This training is the foundation workshop for a series of play and sandplay therapy training organized by the Department of Rehabilitation Sciences, that allows participants to work towards certification in sandplay therapy (www.isst-society.com) and/or play therapy (www.a4pt.org).

This 2-day workshop introduces sandplay and play therapy for use with children suffering emotional and/or behavioral problems. Psychological theories underlying sandplay and play therapies are introduced.

Sandplay therapy is especially suited for deep and subtle emotional issues as in familial relationships and trauma. However, not all children are emotionally ready for sandplay work. Wounded attachment patterns are examined in light of the level of development required for work in sandplay, in determining a child’s readiness for sandplay. Sandplay case material from Dr. Turner’s practice will be used to demonstrate the clinical application of these methods.

Practical play therapy interventions are taught and practiced to allow participants to bring hand-on skills back to their practice. Assessing and addressing the pre-sandplay child’s therapeutic needs and implementing play therapy interventions, such as use of various art media, to facilitate emotional-behavioral healing are reviewed using a continuum of reparative early attachment needs.

Participants will actively engage in treatment planning and implementation of play therapy interventions designed to address the pre-sandplay client at his or her level of need. Participants will learn & practice therapeutic tools used by Agnes Bayley, early innovator in work with attachment disorders, with whom Dr. Turner studied. Interventions from Dr. Turner’s own work will be demonstrated, as well.

Participants will join in experiential exercise, and practice play therapy skills, returning to their practices with practical, hands-on material for use with their clients. Please bring a photo of you as a child to the workshop for one of the experiential exercises.

Language of instruction: English
Fees

Early-bird registration by 30 November, 2009: HK$2,200
Regular registration by 2 January, 2010: HK$2,600

Target participants

Practitioners who work with children, and would like hand-on skills to deal with emotional-behavioral issues with the use of toys and crafts. Play therapy experience is preferred but not required for this workshop. Degree education or above is necessary.

Trainer’s biography

Barbara A. Turner, PhD, is the author of The Handbook of Sandplay Therapy. She began her training in Jungian sandplay in Switzerland in 1988 with Dora M. Kalff, the founder of the Jungian sandplay method. Dr. Turner has over twenty years of experience using sandplay and play therapy in her work with adults and children. She actively writes and teaches in the field around the globe. Dr. Turner holds credentials as a Certified Sandplay Therapist – Teacher, and Registered Play Therapist – Supervisor.

She has edited and returned the classic literature in sandplay to print, including Dora Kalff’s Sandplay: A Psychotherapeutic Approach to the Psyche; Estelle Weinrib’s Images of the Self: The Sandplay Therapy Process; and H.G. Wells’ Floor Games: A Father’s Account of Play and Its Legacy of Healing. Dr. Turner has developed the Temenos Press Learning Center, an online learning program in sandplay, and serves on the faculty of the Academy of Play and Child Psychotherapy/Play Therapy United Kingdom where she teaches sandplay foundations and theory.

Recognition of training hours

The hours (13 hours) are recognized for the certification as a Play Therapist by the Association for Play Therapy (APT), and Sandplay Therapist of the International Society of Sandplay Therapy (ISST) and the Sandplay Therapists of America (STA).

CPD points for Registered Occupational Therapists in HK: 6.5 points
CPD points for Registered Physiotherapists in HK: 5.0 points

Registration & further information on sandplay & play therapy can be found below:
http://www.rs.polyu.edu.hk/sandplay
## Training Content & Schedule

**January 9 – 10, 2010**

**Venue:** GH012, G/F, Core G, the Hong Kong Polytechnic University

<table>
<thead>
<tr>
<th>Time</th>
<th>January 9 Saturday</th>
<th>January 10 Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00</td>
<td>Overview &amp; Introductory Exercises</td>
<td>Intersubjective Neurology of Sandplay &amp; Play Therapies</td>
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<tr>
<td>10:00</td>
<td>Break</td>
<td>Break</td>
</tr>
<tr>
<td>10:15</td>
<td>Foundations of Sandplay &amp; Play Therapy</td>
<td>Clinical Interventions with Emotionally &amp; Behaviorally Disturbed Children</td>
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<tr>
<td></td>
<td>Exercise</td>
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<td></td>
<td>Interventions Addressing</td>
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<td></td>
<td>Consistency &amp; Safety</td>
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<tr>
<td></td>
<td>Discussion</td>
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<tr>
<td>11:00</td>
<td>Film Lindsay</td>
<td>Exercise</td>
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<tr>
<td></td>
<td></td>
<td>Interventions Addressing Touch &amp; Sensual Stimulation</td>
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<td></td>
<td></td>
<td>Discussion</td>
</tr>
<tr>
<td>12:00</td>
<td>Lunch</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:30</td>
<td>Child Centered Play Therapy</td>
<td>Exercise</td>
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<tr>
<td></td>
<td>Exercise</td>
<td>Interventions Addressing Affective Mirroring &amp; Regulation</td>
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<tr>
<td></td>
<td>Groups – Therapist &amp; Client</td>
<td>Discussion</td>
</tr>
<tr>
<td>2:30</td>
<td>Discussion &amp; Critique of Effectiveness</td>
<td>Interventions to Evoke Imagination &amp; Open Child to the Play Frame</td>
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<td></td>
<td></td>
<td>Discussion</td>
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<tr>
<td>3:00</td>
<td>Break</td>
<td>Break</td>
</tr>
<tr>
<td>3:15</td>
<td>Sandplay Case</td>
<td>Intervention to Address Trauma &amp; History</td>
</tr>
<tr>
<td></td>
<td>Cathy Lee</td>
<td>Rice Trays</td>
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<tr>
<td></td>
<td></td>
<td>Discussion</td>
</tr>
<tr>
<td>4:45</td>
<td>Wrap Up</td>
<td>Closing Remarks</td>
</tr>
</tbody>
</table>
Application Form

Name (English): ______________________________        Title: Miss/Ms/Mr/Dr/Prof
(to be appeared on certificate of attendance)

Education level: _______________   Field of study: ________________ (eg Social Work)

Institution of study: ___________________________________________

Work organization/Affiliation: ______________________      Job title/Position: _____________

Contact Tel No.: ______________    Fax No.: _______________  Email: __________________

Receipts address to: ______________________ ________ (eg Department & Organization name)

Experience with children: _______________________________________________________

Experience/training with sandplay/play therapy: _____________________________________

Please tick the CPD/CE certification relevant to you:  ( ) OT    ( ) PT

How do you know about the workshop? ___________________________________________

( ) tick if you do not want to receive information on future training/events organized by RS Dept.

Payment:  Cheque #: ___________

( ) Early bird registration (on or before 30 Nov 2009):  HK$2,200
( ) Regular registration (deadline: 2 January 2010):  HK$2,600

Enrolment:
Please send completed form with crossed cheque may payable to “The Hong Kong Polytechnic University” to Mr Dennis Mok, Department of Rehabilitation Sciences, the Hong Kong Polytechnic University, with participant name marked at the back of your cheque.

Enquires:   Mr Dennis Mok   (payment & registration)  Tel. 27663937    Fax. 23308656
            Email. rsdmok@inet.polyu.edu.hk

Dr Vinci Cheung   (training content)      Email. Vinci.Cheung@polyu.edu.hk

Remarks:
1) Participants who have completed their registration with payment will be notified by email within 2 weeks of payment. No place can be reserved unless payment has been received.
2) Upon completion of the workshop, receipt and certificate of attendance will be issued
3) Place cannot be taken up by another person. There is no refund policy.
4) Should a typhoon signal No.8 or Black Rainstorm be hoisted between 7am-12noon, the morning session of the workshop will be postponed to the afternoon of the same day; if hoisted between 11:30am-5pm, the afternoon session would be postponed to the following morning. Any further postponement will be re-scheduled on ___ to be confirmed ___. Partial refund of the workshop will be made according to the proportion that cannot be rescheduled.
Curriculum Vitae

PROFESSIONAL ASSOCIATIONS

California Association of Marriage and Family Therapists, Clinical Member No. 22584
Redwood Empire Association for Marriage and Family Therapists, Clinical Member
Association for Play Therapy, Clinical Member
Sandplay Therapists of America, Clinical Teaching Member
International Society for Sandplay Therapists
Play Therapy United Kingdom

LICENSES AND CERTIFICATIONS

1990 Licensed Marriage Family Therapist, California No. MFC 25907
1991 Board of Behavioral Science Examiners Hypnosis Certification No. 3068
1997 Registered Play Therapist, Supervisor, Association for Play Therapy, No. 396
1997 Certified Sandplay Therapist and Master Teacher, International Society for Sandplay Therapy
1999 Board of Behavioral Sciences Continuing Education Provider No. PCE 1663
2000 Association for Play Therapy Continuing Education Provider No. 00-079

TEACHING EXPERIENCE

2008 - Present Faculty of Play Therapy United Kingdom Academy of Play and Child Psychotherapy, Sandplay Foundations and Theory
2001 - Present Adjunct Faculty, Institute of Imaginal Studies, Petaluma, CA, Sandplay Therapy
2005 - Present Curriculum Director and Instructor, Temenos Press Learning Center, Online Curriculum in Sandplay Therapy
2007 Adjunct Faculty, John F. Kennedy University, Pleasanton, CA, Sandplay Therapy
1992-Present Sandplay Therapy Consultation & Training Groups

CLINICAL EXPERIENCE

1990-2005 Private practice psychotherapist, child, family and adult psychotherapy
1992-1998 Supervisor, Marriage Family Therapist Clinical Interns

EDUCATION

1998 PhD, Transformative Learning, Integral Studies Doctorate, Psychology Emphasis, California Institute of Integral Studies, San Francisco
1987 MA, Integral Counseling Psychology, California Institute of Integral Studies, San Francisco
1974 BA, Religious Studies, San Diego State University, San Diego

PROFESSIONAL PUBLICATIONS

Books

Author: The Handbook of Sandplay Therapy, 2005, Now in Korean and Chinese Translations
Editor: H.G. Wells’ Floor Games: A Father’s Account of Play and Its Legacy of Healing, 2004
Editor: Images of the Self: The Sandplay Therapy Process, Estelle M. Weinrib, 2004
Editor: Sandplay: A Psychotherapeutic Approach to the Psyche, Dora M. Kalff, 2003

Book Chapters


Journal Articles

“Neurobiology and the Sandplay Therapy Process,” Journal of Sandplay Therapy, 2005
The Handbook of Sandplay Therapy
Author: Barbara A. Turner, PhD

The Handbook of Sandplay Therapy comprehensively explains and illustrates the theory, process and procedures of Jungian sandplay therapy. Developed as an in-depth text and reference work, The Handbook examines sandplay from psychological, mythological, and neurobiological paradigms in order to cultivate understanding of how sandplay brings about change in child and adult patients.

Throughout the author maintains a profound respect for the individual development of the therapist and the qualitative impact of the clinical relationship on the healing and transformational aspects of sandplay therapy.

Thorough in content and richly illustrated, The Handbook of Sandplay Therapy is a valuable resource for both experienced clinicians and those new to the field.

Pages: 752
QUANTITATIVE ANALYSIS OF LONG-TERM CHILD-CENTERED PLAY THERAPY

Joel Muro  
Texas Woman's University

Dee Ray  
University of North Texas

April Schottelkorb  
University of North Texas

Michael R. Smith  
University of North Texas

Pedro J. Blanco  
University of North Texas

Abstract: This exploratory study measured the impact of long-term Child-Centered Play Therapy (CCPT) with 23 children identified by teachers as exhibiting behavioral and emotional difficulties. Through the use of a repeated measures design, researchers examined the use of CCPT from pre-intervention to mid-intervention (16 sessions) to post intervention (32 sessions). Results indicated that children who participated in 32 sessions of CCPT demonstrated statistically significant improvement on the Total Problems Scale as measured on the Teacher Report Form, Total Stress Scale of the Index of Teaching Stress (ITS), ADHD Domain of the ITS, and Student Characteristics of the ITS. Researchers reported improvement to be statistically steady over the full duration of therapy.
Evaluation of a sandplay program for preschoolers in a multiethnic neighborhood

Cécile Rousseau,1 Maryse Benoit,1 Louise Lacroix2 and Marie-France Gauthier1
1McGill University, Dept of Psychiatry, Youth Mental Health Team, Montreal, QC, Canada; 2Concordia University, Dept of Creative Arts Therapy, Montreal, QC, Canada

Background: This evaluative study assesses the efficacy of a school-based secondary prevention program consisting of creative expression workshops for immigrant and refugee preschoolers in a predominantly South Asian multiethnic neighborhood. Coincidentally, the program began in the wake of the tsunami. Method: Pretest and posttest data were collected from the parents and teachers of 105 preschoolers in 10 classes randomly assigned to an experimental or control status. The parents’ and teachers’ versions of the Strengths and Difficulties Questionnaire were used to assess the children’s mental health. The family’s ethnic origins and premigration experiences of organized violence were considered in the analysis. Results: According to both the teachers’ and parents’ reports, the children in the experimental group benefited moderately from the program, which appeared to reduce the SDQ global score of children whose families had experienced violence in their homelands ($t_{(21)} = 3.83$, $p = .001$ ($MT_1 = 12.81, MT_2 = 9.59$)), in particular those from South Asia. Conclusion: This study provides some evidence that immigrant preschoolers whose families have experienced adversity before migration can benefit from the creative expression workshops. Further studies are needed to determine if this program can help address the effects of mass media exposure to a disaster or traumatic event on vulnerable communities. Keywords: Preschoolers, immigrants, school, secondary prevention, tsunami.

Although the role of schools in preventing emotional and behavioral problems and promoting immigrant and refugee mental health is increasingly being recognized (Lustig et al., 2004; Tolfree, 1996), few programs are designed for preschoolers in schools welcoming immigrant communities. The preschoolers in multiethnic neighborhoods are often second-generation immigrants and, even when they were born in their parents’ homelands, they rarely have clear direct memories of the premigration period. When they are 4 and 5 years old, their families still largely mediate their knowledge and understanding of both the host society and their own differences, of which they do not usually become aware until they start school (Moro, 2002). Kindergarten often represents their first real contact with the outside world and can be both a linguistic and a cultural shock. These children have been relatively understudied, perhaps partly thanks to the relative protection provided by their families, but also possibly due to the tendency to minimize the impact of adversity on young children because of their limited capacity to refer to such experience directly when expressing emotional distress.

Many immigrant and refugee families in North America have experienced organized violence in their homelands and many suffer from poverty, often living in an unstable environment (Beiser et al., 2002; Jaycox et al., 2002; Porter & Haslam, 2005). In spite of their high exposure to adversity, immigrant and refugee families persistently underutilize mental health services (Laroche, 2000) and often feel threatened by targeted interventions offered through the schools because of the potential stigma for the child and family (Offord et al., 1998). A review of the evidence supporting school-based intervention suggests that a focus on promoting mental health and coping outcomes is more effective than attempts to prevent mental health problems (Green et al., 2005). This consideration may be even more important in the case of multiethnic minority communities, whose concepts of mental health may differ from those of the host society and who may experience intervention as another form of exclusion.

This paper presents the quantitative evaluation of a school-based secondary prevention program consisting of creative expression workshops using sandplay designed for preschoolers. The program happened to begin two weeks after the Asian tsunami of December 2004, in an economically disadvantaged Montreal neighborhood of recently arrived immigrant and refugee families with a predominantly South Asian population. The aims of the workshops were to: (1) help the children express the challenges they face (home–school divide, family’s experiences, poverty) by representing a world in a sand tray and (2) help them gain a sense of agency through the playful transformation of this world. Achievement of these objectives was expected to reduce the children’s emotional and behavioral problems and improve their social adjustment. We hypothesized that children whose families had

Conflict of interest statement: No conflicts declared.

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Published by Blackwell Publishing, 9600 Garsington Road, Oxford OX4 2DQ, UK and 350 Main Street, Malden, MA 02148, USA
Adolescents with traumatic brain injury (TBI) often experience social, emotional, and behavioral challenges requiring intervention. Although sandplay techniques have been used with targeted populations, there are no published accounts of sandplay applications with children or adolescents with TBI. This article explores the merits of sandplay approaches for clients with TBI with respect to key features of TBI, including language, communication, psychosocial, and executive function impairments. Two case examples of adolescents with TBI treated with sandplay therapy are presented, followed by discussion and recommendations for further study in the application of this technique with individuals experiencing emotional or behavioral difficulties associated with TBI.

Keywords: traumatic brain injury, play therapy, sandplay therapy, sandtray therapy

Estimates of the incidence of childhood traumatic brain injury (TBI) indicate that it is a major cause of physical, emotional, social, and learning problems among children. In any one year, an estimated 250 in 100,000 children in the United States experience traumatic brain injury (Anderson, Northam, Hendy, & Wrennall, 2001). As many as 15% of individuals with mild TBI continue to have significant problems after the injury, even though physicians, parents, and teachers may not anticipate complications from mild head injuries (Hibbard, Gordon, Martin, Raskin, & Brown, 2001).

Of particular concern is the dynamic nature of brain development during childhood and adolescence. The impact of TBI on social and emotional adjustment varies greatly, in part as a function of age at injury, nature and severity of injury, premorbid functioning, and the psychosocial
Although there are no previously published reports of sandplay therapy for individuals with TBI, a brief literature review yielded several studies of sandplay work with other special populations. Sandplay therapy has successfully been used with a range of disorders and a variety of situations among children and adults, including adjustment disorders, affective disorders, eating disorders, and abuse (Carey, 1990; Cunningham, Fill, & Al-Jamie, 1999; Johnston, 1997; Tennessen & Strand, 1998; Zinni, 1997). Studies specific to children who have experienced abuse (Cunningham, Fill, & Al-Jamie; Zinni) reported more chaotic, disorganized sandplay productions, fewer nature scenes, fewer objects, and reduced conflict resolution compared to control groups.

**RATIONALE FOR SANDPLAY METHODS WITH TBI**

Sandplay may serve as a useful intervention with TBI clients because of the low verbal demands. This approach also allows for unconditional acceptance of the client’s current perceptions and feelings, in contrast to the perceived demand to conform to social norms and expectations implied in traditional behavior modification programs. The therapist’s sandplay instructions require little of the client in terms of receptive language skills. To execute the task, the client may respond nonverbally by arranging the miniatures in the sandbox. For those individuals with TBI who fail to engage verbally, sandplay could be an effective tool for accessing their worlds.

World-making, the central task for the sandplay method, may be particularly salient for the brain-injured population. Individuals who have suffered a TBI often find themselves in the process of rebuilding their lives. Social, academic, occupational, and affective domains are frequently disrupted as a consequence of the injury and must be addressed. The sandplay method provides clients an opportunity to construct the world as they see it, idealized worlds that they would like to see, or fragmented worlds that they experience. This therapeutic approach might also be useful in exploring the similarities and differences between the client’s world before and after the accident.

Traumatic brain injury can potentially affect an individual’s executive functioning. Planning, decision-making, inhibition, and attention are all examples of this construct. Creation of a world in the sand requires many of the same executive functioning skills as do other therapy approaches, but the application of the skills is significantly distinct. Rather than receiving, interpreting, and responding to verbalizations, the client in a sandplay session is engaged in the process of selecting and arranging miniatures. The