



Sample Syllabus:

Introductory Graduate Play Therapy Course

Introduction

In order to satisfy its the mission *to promote the value of play, play therapy, and credentialed play therapists*, the Association for Play Therapy (APT) wishes to increase the availability of play therapy instruction at colleges and universities.

Its Curriculum Development Task Force designed these syllabus guidelines in February 2005 and revised this document in 2010 to both guide and encourage Registered Play Therapists (RPT) and Supervisors (RPT-S) to design, market, and teach introductory and other play therapy graduate courses at colleges and universities. In addition, APT has also created an **Approved Center of Play Therapy Education** designation, the purpose of which is to generate more play therapy research, peer-reviewed publications, instruction, supervisor training, and supervised clinical experiences at universities.

The term *mental health* refers to the psychology, social work, counseling, marriage and family therapy, and other mental health disciplines as well as those who research, practice, and teach them.

Course Description

These syllabus guidelines provide an overview of the essential elements and principles of play therapy, including history, theories, modalities, techniques, applications, and skills. Further, an experiential component focuses on basic play therapy skill development within the context of ethical and diversity-sensitive practice.

These syllabus guidelines are designed as a traditional three-hour graduate level semester course. As such, they provide students with instruction in history, theories and applications of play therapy consistent with APT requirements for instruction in these areas, and as such, will provide 67.5 Continuing Education (CE) hours towards the mandatory 150 required for RPT certification. While it is expected that instructors will adapt these guidelines to fit their own course time frame (e.g. semester, quartermester, week-long, weekends, etc.), it is highly recommended that those teaching in the latter format will consider dividing the course in half, roughly along the lines of theory and practice. It is also recommended that all content be ultimately taught, should shorter formats be used.

Students are best served by an instructor who, if not currently a RPT/S, is a licensed mental health practitioner and is either pursuing play therapy credentialing or is a practicing play therapy practitioner with formal play therapy training (i.e. at least 75 hours of university, and/or online/CE workshops) and at very least, 350 hours of direct, supervised play therapy clinical services.. Further, and in consideration of the hands-on training inherent in the course, the efficacy of the learning experience is best served by smaller class size, say 15-20 students.

Course Prerequisites

Minimally, students are expected to have successfully completed graduate level coursework in the areas of child development, counseling theories, and basic counseling skills (appropriate to their profession, e.g, social work, marriage & family therapy, counseling, psychology).

General Play Therapy Readings

- Axline, V. (1947). *Play therapy*. Cambridge, MA: Houghton-Mifflin.
- Axline, V. (1964). *Dibs, in search of self*. New York: Ballantine.
- Carmichael, K. (2006). *Play therapy, an introduction*. Upper Saddle River, NJ: Pearson Education, Inc.
- Giordano, M., Landreth, G. & Jones, L. (2005). *A practical handbook for building the play therapy relationship*. Lanham, MD: Rowman & Littlefield Publishers.
- Kottman, T. (2001). *Play therapy: Basics and beyond*. Alexandria, VA: American Counseling Association.
- Landreth, G. (2002). *Play therapy: The art of the relationship* (2nd ed.). NY: Brunner-Routledge.
- Moustakas, C.E. (1959). *Psychotherapy with children*. NY: Harper and Row.

- O'Connor, K. (2000). *The play therapy primer*. NY: John Wiley & Sons.
- O'Connor, K.J. & Braverman, L.D. (Eds.) (2009). *Play therapy theory and practice: Comparing theories and techniques*. Hoboken, NJ: John Wiley & Sons.
- Schaefer, C. (Ed.) (2003). *Foundations of play therapy*. NY: John Wiley & Sons.
- Schaefer, C. (1993). *The therapeutic powers of play*. Northvale, NJ: Jason Aronson.
- Schaefer, C. & O'Connor, K. (1983). *Handbook of play therapy*. NY: John Wiley & Sons.

Learning Objectives

Class participants will be able to:

1. Compare and contrast essential people, theorists and organizations that shaped the history of the profession of play therapy.
2. Differentiate between the developmental stages of children and children's play.
3. Compare and contrast the most widely accepted theoretical models of play therapy and the formats in which they are most commonly offered (individual, group, family, etc.).
4. Identify developmentally appropriate play therapy toys and materials that can be incorporated into either a permanent or traveling play room for the purposes of both assessment and treatment.
5. Conceptualize a client's presenting clinical problem(s) developmentally and theoretically.
6. Demonstrate an understanding of the role of the play therapist and play therapy in the context of the client's broader clinical (medical/psychiatric treatment) and non-clinical system (family, school, community).
7. Identify and differentiate the stages within the play therapy process from intake to termination.
8. Examine and discuss key elements in a play therapy relationship.
8. Demonstrate basic play therapy skills (with non-clinical volunteers) including (but not limited to) structuring, tracking, reflection of content and process, returning responsibility, facilitating self-advocacy, and limit setting.
9. Evaluate personal and professional relational style and the impact of relational style on the unfolding relationship with the client. This will include issues of transference and counter-transference
10. Compare and contrast the legal and ethical issues that are unique to play therapy and those shared with other modalities, i.e., documentation, competence, informed consent, confidentiality, boundaries and duty to warn and protect, use of touch. (visit A4PT.org for recent *Paper on Touch and Play Therapy Best Practices*.)
11. Identify and recognize the evolving body of qualitative and quantitative play therapy research.
12. Analyze issues of diversity and how they impact on every facet of play therapy, from choice of materials to the relationship with the client.
13. Identify the minimal training/supervision guidelines and play therapy best practices promulgated by the Association for Play Therapy.

Instructional Components

1. Individually Designed Projects: Course participants will design independent (or group) projects aimed at demonstrating their understanding of the theories and principles of human development, play and play therapy. These may include, but are not limited to biographical sketches of seminal people in the field, development of a model play therapy treatment plan for a particular clinical problem, written reactions to or class discussions about free audio programs provided by APT, creation of a documentation system for the play therapy process, and research of play therapy approaches to a specific behavioral/emotional disturbance. Smaller class sizes are critical.

2. Play Therapy Sessions (access to two-way mirrored/video recording-capable rooms are necessary): Course participants will a) observe local professionals, the instructor or videotaped experts performing play therapy (making content/process observations), b) engage in play therapy role plays with classmates. Instructors may assign role play

scenarios or conduct live supervision to foster skill development, or c) videotape themselves in play interactions with a 'normal' child in the context, mini-practica (*a la* The Center for Play therapy at UNT). These 30-minute/semi-course experiences are supervised by either the instructor or an outside professional while fellow students observe.

3. Final: Either a) an in-class multiple choice-essay exam assessing mastery of concepts, theories, and applications, or b) a take home exam/project.

Teaching Methods

The methods for delivery of this course may include lecture, instructor-led discussion of assigned readings (books and journal articles) and case material, discussion and self/instructor critique of student play, role play, observations of the instructor and/or experts at play or doing play therapy, student self-assessments, journaling and skill-building. Play therapy instruction will directly or indirectly assist play therapists to actively participate in a process by which they strive to 1) become and remain aware of their own cultural backgrounds, influences, and biases (including but not limited to religion, gender, sexual preference, ethnicity, and race), 2) acquire and continuously seek knowledge about how cultural backgrounds, influences, and biases operate in the lives of their clients, and 3) demonstrate culturally-appropriate therapeutic skills.

Additional Courses

Additional play therapy courses that might be offered a) for graduate credit leading to a master's or doctorate degree or b) as part of a continuing professional education certificate program within the university for non-matriculated students or practicing professionals include:

1. **GROUP PLAY THERAPY:** Provides exposure to various theoretical models and the opportunity to practice group play therapy skills with a range of emotional/behavioral problems.
2. **THEORY SPECIFIC PLAY THERAPY COURSES:** Such as Adlerian, Client Centered, Cognitive Behavioral, Developmental and Gestalt, to name a few, would take the student into greater theoretical and applied depth.
3. **FAMILY PLAY THERAPY:** Expose the student to the systemic applications of play therapy, for use within the home, office, school, foster home or hospital.
4. **PLAY AND PLAY THERAPY ACROSS THE LIFE SPAN:** Expose students to principles and applications of play therapy with adolescents, adults and the elderly.
5. **PLAY THERAPY IN THE SCHOOLS:** Designed for use by the school counselor to deal with adjustment, academic and milder forms of behavioral difficulties typically encountered in the school setting.
6. **PLAY THERAPY WITH SPECIAL POPULATIONS:** Provides theoretical and applied skills for the assessment and treatment of clients who have experience with or have experienced trauma, illness, loss and/or challenging psychopathology, i.e., borderline states, schizophrenia, etc.
7. **SANDTRAY PLAY THERAPY:** Probes the use of this unique modality for assessment, diagnosis and treatment of a wide array of clinical problems for individuals, families and groups.
8. **PLAY THERAPY WITH INFANTS, TODDLERS AND PRESCHOOLERS:** Offers a developmental extension of play therapy to meet the needs of the youngest clients.
9. **MULTICULTURAL PLAY THERAPY:** Focuses on issues of cultural awareness, diversity, culturally appropriate therapeutic skills, and material selection.
10. **ASSESSMENT AND TREATMENT PLANNING IN PLAY THERAPY –** Focuses on diagnostic issues and development, case conceptualization, assessment, goal formation, and intervention planning.
11. **PLAY THERAPY SUPERVISION:** Focuses on theories and practice of issues and needs of play therapy specific supervision.
12. **PLAY THERAPY PRACTICUM:** Provides supervised experience of play therapy clinical practice and skill development.

RPT/S Credentialing Requirements

Courses satisfying the requirements for the Registered Play Therapist (RPT) and Supervisor (RPT-S) credentials conferred by APT may be drawn from the non-contact trainings displayed in the E-Learning section of the APT website, www.a4pt.org.

A three-credit university graduate level course provides 67.5 clock hours of instruction (variations are addressed on individual case basis by APT). Students completing the introductory course and some combination of one of the above courses, a non-contact course, or conference seminar(s) would satisfy the 150-hour RPT/S credentialing educational requirement. RPT/S applicants may not earn more than 50 of the required 150 clock hours from non-contact continuing education credit and no more than 135 clock hours may be with the same instructor.

The definition of *certificate program* varies among universities. At some, students may only receive federal financial aid if their certificate program is 18 graduate credits (five three-semester-hour courses and a practicum). At others, a certificate may be equated with a minor (three courses and a practicum). In either instance, completion of this introductory course, any of the courses listed above, and a practicum satisfy certificate program or RPT/S credentialing educational requirements.

Implementation Of Guidelines

Presuming that a nominal relationship has been established between the RPT/RPT-S designee and either a university mental health faculty member or a graduate mental health department director:

- Offer to meet with interested mental health faculty members or administrators to discuss the merits of a play therapy course.
- Offer to meet with interested graduate students to assess and cultivate interest in play therapy.
- Offer to disseminate a survey intended and designed to ascertain interest in a play therapy course.
- Offer either an off- or on-campus play therapy demonstration for mental health faculty members and/or students.
- To supplement your descriptions of the value of play, play therapy, and credentialed play therapists, utilize the informational brochures and animations entitled *Why Play Therapy?* and *About APT* produced by and available at APT. The latter can be played live via the Play Therapy and About APT sections of the APT website, www.a4pt.org, or obtained in VHS cassette or CD Rom formats.

RPT/S designees interested in teaching play therapy might also review these articles:

- Kranz, P., Lund, N., & Kottman, T. (1996). Let's play: Inclusion of a play therapy course or program into a graduate curriculum. *International Journal of Play Therapy*, (5)1, 65-73.
- Joiner, K. (2003). *Play therapy instruction: A model based on objectives developed by the Delphi Technique*. Unpublished Doctoral Dissertation, University of Northern Texas, Denton, TX, 2003.
- Jones, L. & Rubin, L., *PT 101: Teaching introduction to play therapy at the graduate level*. Manuscript under review.
- Bratton, S., Landreth, G., & Homeyer, L. (1993). An intensive three day play therapy supervision/training model. *International Journal of Play Therapy*, 2(2), p. 61-78.

The task force does not intend that this syllabus guideline be disseminated among universities whose mental health faculty members have not yet completed formal play therapy training.

Acknowledgments

APT gratefully acknowledges and appreciates the contributions of these Professional members to the development of these syllabus guidelines:

Update September 2010:

- *Chair* Stephen Demanchick, PhD, LMHC, RPT, Nazareth College, Rochester, NY
- *Member* Lawrence Rubin, PhD, LMHC, RPT-S, St. Thomas University, Ft. Lauderdale, FL
- *Member* Linda Homeyer, PhD, LPC-S, RPT-S, Texas State University, San Marcos, TX
- *Member* Mary Fry, LCPC, RPT-S, MidAmerican Nazarene University, Olathe, KS

Initial Design March 2005:

- *Chair* Lawrence Rubin, PhD, LMHC, RPT-S, St. Thomas University, Ft. Lauderdale, FL
- *Member* Jennifer Baggerly, PhD, LMHC, RPT-S, University of South Florida, Tampa, FL
- *Member* Teresa Christensen, PhD, LPC, RPT-S, University of New Orleans, LA
- *Member* Marijane Fall, EdD, LCPC, RPT-S, University of Southern Maine, Gorham, ME
- *Member* Linda Homeyer, PhD, LPC, RPT-S, Texas State University-San Marcos, San Marcos, TX
- *Member* Peter Hunt, PhD, RPT-S, Children's Hospital, Arlington, MA
- *Member* Leslie Jones, PhD, LPC, RPT, University of Central Florida, Orlando, FL
- *Member* Garry Landreth, EdD, LPC, RPT-S, University of North Texas, Denton, TX
- *Member* Elizabeth Limberg, PhD, RPT-S, River Oak Center for Children, Sacramento, CA
- *Member* Sandy Magnuson, EdD, LPC, RPT-S, University of Northern Colorado, Greeley, CO
- *Member* Dale Pehrsson, EdD, RPT-S, Oregon State University, Corvallis, OR
- *Member* Patricia VanVelsor, PhD, NCC, San Francisco State University, San Francisco, CA
- *Ex-Officio* Mary Anne Peabody, LCSW, RPT-S, Private Practice, Brunswick, ME
- *Ex-Officio* Lisa Saldaña, LMHC, RPT-S, Children's Psychiatric Center, Miami, FL
- *Ex-Officio* Bill Burns, CAE, APT Executive Director, Fresno, CA