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Volume 5, Issue 3 • September 2010

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(and not so exotic) places?
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with the American Red Cross!

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Mental Health Professionals Applying the Therapeutic Power of Play

Want to go to exotic (and not so exotic) places?

Become a Disaster Volunteer with the American Red Cross!

By Kate Amatruda MFT, EMT, BCETS, American Red Cross Disaster Mental Health Volunteer

Want to have an adventure? Want to have your travel expenses, room, and board paid? Want to help people? Are you flexible, patient, and able to follow direction? Do you have a high tolerance for chaos? Are you able to volunteer?

If so, please consider joining the American Red Cross. The Red Cross needs mental health workers to assist people during and after disasters both locally and nationally, and play therapists are among the best disaster responders. Why? Because you know how to play, to be spontaneous, to work with people of all ages and developmental levels, and you usually have big hearts.

To Sign Up

To become a Disaster Mental Health (DMH) volunteer, start by contacting your local Red Cross chapter. Visit www.redcross.org, enter your email address and ZIP Code, and then make an appointment for an initial interview with the chapter disaster services lead, volunteer coordinator, or chapter DMH lead. Bring a copy of your current state license or certification. (You must have a current professional license to be deployed as a mental health volunteer. If you're not licensed, you can volunteer in another capacity.) Complete the background check and the health questionnaire.

If you are accepted as a volunteer, then you take the Red Cross disaster courses required by your chapter. In my community, we require only two brief volunteer orientation courses about the Red Cross





“And we go because we, as humans, want to do something for other humans who are suffering.”

and the disaster response system. You'll learn that every dollar in the Red Cross is donated, that there is never a charge for any Red Cross service, and about The Fundamental Principles of the Red Cross: Humanity, Impartiality, Neutrality, Independence, Voluntary service, Unity, and Universality.

We also require mental health volunteers to take the Foundations of Disaster Mental Health Course, which prepares licensed mental health professionals to provide for and respond to the psychological needs of people across the continuum of disaster preparedness, response, and recovery. This is an excellent one-day course (in my chapter, you receive continuing education units for it). That's all you have to do! (Of course, we'd like you to take more classes, including Working With Total Diversity, Client Casework: Providing Emergency Assistance, Fulfilling Our Mission: Translating Your Compassion Into Community Action, Psychological First Aid, Safe Spaces, CPR, First Aid, etc. You can even learn to drive an Emergency Response Vehicle if you are so inclined.)

Once you're in, then the fun begins.

Volunteer Locally

You can volunteer at your local chapter. In my hometown, DMH volunteers go to local fires and floods, assisting families with their loss. We provide consolation, and distribute comfort kits and Teddy bears. If you've taken the client casework classes, then you can also assist with securing temporary housing, and distributing funds for food and clothing. We also have call-outs for community events, such as H1N1 vaccine clinics and local

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Play-Based Treatments in National Mental Health Disaster Protocols

By Janine Shelby, PhD, RPT-S

When the Psychological First Aid (PFA) manual was being developed, the protocol developers from the National Center for Child Traumatic Stress (NCTS) and the National Center for PTSD (NCPTSD) sought to produce a document that would be based upon existing research evidence (i.e., evidence-informed), endorsed by PTSD experts, and widely accepted by clinicians. I was hired by the NCTS in 2004 to participate in developing the PFA, which has since become an internationally recognized crisis intervention standard of care.

As a consultant, I strongly advocated for the inclusion of play-based interventions. The interventions selected needed to be simple to teach and deliver, extremely short-term, research-informed, and pragmatic. Hoping to capitalize on the existing research support for CBT interventions, my lab team¹ and I developed play-based



disasters - our most recent one was for a plane crash. We have a “home team” to support the families of deployed volunteers, and provide “welcome home calls” to returning volunteers, giving them a chance to talk about how their deployment went.

Volunteer Nationally

To deploy nationally, sign up for Disaster Services Human Resources (DSHR). As I write this, disaster mental health volunteers are working at the floods on the East coast, the mine explosion in West Virginia, a wildfire in Texas, and at the earthquake in southern California. Floods, fires, tornadoes, hurricanes, mudslides and earthquakes – we do them all. Spurred by the disaster that befell TWA Flight 800, Congress passed the Aviation Disaster Act that led to creation of Red Cross Aviation Incident Response (AIR) teams to assist victims and their families. We also responded to the September 11 attack, sending volunteers to New York City, the Pentagon, and the Pennsylvania plane crash site.

Preparing to Go

If you decide to volunteer, talk it over with your loved ones. Assure them that the Red Cross makes every attempt to keep its volunteers safe. Prepare your clients in advance that you may be called to disasters, and be ready for their reactions when you return to the office – the feelings of abandonment, anger, and sometimes envy. That is, after they get through the acting out - forgotten checkbooks, coming at the wrong time, or not showing up at all – but you know the drill; it’s the same if you go on a vacation. My practice changed when I started going to disasters; only clients who can tolerate my absences choose to work with me (which is a nice way of saying that deploying is a great method to screen out some of the clients who most readily challenge our boundaries.)

Getting the Call

If there’s a disaster, you may get a phone call asking if you can leave within twenty-four hours. You’ll be informed of the “hardship codes,” what to pack, how to get there, and how long

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techniques that directly mapped onto the CBT techniques. These interventions—later supplemented by APT members² – were initially met with positive reactions by NCTS and NCPTSD staff, as well as by attendees at November 2004 meeting prior to the ISTSS annual conference. Thus, play therapy interventions marched forward toward inclusion in later PFA drafts.

Then, in April 2004 at a two-day meeting hosted by SAMSHA to solidify the content of the PFA, the 40 trauma experts selected to attend were asked to offer feedback in terms of the PFA draft’s evidence-base, potential to be widely accepted in the professional community, and other factors. I presented the play-based interventions to the expert panel, which included two survivors of the September 11 tragedy, for a full hour. The reaction to the interventions was generally warm, particularly from the two survivors and the expert panelists who worked in clinical settings. Yet, the interventions were ultimately not included in PFA, given the expert consensus panel criteria.

So, play therapy techniques very similar to CBT techniques, apart from the play-based delivery method, were not included in the PFA, even though they were reported to be creative and useful by survivors and clinicians. This experience highlights the need to address issues of play therapy credibility and to conduct randomized control trials (RCTs) that provide direct support for the inclusion of play and play-based techniques into crisis and acute interventions for children.

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they want you to stay - usually mental health workers deploy for two weeks. When I went to American Samoa, we experienced every hardship code possible, except for extreme cold: limited food availability, extreme heat and humidity, housing shortages, extreme work conditions, extreme emotional distress, bad air quality, and excessive lifting. With all that, it was the best Red Cross deployment I have been on, due to the spirit of the volunteers, the welcome by the people of American Samoa, and being assigned to accompany local social workers and childcare providers. That was wonderful, because they knew the culture and the language, and I was able to augment their skills with my knowledge of disaster mental health.

Arrival

Once you arrive at your destination, be ready for chaos – after all, you have entered a disaster zone. You'll be given instructions on where to go, and you'll be checked in to whatever is serving as Red Cross headquarters. Transportation, communication, infrastructure, and services may be non-existent. Expect the people to be stressed out and running in multiple directions. (And I'm talking about the Red Cross staff, not the disaster survivors whom you won't see for a while.) Bring a copy of your current professional license, or you may get sent home. Depending on what the needs are when you show up, you may get a full orientation and assignment or you may need to wait until an assignment becomes available. It's a good idea to bring a book to read, because it may take a little time to get you assigned in the field.

Assignments

Assignments vary from working with the staff and volunteers, assisting them with the stresses of deploying, being assigned to a shelter, or visiting schools or hospitals. You may be asked to make condolence calls to people who have lost a loved one in the disaster or attend funerals. One assignment is to accompany teams that go out into neighborhoods. I've been sent out with nurses, Emergency Response Vehicles, food distribution teams, and even assigned to give out water to crowds. You might wonder how that makes use of all your years of training and experience, but it does. As you give people water, ask them how they are doing. Ask if the kids are sleeping (they aren't) or regressing (they are.) Every interaction is an opportunity to let a disaster survivor know that someone cares about what they've been through, and to provide psycho-education. I think I've learned to say, "This is a normal reaction to an abnormal situation" in about ten different languages. At Hurricane Katrina, my puppet handed out water while interacting with the children. You will not get to choose your assignment – your supervisor does.

Save the Children has partnered with the American Red Cross to create Child-Friendly Spaces in shelters and other areas where families congregate to provide safe areas for children following a disaster. Child-Friendly Spaces, also known as Temporary Respite Care, is a new national standard for Mass Care in the United States and recognized as a best practice



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globally. Save the Children provides training to background-checked adults, and has created and pre-positioned kits across the country. Child-Friendly Space Kits contain toys, games, art materials, and sports equipment as well as administrative supplies to support volunteers in creating a secure, supportive and supervised play area for children. To ensure the safety of children, the kits also include identification bracelets to assure that a child is released only back to the adult who brought him or her to the play area. In American Samoa, it was gratifying to see children play, socialize, and begin to recover while their parents got the assistance they needed.

Once you have your assignment, then the only thing you can do is show up, be as authentically human as you can be, and open your heart. Your job is to create as safe a space as possible - for the time you are with the client. We bear witness, with the greatest respect for the defenses of the individual, and the resiliency he or she has shown, that he/she survived. We can't "fix" anything, can't undo the hurricane, fire, tsunami - the disaster. We don't have toys, games, or a sandtray. No office and sometimes no chairs. I do bring a few puppets and stickers, things I can pull out of the pockets of my Red Cross vest.

Deepak Chopra¹ said, "In the midst of movement and chaos, keep stillness inside of you." I can't think of any better advice to take to a disaster, other than the usual caveats to remember to breathe and drink lots of water. Using all of your clinical skills, treating everyone with respect and dignity, listening and being present, can make a tremendous difference. And we go because we, as humans, want to do something for other humans who are suffering. Bear in mind that no technique will work if basic needs are not met: if the individual is still in danger, hungry, or without shelter. The first step in trauma work is to establish that

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Play therapists wishing to conduct research that significantly advances the play therapy modality are encouraged to first consult the research portion, especially the APT Research Strategy, in the Programs & Publications section of the APT website.

- ¹ David Bond, Erica Felix, Eugenia Hsu, and Ilda Villalobos.
- ² Paris Goodyear-Brown, Lisa Saldana, Linda Chapman, and Sandra Frick-Helms (Santa Monica, CA, 2004). Several prominent APT members also discussed the inclusion of play-based treatments with two prominent NCTS members (APT Conference, Denver, CO, October 2004).



About the Author

Janine Shelby, PhD, RPT-S, is an assistant professor and the Child Psychological Training Director at Harbor, UCLA Medical Center in Los Angeles. A Leadership Academy graduate and the APT research committee chair, she encourages linkage with prominent researchers outside of the play therapy community to better attract funding and ensure proper study design. JShelby@dmh.lacounty.gov

the danger is over, that the person is safe, for now. We must create the free and protected space, first in the real life of the client, and then in the psyche. The last step is to leave the person with a sense of hope.

Something completely authentic happens to humans during and after a disaster; we are at our most raw, and most real. The interchanges I have had with fellow disaster volunteers, and the disaster survivors are so deep and honest that they take my breath away. Authenticity. I have seen pain, shock, and loss on the faces of the survivors—everything can change in a second. Life is precious and fragile. How do you go on when your village, your home, your family, is destroyed? Our job, regardless of technique, training, or equipment, is to show up and bear witness, so that one human being, who has been through extreme trauma, knows that another human being is there.

Demobilizing

Make sure you take care of yourself when you return home. Give yourself time to integrate the world you have been in with your normal everyday life. It can be disorienting to be back in a place that has an intact infrastructure and relative abundance. Going to a well-stocked supermarket can feel strange and overwhelming. Take time to listen to what your family has been through while you've been away, and try not to snap if your children (or clients) seem entitled and spoiled. I've learned to take a deep breath (or several), when my son would say he didn't like the dinner I served him, to not lash out: "At least you have food and a roof over your head!" Similarly, I go gently on my clients; they don't need to change because I have. Don't go to another disaster until you feel ready, until you can talk about what you saw and did with appropriate affect. But please do go back. You will have made a difference in other people's lives as well as your own.

Guidelines

1. It's not about you – it's about others. Leave your ego and your expectations of personal comfort at home. No princes or princesses, please.
2. Disaster responses are often based upon a military model with which many of us are unfamiliar and uncomfortable. You are deployed and must observe the chain of command.
3. You are not in charge. Assignments are based upon the needs of the organization and not your preferences. Be flexible and do what is asked of you. If you cannot accept this, stay home.
4. Beware of the lone wolf syndrome. At the Katrina relief effort, some disaster mental health workers were sent home for going to the Houston Astrodome without permission. You must be a team player.
5. Do NOT just show up at a disaster - wait for an organization to deploy you. Do not add stress to an already incredibly stressful situation.
6. Don't go if you're worried about your family or have too much stuff going on at home. There may be a season in your life when you cannot deploy. Staff your local call center instead.



7. Watch your personal and professional boundaries - they will be tested.
8. Don't get halted - too Hungry, too Angry, too Lonely, too Tired, too Egotistical, or too Dehydrated.
9. Be spontaneous - don't forget to play (some of the most effective trauma responders are play therapists, because they know how to follow the client, and to play).
10. Keep your heart open. Using all of your clinical skills, treating everyone with respect and dignity, listening, and being present makes a tremendous difference.

So, please consider becoming a volunteer with the Red Cross. Stop procrastinating and pick up the phone. We're going to need you when The Big One hits. And the only thing you have to lose is your heart!

¹ (Chopra, Deepak, quoted in Managing Symptoms of Trauma, CSU Office of Women's Programs and Studies, retrieved April 7, 2010: <http://www.wps.colostate.edu/Data/Sites/1/documents/Resource%20Guides/Managing%20Symptoms%20of%20Trauma.pdf>).



To register for Disaster Relief Training visit the American Red Cross website at www.redcross.org.



About the Author

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