

Nevada Association for Play Therapy



President's Message: A Year in Review Becky Rudd, MA, MFT-I, CADC-I

The Nevada Association for Play Therapy has had an amazing year. Our board has worked hard to bring members and professionals in our communities play therapy related activities.

At the beginning of the 2007/2008 term, NVAPT set out to increase membership by 5%, offer half-day workshops, more benefits for members, workshops in the southern region of the state and professional networking. This term we have managed to accomplish all of our goals. NVAPT won an award at the APT conference for having the second highest membership increase in the country. Since that time, we have increased our membership an additional 5%. Our branch is in the running for a prestigious Gold Branch Award at the end of March 2008 if we maintain our current members.

We have also had the opportunity of forming a Southern NVAPT committee that has done a wonderful job providing play therapy workshops to that area of the state. We offered a half-day workshop in Las Vegas and several evening and weekend workshops in both Reno and Las Vegas. We have listened to our members and provided workshops that meet the needs and interests of our communities.

As part of our charter agreement with APT, NVAPT must continue to increase membership each year. We realize there are several organizations to join, so we wanted to emphasize the benefits of our local organization. We decreased the cost of CEU's to members, decreased the conference fees for members. We began offering workshops in the Southern Region of the state to

promote southern membership. We are excited to announce that the southern region has been the fastest growing area of new membership this term.

As a grass-roots organization, NVAPT thrives on the interest of professionals in our community. We have offered several promotions from professional get-togethers, television spots to presentations in the community. We hope to continue to spread the word about play therapy and the Nevada Association for Play Therapy in all areas of our state.

As this term comes to a close, it has been a pleasure to serve as the NVAPT President. It is my hope that NVAPT will continue to grow and promote play therapy in all areas of the state.

Becky Rudd, MA, MFTI
Be_ducky@yahoo.com

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Get ready Las Vegas!!!

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



Conference Registration Has Begun! Pre-registration ends March 15

The time has finally arrived and our 6th annual conference registration is underway! This year NVAPT is proud to bring Dr. Garry Landreth to Nevada to present on Child-Centered Play Therapy. Dr. Landreth is a well-known and accomplished play therapist and play therapist educator. He was one of the original founders of the Association for Play Therapy and the Center for Play Therapy at the University of North Texas. For the first time ever NVAPT

is having a two day conference on April 25 & 26 Pre-registration ends in two weeks! We have secured low-cost accommodations at Circus Circus Hotel and Casino. The reduced rate under the title the Nevada Association for Play Therapy Conference ends April 4th so be sure to book soon!

You may register using your credit or debit card at www.nvapt.org. We hope to see you in April!

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 Laure'l Santos at l1212s@earthlink.net

Professional Spotlight at A Rural Clinic: Casey Kohl, LCSW By Annie Perkins, LCSW, Secretary

Casey Kohl, LCSW came to Winnemucca Mental Health Center in June, 2006, from Oregon. He brought with him a wealth of experience gained over the previous eight years working in various mental health settings throughout the State of Oregon, including a community mental health center and an inpatient forensic facility (Oregon State Hospital where "One Flew Over the Cuckoo's Nest" was filmed).

Winnemucca Mental Health Center is part of the State's Rural Clinics system. The Agency has 21 mental health centers throughout the State. The administrative offices are in Carson City. Winnemucca also oversees the operations of the Lovelock and Battle Mountain Centers.

Casey says he likes working in a rural community mental health center because of the variety of the practice. He sees people with varied diagnoses such as borderline personality disorder and

other personality disorders, bipolar disorder, various anxiety disorders, schizophrenia and related psychotic disorders, various mood disorders, post traumatic stress disorder, family relational problems, substance abuse disorders and adjustment disorders, to name a few.

Rural clinics keeps Casey busy with a caseload of about 75 clients, currently from age 6 to 60. During the time he has worked in Winnemucca, Casey has completed the extensive training to become certified by the State Committee on Domestic Violence to be a domestic violence group counselor. He co-facilitated the Center's DV Group for more than a year until Rural Clinics lost funding to continue the Group. He now assists a private practitioner in the community to continue with the group until another facilitator can become certified.

As a team player for Rural Clinics, Casey traveled to the Lovelock Center to

provide psychotherapy to clients there for about 9 months while the Center was recruiting for a full-time permanent therapist.

Among the specialty training Casey has received is DBT (Dialectic Behavioral Therapy); multiple aspects of which he uses effectively in his practice. He has also had training in Solution Focused Brief Therapy, Critical Incident Stress Management (CISM), Cognitive Behavioral Therapy with Psychotic Clients; and Psychopharmacology.

Rural Clinics benefits a great deal from Casey's expertise in mental health, and Rural Clinics has been able to benefit Casey by making it possible for him to get all his student loans paid off by the National Health Service Corps, since he works in a rural community that qualifies for their student loan repayment program. We're glad he chose Winnemucca. He's a very valuable member of our team.

2008/2009 NVAPT Board Elections www.nvapt.org

This year NVAPT would like to have an open call for self nominations to increase participation by new or existing members. We would like to continue to further the growth and state-wide influence of NVAPT and would like to openly recruit interest around the state. NVAPT has made strides to make state-wide board participation possible with phone conference board meetings and localized workshops and events. We encourage people with leadership skills and enthusiasm for the growth of play therapy in our community to nominate themselves, or someone else, for a board position in the 2008/2009 year.

Board Member Benefits:

- Meet other play therapists in the community, build a network and life-long friendships
- Free NVAPT annual conference registration

- Great networking with play therapists around the state
- Excellent leadership experienced desired by future employers or universities

Board Member obligation/requirements:

- Join or remain a member of NVAPT
- Attend the May 9th Board transition meeting (via in person or by conference call)
- Attend the October business meeting (via in person or by conference call)
- Assist with or attend at least one branch workshop
- Contribute or delegate quarterly newsletter articles assignments
- Assist with preparation and facilitation for the NVAPT annual conference

Board Positions:

- President
- Vice President (President elect)
- Secretary
- Treasurer
- Southern Membership Committee Chair
- Northern Membership Committee chair
- Rural Outreach Coordinator
- Southern Student Representative
- Northern Student Representative
- Newsletter & Website Editor

Nominations are begin accepted anonymously online at www.nvapt.org then click "nomination"

**Nominations accepted March 1-31
Elections begin April 1-20**

Thank you for your participation

Play Therapists in Our Communities

Professional Members

Las Vegas

Dr. Melissa Kalodner
 Dr. Dale-Elizabeth Pehrsson
 Dr. Shannon Smith
 Joan Valch, MFT
 Ronetta Yates, MFT
 Heather Burnham, LCSW
 Diana Kennedy, MSW
 Dr. Katherine Hertlein
 Martine Blum, MSW
 Terry Norman, MSW

Professional Members

Reno

Novia Anderson LCSW
 Jennifer Pettipiece LCSW
 Dr. Jill Packman
 Renee Reveles LCSW
 B.J. Stober
 Elizabeth Dear MFT
 Rebecca Rudd
 Laure'l Santos
 Jerry Conant
 Sherryl Sanders MFT

Professional Members

Rural Communities

Annie Perkins LCSW
 Rebecca Phillipsen LCSW
 Pamela Brown MFT
 Lois Erquiaga LCSW
 Sheri Andreason LPC

Affiliate Members

Lisa Robinson
 Dan Lemaire
 Kiersten Gladding

Rural Agency Spotlight

By: Lois Erquiaga, MSW, LCSW

Providing mental health services in rural and frontier Nevada is a challenging endeavor where professional resources are limited and referral sources can be hundreds of miles away. Rural Clinics provides much needed mental health services in communities that have none other.

One mental health center may be providing services to the smaller surrounding towns, such as Winnemucca Mental Health Center, which is structured to support two satellite offices, one located in Battle Mountain and the second in Lovelock. Most frequently, there are no mental health professionals in private practice in these small satellite communities. Winnemucca with a population of 7,174 does have a number of professionals providing services such as a few marriage and family therapists, psychologists, domestic violence groups, and drug and alcohol counselors. However, there are no residential treatment services and no psychiatrists.

Winnemucca Mental Health Center structure: there are two LCSWs (one is

the Center Director), a psychologist, and a CSW-intern. Additionally, there are 3 administrative assistants, a psych nurse, a service coordinator and a mental health technician. Psychiatric services are contracted in Rural Clinics. Currently there are no psychiatric services available for children in Winnemucca, Battle Mountain, or Lovelock and the adult services through Rural Clinics are limited. Up until July 1, 2007 Rural Clinics provided 24 hour crisis services. Due to budget cuts that occurred state wide, Rural Clinics had to discontinue the 24 hour coverage, but does provide services to the jail hospital and juvenile detention facility Monday through Friday during regular business hours.

The average case load in Winnemucca at Rural Clinics runs around 75 clients per clinician (excluding the clinic director). There are currently around 207 clients receiving services with 45 (22%) representing the children. Each therapist provides services to young and old alike. There are no professionals designated to provide services to children

exclusively, which is standard in most rural or frontier centers. In a few centers, however, there are child behavioral health mental health counselors whose caseload is only children. The satellite offices maintain one therapist and an office administrator. Battle Mountain provides services to approximately 87 people with 26 (30%) of the 87 being children and Lovelock's total is 51 with 12 (23%) children.

With the small number of people living in these areas it is no wonder that there are limited mental health resources. Working for Rural Clinics provides great opportunity to work with a variety of people in a host of circumstances. Professionals must be flexible and willing to tackle whatever arises. Additionally, the people in Rural Clinics work together as a team to serve the community's mental health needs. Rural Clinics provides hope to individuals that may have no other place to turn. We are proud of our centers.

City Population County Population % under 18 in county

City	City Population	County Population	% under 18 in county
Winnemucca	7,174	17,446	28.4
Humboldt County			
Battle Mountain	2,871	5,272	28.6
Lovelock	2,003	6,414	22.5
Nevada population to-		2,495,529	25.4

Statistics used located at www.quickfacts.census.gov/qfd/states/32/32013.html



Play Therapy Crossword Puzzle

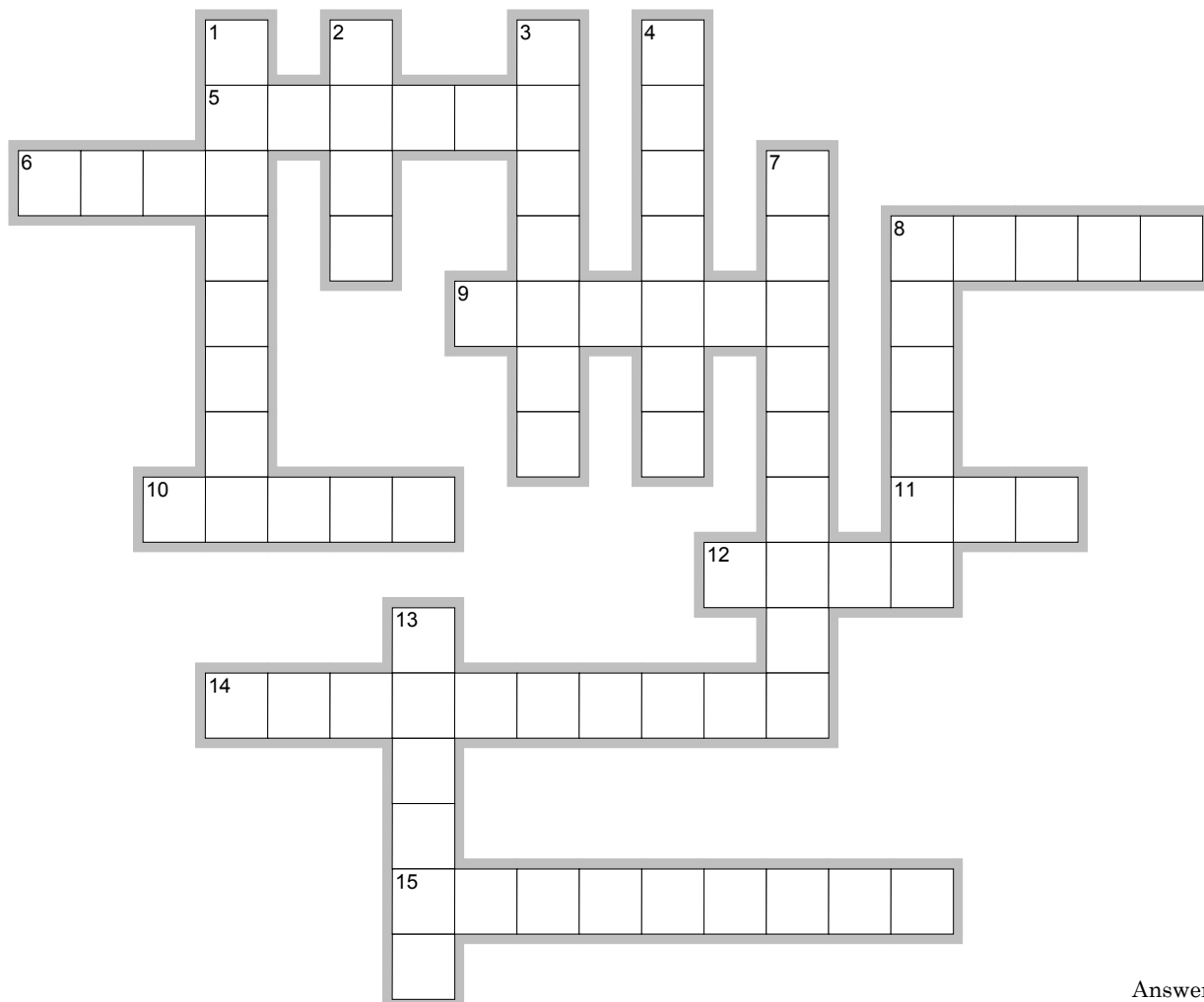
By Katherine Hertlein, Ph.D., MFT

ACROSS

5. Author of the book, "Dibs: In Search of Self"
6. Type of sand
8. Anatomically correct _____
9. Type of play therapy that trains parents how to play with their kids
10. Type of client for who play therapy is frequently used
11. Type of therapy that typically uses paint, paper, drawing, or glue
12. Purchase these for your play therapy room
14. The "R" in RPT
15. One of the RPT application criteria

DOWN

1. Founder of Child-Centered play therapy
2. _____-doh
3. Thinking, _____, Doing Game
4. Gil's book "The _____ Power of Play"
7. Location of 2007 APT conference
8. Location for 2008 APT conference
13. _____ paint



★ Tandem Play Therapy (TPT) as an Adjunct to Treatment of the Older Reticent Child

By Dick Harig, Ph.D

Many of us have sought new and creative ways to engage the silent child.

We may delight the younger child with sand play, puppetry, board games, or even spontaneous nonsense and then turn this interaction to a therapeutic purpose. But what can we do to help the older child who holds thoughts and feelings in utter silence?

In our assessment of that silent child it may help to separate effects of early sex role indoctrination from serious emotional disability.

Collateral information is vital to this process.

Some parents still inculcate children with 'traditional' sex role stereotypes. Male children may be taught, directly or by example, that it is not 'manly' to experience vulnerability in any form.

Female children may be taught that 'femininity' requires outward acceptance of every sort of indignity without display of distress while responding indirectly to ameliorate or defuse the situation.

When taken to extremes, both sex role stereotypes may cause children to suppress the experience of vulnerability.

Males may adapt by becoming stoic, out of touch with their own thoughts, feelings and needs and instrumental. Females may adapt by becoming false, out of touch with their own thoughts, feelings and needs, and compliant.

Both adaptations minimize the experience of personal vulnerability because they provide a pathway for manipulating the forces that might otherwise render them vulnerable (changing the force or propitiating it).

But psychological mindedness almost of necessity involves tolerating the experience of vulnerability. So children who are not 'allowed' to be vulnerable rarely achieve psychological mindedness.

As a consequence these children may literally have 'nothing to say' when the discussion turns to what they think, feel or need. Such a condition has been labeled *alexithymia*.

My experience has been that 'overly-

masculinized' boys and 'overly-feminized' girls manifest these stereotypes quite differently in the consulting room even though both are equally out of touch with their own thoughts, feelings, and needs.

Tandem Play Therapy has been significantly more effective for me with sex role stereotyped boys than girls because it utilizes mastery or competition, or both to engage strengths associated with the masculine sex role.

I am using the notion of 'tandem play' to differentiate this therapeutic process from the 'parallel play' that occurs between young children in the same spatial location who play together but do not interact.

The therapist utilizing 'tandem play' is engaged in a task or activity leading to some particular outcome but at the same time is observing and therapeutically interacting with a client who is engaged in the same activity at the same time.

On the most superficial level the therapist may be teaching, demonstrating, or modeling an activity or skill and the client is acquiring the skill.

At a second level of analysis the therapist is observing a sample of the client's behavior and using existing play therapy skills to provide a stream of ongoing behavioral feedback.

At a third level the therapist is modeling psychological mindedness and teaching the client how to self-observe and describe thoughts, feelings and needs.

At a fourth level the therapist is imparting skills that are likely to obtain secondary gain and positive social rewards from the client's family members, friends, or the community at large.

Since the intervention itself is indirect there is no implied criticism or identification of deficits or inadequacies that might trigger sex role specific defenses.

Selection of the tandem play activity requires a fair amount of individualization. If the client is already more highly skilled in the activity than is the thera-

pist then the therapy is unlikely to succeed. The therapist must, through direct questions of the client or collateral contact learn enough about the client to understand what activity would be novel enough to be attractive and in which there is a high probability the client will be able to succeed.

For example, a client with an artistic bent might respond well to learning photography. At one session the therapist and the client might go for a walk, each carrying a digital camera. A therapist, skilled in the activity, might teach the client to 'see' pleasing compositions and to set the camera to record these.

At the subsequent session the photographs might be downloaded into a photo processing program on the computer and adjusted for exposure, color, cropping, etc.

At the following session several eye-catching photographs might be printed, matted and framed for display. The client would take home a piece of art work that any family would be proud to display and perhaps enter into a school or community exhibit.

Other successful examples have been the interactive writing, editing and publishing of a short story by a verbally creative child, the creation of a clay-animated dinosaur video DVD by a visually creative child or the construction and launching of balsa wood gliders by the child with more mechanical interest.

When choosing the specific tandem play activity it is important to consider the dynamics of the child's family and choose the activity that will allow the client to experience the positive rewards of mastering a challenging activity, producing a product that parents and family members can genuinely admire, and if possible, will result in the genuine envy of a sibling or peer.

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Contact Information:

PO Box 13212
Reno NV 89507
(775) 287-4647
www.nvapt.org
www.a4pt.org

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.

Current NVAPT Membership

Professional Members: 25
Affiliate Members: 3
RPT/S: 4
New or renewing members last quarter: 2

NVAPT 2007/2008 Board Members

President: Becky Rudd, MA, MFT-I, CADC-I	be_ducky@yahoo.com
Vice President: Bill Harvey, MSW, LSCW	goldy7070@yahoo.com
Secretary: Annie Perkins, MSW, LSCW	anniepwp@hotmail.com
Treasurer: Tom Panian, MA, NCC	panian@usamedia.tv
Student Representative: Dan Lemaire	lemairesall@hotmail.com
Membership Committee:	
Elizabeth Dear, MFT	elizdear@sbcglobal.net
Sherry Sanders, M.Ed, MA, MFT	sandersatwashoe@hotmail.com
Jerry Conant, MA	jerryconant2001@yahoo.com
Southern Branch Committee:	
Shannon Smith, PhD, LPC	Shannon.smith@unlv.edu
Dale-Elizabeth Pehrsson, PhD, RPT-S	dale.pehrsson@unlv.edu
Katherine Hertlein, Ph.D, MFT	Katherine.hertlein@unlv.edu
Diana Kennedy, MSW	skyview121@cox.net
Newsletter & Website:	
Laurel Santos, MA, NCC, CP	11212s@earthlink.net

Crossword Puzzle Key

Across

- AXLINE**—Author of the book, "Dibs: In Search of Self"
- MOON**—Type of sand
- DOLLS**—Anatomically correct _____
- FILIAL**—Type of play therapy that trains parents how to play with their kids
- CHILD**—Type of client for who play therapy is frequently used
- ART**—Type of therapy that typically uses paint, paper, drawing, or glue
- TOYS**—Purchase these for your play therapy room
- REGISTERED**—The "R" in RPT
- EDUCATION**—One of the RPT application criteria

Down

- LANDRETH**—Founder of Child-Centered play therapy
- PLAY**—_____-doh
- FEELING**—Thinking, _____, Doing Game
- HEALING**—Gil's book "The _____ Power of Play"
- HOLLYWOOD**—Location of 2007 APT conference
- DALLAS**—Location for 2008 APT conference
- FINGER**—_____paint

Our Website has been Updated
Please Visit
www.nvapt.org