**Introduction to Play Therapy (PSY 711/876/877)**

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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 increase the therapist’s understanding of the world of children ages 3-12 as perceived by the child and the relationship between the child’s world and her or his behavior. The child-centered theory of Play Therapy will be discussed, and the use of play materials to facilitate the child’s self-exploration, self-expression, self-understanding, and personal growth will be explored. This course is also designed to demonstrate the importance of play as a therapeutic tool for helping to treat children’s emotional problems.

**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)

Axline, V. M. (1964). *Dibs: In search of self.* New York: Ballantine Books. ($7.99; ISBN-13: 978-0345339256)

Landreth, G. L. (2012). *Play therapy: The art of the relationship* (3rd ed.). New York: Routledge. ($41.53; ISBN-13: 978-0415886819)

**Course Outline**

**Class 1: Introduction**

**Class 2: Introduction and The Meaning of Play**

Axline (1964). Read pp. 1-50.

Landreth (2012). Read Chapter 1, “About Me, Garry Landreth,” pp. 1-6, and Chapter 2, “The Meaning of Play” (pp. 7-25). **Prototypical CPQ due.**

**Class 3: History and Development of Play Therapy/A View of Children**

Axline (1964). Read pp. 51-100.

Landreth (2012). Read Chapter 3, “History and Development of Play Therapy,” pp. 27-43, and Chapter 4, “A View of Children,” pp. 45-51.

**Class 4: Child-Centered Play Therapy/The Play Therapist**

Axline (1964). Read pp. 101-150.

Landreth (2012). Read Chapter 5, “Child-Centered Play Therapy,” pp. 53-93, and Chapter 6, “The Play Therapist,” pp. 95-123.

**Class 5: Parents as Partners in Play Therapy/The Playroom and Materials**

Axline (1964). Read pp. 151-220.

Landreth (2012). Read Chapter 7, “Parents as Partners in Play Therapy,” pp. 125-148, and Chapter 8, “The Playroom and Materials,” pp. 149-174.

**Class 6: Beginning the Relationship: The Child’s Time/Characteristics of Facilitative Responses**

Landreth (2012). Read Chapter 9, “Beginning the Relationship: The Child’s Time,” pp. 175-210, and Chapter 10, “Characteristics of Facilitative Responses,” pp. 211-255. **Axline paper due.**

**Class 7: Therapeutic Limit Setting/Typical Problems in Play Therapy and What To Do If…**

Landreth (2012). Read Chapter 11, “Therapeutic Limit Setting,” pp. 257-284, and Chapter 12, “Typical Problems in Play Therapy and What To Do If…” pp. 285-302.

**Class 8: Issues in Play Therapy/Children in Play Therapy**

Landreth (2012). Read Chapter 13, “Issues in Play Therapy,” pp. 303-320, and Chapter 14, “Children in Play Therapy,” pp. 321-347. **Child of your choice paper due. Session video with a child of your choice, Play Therapy checklist, and session CPQ due.**

**Class 9: Determining Therapeutic Process and Termination/Intensive and Short-Term Play Therapy**

Landreth (2012). Read Chapter 15, “Determining Therapeutic Process and Termination,” pp. 349-363, and Chapter 16, “Intensive and Short-Term Play Therapy,” pp. 365-378.

**Class 10: Research in Play Therapy**

Landreth (2012). Read Chapter 17, “Research in Play Therapy,” pp. 379-408. **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 the child-centered 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 Axline (1964). 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 child-centered 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 the child-centered treatment model. 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 child-centered 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 the child-centered treatment model. 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, Play Therapy checklist, 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 Landreth (2012). **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 the child-centered 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 articulate the theoretical orientation of child-centered play therapy and state the purpose and rationale for its use with children in treatment.
2. Students will be able to demonstrate a working knowledge of the principles of child engagement, interaction, and termination in the playroom including facilitative responses and limit setting.
3. Students will be able to describe the meaning of play and the history of Play Therapy.
4. Students will be able to articulate key elements of the ethical and legal issues involved in child treatment.
5. Students will be able to discuss the rationale for limit setting in the playroom.
6. Students will be able to identify the three central constructs of child-centered theory of personality structure.
7. Students will be able to list the three broad categories of toys.
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 child-centered 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.”