

# Effective Play Therapy for Everyone: Play-Based Interventions with Children, Adolescents, Adults, and Families

**Friday, December 4, 2009**

**9:00 a.m. to 4:30 p.m. \*\*EST – Registration at 8:30 a.m.**

*6.0 Continuing Education Hours for LCSWs, LSWs, LMFTs, LMHCs, psychologists, and NAADAC; 3.0 CRUs for educators; 6 APT Hours*

**Location: NASW-IN Office, 1100 W. 42<sup>nd</sup> Street, Suite 220, Indianapolis, IN 46208 Refreshments and Lunch included**

**Preparation/Training Required:** Minimum Master level training with completion of graduate coursework in Child Development, Child Psychopathology, and Counseling Theory and Techniques.

**Overview:** Brain research increasingly guides our thinking in the treatment of children and families. Play-based activities can be more effective than traditional verbal therapies because of their ability to access deeper emotions. This presentation will focus on the effective use of play, sandplay, art, and experiential therapies with all ages to increase therapeutic value for clients. Integrated individual and family therapies including children, adolescents, and their parents will be presented. Various methods and experiential techniques will be practiced so that participants will come away with new ideas that can be used to engage families in treatment when appropriate. This workshop is appropriate for practitioner experience levels from beginning to advanced. This workshop will fulfill partial criteria for becoming a Registered Play Therapist with the Association for Play Therapy. APT Approved Provider #04-142.

**Learning Objectives:** Following the presentation, participants should be able to:

- ▶ understand brain research and how to apply it to maximize treatment
- ▶ know how to use play therapy methods with different populations
- ▶ know how and when to integrate individual play therapy with family play therapy
- ▶ use a variety of play therapy techniques with all ages.



**Presenter: Patty Scanlon, MSW, LCSW, BCD, RPT-S,** has worked with children, adolescents, adults, and families since 1992 in both inpatient and outpatient settings. Patty uses art, sandplay, and play therapy with all ages. She specializes in working with child and adult survivors of trauma and abuse, divorce, and children with attachment issues. She graduated with a Masters in Social Work from Indiana University in 1995, earned her Registered Play Therapist credential in 1999, and her Registered Play Therapist Supervisor credential in 2001. She is a Board Certified Diplomate in Clinical Social Work (2004) and is certified in Clinical Hypnosis (2004). Patty served on the board of the Indiana Association for Play Therapy from 1997 to 2001, and as InAPT President 1999-2000. Since 2000, she has been actively involved in the Association for Play Therapy at the national level, and in 2008 was elected to its Board of Directors.

**Pre-registration Deadline: November 27, 2009**

**Fee: NASW Member: \$95.00 Non-NASW Member: \$145.00 NASW Student\* or NASW Retired Member: \$70.00**

(\* Must include copy of current student ID card. Must be actively enrolled in a CSWE-accredited BSW or MSW program.)

## EASY WAYS TO REGISTER:

Online: [www.naswin.org](http://www.naswin.org) Fax: 317-925-9364 E-mail: [naswin@naswin.org](mailto:naswin@naswin.org) Phone: 317-923-9878  
USPS Mail: NASW – Indiana Chapter, 1100 W. 42<sup>nd</sup> St., Ste. 226, Indianapolis, IN 46208

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Fax) \_\_\_\_\_

NASW Member?  Yes  No NASW I.D. # 8 8 \_\_\_\_\_

Please specify any ADA needs you have in attending this workshop: \_\_\_\_\_ Vegetarian meal? Yes  No

**ACCOMMODATIONS:** If you require accommodations to permit your attendance or participation, please provide a written request with a completed registration form and conference payment at least 30 days prior to the registration deadline for the workshop. Requests received after this deadline may not be able to be processed or fulfilled in time for the activity.

\_\_\_\_ Enclosed is my personal/agency check in the amount of: \$ \_\_\_\_\_ (Payable to NASW – Indiana Chapter, 1100 West 42<sup>nd</sup> Street, Suite 226, Indianapolis, IN 46208) for *Play Therapy*

\_\_\_\_ Please charge my  MasterCard  Visa  American Express  Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ \*\*\*CSC#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WORKSHOP POLICIES:** For registrations at the door, postmarked, e-mailed, faxed, or phoned in less than **ONE** week prior to workshops, a late registration fee of \$30.00 will be assessed. **CANCELLATIONS:** There is a \$30.00 processing fee for cancellations. **CONFIRMATION:** Registration confirmation and directions will be sent after the registration deadline via e-mail unless otherwise specifically requested. \*\*All times are **EASTERN STANDARD TIME (EST) – INDIANAPOLIS TIME.** \*\*\*[The **3-digit CSC** appears on the back of Discover, MasterCard, or VISA cards. For American Express, the **4-digit number** is usually printed on the front of the card above and to the right of the embossed account number.]