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Healing Spaces

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Healing Spaces

by Theresa Fraser CYW, M.A., C.P.T.



Healing Spaces is an ongoing article in Playground. If you would like your playroom featured please contact theresafraser@rogers.com or lorie.walton@hotmail.com.

Donna Starling, MSW, RSW, CPT is the featured therapist for this edition. She owns a private practice called: Wonder. Play and Talk Therapy for Children and Adolescents which is in Fergus, Ontario, Canada. You may connect with her at donnastarling@bell.net.

1 How long have you been practising play therapy?

I graduated with an MSW in 1997 and began working at a residential treatment centre for boys. I quickly realized that, to engage the children and teens, talk therapy was not going to be as effective as other, more creative options. My first degree is in English, so I combined what I knew about poetry and therapy to run a “music listening group” – the boys (mostly 16 years old) would present the lyrics of songs that they felt represented their experience. Using the songs, they would share their own stories. We would then “jam” on guitars during the break. I didn’t know it at the time, but I was using therapeutic play out of necessity. I later moved to Detroit for five years to work with children and teens in a program that combined mentoring and activity with therapy. Again, much of the interventions were in the realm of play therapy. It was in Detroit that I learned of two brief introductory trainings in play therapy and took these courses. I realized then that much of what I was doing was therapeutic play. However, in order to ensure that I was using interventions correctly and effectively, I decided, when the time was right, to start down the road to become a certified play therapist. I started the CACPT program in 2009. In 2013, I became certified through CACPT as a play therapist.

2 What drew you to the field of Play Therapy?

I grew up at a rural boarding school, where my parents worked. We were surrounded by fields, a lake, forests – so much space to play and learn. With the other staff children, I played and learned – it was wonderful. I worked on the



same campus in the summers as a camp counselor, working on the waterfront, coordinating collaborative games and teaching the CIT program– again, more playing and learning. I truly believe in the value and need to process, develop and negotiate relationships by playing.

3 What is your primary theoretical orientation and how did you evolve in to that orientation?

Because I am a social worker as well as a play therapist, I always have the influences of the child’s family and social system forefront in my mind. When I trained as a social worker, I completed a placement at the Douglas Hospital Centre for Eating Disorders outside of Montreal. There, the



program was a carefully chosen combination of CBT and psychodynamic approaches. This approach has remained with me – I typically begin a session with a directive activity to target the stated goals. The second portion is then child-centred in approach, to allow for the child to direct to what it is they need to process, while I follow and observe aloud.

However, I do believe in being flexible based on the needs of the child and their system. If the issue for a child is attachment, I will draw upon Theraplay. If the issue for a child is anxiety without other complex issues, I will almost solely use play-based CBT. For issues of complex trauma, I will use a child-centred approach. With factors such as the very individual differences of a child's personality, their experiences, their family dynamics as well as the reality of funding issues, just one theoretical orientation is not ideal in practice.

4 What is your favourite technique and why?

I really love anything that involves storytelling. The manner in which the metaphors within stories can be used to safely represent a child or teen's experience, provide such potential for hope and possibility for emotional resolution. To prompt and engage children in stories, I use the sand tray, puppets, art, and story cards. One of my favourite storytelling interventions is to ask a child to choose a few puppets that we could tell a story about together. I ask them to tell me about each character they have chosen and, using questions, establish a general story line. The child goes behind the puppet theatre and enacts the story while I begin to tell it. However, as I tell the story, it is based on their answers to questions I whisper to them as the

puppeteer. For example, I might whisper, "Tell me what that feels like for him?", "Who do you think might come and help?" or "What do you think might happen next?" It is useful for both assessment and intervention purposes. The added sense of safety the child feels behind the puppet theatre and speaking through the puppets is helpful.

5 What is your play therapy environment like?

My play therapy office is large and open. I like to have all the available toys visible for children to see and use, based on what they feel is best for them to express. As I work with teens and young adults as well, I have a sitting area for talking and art.

My favourite part of my play therapy room is my sand tray table. My father is a retired teacher but is quite gifted at carpentry. He built it for me one year as a Christmas present. I think he took some joy in telling people he was building a "sand box" for his adult daughter! I must admit that I did feel like a kid again when I came down Christmas morning to find it under the tree!

6 What was your Play Therapy training and supervision experience like and what would you recommend to new play therapist about it?

The CACPT training was incredibly fun, enlightening and overwhelming. I completed one level per year over three years. This allowed me to practice the skills and become familiar with the theory between each level. I would recommend, to therapists starting down the play therapy road, spreading out the training in this way.

The variety in skill sets and theoretical orientation of all of the professors truly gave us permission to reflect on our own individuality, strengths and theoretical orientations. Based on this reflection, I chose to begin supervision with Greg Lubimiv, due to his expertise in storytelling. I then completed my supervision with Lorie Walton. Lorie's knowledge of attachment and Theraplay was and remains instrumental to my ongoing learning. I am extremely fortunate to work with her one day each week in Bradford. I would strongly recommend choosing supervisors based on theoretical orientation and not out of convenience. I quit my job to work with and be supervised by Lorie and, while I am fortunate to have been able to do this, it was one of the best professional decisions I have made.



7 What do you do to practice self-care?

I run, sometimes just my dog and I and sometimes with my wonderful friends. I do contemporary dance. I have a teacher who really understands the connection between dance and personal expression. I find I cannot think of anything else while dancing – it forces a person to be in the moment. I also like the occasional Netflix binge!

8 What do you envision your practice will be like in the next 10-15 years? Will you be doing the same thing? Or something different?

Most of what I do now is individual work and I would like to be running more groups. A past colleague, Cindy Carter, and I created and ran for a few years, a self-reflection group for teenaged girls. I miss the collaborative work that comes with groups and the insight from the members. I learned a great deal from these girls.

I am working towards certification as a play therapy supervisor. I would really like to teach in the future, either in the realm of play therapy or a course in child development/therapy at a university or college. I am a guest speaker each year in the course of a friend who is a social work professor – I always enjoy this day, as the excitement of the students about the use of play in therapy is contagious. Through them, I am reminded of why I do the job I do.



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