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Nurture Our Children . . . Nurture Our Future

# TAPT Newsletter

Volume 15, No. 3--Fall 2006

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## TAPT President's Update

Linda M. Ramirez, RN, MEd, LPC-S, RPT-S



The year went by so quickly! And what a year it was! Thank you for the opportunity to be your President. It has been a wonderful experience and a pleasure to work with everyone on this board and to have the chance to get to know more about our members. Looking back, I recall how so many of our members were there for the people who lost homes and experienced the trauma of the Katrina and Rita Hurricanes. Many of our members volunteered to help in the aftermath of those powerful storms.

The TAPT Board has been a hard working group and has accomplished a lot this past year. They reviewed and updated the TAPT Bylaws and Governance Manual - not a simple task! They developed a Disaster Response Policy in the aftermath of Katrina and Rita. They lowered state dues to \$15 per year after the membership overwhelmingly voted to decrease the dues. They adopted APT's logo "the dude" to unify the look and presentation of the branches with APT. They hired a new administrative assistant / management group for a one-year trial to be re-evaluated before renewing the contract. We gave out grants for play therapy research; worked on updating and revising the website to take conference registrations online and to accept credit card payments for conference fees; participated in 4 non-play therapy conferences with an exhibit table to promote play therapy and membership with APT / TAPT; and made a difficult decision to discontinue the paper newsletter and replace it with an online, electronic version. The Board also made the decision to update and improve the website, which should be accomplished this fall. TAPT has once again earned the Gold Branch Award from APT and we will be presented with for this award at the APT Annual Conference in Toronto, Canada. I hope many of our Texas members are there.

By the time this newsletter is posted on the website, we will be embarking on a new year and will have transitioned from the current TAPT officers to the newly elected officers. I predict a great year with the wonderful, professional individuals you have elected to the board. We are already looking forward to our next conference in El Paso with Eliana Gil. Mark your calendars for the 14th annual conference March 30th , 31st and April 1st! In closing and just for a little fun, I thought I would give you my **Top Ten Reasons its good to be a TAPT member**: (drum roll, please...)

10. You get balloons or bubbles at workshops!
9. You are entertained by clowns and magicians!
8. Play therapists smile a lot, are playful and likeable!
7. The conference presenters don't put you to sleep!
6. You get to shop for toys at the conference!
5. TAPT members "get it"! They understand how three-year-olds think!
4. Play therapists believe in the good in children
3. If you're lucky, you'll get to hear Dr. Landreth say "Ponder this folks!" while he shares his wonderful wisdom about children and play therapy!
2. You get to build sand castles with fun people who allow a little child-like behavior and still appreciate you as a professional!
1. You get to learn how to play with a child who needs emotional therapy and see that child heal and blossom!

APT and TAPT are great organizations who provide an abundance of guidance, support and training in all aspects of play therapy. Texas is the first branch of APT (and many say the best!) I hope you find that your membership with TAPT has helped you be a better play therapist and by extension, a better person. Children can bring out the best in us if we really listen to them.

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## TAPT Board of Directors

### **President**

Barbara Ann Hall, MA, LSSP, LPA, LPE, Ph.D  
Intern  
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### **Past President**

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### **Alamo Chapter Director** Christina

Villarreal, LPC, NCC, RPT  
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### **Coastal Bend Chapter Director**

Lauri Stroebel, LPC, RPT  
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### **Far West Chapter Director**

Mary Kaiser

### **Hill Country Chapter Director**

Denise Hall, MN, RN, CS, RPT-S

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[Karen.Linstrum@tamut.edu](mailto:Karen.Linstrum@tamut.edu)[dmhjmh@sbcglobal.net](mailto:dmhjmh@sbcglobal.net)**North Texas Chapter Director**

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Gabriel Lomas

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## Can Wanda Come Out and Play? **Diana Garza Louis, LPC-S, LMFT-S, RPT**

As an outgoing Board member I would like to thank all of you who supported me through the past 3 years as president elect (conference chair), president and past president. Everyone on the Board and many members have been so positive and supportive, that these terms of office have been a pleasure in serving TAPT and all it's members. I want to say goodbye by sharing how play has been my life through the years.

I grew up on the border, born on "the other side", and my family wandered back and forth over the years. My first memory of play is when we lived in a little house in Matamoros where we had a small ceramic tile porch. My brother Juan taught me how to skate, and we skated back and forth on that porch for many years given that the street had too many potholes and gravel and there were no sidewalks! When I was in first grade, in Catholic school, we learned to play jax, not just the American way, bouncing the ball and picking up the jax, but the Mexican way, with "the spider", double and triple bounces, "the cave" and many other acts of dexterity, that I never mastered, and can't even attempt anymore! When we moved back to the American side, I met my new neighbor Wanda. I would often go over and ask, "Can Wanda come out and play?". We played Red Rover, skated on the smooth and slick sidewalks at the Catholic High School, and played Battle, Clue, and Yatzee. Her mother made chocolate cake, and clothes for her dolls. My mother made "colitas de gato" (tortilla dough twisted into a braid with cinnamon sugar) and bought me a Barbie beauty shop where I could dye, cut and style Barbie's hair; essential skills for any little girl to become a lady. Wanda and I would spend hours playing perched on a tree in front of her house, or playing "crabs" with our brothers and sisters (a creepy crawly tag game) until way after dark. As we grew older, boys and listening to music became our favorite past time. When my family moved to interior Mexico, we spent hours playing Canasta, a new card game for all of us, that kept us entertained until school started where we got to meet new kids and learn to get around town. As we made new friends, playing guitar and going to dances was our new play activity. When I came to Austin to continue college, game rooms were the hot play activity. I reverted to card playing when my in-laws would visit, a great way to pass the time over a long week!

Now, as a play therapist, I get to play all these games; some have a different meaning now if I look at what Freud or Jung would say about them, but they are still a way to share time, interact, engage and express joy, frustration and fun. It has always allowed us to communicate (especially when you know Spanish and your friend doesn't!) and learn between two (or more) people. It helps us be ourselves and share a part of ourselves with others.

In the last few months I had the opportunity to go back to Mexico and visit some of my old friends and make some new ones. With my old friends, I visited the market, saw all the new and interesting palm figures they make for Palm Sunday, and buy all kinds of figures for my play room. With my new friends I got to share play therapy as a technique for working with children, dance and listen to music (an old standby!), and share in forming a new play therapy association in Mexico. I guess now I can say, "Can Juanita come out and play?" Except this time it will be in a playroom with sand, and paint, and all kinds of special and symbolic toys.

Won't you come out and play?

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## Grandma? Grandpa? Mom? Dad? Grandparents Raising Grandchildren

**Sue Isola M.A LPC**

In the last 30 years there has been a significant increase in the number of children being raised by their grandparents when parents are unable or unwilling to be a caregiver to their children. In the United States, in the year 2000, it was estimated that there were 4.5 million households where the grandparents are sole custodians of their grandchildren. The increased numbers of grandparent's raising children are the result of teen pregnancy, HIV/AIDS aids, substance abuse, imprisonment of the parent, mental illness, neglect or abuse of children. This phenomenon has caused effects on both the old and the young.

Literature indicates that grandparents require assistance in role related needs as well as chronological or time of life issues. It has been reported that these grandparents experience additional stresses to their cohorts. These include:

1. Need for additional financial support.
2. Parent skill training.
3. Preventive restorative mental health care, childcare and respite care.
4. Support in crises. Visitation, reunification, permanency planning. Help coordinating services across multiple delivery systems.
5. Understanding intergenerational and cross-cultural issues.
6. Assistance in dealing with various issues leading to grief and loss.
7. Identifying social supports and linkages: churches, activities, friends.
8. Increased knowledge regarding access to support and assistance sources.
9. Assistance in managing chronic conflict with the parents of the children.

Research indicates that children raised by grandparents have stressors that should be a focus when working with these families. These include help in addressing:

1. Children's possible feeling of abandonment, shame, and blame.
2. Addressing symptoms of Post Traumatic Stress, ADHD, and Oppositional Defiant Disorder.
3. Grief and loss regarding absence of parent, changes in economic status, differences when comparing their life style to that of their peers.
4. Addressing trauma resulting from frequent change of caregivers.
5. Management of anger within the family and at school. Lack of opportunities to participate in-group or extracurricular activities due to economic or grandparent physical limitation.
6. Lack of carry through of promises made by their biological parents. Sporadic appearances by

- the parents.
7. Wanting to have an intact family. Wanting a "normal" family.
  8. Managing fears regarding the health and longevity of the grandparent. What will happen if they die or get really sick?
  9. Strong feelings of disappointment about their parents. Shame and anger. Concerns that biological parents may come back and take them away.
  10. No acceptance by the grandparent's partner.

## Summary

As we encounter increased number of grandparent's raising children there are issues and techniques that we can use to meet the family needs. In addition to our techniques for treating ADHD, PTSD, ODD and other mental health issues, there are targeted activities that can help to stabilize the family unit. These include:

1. Encouragement for the grandparents to take care of their own needs and seek respite care and opportunities. Assist in meeting physical and economic needs.
2. Provide information about resources that are available, and proper referral to agencies that can provide economic assistance.
3. Offer telephone counseling with grandparent if needed.
4. Offer opportunities for the grandparent to network and establish good social interaction.
5. Provide psycho educational information about developmental milestones, sexual and physical abuse and neglect, drug abuse, HIV/AIDS, grief and loss, and intergenerational and cross-cultural issues.
6. Counseling to address individual grandparent needs and serve as a support. There is a high incidence of caregiver depression and also great concern about the impact of grandchildren's prior abuse, feelings of abandonment.
7. Many caregivers believe that they are not capable of helping the children academically. They may have limited educational backgrounds, language barriers, and differences in how they were taught and how the schools are now teaching. Provide assistance for the grandparent to seek tutors for the children, or encourage older family members to help with homework and teacher conferences.

One of the greatest needs of the caregivers is to point out their strengths and their successes. Often there is a feeling of personal failure when they reflect on the turn of events in their own children's lives and their own perceived limitations as a grandparent caregiver. We can help the family establish an appropriate identity as Mom or Dad and also as Grandpa or Grandma.

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## Chapter News

### Alamo Chapter Phronsie Kelly-Zion



The Alamo Chapter has moved its meeting location to the Jewish Community Center on NW Military Highway. At the August 14 meeting new board members were installed and Nancy Franklin, LCSW, RPT-S, gave a presentation entitled "Getting Stuck With a Play Therapy Client: Tips for Getting Unstuck". The next meeting will be October 9, presenter to be announced. There will be a full day conference on September 23 titled "The Play Therapy Process: Lessons Learned

From a Traumatized Boy" by Mary Morrison, PhD, LPC, NCC, RPT". For more information email [actapt@yahoo.com](mailto:actapt@yahoo.com).

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### Hill Country News



No report provided

### North Texas



No report provided.

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### Sam Houston Chapter

#### Mary Ring

The Sam Houston Chapter is preparing for the 2006-2007 year. We will launch our meetings by installing our new officers during the annual dinner meeting on August 25 at the CFISC on Jones Road, our regular meeting place. Our Emily Oe grant recipient, Mary Engle, will be presenting on her experience at the workshop she attended on the Introductory Theraplay. Our Past President for 2005-2006, Jay Potter, will present at our September meeting and the plans for other meetings will come out in the next newsletter. If you are interested in receiving this information, please contact newsletter chair, Mary Ring at [Mary.Ring@hfbc.org](mailto:Mary.Ring@hfbc.org)




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### Coastal Bend

#### Lauri Stroebel



The Coastal Bend Play Therapy Association has monthly meetings at the First Baptist Church - 3115 Ocean Drive - Corpus Christi, Texas. We meet in the activity building at the back of the main church from 12:00 noon to 1:30 PM on the third Wednesday of each month. We provide one hour of continuing education units each month following the business meeting. These CEU's are free for members and apply to Licensed Professional Counselors and Registered Play Therapists. The trainings are educational and fun for everyone whether you need continuing education hours or not. These

meetings also provide a place to share ideas, network and relax from our busy schedules. Our chapter is planning a retreat on September 15th and 16th, 2006 entitled "Fall 2006 Beach Retreat". Our presenter will be Linda Homeyer, Ph.D., L.P.C., R.P.T.S. On Friday the 15th she will present "Compassion Fatigue and the Play Therapist" (2 hrs. CEU's) and on Saturday the 16th the title of her presentation will be "Learning the Language of Play: It's All In the Translation" (6 hrs. CEU's). The cost of the retreat/training will be \$110 for Coastal Bend Chapter members and \$125 for non-members (early registration). This will include the 8 hours of CEU's, snacks on Friday night at a get together after the training, continental breakfast on Saturday morning and box lunch Saturday noon. The cost of a room at the hotel where the retreat is held will be around \$100 for up to 4 in a room. So bunk with your friends and come join us for an excellent experience with Dr. Homeyer and a retreat to soothe the soul.

The Coastal Bend Chapter has gained many new members this year as we maintain our goal to promote Play Therapy throughout South Texas. Several members are working to become a Registered Play Therapist. We provide the information needed to meet the criteria for this certification to our members. We have a limited number of RPT's in our area but hopefully these numbers will grow as currently agencies such as Child Protective Services are actually seeking Registered Play Therapist for their families. For more information: [cbaplaytherapy@yahoo.com](mailto:cbaplaytherapy@yahoo.com).

## Far West Texas Chapter Leah Miller



FWTAPT began the year with a great presentation by Mayu Quevedo. FWTAPT has also planned some great presentations and workshops where members can receive a total of 20 hours of play therapy, LPC and Social Work CEU's throughout the year.

### Past Presentations

March 24, 2006	Mayu Quevedo	"Child Centered Play Therapy"
June 9, 2006	Misty Duke	"Family Interventions in Play Therapy"
<b>Future Presentation</b>		
September 7, 2006	Geri Glover	"Advanced Play Therapy Consultation"
September 8, 2006	Geri Glover	"Advanced Play Therapy with Preadolescents"
October 20, 2006	Sandra Kern	"Getting Started in Sand Tray Play Therapy"
December, 2006	Phronsie Kelly-Zion	"Self Care for the Play Therapist"

### FWTAPT Newly Elected Officers: Sandra Kern, President

Ruth Fierro-Glover, President - Elect  
Misty Duke, Immediate Past President  
Carlisle Navidomskis, Director at Large  
Mary Kaiser, Chapter Representative  
Mary Kaiser, Secretary

FWTAPT is revamping all policies and procedures. Notebooks for local conferences are being

created to streamline planning and implementation. New leadership is being recruited. FWTAPT is also gearing up to begin the initial phases of preparation of the 2007 TAPT conference in El Paso.

FWTAPT meets four times a year, and has a yearly conference in the fall. CEU's are provided free of charge to our membership. Credit can be given to RPTs, LPCs and we have added credit for social workers. Check our website for upcoming presentations and information about the planning of our fall conference: [www.fwtapt.com](http://www.fwtapt.com).

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## **An Outcome Research for Group Sandtray Therapy with Preadolescents Identified with Behavioral Difficulties**

Mon-hsin Flahive  
Chinese Culture University Dee Ray  
University of North Texas

*Dr. Mon-hsin Flahive is Assistant Professor in the Department of Counseling Psychology at Chinese Culture University. Dr. Dee Ray is Assistant Professor and Director of the Child and Family Resource Clinic in the Counseling Program at the University of North Texas. This research was partially funded by a grant from Association for Specialists in Group Work and the Texas Association for Play Therapy.*

### **An Outcome Research for Group Sandtray Therapy with Preadolescents Identified with Behavioral Difficulties**

Sandtray therapy, a modality of play therapy, has been used in a variety of ways as the treatment intervention with different theoretical approaches; however, there is a very limited amount of empirical research. Play is a natural language for children, preadolescents, and adolescents to express and communicate their feelings, thoughts, and experiences (Landreth, 2002), and play therapy is an empirically supported treatment option (Ray, Bratton, Rhine, & Jones, 2001). However, because of the developmental stage of preadolescents, modification is needed to accommodate their needs. Developmentally, preadolescents are in a transition of moving from the concrete operations period towards the formal operations period (Philips, 1981). They are in a process of developing abstract thinking and may not be able to verbalize their feelings and thoughts easily. Sandtray therapy can bridge the gap between play and verbalization. The group format also meets the need of preadolescents for peer interaction and support.

In terms of the definition of sandtray, we overtly adapted a theoretical definition by Mitchell and Friedman (1994) as the technique of using miniatures in a shallow box partially filled with sand, regardless of the therapist's theoretical approach. More specifically, it is "an expressive and projective mode of psychotherapy involving the unfolding and processing of intra- and inter-personal issues through the use of specific sandtray materials as a nonverbal medium of communication, led by the client and facilitated by a trained therapist" (Homeyer & Sweeney, 1998, p. 6). The purpose of this research is to examine the effectiveness of group sandtray therapy at school with preadolescents identified with behavioral difficulties. This is a pretest-posttest control group design. This inquiry included 56 preadolescents ranging in age from 9 to 12 in two elementary schools. Participants in the experimental group (n=28) received sandtray therapy in small groups for ten weeks, and participants in the wait-list control group (n=28) received no treatment intervention.

The overall effectiveness of group sandtray therapy was determined by the scores on the Behavior Assessment System for Children-Teacher Report Form (BASC-TRF), the Parent Report Form (BASC-PRF), and the Self-Report of Personality (BASC-SRP). Analysis of covariance (ANCOVA) was utilized on all appropriate data to test the hypotheses of this research. In terms of the practical significance of the results, Cohen's *d* was calculated to determine the effect size. Cohen (1969) defined effect size as the degree to which a phenomenon exists. He set up the criteria to interpret effect size: *d*=.20 means a small effect size, *d*=.50 means a medium effect size, and *d*=.80 means a large effect size.

Based on teachers' reports, statistically significant differences existed between the two groups in terms of preadolescents' overall behaviors, externalizing behavior problems, and internalizing behavior problems after the ten week treatment intervention. The effect sizes were medium (*d*= .52-.59). According to parents' reports, a statistically significant difference was found regarding preadolescents' externalizing behavior problems, and the effect size was medium (*d*=.63). No statistically significant differences were found regarding preadolescents' total behaviors and internalizing behavior problems based on BASC-PRF. The effect sizes were arranged from medium to small (*d*=.55 and .35, respectively). In terms of the total behavior on BASE-SRP, no statistical significant difference was found and the effect was small (*d*=.18).

Based on the results of this study, it is determined that group sandtray can be an effective treatment intervention for preadolescents identified with behavioral problems. This study is the first research to examine the effectiveness of group sandtray therapy quantitatively. More research is needed to evaluate its therapeutic effect. Replication research with a larger sample is recommended to increase the power of the statistical measures. The primary contribution of this study is to present empirical support for the effectiveness of using sandtray therapy. **References**

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## The Dan E. Homesyer Award of the Texas Association for Play Therapy

The Dan E. Homesyer Play Therapy Research Award of the Texas Association for Play Therapy (TAPT) bestows two \$500 research awards twice a year.

To qualify for the Dan E. Homesyer Play Therapy Research Award, you must:

- Attend or teach at a Texas college or university
- Use play therapy in some aspect of your research
- Have approval of the Human Subjects Institutional Review Board (IRB) [attach copy of approval letter/document to the form linked below]

Once the research is completed:

- Write a short synopsis of the research findings which will be published in the TAPT Newsletter (in such form that will not preclude your publishing the findings elsewhere)
- Present the findings at the next TAPT Annual Conference (held in April). The Dan E. Homeyer Play Therapy Research Award Fund will pay for two nights at the conference hotel and TAPT will provide a gratis conference registration.

The TAPT Research Committee will do a blind review of your proposal. Please email the proposal, described in the document linked below, to [lhomeyer@gvtc.com](mailto:lhomeyer@gvtc.com)

- A description of the research project including the research design
- Maximum of three pages, double-spaced, 10-12 point font.
- Please do not have your name or other identifying information on the proposal pages

To open the application for the Dan E. Homeyer Play Therapy Research Award, [click on this link](#).

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