**Advanced Integrative Play Therapy (PSY 712/876/877)**

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My website is the place where you will find podcasts of each class, a link to an online APA style guide, and other important information.

Catalogue Description: This course is designed to provide students with advanced instruction in the therapeutic method and techniques of play therapy with high-risk children from an integrative theoretical perspective. It will include didactic, hands-on play therapy techniques and in-depth review of play therapy sessions (video, audio, or detailed process notes) supplied by the students. The format will also include training through professionally produced videotapes and small group discussion. Limit setting, countertransference, and other critical issues and situations that arise within sessions with these children will be discussed. A survey of play therapy techniques from various theoretical orientations will be presented, and models of integrating theoretical orientations to address the high-risk child’s unique clinical presentation and family issues will be discussed.

Students will learn how to apply their knowledge of play therapy techniques to their ongoing clinical work with high-risk children. Students will understand integrative play therapy and be able to demonstrate an understanding of critical issues in this treatment model. This course will be a combination of lecture and videotapes along with hands-on experiential activities.

**Texts**

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (*DSM-5*; 5th ed.). Washington, DC: Author. ($102.95; ISBN-13: 978-0890425558)

American Psychological Association. (2010). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author. ($24.07; ISBN-13: 978-1433805615)

\*Cleve, E. (2004). *From chaos to coherence: Psychotherapy with a little boy with ADHD.* London: Karnac Books. ($14.50 [Kindle Edition]; ISBN-13: 978-1855753457)

\*Cleve, E. (2008). *A big and a little one is gone: Crisis therapy with a two-year old boy.* London: Karnac Books. ($14.25 [Kindle Edition]; ISBN-13: 978-1855755413)

Drewes, A. A., Bratton, S. C., & Schaefer, C. E. (Eds.). (2011). *Integrative play therapy*. Hoboken, NJ: Wiley. ($54.34; ISBN-13: 978-0470617922)

\*Paley, V. G. (1990). *The boy who would be a helicopter: The uses of storytelling in the classroom.* Cambridge, MA: Harvard University Press. ($9.99 [Kindle Edition]; ISBN-13: 978-0674080317)

Wachtel, E. F. (2004). *Treating troubled children and their families.* New York: The Guilford Press [optional reading].

\*Only one of the three books marked with an asterisk must be purchased.

**Course Outline**

**Class 1: Introduction**

**Section I: Introduction: Importance of an Integrative Approach to Child Therapy**

**Class 2: History of Psychotherapy Introduction and Related Research/Integrating Play Therapy Theories into Practice**

Cleve (2004) or Cleve (2008) or Paley (1990). Read pp. 1-50.

Drewes et al. (2011). Read Chapter 1, “History of Psychotherapy Introduction and Related Research,” pp. 3-19, and Chapter 2, “Integrating Play Therapy Theories into Practice,” pp. 21-35. **Prototypical CPQ due.**

**Section II: Integrative Play Therapies for Externalizing Disorders of Childhood**

**Class 3: Parent-Child Interaction Therapy for Oppositional Behavior in Children: Integration of Child-Directed Play Therapy and Behavior Management Training for Parents/Integration of Sandtray Therapy and Solution-Focused Techniques for Treating Noncompliant Youth**

Cleve (2004) or Cleve (2008) or Paley (1990). Read pp. 51-100.

Drewes et al. (2011). Read Chapter 3, “Parent-Child Interaction Therapy for Oppositional Behavior in Children: Integration of Child-Directed Play Therapy and Behavior Management Training for Parents,” pp. 39-59, and Chapter 4, “Integration of Sandtray Therapy and Solution-Focused Techniques for Treating Noncompliant Youth,” pp. 61-73.

**Class 4: Holistic Expressive Play Therapy: An Integrative Approach to Helping Maltreated Children/Social Skills Play Groups for Children with Disruptive Behavior Disorders: Integrating Play and Group Therapy Approaches**

Cleve (2004) or Cleve (2008) or Paley (1990). Read pp. 101-150.

Drewes et al. (2011). Read Chapter 5, “Holistic Expressive Play Therapy: An Integrative Approach to Helping Maltreated Children,” pp. 75-93, and Chapter 6, “Social Skills Play Groups for Children with Disruptive Behavior Disorders: Integrating Play and Group Therapy Approaches,” pp. 95-104.

**Section III: Integrative Play Therapies for Internalizing Disorders of Childhood**

**Class 5: Cognitive-Behavioral Play Therapy for Traumatized Children: Narrowing the Divide Between Ideology and Evidence/The Worry Wars: A Protocol for Treating Childhood Anxiety Disorders**

Cleve (2004) or Cleve (2008) or Paley (1990). Read p. 151 to the end of the book.

Drewes et al. (2011). Read Chapter 7, “Cognitive-Behavioral Play Therapy for Traumatized Children: Narrowing the Divide Between Ideology and Evidence,” pp. 107-128, and Chapter 8, “The Worry Wars: A Protocol for Treating Childhood Anxiety Disorders,” pp. 129-151.

**Class 6: Filial Therapy for Maltreated and Neglected Children: Integration of Family Therapy and Play Therapy/Integrating Art into Play Therapy for Children with Mood Disorders**

Drewes et al. (2011). Read Chapter 9, “Filial Therapy for Maltreated and Neglected Children: Integration of Family Therapy and Play Therapy,” pp. 153-175, and Chapter 10, “Integrating Art into Play Therapy for Children with Mood Disorders,” pp. 177-193. **Cleve or Paley paper due.**

**Class 7: Integrating Play Therapy and EMDR with Children: A Post-Trauma Intervention/Utilizing Bibliotherapy Within Play Therapy for Children with Anxieties and Fears/Integrating Cognitive-Behavioral Play Therapy and Adlerian Play Therapy into the Treatment of Perfectionism**

Drewes et al. (2011). Read Chapter 11, “Integrating Play Therapy and EMDR with Children: A Post-Trauma Intervention,” pp. 195-206, Chapter 12, “Utilizing Bibliotherapy Within Play Therapy for Children with Anxieties and Fears,” pp. 207-223, and Chapter 13, “Integrating Cognitive-Behavioral Play Therapy and Adlerian Play Therapy into the Treatment of Perfectionism,” pp. 225-239.

**Section IV: Integrating Play Therapy for Attachment Disorders of Children**

**Class 8: Playing for Keeps: Integrating Family and Play Therapy To Treat Reactive Attachment Disorder/Integrating Attachment Theory and Nondirective Play Therapy To Treat Children with More Serious Attachment Problems**

Drewes et al. (2011). Read Chapter 14, “Playing for Keeps: Integrating Family and Play Therapy To Treat Reactive Attachment Disorder,” pp. 243-264, and Chapter 15, “Integrating Attachment Theory and Nondirective Play Therapy To Treat Children with More Serious Attachment Problems,” pp. 265-295. **Child of your choice paper due. Session video with a child of your choice, Play Therapy checklist, and session CPQ due.**

**Class 9: Integrating Ecosystemic Play Therapy and Theraplay in the Treatment of Attachment Disorders/Integration of Child-Centered Play Therapy and Theraplay**

Drewes et al. (2011). Read Chapter 16, “Integrating Ecosystemic Play Therapy and Theraplay in the Treatment of Attachment Disorders,” pp. 297-324, and Chapter 17, “Integration of Child-Centered Play Therapy and Theraplay,” pp. 325-340.

**Class 10: An Integrative Humanistic Play Therapy Approach to Treating Adopted Children with a History of Attachment Disruptions**

Drewes et al. (2011). Read Chapter 18, “An Integrative Humanistic Play Therapy Approach to Treating Adopted Children with a History of Attachment Disruptions,” pp. 341-370. **Final exam given in class. Prototypical CPQ due.**

**Course Requirements**

1. Complete a prototypical Child Psychotherapy Process Q-Set (CPQ) that characterizes your current understanding of an integrative treatment model. **This assignment is due at the beginning of Class 2. This assignment accounts for 10% of your total grade.**
2. Write a treatment summary derived from either Cleve (2004), Cleve (2008), or Paley (1990). Include demographic information (several lines), chief complaint (one or two sentences), history of presenting symptomatology (one page), personal and family history (one page), mental status examination (1/2 page), current DSM V diagnosis (1/2 page), and case formulation (one page). In the case formulation, include references to literature (from within or outside class) that defends your formulation. **Maximum number of double-spaced, 12-point type pages (excluding references): 5. Please use *APA Publication Manual* format. The case study is due at the beginning of Class 6. This assignment accounts for 20% of your total grade.**
3. Write a treatment summary derived from a child of your choice used in your session video (e.g., child of friend, classmate, relative, stranger), using an integrative treatment model of your choice. Include demographic information (several lines), chief complaint (one or two sentences), history of presenting symptomatology (one page), personal and family history (one page), mental status examination (1/2 page), current DSM V diagnosis (1/2 page), and case formulation (one page). In the case formulation, include references to literature (from within or outside class) that defends your integrative formulation. **Maximum number of double-spaced, 12-point type pages (excluding references): 5. Please use *APA Publication Manual* format. The case study is due at the beginning of Class 8. This assignment accounts for 20% of your total grade.**
4. You will conduct a single play therapy session (minimum 30 minutes) with a child of your choice, using your own toys or those in the Psychological Services Center playroom. You will thus have an opportunity to implement an integrative treatment model of your choice. These experiences will be critiqued in group-sharing sessions and by me in class. You must video-record your session, and some of the videos might be presented in class. Critique your own session using the Play Therapy checklist. You will also complete a Child Psychotherapy Process Q-Set (CPQ) that characterizes the psychotherapy process in your session. **The video and CPQ are due at the beginning of Class 8. This assignment accounts for 20% of your total grade.**
5. You will take a final, open-book, multiple-choice exam in class to assess your comprehension of the assigned readings from Drewes et al. (2011). **This assignment accounts for 20% of your total grade.**
6. Complete a prototypical Child Psychotherapy Process Q-Set (CPQ) that characterizes your current understanding of an integrative treatment model. **This assignment is due at the beginning of Class 10. This assignment accounts for 10% of your total grade.**

**Academic Competencies**

1. Students will be able to describe the theoretical foundations and benefits of integrative Play Therapy practices.
2. Students will be able to describe how the therapeutic powers of play are flexible and adaptive.
3. Students will be able to discuss how they can integrate Play Therapy into their practice.
4. Students will be able to explain how to blend Play Therapy, art, and sandtray therapy as well as Theraplay with evidence-based practices.
5. Students will be able to understand the importance of the Integrative Movement in the field of psychotherapy.
6. Students will be able to describe the historical background of integrative psychotherapy.
7. Students will be able to understand the current applications of integrative Play Therapy to a wide range of childhood disorders.
8. Students will be able to use the Child Psychotherapy Process Q-Set (CPQ), an evidence-based instrument designed to assess psychotherapy process.

**Diversity**

1. Students will be able to discuss Play Therapy from non-Western cultural perspectives.

2) Students will be able to discuss the advantages of using integrative Play Therapy over other treatment models for treating non-Western cultural populations.

1. Students will be able to analyze issues of diversity and how they influence every facet of Play Therapy, from choice of materials to the therapist-patient relationship.
2. Students will become and remain aware of their own cultural backgrounds, influences, and biases, including but not limited to religion, gender, sexual preference, ethnicity, and race.
3. Students will acquire and continuously seek knowledge about how cultural backgrounds, influences, and biases operate in the lives of their patients.
4. Students will demonstrate culturally appropriate therapeutic skills.

**Ethics**

1) Students will explore Play Therapy with an attitude of openness, understanding, and nonjudgment.

2) Students will complete their course assignments honestly and independently of others.

1. Students will demonstrate patient confidentiality.

**Professional Development**

1) Students will contact me prior to class if they cannot attend or will be late.

2) Students will make a good-faith effort to complete the assigned readings on time and participate in class discussions.

3) Students will prepare their writing assignments on time--applying both diligence and a viable conceptual organization--and follow the *Publication Manual of the American Psychological Association* for formatting.

4) Students will prepare for and make competent session video presentations.

**From Clinical Psychology Doctoral Program Student Handbook 2007-2008**

The grades and definitions listed below are used in doctoral courses:

**A**     work is excellent; student not only demonstrates high achievement but also superior intellectual initiative beyond the objectives of the course; superior test performance; consistent superior performance across all work and tests.”

**A-**    Work is excellent; student demonstrates either high achievement (by going beyond the requisites of the course) or surpasses expectations for a student at this level; clearly demonstrates knowledge and competence beyond course requirements.

**B+**   Work is very good; student demonstrates clear understanding of the material and work is generally proficient and relatively free of errors; very good test performance.

**B**     Work is acceptable; student has applied requisite understanding of the material; acceptable test performance.

**B-**    Work is acceptable but lacking precision or understanding of the material; below average test performance.

**C** Work is unsatisfactory due to one or more of the following: failure to consistently complete course assignments, inconsistent professional quality of written material, erratic in meeting deadlines, inadequate or incomplete familiarity with key ideas, concepts and knowledge, flawed written and verbal accounts of information. **Remediation may be required.**

**F**      Work is unacceptable for a graduate student; work errors greatly exceed those of the class, student has not effectively applied knowledge at this level from readings, class; poor performance on tests.  Course must be repeated.

**INC** Work which, as far as it has progressed, is of B or higher quality, but is incomplete because of illness, accident, or other serious extenuating circumstances.  All incompletes must be completed before the end of the next semester or the grade will automatically be changed to an **F.**

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| **Letter Grade** | **Numeric Grade** | **GPA Equivalent(4-pt. scale)** |
| A+ | 98.3 (96.7-100) | 4.0 |
| A | 95 (93.3-96.6) | 4.0 |
| A- | 91.7 (90-93.2) | 3.7 |
| B+ | 88.3 (86.7-89.9) | 3.3 |
| B | 85 (83.3-86.6) | 3.0 |
| B- | 81.7 (80-83.2) | 2.7 |
| C+ | 78.3 (76.7-79.9) | 2.3 |
| C | 75 (73.3-76.6) | 2.0 |
| C-  | 71.7 (70-73.2) | 1.7 |
| D+ | 68.3 (66.7-69.9) | 1.3 |
| D | 65 (63.3-66.6) | 1.0 |
| D- | 61.7 (60-63.2) | 0.7 |
| F | <60 | 0.0 |

From the *Graduate Bulletin* (2003-2005, p. 15), “Academic Irregularities”: “In the case of a minor infraction that is the student’s first disciplinary offense, the Dean may authorize the faculty member to dispose of the charges, limiting the maximum penalty to failure in the course….In the case of a major infraction, or in the case of repeat academic offenses, the student may be subject to suspension or expulsion from the campus.”