

Association for Play Therapy

NEWS
 Colorado

July 1, 2009 Volume 14, Number 2

**MEMORIES OF CAPT
 SPRING CONFERENCE
 - 2009 -**



September 18, 2009

**Fall one-day workshop featuring Barry Chaloner, M.ED, LPC
 First Plymouth Congregational Church in Denver, CO**

**Brain-Based Early Mental Health Consultation, Intervention, & Play Therapy
 for Clinicians & Educators Serving Early Childhood Settings: A focus on
 Controlling, Aggressive, & Tantruming Children Ages 1-6.**

Watch our website and your email for early registration.



**MARK
 THIS
 DATE**

President's Note...



Happy Independence Day Everyone

I hope this finds everyone having a safe and enjoyable summer. As I think about our country Celebrating Independence Day soon, I think about the many children and families we serve. I think about how we help them to feel independent and strong again. What an honor we have to walk along with children

and their families as they gain independence and strength.

Our annual spring conference is over for another year. One of the greatest things about the conference is it gives us time to rejuvenate with other play therapists and to affirm the importance of the work that we all do. I hope that all of you who attended the conference felt both rejuvenated and affirmed by the time you left on Saturday. We were honored to have many great speakers and learning opportunities.

As your CAPT Board we are busy planning the **fall one-day workshop** featuring Barry Chaloner, M.ED, LPC. Barry is an adjunct faculty at Adams State College, founding director of the Center for Early Intervention, a 0-5 mental health consultant to Southern Ute Head Start, and maintains a private practice providing infant, child, and family therapy for families and their children 0-12 with Pediatric Associates of Durango. He is the creator of the PALS Early Intervention Model, author of multiple publications on early mental health, early intervention, and play therapy. A frequent presenter at state and national conferences, a certified Theraplay Level-I Practitioner, and is licensed as a professional clinical counselor and school psychologist with a total of over 31 years experience and 16 years as an early childhood consultant, Barry is known for his fun and engaging presentation style.

With all of that said his topic is just as exciting:

Brain-Based Early Mental Health Consultation, Intervention, & Play Therapy for Clinicians & Educators Serving Early Childhood Settings: A focus on Controlling, Aggressive, & Tantruming Children Ages 1-6.

The workshop will be held at the First Plymouth Congregational Church, 3501 S. Colorado Blvd. (Hampden Ave. and Colorado Blvd.) in Denver. Watch our website and your email for early registration.

CAPT just finished a one day workshop in Glenwood Springs on June 13th on Filial Therapy presenting both Rise Van Fleet's model and Garry Landreth's model. It was a fun and educational time in the beautiful setting of our Colorado Mountains. I hope those of you who attended left time for PLAY in Wonderful Glenwood!

Those of you who are members of CAPT don't forget to check out APT's annual conference coming in October in Atlanta, GA.

Have a Playful Summer

Sincerely,

Darla Kraft, M.A., LPC, RPT-S
CAPT President

The CAPT News is the official periodical publication of the:

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The newsletter is a forum to further promote the goals of CAPT.; the development, enhancement and improvement of play therapy through educational services to professionals in the field of play therapy. We encourage individual contributors to send news items, articles, letters, and advertisements for products, services, and training pertinent to play therapy.

Please send your submissions to:

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CAPT does not endorse any perspective or methodology but presents articles addressing a variety of issues pertaining to play therapy.



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Animal-Assisted Therapy

What do Old Yeller, Lassie, Rin Tin Tin, Marley and Me have in common? Each is a story about a dog, and not just about any old dog, but a dog who created a profound emotional link with the humans who knew them.

While most of us have heard about “Service Dogs” for the handicapped, and Animal-Assisted Therapy as an adjunct to mental health treatment, we may understand very little about how this actually works. I know I fell into that category, and as a result, I was eager to speak with Cliff Abeyta, MSW, Out Patient Therapist with the Larimer Center for Mental Health. Cliff in recent years has been learning about the practice of Play Therapy, and for many years he has worked with young people, using Animal-Assisted Therapy as a valuable tool.

Penny: First, a little background information. Most of us did something else before we became Play Therapists...

Cliff: Well, I was a youth corrections counselor for 12 years. But before that my career goal had been law enforcement, so my college education was in Criminal Justice. During that time when I did some undercover work with the police, I accidentally found out that one of my own young relatives has been stealing! I could see a need to work with young people to prevent their choosing a wrong path in the first place. So I changed my emphasis from police work to youth corrections and I worked in that field for 12 years in Utah, and I got my MSW there in Utah. I’ve been in Colorado for 10 years. When my wife (who is an Electrical Engineer) changed jobs to Northern Colorado, I thought I would go back to corrections, but instead I ended up working with adolescents at the Larimer Center for Mental Health.

While there, I began to notice Darla Kraft [RPT-S, currently President of CAPT] working with these really young kids, using Play Therapy, and I was fascinated. About that time, it happened that we had more young children needing therapy than adolescents, so I wanted to expand my skills in order to be a more useful employee. I began to observe Play Therapy through the two-way mirror, and with videos. Now, I’m working under the supervision of Marsha Zion [LPC, RPT], because I’m not yet an RPT. My impression of Play Therapy is that it’s “natural hypnosis plus a game of charades.” That’s how I express the process of the therapist reflecting feelings that the child acts out.

Penny: How did the Animal-Assisted portion get started? Did you have a special aptitude to do this? For example, did you grow up with animals?

Cliff: Oh, yeah! Growing up, we had an acre of land, and my dad treated it like 10 acres. We had dogs, cats, horses, cows, sheep, chickens...and it was the responsibility of the kids to care for the animals.

Penny: In the therapy setting, what animals do you work with?

Cliff: Mostly dogs—retriever, labs, even rottweilers. I have to admit I was skeptical at first about rottweilers because of their reputation. After observation and experience I’ve concluded it’s more about how the dog is raised than what breed it is.

Right now, at my home, I don’t own a dog. We have two cats, but no dog.

Stephanie Woods, also here at the Larimer Center does Equine-Assisted Therapy with horses.

Penny: How do you select and prepare a dog to work in therapy with you?

Cliff: Well, just as the Association for Play Therapy exists to help with Play Therapy and it has chapters in every state, like CAPT; there is also a national association for animals that assist people, and it has chapters in every state. The national organization is called the Delta Society [www.deltasociety.org], and they have local affiliates in every state. Here in Northern Colorado, I work with Larimer Animal People Partnership and Therapy Dogs, Incorporated.

(See Animals...continued on Page 7)

Special FEATURE

CAPT Pioneers

(Dr.'s Byron and Carol Norton). In 1989, I attended my first workshop with the Nortons and started applying what I was learning in my work with families.

There emerged a band of 3 or 4 of us in the Fort Collins area, under Lynda Schmaljohn. We were from a variety of disciplines—LPC, LCSW, AAMFT, and one of the group was still a student. We formed a sort of “think tank”, and **our vision** was: **What do we need to do for the children of Colorado?** From this focus, two movements emerged. One was the Larimer County Child Advocacy Center. [This is a child-friendly, developmentally-appropriate setting where children can be interviewed to obtain forensic evidence about crimes against children.]

And the rest of us focused on starting CAPT. Our goal was to foster systemic change in the State of Colorado regarding how therapists addressed the needs of children. And we wanted to support and nurture those therapists doing this critical work. As therapists with a common concern came together, we expected to see new ideas emerge.

Ed: What did it take to start CAPT?

John: At this time there was not very much structure from the [national] Association for Play Therapy, so we wrote our own rules. At first, we thought we might be the “Rocky Mountain Area” Association for Play Therapy because the surrounding states did not have their own APT’s yet. (Across the nation there were only about 15 branches.) Linda Matt-Simmons was part of that early start-up. Jane Johnson was instrumental in obtaining CAPT’s status as a non-profit organization. Before this I had been the President of AAMFT, and we used their structure as a place to start, making appropriate changes along the way to fit the needs of CAPT.

Ed: Where was the first CAPT conference?

John: We held it at the Arvada Center, in 1995. AAMFT had had good experiences with this location. Dr. Byron Norton was our first Keynote Speaker and we had 7 additional break-out sessions—8 sessions, total. This first conference was well-received; over 200 attended; and it provided seed money that got CAPT off and rolling, financially. With our goal of providing support for the therapists who work with children, we very intentionally included lunch on site as part of the conference. We deliberately worked to create a setting where therapists could connect, network, share ideas, and encourage one another.

Ed: What were your challenges?

John: Of course, having never done this before, we experienced a lot of uncertainty. For that first conference, there were no guarantees that anybody would come, and yet there was a lot of money on the line (for use of the Arvada Center, food, mailings, etc.). So Lynda Schmaljohn and I personally guaranteed the money. As it turned out, people came, it was a success, which paid the bills, and then the organization had seed money for going forward. I remember the “celebratory cheesecake” we enjoyed after that first successful conference.

Another challenge at that time was dealing with the bulk mailing. We had lists from all the different mental health disciplines, from all different zip codes, and we had to integrate these and then sort them all by hand. Today you do this with a few key strokes on the computer. But I remember spending all of Thanksgiving break literally hand-sorting over 10,000 brochures, so we could get them mailed out!

Later on, when [national] APT grew, and the pattern became state associations, CAPT had to make a decision about whether to affiliate with the national APT, or remain independent. That issue was strongly debated at the time.

Ed: What kept you motivated?

John: Our original premise was that if we could reach 200 Play Therapists, they in turn could help 10,000 children. This kept us motivated.

Ed: Nearly 15 years after those original events, how does the view look now?

John: I’m stunned that it’s already been 14 years! And, it’s great to know it’s alive and moving—and maybe has inspired others. It has helped Play Therapy grow in Colorado, and now we have something tangible—the certification for Registered Play Therapist (RPT) and RPT-S. That did not exist when we began, and we (the Colorado Branch) gave input into its development. And it’s good to see interest in Play Therapy has expanded beyond the Fort Collins area to the rest of Colorado.

Ed: What is your current relationship to Play Therapy?

John: I’m still doing lots of Play Therapy. And I feel I keep growing in it. I’m following ideas about merging Play Therapy and Family Therapy and Family Play Therapy. Right now, I’m working hard on my doctoral dissertation.

Ed: Any final thoughts?

John: The 3 key people that got Play Therapy rolling in Colorado were Byron Norton—and Carol Norton, and Lynda Schmaljohn. Lynda was not just cheerleader and motivator, she established the concepts that CAPT was build on.

Editor’s note: With this article, the CAPT Board is launching a new series for the Newsletter. Almost 15 years after CAPT began, many have joined who do not know the “story” of how CAPT was originally birthed. This series will feature those early members and review their original vision, as well as the adventures involved in launching CAPT. All interviews are edited for clarity and brevity.

The editor wishes to thank John Morse, LMFT, RPT-S, who agreed to be interviewed as one of the team who worked to start CAPT, and in 1997-1998 served as CAPT President.

Ed: How did you all come together and decide to start CAPT?

John: In the early 1990’s play therapy in Colorado was not yet well developed. No one was focusing on it much, other than the Nortons

LEGAL ROADMAP

Essential Records/Record Keeping Entries

1. Clinical data:

- a) Presenting problem(s) pertinent client history, your assessment, and treatment plan.
- b) Disclosures re: confidentiality and its limitations.
- c) Consent for treatment and for disclosure of treatment information to third parties (including insurance companies).
- d) Session notes (e.g. SOAP notes).
- e) Reports.

2. Information re: referral(s) and outcome.

3. Consultations: document information re person consulted, issues and action taken.

4. Document each mandatory report made (e.g. report of child abuse): name of agency representation, information disclosed, and factual information which necessitated the report.

5. Document every disclosure of treatment information:

- a) Date and name of person to whom information was disclosed, and
- b) Nature of information disclosed.
- c) Keep authorization forms or court order for each disclosure.

6. Fee information: copies of bills (HCFA forms) and patient-account ledger.

7. All correspondence and termination letters.

8. Subpoenas and Court Orders.

CAPT PURPOSE AND MISSION STATEMENTS

PURPOSE -- The purpose of the Colorado Association for Play Therapy shall be to promote the common interest of those who are play therapists, including development, enhancement, and improvement of play therapy services in Colorado.

MISSION -- The mission of the Colorado Association for Play Therapy is to:

- provide education
- advance and disseminate quality information and research
- facilitate professional collaboration
- promote legal, professional, political advocacy
- encourage professionals to be mindful of global and cultural influences

for the development of ethical, professional, and competent play therapists and other mental health professionals to validate the unique developmental needs of children in their treatment and their value in the community.

ON-LINE RESOURCES for PARENTING

1. PSYCHIATRY MCC

Family Therapy with a Depressed Adolescent

<http://www.athealth.com/apps/redirect.cfm?linkid=299>

Family therapy strategies include psychodynamic, structural, strategic, and cognitive-behavioral schools.

2. INSTITUTE OF BEHAVIORAL RESEARCH TEXAS CHRISTIAN UNIVERSITY

Partners in Parenting

<http://www.ibr.tcu.edu/private/manuals/parenting/ppmanual.pdf>

These modules are designed to address the needs and concerns of parents in substance abuse treatment programs.

3. JOURNAL OF THE CENTER FOR FAMILIES, CHILDREN AND THE COURTS

Effective Intervention with High-Conflict Families

<http://www.courtinfo.ca.gov/programs/cfcc/pdffiles/049Greenberg.pdf>

Competent mental health professionals can help children learn effective coping skills and help parents reduce conflict.

4. THE SOURCE

Fostering Father Involvement

<http://aia.berkeley.edu/media/pdf/TheSourceSpring09.pdf>

This is a series of articles about strengthening relationships between fathers and their children.

5. THE FUTURE OF CHILDREN

Media and Children's Aggression, Fear, and Altruism

http://www.futureofchildren.org/usr_doc/18_05_Wilson.pdf

This article discusses how electronic media influence children's emotional and social well-being.

6. GUARDINGKIDS.COM

Technology Safety and Security for Children:

What Caretakers Need To Know

<http://coe.fgcu.edu/faculty/sabella/safety.pdf>

This handout increases awareness of risks to children who use high-tech tools in an unsupervised and uneducated manner.

7. CURRENT PSYCHIATRY ONLINE

Risk Taking Adolescents: When and How To Intervene

http://www.currentpsychiatry.com/article_pages.asp?AID=815

The authors discuss the neurobiology of adolescent risk taking and offer a treatment approach for at-risk teens and their parents. (Complimentary registration required.)



(Animals...continued from Page 3)

They are the ones who train the dogs and make them available. People who want to do this form a team with their dog. The goal is to make them “people friendly” as well as “animal friendly.” After the dog-plus-handler team has been trained, they get tested before they go to work. One example of this: the dog will go into a room where a bunch of people are acting like little kids—maybe pulling on his ears, etc., and they see how well the dog can deal with this. What’s funny is that sometimes the dog deals with this better than the human handler does!

Starting so long ago, I just learned from experience as I went along. Knowing what I know now, I would go to the Delta Society first for training. They have a handbook you can study and workshops you can go to. Two or three years ago, I took the class myself. But even so, today I still use a dog-plus-person team that I call in. The handlers are sensitive to how the dog is getting along, and protective of the dog. For instance, a dog likely would be limited to only 2-3 sessions per day. It’s real work for the dog, and just like humans, a therapy dog can suffer from burn-out, and then of course they’re no longer effective.

Penny: Just how does the inclusion of animals contribute to therapy?

Cliff: The dog radiates a very powerful “accepting presence.” Kids’ defenses just melt when they see the dog there. On occasion, I will allow 5 or 10 minutes at the end of the session, and I will say, “If there’s something you haven’t been able to tell me, tell the dog.” And kids will take advantage of this opportunity. So, if I encounter resistance with a child or an adolescent, often I will bring in the dog, and that will help. When I do an intake I always ask if the child has had animals, and I keep that in the back of my mind. Then, if I encounter resistance, I know I have one more resource.

What I see in common between Animal-Assisted Therapy and Play Therapy is that both make extensive use of metaphor.

Penny: This sounds like a huge amount of time and effort for the dog-plus-person team. Do they charge a fee?

Cliff: No. This is an all-volunteer effort.

Penny: What percentage of your sessions, roughly, do you think you include a dog?

Cliff: Naturally, it varies, but maybe 30%. For an hour and a half a week, for 14 weeks, I’ve been running a group with 10-12 kids and 4-6 dogs (plus their handlers). In individual therapy it’s a smaller portion—3-4 cases out of a caseload of 65.

Penny: Wow. I can tell you work for an agency! What, for you, are the difficult parts of Play Therapy and Animal-Assisted Therapy?

Cliff: Two aspects are hard. One is that in this work you are vulnerable to secondary trauma. The other hard part is when I have to make those reports to the Child Protection Agency.

Penny: What aspects of Play Therapy and Animal-Assisted Therapy are the most enjoyable?

Cliff: Well, speaking of animals, I guess I’m like a bloodhound! Sometimes I get that sense of “I’m on the trail,” when I see that trauma play come out. You know, then you make the reflecting response, and the kid says, “Yeah,” and you know you’ve hit it. Then the kid’s hurt can just pour out until (s)he’s healed and empowered. You can see it in their eyes and their voice.

Penny: What keeps you going after a tough day?

Cliff: I got some advice once from a supervisor. He asked if my wife and I were going to have any children, and from all that I’d seen, I wasn’t so sure. How would they turn out? The supervisor said, Do you have a church or anything? And I said I did. He said, You need to go and be with some normal kids and see the good in the world!

So, now what I do is go home and spend time with my own two healthy, happy boys, which is the most restorative thing I can think of.

Penny: In conclusions, is there a story you’d like to share with us?

Cliff: When I was in Utah, there was a young man age 16, who had been in the Residential Treatment Center for 8 years—since he was a little boy of 8. When he was 8 years old this child had witnessed the violent murder of his best friend, and ever since he had stayed stuck in the emotional consequences of that event. The psychiatrist predicted that he would become another “Ted Bundy”—a dangerous sociopath. He was referred to me because my job was to transition clients from the RTC to home.

Well, I got a therapy dog right away. And this one happened to be a 3-legged German Shepherd. You know, the dogs have a story, too.

And this is the story about this three-legged German Shepherd I told that 16-year-old boy: This dog’s handler had rescued him from the dog pound. (At that time it still had 4 legs.) The people at the dog pound said, “Are you really sure you want that one?” But the dog was really sweet with her and she took him. Once she got him home, he ran away.

Then I would turn to the boy, and I would say, I can’t figure out why a dog would do something like that! The woman would go out to the field with some nice food. But for every step forward she took to get close to the dog, the dog would take one step back away from her. It was the strangest thing. Why would this dog do something like that?

(See Animals...continued on Page 8)

(Animals...continued from Page 7)

In this way, using the “Colombo” method, I told the dog’s story, and the client would react and respond with his insights into how the dog must have felt. Of course he was expressing his own feelings about being locked up, and his difficulties trusting. Continuing, I said, Finally, one day, the woman found the dog on her front porch with one leg badly injured. You see, because he looked like a wolf and had stolen some sheep, the rancher shot him in the leg. That’s how he lost his leg. But the woman took care of him...

As the sessions went on with the dog, this boy began to talk about his hurt. He told about the killing and his pain, and, the whole time, as he poured out his heart, he petted the dog’s stub.

After only 6-8 sessions, the boy’s mother phoned me up. She was a very forthright woman, and she demanded, “What are you doing to my son?!” Then she said, Whatever it is, keep doing it. I have my son back! He is being helpful around the house, and he comes and hugs me...this is a complete turn around.”

Editor’s Note: As a follow-up to the Interview about Animal-Assisted Therapy, your editor found a wealth of information, some of which you will find below as just a sample of what you can learn if you decide to do your own research.

From the Delta Society:

Our Vision – People are healthier and happier because companion, service and therapy animals enrich and positively impact their everyday lives.

Our Mission – The mission of Delta Society – <http://www.deltasociety.org> – is to help lead the world in advancing human health and well-being through positive interactions with animals. We help people throughout the world become healthier and happier by incorporating therapy, service and companion animals into their lives.

To achieve our mission we will:

- Educate healthcare and other professionals on how to incorporate animals into goal-directed treatment or visiting animal activities to improve the lives of those they serve.
- Provide ‘gold standard’ therapy animal curriculum and training and inspire people to volunteer with their pets in their local communities.
- Empower individuals with disabilities to maximize their quality of life by providing service animal related information and resources.
- Advance knowledge about research which reflects how interactions with animals have a positive effect on human lives.

When I googled the Larimer Animal People Partnership site I found this:

The AAT Applications 1 Course Overview

The AAT Applications 1 course is a highly interactive course, engaging students immediately in hands-on exercises. In this course, students will learn to work with animal-handler teams to provide AAT to their clients, and learn to incorporate and practice AAT techniques.

Who should attend this course?

- | | |
|---------------------------|----------------------------------|
| * Addiction Counselors | * Physicians |
| * Child Life Specialists | * Occupational Therapists |
| * Educators | * Recreation Therapists |
| * Mental Health Providers | * Speech / Language Pathologists |
| * Nurses | * Social Workers |
| * Physical Therapists | * Other Healthcare Professionals |

At the end of this course, students will be able to:

- Identify the difference between a service animal and a therapy animal.
- Identify three assessment criteria for client participation in AAT.
- Analyze dynamics that impact selection of appropriate animal-handler teams.
- Identify four behavioral indicators of animal stress.
- Identify two ways an animal may be incorporated into client treatment plans.
- Identify three documentation formats applicable to AAT.
- Locate three reference works for standards-based AAT practice.

For more information, please contact Rachel Wright, RachelW@DeltaSociety.org, (425) 679-5506.

You may also wish to see if there is an AAT Applications 1 Instructor near you and contact him/her to see if a course is being planned near you.

When I clicked on “Program Related Directories” on the bottom left of the home page, I could use the search feature to find out if there were any animal therapy teams in the city where my office is (Lakewood), and immediately 10 names popped up!

Moments of Inspiration

Recently, I have had some interesting sessions with a few of my families and wanted to share some of these moments of inspiration with you. Hopefully, this will encourage you as you work with children and families. I don't mind if you decide to use the ideas, and perhaps we can share these in future articles for our CAPT Newsletter!

I've been working with a family that always seems to have a hard time taking turns listening to one another and they are always interrupting one another. I gave them a small tile to represent the "floor" meaning that whoever held the floor had the right to talk, and the task for the others was to listen to the one holding the tile. We went around in a circle practicing this technique with each member of the family. On the closing visit with the family, we practiced with the tile and I asked each member to say something they had learned while working with me. The five year old daughter who has had the hardest time with this issue said, "I have learned patience, and how to take my turn!" Well, I will remember to follow up with that when I see this family in 6 months!

At this same meeting I had taken my puppet Pinocchio with a star wand and had Pinocchio wish something that was important for each family member and that reflected something the person had worked on in our sessions. This same 5 year old asked me if she could have the puppet and the wand and I told her yes. Then she said, "Pinocchio wishes that you would have a good afternoon at school!" This was a real breakthrough since the sisters had been at odds with each other! It is amazing what puppets can say to other members of the family!

I also got another new puppet. This is a turtle puppet that can go into his shell. I used this new puppet with another family this week and actually had the whole family take turns practicing the Dialectical Behavioral Therapy skill "turtling". And this was inspiring because it included a 13 year old boy who has been getting into trouble. I will give you more details next time since we are still in process with this.

I hope this gives you some food for thought and perhaps you can share some of your own moments of inspiration! Thanks, Nancy

Editor's Note: This contribution comes from Nancy McGeown, LPC, RPT, and Past-President of CAPT



CAPT needs your help to fill our open Board Director positions.

How can you help?

Nominate yourself or a colleague, today.

Email nominations to CAPT at coloradoapt@gmail.com

For more information about CAPT, visit our web site:

<http://www.ColoradoAPT.org>

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- CAPT reserves the right to reject or cancel advertising for any reason.
- Advertisements that discriminate against any group or individual will not be accepted.
- CAPT is not responsible for any claims made in an advertisement.
- Advertisement must be **prepaid and submitted in camera ready copy** which will be printed in black and white. All ads must be measured to the following specifications:

1/8 page (2 1/4" H X 3 1/2" W) \$25.00 per issue
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1/2 page (4 1/2" H X 7 1/2" W) \$100.00 per issue