



# Updates

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## **Play Therapy and Early Intervention: Where Does Non-Directive Play Therapy Fit in the Lives of Children in Early Intervention?**

*by Beth Dehler*

Dr. Gary Landreth spoke at the 2006 Play Therapy Conference, March 2006, delivering a critical message for all counselors, social workers, and psychologists in attendance. In the following summary, I will highlight Dr. Landreth's approach, explore the implications of this modality for the Developmental Specialist (DS), and illuminate how this modality of play therapy may fit into early intervention services.

Dr. Landreth espouses the child-centered approach which emphasizes the "child as a person," rather than the child's problem, as the focus of play therapy. The "child as a person" or "child-centered" approach, evolved from the basic belief that children have the innate human capacity to strive toward growth and maturity and have the ability to be constructively self-directing (Landreth, 1991). Landreth speaks to an honoring of the child that comes from the depth of his soul, wherein the therapeutic relationship, a child

feels accepted, understood, supported, encouraged, valued, and loved. He draws emphasis from the heart when he



says the therapeutic play relationship is primarily focused on feelings rather than thoughts or acts.

Children are emotional beings. Their feelings are projected in their play session, and it's feelings that govern behavior; not facts or information. A child's feelings arising from her life experiences and her reactions to these experiences, is what Dr. Landreth finds to be

critical in the assessment of a play session.

Essential to the child-centered approach are the four therapeutic healing messages that reflect the importance of how a child perceives the therapist and himself. The first healing message is "I am here". It is important to be fully present and look through the eyes of a child. It's counterproductive to want to evaluate what's good or bad in a child. If the practitioner is thinking about what they are going to be doing at the next home visit or wondering what time it is, the quality and depth of the relationship is compromised. It's critical that a child feel that the therapist is fully present.

The second message is "I hear you," where the therapist is secure enough within himself to hear without interference what is going on in the child's inner world. If in a play session a child says "I hate you," the therapist's developed ego is secure enough not to personalize that statement. The child's play may reflect her need to feel competent, solve a problem, or simply convey feelings of anger. In this mindful way of listening to the child's inner world through play, the child's needs are honored.

The third message is "I understand." The child needs to know that the therapist is a person who genuinely cares and that she understands. Through the play relationship, the therapist learns about a child's deepest pain, loneliness, grief, sadness, or failure.

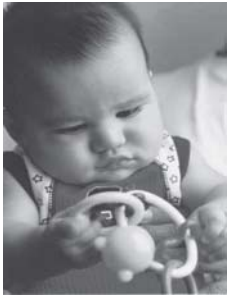
The final message is "I care." Once the first three messages are delivered, then the child feels the genuine caring of the therapist. As these messages are conveyed to a child in a play session, a safe space is created for the child to release his intrinsic, dynamic potential. This touches the "center," or the "authentic self" of the child and then healing begins.

The implications of the client-centered approach in relationship to the role of the DS is most emphasized in how social and emotional delays are addressed in early intervention.

*Continued on page 2*

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In my experience as a social worker and developmental specialist, I have found the DS role often conflicting when using play in early intervention. My first inclination is to use the non-directed play approach when addressing social and emotional issues, while the more traditional DS role uses play that is more directed and activity driven. Even though



developmental domains such as cognition, language, social, adaptive, and motor development are carefully assessed, and goals and outcomes are thoughtfully written in IFSP's (Individual Family Service Plans), play therapy is not the protocol used if there is a concern/delay in the social and emotional domain. It's not that this therapy would not be effective in this area, it's just that early intervention

personnel are not typically trained in this modality.

Play therapy is a special area of training requiring a degree in counseling, psychology, social work, or related field. Some of the content areas of study are child development, psychotherapy, the play therapy process, symbolic expression in play, reading play symbols, toys for facilitating play symbols, and understanding play themes. On the other hand, the developmental specialist's training background emphasizes areas such as physical development, health and medical influences, family systems, developmental assessments and developmental play. There is some overlap with both disciplines; however, theoretical and philosophical differences indicate play therapy as a distinct therapeutic process.

Recent CAPTA (Child Abuse Prevention and Treatment Act) regulations stipulate immediate referrals to early intervention programs when there are substantiated allegations of neglect and abuse for children between ages 0-3. Children who enter the CYFD (Children Youth and Family Department) system often do not have developmental delays but are at risk for developmental delay due to environmental conditions they endure (such as domestic violence, substance abuse, or mental illness). If early intervention programs are required to address CAPTA referrals, I strongly recommend that they consider having a play therapist on staff or train developmental specialists in this area.

Children experiencing the disintegration of their family through domestic violence, substance abuse, or mental illness, need professionals to provide play therapy experiences. Play therapy is much more than just gathering toys together, sitting with a child, and watching him play. It's a dynamic interpersonal relationship between a child and

therapist trained in play therapy procedures. The therapist provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self (feelings, thoughts, experiences, and behaviors) through the natural medium of communication, play (Landreth, 2002).

Whether the result of a CAPTA referral or due to other factors, early intervention programs, staff, and families they serve would benefit by the use of play therapy to support young children's social and emotional needs.

*Beth Dehler is a Social Worker, LMSW, and Developmental Specialist with the NAPPR Program.*

Landreth, G. (2002). *Play therapy: The art of the relationship* (2<sup>nd</sup> ed.). New York: Brunner-Routledge.



## Interview Featuring Sandy Heimerl, MS, PT by Holly Harrison

Visit the *New Assessment* website for an informative interview with New Mexico's Early Childhood Evaluation Program (ECEP) physical therapist, Sandy Heimerl. In the interview, Sandy helps families understand what their child's motor development should look like from birth to walking. Sandy describes for professionals what she looks for when she evaluates a young child's motor development. In addition, she shares her thoughts on what it means when she observes a child with atypical motor patterns. Sandy also emphasizes why it is not enough to just follow an assessment protocol. Observing a child's spontaneous movement provides us with invaluable information - how the child moves in typical situations and how functional is this movement. Finally, she discusses obvious conditions when observing movement and posture issues and describes ways motor development can impact cognition, play, and communication. The interview can be found at: <http://www.newassessment.org>

# PLEASE POST

Calendar 2006

## **EARLY INTERVENTION WORKSHOPS**

### **MAY 2006**

**May 19**

*Orientation to Part C*

*Roswell*

*FIT Regional Coordinator*

*Suzanne Pope - 286-1030*

**May 22**

*Orientation to Part C*

*Southwest Region*

*FIT Regional Coordinator*

*Linda Askew - 266-2881*

**May 25**

*It's Only Natural!*

*Santa Fe*

*ECN Program Consultant*

*Mary Zaremba - 272-1042*

**May 31**

*The Developmental Evaluation:*

*An Ebb & Flow Process*

*Albuquerque*

*ECEP Program Manager*

*Carla Arnold - 272-8728*

### **CAPTA TRAININGS**

*June 5 - Albuquerque*

*June 6 - Espanola*

*June 7 - Grants*

*June 15 - Las Cruces*

*June 16 - Roswell*

*Verna Trujillo - 827-0119*

*FIT Regional Manager*

### **AUGUST 2006**

**August 31**

*Family Visiting*

*Laguna*

*ECN Program Consultant*

*Mary Zaremba - 272-1042*

### **JUNE 2006**

**June 24**

*RCI Annual Early*

*Intervention Conference*

*Albuquerque*

*Rebecca Bulgrin - 255-5501*

**SERVICE COORDINATION**  
modules are required for all new  
service coordinators working in  
early intervention programs.  
**It is highly recommended that**  
**these modules be taken in**  
**order, if at all possible.**

**Please make reservations  
for all workshops.**



**New!**  
**Early Childhood Mental Health  
Training Institute**  
*by Jacqui Van Horn*

Las Cumbres Learning Services, Inc. has established the first **Early Childhood Mental Health Training Institute** in New Mexico. This two-year training program is based out of Santa Fe.

The first class of trainees will begin in September 2006 and continue through May 2008. Selected trainees will demonstrate the potential to become strong, effective practitioners, supervisors and/or consultants for programs serving families with children age birth to 5 years.

Institute trainees will participate in monthly day-long Friday seminars, as well as three weekend (Friday-Saturday) overnight retreats each year. Required readings and other assignments will be completed by the trainees between seminar sessions. In addition, each trainee will receive weekly mentorship by an experienced early childhood mental health professional. Each month, at least two of these weekly contacts will occur at the trainee's worksite. Full day workshops addressing early childhood mental health topics of interest to a broader community audience will occur at least three times each year as well.

**Recruitment of applicants for the first training group has begun.** Prospective trainees need a master's or higher degree in a mental health, early childhood, or family development field. They must be working currently in a setting that provides services to families with children under age 5 years. The support of their sponsoring agencies is required so that trainees can participate in all Institute activities and have opportunities to apply their learning through their work with families of young children. The Institute is designed to bring new and experienced mental health, early childhood, and family support practitioners into the emerging early childhood mental health specialty. We will provide in-depth training for individuals who work in agencies that are committed to developing or expanding early childhood mental health services.

The deadline for receipt of applications is **Wednesday, June 14, 2006.**

For more information and to request application materials, contact Deborah Harris at (505) 753-4123 x114; e-mail: [deborah.harris@lascumbres-nm.org](mailto:deborah.harris@lascumbres-nm.org) or Jacqui Van Horn (505) 238-9085; e-mail: [jacquivanhorn@comcast.net](mailto:jacquivanhorn@comcast.net)

## The Division Welcomes



**Sheila McKisson** has worked with children and adults with disabilities since 1975. She has worked for the State of NM at the Los Lunas Hospital and Training School and Carrie Tingley Hospital.

She began there as a clerk and worked her way up to be the Director of Admissions and Registration. Sheila works with ECN as an office assistant. Sheila is also an active volunteer with the Albuquerque Folk Festival for the Entertainment Committee, and with the Southwest Traditional and Bluegrass Music Association as their current Public Relation/Promotions chair.



### Rural Early Access to Children's Health (REACH) Telehealth Training Calendar

**TIMES/LOCATIONS:**

**10:30am–12:00pm** for sites located in Clovis, Gallup, Farmington, Las Vegas

**12:30pm–2:00pm** for sites located in Carlsbad, Alamogordo, Las Cruces, Roswell, Lordsburg

**Date:** May 19, 2006

**Topic:** Typical Language Development/When is it Problematic/When to Refer

**Presenter:** Nancy Brandon, MS, CCC-SLP, ECEP

**Date:** June 16, 2006

**Topic:** Strategies to Support Engagement, Social Communication and Play (DIR)

**Presenter:** Sandy Heimerl, MS, PT, ECEP

*\*Plan to offer CEU's and Developmental Specialist hours towards recertification.*

#### To Register:

E-mail [REACHCDD@salud.unm.edu](mailto:REACHCDD@salud.unm.edu) a minimum of two weeks prior to the date so that you can reserve a space. If your reservation has not been confirmed, call Karin Fulford at (505) 272-3844. We will provide you with handouts for the training. For participation in the Metro Region, please make a reservation. Training is available at the UNM Center for Telehealth in Albuquerque. For questions concerning REACH, contact Sandy Heimerl at (505) 272-0096 or [sheimerl@salud.unm.edu](mailto:sheimerl@salud.unm.edu) or visit the website: <http://cdd.unm.edu/REACH>

The REACH project is supported by grant number 5 H2ATH00989-03000 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS



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## **CDD Library Information Network for the Community (LINC)**

1-800-827-6380 or 272-0281

Visit our website at <http://cdd.unm.edu/ec>

Early Childhood Programs are funded in part by the New Mexico Department of Health



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