

### **GITRE STAFF SPOTLIGHT!**

**INTERVIEWER:** Eliana Gil, Founding Partner

**INTERVIEWEE:** Andrea Driggs McLeod, LCSW, RPT-S, Gil Institute Therapist

**EG:** *Tell us a little bit about yourself, where you were born, educated, and how you came to the Virginia area?*

**AM:** I was born and raised in a small southern Indiana town named Evansville (Go Hoosiers!) and left for college at Xavier University in Cincinnati, Ohio (Go Muskies!) After college, a good friend of mine was moving to the D.C. area to pursue a job opportunity and I thought it sounded like fun so I came too! Once I was here I ventured back to school and obtained my MSW at the University of Maryland, at Baltimore.

**EG:** *Go Terps? AM:* Absolutely!

**EG:** *How did you develop an interest in working with traumatized children?*

**AM:** It was really by accident. Early on in my career I was drawn to working with urban populations. After spending a number of years working with urban youth in D.C. in the foster care and school settings, I looked back and realized I had been doing trauma work all along. For many urban youth, it's not viewed as trauma, it's a way of life. The levels of resiliency and hope that I have seen in small children that survive and thrive through unspeakable circumstances still gives me chills. There is no more challenging or more rewarding work than walking beside a child in their journey after experiencing trauma. I once heard someone say, "I am not here to confirm the darkness. I am here to speak of the light." That has become my personal mantra that I bring to the work we do everyday.

**EG:** *How and when did you develop your passion for Child-Centered Play Therapy (CCPT) and what about this approach speaks to you in your work with traumatized children?*

**AM:** My love affair with CCPT began in 2008 while I was beginning to work with a pilot program aimed at bringing early intervention and prevention services to high risk elementary and middle schools. This program championed CCPT and CBT as the 2 modalities of choice for early intervention and as a result I was luckily trained in both. After the first day of our CCPT training I was completely sold. I realized our amazing trainer had not said one thing that didn't fit with my internal working model as a therapist. The approach most highly values and respects the child's ability to be self-directive and express the issues most pressing in his/her life through play. It allows children the opportunity to experience different ways of being and interacting with the world at their own pace, and pertaining to issues that are important to them. Children are constantly being controlled, guided, or educated by adults. In my work, I have learned so much from handing over personal power to children which then allows me a window into their perspective. That is an invaluable view in trauma work—I

could go on about this for days as anyone who has been to my CCPT Trainings can attest!

**EG:** *I first heard your name in reference to a big research study in DC comparing child-centered play therapy to TFCBT. Where did you do that study and what was your experience participating in this study? I can't think of two more polar extreme approaches than CCPT and TFCBT. What was it like for you delivering TFCBT?*

**AM:** I was a direct practice practitioner in this study while working for the early intervention and prevention program I mentioned before. A lot of people do view these two treatment approaches as opposites, as you do. I don't see it that way at all! I am a Certified Child Centered Play Therapist through the National Institute of Relationship Enhancement. CCPT is the metal box in which I keep all of my other therapy tools. I can fit any other modality in that box as long as it makes sense to me, and has promising benefits for my clients, and TFCBT does. CCPT is viewed as one of the most non-directive approaches in our field, and I disagree! It's extremely directive, but the child is the one with the captain's hat on. In TFCBT, we constantly pass that hat back and forth. The basics of CCPT are in every therapy session I have, no matter what the primary modality. But back to your actual question, I discovered that TFCBT is very effective in my practice, and it is easy to implement. I find these models compatible.

**EG:** *That is a very interesting way to think about the work you do. You're basically saying that you don't have a purist approach, but much more of an integrated one. That fits very well with the rest of our GITRE staff. I think we're in agreement that not one model will ever work for every single client. Lizzie Konrath wrote in our last newsletter about self-care. In doing trauma work, clinicians often need to develop a balanced life and self-care. How do you deal with these stressors and what would you advise others?*

**AM:** It is really hard. We spend so much of our time attending to others that we often give ourselves (and our personal lives) what is left over. That was my rookie mistake early on. The best advice I offer to myself, other practitioners, and parents I work with is this: You have to take care of yourself first! If we aren't in tip-top shape we aren't as effective as we could be for our clients/children. If that means planning time each morning before your day starts doing something for yourself, going to bed earlier, fitting yoga or exercise into your schedule, make it happen! As a therapist, you are your most effective tool. I'm always reminded of this when I notice that cell phone chargers are everywhere and for good reason. You can find a cell phone charger anywhere. Because if you never plugged that thing in the battery would go dead and you wouldn't be able to use it. Chaos would ensue. We should have as much respect for ourselves as our phones...just saying. The other part of that is finding a great work support system. I'm not sure what I would do without the other clinicians at GITRE.

**EG:** You worked for years in the school system in DC, what do you see as the major differences between providing play therapy in the schools and providing it within the context of a group private practice?

**AM:** I absolutely loved my work in the DC Schools. The major differences for me have been that in private practice I can keep my door open while I'm not in session. In the schools, my door was constantly closed and locked. If it wasn't I would have a dozen kids getting lost on their way back to their classroom from the bathroom and ending up in my playroom. Ha! I'm pretty sure toys and smiles have a magnetic pull in schools. It's a full time job maintaining boundaries in the school setting. School based providers often have so many other roles, it can be really tricky to navigate. We spent 2 hours discussing how to effectively navigate multiple roles in my last School Based Play Therapy training. It is an on-going and evolving conversation as play therapy continues to have a larger presence in schools. It's gratifying to see so many school-based workers seeking the training to implement play therapy strategies in the schools.

**EG:** What is exciting you the most professionally these days?

**AM:** The most? I have a few. I love being a trainer at Starbright Training Institute. The conversations that occur during a training are thought-provoking and outstanding! Not to mention I get to talk about my favorite aspects of our work all day with really smart and creative people. I always feel great after spending a few days with a group of professionals and watching them gain so many new skills to use. In just a few hours I can help make the impact of our work reach further. That's pretty cool. I also recently obtained my RPT-S through the Association for Play Therapy. I am super excited to supervise other clinicians on their way to becoming very skilled at playing!!

**EG:** And for me, it is very exciting to mentor young therapists as they become gifted trainers and educators. Your feedback so far has been tremendous and I look forward to your doing lots of workshops for us in the future, as well as presenting at our Annual Conference April 10-12, 2014!! What is one thing that you think you bring and offer to our clients at GITRE?

**AM:** Energy! I've got a lot of it!

**EG:** Well, we at GITRE couldn't agree more. You have brought energy, humor, professionalism and integrity, and a curious and profound therapy mind and spirit. We are so happy to have you here!!