating a wholesome practice where she and her clients can journey through the myriad processes of healing.

Whether you have read Becky's resume in the past or not, you will want a recap in order to stay abreast of the giant steps she has made. She received her bachelors degree in Applied Developmental Psychology from Eastern Washington University and her Mas-

ters in Counseling in 2005 from UNR. Becky is currently a doctoral candidate in counseling and educational psychology as well as a registered Marriage and Family Therapist Intern and a Certified Drug and Alcohol Counselor intern. Becky is working toward certification as a Registered Play Therapist.

For over a year, she has had a private practice specializing in play, activity and family therapy. The list of presentations, teachings and training is enormous for a young therapist. She has definitely begun the climb to the top of her field!

Becky joined NVAPT because she was so impressed with the professional networking. NVAPT was not organized by the big overarching associations, but rather people right here in our community. NVAPT has enhanced her life because it has allowed her to connect with other professionals in the community who are interested in working with children. She has created many meaningful friendships and also let people know about her practice.

I am in awe of the comprehensive quality of her practice! She has created an office and play therapy rooms that are inviting and peace-giving. Becky typically does *formal* sandtray with her pre-adolescents. The sandtray has it's own little space in her

office. She also has a sand box in the playroom, but the child use that as he or she desires. As the walking stick to guide folks to her door, she has a lovely website



that you can visit at: www.childcounselingservice.com which will give those of you who do not know Becky a delightful introduction. For known friends and colleagues, the peek will help you to reconnect to her or keep in touch in a warming way.

While she loves bare feet and playing in our wild outdoor play ground with her husband Mike (a systems analyst for Haws Corp.), she is wearing far more shoes than space to list here. You'll just have to catch up with her in person and visit her website. She'd love that.

All the best, Becky!!!

Becky Rudd, MA, NCC
421 W Plumb Lane Suite G
Reno NV 90509
(775) 287-4647
Fax (888) 217-2593



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Membership

It's fast and easy to join the NVAPT. Dual membership in the Association for Play Therapy (national) and the Nevada Association for Play Therapy (state) is required. Individuals can join the organizations either as a professional or as an affiliate. APT members receive a quarterly newsletter that contains clinical articles and a semi-annual journal that presents research and case studies. Professional insurance options, distance learning opportunities, and a free annual membership directory are among the many additional benefits offered to APT members. Nevada branch members also receive NVAPT newsletters or e-newsletters containing information specifically related to play therapy in Nevada, such as meetings and conferences. To join, go to: www.nvapt.org/membership.htm.

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Word Search

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 O R L T E N A M R N M T U T I T Y Y R A R O S R I
 T Y S N V T E M F O Y T A M G U R M S T Y T C O E
 E N O S N N O Y N C I S G T S A I Y M L B A O S L
 I B T O M B P T S T V I U M A L S T I C A I A S Y
 A R I E T E E N V G T I G P B I A R A T C L P L I
 T D E E S S I O C Y T A G A G C I O A S S L M I Y
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 F I I A G O T M M D R G V A N V C A M R Y D T S I
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 T R R F E M M A Y F O Y M O V M C M A L A A S G A
 S Y C T A V L C N G I S M T L R L I P R C L S I M
 M R E F V Y Y L G U E E N C Y E S I C O M A A R M

Words:
Community
Play
Activity
God
Sandtray
Montessori
Las Vegas
Family
October