Chapter 24
The Evolution of a University-Based Center of Play Therapy Education

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ABSTRACT

More beginning graduate students and new mental health professionals are seeing children and families in their therapeutic work, creating a growing need for play therapy-specific training and supervision. Training students and professionals in the art of play therapy is critical to the wellbeing of children, families, and the future profession. A university-based approved center of play therapy education aims to fulfill this growing need while undertaking a momentous amount of responsibility. Training skilled play therapists is a complex endeavor requiring a combination of foundational knowledge, advanced clinical and conceptual skills, and supervision that surpasses classroom coursework requirements. The authors describe the evolution of Georgia State University's Center of Play Therapy Education and Play Therapy Training Institute to provide readers with a comprehensive model for play therapy training and supervision.

INTRODUCTION

"In play a child is always above his average age, above his daily behaviour; in play it is as though he were a head taller than himself... play contains all developmental tendencies in a condensed form" (Vygotsky, 1966/2016, p. 18). From this 1933 lecture, Vygotsky emphasized the role of play within his larger cultural-historical approach, noting that "play is the leading source of development in preschool

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years" (as cited in Bodrova & Leong, 2015, p. 376). Children's need for play remains a constant factor in their development. Recent changes in child development have increased concerns among parents and professionals alike. Georgia State University's (GSU) Center for Play Therapy Education and Play Therapy Training Institute put child development at the forefront of instruction, practice, and supervision training experiences, allowing students and practicing professionals to address children's mental health concerns in a developmentally appropriate way: through play.

Parental responses to a national survey of children's health showed one in seven children (14%) aged two to eight years old had a diagnosed mental, behavioral, or developmental disorder (Bitko et al., 2016). Reviewing national data, Knopf, Park, and Paul Mulye (2008) similarly concluded that 20-25% of youth experience symptoms of emotional distress and about one in ten may have significant impairment from moderate to severe symptomatology. By 2030, the U.S. Department of Health and Human Services (2002) estimates there will be 83.2 million children under 18 years of age in the US, an increase from 72.0 million children in 2000, creating an arguably greater need for child mental health practitioners in the next decade.

Reporting on the state of children's mental health, U.S. Surgeon General, Admiral David Satcher, wrote, "growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by the very institutions and systems that were created to take care of them" (U.S. Public Health Service, PHS, 2000, Foreward, para. 1). Satcher called for including child- and family-centered mental health services in all systems that serve this population, engaging families, and integrating children's perspectives in mental healthcare planning (PHS, 2000). GSU's programs now involve parents and teachers, however, these and other child mental health training institutions face a number of program complexities; the changing and growing needs of the helping professions have created a training gap between the focus of education programs and the knowledge and skills needed for successful practice (Hoge, Huey, & O'Connell, 2004; Huang, Macbeth, Dodge, & Jacobstein, 2004).

Scarcity of Child Mental Health Professionals

Child-focused clinicians must develop both basic and advanced skills, navigate multiple systems, incorporate families into treatment, apply multiple systemic interventions in both schools and communities, and deliver services that are culturally competent (Huang et.al., 2004; Mellin & Pertuit, 2009). Factors such as insufficient funding, low priority placed on mental health in the public health agenda, and inadequate training of children's mental health providers contribute to the aforementioned training gap (Huang et al., 2004; Kieling et al., 2011; Saraceno et al., 2007; Saxena, Thornicroft, Knapp, & Whiteford, 2007; Tolan & Dodge, 2005).

The President's New Freedom Commission on Mental Health (2003) highlighted professionals' lack of education, training, and supervision as contributing factors to the shortage of well-trained child and adolescent mental health practitioners. This shortage has left providers without adequate training serving children and adolescents (Koppelman, 2004), and has created "poor working conditions in public mental health services, a lack of incentives to work in rural areas,... [and] in mental health specialists spending time providing care rather than training and supervising others" (Saraceno et al., 2007, p. 1171). GSU combats these challenges by encouraging community service and providing play therapy-specific supervision training to reinforce the strength and stability of the child and adolescent mental health provider workforce.