



**“Child Parent Relationship Therapy (CPRT):
A Research Based 10-Session Filial Therapy Model”**

Presented by Dr. Garry L. Landreth, LPC, RPT-S.

May 16, 2009 (Saturday)
Tokai University, 9th Floor
8:00 a.m.- 9:00 a.m. Semi-Annual HAPT Membership Meeting
9:00 a.m.- 9:30 a.m. Registration
9:30 a.m.- 4:45 p.m. Workshop (lunch is from 12:15 p.m.-1:00pm)
Earn 6 CEUs

This workshop will focus on the dynamic relationship facets of training parents to be therapeutic agents in their children’s lives. Using a format of didactic instruction, demonstration play sessions, required at-home play sessions and supervision, parents are taught basic child centered play therapy principles and skills including tracking, responsive listening, reflecting feelings, returning responsibility to children, the ACT model of limit setting, building children’s self-esteem and how to structure weekly 30 minute play sessions with their children using a special kit of selected toys. This practical “how to” workshop includes an overview of the treatment outlines for the 10 sessions, how to teach the child-centered play therapy skills, toys and materials needed, and video segments of Dr. Landreth’s CPRT parent training sessions. CPRT’s preventative nature and relatively brief treatment time frame make this treatment model attractive in today’s mental health climate. **Learning objectives:** 1) Following the workshop, participants should be able to 1) teach parents listening skills; 2) teach parents responding skills; 3) select appropriate toys for CPRT play sessions; 4) structure CPRT parent-child play sessions.

HAPT members will be able to attend this workshop for \$10.00. Non-members of HAPT are welcome to attend for an \$80 fee. Participants are encouraged to order their lunch in advance. Registration deadline will be May 8, 2009 to ensure lunch orders. We look forward to seeing you there! Any questions, please feel free to contact Program Chairs, Inga Park Okuna (ingapark@tmail.com) or Lyn Lee (lyn_ilee@hotmail.com). To become a member of the Hawaii Association for Play Therapy, please visit our website at: www.hawaiiplaytherapy.net

-----Please cut here and send payment/registration to: -----

Hawaii Association for Play Therapy (HAPT)
P.O. Box 176
Pearl City, HI 96782

Name: _____ Phone #: _____

Address: _____

Email address: _____ (email confirmations will be sent) ***Make checks out to HAPT
DOE Vendor #121780**

- I’m a HAPT member and will be attending the workshop only. Please include \$10 for the workshop.
- I’m a HAPT member and will be attending both the workshop and lunch (\$10). Include payment for both (\$20).
 - _____ Tuna salad sandwich on whole grain bread, veggie sticks, fruit, cookie, & beverage
 - _____ Oriental Chicken Salad & beverage
 - _____ Vegetarian sandwich & beverage
- I’m a nonmember attending the workshop only. Please include \$80 for the workshop.
- I’m a nonmember attending both the workshop and ordering lunch. Include payment and registration fee (\$90).
 - _____ Tuna salad sandwich on whole grain bread, veggie sticks, fruit, cookie, & beverage
 - _____ Oriental Chicken Salad & beverage
 - _____ Vegetarian sandwich & beverage