Idaho Association for Play Therapy Newsletter

June 2012

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Greetings and Happy Summer!!!

I want to share with you some exciting news – Boise State University now has an approved center for play therapy. Be looking for the "Idaho Initiative for Play Therapy Studies", housed in the department of counselor education at BSU. Below is a link to the news release that BSU just put out to announce the new addition!

http://news.boisestate.edu/update/2012/05/23/boise-state-designated-national-approved-center-of-play-therapy-education/

April Shottelkorb was instrumental in getting this center started. Dr. Landreth is scheduled to present on filial therapy (CPRT) on November 2 and 3, 2012 at BSU's new play therapy center! I hope you all can all attend. What a fantastic gift to Idaho, having this center AND Dr. Landreth to teach!!!! Hats off to April for achieving this wonderful asset for Idaho!!!

The Board of Directors is in the process of saying goodbye to current board members and hello to newly elected members. I would like to take this time to thank our three outgoing board members Jyl Adams, Kendal Tucker and April Shottelkorb and wish them all luck in the endeavors they are pursuing at this time. I'd like to give a special thanks to Jyl for over 6 years of dedication to the IDAPT board as our treasurer!! You will be truly missed, Jyl! Thanks to all of you for your work and dedication to play therapy!

I hope you all have a fantastic summer!!

Molly Gratton, LCSW
Registered Play Therapist – Supervisor
President

~ APT NEWS ~

Have you Subscribed to APT Community Listserves??

You can unsubscribe at any time. These are a fantastic way to remain connected to other play therapists all over the world. Go to A4PT.org members only section and sign up today!!! There are two groups to join - General: Discuss ONLY general play therapy or non-research related play therapy topics of interest to member academics, practitioners, and students. Research: Discuss ONLY play therapy research and related topics. All other topics should be addressed in the General listserve.

Announcing the 2012 International Association for Play Therapy Conference!

"Since its 1984 debut in New York, our conference has become a major international multi-disciplinary event for mental health professionals wishing to earn continuing education credit for licensure or credentialing, network with popular authors, speakers, and vendors, and enjoy extra-curricular activities with peers." This year the conference will be held in Cleveland, Ohio on October 9 through 14th. Check out the brochure here: **http://www.a4pt.org/download.cfm?ID=29902**

We are hoping to get a group of Idaho members together in Cleveland for a night out. If you are planning to attend the conference this year, please contact Molly Gratton or any other board member.

Have you considered APT Leadership Academy?

"APT sponsors its Leadership Academy to orient play therapists about leadership attributes, the Policy Governance© Model, and how APT conducts its daily business. Graduation is held during its Annual Conference." Complete the enrollment form on the APT website (under programs and publications) by August 31.

APT had their election for new Board Members

DIRECTOR ELECTION RESULTS!

Congratulations to these play therapists who will serve three-year terms on the APT board of directors effective this October:

- **Jennifer Baggerly** (TX)
- **Art Cleveland** (FL)
- **Jodi Crane** (KY)

Annual Membership Campaign

Campaign Objective

Because growth generates new ideas, program resources, and represents broader respect for play therapy, Association for Play Therapy (APT) members will invite their professional colleagues, co-workers, and students to become Professional, Affiliate, and International members. APT will reward their recruitment and retention performances by conferring the incentives below.

Member Rewards

Earn APT Bucks

- If you sponsor a new Professional member between January and December, you will earn 10 APT Bucks. Or, if you sponsor a new International or Affiliate member between January and December, you will earn 5 APT Bucks.
- You may redeem your APT Bucks before they expire to reduce your APT membership dues, conference registration fees, RPT/S fees, etc.
- Click on and review additional *APT Bucks* information and guidelines.

Win an Amazon Kindle Fire and Conference credit

- If you earn 50 APT Bucks from January thru June, you will be entered into a drawing for a Kindle Fire (value $199). Only one Kindle Fire will be awarded and the drawing will occur on July 10.
- If you earn 100 APT Bucks from January thru June, you will be entered into a drawing for a Kindle Fire AND receive a $200 credit for our 2012 Conference. Credit is non-transferable, non-refundable, and valid only for workshop fees. Limit one credit per person.

Branch Bash

- If your chartered branch is one of the three chartered branches that increases its number of Professional members by the highest percentage between January and June, your branch will be honored during our 2012 Conference.
- If your chartered branch increased its number of Professional members by the highest percentage (minimum 25%) between January and June, your branch will enjoy a $500.00 food and beverage credit at our 2012 Conference headquarters hotel.
- Branch must be a chartered branch in good standing.

CLINICAL CORNER

Contributed by Molly Gratton

I have been getting a lot of questions related to Night terrors and I too have experienced these in my own son. I have learned over the past few years that my son is triggered by being overly tired. It is helpful to figure out your child's pattern and triggers so you can prevent those triggers from occurring as much as possible. I have included a great article that describes the sleep cycle and ways to prevent/cope with these scary parenting moments….and most importantly I want to stress, as the author states, night terrors are not a result of being maladjusted or bad parenting!

By: Alan Greene MD FAAP

Within fifteen minutes of your daughter's falling asleep, she will probably enter her deepest sleep of the night. This period of slow wave sleep, or deep non-REM sleep, will typically last from forty-five to seventy-five minutes. At this time, most children will transition to a lighter sleep stage or will wake briefly before returning to sleep. Some children, however, get stuck — unable to completely emerge from slow wave sleep. Caught between stages, these children experience a period of partial arousal. Partial arousal states are classified in three categories: 1) sleep walking, 2) confusional arousal, and 3) true sleep terrors. These are closely related phenomena that are all part of the same spectrum of behavior.

When most people (including the popular press and popular parenting literature) speak of sleep terrors, they are generally referring to what are called confusional arousals by most pediatric sleep experts (Principles and Practice of Sleep Medicine in the Child, by Ferber and Kryger). Confusional arousals are quite common, taking place in as many as 15% of toddler and pre-school children. They typically occur in the first third of the night on nights when the child is over-tired, or when the sleep-wake schedule has been irregular for several days.

A confusional arousal begins with the child moaning and moving about. It progresses quickly to the child crying out and thrashing wildly. The eyes may be open or closed, and perspiration is common. The child will look confused, upset, or even "possessed" (a description volunteered by many parents). Even if the child does call out her parents' names, she will not recognize them. She will appear to look right through them, unable to see them. Parental attempts to comfort the child by holding or cuddling tend to prolong the situation. Typically a confusional arousal will last for about ten minutes, although it may be as short as one minute, and it is not unusual for the episode to last for a seemingly eternal forty minutes.

During these frightening episodes, the child is not dreaming and typically will have no memory of the event afterwards (unlike a nightmare). If any memory persists, it will be a vague feeling of being chased, or of being trapped. The event itself seems to be a storm of neural emissions in which the child experiences an intense flight or fight sensation. A child usually settles back to quiet sleep without difficulty.

These are very different from nightmares. You won't become aware of your child's nightmares until after she awakens and tells you about them. They are scary dreams that usually occur during the second half of the night, when dreaming is most concentrated. A child may be fearful following a nightmare, but will recognize you and be reassured by your presence. She may have trouble falling back asleep, though, because of her vivid memory of the scary dream.

True sleep terrors are a more intense form of partial arousal. They are considerably less common than confusional arousals, and are seldom described in popular parenting literature. True sleep terrors are primarily a phenomenon of adolescence. They occur in less than 1% of the population.

These bizarre episodes begin with the child suddenly sitting bolt upright with the eyes bulging wide-open, and emitting a blood-curdling scream. The child is drenched in sweat with a look of abject terror on his or her face. The child will leap out of bed, heart pounding, and run blindly from an unseen threat, breaking windows and furniture that block the way. Thus true sleep terrors can be quite dangerous, in that injury during these episodes is not unusual. Thankfully they are much shorter in duration than the more common confusional arousals of the pre-school period.

The tendency toward sleepwalking, confusional arousals, and true sleep terrors often runs in families. The events are often triggered by sleep deprivation or by the sleep schedule's shifting irregularly over the preceding few days. A coincidentally timed external stimulus, such as moving a blanket or making a loud noise, can also trigger a partial arousal (which again shows that the event is a sudden neural storm rather than a result of a complicated dream).

Interestingly, a recent study published in the journal Pediatrics in January 2003, showed that children who have recurrent partial arousal states may also have other sleep disorders (including sleep disordered breathing and restless leg syndrome) that may benefit from a physician's care.

Treatment usually involves trying to avoid letting the child get over-tired, and trying to keep the wake/sleep schedule as regular as possible. When an event does occur, do not try to wake the child — not because it is dangerous, but because it will tend to prolong

the event. It is generally best not to hold or restrain the child, since her subjective experience is one of being held or restrained; she would likely arch her back and struggle all the more. Instead, try to relax and to verbally comfort the child if possible. Speak slowly, soothingly, and repetitively. Turning on the lights may also be calming. Protect your child from injury by moving furniture and standing between him or her and windows. In most cases the event will be over in a matter of minutes. True night terrors, or bothersome confusional arousals, can also be treated with medications, hypnotherapy, or with other types of relaxation training. Recently, my youngest son was having a confusional arousal, and his mother observed that these events are most common at the same ages that children are becoming aware of the bladder feeling full during sleep. Perhaps some of these kids just need to go to the bathroom? We stood him in front of the toilet, and he urinated, still not awake. The episode faded abruptly, and he returned to sleep. The calm was dramatic.

Was this a coincidence? Or might this be a revolutionary new help for parents whose kids have these frightening episodes? A number of readers have tried this approach. Most said it worked wonders; a few said it had no effect. If you try it, let me know the results, either way. Together we can learn more about the wonder and mystery of sleep in children. I have sat with my children through confusional arousals, and know how powerfully these episodes tug at a parent's heart.

Just understanding what they are (normal childhood sleep phenomena that children outgrow — not a sign of maladjustment or the result of bad parenting) helps tremendously.

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Share your knowledge and earn Idaho Spuds!

If you submit a literature review, clinical piece, or some other information for the newsletter that is published; IDAPT will give you a $10 certificate (Idaho Spud) good for use at our annual conference! Each spud will decrease the cost of attending our annual conference by $10! So get your submissions in now! Please e-mail your submissions to Molly Gratton at tvplaytherapy@live.com

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CHECK OUT OUR WEBSITE AT:
http://www.idahoplaytherapy.org/
FYI – We are going to be under construction in July. You might see our "in progress" look in the month. We will announce the completion of the new look when it is ready!