



Play Times -Conference Edition

Hands on Play Therapy Techniques: Learn Today ,Play Tomorrow

The conference is going to be great!! We have four local speakers that are going to speak on several new topics in play. You will learn and experience hands on techniques that will enhance your practice, no matter what your setting.

Rebecca Moise will open the conference with Somatic Experiencing in Play Therapy. Somatic Experiencing is a relatively new approach to therapy which has a biological basis. There is a full article from Rebecca in this newsletter on pages 4&5.

Robert Horak's topic is Adventure Based Counsel-

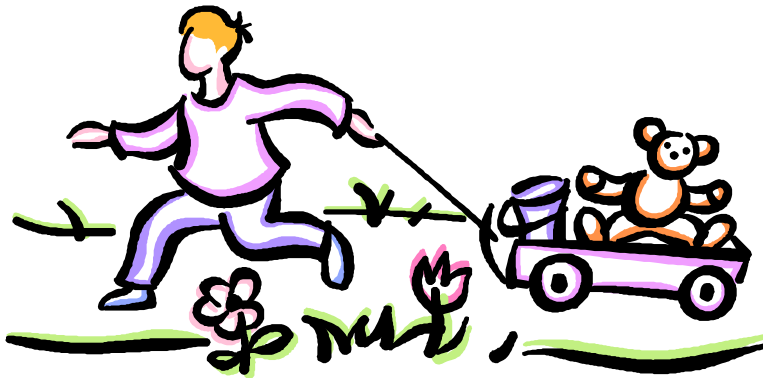
ing. This will be a great way to start Saturday morning and get us all moving. This session will provide hands on information about group work. An article by Robert is on page 2&3.

Dreams and Play Therapy will be presented by Melissa Bush. This is a topic that has never been pre-

sented and should be very interesting to all practice settings.

Deborah Hickey will be presenting Neuroscience and Play Therapy. This is an area that was talked about a lot at the national conference.

We hope to see you all there.



APT website

APT website will be listing all APT approved trainings ,along with the number of licensure hours. If you have information about a training or you are offering trainings send all the information to Pam Bradshaw.

Make sure to include the dates and number of licensure hours.

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SCAPT

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Special points of interest:

- ☺ Conference Registration Form
- ☺ The ABC's of ABC by Robert Horak
- ☺ Pendulation:A Technique for working with overwhelming experience in Play Therapy by Rebecca Moise

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The ABC's of ABC

Robert Horak

It has been four and a half years since I left the familiar world of elementary school where frequent violations of personal space were welcomed expressions of affection. In exchange, I am now well into my fifth year of what appears to be a long and labored initiation into the chaotic world of adolescents. In response to the disparity between middle and elementary school, I find myself, as the counselor, leaning more heavily on Adventure-Based Counseling (ABC) as a model for working with students.

It would not surprise me to find that people are more familiar with the term "ropes course" and less familiar with ABC. Typically, ropes courses offer unique opportunities for participants. These opportunities frequently involve climbing or traversing obstacles that are built with poles (or with existing trees), cables and other necessary hardware. Obstacles may be built one to two feet off the ground (low elements) or 25 or more feet into the air (high element). ABC, on the other hand, is the guiding model that influences what commonly happens on a ropes course. It is not however limited in its application to ropes courses. In fact, various practitioners who subscribe to a variety of theoretical orientations use ABC in various settings. ABC's versatility is one of its boasting points.

ABC's origin can be traced back to Outward Bound (OB). In an effort to make the powerful learning experiences of OB less expensive and more accessible, ABC was developed as a modified version of OB. ABC incorporates the tenets of experiential learning and capitalizes on the benefits of working with small groups of individuals.

Some of the key elements emphasized and embraced by ABC are trust building, goal setting, challenges, peak experiences, humor/fun and problem solving (Schoel, Prouty & Radcliffe, 1988). Through its experiential approach, ABC creates a learning environment that becomes inherently engaging. Participants fully experience the challenge and fun in a context that allows and encourages interpersonal feedback, vicarious learning, modeling and multiple opportunities to test and practice new behaviors. Sights, sensations and sounds are continuously cycled through the ethos. Facial expressions, the sensation of hands supporting your weight, laughter, happiness, frustration, fear, relief, ideas and creative solutions together offer a blend of experiences that bring a heightened level of relevance for participants and equally important, become available for reflection and discussion.

ABC can be especially effective and developmentally appropriate for work with adolescents. The balance of structure, action, freedom, responsibility and reflection creates a compatible mechanism for addressing the maturing needs of adolescents. The balance of structure, action, freedom, responsibility and reflection creates a compatible mechanism for addressing the maturing needs of adolescents. Ground rules that encourage personal responsibility for physical and emotional safety, personal goal setting and participation provide an overarching structure and are shared with participants and monitored by the group. Feedback, modeling and encouragement are critical forces that help groups monitor, reinforce or modify behavior. Additionally, structure is implicit in the sequence of activities and the experiential learning cycle.

ABC facilitators utilize a variety of non-competitive activities and initiative intended to help groups achieve specific goals. Activities offer a range of functions from icebreakers and de-inhibitizers to activities that foster teamwork and trust building and typically begin with a briefing that describes the groups task. Structured group activities that involve rules are especially appealing to adolescents.

(Continued on page 3)



A sample icebreaker activity follows:

Icebreaker: Truth Is Stranger Than Fiction.

"This activity brings out a lot of unusual stories. That's why it's fun. That's also why it can take a long time for the game to play out if you pursue the stories in greater detail.

Play

Here's how to play (or at least one version). Players share three stories about themselves. Two stories are true; one is a lie. The group then tries to determine which story is which.

Short Version If you want the game to move quickly ,allow a short period (30 seconds) for questions and then everyone votes for which story they think it true. After the vote, the storyteller reveals the truth. As soon as the truth is told (amidst comments of, "You gotta be kidding?" and ," You did that?", a new person can share two stories. (Rohnke&Butler,1995,p.80)

To help consolidate and generalize the leaning potential of the experience, facilitators debrief and process the behaviors, feeling ,thoughts and observations with the participants following initiatives. Typical counseling skills of questioning ,reflecting, connecting, modeling ,self-disclosure ,confronting and summarizing are deliberately used to help students discover new truths about themselves, the group and their world. Special emphasis is given to relating and applying insights to other environments. This is a specific piece of the debriefing exercise aimed to help students generalize key insights. Debriefing encourages higher order thinking skills and offers a developmentally appropriate format for adolescents to constructively exercise their will to influence the culture and norms of tier world. The debriefing functions as a platform for change as participants enter into an often-vibrant dialogue with each other about issues that are highly relevant to their lives.

ABC is unique marriage of structure and play. Young participants engage in a series of activities that tease out the dynamics of interpersonal interactions ever present in our lives. Students learn through actions and through dialogue. They learn and practice new behaviors. They begin to assert themselves to influence the norms and cultures of the group. For adolescents, ABC provides: 1)fun,2)immediacy,3)connection to their world,4)a format that is emotionally and intellectually engaging and 5)relevance to their development need for autonomy. These are appealing features of ABC and make it a versatile and viable approach to helping today's youth grow and thrive.

For additional reading:

Schoel, J. ,Prouty ,D. & Radcliffe ,P. (1988)Islands of healing:A guide to Adventure Based Counseling. Hamilton,MA:Project Adventure, Inc.

Rohnke,K.,(1984). Silver Bullets. Dubuque,Iowa:Kendall/Hunt.

Rohnke,K.&Butler,S.(1995) Quicksilver : Adventure games, initiative problems ,trust activities and a guide to effective leadership. Dubuque, Iowa: Kendall/Hunt

Pendulation: A Technique for Working with Overwhelming Experience in Play Therapy

Rebecca Moise

Several years ago a colleague told me about a difficult time she had been having with her own son, "Joshua," then 6 months old. It began after she left Joshua crying in his crib one night. She was tired and found herself thinking of the advice often given to young mothers not to pick up the baby when he cries. She had not heeded this before, but this one time she did. Unfortunately, listening to her baby's cries, she did not recognize when demand turned to terror. For several nights Joshua was afraid of the dark and of his crib. He could not be soothed and had trouble sleeping.

What was interesting to my colleague, and to me, was how the problem resolved. After several nights of bed time misery, this mother heard sounds of Joshua playing in the hallway, laughing and clapping his hands. She looked to see what was happening. It was a sunny afternoon and sunlight was streaming into the hallway where doors were open, creating distinct bands of light and shadow. Joshua had invented a game of sitting in a band of light, moving into shadow, then back into light, whereupon he laughed and clapped. He did this over and over: light, shadow, light, each time expressing apparent joy when he returned to the light. That night Joshua slept soundly, no longer afraid of his crib nor of the dark.

This story stayed in my mind in part because the baby was so young. Not yet walking, he was crawling between patches of light and shadow in the hallway. Even at an age where there was probably not much of an "ego" nor sense of "self", Joshua had found a way to cure himself of his night time fears. Contemporary psychology identifies "repetition compulsion" as a mechanism where, in an attempt at mastery, people repeatedly re-create for themselves experiences that were once over whelming. For a 6month old to "know" this, however, seems to place the "repetition compulsion" as much in the realm of biology as psychology.

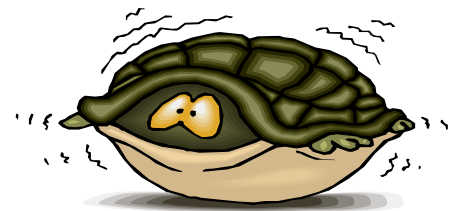
Somatic Experiencing or "SE", developed by Dr. Peter Levine, is a relatively new approach to therapy which has a biological basis. Dr. Levine notes that repeating play is exhibited by animals as well as human beings. Among his many observations is an episode, captured on film, in which 3 cheetah cubs are hunted by an adult lion. They escape by climbing to the upper branches of a tree where they wait until the lion goes away. The cubs then recreate what they had just experienced. They seem to take turns playing the part of the lion pursuing the other two. All three cubs thus have a chance to practice different methods of escape and, equally important, to re-experience, in play, intensely pleasurable sensations of successful escape.

What happens in play therapy? Look carefully at the account of baby Joshua and consider the following questions. Why, for a time, was he afraid of the dark? What happened to cause this fear to go away? Why, when the original experience was terrifying to him, did his later game include laughing and clapping?

Joshua was basically a happy, well cared for baby. By age 6 months, he would have had many good experiences going to sleep in his crib in the dark, including singing, rocking and all sorts of soothing. The abruptness of the change probably increased his fear when his mother failed to come when he cried. Also it is probably biologically adaptive for a small baby to have some fear of being alone and of the dark. After his ordeal was over, however, why did Joshua remain upset for several nights despite the return of his mother's reassuring presence? Why did dozens of good experiences not carry more weight than the single bad one? Why was he stuck in the exception?

Returning to my colleague's story, Levine's theory suggests that when Joshua was alone in the dark, energy was flowing through his body to deal with what, to him, felt like enormous danger. At some point, he detached from part or all of his body energy. Metaphorically, it froze. The energy was somehow stuck. Think of trauma memory being like a computer program that is stopped before it has a chance to complete. When Joshua again encountered something that triggered this memory, his crib, maybe, or being in the dark, the energy of flight or fight returned. The uncompleted and undischarged danger response interfered with the baby sleeping or even responding to his mother's efforts to soothe. It prevented him from being able to access his own body memories of many happy bed time experiences in the past.

Continued on page 5



Play allowed Joshua to renegotiate this situation in a nonthreatening way. What had not completed in life can be completed in play. Metaphorically, what was frozen thaws. Play allowed Joshua to discharge energy that had previously been trapped. As you read this you can try feeling it in your own body. Imagine what baby Joshua might feel if he were just sitting in the light, happy in the sun, not in the dark. While pleasant, there is no movement in this experience. Nothing freezes. There is no energetic response to danger that can be accessed and then resolved. Note how different it feels in our body being in the sun, moving into dark, then back into light. Movement allows a biological program to complete. Words for this experience might include: I have successfully escaped the dark; my body, revved up to fight or escape danger, can now relax; I don't have to be afraid. Once this had happened the baby can once again respond to soothing and comforting, can access past body memories and can sleep. Even with cheetah cubs, we seem to see organisms "playing" at moving from safety, to danger, to safety again as they access the power of stored energy. Dr. Levin calls a movement like this "pendulation". Joshua's clapping and laughing was a release of energy. No energy is released just sitting in the sun. The same energy that causes the baby to be "locked" in fear can create a bubbly kind of joy when, with energy "unlocked", there is a return of movement and of feeling. Once again this is something you might try to sense in your body as you also try to understand this with your mind.

It is a core belief among many play therapists that children (and adults) move naturally toward recovery and health. The rules of some nondirective play therapies include not interfering with the flow of this natural process. Much experience shows the wisdom of this. Given space, time and support, most of our child clients will create the precise play sequence needed for their recovery. At the same time, nondirective play therapy is something of a leap of faith. All of us have encountered times when nondirective play therapy seems not to work, or to work for a while and then stop. Instead play therapy healing, as with Joshua, the child's play seems to stay with a sequence that is fairly benign, but neutral, or may be retraumatizing. We might say the system is trying to recover but is stuck, or, given the realities of modern practice, is moving much too slowly. In these cases many play therapists find themselves wanting to combine client centered approaches with the interventions which stop the child's own play to allow the therapist to try to supply what is needed.

Somatic Experiencing suggests a third way. If we understood more about why play is therapeutic and especially if we were able to specify which precise elements have therapeutic effect, we would be in a position to augment what the child was already doing. We could supply missing pieces while still staying with the child's natural play sequences. If we knew what parts of play are therapeutic, our cures might be more powerful, effective and faster.

Pendulation, in SE, means moving back and forth, like a pendulum, between two points of a body sensation. Looking back at the play of many children in play therapy, I see a great deal of pendulation. Often the therapy seems most effective just when this pendulation occurs. The child plays that the "dragon", the "monster", the "ghost" or the "bad guy" is giving chase, the child escapes and then calms down in a safe place such as behind chairs or under the desk. Children in play therapy often ask me to come into the safe place with them; I always comply. After the feeling, or the sensation, has settled, the child may imagine the danger returns, but this time he or she is better able to cope. In play therapy I have seen children go into a completely dark closet, stay there for a while, and then come back into the light. A child may pretend a baby doll is sick and then cured. There are endless variations. It is so obvious, so basic to play, that it is almost like the saying a fish could not discover water because in the fishes' world, water is everywhere. So it may be hard for a play therapist really to focus on the significance of "pendulation". Despite the play therapy literature including discussion of "repetition compulsion," "abreaction", "catharsis", and even the importance of "peek-a-boo" as the child's first game, there is not yet, that I have seen, much focus on the phenomenon of a child spontaneously moving back and forth between sensations (that is pendulation) as an important component of play therapy.

A more detailed knowledge of why and how elements of play are therapeutic could augment using play to help our young patients recover. In play there is possibility of taking in small doses what is too much to absorb all at once. There is usually access to body sensation. Often there is movement. In a lot of play, there is almost automatic pendulation. The next time you are in a play therapy session with a child, notice how the child pendulates as he or she plays. As a therapist you can use this basic biological process to work more effectively with trauma and other overwhelming experiences with children in play therapy.

More information about SE is available at : www.traumahealing.com

South Carolina Association for Play Therapy Conference

Hands on Play Therapy Techniques:

Learn Today, Play Tomorrow

March 3 & 4 ,2006

Metropolitan Convention Center

(www.columbiaconventioncenter.com)

1101 Lincoln Street

Columbia ,S.C.

Friday March 3

Registration 8:30-9:00

9:00-12:00(break at 10:30-drinks only)

12:00-1:00 lunch provided

1:00 -4:30 (break 2:30-drinks only)

Presenter: Rebecca Moise, PhD, LISW-CP

What Goes Up Can Come Down : Somatic Experiencing in Play Therapy

Understand Peter Levin's theory of biologically based "fight-flight-freeze" responses manifest as behavioral and emotional difficulties in children. Experience 6 specific techniques for helping children in play therapy move out of stuck places and restore positive body experiences.

6:00 Dinner with SCAPT The SCAPT Board hopes that all will join us for a dinner at one of the local restaurants.

Saturday March 4

Registration 8:30-9:00

9:00-12:00

Presenter: Robert Horak, PhD

Understanding the Benefits of Play Through Adventure Based Counseling

Participants will learn how to apply principles and strategies of adventure based counseling as a form of Play Therapy with groups.

12:00-1:00 Lunch provided and Business meeting.

March 4

1:00 -2:30

Presenter: Melissa V. Bush ,PhD, LMFT/S,LPC/S,APT/S

Dreams and Play Therapy

Learn principals and techniques when integrating dreams and Play Therapy.

2:30-2:45 Break drinks only

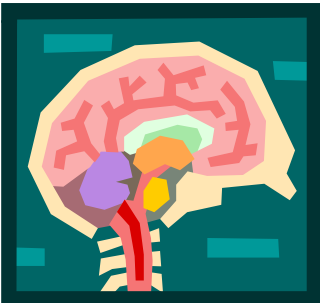


2:45-4:15

Presenter: Deborah Hickey, PhD

Neuroscience and Play Therapy

Participants will gain a greater understanding of neuroscience and play therapy.



CE: The South Carolina Association for Play Therapy (Provider# 99-061) and the South Carolina Counseling Association (SCCA) provide Continuing Education. SCCA is recognized by NBCC (Provider#2041) and the SC Board for Counselors, Therapists, Psycho-Educational Specialists(Provider#P-069) to offer Continuing Education on LPC,MFT, Psycho-Educational Specialists and National Certified Counselors. This conference adheres to the guidelines of APT,NBCC and SC State Department of Education for Teacher Certification Renewal.

www.scteachers.org

The conference offers 6 contact hours for Friday and 6 contact hours for Saturday at no expense to the participants.

Hotel Accommodations are at the Hampton Inn Historic District

Located at 822 Gervais Street ,Columbia, S. C. 29201

Phone: 803-231-2000 Toll free : 1-800-Hampton

Check in is 3:00pm and check out is 12:00pm

Complementary hot deluxe breakfast on Friday and Saturday 6:00am -10:00am

The Hotel offers many features and is within easy walking distance of the Convention Center, SC State Museum, Columbia's Museum of Art, the University of South Carolina and Vista shopping.

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South Carolina Association for Play Therapy Mission Statement

Our mission in SCAPT is to advance the psychosocial development and mental health of all people through play and play therapy by promoting

- *the understanding and valuing of play and play therapy
- *the effective practice of play therapy through training ,research and support
- *the recognition ,incorporation and preservation of diversity in play and play therapy
- *the development and maintenance of a strong professional organization to accomplish these objectives.

Registration

Deadline is February 24,2006 No Refunds after this date.

Each day is \$70.00. Due to the low cost one fee is for all people who attend.

(members, nonmembers and students.)

_____ I will attend both days at \$140.00

_____ I will attend only Friday at \$70.00

_____ I will attend only Saturday at \$70.00

I am enclosing a check made payable to SCAPT

Mail to: Larue Bettis 2208 Raven Trail ,West Columbia, S.C. 29169

(Email: laruebettis@sc.rr.com)

Name: _____ Phone: _____

Address: _____

Special Needs: _____
