THEORIES AND TECHNIQUES OF PLAY THERAPY
(SAMPLE SYLLABUS – 3 CREDIT COURSE)

PREREQUISITES:
To be determined.

COURSE DESCRIPTION:
The purpose of this course is to provide students with an understanding of a variety of play therapy theoretical orientations and specific skills, which can be used when working with children and their families using the developmentally appropriate setting of play.

METHODS OF INSTRUCTION:
Class format includes a combination of lecture, discussion, individual and group experiential exercises, video clips, and role-play. Students will have numerous opportunities to practice play therapy situations and experiment with a variety of play therapy media in each class session. This course is designed for maximum student involvement and participation to facilitate the integration of practice, theory, and research. Students are expected to attend class and come prepared by completing assigned readings prior to the respective class period.

COURSE OBJECTIVES:
1. Identify unique ethical considerations in child treatment and play therapy specifically. (Assignments 3, 8, 9)
2. Actively engage children and their families with awareness of and sensitivity to culture. (Assignments 3, 6, 8, 9)
3. Describe the history, theories, techniques and current research of play therapy. (Assignments 3, 7, 8)
4. Demonstrate knowledge of the skills necessary to conduct a successful therapeutic play intervention from the initial parent/caregiver consult through play therapy termination. (Assignments 1, 2, 3, 4, 6, 7, 8, 9)
5. Demonstrate an understanding of the purpose and goals of play therapy and the rationale for selection of appropriate toys and materials for a playroom or portable play kit. (Assignments 3, 4, 6, 7, 8, 9)
6. Research the application of play therapy techniques to special populations in a variety of settings. (Assignments 3, 5, 7, 8)
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CLASS NORMS:

Attendance and Participation Policy: Class begins promptly at TIME and ends at TIME with breaks timed to accommodate the class schedule. Lateness and absence significantly and negatively affect final grades. Students are responsible for all information presented in each class session. Attendance will be taken at each class session. And students are responsible for obtaining any class notes, handouts, or any other relevant material for any classes or time missed. Also, be advised that it has always been the policy of the University to permit students and faculty/academic staff to observe those holidays set aside by their chosen religious faith.

Late Papers: Assignments are due at the beginning of class on indicated dates. Completion of work on time is a professional obligation in social work settings. Students are expected to adhere to this requirement for the purposes of this course. A 5-point deduction will be made for every day an assignment is late. Assignments more than two days late will not be accepted without prior agreement from instructor. For extenuating circumstances, call or email the instructor.

Class Atmosphere: Social workers must make every effort to understand, value, and respect the uniqueness, worth, and diversity of other people. Differences in values, opinions, and ideas are encouraged, yet refinement is necessary to ensure a respectful discourse with other students and the instructors. It is also imperative to maintain discretion and CONFIDENTIALITY.

Digital Devices: Laptops may be used in class only for educational purposes and in direct relation to the material under consideration. Other uses, including browsing unrelated websites or checking email, results in revocation of this permission for the entire class. Cell phones and other wireless devices must be turned to “vibrate” or “silent” during class.

Experiential Activities: Presentation of case material is encouraged with appropriate attention to disguising identifying information with respect for confidentiality. Self-reflective learning is supported, but individual concerns will not be the focus of the class. Please use judgment and address supervision or personal issues with a field instructor, therapist or instructor after class.

Persons with Disabilities: The instructor is committed to providing a safe and comfortable environment for students with disabilities. Students who feel they will need accommodations should contact the Resource Center for Persons with Disabilities to determine eligibility, if they have not done so already. Please approach the instructor as soon as possible with any need for accommodation. Resource Center for Persons with Disabilities (RCPD): Michigan State University, 120 Bessey Hall, East Lansing, Michigan 48824-1033; (517) 353-9642; (517) 355-1293 (TTY); www.rcpd.msu.edu. [INSERT PERTINENT INFORMATION HERE.]

Academic Honesty: Article 2.3.3 of the Academic Freedom Report states, “The student shares with the faculty the responsibility for maintaining the integrity of scholarship, grades, and professional standards.” In addition, the School of Social Work adheres to the policies on academic honesty as specified in General Student Regulations 1.0, Protection of Scholarship and Grades; the all-University Policy on Integrity of Scholarship and Grades; and Ordinance 17.00, Examinations. (See Spartan Life: Student Handbook and Resource Guide and/or the MSU Web site: www.msu.edu). Therefore, unless authorized by your instructor, you are expected to complete all course assignments, including papers and exams, without assistance from any
source. You are expected to develop original work for this course, therefore, you may not submit
course work you completed for another course to satisfy the requirements for this
course. Students who violate these rules may receive a penalty grade, including but not limited to
a failing grade on the assignment or in the course. Contact your instructor if you are unsure about
the appropriateness of your course work. (See http://www.msu.edu/unit/ombud/honestylinks.html)

**Plagiarism** - is using another person’s ideas or creative work without giving credit to that
person. It includes:

- paraphrasing information from a source without referencing the source
- copying and pasting Internet information, graphics or media into your work without
citing the source
- using someone else’s homework or buying papers or research you did not do and turning
it in as if you had done the work yourself
- not putting quote marks around parts of sources you copy exactly.

All of these are plagiarism when a citation for each source you used is not included in your
paper, speech, project, etc.” (Columbia College, 2006).

Academic honesty means using your own words to communicate an idea, therefore, changing a
few words of another’s text and/or rearranging words from another source constitutes plagiarism.
If you paraphrase material you must still cite and reference the source. (To paraphrase means to
restate a text or passage in other words, often to clarify meaning. Paraphrasing is a restatement of
an idea, not rearrangement of specific words.) If you copy material exactly, you must use
quotation marks and then cite and reference the source.

**REQUIRED TEXTS:**
(Instructor: If you do not choose the “Reading” Assignment from the provided assignment
list below, add two more texts from the Bibliography listed below for required reading.)


**PLAY THERAPY BIBLIOGRAPHY:** (Objectives 1-6)


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RESOURCES FOR WORK WITH CHILDREN AND THEIR FAMILIES:


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COURSE REQUIREMENTS AND EVALUATION:
Always keep in mind two things. 1) Adhere to the ethical standards of social workers as outlined by the National Association of Social Workers, Code of Ethics. 2) Obtain consultation from the instructor or, preferably, from your supervisor immediately if you become aware of any information that would cause you concern for anyone’s safety.

The assignments for this course comprise a total of 100% of the final grade. Assignments involve an integration of class readings, class discussions, library and on-line research, and group and practice experiences. Assignments will be graded on the basis of application of course material, critical thinking, appropriate writing style, and clarity. Integration of course material refers to a demonstrated understanding of the content, and expression of an active intellectual consideration of its use. Graduate students must be able to think critically about the material, articulate relative strengths of various approaches, and integrate ideas from different sources or frameworks.

Papers should be free of grammatical and organizational errors, and meet APA style guidelines. This means that papers must include an APA style title page, all research and text material must be cited using APA style, and a reference page must be included to match the citations. For APA style guidance use the Publication Manual of the American Psychological Association (6th edition) or check out Purdue OWL: APA Formatting and Style Guide: owl.english.purdue.edu/owl/resource/560/01/. APA style omissions or mistakes will be subject to point deductions regardless of the grading rubric. Papers with more than 10 spelling and/or grammatical errors will be deducted 5 points or returned for revision and considered a late paper. Write clearly and concisely to address assigned topics. If you need help, consider the writing lab.

GRADING:

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<th>Percentage Points</th>
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<td>100% - 95%</td>
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<td>94% - 90%</td>
<td>3.5</td>
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Final grades will be issued in the standard university numerical format, based on points earned. An incomplete will be given only in extraordinary circumstances and at the discretion of the instructor. The incomplete must be negotiated before the end of the semester.
REQUIRED ASSIGNMENTS:
(Instructor: Choose from the nine potential assignments listed below. Adjust the suggested point values to allow for an easy grading system. Assign a due date for each assignment.)

10 points Assignment #1 – Tool Kit and Filing System
Due Date:
(Objective 4) Create a storage system for the Play Therapy Tools and Techniques that you will develop over the course of the semester (e.g., decorated box, lidded storage container, individual boxes, portfolio). Begin a filing system and make copies of paper engagement, assessment, intervention, termination, ritual, and evaluation tools and techniques that you will accumulate from the instructor, your colleagues, online research, reading, internship, etc. Show to instructor for course points.

50 points Assignment #2 – Play Therapy Tools/Techniques
Due Date:
(Objective 4) Prepare five Play Therapy Tools/Techniques for your portfolio and choose one of those Play Therapy Tools/Techniques to demonstrate to the class. (A sign-up sheet will be available the first day of class.) Options include: engagement, assessment, intervention, termination, and evaluation tools/techniques. You may create your own Play Therapy Tools/Techniques or use suggested tools/techniques from a published source (e.g., Liana Lowenstein’s collection of Creative Interventions – but remember to cite and reference with this choice). You must include a 2-page paper on the Play Therapy Tools/Technique you demonstrate to the class and address the following outline:

- Type of Play Therapy Tools/Technique (engagement, assessment, treatment, termination, ritual, or evaluation activity).
- Intended appropriate population for the tool/technique (age range, environment [e.g., school, hospital], developmental stage, presenting problem, etc.). Make sure to keep ethical, cultural and religious considerations in mind when choosing an activity for a specific population.
- Objective/s of the tool/technique (what is it intended to assess, teach, communicate?).
- Rationale for tool/technique use (why is this technique “good” for this population?).
- Instructions and materials needed for the tool/technique.
- Suggestions for follow-up to the tool/technique (e.g., if the activity “triggers” a client, how will you follow-up with the child/family?).
- Contraindications of the tool/technique (e.g., slime activities are contraindicated for sexual abuse survivors, and allergies and limitations should be considered).

OR AN ALTERNATIVE ASSIGNMENT #2

20 points Assignment #2 – Child Treatment Portfolio
Due Date:
(Objective 4) This assignment is designed to help you create a portfolio of assessment, intervention and termination activities for use in child treatment. The assignment will also help you to evaluate your experiences of and experimentations with play materials to design assessment, intervention and termination activities. You will want to think through and purchase a file, folder or box system for storage. This process will be ongoing throughout the semester. The assignment consists of four parts.

- Keep a log and/or journal of each small group activity you participate in during class.
- Create a Treatment Activity Sheet (copy attached at bottom of syllabus) for every
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assessments, intervention or termination activity you participated in and designed during each small group activity. This must be clear enough to use again at a later date and share with classmates. Make sure to keep ethical, cultural and religious considerations in mind when choosing an activity for a specific population. This should include:

- Title of the activity
- Whether the activity is for assessment, intervention or termination
- Appropriate child age for the activity and presenting problem/s
- Whether the activity is for an individual, family unit, or group
- Description of the activity with clear and specific directions
- Sketch or design of the activity (if applicable) and materials needed

- Keep a journal of self-reflective writing. After each small group session, write a self-reflection/journal entry about your experiences with the activities. What did you like or not like and why? What worked well or didn’t and how could you adapt the activity to be more useful? Were you surprised by anything that the activity inspired in you? What surprised you and why? Reflect on your experience in your small group – how that was helpful or not, supportive and encouraging or not, safe, secure and trusted or not – and process those reactions. Did you have any emotional reactions or triggers to any activity? Process those thoughts and feelings to understand why you had the reaction or trigger. Work with children can make us vulnerable to our own childhood experiences and these must be carefully considered and processed to demystify and decrease their impact.

- Make an appointment with the instructor at the end of the semester to discuss your portfolio. A sign-up sheet will be available with dates and times.

40 points Assignment #3 – Play Therapy Reading & Critique Due Date:
(Objectives 1-6) Select and read four books on play therapy from the Bibliography posted above (in addition to required course readings). Write a 2-page critique of each book.

- State the title of the book and the author/s.
- Write a brief synopsis of the book. What are the main points of the book? What general problems and concepts of play therapy does it address?
- From what theoretical orientation is the book written? Does it match your own way of thinking? Why or why not?
- Discuss three things you learned from the book and how they impacted your thinking and clinical awareness.
- Discuss how the book could help/guide you in your play therapy journey?
- What are your own reactions and considered opinions about the book?
- Are there any ethical and/or cultural problems with the book? Conversely, are there positive and helpful ethical and/or cultural teachings within the book?
- How do the principles outlined in the book align with your value system and/or your faith/spirituality?

10 points Assignment #4 – Association for Play Therapy Due Date:
(Objectives 4, 5) Visit the Association for Play Therapy website (http://www.a4pt.org). Peruse the site and its links. Write a 2-page paper that lists and elaborates on at least five new things that you learned from the website (and links) about play therapy – things that you didn’t know before. (Also, check out the Center for Play Therapy at the University of North Texas website for pictures of a playroom and ideas about toys: http://cpt.unt.edu/).
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10 points  Assignment #5 – Library Research  Due Date:
(Objective 6) Either visit the University library or use the library’s electronic resources to research play therapy. (Alternatively, you may offer students a list of articles already referenced in the Play Therapy Articles folder.) Choose one play therapy research article and present the information to the class. Provide a 1-page handout for all class members. Conduct a class discussion on the article. Prepare provocative and stimulating questions for use in class discussion. [I am unable to offer these articles for public use. Many are located at a4pt.org]

30 points  Assignment #6 – Portable Play Therapy Kit  Due Date:
(Objectives 2, 4, 5) Create a portable play therapy kit and demonstrate it to the class. Include objects from at least ten broad categories (e.g., people, animals, dolls, puppets, reality, religion/spirituality, nurturing, nature, etc. – a file is available in the Resources folder entitled, “Selection of Toys for Play Therapy” and further lists are provided in the PowerPoint slides). Write a 2-3-page paper that gives a rationale for the selection of objects. Discuss the potential use of three of the objects or categories by client developmental stage and/or presenting problem.

20 points  Assignment #7 – Group Projects  Due Date:
(Objectives 3, 4, 5, 6) In small groups of three or four, design group presentations to demonstrate your understanding of the theories and principles of child development, play and play therapy. These may include, but are not limited to: biographical sketches of seminal people in the field, the history and development of a specific model of play therapy, evidence-based treatment interventions for a particular clinical problem or population, creation of a documentation system for the play therapy process, research of play therapy approaches to a specific behavioral or emotional disturbance, a comparison of the efficacy of two different theoretical orientations toward child treatment, etc. You will be given 30 minutes to present your project to the class.

30 points  Assignment #8 – Assessment and Intervention Paper  Due Date:
(Objectives 1-6) This paper is designed for you to complete a diagnosis, assessment, and treatment plan for a child client. You will also reflect on the use of self in creating a therapeutic alliance and understanding your emotional reactions to the child. This paper must include a minimum of ten scholarly references (e.g., course articles and texts, DSM-IV, assessment tools, measurement instruments, etc.). This is a self-reflective 12-15 page paper. Write in first person.

• Present a complete assessment (in paragraph form) including the child’s developmental and family history, cultural heritage, and religious background. Discuss any collateral contacts who may have facilitated this process, e.g., family members, neighbors, friends, schools, courts, other service providers, etc. What are the strengths, coping strategies, protective, and resilience factors for the child? What are the weaknesses, vulnerabilities and risk factors for the child?
• Identify and address any relationship dynamics, power differentials or diversity issues between the child and child caregivers and you. Discuss how a working relationship was established between the family and you and between the child and you. What have you done to gain more knowledge of the diversity reflected in the client system and how have you applied that to assessment and intervention. What have been your most powerful emotional and cognitive reactions to the child and his/her family? Discuss transference and counter-transference issues.
• Provide a full 5-axis diagnosis for your child client.
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- Formulate a treatment plan with the child’s family. Write a complete and specific treatment plan, in outline form, that includes: a statement of the primary and secondary presenting problems; the treatment goals specifically related to the primary and secondary problems; the objectives specifically related to each treatment goal; and the treatment interventions specifically related to each objective. Support the interventions with research and theory. What is your short-term and long-term prognosis for the client? Comment on the client’s progress to date relevant to the treatment goals. What criteria will you use for termination and who is responsible for that decision? How and when will you introduce termination to the client? How will you terminate? How will you follow-up with the client? How will you evaluate the therapeutic work with the client? Even if you cannot follow through with everything you would like to plan because of circumstances beyond your control, what would you do in the best of all possible worlds?
- Attach a letter on behalf of the client to the PCP (primary care physician), or psychiatrist. Request a copy of the patient’s file, list medications as reported by child/family and any acknowledged or observed side effects, outline salient treatment interventions and rationale, and any other information necessary to the interface of treatment. Include a blank copy of the Authorization for Release of Confidential Information document (sample copies to be found in the Resource folder) used for exchange of information. Discuss the ethical and legal complications of both information exchange between physical health and mental health providers and facsimile transmission of client information to insurance providers.

50 points Assignment #9 – Play Therapy Sessions Due Date: (Objectives 1, 2, 4, 5) This is a two-part assignment. First, you must make arrangements to observe two play therapy sessions. You may contact local professionals, ask your instructor or watch videotaped experts performing play therapy. Each of these observations must include content observations and process recordings to be turned in to the instructor. Second, you must make arrangements for either access to a two-way mirror play therapy room with video capability or simply have personal videotape capability with access to a play therapy room. In addition, you must have consented access to a “normal, emotionally healthy” child for videotape play interactions. Then videotape yourself in 30-minute play interaction with that “healthy” child in the context of play. Your 30-minute play interaction experience will be supervised (video shown and discussed), by either the instructor or an outside professional, while fellow students observe. Include a progress note and a self-critique for your videotaped play interaction session. Obtain signed assent from the “normal, emotionally healthy” child and signed consent from the parent prior to any videotaping. Bring this with you to supervision.

TOPICAL OUTLINE
The following outline of instruction includes about 45 hours of content/instruction to account for the 3-credit class. It is laid out in 10 segments but can easily be arranged into any format necessary to an instructor. The detail included below will hopefully offer the instructor avenues of exploration to supplementary material and research.
TOPICAL OUTLINE AND REQUIRED READING:

Section 1 – Date and Time (4-5 hours of material):
1. Introductions – instructor and students (20-30 minutes)
2. Course Overview – Syllabus, Required Reading, Assignments, and Expectations (20-30 minutes)
3. Warm-Up Activities and Icebreakers (designed by the instructor; available online; suggestions attached in Small Group Activities folder [e.g., Characteristics of Child Therapists – Assess Your Potential]. Icebreakers (30 minutes):
   - Create a positive group atmosphere
   - Help people to relax
   - Break down social barriers
   - Energize and motivate
   - Help people to “think outside the box”
   - Help people to get to know one another
4. Definitions of Play Therapy – U.S. and British (Objective 3)
5. A Short History of Play Therapy (in PowerPoint and attached as a file) (Objective 3) (30 minutes)
6. Theoretical Orientations (Articles available through university library or the Association for Play Therapy website: a4pt.org) (Objective 3) (60 minutes)
   - Green, E. J. (unknown). Jungian play therapy: Bridging the theoretical to the practical. *Journal Unknown*, 76-78.
8. Rationale for Using Play Therapy (Objectives 3, 5)
9. Role of the Therapist (Objectives 3, 5)
10. Eight Basic Principles of Play Therapy (Objectives 3, 5)
11. Play Therapy Fundamentals (Objectives 3, 5) (20-30 minutes)
12. Experiential Activities Designed by the Instructor – a Directed Play Therapy approach (30-40 minutes)
   • A good activity to try is making paper people chains. Children love this activity in the playroom. Give the child a large piece of construction paper and strings of paper people and let them “make a picture of your family” on the construction paper. Strings of paper people help the child create family groupings and connections and tell stories of family members. This gives detailed information about those relationships. It’s interesting to see who stays connected to whom and who may be isolated or left out. Need: construction paper, pen or marker and scissors. Directions can be found at: How to Make a Paper People Chain at wikiHow.com
   • Use the Feeling Faces (located in Small Group Activity folder) to make “Feeling Cards.” If you double the faces you can make a “Feelings Matching Game.” Match a pair, define the emotion, tell about a time you felt that emotion.
     o Ability to socially engage in the activity
     o Labeling emotions and definitions
     o Range of affect and congruency
     o Assess behavior and physiology
     o Disclosure (child and therapist) = relationship building and trust
   • Take off your shoes and socks. Draw around your feet on two pieces of paper. Place the “paper feet” on the floor. Use the paper feet as a “stomping ground.”

13. Reading:
    Axline – Chapter 1
    Giordano et al. – Chapters 1 and 2
14. Assignment/s due this week:
15. Assignment/s due next week:

Section 2 – Date and Time (4-5 hours of material):
1. Creating a playroom (Objective 5) (50-60 minutes)
   Books
   Dolls
   Puppets
   Play House Materials
   People, Animals, Living and Housing Materials (sandtray)
   Aggressive Materials
   Art Materials
   Sensory Materials
   Reality Materials
   Religious/Spiritual Materials
2. Introduction to “Play Therapy in a Bag.” (Objective 5) (30 minutes)
   Note: A list of “Play Therapy in a Bag” contents is attached in the Resources folder (suggestions only). This is an expensive teaching tool but indispensable for play therapy instruction. Students could be required to pay an additional fee for this instruction or purchase their own materials and have a “Play Therapy in a Bag” upon exiting the course. Alternatively, students could be responsible for contributing XXX amount of material for the “Play Therapy in a Bag” that could then be reused for a successive class.

3. Setting up a play area using the “Play Therapy in a Bag” and exploration of the play materials (Objectives 4, 5) (20-30 minutes)

4. Defining play space in school and home environments and setting appropriate boundaries (20-30 minutes)

5. Discussion Questions: (15-20 minutes)
   - What would you use to define the play space (in school or at home)?
   - How would you define the play space both physically and psychically?
   - How would you introduce the objects to the child?
   - Would you set out play materials and explain as you go or would you allow the child the freedom to “look” and “discover.” How will you know which approach would suit which child?

6. Experiential Activities Designed by the Instructor (Directed Play Therapy) (Objectives 4, 5) (30 minutes)
   For example:
   - Students pair off and set out their “play therapy” space. One plays the therapist, the other plays a child. Give each “pair” a case scenario to use for experiential play (case scenarios/material provided in Resources folder). Have them “play” for 10 minutes and then process their experiences, the one as the therapist and the other as the child client. Switch roles and “play” again.

7. Discussion Questions: (10-15 minutes)
   - Who was in control of the “session?”
   - Did the person in the therapist role act in a therapeutic way or play from a personal perspective?
   - Did the person who played the child feel free to play or constricted? If yes, in what ways? Etc….

8. Show a video of a child centered play therapy session (Non-Directive Play Therapy) (Objectives 2, 3, 4, 5, 6)
   Landreth, G. (1997). *Child-Centered Play Therapy.* Denton, TX: Play Therapy Institute. A clinical play therapy session demonstrates relationship building, following the child’s lead, returning responsibility to the child, helping without structuring, building self-esteem, and responding to accidents. (50 min.) (50 minutes) ($80 at Association for Play Therapy website)
   Child-Centered Play Therapy video clip on YouTube:
   http://www.youtube.com/watch?v=FdqK1imn-8I&NR=1
   Anne Murphy, MFT – Play Therapy video clip on YouTube:
   http://www.youtube.com/watch?v=r19e9A8IG2I&feature=related
9. Discussion (20-30 minutes)
   - What are your reactions to Garry Landreth’s child-centered approach or the child-centered approach in general?
   - How does this approach fit with your personality, inclination, and theoretical orientation?
   - What did you find useful in the case example? What are the best features of child-centered play therapy?
   - Was there anything that you didn’t agree with and why?

10. Reading:
    Axline – Chapter 2
    Giordano et al. – Chapters 3-5

11. Assignment/s due this week:
12. Assignment/s due next week:

Section 3 – Date and Time (4-5 hours of material):
This would be a good time to watch Play Therapy in Action: An Introduction to the Core Skills of a Play Therapist, a British Association for Play Therapy DVD production that demonstrates some of the core skills and key elements of play therapy work. Available with a trainer’s manual for about $110 with shipping from the BAPT website. (nearly 2 hours)

1. The Referral: (15-20 minutes)
   a. Sources of Information
   b. Initial Interview with Parent/Caregiver
   c. Integrating concerns voiced by the parents/caregivers.
   d. Role of Working with the Parent/Caregiver, Sibling(s), Teacher, Caseworker, etc.

2. Intervention Sequence: (Objective 4) (30-45 minutes)
   a. Engagement – The Therapeutic Relationship – Child and Therapist
   b. Assessment – The Unique Child Assessment
   c. Problem Identification (and strengths, skills, abilities, supports)
   d. Diagnosis – Unique Issues with Children (DSM versus IEP)
   e. Goal Setting – Family Goals as well as Therapeutic Goals
   f. Treatment Planning – Treatment Planners and Computer Programs
   g. Intervention
      i. Beginning Phase
      ii. Intermediate Phase
      iii. Termination Phase
   h. Termination
      i. Follow-Up with Child and Family
      j. Evaluation of Case/Practice

3. Play Therapy Skills for Social Workers and First Sessions with Child (Objective 4) (20-30 minutes)
   a. Initial Intake with Primary Caregiver – Creating an Alliance with the Family
   b. Introduction to the Play Room – Child and Caregiver/s
   c. Attending Skills
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i. Posture of involvement and engagement
ii. Appropriate body language
iii. Eye contact
iv. Creating a nondistracting environment
d. Tracking Skills
   i. Verbally state what the child is doing and saying, using names of items after the child has named them.
e. Reflecting Feelings and Content
   i. Using verbal and visual cues, you respond to the feelings.
   ii. Communicate that all feelings are acceptable
f. Returning Responsibility
   i. Never do for a child, what she or he can do for her or himself
g. Encouragement, Encouragement, Encouragement –
   i. Build Self-Esteem
   ii. Conveying belief in the child’s ability to solve his/her own problem.
h. Boundaries and Limit-Setting in the Play Room – the ACT
   A: Acknowledge the child’s feelings or desire to do something unacceptable
   C: Communicate and firmly set the limit on the behavior
   T: Target (verbally) an acceptable alternative
i. Ending a Play Therapy Session
4. Experiential Exercise (Role Plays): (Objective 4) (30-40 minutes)
a. Introducing yourself to the child and the child to the playroom – practice in groups of two.
b. Using child-centered theory, focus on and practice eye contact, tracking, empathic listening and therapeutic responding with child. Use the provided case studies to initiate role-plays but stick to the concept of “building rapport.” Use “Play Therapy in a Bag” for engagement and assessment activities. Pay attention to where you place yourself relative to the child and the optimal distance needed for safety and engagement as well as the impact of using a chair versus sitting or laying on the floor. Think about how it feels to watch and listen. Practice how to enter the child’s play when invited. Feel silence and your reactions to it.

5. Reading:
   Axline – Chapters 3 and 4
   Giordano et al. – Chapters 6 and 7
6. Assignment/s due this week:
7. Assignment/s due next week:

Section 4 – Date and Time (4 hours of material): (Objectives 2, 4, 6)
1. Special Issues of Diversity with Children (Available university library) (Objective 2)
   (30-40 minutes)


2. Discussion Questions: (15-20 minutes)
   a. What are your attitudes towards different races and ethnicities?
   b. Where did they come from?
   c. How do they affect our behavior?
   d. How do culture, race and religion interface?
   e. How can our therapy office spaces reflect and encourage multiculturalism?

3. Experiential Activities – Complete the “What Can We Learn from a Box of Crayons?” activity (located in the Small Group Activity folder). Read “The Crayon Box that Talked.” (20-30 minutes)


4. Special Issues of Ethics Working with Children (PowerPoint slides attached)
   (Objective 1) (30-40 minutes)


5. Discussion Questions: (15-20 minutes)
   a. Discuss confidentiality issues as they relate to working with children.
   b. Does the age of the child alter confidentiality and/or assent with children?
   c. Discuss the use of healthy boundaries (verbal, physical, spatial boundaries) working with family relationships.
   d. What kinds of ethical dilemmas can you imagine about working with children?
   e. Discuss the role of touch in child treatment.
   f. What can you do to minimize the risk factors of ethical dilemmas?

6. Special Populations (Use “Play Therapy in a Bag” to highlight these issues through student interaction with the play materials in experiential exercises. Introduce clinical case material to give clarity, perspective and interest to each presenting issue. In many cases, journal articles are listed for student research.):
   (Objectives 4, 6) (60-90 minutes)
   a. **ADHD – Increasing attention and time on task**
      i. Medication management issues for children and families
      ii. Initiating and maintaining physician contact – information exchange

Ray, D. C., Schottelkorb, A., & Tsai, M-H. (2007). Play therapy with children exhibiting symptoms of attention deficit hyperactivity disorder. *International*
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Journal of Play Therapy, 16(2), 95-111. DOI: 10.1037/1555-6824.16.2.95

b. Aggressive, angry, acting out children (self-regulation)
   i. Functional assessments
   ii. Risk and protective factors
   iii. Building and enhancing coping skills and a support system


c. Anxious children
   i. Stress inventories
   ii. Building and enhancing specific coping skills and strategies


d. Autistic children


e. Chronically ill children
   i. Addiction risks for child and family
   ii. Interface with medical community
   iii. Support systems
   iv. Respite care


f. Depressed children (Unipolar and Bipolar diagnoses)
   i. Depression inventories
   ii. Risk and protective factors
   iii. Building and enhancing coping skills and a support system
   iv. Medication management


g. Feeling identification
   i. Building trust, relationship and authenticity
   ii. Use of books, feelings cards, games for assessment and intervention

h. Fetal Alcohol Syndrome

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i. **Homeless children**


j. **Increasing self-esteem**
   i. Building and enhancing coping skills and a support system
   ii. Workbooks and homework assignments
   iii. Group work is especially helpful with this population

k. **Improving social skills**

l. **Impulsive children, disruptive behavior, intermittent explosive disorder**


m. **Perfectionism**

n. **Children in Special Education**

o. **Separation, divorce, blended families, adoption, and foster care**
   i. Special issues of confidentiality, privacy, etc.
   ii. Relationship therapy
   iii. Family play therapy

p. **Sexual abuse**
   i. Safety, safety, safety
   ii. Difference between forensic interviewing and treatment – keep separate
   iii. Building trust and confidence – therapeutic relationship is key
   iv. Risk factors and protective factors
   v. Non-directive play therapy
   vi. Building mastery and empowerment
   vii. Look for signs of PTSD


**q. Traumatized children**

i. Similar issues as sexual abuse

ii. Pay particular attention for PTSD symptoms


7. Experiential Activities – Participation in directive activities related to “Special Populations.” This is the place where students can share their developing Tools and Techniques portfolio. “Play Therapy in a Bag” is also useful for experiential activities. (Objectives 4, 6) (30-45 minutes)

8. Reading:

   Axline – Chapters 5 and 6

   Giordano et al. – Chapters 8 and 9

9. Assignment/s due this week:

10. Assignment/s due next week:

**Section 5 – Date and Time (4-5 hours of material):**

1. Explaining play therapy to children, parents, schools, physicians, etc. (Objectives 1, 2, 4) (20-30 minutes)

   a. Children typically don’t know why they are being brought to therapy or, if they do, don’t understand the process and are scared

   b. Ethical and Cultural implications

   c. Understand full-disclosure

   d. Practice how you would explain play therapy to a child – what we tell them is based in a theoretical perspective

      i. This is a special playroom just for you. You get to make your own choices about what you do in this room. I will be here with you the whole time. – Non-directive, child-centered therapy
ii. This is my office where I help kids and their families solve their problems. We will work and play together using toys and games to help you feel better. – Directive therapy

2. Experiential Activities – Comparative evaluation of the use of play therapy informational books for use with children and/or parents (available from a4pt.org) (Objectives 1, 2, 4) (20-30 minutes)


3. Comparative evaluation of the use of informational pamphlets for use with caregivers (Objectives 1, 2, 4) (10-15 minutes)

a. Association for Play Therapy brochure (Available from a4pt.org)

b. The Norton and Hannah pamphlet for parents (not familiar with this)

4. Also available is a brief (3 minute) video on the Association for Play Therapy website at: http://www.a4pt.org/why.cfm

5. Experiential Activity (Role Plays) (Objectives 1, 2, 3, 5) (30 minutes)

a. Introducing self to parent/caregiver

b. Initial interview with parent/caregiver

c. Introducing play therapy to parent/caregiver

6. Watch a play therapy video – (Objectives 1, 2, 3, 4, 5) (40 minutes)

a. *Essentials of Play Therapy with Abused Children* by Eliana Gil. (Available from Amazon for about $90 or from a4pt.org.) (MSU has this in their electronic resources – Counseling and Therapy Videos.)

7. Assessing Healthy Play (Objective 4) (15-20 minutes)

a. Free and easy engagement in the playroom – experience and experiment

b. Developmentally appropriate trust and engagement with the therapist

c. Play demonstrates free association and logical movement from play object or theme to play object or theme

d. Anxieties are within normal range and not toxic or skills are evident for coping

8. Assessing Trauma Play (Objective 4) (15-20 minutes)

a. Dissociative features/episodes, staring in trance-like state

b. Glassy-eyed, stiff, holding breath, hypervigilance

c. Minimal or no engagement with the therapist

d. Incongruent presentation of the self (happy face in horrific circumstances)

e. Grim, monotonous play

f. Repetitive re-enactments of persistent and unchanging scenarios where the child is highly resistant to change or movement

g. Functionally disruptive anxiety and/or depressive symptoms

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9. Intervening in trauma play (Objective 4) (40 minutes)
   a. *Play Therapy for Severe Psychological Trauma* by Eliana Gil. (Available from Amazon for about $100 or from a4pt.org.) (MSU has this in their electronic resources – Counseling and Therapy Videos.)

10. Developmental Stages: (Objective 4) (15-20 minutes)
    a. Children
    b. In the play therapy


11. Experiential Activities: (20-30 minutes)
    a. Create any kind of activity that promotes self-care. Choose techniques that are sensory based and meet physiological needs (brainstorm). A few examples:
       i. Use hand lotion with a pump dispenser and teach children how to have a “smoothie.” Pump lotion into their hands and then have them work to smooth it into their skin and soothe their emotions simultaneously. Be cautious with scents and chemicals for allergies and sensitive skin.
       ii. Bottle of bubbles with a blow wand to teach breathing techniques. If the child blows too hard, it breaks the tension of the soap and therefore, no bubbles. It takes slow, steady exhale to promote the best breathing for de-escalation and also creates the most and sustained bubbles creating its own reinforcement.
       iii. Squishy balls and “fidgets” of all kinds teach muscle relaxation techniques and provide distraction to “itchy” fingers.
       iv. Keep a store of favorite music, candy, books, art activities to promote nurture and comfort in your play space/office.

12. Reading:
   Axline – Chapters 7-11
   Giordano et al. – Chapter 10

13. Assignment/s due this week:

14. Assignment/s due next week:

**Section 6 – Date and Time (4-5 hours of material):**
1. Attachment as a Base of Understanding (Objectives 1, 2, 3, 4, 5) (60-90 minutes)
   a. Definition of attachment and biological necessity of attachment
   b. Components of attachment
   c. Attachment and development
   d. Core beliefs
   e. Protective factors of attachment security
   f. Risk factors in disrupted attachment
   g. Treating attachment wounds in play therapy
2. Crisis Intervention with Children (Objectives 1, 2, 3, 4, 5) (30-40 minutes)
   a. Children’s responses to crisis
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i. Regressive behaviors
ii. Fears and anxiety
b. Intervention Stages
   i. Assessment is critical
   ii. Rapidly establish psychological contact and rapport
   iii. Define the problem
   iv. Elicit and encourage expression of painful feelings and emotions
   v. Explore past positive coping strategies and alternatives.
   vi. Assess Strengths and Needs
   vii. Plan and implement directed play treatment
   viii. Follow-up

3. Short-Term Intervention with Children (Objectives 1, 2, 3, 4, 5) (30-40 minutes)
   a. Assessment including ecomap
   b. Rapidly establish psychological contact and rapport
   c. Define the problem
   d. Targeted directed play interventions for few sessions
   e. Incorporated collaterals (home, school, agencies, etc.) for high impact change
   f. Use of booster sessions for improvement and maintenance

4. Long-Term Play Therapy with Children (Objectives 1, 2, 3, 4, 5) (30-40 minutes)
   a. Non-directive and integrated play therapy
   b. Commitment from caregivers for full treatment cycle


5. Experiential Activity (Objectives 1, 2, 3, 4, 5) (30-45 minutes)
   Use case examples to determining diagnosis, crisis intervention, short-term and long-term play therapy, and individual skills practice. Use “Play Therapy in a Bag” for emphasis and practice. Case material provided in Resource folder.

6. Reading:
   Axline – Chapters 12-15
   Giordano et al. – Chapters 11 and 12

7. Assignment/s due this week:

8. Assignment/s due next week:

**Section 7 – Date and Time (4-5 hours of material):**

1. Art Media in Play Therapy for Assessment (Objectives 1- 6) (30-40 minutes)
   a. Distinguish assessment from treatment
   b. Clarify the use and rationale of art for assessment
   c. Art supplies are basic to assessment
   d. Art as a pre-test – Then use that art project as a post-test at termination

2. Art Media in Play Therapy for Intervention (Objectives 1- 6) (30-40 minutes)
   a. Art supplies are basic to treatment
   b. Clay: some therapists say clay is treatment all by itself
   c. Finger painting has sexual connotations - exercise caution
d. Art is both assessment and treatment but since it impacts emotion centers in the brain so significantly, is treatment heavy

e. Art communicates powerful feelings and thoughts

f. Art can be used for expression, mastery and healing

g. Creation of symbol and metaphor = psychological mechanism for change

h. Mutual sharing of the therapeutic relationship honors the creative process and therefore, expression, mastery and healing


3. Processing children’s images (30-40 minutes)

   a. Get good information on art and art therapy and processing images from Linda Chapman (Art Therapy Institute of the Redwoods) or Cathy Malchiodi (cathymalchiodi.com)

4. Experiential Activities – Exploration in Art – instructor designs 6-10 art activities for students. Each art project is done independently and then in groups of two, students practice the principles of processing the images of the artist. (Objectives 1-6) (90-120 minutes)

   a. Spend time exploring the different medium

   b. Person – Tree – House

   c. Decorate a photo box as a keepsake box (a good first session activity for a child – during course of treatment, add photos of child [do a photo shoot mixed with dress-up clothes and make double copies of photos – one set for permanent file and one set for keepsake box], let the child keep treasures from treatment in the box and then use the keepsake box as part of the termination ritual with the box as a transitional object that the child takes home as a “remembrance” of good work.)

   d. Create a creature out of clay (what qualities, personality does the creature have?)

   e. Cut or tear symbols out of construction paper and glue onto white paper to tell a story of the wounds in your life

   f. Draw yourself as an animal

   g. Polarity drawings/play scenes (I like it when…I don’t like it when… or When I feel happy…/When I feel sad…)

   h. Create a “Me” mobile out of symbols

   i. Draw a real or imaginary dream

   j. Create a “three wishes” piece of art

   k. Choose a pre-cut picture and then draw “what comes next”

   l. Create a dual drawing – two people work in silence on same paper, one color each

   m. Draw a secret, draw how it feels inside

   n. Sculpt your family members in clay

   o. Make a mask

   p. Create a piece of art that shows how it feels to lose someone you love

   q. Make a “creative arts journal”

   r. Make a collage – choose a theme

   s. Sculpt your inner self

   t. Show the best thing you could be – Show the worst thing you could be

   u. Create a poster about something that you have strong feels for
v. Think about the last time you were angry – show it on paper

5. Collect and use the following items to explore personal art.
   a. Artist black pencils – charcoal
   b. Colored pencils
   c. Crayons
   d. Markers
   e. Oil pastels
   f. Chalk pastels
   g. Tempera paint
   h. Finger paint
   i. Wide range of brush sizes and types
   j. Containers for water and washing
   k. Wide range of paper size
   l. Evaluation of professional and nonprofessional clays
      i. Natural and colored artist clays
      ii. Wet set clay
      iii. Model magic
      iv. Play dough
   m. Processing your images – This is a good small group activity and teaches active
      listening, sensitivity to nuance and projection, and interpretive skills.

Note: Consider asking students to bring their own supplies or each student to bring enough of
one thing for the entire class.

6. Reading:
   Axline – Chapter 16
   Giordano et al. – Chapter 11

7. Assignment/s due this week:

8. Assignment/s due next week:

Section 8 – Date and Time (4-5 hours of material):
1. Metaphors in Children’s Play (Objectives 2, 4) (20-30 minutes)
   a. Brainstorm common child metaphors, e.g.,
      i. Wicked witch and the good witch
      ii. Roaring lion and the ravenous alligator
   b. “We compare something a man does not know with something he does know in
      order to help him understand it.”
   c. “You mine a lot of ore to get gold.”
   metaphor with children in counseling. Journal of Counseling & Development,
   86(4), 399-411.
   Brandell, J. R. (2000). Of mice and metaphors: Therapeutic storytelling with
2. Common Themes is Children’s Play (Objectives 2, 4) (20-30 minutes)
   a. Trauma, loss, abandonment, anxiety, safety issues, victimization, disaster
b. Building and destroying, broken and fixed, hiding and finding
c. Good versus bad, powerful versus weak, identifying with the perpetrator
d. Nurture, safety, protection

3. Experiential Activities – (This takes advance preparation by the instructor)
   Introduction to (Objectives 2, 4): (90-120 minutes)
   a. Variety of children’s books related to presenting problems – each student should bring one book of their choice. Instructor will have additional samples. (A list of suggested books for children by category is attached in the Resources folder.)
      i. Discuss/rate usefulness of books for themes in play/presenting problems.
      ii. Create a “wish list” for future playroom
   b. Examples of children’s art for evaluation purposes – available in a good art therapy book or copies from local play therapists
   c. Examples of children’s writing having metaphors
   d. Role plays using metaphors – set-up by the instructor – “Play Therapy in a Bag”
   e. Role plays using limit-setting – set-up by the instructor – “Play Therapy in a Bag”

4. Integrating directive and nondirective play therapy into one play session (Objective 3)
   (20-30 minutes)
   a. Begin a play session with an opening ritual – something small that says, “Now we begin.”
      i. Read a book
      ii. Play a game
      iii. Set the timer
      iv. Have something to eat
      v. Draw together
      vi. Toss a ball a few times
      vii. Tell each other a “story” – a mini check-in
   b. Allow child “free play” following the opening ritual
   c. Introduce directed experiential activities based in the child’s presenting problems and related to the treatment plan. This should be preplanned and prepared.
   d. End with free play and/or closing ritual

5. Experiential Activities: Use “Play Therapy in a Bag” and practice a personal rhythm of non-directive and directive integration of a play therapy session (15-30 minutes)

6. Reading:
   Axline – Chapters 17-18

7. Assignment/s due this week:
8. Assignment/s due next week:

Section 9 – Date and Time (4-5 hours of material):
1. Therapeutic Use of Commercial Games (Objectives 3, 4, 5, 6) (40-45 minutes)
   a. Games can be used for assessment, intervention, ritual and evaluation
   b. Objectives and rationale of game use
c. Populations appropriate for games  
   d. Ethical, cultural, and religious considerations  
   e. Presenting problems appropriate for games  
   f. Creative and adaptive strategies for use with commercial games

2. Experiential Activity – This activity needs a dozen or more commercial games to be available to students. Either the instructor brings in games or students sign up to bring in games they have available to them. Brainstorming: Have students work in groups of three. They choose one game at a time and create three-five different ways to use that game therapeutically. Jot down directions. Share with class. Compile for “Tools and Techniques.” Use the Treatment Activity Sheet. (Objectives 3, 4, 5, 6) (60 minutes)  
   a. Apples to Apples  
   b. Bingo  
   c. Candy Land  
   d. Checkers  
   e. Chutes and Ladders  
   f. Dice with a shaker cup  
   g. Jenga  
   h. Mancala  
   i. Marbles  
   j. Memory Game  
   k. Pick-Up Sticks  
   l. Pictionary and Pictionary Jr.  
   m. Railroad  
   n. River Crossing and River Crossing Jr.  
   o. Rush Hour and Rush Hour Jr.  
   p. Safari  
   q. Serpentiles  
   r. Sorry  
   s. Topple  
   t. UNO

3. Sharing the Games (20-30 minutes)  
   a. Take time for each group of students to share the newly developed games. It’s always a good idea to reinforce creativity and the expanded use of problem solving skills in new therapists. This is also a good time to encourage the connection of objectives and rationales for the developed games, which will link creativity to analytical thinking (right brain and left brain) – helpful therapeutic skills.

4. Experiential Activities – Making the commercial, therapeutic (Objectives 3, 4, 5, 6) (30 minutes)  
   As stated in the above experiential activity, have students bring their own commercial games to class and/or the instructor provides a variety of games for student use. Twelve or more games are best. Divide into groups of two. Practice use of commercial games in therapeutic ways as both the child and therapist. How would you introduce the game to the child? How would you use the game? Set boundaries? Set limits? What will you do when a child “cheats?” Practice with a variety of games. Feel free to incorporate items from the “play bag” into the game. Be creative and inventive. Practice allowing the “child
client” to design a new way to “play the game.” This empowers the child and teaches creative skill building and builds self-esteem. If “new” games evolve over the course of the experiential, jot down the invention, use the Treatment Activity Sheet, and add to your “Tools and Techniques.”


5. Sharing the Experience: (30-45 minutes)
   a. Have students share any new insights about the use of games in treatment.

6. Experiential Activity – Create Your Own Board Game (Objectives 1, 2, 3, 4, 5, 6) (15-20 minutes)
   You will need a game board template (located in the Resource folder), motivational stickers, decorative stickers, dice and playing markers (e.g., colored glass). Decide on a game theme or treatment issue. Give the game a name (title). Decorate the board. Add a key/legend and/or directions. (See attached sample in the Resources folder.)

7. Reading:
   Axline – Chapters 19 and 20

8. Assignment/s due this week:

9. Assignment/s due next week:

Section 10 – Date and Time (4-5 hours of material):

1. Published Therapeutic Games (Check out these Internet sites for children’s therapy games: ChildTherapyToys.com; selfesteemshop.com; toysofthetrade.com; playtherapygames.com; playtherapygames.com; therapeuticresources.com. couragetochange.com) (Objectives 1, 2, 3, 4, 5, 6) (15-20 minutes)
   a. Games can be used for assessment, intervention, ritual and evaluation
   b. Objectives and rationale of game use
   c. Populations appropriate for games
   d. Ethical, cultural, and religious considerations
   e. Presenting problems appropriate for games
   f. Creative and adaptive strategies for use with therapeutic games
   g. Note that some therapeutic games require a mental health license to purchase

2. Experimenting with Therapeutic Games (Objectives 1, 2, 3, 4, 5, 6) (60 minutes)
   Spend time in small groups playing different therapeutic games. Note individual responses to games and any triggers through content or memory recall.
   a. My First Therapy Game
   b. Dr. Gardner’s Pick-And-Tell Games
   c. Talking, Feeling, Doing Game
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i. Anger  
ii. Divorce  
iii. Shyness  
iv. Teasing  
v. Good Behavior  

The Ungame with board or just cards  
i. Kids  
ii. Teens  
iii. Family  

Bingo – across a wide range of presenting issues  

Escape from Anger Island  

Furious Fred  

Helping, Sharing, Caring Board Game  
i. Mountaineering (game of cooperation)  
j. Stop, Relax and Think  
k. The Feelings Wheel Game  
l. Totika Game  

i. Life Skills  
ii. Self-Esteem  
iii. Divorce  
iv. Values and Beliefs  
m. The Self-Esteem Game

3. Discussion Questions: (20-30 minutes)
   a. Are these games significantly different from commercial games? How? Why?  
   b. Are there any games you had difficulty playing or avoided playing? Why?  
   c. What are some of your emotional responses to the games (or a particular game)?  
   d. What do you personally believe about self-disclosure with children while playing games?  
   e. The Talking, Feeling, Doing Game and the Ungame (among many) ask all participants to respond to specific questions. How will you handle that in practice?  
   f. Brainstorm a list of possible authentic responses to feeling and experience questions. For example, what is something that makes you feel guilty? Happy? Sad? Worried? Etc. When you were little, what is the worst thing you ever did? Were you caught? Etc.

4. The Termination Process (Objective 1, 2, 4, 5) (30-40 minutes)
   a. Termination is key in work with children  
   b. Handling termination well reinforces work done in treatment  
   c. Always have termination rituals  
      i. Certificate of achievement  
      ii. Ritual box to take home (created first session, filled with “products” from intervention work done in playroom)  
      iii. Transitional objects for child  
      iv. “Farewell Party” designed with child  
   d. Reinforcement of skills  
   e. Open door policy – booster shots
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f. Always follow-up with family and child

g. Other supportive services available in community

h. Ethical and cultural considerations in treatment and termination

i. Evaluating your practice experiences

5. Play Therapy Research (Objectives 2, 6) (20-30 minutes)
   Bratton, S., Ray, D., Rhine, T., & Jones, L. The efficacy of play therapy and filial therapy with children: Summary of the meta-analytic findings (available on the Association for Play Therapy website).

6. Termination Activities for Students and Instructor (Objective 1, 2, 4, 5) (30-40 minutes)
   a. The instructor and students must plan ahead for these activities and decide together about closure. Plan group activities. Plan a way to verbally express closure. [What stands out to me most from this class is…? What I learned from my colleagues…. Etc.] Plan a closing ritual. Perhaps include a transitional object. Include nurturing in the final class that might mean food or music or movement. Be creative. Be thoughtful. This should translate directly to practice and the necessity for thoughtful and preplanned termination.

7. Reading:
   Axline – Chapters 21-23

8. Assignment/s due this week:
TREATMENT ACTIVITY SHEET

Title of Activity:_______________________________________________________________

Engagement _____ Assessment _____ Intervention _____
Termination _____ Ritual _____ Evaluation _____

Appropriate Developmental Therapeutic
Age: ___________ Stage: ______________________ Environment: _______________

Presenting problem/s:__________________________________________________________

Child _____ Adolescent _____ Family _____ Group _____

Objective: __________________________________________________________________

Rationale: __________________________________________________________________

Contraindications: ____________________________________________________________

Ethical Considerations: _______________________________________________________

Cultural Considerations: ______________________________________________________

Description of the activity with clear and specific directions and any needed materials:

Sketch or design of the activity (if applicable):