Sample Syllabus: Introductory Graduate Play Therapy Course

Note: This is a sample syllabus with recommended prerequisites, readings and activities. Each instructor should tailor the syllabus to their University requirements and the needs of their students.

Section A. Introduction

In this course, students will learn the basic principles of play therapy, the most developmentally appropriate intervention for young children. The major theories of play therapy and the utilization of play to facilitate the child's self-exploration, self-expression, self-understanding, and personal growth will be explored.

Section B. Course Description

This course is taught through – (experiential, hybrid, lecture, etc.) methods to provide knowledge and skill competencies to facilitate play therapy as a therapeutic intervention for children and families. This course provides students with the philosophical basis for play therapy, including a review of the history of play therapy, how to develop a relationship with a child through a - (child-centered, Prescriptive, Adlerian, Ecosystemic, etc.) theoretical framework, and an introduction to various theoretical applications and play therapy best practices. Students will become familiar with play therapy micro-skills, the purpose and application goals of play therapy, therapeutic stages and themes, ethical issues, cross cultural/ diversity implications, basic developmental and neurological implications, treatment planning in play therapy including development of treatment goals and assessment of treatment progress and applications to a variety of populations and therapeutic contexts.

Section C. Course Prerequisites

Minimally, students are encouraged 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).

Section D. General Play Therapy Readings (instructors are encouraged to select 2-3 required texts)

Required Readings:

Recommended Readings:
Section E. Learning Objectives

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 understand the importance of play and its impact on children's cognitive, social-emotional, overall mental health, and physical growth.
3. Identify developmentally and theoretically appropriate play therapy toys and materials for the purposes of both assessment and treatment.
4. Conceptualize a client's presenting mental health issue(s) and psychosocial problem(s) through a developmental and theoretical play therapy framework.
5. Demonstrate an understanding of the role of the play therapist and play therapy in the context of the client's comprehensive ecological and systemic world, which includes considerations for family, school, community, social groups, diversity factors, strengths and risk factors, and mental health/psychiatric factors.
6. Identify and differentiate the stages within the play therapy process from intake to termination.
7. 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. 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).
10. Identify and recognize the evolving body of qualitative and quantitative play therapy research.
11. Consider and integrate issues of diversity and their impact on the play therapy process, including choice of materials and the relationship with the client.
12. Identify the minimal training/supervision guidelines and play therapy best practices outlined by the Association for Play Therapy.

Section F. Suggested Instructional Components

1. Instructor Designated Projects: Students 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,
   - create a mobile play kit or mock-up play room with rationale for the selection of materials and toys,
   - 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,
   - research of play therapy approaches to a specific behavioral/emotional disturbance / population
   - Case studies (may include identifying a diagnosis from a child in a movie and recommending a treatment plan)
   - Final paper (may include comparing and contrasting at least two major play therapy theories)
   - Role of the Limits paper which describes at least two models for setting limits in play therapy with accompanying description of the therapeutic rationale behind limits
   - Transcription and Reflection of Play Therapy Sessions. For classes in which students are able to apply and practice play therapy skills with non-clinical volunteers, students will record and transcribe their play therapy sessions. Students will highlight their strengths and areas for growth from their session as well as discuss possible play themes and alternative play therapy responses which could have been used.

2. Play Therapy Sessions (Instructor may choose one or multiple assignments)
   Students will:
• observe local professionals, the instructor or videotaped experts performing play therapy (making content/process observations),
• engage in play therapy role plays with classmates. Instructors may assign role play scenarios or conduct live supervision to foster skill development, or
• Practice play therapy skills in mock sessions with a non-clinical child volunteer and video tape it for review in class and/or receive live observation and supervision

These course experiences are supervised by either the instructor or an outside professional while fellow students observe.

Section G. Teaching Methods

The methods for delivery of this course may include lecture, assigned readings, small and large group discussion of assigned readings, role plays, individual or group presentations, videos and/or demonstrations of play therapy basic skills, individual and/or group supervision, journaling and skill-building. In this course, the instructor will primarily utilize a (child-centered, Adlerian, trauma-informed, psychoanalytic, etc.) theoretical perspective and incorporate a (Integrated Developmental Model, Discrimination Model, etc.) of supervision when applicable.

Section H. 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: Students will learn various group theoretical models and will practice group play therapy skills for a range of emotional/behavioral problems. Or Activity Group Therapy: Students will learn the use of expressive arts and directed activities with older children and adolescents in the group work context

2. THEORY SPECIFIC PLAY THERAPY COURSES: Students will receive in-depth knowledge on the origins, principles, and practical application of play therapy models, such as Adlerian, Client-Centered Cognitive-Behavioral, Developmental, Ecosystemic, Jungian, and Gestalt, etc.

3. FAMILY PLAY THERAPY: Students will learn the systemic applications of play therapy for families and the diverse applications within the home, office, school, foster home or hospital.

4. PLAY AND PLAY THERAPY ACROSS THE LIFE SPAN: Students will learn principles and applications of play therapy with adolescents, adults, and the aging population.

5. PLAY THERAPY IN THE SCHOOLS: Designed for school counselors, students will learn play therapy application within the contextual adjustments for the school setting and how to integrate play therapy with the ASCA national model.

6. PLAY THERAPY WITH SPECIAL POPULATIONS: Students will learn theoretical and applied play therapy skills for the assessment and treatment of clients with mental health issues associated with trauma and complex trauma, medical illness and co-morbid diagnoses, developmental considerations (such as Autism Spectrum), psychosis, and other types of psychopathology.

7. SANDTRAY PLAY THERAPY: Students will learn the principles of sandtray for use in assessment, incorporation with a variety of theoretical models in mental health treatment, and application for individuals, families, and groups.

8. PLAY THERAPY WITH INFANTS, TODDLERS AND PRESCHOOLERS: Students will learn the unique developmental, psychosocial, and neurological implications and considerations for this population in conjunction with play therapy principles and techniques.

9. MULTICULTURAL PLAY THERAPY: Students will learn play therapy techniques and interventions within a variety of cultural contexts and special populations. Students will integrate knowledge of values, culture,
meaning, and other factors of diversity into their understanding of the play therapy process and will demonstrate culturally-sensitive application.

10. **ASSESSMENT AND TREATMENT PLANNING IN PLAY THERAPY** – Students will learn diagnostic issues and differential diagnosis, assessment methods, case conceptualization, goal formation, and intervention planning within a play therapy framework.

11. **PLAY THERAPY SUPERVISION**: Students will learn supervision theories, techniques, gatekeeping measures, and skill assessment specific to the supervision of play therapists.

12. **PLAY THERAPY PRACTICUM**: Students will apply play therapy skills in a supervised, clinical, play therapy experience.

13. **ADVANCED PLAY THERAPY**: Advanced skill development and further exploration of theories and applications.

14. **ADDITIONAL TOPICS**: Animal-Assisted Play Therapy, Filial Therapy, CPRT

**Section I. APT Credentialing Requirements**

The Association for Play Therapy (APT) offers three credentials by which licensed mental health professionals and school counselors/psychologists might demonstrate and promote their specialized play therapy knowledge and training.

- Registered Play Therapist (RPT)
- Registered Play Therapist-Supervisor (RPT-S)
- School Based-Registered Play Therapist (SB-RPT)

Please visit the Play Therapy Credentials section of our website for more information. For questions concerning the Credentialing Program, contact APT 559-298-3400.

**Section K. Acknowledgments**

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

**Update September 2018:**

- Chair LeAnne Steen, PhD, LPC-S, RPT-S, Loyola University, New Orleans, LA
- Sinem Akay-Sullivan, PhD, LPC-S, RPT, The Woodlands, TX
- Staci Born, EdD, LMFT, RPT-S, South Dakota State University, Brookings, SD
- Kristy A. Brumfield, PhD, LPC-S, NCC, RPT-S, Equilibria Psychological and Consultation Services, Philadelphia, PA
- Elizabeth Burgin, MA, NCC, LPC Intern, University of North Texas, Fort Worth, TX
- Yi-Ju Cheng, PhD, LPC, NCC, RPT, Rider University, Lawrenceville, NJ
- Kim Coggins, PhD, PPC, Austin Peay State University, Clarksville, TN
- Rebecca Dickinson, MSW, LISW, RPT-S, Covenant Family Solutions, Coralville, IA
- Kimberly Feeney, MSW, LISW, RPT-S, Life Connections, Davenport, IA
- Yvonne Garza, PhD, LPC-S, MSW, CHST, RPT, Sam Houston State University, Huntsville, TX
- Hilda Glazer, EdD, PCC-S, RPT-S, Capella University, Columbus, OH
- Laura Griffith, PhD, LPC-S, LMFT, RPT-S, Southeastern Louisiana University, Baton Rouge, LA
- Elizabeth K. Hartwig, PhD, LPC-S, LMFT, RPT-S, Texas State University, San Marcos, TX
- James Jackson, PhD, LPC-S, NCC, RPT-S, Alliance Counseling Solutions, LLC, Montevallo, AL
- Kimberly Joiner-King, PhD, LPC-S, RPT-S, University of North Texas, Denton, TX
- Jennifer Lefebre, PsyD, RPT-S, Healing the Child Within, LLC, New Hartford, CT
- Elizabeth Limberg, PhD, RPT-S, Contra Costa Interfaith Housing, Pleasant Hill, CA
- Tiffany McNary, PhD, LPC, CPCS, RPT-S, Georgia State University, Atlanta, GA
- April Megginson, PhD, Bridgewater State University, Bridgewater, MA
- Kristi Perryman, PhD, LPC-S, RPT-S, University of Arkansas, Fayetteville, AR
- Corie Shoeneberg, EdS, LPC, NCC, RPT-S, University of Central Missouri, Whiteman AFB, MO
Update September 2010:
Chair Stephen Demanchick, PhD, LMHC, RPT, Nazareth College, Rochester, NY and Members: Lawrence Rubin, PhD, LMHC, RPT-S, St. Thomas University, Ft. Lauderdale, FL; Linda Homeyer, PhD, LPC-S, RPT-S, Texas State University, San Marcos, TX; 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 and Members: Jennifer Baggerly, PhD, LMHC, RPT-S, University of South Florida, Tampa, FL; Teresa Christensen, PhD, LPC, RPT-S, University of New Orleans, LA; Marijane Fall, EdD, LCPC, RPT-S, University of Southern Maine, Gorham, ME; Linda Homeyer, PhD, LPC, RPT-S, Texas State University-San Marcos, San Marcos, TX; Peter Hunt, PhD, RPT-S, Children’s Hospital, Arlington, MA; Leslie Jones, PhD, LPC, RPT, University of Central Florida, Orlando, FL; Garry Landreth, EdD, LPC, RPT-S, University of North Texas, Denton, TX; Elizabeth Limberg, PhD, RPT-S, River Oak Center for Children, Sacramento, CA; Sandy Magnuson, EdD, LPC, RPT-S, University of Northern Colorado, Greeley, CO; Dale Pehrsson, EdD, RPT-S, Oregon State University, Corvallis, OR; 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.
Appendix A – A Message for Instructors

In order to satisfy its 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 graduate-level play therapy instruction at colleges and universities. The committee does not intend that this document be disseminated among universities whose mental health faculty members have not yet completed formal play therapy training.

Its Curriculum Development Task Force designed these syllabus guidelines in February 2005 and revised this document in 2010, and 2018 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.

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. The syllabus is meant to be inclusive but offer flexibility at the same time. Instructors are not bound to require every suggested reading or assignment, but these readings and assignments are indicative of those the committee knows to facilitate student development into play therapists with adequate foundational knowledge.

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 a condensed format (e.g. week-long, weekends, etc.) will consider dividing the course in half, roughly along the lines of theory and practice in order to support student acquisition and implementation of content. 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.

Suggestions for Promoting University Play Therapy Training and Education

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 program coordinator:

- 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.