



Hawaii Association For Play Therapy Newsletter
February 2009

A Message From the President

Dear Fellow HAPT Members,

It is my pleasure to bring to you my first message as HAPT President. I would first like to share with you the wonderful time I had last October representing HAPT at the 2008 APT Annual Conference which was held in Dallas, Texas. It was a very informative and exciting conference of outstanding speakers which included our upcoming HAPT 2009 Conference presenter, Sue Bratton, Ph.D. I tried several times during the conference to introduce myself to her, but she was always surrounded by people who appeared to not get enough of the vast knowledge and experience she had to share. Eventually, I managed to get through and convey to her my appreciation for her taking time out of her extremely busy schedule to come and share her expertise with us on February 26th and February 27th 2009. If you have not already done so, please go to www.hawaiipplaytherapy.net to register so you too can experience this outstanding presenter. I also had the pleasure of meeting APT's new President, Daniel Sweeney, Ph.D. and our HAPT 2010 Conference presenter, David Crenshaw, Ph.D. Conference presentations were broad and topics included foundations in Play Therapy, use of Sandplay Therapy, advocacy and research of Play Therapy, and the Neurobiology associated with trauma. It was all a memorable event, including actually breaking the heel off my new Cowboy Boots as I danced the night away at the finale of the conference, the *Lone Star Casino*, where we "gambled" and did the "Boot Scootin' Boogie!"

I would next like to thank all of our volunteers who work tirelessly for HAPT and the list of the many people that are required to keep the HAPT wheels "well-oiled" follow below. Please also note that the HAPT benefits awarded to volunteers are listed first. There are a number of positions still open and what is most pressing at this time is securing members of the Nominating Committee. I ask all of you to consider joining us as a volunteer or encouraging someone else to volunteer as we cannot function as an organization without the many people who "step up" each year to fulfill the many roles required.

Thank you for your continued participation as a HAPT member and also for giving me the opportunity to be a representative of the "serious business of play."

Linda Rivera, Psy.D.
HAPT President (2008-2009)
drivera@betterlifebydesign.com

Benefits For HAPT MEMBERS

Webmaster:

HAPT provides for the Webmaster to attend the HAPT Annual Conference FREE

Board Members:

(Past President, President, President-Elect, Secretary, Treasurer, and Member-at-Large)

1. HAPT pays for the annual APT/HAPT membership fee for all Board Members
2. HAPT provides for all Board Members to attend the HAPT Annual Conference FREE
3. HAPT provides dinner for all Board Members at the Monthly Board Meetings
4. Presidential Line (Past President, President, President-Elect): During their year as President, HAPT pays up to \$2500 for the President to attend APT's Annual Conference
5. Treasurer and President-Elect: Applicable Training Program /Seminar (e.g. Quicken, Leadership) as available and up to \$100

Conference Chair and Committee Members:

HAPT provides for the Conference Committee Chair/Members to attend the HAPT Annual Conference FREE

Conference Treasurer:

HAPT provides for the Conference Treasurer to attend the HAPT Annual Conference FREE

Conference Registrar/CEU Director:

HAPT provides for the Conference Registrar/CEU Director to attend the HAPT Annual Conference FREE

Conference Registrar Assistants: \$50/day Discount towards the HAPT Annual Conference

Conference Vendor Chair: \$100 Discount towards the HAPT Annual Conference

Conference Publicity Chair: \$100 Discount towards the HAPT Annual Conference

Conference Evaluation Chair: \$100 Discount towards the HAPT Annual Conference

Program Committee:

HAPT provides for all Committee Members to attend the HAPT Annual Conference FREE

Status of HAPT Positions

Webmaster:

Scott O'Neal, MSW, LCSW

Outgoing Board:

Past President: Teresa Shigemasa, MSCP, LMHC, RPT/S

President: Linda Rivera, Psy.D.

President-Elect: Nami-Anne Dolan, M.Ed., NCC

Secretary: Peggy Brandt, M.Ed., LMHC

Treasurer: Mary Greaney, MA, MFT

Member-at-Large: Lyn Lee, MSW, LCSW

Incoming Board:

Past President: Linda Rivera, Psy.D.

President: Nami-Anne Dolan, M.Ed., NCC

President-Elect: **Position is open**

Secretary: **Position is open**

Treasurer: **Position is open**

Member-at-Large: Lyn Lee, MSW, LCSW

2009 Conference (presenter, Sue Bratton, Ph.D.)

Conference Committee (Co-Chairs): Sue Bergman, M.Ed., LMHC, Monica Evans, MSCP, LMHC, and Mary Milnor, MSCP

Conference Treasurer: Susan Cohen, Psy.D.

Conference Registrar/CEU Director: Anita Trubitt, MSW, LCSW, RPT-S

Conference Vendor Chair: Christina Sprague, MS

Conference Publicity Chair: Roswitha Shanadan, Psy.D.

Conference Evaluation Chair: Pat Yuen, LSW

2010 Conference (presenter, David Crenshaw, Ph.D.)

Various Positions for the Conference are still available.

2008-2009 Program Committee Co-Chairs:

Lyn Lee, MSW, LCSW and Inga Park Okuna, MA, CSC

2009-2010 Program Committee: **Position is open**

2008-2009 Nomination Committee Co-Chairs:

Sue Bergman, M.Ed., LMHC and Mary Milnor, MSCP

2009-2010 Nomination Committee: **Position is open**

2008-2009 Fundraising Committee: **Position Unfilled**

2009-2010 Fundraising Committee: **Position is open**

Goals Goals Goals

Teresa Shigemasa, Past-President 2008-09

Hawaii Association for Play Therapy Three-Year Goals: 2008-2011

Goal 1: Increase membership by 19 members to a total of 145 by 2011.

Objective A:

Increase Membership annually by 5%. (June, 2008 baseline: 126)

To be evaluated by comparing each June membership list to previous year's June membership list.

- Objective A Strategic Action 1: (retention)

Scott O'Neal will continue to send reminder postcards 15 days prior to the renewal date for HAPT members. If a given member's membership expires by the following month's membership list (to be determined by the President-Elect), then Pam Bradshaw will call and remind them to renew and/or ascertain their reasons for not renewing their membership. HAPT will get a report from APT as to reasons we lose members.

- Objective A Strategic Action 2: (retention and recruitment)

Develop cost-effective networking opportunities among the membership, including Yahoo Discussion Groups (YDG) and offering a social hour at conferences and workshops.

To be evaluated by tallying the number of posts on YDG annually and the number of persons in attendance at social hours.

Peggy will check with Scott as to the feasibility of obtaining an annual tally of YDG posts.

- Objective A Strategic Action 3: (recruitment)

Boost affiliate membership by graduate students by:

- Continually encouraging and supporting professional members in their outreach (via teaching coursework that includes a piece on play therapy or presenting in-services within the university setting to promote play therapy).
- Publicizing conferences and workshops to Argosy, Chaminade, and UH MSW students via email.

To be evaluated by tallying # of outreach events per year to students, as well as the total percentage of membership who are affiliates. Goal is to maintain 10% of membership as affiliate.

Peggy will find email contacts for Chaminade, UH, and Argosy and forward them to Program Committee and Conference Chairs.

- Objective A Strategic Action 4: (retention and recruitment)

Communication: Newsletter articles written by the board to include a piece asking for other members' suggestions, articles, topics of interest as much as possible. Newsletter will also serve as a forum to ask for assistance from the membership (e.g., interested future board members, fundraising committee volunteers, etc.). Continue Yahoo Discussion Groups. Send broadcast emails as needed.

Goal 2: Play therapy will be accepted as a legitimate mental health treatment modality across agencies in Hawaii.

Objective A:

At least 25% of conference attendees' registration will be paid by stakeholder agencies (DOE, DOH, other mental health agencies).

- Objective A Strategic Action: HAPT will continue to publicize conferences and workshops to stakeholder agencies.

Objective B:

HAPT members will provide at least one in-service annually to stakeholder agencies (DOE, DOH, other mental health agencies).

- Objective B Strategic Action: Board will approach membership via newsletter and email for assistance in giving in-services.

Peggy will send broadcast email to membership encouraging members to do these in-services and requesting that they let us know when they do so we can count them.

Member At Large will include at least one mention annually in the newsletter, encouraging members to offer in-services.

Goal 3: To improve Neighbor Islander access to conferences and workshops.

Objective A: Board will investigate feasibility of using electronic options to facilitate trainings on Neighbor Islands.

Teresa will investigate interest and known feasibility by posting question to Neighbor Islanders via YDG.

Goal 4: Keep HAPT financially solvent.

Objective A: To convene a fundraising committee to raise collateral funds (thereby reducing dependence on conference funds for income).

Objective B: To research the process required to establish vendor links on our website.

Peggy will contact Scott to see if he knows the above.

Progress update Goal 1 :

Our indefatigable Scott O'Neal continues to send those lovely reminder postcards regarding membership expiration, our friendly way of giving members time to renew their membership.

Secretary Peggy Brandt did check with our webmaster Scott regarding the feasibility of obtaining an annual tally of YDG postings. Apparently, this is easy enough to do, and it will assist the board in knowing how much our members use this handy tool to network with each other on a variety of subjects (trainings, referrals, etc.) For those of you interested in participating in our discussion groups, please email Scott: www.webhead@hawaiiplaytherapy.net He will be delighted to get you started!

Progress update Goal 2:

Peggy received some answers to an email in which she asked members if they had done any promotion of Play Therapy via in services. Apparently, between Inga Park-Okuna, Carla Sharp, Teresa Shigemasa, and Anita Trubitt, we have successfully completed in services to the summer conference of School Based Behavioral Health, Tripler providers, Argosy University students, and Hawaii Bar Association in 2008. Please let us know if you would like to join us in meeting this important goal to assist in the recruitment of new members. You can always contact your board: www.hawaiiplaytherapy.net.

Progress update Goal 3:

With the help of the webmaster, Teresa Shigemasa did pose a question to our neighbor island members regarding their interest in the use of electronic options to facilitate trainings on the neighbor islands (e.g. Teleconferencing). I received one response in favor of the board looking into this possibility. If you are a neighbor island member and you would still like to respond to this question, feel free to email Teresa: www.pastpresident@hawaiiplaytherapy.net.

Progress update Goal 4:

Hip hip hooray, our fundraising committee this year is hard at work developing our 2nd annual silent auction for the upcoming Conference 2009, "The Healing Power of Play". Our hats off to Mary Milnor and Pat Yuen. Y'all come, it is going to be a wonderful time to learn from the expertise of Sue Bratton, Ph.D, RPT-S. We will have those wonderful vendors and the silent auction, sure to be a delightful time for all! Keep scrolling for conference information....

Peggy also researched the possibility of establishing vendor links on our website to assist with fundraising. According to webmaster Scott, one of the least labor intensive and inexpensive ways: Vendors could be invited to make donations to sponsor the HAPT webpage, in exchange for a blurb on the webpage, or, HAPT could make a page, call it vendor links, and put links to the different vendors on that page, charging nothing. That could make vendors very happy and more willing than ever to show up at our conference. This year, the 2009 Conference will boast somewhere in the vicinity of 13-14 vendors.

Thank you for taking time to review our goals.

Teresa Shigemasa, Past President 2008-09

Annual Conference

Hawaii Association for Play Therapy
11th Annual Conference

The Healing Power of Play
Dr. Sue Bratton, PhD, LPC, RPT-S

Thursday, February 26, 2009 & Friday, February 27, 2009

Ala Moana Hotel

Thursday, February 26, 2009, 9:00 AM - 5:00 PM
Play Therapy with Traumatized Children

Dr. Bratton will focus on interpersonal trauma that has resulted from a relationship break or loss of primary relationship

Friday, February 27, 2009, 9:00 AM – 4:00 PM
Parents and Caregivers: Crucial Elements in the Therapeutic Process of Play Therapy

Dr. Bratton will focus on involving parents and teachers in the therapeutic process. Dr. Bratton will also discuss Family Play Therapy and her Head Start research project utilizing Child Parent Relationship Therapy (CPRT).

To view conference brochure, or to register go to: www.hawaiiplaytherapy.net

Contacts and General conference information:
Monica Evans 808-348-4290
Sue Bergman or Mary Milnor: haptconference09@gmail.com

Hawaii Association for Play Therapy

“The Hawaii Association for Play Therapy is an independent organization that is a chartered branch of the Association for Play Therapy. HAPT is a not-for-profit incorporation that is dedicated to providing a forum for the professional growth and development of the play therapist, providing training to the mental health community and advocating for appropriate mental health treatment for children.”

“HAPT recognizes that play therapy is used by practitioners from diverse fields including Art Therapists, Child Development Specialists, Clinical Social Workers, Marriage, Family, & Child Therapists, Psychiatric Nurses, Psychiatrists, Psychologists, Recreational Therapists, School Counselors, Teachers, Mental Health Counselors, and others!”

“The Association for Play Therapy (APT) is a national professional society formed in 1982 to advance the play therapy modality and serve the research, training, and credentialing needs of its members.” “APT defines play therapy as the “systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development.”

(See the APT and HAPT websites for more information)

Play Therapy

APT Website: Why Play Therapy Overview

Play Therapy Makes a Difference!

Why Play?



Play is the child's language and ...

In recent years a growing number of noted mental health professionals have observed that play is as important to human happiness and well being as love and work (Schaefer, 1993). Some of the greatest thinkers of all time, including Aristotle and Plato, have reflected on why play is so fundamental in our lives. The following are some of the many benefits of play that have been described by play theorists.

Play is a fun, enjoyable activity that elevates our spirits and brightens our outlook on life. It expands self-expression, self-knowledge, self-actualization and self-efficacy. Play relieves feelings of stress and boredom, connects us to people in a positive way, stimulates creative thinking and exploration, regulates our emotions, and boosts our ego (Landreth, 2002). In addition, play allows us to practice skills and roles needed for survival. Learning and development are best fostered through play (Russ, 2004).

Why Play in Therapy?

Play therapy is a structured, theoretically based approach to therapy that builds on the normal communicative and learning processes of children (Carmichael, 2006; Landreth, 2002; O'Connor & Schaefer, 1983). The curative powers inherent in play are used in many ways. Therapists strategically utilize play therapy to help children express what is troubling them when they do not have the verbal language to express their thoughts and feelings (Gil, 1991).

In play therapy, toys are like the child's words and play is the child's language (Landreth, 2002). Through play, therapists may help children learn more adaptive behaviors when there are emotional or social skills deficits (Pedro-Carroll & Reddy, 2005). The positive relationship that develops between therapist and child during play therapy sessions provides a corrective emotional experience necessary for healing (Moustakas, 1997). Play therapy may also be used to promote cognitive

development and provide insight about and resolution of inner conflicts or dysfunctional thinking in the child (O'Connor & Schaefer, 1983; Reddy, Files-Hall & Schaefer, 2005).

What Is Play Therapy?



... toys are the child's words!

Initially developed in the turn of the 20th century, today play therapy refers to a large number of treatment methods, all applying the therapeutic benefits of play. Play therapy differs from regular play in that the therapist helps children to address and resolve their own problems. Play therapy builds on the natural way that children learn about themselves and their relationships in the world around them (Axline, 1947; Carmichael, 2006; Landreth, 2002). Through play therapy, children learn to communicate with others, express feelings, modify behavior, develop problem-solving skills, and learn a variety of ways of relating to others. Play provides a safe psychological distance from their problems and allows expression of thoughts and feelings appropriate to their development.

APT defines play therapy as "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development."

How Does Play Therapy Work?

Children are referred for play therapy to resolve their problems (Carmichael; 2006; Schaefer, 1993). Often, children have used up their own problem solving tools, and they misbehave, may act out at home, with friends, and at school (Landreth, 2002). Play therapy allows trained mental health practitioners who specialize in play therapy, to assess and understand children's play. Further, play therapy is utilized to help children cope with difficult emotions and find solutions to problems (Moustakas, 1997; Reddy, Files-Hall & Schaefer, 2005).

By confronting problems in the clinical Play Therapy setting, children find healthier solutions. Play therapy allows children to change the way they think about, feel toward, and resolve their concerns (Kaugars & Russ, 2001). Even the most troubling problems can be confronted in play therapy and lasting resolutions can be discovered, rehearsed, mastered and adapted into lifelong strategies (Russ, 2004).

Who Benefits from Play Therapy?

Although everyone benefits, play therapy is especially appropriate for children ages 3 through 12 years old (Carmichael, 2006; Gil, 1991; Landreth; 2002; Schaefer, 1993). Teenagers and adults have also benefited from play techniques and recreational processes. To that end, use of play therapy with adults within mental health, agency, and other healthcare contexts is increasing (Pedro-Carroll & Reddy, 2005; Schaefer, 2003). In recent years, play therapy interventions have also been applied to infants and toddlers.

How Will Play Therapy Benefit A Child?

Play therapy is implemented as a treatment of choice in mental health, school, agency, developmental, hospital, residential, and recreational settings, with clients of all ages (Carmichael, 2006; Reddy, Files-Hall & Schaefer, 2005).

Play therapy treatment plans have been utilized as the primary intervention or as an adjunctive therapy for multiple *mental health conditions and concerns* (Gil & Drewes, 2004; Landreth, Sweeney, Ray, Homeyer & Glover, 2005), e.g. anger management, grief and loss, divorce and family dissolution, and crisis and trauma, and for modification of *behavioral disorders* (Landreth, 2002), e.g. anxiety, depression, attention deficit hyperactivity (ADHD), autism or pervasive developmental, academic and social developmental, physical and learning disabilities, and conduct disorders (Bratton, Ray & Rhine, 2005).

Research supports the effectiveness of play therapy with children experiencing a wide variety of social, emotional, behavioral, and learning problems, including: children whose problems are related to life stressors, such as divorce, death, relocation, hospitalization, chronic illness, assimilate stressful experiences, physical and sexual abuse, domestic violence, and natural disasters (Reddy, Files-Hall & Schaefer, 2005). Play therapy helps children:

Become more responsible for behaviors and develop more successful strategies.

Develop new and creative solutions to problems.

Develop respect and acceptance of self and others.

Learn to experience and express emotion.

Cultivate empathy and respect for thoughts and feelings of others.

Learn new social skills and relational skills with family.

Develop self-efficacy and thus a better assuredness about their abilities.

How Long Does Play Therapy Take?

Each play therapy session varies in length but usually last about 30 to 50 minutes. Sessions are usually held weekly. Research suggests that it takes an average of 20 play therapy sessions to resolve the problems of the typical child referred for treatment. Of course, some children may improve much faster while more serious or ongoing problems may take longer to resolve (Landreth, 2002; Carmichael, 2006).

How May My Family Be Involved in Play Therapy?



Families play an important role in children's healing processes. The interaction between children's problems and their families is always complex. Sometimes children develop problems as a way of signaling that there is something wrong in the family. Other times the entire family becomes

distressed because the child's problems are so disruptive. In all cases, children and families heal faster when they work together.

The play therapist will make some decisions about how and when to involve some or all members of the family in the play therapy. At a minimum, the therapist will want to communicate regularly with the child's caretakers to develop a plan for resolving problems as they are identified and to monitor the progress of the treatment. Other options might include involving a) the parents or caretakers directly in the treatment in what is called filial play therapy and b) the whole family in family play therapy (Guerney, 2000). Whatever the level the family members choose to be involved, they are an essential part of the child's healing (Carey & Schaefer, 1994; Gil & Drewes, 2004).

Who Practices Play Therapy?

The practice of play therapy requires extensive specialized education, training, and experience. A play therapist is a licensed (or certified) mental health professional who has earned a Master's or Doctorate degree in a mental health field with considerable general clinical experience and supervision.

With advanced, specialized training, experience, and supervision, mental health professionals may also earn the Registered Play Therapist (RPT) or Registered Play Therapist-Supervisor (RPT-S) credentials¹ conferred by the Association for Play Therapy (APT).

[View the Registered Play Therapist \(RPT\) or Registered Play Therapist-Supervisor \(RPT-S\) credentials](#) (Adobe Acrobat, 178KB)

View the Research References

¹The Association for Play Therapy (APT) confers the Registered Play Therapist (RPT) and Registered Play Therapist Supervisor (RPT-S) credentials to licensed (or certified) mental health professionals who have provided APT with documentation that they have 1) earned a graduate or higher mental health degree, 2) completed a minimum number of play therapy training and supervision clock hours, and 3) completed the requisite continuing education hours. The RPT/S credentials do not certify, imply, or affirm the knowledge or competency of such individual but only confirms that the education and training requirements identified herein have been satisfied. APT also offers approved continuing education provider status to agencies and individuals who have provided APT with documentation that the agency or individual will provide program(s) that satisfy APT requirements for continuing education of RPT/S designees. The APT approval status of any continuing education provider does not certify, imply, or affirm the knowledge of any agency, individual, or presenter of a program but only confirms that APT continuing education provider requirements have been satisfied.

Authors

The information displayed for the general public and mental health professionals in this section was initially crafted by JP Lilly, LCSW, RPT-S, Kevin O'Connor, PhD, RPT-S, and Teri Krull, LCSW, RPT-S and later revised in part by Charles Schaefer, PhD, RPT-S, Garry Landreth, EdD, LPC, RPT-S, and Dale-Elizabeth Pehrsson, EdD, LPC, RPT-S. Linked mental health conditions and concerns and behavioral disorders were drafted by Pehrsson and Karla Carmichael, PhD, LPC, RPT-S respectively. Research citations were compiled by Pehrsson and Oregon State University graduate assistant Mary Aguilera. APT sincerely thanks these individuals for their contributions.

Mahalo to Sue Bergman for your help in gathering this information as well as the Annual Conference and HAPT information. Check out the APT and HAPT websites.

Books & More Books

A SELECTED PLAY THERAPY READING LIST Compiled by - Carla Sharp, APRN, RPT-S, STA/ISST

Allan, J. Inscapes of the Child's World, Dallas, Spring Publications, 1988

Axline, Virginia. Play Therapy, Boston, Houghton Mifflin, 1947

Dodds, Josiah B. A Child Psychotherapy Primer, New York, Human Services Press, 1985

Gil, Eliana. Helping Abused and Traumatized Children: Integrating Directive and Nondirective Approaches, New York, Guilford Press, 2006

Gil, Eliana. The Healing Power of Play: Working with Abused Children, New York, Guilford Press, 1991

James, Bev Treating Traumatized Children: New Insights and Creative Interventions, Lexington Books, 1989

Landreth, Gary. Play Therapy: The Art of the Relationship, Accelerated Development, Muncie, Indiana, 1991 Order from 1-800-222-1166

Moustakas, Clark. Psychotherapy with Children, New York: Harper and Row, 1959.

O'Connor, Kevin. The Play Therapy Primer: An Integration of Theories and Techniques, New York, Wiley and Sons, 1991

Russ, Sandra W. Play in Child Development and Psychotherapy, New Jersey, Lawrence Erlbaum Associates, 2004

Schaefer, Charles. (ed.) Innovative Interventions in Child and Adolescent Therapy, New York, Wiley and Sons, 1988

Schaefer, Charles. The Therapeutic Powers of Play, New Jersey, Aronson Press, 1993

Schaefer, Charles and Cangelosi, D. Play Therapy Techniques, New Jersey, Aronson Press, 1993

Schaefer, Charles and Gitlin, K. (eds.) Play Diagnosis and Assessment, New York, Wiley and Sons, 1991

Schaefer, Charles and Kaduson, Heidi, ed. 101 More Favorite Play Therapy Techniques. Jason Aronson, N.J., 2001

Webb, Nancy Boyd, ed. Play Therapy with Children in Crisis., New York, The Guilford Press, 1991.

Most of these books can be ordered from the Association for Play Therapy if you are a member at www.a4pt.org

Play Therapy in Hong Kong

By Carla Sharp, APRN, RPT-S, STA/ISST

In early 2008 I received a call from Kelly Chung, a social worker in Hong Kong for the Boys and Girls Clubs Association. She invited me to provide trainings in play therapy to the social workers who work at the 31 Boys and Girls Clubs sites as well as open it up to other mental health professionals on Hong Kong Island. Since I love to travel and to teach, I was thrilled but also humbled and a bit nervous.

All my qualms proved wrong. Forty-five professionals attended the first training and 55 attended the second training in a large modern, high tech conference room overlooking Hong Kong Bay in the Boys and Girls Clubs headquarters. This is a large 7 story building housing administrative departments as well as a pre-school and a drop in center for at risk youth. I taught the Build a House technique and other family play therapy techniques during a 4 day training in June, 2008 and then taught my Beginning Play Therapy class during a 4 day training in October, 2008. It was simply delightful to train so many eager and well-educated students who love play therapy. All have at least a Master's degree in social work or another mental health discipline. And most have been educated in one of Hong Kong's many fine universities. They are completely familiar with all western psychological concepts and are open to learning new ones.

Each Boys and Girls Club center has a play therapy room and is staffed by mental health professionals. Parents and children can drop in for help or counseling and other activities. The centers target the children of Hong Kong whose parents must work long hours and who may often be left alone. It is said that one out of every seven people in Hong Kong is a millionaire but no one wants to talk about the very high poverty rate as well. The Boys and Girls Clubs Association also has a parent line, a children's hotline, and provide psychological services to families upon request. They serve thousands of children and families each year. Their social workers also traveled into China after the earthquake to provide play therapy activities to children who survived the quake.

I look forward to returning next month for another 4 day training from my Intermediate class. These dedicated professionals want to obtain their RPT credential and have proper play therapy rooms. It is a pleasure and a privilege to take play therapy training to such an eager and dedicated group.





HAPT's Continuing Education Workshop

**“What Children's Play Can Tell Us About the Impact of Parental Divorce:
How We can Responsibly Use Play in Assessment and Treatment of a Child
Caught in the Crossfire”**



On September 6, 2008 HAPT held a full-day workshop at Tokai University. Presenter Anita Trubitt, LCSW, RPT-S, M.Ed. discussed the importance of providing the child a free and protected space to “play out” their fears, confusions, anger, sadness. Children often experience a misunderstanding of what their parents are telling them or what they overhear about the conflicts. It is important to engage the parents with empathy and understanding and educate them about the impact of their ongoing conflict on their children as this is critical to positive change. Participants interacted in small group discussions and took advantage of networking opportunities. Thank you Anita for a very informational workshop.



Looking for Play Therapy Supervisors?

Looking for Play Therapy Supervisors?

Hawaii Registered Play Therapy Supervisors

Members who are interested in receiving their credentials in play therapy (i.e., Registered Play Therapist), and/or those seeking counsel regarding those sometimes sticky complex cases, here's your opportunity! Below is an updated list of your friendly neighborhood Registered Play Therapist Supervisors who are extending their offers:

Carla Sharp, APRN, RPT-S, STA/ISST - Offers individual supervision by appointment and has held group supervision once a month for 13 years. Currently, group supervision is open to anyone and meets on the first Saturday of each month from 9am to 12pm at her office at 315 Uluniu Street, Kailua, #207. Attendees bring play therapy material and/or videos of their session for support and feedback. She has also created a Play Therapy Training Package which allows one to purchase 100 hours of training and 35 hours of supervision at a discounted rate. You can email her for more information at carla@carlsharp.com.

Teresa Shigemasa LMHC, RPT-S - Behavioral Health Specialist at Sunset Beach Elementary School on the North Shore. Please contact through email: tshigema21@yahoo.com Expertise is in the use of Play Therapy to address a host of diagnostic issues within the educational model. Willing to travel to a more central location for interested members.

Margaret Bubon Smith, MA, MFT, RPT-S – Currently the Director of Healthy Start at Child and Family Service on Kauai. Experience with foster care, child abuse, and preschool age children. She can be contacted at mgtbubon@hawaiiantel.net or via phone: 808-332-5200.

Anita Trubitt, LCSW, RPT-S – Private Practice with specialty in divorce/paternity cases where custody and visitation are issues. Supervision or consultation available. Contact through email: trubitt@hawaii.rr.com or by phone: 808-261-2524.

Laura Williams LCSW, RPT-S - Works for CFS in Waimea on the Big Island of Hawaii. Contact: 808-895-0989. Expertise is in attachment and children with autism.

More News

NEWSLETTER CONTRIBUTIONS WELCOMED: As always, we welcome contributions to the newsletter: review of play therapy literature tips or techniques you have found helpful; resources; upcoming trainings related to play therapy; letters to the editor, etc. Please contact the Member-at-Large at lyn_jlee@hotmail.com.

REMINDERS:

If you received this edition of the newsletter by regular mail and prefer to receive it by email, please send your name and email address to lyn_jlee@hotmail.com. To ensure that you receive all HAPT news in a timely manner, please inform us of any name or address changes. Mahalo! To those of you who received this newsletter via email and do not wish to receive future email from HAPT, please type "Remove Me" in the subject line and return the email. As a reminder, past editions of our newsletters are available for viewing at our website: www.hawaiiplaytherapy.net.

CONTACTING HAPT:

Please visit us on our website at www.hawaiiplaytherapy.net. We can also be reached by writing to P.O. Box 176, Pearl City, HI 96782, or emailing members of the HAPT Board of Directors.

HAPT 2008-2009 BOARD OF DIRECTORS



(Left to Right: Linda, Nami, Teresa, Mary, Peggy and Lyn)

Linda Rivera, President (president@hawaiiplaytherapy.net)
Nami Dolan, President-Elect (president-elect@hawaiiplaytherapy.net)
Teresa Shigemasa, Past-President (past-president@hawaiiplaytherapy.net)
Peggy Brandt, Secretary, (secretary@hawaiiplaytherapy.net)
Mary Greany, Treasurer, (treasurer@hawaiiplaytherapy.net)
Lyn Lee, Member at Large, (lyn_jlee@hotmail.com)