

臺灣遊戲治療專業課程的回顧、分析與展望

蔡美香

摘要

本研究旨在回顧與分析國內在 107 至 111 學年度期間，遊戲治療專業課程的開課情形與教學內涵，並以教育部大學暨技專校院課程資源網進行遊戲治療專業課程之查詢與篩選。研究結果顯示近 5 年內，共有 37 間大學與技專校院在學士層級至博士層級，開設 78 門遊戲治療相關專業課程，包括：遊戲治療（63 門、80.8%）、親子遊戲治療（四門、5.1%）、以及沙盤治療／沙遊治療（11 門、14.1%）。開課系所主要為諮商輔導學系／諮商心理學系所（38 門、48.7%）、社會工作相關系所（15 門、19.2%）、嬰幼兒保育學系／幼兒教育學系所（12 門、15.4%）以及心理學系／臨床心理學系所（七門、9.0%），合計約占開課數量 92%。最後，研究者依據結果提出討論以及對未來課程開設的建議。

關鍵詞：親子遊戲治療、遊戲治療、專業課程、沙盤治療

蔡美香 臺南大學諮商與輔導學系（mhtsai@mail.nutn.edu.tw）

壹、緒論

根據衛生福利部保護服務司的統計資料(2022)，兒童及少年保護處遇中的服務量，從2019年的374,777人次，上升到2021年的479,534人次，近3年的服務人次有增加趨勢、3年成長1.28倍。同時，在2019至2022年期間，每年兒童／青少年因受虐而需保護的人數介於11,113至12,610人，12歲以下受虐兒童的比例，從2019及2020年的49%，到2021和2022年的52%，有略為增加的情形。研究指出當個體在年幼時遭受虐待，會影響個體生理與心理的發展，未來罹患精神疾病的風險也較高(Wang et al., 2020)。此外，兒童福利聯盟文教基金會(2022)針對五至九年級的在學兒童／青少年進行調查，結果顯示認同「我覺得孤單」的比例，從2019年的13.5%增加至2020年的16.8%，同時，高達近三成的兒童／青少年認同「世界少了我也沒有關係」，2020年比2019年增加了5.8%，顯見兒少孤獨感與疏離感有較過去加重的情形。因此，如何提升幼兒／兒童／青少年諮商輔導資源的就近性與可及性，以及將心理健康納入定期關懷、長期追蹤的政策規範，對增進幼兒／兒童／青少年的心理健康，是相當重要的。

隨著國內幼兒／兒童／青少年心理困擾的日趨增加，如何強化各級學校校園心理輔導工作，受到相當關注。其中，《國民教育法》第10條的修訂，增列國民中、小學專任輔導教師的編制(國民教育法，2016)，同時，2014年制訂通過的《學生輔導法》(學生輔導法，2014)，規範學生輔導三級預防機制的建置與專業輔導人員的增置，期能透過法源的制定，提升與促進兒童與青少年的心理健康。再者，1997年通過的《社會工作師法》(2020)以及2001年通過的《心理師法》(包含諮商心理師與臨床心理師)(2020)，亦成為專業輔導人員聘用的證照基礎。隨著學生輔導三級機制的建立與持續推動，學校和各縣市學生輔導諮商中心增聘專業人員，由專任輔導教師、心理師以及社工師等專業輔導人力的合作，建構學校輔導人力的金三角，能促進幼兒／兒童／青少年之心理評估、諮商輔導資源以及資源轉介服務的可及性與可近性。

在幼兒與兒童心理健康的實務工作，遊戲治療被認為是以實證為基礎的有效介入方法，且能呼應兒童發展的需求(王純琪等，2006；Bratton et al., 2005；Lin & Bratton, 2015；Tsai, 2013)。同時，遊戲治療的效能亦展現於幼兒／兒童的多元主述困擾議題，例如：童年逆境經驗(Haas & Ray, 2020；Ray et al., 2021)；提升社會情感能力(Blalock et al., 2019；Taylor & Ray, 2021)；兒童憂鬱(Burgin & Ray, 2022)；焦慮與社會退縮(鄭文媛、蔡美香，2014；Stulmaker & Ray, 2015)；攻擊與干擾行為(Cochran & Cochran, 2017；Wilson & Ray, 2018)；自閉症光譜症候群(Schottelkorb et al., 2020)；以及學業成就(Blanco et al., 2017)。此外，後設分析研究結果也顯示遊戲治療對學齡期兒童的情緒與行為困擾議題有治療效能(Lin & Bratton, 2015；Ray et al., 2015)。

因此，對提供幼兒／兒童心理健康服務的助人者而言，在助人專業學習培育階段接

受遊戲治療專業課程的訓練，是重要且不可或缺的。以下探討遊戲治療實務能力相關文獻，以說明本研究基礎。

貳、文獻探討

本研究從遊戲治療專業已有多年發展的美國經驗出發，接續探討臺灣遊戲治療專業實務能力的養成與現況，期能對國內遊戲治療培育課程開設的未來展望，能有借鑒之處。

一、遊戲治療師專業證照制度與實務能力之養成——以美國為例

運用心理學理論結合遊戲的療癒力量對兒童進行治療的第一篇文獻，可追溯至 1909 年由 Sigmund Freud 所報告的案例「小漢斯」(Little Hans)，描述對一位五歲呈現畏懼症狀男孩的治療歷程(1919／1955)。隨後，許多學者與兒童實務工作者持續投入兒童治療的領域，近半世紀以來，逐漸豐厚遊戲治療的教學、實務應用與實證研究。

1982 年，在 Charles Schaefer 和 Kevin O'Connor 的發起下，成立美國遊戲治療學會 (Association for Play Therapy, APT, 2023a)，屬於遊戲治療的第六波主要發展 (Landreth, 2024)。美國遊戲治療學會的設立宗旨是致力於提升民眾對遊戲治療的理解，同時藉由研究、培育與教育訓練來展現具倫理的遊戲治療實踐 (APT, 2023a)。

隨著遊戲治療專業訓練與教育推廣，美國遊戲治療學會於 1992 年制定並開始授予「註冊遊戲治療師 (Registered Play Therapist, RPT)」、「註冊遊戲治療師督導 (Registered Play Therapist-Supervisor, RPT-S)」、「學校本位註冊遊戲治療師 (School-Based Registered Play Therapist, SB-RPT)」三種遊戲治療專業證書 (APT, 2023b)，提供實務工作者之專業認證。

根據美國遊戲治療學會對「註冊遊戲治療師」的專業認證規定，申請人須具備諮商、婚姻與家庭、精神醫學、心理學、或社會工作領域的碩士學位（含以上）之專業執照，並參與 150 小時以上遊戲治療的課程訓練，包括：遊戲治療歷史（5 小時）；遊戲治療相關理論（55 小時）；遊戲治療技巧與方法（50 小時）；遊戲治療於特殊議題（25 小時）；遊戲治療文化與社會多元化議題（6 小時）；其他（9 小時）。此外，申請人必須在最短 2 年、最長 10 年的期間內，提供 350 小時以上的遊戲治療直接服務，並接受認證遊戲治療師督導至少 35 小時的督導，同時具備 2 年以上、2000 小時的臨床實務工作 (APT, 2023b)。

助人工作者若進一步要認證為「註冊遊戲治療師督導 (RPT-S)」，則需在取得專業助人執照後，擁有至少 3 年、3000 小時以上的直接服務經驗，且在取得「註冊遊戲治療師 (RPT)」後，需額外再有 500 小時的遊戲治療直接服務。同時，申請人需接受 30 小

時的臨床督導訓練，其中 6 小時的督導課程必須聚焦於遊戲治療領域（APT, 2023b）。

再者，「學校本位註冊遊戲治療師（SB-RPT）」主要的申請者為學校諮商師（school counselor）或學校心理師（school psychologist），須擁有 2 年以上的學校工作經驗，且接受 150 小時以上的遊戲治療專業訓練，建議包含（但不限於）：遊戲治療歷史發展（4-5 小時）；遊戲治療理論（40-50 小時）；遊戲治療技巧或方法（40-50 小時）；遊戲治療應用／特殊族群（40-50 小時）。在臨床實務上，申請人須接受「註冊遊戲治療師督導（RPT-S）」為期 1 年以上、50 小時的督導，並有 600 小時的遊戲治療工作經驗（APT, 2023b）。

從美國遊戲治療學會之專業證照的認證規定，值得關注的是，自 2023 年 1 月 1 日起，助人工作者提出「註冊遊戲治療師」認證申請的同時，必須提供 6 小時以上在遊戲治療文化與社會多元化議題課程訓練的證明（APT, 2023b），顯見多元文化議題在遊戲治療領域已受到重視、並成為遊戲治療專業助人工作者的具備能力之一。

二、台灣遊戲治療師證照制度與實務能力之培育

（一）台灣遊戲治療學會的成立

為推廣遊戲治療實務與增進遊戲治療學術研究，國內在高淑貞教授召開發起人會議與籌備會議，並在許多學者的共同努力下，於 2005 年正式成立「台灣遊戲治療學會」，為臺灣遊戲治療專業發展奠定一個新的里程碑（台灣遊戲治療學會，2005）。台灣遊戲治療學會致力於遊戲治療助人者的專業培訓與學術研究發展，除不定期舉辦多元的專業培訓，並於 2011 年出版第一期台灣遊戲治療學報，隨後每年出刊一期學報，截至 2023 年，已出刊 10 期學報。

（二）台灣遊戲治療師證照的發展與特色

在提供兒童心理健康的服務，除了教育部在學生輔導法的訂定，為深化國內遊戲治療的專業發展，台灣遊戲治療學會分別於第五屆第五次、第七次理監事會議通過「遊戲治療專業人員認證辦法」（2020a）以及「治療督導師認證辦法」（2020b），對臺灣遊戲治療專業人員之專業知能、遊戲治療教育及接受督導的提升，制定相關標準及規範。

根據台灣遊戲治療學會「遊戲治療專業人員認證辦法」（2020a），申請專業人員認證者須接受 150 小時以上的遊戲治療課程訓練，包含：遊戲治療概論或遊戲治療發展（4-5 小時）；遊戲治療的相關理論（20-30 小時）；遊戲治療的技巧與方法（40-50 小時）；遊戲治療於特殊族群或相關議題的應用（30-40 小時）；遊戲治療執行相關之法律、倫理及專業議題（6-10 小時）；以及兒童青少年心理評估與診斷（15-30 小時）。在遊戲治療臨床實務工作，申請人須有 2 年以上被督導的臨床實務（50 小時以上遊戲治療督導）、且具備遊戲治療 200 小時以上的實務經驗。

此外，依據台灣遊戲治療學會「遊戲治療督導師認證辦法」(2020b)，具備督導資格者，分為：(1) 擁有博士學位，具遊戲治療專業訓練、曾接受博士層級督導課程（或 36 小時以上）具備督導資格者；以及 (2) 擁有碩士學位，具遊戲治療專業訓練、具備督導訓練（或 36 小時以上）或督導資格，且曾任督導工作 5 年或督導實務時數 150 小時以上。根據台灣遊戲治療學會網站的統計資料，截至 2023 年 5 月，國內通過認證的遊戲輔導員有一位、遊戲治療師有九位、遊戲治療督導師有 16 位(台灣遊戲治療學會, 2023)。

國內遊戲治療專業證照的規畫，參考發展多年的美國經驗，同時考量本土實務現場的情境，進而制定符合本土的證照制度。在臺灣，遊戲治療多在國小場域進行，運用遊戲治療的專業人員多為國小的專任輔導教師，以及各縣市學生輔導諮商中心的專任專業輔導人員（心理師與社工師），因此，台灣遊戲治療學會所訂定的「遊戲治療專業人員認證辦法」(2020a)，將專業人員的相關教育水準與專業背景，依專業訓練最高學歷區分為兩類，包含：遊戲治療師（碩士以上之心理師、精神科醫師等醫事人員或社工師專業證照者）以及遊戲輔導員（學士以上之社工師、教師或心理相關專業證照者），以呼應臺灣本土化遊戲治療專業人員的現況與需求。

本研究為瞭解國內心理健康助人工作者的培育養成階段，在遊戲治療實務能力訓練的內容，期能藉由探究遊戲治療相關課程的開設及其學習內容，並聚焦分析近 5 年在大學校院與技專校院的遊戲治療相關課程，透過課程的回顧與分析，開展對遊戲治療專業訓練的未來展望。本研究關注的研究問題，包含：(1) 臺灣近 5 年遊戲治療相關課程的開課情形為何？(2) 臺灣近 5 年遊戲治療相關課程的教學內涵為何？

參、研究方法

一、課程篩選過程

本研究遊戲治療相關課程篩選主要分成三個階段，第一階段為課程查詢階段，以教育部大學暨技專校院課程資源網的資料為主要來源(教育部, 2023)，並分別從大學校院與技專校院系統進行課程之查詢。研究者使用遊戲治療、團體遊戲治療、親子遊戲治療、師生遊戲治療、沙盤治療、沙遊治療等關鍵字，進行遊戲治療相關課程之查詢。此外，遊戲治療課程以近 5 年開設為主（107 至 111 學年度），並聚焦在學士班、進修學士班、碩士班（碩士班、博士班）、碩士在職專班等學制的課程。

相關課程查詢後，考量系所因課程規劃或科系需求，不一定每年都會開設相同的課程，可能有隔年或某幾年開設特定課程的情形，因此，若 5 年內某課程在該科系有開設兩次以上的情形，則以最新學年度所開設之課程為主，例如：某大學的諮商輔導學系分別於 108、109、111 學年度上學期在大學部開課遊戲治療，則以 111 學年度上學期的遊

戲治療課程大綱為主。在此階段，從教育部系統共查詢到 90 門課程，扣除重覆的七門課程，共有 83 門課程進入第二階段。

第二階段為課程大綱收集階段，研究者與一名諮商輔導學系碩士生，查詢特定課程開設學校的選課／課程查詢系統，同時對應特定學年度之特定課程，並下載該課程大綱電子檔。

第三階段為遊戲治療課程篩選階段，研究者從課程大綱的教學目標，檢視該課程是否符合遊戲治療能力的培育。第二階段所收集的 83 份課程大綱，在初步篩選後，有五份未符合本研究之目的並予以排除，最後總計有 78 份課程大綱進行資料分析。

二、資料編碼與分析

為進一步探究在臺灣遊戲治療相關課程的教學與訓練內涵，研究者依據本研究目的，自行設計編碼表，包含：(1) 校院屬性（如：大學校院／技專校院）；(2) 學制類別（如：學士班／進修學士班／碩士、博士班／碩士班在職專班）；(3) 系所（如：諮商輔導學系／諮商心理學系、心理學系／臨床心理學系、社會工作學系、嬰幼兒保育學系／幼兒教育學系等）；(4) 遊戲治療課程類別（如：遊戲治療、團體遊戲治療、親子遊戲治療、沙盤治療／沙遊治療等）；(5) 課程屬性（如：必／選修）；(6) 學分數；(7) 實務操作；以及(8) 理論取向等。針對每一個編碼變項，研究者加以界定操作型定義，以利編碼過程進行。

研究者邀請一位專長於遊戲治療並有相關教學經驗近 20 年的學者，先隨機抽樣兩份課程大綱並運用編碼表進行編碼，第一次資料編碼的 Cohen's 評分者一致性係數（Cohen, 1960）為 0.88，並討論其中不一致之處。接續再隨機抽樣二份課程大綱進行編碼與討論，第二次的 Cohen's 評分者一致性係數達到 0.9 以上。隨後由研究者對其餘之課程大綱進行編碼，待所有課程大綱編碼完成後，研究者將資料輸入 SPSS 並進行資料分析。

三、研究者

研究者具諮商博士學位，15 年的教學、實務與研究主要聚焦在遊戲治療／親子關係治療／沙盤治療／諮商教育與督導等領域，具美國遊戲治療學會之認證遊戲治療師（RPT）以及台灣遊戲治療學會認證之遊戲治療師與遊戲治療督導師。

肆、研究結果

一、遊戲治療領域的課程開課情形

整體而言，國內遊戲治療相關課程在 107 至 111 學年度的開課情形，78 門課程主要可分為三大面向，包含：遊戲治療（63 門、80.8%）、親子遊戲治療（四門、5.1%）、以及沙盤治療／沙遊治療（11 門、14.1%）。開課學校共有 37 間，包含一般大學校院 28 間以及技專校院九間；約八成課程開設於大學校院（63 門、80.8%）、另有 15 門課程開課於技專校院（19.2%）；學校所在區域分別為：北部（14 間、37.8%）、中部（六間、16.2%）、南部（13 間、35.1%）、東部（三間、8.1%）、離島（一間、2.7%），開課學校主要集中在北部及南部的學校。

此外，以開課系所屬性加以分析遊戲治療相關課程，結果顯示以諮商輔導學系／諮商心理學系所最多，約占五成（38 門、48.7%）、其次依序分別為：社會工作相關系所（15 門、19.2%）、嬰幼兒保育學系／幼兒教育學系所（12 門、15.4%）、心理學系／臨床心理學系所（七門、9.0%）、其他（三門、3.8%）、教育學系所（二門、2.6%）、以及師資培育單位（一門、1.38%）。

若以學制班別加以探究，結果顯示開課多寡依序分別為：日間學士班（35 門、44.9%）、日間碩士班（20 門、25.6%）、進修學士班（八門、10.3%）、碩士在職專班（七門、9.0%）、碩博班合開（五門、6.4%）、以及博士班（三門、3.8%）。同時，78 門課程中，開設於第一學期有 33 門（42.3%）、第二學期有 45 門（57.7%）。

以下進一步從遊戲治療、親子遊戲治療、以及沙盤治療／沙遊治療等三個面向，進行課程內容之分析探究。

二、遊戲治療課程

（一）校院屬性

遊戲治療課程多以「遊戲治療」、「遊戲治療理論與實務」、「兒童遊戲治療」、「遊戲治療專題」、「遊戲治療研究」為課程名稱。在 107 至 111 學年度期間，共有 36 所大學／技專校院開設遊戲治療課程，合計開設 63 門課程；其中 28 所大學校院、開設 50 門課程（79.4%），8 所技專校院、開設 13 門課程（20.6%）。遊戲治療課程開設於第一、二學期分別為 31 門（49.2%）與 32 門（50.8%）。

（二）學制類別

在 63 門遊戲治療相關課程，開課最多的學制為日間學士班（32 門、50.8%），占五成以上，其它依序為：日間碩士班（15 門、23.8%）、進修學士班（七門、11.1%）、碩博班合開（四門、6.3%）、碩士在職專班（三門、4.8%）、以及博士班（二門、3.2%）。整體而言，遊戲治療課程開課於學士班與研究所的比例約為 1.6：1。

（三）系所領域

遊戲治療課程的開課系所，以諮商／心理領域為主，占五成以上，其中包含諮商輔導學系／諮商心理學系所，開課 26 門（41.3%）；心理學系／臨床心理學系所，開課七門（11.1%）。接續分別為：社會工作系所（15 門、23.8%）、嬰幼兒保育學系／幼兒教育學系所（10 門、15.9%），教育學系所、師資培育與其它領域系所，合計開設五門課程（8.0%）。

（四）開課年級

遊戲治療的開課學習者主要以大學生為主（39 門、61.9%）、研究生為輔（24 門、38.1%）。39 門學士層級的遊戲治療課程，主要以大三（21 門、53.8%）、大四（15 門、38.5%）為主，少數開課於大二（三門、7.7%）。24 門研究所層級的遊戲治療課程，主要以碩士生修課為主（17 門、70.8%），其次為碩、博生同時修課（五門、20.8%），以博士生為主的課程則只有兩門（8.3%）。

（五）開課學分

整體而言，遊戲治療開課學分主要以兩學分為主（34 門、54%）、其次為三學分（29 門、46%）。進一步分析學士與研究所層級的學分數，結果顯示學士層級的遊戲治療課程有將近七成是兩學分（27 門、69.2%）、三成是三學分（12 門、30.8%）；研究所層級的遊戲治療課程則有七成是三學分（17 門、70.8%）、三成是二學分（七門、29.2%），亦即大學生以修讀兩學分遊戲治療課程為主、研究生則以三學分為主。

（六）遊戲治療理論取向之教學

研究者依據課程大綱是否註明以特定治療取向進行教學，結果顯示有 24 門課程以特定取向教學（38.1%）、25 門課程結合兩種以上取向（39.7%）、14 門課程未特別註明。在 24 門以特定理論取向進行教學的課程，主要以兒童中心取向為最多數（21 門、87.5%），其餘各有一門阿德勒取向、完形取向以及結構化取向。

（七）遊戲治療教學歷程的技巧演練與督導

在 63 門遊戲治療課程，教學歷程有進行技巧實務演練的課程，約占 3／4（48 門、76.2%），其餘課程則多屬未註明或沒有實務技巧的演練。再者，課程大綱有標註提案督導的課程，占 1／3（21 門、33.3%），有 2／3 的課程則未註明或沒有在課堂進行督導討論。

（八）兒童接案的實務演練

從遊戲治療課程大綱及課程說明，結果顯示有 28 門課程（44.4%）的課程大綱標註需要利用課餘時間進行兒童案主的接案體驗，其中有 20 門課程標註特定的接案次數與時間要求。在學士層級的遊戲治療課程，有七門課程要求修課學生進行一至四次的遊戲成長／體驗單元，另有一門課程要求進行八次遊戲治療單元，每次遊戲治療單元多介於 30-50 分鐘。在研究所層級的遊戲治療課程，有 12 門課程提及修課學生須進行兒童接案的實務演練，主要以五至八次遊戲治療單元為主，另有一門課程須進行十次遊戲治療單元，每次遊戲治療單元以 30-50 分鐘為主。

（九）進階遊戲治療課程

在 63 門遊戲治療課程裡，結果顯示只有一門課程為「進階遊戲治療專題研究」，該課程開設於諮商輔導學系／諮商心理學系的碩士班，為 2 年開課一次、三學分的進階課程。該課程介紹多元的遊戲治療理論，包含：心理分析取向、兒童中心取向、阿德勒取向、完形取向、認知行為取向、折衷取向、團體遊戲治療概論等，同時，修課學生須進行六至八次、每次 40-50 分鐘的遊戲治療單元，並於課堂進行提案督導。

三、親子遊戲治療課程

（一）校院屬性、學制類別與系所領域

在 107 至 111 學年度期間，共有三所學校、合計開設四門「親子遊戲治療」課程，分屬兩間大學校院諮商輔導／諮商心理學系（分別開設於碩博士合開、碩士班在職專班，各一門）以及一所技專校院嬰幼兒保育學系（開設於日間學士班、進修學士班，各一門）。

進一步探討，結果顯示嬰幼兒保育系開設日間學士班的親子遊戲治療課程，在 107 至 111 學年度的第二學期，每個學年度均有開課；進修學士班的親子遊戲治療課程，則在 111 學年度才有開課。再者，由兩間大學校院的諮商輔導／諮商心理學領域研究所層級所開課的兩門親子遊戲治療課程，則都只有開課過一次。

（二）開課年級和開課學分

開課於研究所層級的兩門親子遊戲治療課程，為諮商輔導／諮商心理學系碩士一年級以上學生的選修課程，均為三學分。相較於研究所層級，學士層級的親子遊戲治療課程，則為大四學生的選修課程，均為兩學分。

（三）親子遊戲治療之教學內涵

親子遊戲治療課程的教學單元，主要涵蓋：親子遊戲治療模式、MIM（Marschak

Interaction Method) 親子互動模式、家庭遊戲治療單元、RAPT 系統化親子遊戲治療模式、結構式與非結構式的親子遊戲種類等，課程探究多元的親子互動模式。

此外，研究所層級的親子遊戲治療課程，修課學生需實際帶領遊戲治療或親子遊戲治療團體，並於課堂進行實作督導。

四、沙盤／沙遊治療課程

(一) 校院屬性、學制類別與系所領域

根據研究分析結果發現，沙盤／沙遊治療的課程，主要以「沙盤治療」、「沙盤治療（專題）研究」、「沙盤遊戲治療研究」、「沙遊治療」、「沙遊治療（專題）研究」為課程名稱。近 5 年，共有六間大學開設課程，合計開設 11 門課程；其中高達 10 門 (90.9%) 課程開課於諮商輔導／諮商心理相關系所、另一門則開課於人文學院之系所。

從課程的開課學制加以分析，結果顯示沙盤治療開設於日間學士班 (兩門)、碩士班 (二門)、碩士班在職專班 (一門)；沙遊治療則開設於碩士班 (三門)、碩士班在職專班 (二門)、博士班 (一門)。

進一步探究兩門開設於學士班層級的沙盤治療課程，結果顯示其中一門只在 107 學年度開課一次、之後未再開課；另外一門課程則於 109 與 111 學年度開課。另外，開課於碩士班／碩士班在職專班的三門沙盤治療課程，則為每年或每 2 年開課的形式，開課頻率較穩定。

近 5 年沙遊治療課程，均開課於諮商輔導／諮商心理學研究所，共有三間大學校院開課、合計開設六門課程。進一步探究課程的開課情形，結果顯示有四門課程，包含兩門開設於碩士班、一門開設於碩士在職專班、一門開設於博士班，均只開課過一次。另外兩門沙遊治療課程 (碩士班、碩士在職專班各一門)，5 年內均開課四次。

(二) 開課年級和開課學分

在 11 門沙盤／沙遊治療課程中，開設於研究所層級合計約占五分之四、學士層級則占五分之一，比例約為四比一，亦即此類課程主要以研究生為主要修課學生。此外，在開課學分部分，只有一門沙遊治療為一學分的課程，另外各有五門分別為二、三學分的課程。

(三) 沙盤／沙遊治療之教學內涵

在五門沙盤治療課程的教學大綱，有三門課程提及運用多元治療取向進行教學，主要包含：指導性與非指導性的沙盤創作、多元諮商學派的沙盤創作等，另外有兩門沒有特別註明。在六門沙遊治療的課程，均以榮格學派作為治療取向的教學。

在 11 門沙盤／沙遊治療課程，有九門課程會在教學歷程進行相關實務演練、另外有兩門沙遊治療課程，則是讓修課學生自己當案主進行沙遊治療體驗。無論是在課堂上或課堂外，沙盤／沙遊治療課程均藉由實務演練／體驗，增進學生的實務能力。

在課堂督導部分，有三門沙盤／沙遊治療課程，於課堂安排實作督導，約占 27%，另外的八門課程，則屬於沒有提供實務督導或是未註明的情形。

伍、綜合討論與建議

為了解國內近 5 年(107 至 111 學年度)在遊戲治療領域的課程開課情形及其內涵，研究者運用關鍵字（如：遊戲治療、團體遊戲治療、親子遊戲治療、師生遊戲治療、沙盤治療、沙遊治療）進行課程查詢。研究結果顯示 78 門課程，主要涵蓋遊戲治療、親子遊戲治療、沙盤治療／沙遊治療等三個次領域，未有團體遊戲治療、團體沙盤治療、師生遊戲治療等課程的開課。以下進行綜合討論。

一、遊戲治療與團體遊戲治療

（一）遊戲治療

在提供年幼及國小兒童諮商輔導介入時，考量其發展階段的需求，從實證研究與後設分析結果，顯示遊戲治療是符合該階段個體發展的有效處遇方式(Ray & Bratton, 2012; Ray et al., 2015; Tsai, 2013)。

從開設遊戲治療課程的大學數量進行探究，依據 Tsai (2013) 在 2002-2011 年期間，針對國內遊戲治療碩、博士論文的分析研究，結果顯示在 2002-2003 年與 2010-2011 年，分別有 15 及 22 間大學至少開設一門遊戲治療的研究所課程。本研究結果顯示國內 2018-2023 年期間，有 36 所大學開設一門以上遊戲治療領域的課程，涵蓋學士層級到博士層級的教育培訓，並以諮商／心理領域、社會工作系所、嬰幼兒保育／幼兒教育學系所為主要開課系所，合計高達九成以上，可見國內有越來越多大學與技專校院，開設遊戲治療領域的專業課程。同時，國內研究所學生從學習遊戲治療實務到進行遊戲治療研究，也運用多元觀點、持續投注研究量能，豐厚本土的研究量能。

再者，根據課程大綱的分析結果，遊戲治療課程的教學以特定取向(38.1%)以及結合兩種以上取向(39.7%)為主，合計約達八成。進一步分析教學運用的特定取向，以兒童中心取向為最大宗，阿德勒取向、完形取向、結構化取向則各有一門。探究其原因，可能與授課教師接受的訓練以及出版教科書的取向有關，遊戲治療可視為一系列遊戲治療專業課程的入門／基礎課程，當教科書能將諮商輔導取向運用於兒童的概念、並提供實務應用與案例討論，能協助初學者對遊戲治療的意涵與實務工作有所理解（梁培勇、

郭怡君，2019)。

然而，進一步從分析課程大綱的過程中，發現國內近 5 年以來，只有開設一門「進階遊戲治療專題研究」於諮商輔導學系／諮商心理學系的碩士班，該課程涵蓋多元的遊戲治療理論與實務概念，當助人相關系所的培育目標著重於幼兒／兒童以及遊戲治療領域，若能在研究所層級開設進階遊戲治療的專業課程，能奠定助人工作者在學習培育階段對遊戲治療有更深程度與廣度的知識累積。

（二）團體遊戲治療

團體遊戲治療是遊戲治療與團體過程的結合，藉由表達性與投射性的媒材特性，協助當事人將團體歷程中的成長，轉化到遊戲情境外的生活，以及在當事人個人層面與人際層面進行工作（Sweeney et al., 2014）。從諮商輔導／諮商心理系所畢業的學生，若擔任專業輔導教師或諮商心理師，會提供團體遊戲治療服務，尤其所服務的對象是國小兒童時。依據專門職業及技術人員高等考試心理師考試規則（2018），要具備諮商心理師考試資格者，需在就讀碩士以上學位期間，修習七大領域的課程，而「團體諮商與心理治療領域課程」即為七大領域課程之一。同時，根據國民小學教師加註各領域專長專門課程架構表實施要點（2022），「團體輔導與諮商」（或團體輔導實務、團體諮商）為國小輔導技能素養課程類別的科目之一。再者，社會工作系所畢業的學生，根據專門職業及技術人員高等考試社會工作師考試規則（2018），為具備社會工作師的應考資格，社會工作系所學生須修畢社會工作五大領域十五學科，「社會團體工作」屬於社會工作直接服務方法領域的學科。

然而，根據本研究結果，無論在學士或研究所層級，近 5 年來並未有大學校院的相關系所開設團體遊戲治療課程。探究其原因，可能與授課教師的培育訓練以及系所開課學分數有關。Sweeney 等人（2014）表示團體遊戲治療在團員篩選、人數、媒材運用、單元時間與頻率等面向的考量，相較於以口語為主、運用於成人的團體，有其特殊性，因此，若以兒童為主要工作族群，在團體動力與團體階段的培育訓練，建議在遊戲治療課程的基礎上，開設進階的團體遊戲治療課程。

團體輔導與諮商在兒童實務工作上是不可或缺的，研究者為進一步了解國內運用團體遊戲治療進行研究的情形，從臺灣博碩士論文知識加值系統（National Digital Library of Theses and Dissertation in Taiwan），運用「團體遊戲治療」為關鍵字進行檢索，結果顯示有 10 篇碩士論文以及一篇博士論文，以團體遊戲治療作為研究方案。結果顯示在 2002 至 2010 年有五篇、在 2011 至 2019 年有六篇，合計 11 篇論文，其中有九篇為諮商輔導／諮商心理學系研究所、一篇為社會工作學系研究所、一篇為護理學研究所的學術論文，亦即約有八成為諮商輔導／諮商心理學系研究所的學位論文。

從上述 11 篇學位論文的研究結果，可以發現團體遊戲治療的效能展現在多面向議

題的領域，例如：應用於 ADHD 兒童（吳秋燕，2019）；低成就學童的學業情緒、學習動機與學習成就的影響探究（何彩榛，2018）；喪親兒童的悲傷反應（藍瑞萍，2014）；新移民子女的人際困擾（Su & Tsai, 2016）；攻擊傾向兒童的治療經驗（姜智惠，2003；莊馥菁，2011）；身體受虐兒的治療歷程（孫幸慈，2006）以及被同儕拒絕兒童的輔導效能（李雅真，2003）。同時，團體遊戲治療的研究，主要以兒童為研究參與者。

考量團體遊戲治療是遊戲治療結合團體輔導／諮商之特性，團體帶領者須同時兼具遊戲治療、團體工作的訓練經驗，通常被視為遊戲治療的進階課程。Sweeney 等人（2014）表示團體遊戲治療較不適合心臟不夠強的助人者，因為團體領導者必須接受訓練、接受督導、相信團體遊戲歷程，以及需要勇氣。從本研究分析結果發現，近 5 年內國內大學校院並無團體遊戲治療課程的開設，為使團體遊戲治療展現其效能性及運用性，建議諮商輔導／諮商心理學系所、心理／臨床心理學系所、社會工作系所、師資培育單位，或提供遊戲治療專業訓練的相關學會，未來能開設團體遊戲治療課程或系列性訓練工作坊，使國內在團體遊戲治療的實務工作能有進一步的耕耘與開展，並豐厚團體遊戲治療的研究領域。

二、沙盤治療與團體沙盤治療

（一）沙盤治療

本研究結果發現沙盤治療課程主要開課於諮商輔導／諮商心理學系的研究所層級，修習課程的學生以碩士生為主、博士生為輔，多數沙盤治療課程在教學歷程會介紹多元治療取向的沙盤創作模式。相較於遊戲治療課程的開課數量，沙盤治療課程大約從近 5-10 年陸續在諮商輔導／諮商心理學系所開課，在 107 至 111 學年度期間所開設的課程數量（5 門）遠少於遊戲治療的課程（63 門）。

Dora Kalff（2020）提及沙盤為當事人提供一個「自由且受保護的空間」。沙盤與物件媒材亦能促進當事人經驗掌控感、增進自我覺察、展現隱喻、提供界線與限制、降低防衛與抗拒、梳理困擾情緒，進而協助個體處理潛在的個人或人際議題（Homeyer & Lyles, 2022；Homeyer & Sweeney, 2023）。再者，Homeyer 與 Sweeney（2023）論述遊戲治療與沙盤治療之間的共通性，包含：屬於動態性的人際關係；為感官本位的治療方式；玩具和物件能展現表達性／象徵性／隱喻性；當事人不需要透過口語進行溝通；能提供／創造一個機會（空間），協助當事人表達及探索自我。

沙盤治療能運用在兒童、青少年與成人族群，Homeyer 與 Sweeney（2023）提及九歲以下的兒童使用沙盤時，感受比較接近沙箱，屬於一種正在遊玩的經驗。沙盤治療運用於年齡較大之兒童時，因國小高年級兒童在認知發展階段會進入形式運思期（Piaget, 1962），在此階段的兒童／青少年較容易接受沙盤治療，主因是物件媒材（Flahive & Ray,

2007)。同時，此階段的兒童／青少年仍持續發展期口語能力與技巧，沙盤活動能提供其它象徵性的語言來協助他們表達感受（Armstrong, 2008）。

研究者觀察國內國小場域的遊戲治療實務現場，輔導室較多只有一間表達性治療空間（遊戲室），當國小高年級兒童進入以年齡較低兒童所規劃的遊戲室時，年齡較大兒童投入非口語治療歷程的意願可能會降低，此時，助人工作者可能傾向以口語方式進行心理健康服務。然而，在此情境下，國小場域輔導室若能從原有遊戲室的基礎，額外增加一組可移動式沙盤物件組，當有需要時便能移動到遊戲室，提供年齡較大的兒童有機會選擇以非口語方式（結合遊戲治療與沙盤治療），處理其主述困擾議題。此因應策略可協助解決國小場域若只有一間遊戲室、須同時兼顧國小一到六年級兒童的發展與需求差異，在非口語媒材設置的兩難困境。同時，可移動式沙盤物件組的彈性運用也呼應沙盤物件媒材較能吸引年齡較大兒童的興趣（Flahive & Ray, 2007）以及遊戲治療與沙盤治療具許多共通性的觀點（Homeyer & Sweeney, 2023）。

（二）團體沙盤治療

從廣義而言，團體沙盤治療可被視為團體遊戲治療的一種，是以沙盤／物件作為媒材，在團體中進行心理諮商的介入（Homeyer & Sweeney, 2023）。運用團體提供心理促進介入時，沙盤治療團體能協助團體成員產生普同感、相互支持、催化自我覺察與成長、人際學習等優勢，亦能對潛在個人與人際議題、生活適應議題、存在議題有更深入的探討（Homeyer & Sweeney, 2023；Sweeney et al., 2014）。

如同團體遊戲治療的課程開設，在 107 至 111 學年度期間，大學校院相關系所並未開設團體沙盤治療的課程。然而，研究者在分析沙盤治療課程的教學內涵時，發現有幾門沙盤治療的課程，會運用 1-2 週的教學單元，涵蓋團體沙盤治療的概念或實務體驗。

為進一步探究國內助人學習者運用沙盤團體進行研究的情形，研究者從臺灣博碩士論文知識加值系統（National Digital Library of Theses and Dissertation in Taiwan），以「團體沙盤治療」、「沙盤團體」為關鍵字進行檢索，結果顯示有六篇諮商輔導／諮商心理學系研究所的碩士論文，以團體沙盤治療／沙盤團體作為研究的介入模式。此六篇論文的發表介於 2011 至 2015 年，之後少見研究生投入團體沙盤治療／沙盤團體的研究領域。

分析六篇團體沙盤治療／沙盤團體論文的研究領域，顯示其中有一篇聚焦在呈現人際困擾的大學生（吳姝俐，2015），另有一篇探究初次預產懷孕者的經驗（黃鈴晏，2014），另外有四篇探究實習諮商心理師在沙盤團體督導的隱喻或自我覺察經驗（吳宛璇，2012；林怡萱，2011；廖偉成，2014；賴十光，2011），且上述六篇研究，主要以成年人為研究參與者。進一步探究四篇沙盤團體的督導研究，均來自某大學的碩士論文層級，此情形可能與帶領團體沙盤督導的領導者的專業訓練有關，也可能與國內較少開設沙盤治療相關課程有關。

運用沙盤團體於兒童、青少年與成人族群，有其助益性與適用性，然現階段在臺灣運用沙盤團體進行研究的情形，少見研究能量的持續投注。研究指出團體沙盤治療對呈現行為困擾的前青春期當事人有正向治療性影響（Flahive & Ray, 2007）；對跨文化的女性兒童／青少年在低自尊、害羞、焦慮等面向，能有所促進（Lee et al., 2018；Shen & Armstrong, 2008）；對新移民女性能增進情緒調節的效能（魏麗敏，2011）；對跨國境婚姻的女性降低社交焦慮、提升正向自我表達（Jang & Kim, 2012）。

國內先前團體沙盤治療／沙盤團體的研究族群多以成年者為主，評估沙盤團體對兒童、青少年有其發展階段的運用適切性，助人者學習者若能在培育階段接受團體沙盤的相關訓練，有機會能在實務工作與研究領域加以應用，開展團體沙盤治療的多元研究領域。

三、遊戲治療運用於家長與教師之訓練

（一）親子遊戲治療／親子關係治療

本研究資料分析結果顯示國內近 5 年開設親子遊戲治療課程的系所並不多，由大學校院諮商輔導／諮商心理所開設的課程，主要以碩士／博士學生為主，兩門課程在 5 年內都只開課過一次。另外，由技專校院嬰幼兒保育學系開設的課程，則以大學生為主，其中一門課程每年開設、另一門則開課於 111 學年度。

由 Bernard Guerney, Jr. 於 1964 年所發展的親子遊戲治療，又稱「兒童關係促進家庭治療模式」（Child Relationship Enhancement Family Therapy, CREFT），隨後在國際間受到重視並持續發展。親子遊戲治療／親子關係治療可被視為協助家長增進親子互動與親子關係的一種心理教育模式，藉由教導父母在家庭脈絡裡融入遊戲互動的核心精神，進而提升家長對孩子的理解與接納、溫暖與信任感，疏通親子困擾，進而提升親子關係（Landreth & Bratton, 2019; VanFleet, 2013）。

國內親子遊戲治療的研究約從 2000 年開始萌芽並逐漸受到重視，魏渭堂（1999）探討親子遊戲治療的團體方案對親子關係的效能，可視為國內第一份實徵性親子遊戲治療學位論文研究。為進一步了解助人工作學習者在培育階段運用親子遊戲治療模式進行研究的情形，研究者自行從臺灣博碩士論文知識加值系統進行檢索並分析整理，發現 2000 至 2010 年期間有九篇學位論文（碩士七篇、博士兩篇），2011 至 2020 年則提升至 26 篇（碩士 22 篇、博士四篇），亦即近 10 年來，國內關注於親子遊戲治療領域的研究量能，有相當的提升。

此外，根據林玉旋和吳麗雲（2017）以及 Tsai（2013）對國內親子遊戲治療研究的統整分析，結果顯示研究領域相當多元且展現其效能性，從兒童面向進行的探究，包含慢性疾病、情緒障礙、憂鬱症、退縮、分離焦慮、目睹暴力等兒童。從家庭組成進行研

究的，涵蓋單親、喪偶、寄養、收養、高風險、同志等家庭。從接受訓練的治療代理人的面向，包括一般家長、新住民家長、收養家長、繼親家長、手足等。國內現階段針對親子遊戲治療的後設分析研究仍相當鮮少，然而，根據國外針對親子遊戲治療的後設分析研究，結果顯示訓練家長／教師（可視為輔助性專業人員，*paraprofessional*）進行遊戲單元的平均效果量（ $ES = 1.05$ ）高於專業助人者（ $ES = 0.72$ ）（Bratton et al., 2005）。同時，Lin 與 Bratton（2015）聚焦兒童中心取向的後設分析，結果顯示兒童在接受治療歷程加入家長、教師的參與的治療效果量分別為 0.59 與 0.53，明顯高於沒有主要照顧者的參與（ $ES = 0.33$ ）。由此可知，家長與教師若能參與兒童治療的歷程，對提升兒童心理健康有相當助益。

回顧國內近 5 年在諮商輔導／諮商心理學系所、心理／臨床心理學系所、社會工作系所，開設親子遊戲治療課程數量並不多。探究其原因可能與助人系所的開課學分數、師資人數有關，加上碩士層級的親子遊戲治療課程，會進行遊戲治療或親子遊戲治療團體的實作，並進行課堂督導，對開課教師的負荷量並不小。此時，若有業界教師或實務工作者參與課堂教學或提供督導，或許能提升教師開課的動機與增進學生學習效能，進而助人工作者在培育養成階段對家長心理教育模式的認識，而能運用於兒童實務工作與家長諮詢，同時也能拓展親子遊戲治療領域研究的深度與廣度。

（二）師生遊戲治療／師生關係治療

如同親子遊戲（關係）治療，師生遊戲（關係）治療是教導教師運用遊戲的療癒力量與學生互動，進而增進師生互動關係，對教師、學生都能有所助益，同樣具有療效性（Bratton et al., 2005；Lin & Bratton, 2015；Ray, 2022）。師生遊戲（關係）治療課程的開設或系列工作坊的訓練，類似於親子遊戲（關係）治療，能促進助人工作的學習者在遊戲治療實務能力的拓展與深化，並運用於教師諮詢的臨床實務與研究。然而，本研究顯示國內目前未有師生遊戲治療的相關課程開設，探究其原因可能與系所定位、開課師資、或教學負荷有關，因親子關係治療訓練模式的理念與技巧，加以轉換運用至教師，有其可行性與助益性，若開設師生遊戲（關係）治療課程有其困難度，建議助人工作培育系所，可以考慮優先開設親子遊戲（關係）治療課程。

國內近 10 年，未見有師生遊戲（關係）治療的學位論文研究，探究其原因可能與親子遊戲治療課程開課數不多有關，研究生不易運用親子／師生遊戲（關係）治療的概念於研究。不過，國內近期實務工作者與學者對此領域的關注，正逐漸萌芽，無論是將親子遊戲治療團體訓練的理念運用於國小教師（林妙容、鄭如安，2015）或是幼兒園教師（吳珍梅、王秀美，2010），研究結果都顯示教師在參與訓練後，能更覺察幼兒／兒童的情緒並加以反映、增進對幼兒／兒童的理解，以及強化教師在教學現場與學生的互動能力。

陸、結論

本研究主要回顧與分析國內 107 至 111 學年度，大學校院與技專校院開設遊戲治療專業課程的開課情形與教學內涵，本研究結果顯示專業課程主要以遊戲治療課程為主，親子遊戲（關係）治療、沙盤治療／沙遊治療為輔，同時，近 5 年未有團體遊戲治療、師生遊戲（關係）治療等課程的開課。為深化遊戲治療學習者的臨床實務能力與豐厚遊戲治療研究，國內遊戲治療培育課程若能涵蓋基礎課程（如：遊戲治療）到進階、多元運用課程（如：進階遊戲治療、團體遊戲治療、親子遊戲（關係）治療、沙盤治療等），能為遊戲治療領域開展與激盪更豐富的視野與觀點。

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Review, Analysis, and Prospect of Professional Courses of Play Therapy in Taiwan

Mei-Hsiang Tsai

Abstract

This study aimed to review and analyze the professional Play Therapy courses offered in Taiwan between the 2018 and 2023 academic years. The researcher searched and screened relevant courses using the Ministry of Education's University and College Course Information Website. Findings revealed that 37 universities offered a total of 78 Play Therapy-related courses across bachelor's, master's, and doctoral levels over the past five years. Among these, Play Therapy courses were the most prevalent (63 courses, 80.8%), followed by Sandtray/Sandplay Therapy (11 courses, 14.1%) and Filial Therapy (4 courses, 5.1%). The courses were primarily offered by the Department of Counseling and Guidance/Counseling Psychology (38 courses, 48.7%), followed by the Department of Social Work (15 courses, 19.2%), the Department of Infant and Child Care/Early Childhood Education (12 courses, 15.4%), and the Department of Psychology/Clinical Psychology (7 courses, 9.0%), collectively accounting for approximately 92% of all offerings. Based on these findings, the researcher provided discussions and recommendations for future course development

Keywords: filial therapy, play therapy, professional courses, sandtray therapy

Mei-Hsiang Tasi Department of Counseling and Guidance, National University of Tainan.
(mh-tsai@mail.nutn.edu.tw)

I. Introduction

According to statistics from the Ministry of Health and Welfare's Department of Protective Services (2022), the number of child and adolescent protection cases increased from 374,777 in 2019 to 479,534 in 2021, reflecting a three-year growth trend and a 1.28-fold increase. Additionally, from 2019 to 2022, the annual number of children and adolescents requiring protection due to abuse ranged from 11,113 to 12,610. The proportion of abused children under the age of 12 rose slightly, from 49% in 2019 and 2020 to 52% in 2021 and 2022. Research indicates that early childhood abuse negatively impacts both physiological and psychological development, increasing the risk of future mental health disorders (Wang et al., 2020). A survey conducted by the Child Welfare League Foundation (2022) of students in grades 5 to 9 found that the percentage agreeing with the statement "I feel lonely" increased from 13.5% in 2019 to 16.8% in 2020. Moreover, nearly 30% of respondents agreed with the statement "The world would be no different without me," marking a 5.8% increase from 2019 to 2020. These findings highlight a growing trend of loneliness and alienation among children and adolescents. Given these concerns, it is essential to increase the accessibility and availability of counseling and mental health resources for infants, children, and adolescents. Integrating mental health support into routine care and long-term monitoring policies is crucial for enhancing their psychological well-being.

With the increasing prevalence of psychological challenges among infants, children, and adolescents in Taiwan, there has been significant attention on strengthening psychological counseling services across all levels of education. The amendment of Article 10 of the *Primary and Junior High School Act* introduced provisions for full-time guidance counselors in elementary and junior high schools (Primary and Junior High School Act, 2016). Similarly, the *Student Guidance and Counseling Act*, enacted in 2014 (Student Guidance and Counseling Act, 2014), established a three-tiered prevention system for student counseling and expanded the employment of professional counseling personnel, aiming to enhance youth mental health through legal frameworks. Additionally, the *Social Worker Act* (1997) and the *Psychologists Act* (2001), which encompass counseling psychologists and clinical psychologists, provide the license basis for hiring qualified professional counselors. With the ongoing implementation of the three-tiered counseling mechanism, schools and student counseling centers have increased the recruitment of professional practitioners, forming a "golden triangle" of counseling personnel—comprising full-time guidance counselors, psychologists, and social workers. This collaborative model enhances the accessibility and availability of psychological assessments,

counseling, and referral services for infants, children, and adolescents.

In the field of infant and child mental health, play therapy is recognized as an evidence-based and developmentally appropriate intervention (Bratton et al., 2005; Lin & Bratton, 2015; Tsai, 2013; Wang et al., 2006). Research has demonstrated its efficacy in addressing a variety of presenting issues, including adverse childhood experiences (Haas & Ray, 2020; Ray et al., 2021), social-emotional skill development (Blalock et al., 2019; Taylor & Ray, 2021), childhood depression (Burgin & Ray, 2022), anxiety and social withdrawal (Cheng & Tsai, 2014; Stulmaker & Ray, 2015), aggressive and disruptive behaviors (Cochran & Cochran, 2017; Wilson & Ray, 2018), autism spectrum disorder (Schottelkorb et al., 2020), and academic achievement (Blanco et al., 2017). Furthermore, meta-analyses have confirmed the effectiveness of play therapy in treating emotional and behavioral issues in school-aged children (Lin & Bratton, 2015; Ray et al., 2015).

Therefore, it is crucial for professionals providing mental health services to infants and children to receive training in play therapy as part of their educational and professional development. The following section reviews the literature on play therapy practical skills to establish a foundation for this study.

II. Literature Review

This study builds on years of experience in play therapy development in the United States and then explores the cultivation and current status of professional play therapy practice in Taiwan. By drawing on the U.S. experiences, this research aims to provide insights and recommendations for the future development of play therapy training programs in Taiwan.

1. Professional Certification System and Competency Development in Play Therapy: A Case of the United States

The earliest documented use of psychological theories combined with the therapeutic power of play to treat children dated back to 1909, when Sigmund Freud reported the case of "*Little Hans*," describing the treatment of a five-year-old boy with phobic symptoms (1919/1955). Since then, numerous scholars and child practitioners have contributed to the field of child therapy, continuously advancing the teaching, practice, and empirical research of play therapy over the past fifty years.

In 1982, Charles Schaefer and Kevin O'Connor founded the Association for Play Therapy (APT), marking a significant milestone in the development of play therapy (Landreth, 2024). The APT aims to enhance public understanding of play therapy while promoting ethical practices through research, training, and educational (APT, 2023a).

With the advancement of professional training and education in play therapy, the Association for Play Therapy established three types of professional certifications for practitioners in 1992: Registered Play Therapist (RPT), Registered Play Therapist-Supervisor (RPT-S), and School-Based Registered Play Therapist (SB-RPT) (APT, 2023b). These certifications offer professional recognition for practitioners.

According to the certification requirements for Registered Play Therapists set by the Association for Play Therapy, applicants must hold a master's degree (or higher) and a professional license in fields such as counseling, marriage and family therapy, psychiatry, psychology, or social work. Additionally, they must complete over 150 hours of play therapy coursework, which includes: Play Therapy History (5 hours); Seminal or Historically Significant Theories in Play Therapy (55 hours); Play Therapy Skills and Methods (50 hours); Special Topics in Play Therapy (25 hours); Cultural and Social Diversity Topics in Play Therapy (6 hours); and other relevant areas (9 hours). Furthermore, applicants must complete a minimum of 350 hours of direct play therapy services within at least two years and no more than ten years. They also must receive at least 35 hours of supervision from a Registered Play Therapist-Supervisor. Moreover, applicants are required to have a minimum of two years of clinical work experience, totaling 2,000 hours (APT, 2023b).

To qualify as a Registered Play Therapist-Supervisor (RPT-S), practitioners must have a minimum of three years and 3,000 hours of direct service experience following the acquisition of their professional license. After obtaining RPT certification, they are required to complete an additional 500 hours of direct play therapy services. Furthermore, they must undergo 30 hours of clinical supervision training, with at least six hours specifically dedicated to play therapy (APT, 2023b).

The School-Based Registered Play Therapist (SB-RPT) certification is primarily designed for school counselors or school psychologists. Applicants must have a minimum of two years of experience working in educational settings and complete over 150 hours of play therapy training. This training is recommended to include, but is not limited to, the following areas: History of Play Therapy (4-5 hours), Play Therapy Theories (40-50 hours), Play Therapy Techniques or Methods (40-50 hours), and Applications of Play Therapy/Special Populations (40-50 hours). Clinically, applicants are required to undergo at least 50 hours of supervision

over a year from a Registered Play Therapist-Supervisor and must accumulate 600 hours of play therapy work experience (APT, 2023b).

Notably, as of January 1, 2023, applicants for Registered Play Therapist certification must provide evidence of completing over six hours of training in cultural and social diversity issues relevant to play therapy (APT, 2023b). This requirement underscores the increasing emphasis on multicultural issues in the field of play therapy and the importance of this competency for professional play therapists.

2. The Certification System and Development of Practical Competencies for Play Therapists in Taiwan

(1) The Establishment of the Taiwan Association for Play Therapy

To promote the practice of play therapy and enhance academic research, Professor Shu-Chen Kao convened the founding and preparatory meetings. Through the collaborative efforts of numerous scholars, the "Association for Taiwan Play Therapy" was officially established in 2005, marking a significant milestone in the professional development of play therapy in Taiwan (Association for Taiwan Play Therapy, 2005). The Association is dedicated to the professional training of play therapy practitioners and the advancement of academic research. In addition to organizing various professional training programs on an irregular basis, it published the inaugural issue of the *Journal of Taiwan Play Therapy* in 2011 and has since released one issue annually. As of 2024, a total of 11 issues have been published.

(2) Development and Features of Play Therapist Certification in Taiwan

In addition to the Ministry of Education's regulations under the *Student Guidance and Counseling Act*, the Association for Taiwan Play Therapy (ATPT) took further steps to deepen the professional development of play therapy in Taiwan. During its 5th and 7th board meetings, respectively, ATPT passed the "Regulations for Certified Play Therapist" (2020a) and the "Regulations for Certified Play Therapist-Supervisor" (2020b). These regulations establish standards and guidelines aimed at enhancing professional knowledge, education, and supervision of play therapy professionals in Taiwan.

According to the "Regulations for Certified Play Therapist" (2020a) issued by ATPT, applicants for professional certification must complete over 150 hours of play therapy training. This includes: Introduction to Play Therapy or Play Therapy Development (4-5 hours); Play

Therapy Theories (20-30 hours); Play Therapy Skills and Methods (40-50 hours); Play Therapy Special Topics (30-40 hours); Legal, Ethical, and Professional Topics (6-10 hours); and psychological assessment and diagnosis for children and adolescents (15-30 hours). In clinical practice, applicants must have at least two years of supervised clinical experience (with more than 50 hours of play therapy supervision) and at least 200 hours of practical play therapy experience.

Additionally, according to the "Regulations for Certified Play Therapist-Supervisor" (2020b), individuals eligible for certification as play therapy supervisors are classified into two categories: (1) those with a doctoral degree, professional play therapy training, and completion of doctoral-level supervision courses (or at least 36 hours of supervision training); and (2) those with a master's degree, professional play therapy training, and supervision training (or at least 36 hours of supervision training), or those with supervisory credentials who have served as supervisors for at least five years or have accumulated a minimum of 150 hours of supervision practice. According to statistics from the ATPT website, as of May 2023, there is one certified play therapy specialist, nine certified play therapists, and sixteen certified play therapy supervisors in Taiwan (Taiwan Association for Play Therapy, 2023).

The development of play therapy professional certification in Taiwan draws on the well-established experience in the United States, which has developed over many years, while also considering the local practical context to create a certification system tailored to Taiwan's needs. In Taiwan, play therapy is primarily conducted in elementary school settings, where it is primarily implemented by full-time guidance counselors and full-time professional guidance counselors (psychologists and social workers) at student counseling centers. As a result, the "Regulations for Certified Play Therapist-Supervisor" (2020b) developed by ATPT categorize professionals based on their highest level of education and professional background into two groups: certified play therapists (those with a master's degree or higher, such as psychologists, psychiatrists, or social workers with professional certification) and certified play therapy specialists (those with a bachelor's degree or higher, such as social workers, teachers, or individuals with psychology-related certification). This categorization reflects the current needs and demands of play therapy professionals in Taiwan.

This study examines the training of mental health professionals in Taiwan, specifically focusing on the content of play therapy practical skills training. By investigating the play therapy-related courses offered in universities and universities of science and technology over the past five years, the study aims to review and analyze these courses to provide recommendations for the future development of professional play therapy training. The research

questions addressed in this study include: (1) What is the status of play therapy-related courses offered in Taiwan over the past five years? (2) What is the instructional content of play therapy-related courses offered in Taiwan during this period?

3. Research Methodology

(1) Course Selection Process

This study's process for selecting play therapy-related courses consisted of three phases. The first phase, the course search phase, relied primarily on data from the Ministry of Education's University and Universities of Science and Technology Course Resource Network (Ministry of Education, 2023). Courses were searched separately within the universities and universities of science and technology systems. The researcher used keywords such as "play therapy," "group play therapy," "filial therapy," "kinder therapy," "sandtray therapy," and "Sandplay therapy" to find relevant courses. Only courses offered within the past five years (from academic years 2018 to 2022) were considered, with a focus on courses for bachelor's programs, bachelor's programs for continuing education, master's programs (including both master's and doctoral programs), and master's programs for in-service adults.

It is important to note that, due to curriculum planning or departmental needs, not all courses are offered every year. Some courses may be available only in specific years. Therefore, if a particular course is offered two or more times within the past five years in a given department, the most recent academic year's course is selected. For example, if the Department of Counseling and Guidance at a university offers a play therapy course in the academic years 2019-2020, 2020-2021, and 2022-2023, the syllabus for the course in the 2022-2023 academic year is prioritized. After querying the Ministry of Education's system, a total of 90 courses were identified, with seven duplicates excluded, leaving 83 courses to proceed to the second phase.

The second phase involves collecting course syllabi. The researcher, in collaboration with a graduate student from the Department of Counseling and Guidance, queries the course registration or course search system of the relevant institutions to match the specific courses offered during the relevant academic years and downloads the syllabi in electronic format.

The third phase is the play therapy course selection phase, where the researcher examines the teaching objectives in the course syllabi to determine whether the course aligns with the goals of fostering play therapy skills. After the initial screening of the 83 collected syllabi from the second phase, five syllabi were excluded as they did not align with the goals of this study.

Ultimately, a total of 78 course syllabi were included for data analysis.

(2) Data Coding and Analysis

To further investigate the content of Play Therapy-related courses and training in Taiwan, the researcher designed a coding sheet based on the objectives of this study. It includes the following variables: (1) institution type (e.g., university/university of science and technology); (2) school system (e.g., bachelor's program/continuing education bachelor's program/master's, doctoral programs/in-service master's program); (3) department (e.g., Department of Counseling and Guidance/Department of Counseling Psychology, Department of Psychology/Department of Clinical Psychology, Department of Social Work, Department of Infant and Child Care/Department of Early Childhood Education, etc.); (4) type of play therapy course (e.g., play therapy, group play therapy, filial therapy, sandtray/Sandplay therapy, etc.); (5) course attribute (e.g., required/elective); (6) number of credits; (7) practical experience; and (8) theoretical orientation. For each coding variable, the researcher defined operational definitions to facilitate the coding process.

The researcher invited a scholar with expertise in play therapy and nearly 20 years of relevant teaching experience to randomly sample two course syllabi and use the coding sheet for the coding process. Cohen's kappa coefficient (k) for inter-rater reliability (Cohen, 1960) was 0.88, and discrepancies were discussed. Afterward, two additional syllabi were randomly selected for coding and discussion, resulting in a Cohen's Kappa coefficient of over 0.9 in the second round. Subsequently, the researcher proceeded with coding the remaining syllabi. Once all the syllabi were coded, the data were entered into SPSS for analysis.

4. Researcher

The researcher holds a Ph.D. in Counseling with 15 years of experience in teaching, clinical practice, and research, with a primarily focus on play therapy, filial therapy, sandtray therapy, counseling education, and supervision. The researcher is a certified Registered Play Therapist (RPT) through the Association for Play Therapy in the United States and holds certifications as a Play Therapist and a Play Therapy Supervisor from the Association for Taiwan Play Therapy.

5. Research Results

(1) Course Offerings in Play Therapy

The Play Therapy-related courses offered between academic years 2018 to 2022 can be categorized into three main areas: play therapy (63 courses, 80.8%), filial therapy (4 courses, 5.1%), and sandtray/Sandplay therapy (11 courses, 14.1%). A total of 37 institutes (28 universities and 9 universities of science and technology) provided these courses. Of these, approximately 80% were offered by universities (63 courses, 80.8%), while the remaining 15 courses were offered by universities of science and technology (19.2%). Geographically, the universities were located as follows: Northern Taiwan (14 schools, 37.8%), Central Taiwan (6 schools, 16.2%), Southern Taiwan (13 schools, 35.1%), Eastern Taiwan (3 schools, 8.1%), and the outlying islands (1 school, 2.7%). The majority of the courses were concentrated in the northern and southern regions.

In terms of departments offering these courses, the most common was Counseling and Guidance / Counseling Psychology, which accounted for 48.7% (n=38) of the total courses. Other departments included Social Work-related programs (15 courses, 19.2%), Early Childhood Education / Infant Care programs (12 courses, 15.4%), Psychology / Clinical Psychology programs (7 courses, 9.0%), other departments (3 courses, 3.8%), Education programs (2 courses, 2.6%), and Teacher Education programs (1 course, 1.38%).

When examining the courses by the academic system, the results showed the following frequency distribution: bachelor's programs (35 courses, 44.9%), master's programs (20 courses, 25.6%), continuing education bachelor's programs (8 courses, 10.3%), in-service master's programs (7 courses, 9.0%), combined master's and doctoral programs (5 courses, 6.4%), and doctoral programs (3 courses, 3.8%). Among the 78 courses, 33 courses (42.3%) were offered in the first semester, while 45 courses (57.7%) were offered in the second semester.

The following sections provide a more detailed analysis of the course content in the three areas of play therapy, filial play therapy, and sandtray/Sandplay therapy.

(2) Play Therapy Courses

a. Institutional Characteristics

The Play Therapy courses are commonly titled “Play Therapy,” “Play Therapy Theory and Practice,” “Child Play Therapy,” “Seminar on Play Therapy,” and “Research in Play Therapy.” Between the academic years 2018 and 2022, a total of 36

universities/universities of science and technology offered play therapy courses, totaling 63 courses. Of these, 28 universities offered 50 courses (79.4%), and 8 universities of science and technology offered 13 courses (20.6%). The courses were distributed evenly across the two semesters, with 31 courses (49.2%) offered in the first semester and 32 courses (50.8%) in the second semester.

b. School System

Among the 63 play therapy courses, the most common academic program was the bachelor's program (32 courses, 50.8%), followed by the master's program (15 courses, 23.8%), bachelor's programs for continuing education (7 courses, 11.1%), combined master's and doctoral programs (4 courses, 6.3%), master's programs for in-service adults (3 courses, 4.8%), and doctoral programs (2 courses, 3.2%). Overall, the ratio of undergraduate to graduate courses was approximately 1.6:1.

c. Departments

Play Therapy courses were predominantly offered by departments related to counseling and psychology, and accounted for over half of the courses. Specifically, the Department of Counseling and Guidance / Counseling Psychology offered 26 courses (41.3%), while the Department of Psychology / Clinical Psychology offered 7 courses (11.1%). Other departments included Social Work (15 courses, 23.8%), Early Childhood Education / Infant and Child Care (10 courses, 15.9%), Education, Teacher Education Center, and others (5 courses, 8.0%).

d. Course Year Levels

The majority of students enrolled in Play Therapy courses were undergraduates (39 courses, 61.9%), while graduate students accounted for the remaining 24 courses (38.1%). Of the 39 undergraduate courses, 21 (53.8%) were designed for third-year students, 15 (38.5%) for fourth-year students, and 3 (7.7%) for second-year students. Among the 24 graduate courses, 17 (70.8%) were targeted at master's students, 5 (20.8%) were combined master's and doctoral courses, and only 2 (8.3%) were for doctoral students.

e. Course Credits

Overall, most Play Therapy courses were worth two credits (34 courses, 54%), while the next most common credit value was three credits (29 courses, 46%). At the undergraduate level, approximately 70% of the courses were worth two credits (27 courses, 69.2%), and 30% were worth three credits (12 courses, 30.8%). At the graduate level, 70.8% of courses were worth three credits (17 courses), while 29.2% were worth two credits (7 courses). In general, undergraduates were more likely to take two-credit courses, while graduate

students typically enrolled in three-credit courses.

f. Theoretical Orientation in Play Therapy Instruction

Based on the course syllabi, 24 courses (38.1%) specified a particular theoretical orientation in their instruction, while 25 courses (39.7%) integrated two or more orientations, and 14 courses (22.2%) did not specify any particular approach. Among the 24 courses with a specific theoretical orientation, the most common was child-centered play therapy (21 courses, 87.5%), followed by one course each in Adlerian, Gestalt, and structured approaches.

g. Skill Practice and Supervision in Play Therapy Instruction

In the 63 Play Therapy courses, approximately three-fourths (48 courses, 76.2%) included skill practice as part of the curriculum, while the remaining courses either did not specify or lacked practical exercises. Additionally, 21 courses (33.3%) included supervision in their syllabi, while two-thirds of the courses either did not mention or did not include discussions in supervision.

h. Practical Experience with Child Cases

According to the syllabi and course descriptions, 28 courses (44.4%) required students to engage in practical child case experiences outside of class time, with 20 courses specifying the number and duration of sessions. At the undergraduate level, 7 courses required students to complete 1 to 4 play therapy sessions, and one course required 8 sessions, each lasting between 30 to 50 minutes. At the graduate level, 12 courses required students to complete 5 to 8 play therapy sessions, and one course required 10 sessions, each lasting between 30 to 50 minutes.

i. Advanced Play Therapy Courses

Among the 63 Play Therapy courses, only one course was titled "Advanced Play Therapy" This course, offered at the master's level in the Counseling and Guidance / Counseling Psychology department, is taught every two years and is worth three credits. It covers various play therapy theories, including psychoanalytic, child-centered, Adlerian, Gestalt, cognitive-behavioral, and integrative approaches, as well as an introduction to group play therapy. Students are required to complete 6 to 8 play therapy sessions (40 to 50 minutes) and participate in supervision discussions during class.

(3) Parent-Child Play Therapy Courses

a. Institutional Characteristics, School System, and Departments

Between academic years 2018 and 2022, a total of three universities offered four courses in Parent-Child Play Therapy. These courses were offered by two Departments of Counseling / Counseling Psychology at two universities (one in a combined master's and doctoral program and one in a master's program for in-service adults) and the Department of Infant and Child Care at a university of science and technology (one in the bachelor's programs and the other in bachelor's programs for continuing education).

Further analysis revealed that the Department of Infant and Child Care offered a Filial Therapy course in the bachelor's program every second semester during the 2018-2022 academic year. The Filial Therapy course offered in bachelor's programs for continuing education was introduced in the 2022 academic year. Additionally, the two Filial Therapy courses offered by the Counseling / Counseling Psychology departments at the graduate level were each offered only once.

b. Course Year Levels and Credits

The two graduate-level Filial Therapy courses, offered by the Counseling / Counseling Psychology departments, were elective courses for first-year master's students and above, each worth three credits. In contrast, at the undergraduate level, the Filial Therapy courses were elective courses for fourth-year students and were each worth two credits.

c. Course Content of Parent-Child Play Therapy

The course content for Filial Therapy primarily covered topics such as the Parent-Child Play Therapy model, the Marschak Interaction Method (MIM), family play therapy units, the RAPT systematized Parent-Child Play Therapy model, and structured and unstructured types of parent-child play. The curriculum explored various modes of parent-child interaction.

At the graduate level, students enrolled in Filial Therapy courses were required to lead play therapy or group filial therapy and participate in supervision discussions during class.

(4) *Sandtray/Sandplay Therapy Courses*

a. Institutional Characteristics, School System, and Departments

Based on research findings, Sandtray / Sandplay Therapy courses are primarily offered under titles such as "Sandtray Therapy," "Research in Sandtray Therapy," "Seminar of Sandtray Play Therapy," "Sandplay Therapy," and "Research in Sandplay Therapy." Over the past five years, six universities have offered a total of 11 courses. Of these, 10 courses

(90.9%) were offered by departments related to Counseling / Counseling Psychology, while one course was offered by a department in the College of Humanities.

An analysis of course levels reveals that Sandtray Therapy courses were offered at the bachelor's programs (two courses), master's level (two courses), and master's programs for in-service adults (one course). Sandplay Therapy courses were offered at the master's level (three courses), master's programs for in-service adults (two courses), and doctoral level (one course).

Further investigation of the two Sandtray Therapy courses at the bachelor's programs reveals that one was offered only in the 2018 academic year and not repeated, while the other was offered in the 2020 and 2022 academic years. The three Sandtray Therapy courses offered at the master's / master's programs for in-service adults were offered annually or biennially, indicating a more stable frequency.

In the past five years, Sandplay Therapy courses were all offered by Counseling / Counseling Psychology graduate programs, with a total of six courses offered across three universities. Four of these courses were offered only once (two at the master's level, one at the master's programs for in-service adults, and one at the doctoral level). The remaining two Sandplay Therapy courses (one at the master's level and one at the master's programs for in-service adults) were offered four times each over five years.

b. Course Year Levels and Credits

Of the 11 Sandtray/Sandplay Therapy courses, approximately four-fifths were at the graduate level, with the remaining one-fifth at the undergraduate level. The ratio of graduate to undergraduate courses is roughly 4:1, indicating that these courses are primarily attended by graduate students. In terms of credit hours, only one Sandplay Therapy course was worth one credit, while five courses were offered for two and three credits, respectively.

c. Course Content of Sandtray/Sandplay Therapy

Among the five Sandtray Therapy courses, three mentioned using a variety of therapeutic approaches, including both directive and non-directive sandtray creation based on multiple counseling theories. The remaining two courses did not specifically mention any particular approach. All six Sandplay Therapy courses adopted a Jungian therapeutic approach.

Of the 11 Sandtray/Sandplay Therapy courses, nine included practical training or experiential learning as part of the teaching process. In two Sandplay Therapy courses, students participated in the therapy as clients. Both in-class and extracurricular activities focused on practical exercises and experiences to enhance students' hands-on skills.

Regarding supervision, three courses provided supervision during class, accounting for 27% of the total. The remaining eight courses either did not offer practical supervision or did not specify supervision details.

III. Discussions and Recommendations

To understand the course offerings and content in the field of play therapy in Taiwan over the past five years (academic years 2018–2022), the researcher conducted a course search using keywords such as "play therapy," "group play therapy," "filial therapy," "kinder therapy," "sandtray therapy," and "Sandplay therapy." The search yielded a total of 78 courses, primarily covering the three subfields of play therapy, filial therapy, and sandtray/Sandplay therapy. Notably, no courses were offered in group play therapy, group sandtray therapy, or kinder therapy. The following is a comprehensive discussion based on these findings.

1. Play Therapy and Group Play Therapy

(1) *Play Therapy*

When providing counseling and intervention for young children and elementary school students, it is important to consider their developmental needs. Empirical research and meta-analysis results that play therapy is an effective treatment method that aligns with the developmental stage of children at this age (Ray & Bratton, 2012; Ray et al., 2015; Tsai, 2013).

An investigation into the number of universities offering Play Therapy courses shows that, according to Tsai (2013), 15 universities offered at least one Play Therapy graduate course between 2002 and 2003, and 22 universities did so between 2010 and 2011. The results of this study show that between 2018 and 2023, 36 universities offered at least one course in the play therapy field, covering educational training at the undergraduate to doctoral levels. The primary departments offering these courses were counseling/psychology, social work, and early childhood education/infant and child care, accounting for over 90%. This indicates a growing number of universities and universities of science and technology in Taiwan offering professional courses in play therapy. Additionally, graduate students in Taiwan, from learning to practicing play therapy, continue to apply diverse perspectives and build research capabilities, enriching localized research.

Furthermore, analysis of the course syllabi reveals that Play Therapy courses primarily

focus on specific approaches (38.1%) and a combination of more than one approach (39.7%), totaling approximately 80%. Upon further examination of the specific approaches used, Child-Centered therapy was the most common, followed by Adlerian, Gestalt, and structural approaches. This trend may be linked to the training received by the instructors and the approach outlined in the textbooks, with play therapy often serving as an introductory or foundational course in a series of play therapy professional courses. When textbooks integrate counseling approaches for children and offer practical applications and case discussions, they help beginners understand the significance and practical aspects of play therapy (Liang & Guo, 2019).

However, upon further examination of the course syllabi, it was found that in the past five years, only one "Advanced Play Therapy Research" course was offered in the counseling/psychology departments at the graduate level. This course covered diverse play therapy theories and practical concepts. As the training goals of helping professionals focus on young children and play therapy, offering advanced play therapy courses at the graduate level would establish a deeper and broader accumulation of knowledge for those in training.

(2) *Group Play Therapy*

Group play therapy integrates play therapy with group processes, using expressive and projective materials to help participants translate their growth during the group process into real-life situations while working on both individual and interpersonal levels (Sweeney et al., 2014). Graduates of counseling/psychology programs who become guidance counselors or counseling psychologists are often tasked with providing group play therapy services, especially for elementary school children. According to the Professional and Technical Senior Examination for Psychologists (2018), to qualify for the exam, one must complete courses in seven major areas during their graduate studies, with "group counseling and psychotherapy" being one of these areas. Additionally, the Implementation Directives for the Curriculum Framework Table of Specialized Areas for Endorsements of Elementary School Teachers (2022) include "group counseling and psychotherapy" (or group counseling practices, group psychotherapy) as part of the counseling skills curriculum for elementary school teachers. Furthermore, graduates from social work programs, as stipulated in the Senior Professional and Technical Examinations Regulations for Social Workers (2018), are required to complete courses in five major areas and fifteen subjects, with "social group work" being a subject in the direct service methods field of social work.

However, according to the results of this study, regardless of the undergraduate or graduate level, no departments offered Group Play Therapy courses in the past five years. This may be attributed to factors such as the instructors' training and the number of credits offered by the departments. Sweeney et al. (2014) noted that group play therapy, compared to verbal-based group therapy for adults, has unique characteristics in aspects such as member selection, group size, material use, and session frequency. Therefore, if the target group consists of children, it is recommended that an advanced group play therapy course be offered as a continuation of foundational play therapy courses to address the dynamics and stages of group work within this context.

Group counseling and psychotherapy are essential components in children's practical work. To further understand the current research on group play therapy in Taiwan, the researcher conducted a search using the keyword "group play therapy" in the National Digital Library of Theses and Dissertations in Taiwan. The results yielded 10 master's theses and one doctoral dissertation focusing on group play therapy as the research topic. The results show five theses were published between 2002 and 2010, and six were published between 2011 and 2019, totaling 11 papers. Nine of these were from counseling/psychology programs, one from a social work program, and one from a nursing program, indicating that approximately 80% of the research was from counseling/psychology departments.

The research results from these 11 theses/dissertation highlight the effectiveness of group play therapy in various fields, such as children with ADHD (Wu, 2019); the impact of academic emotions, learning motivation, and academic achievement in low-achieving children (Ho, 2018); grief responses in bereaved children (Lan, 2014); interpersonal difficulties faced by children of new immigrants (Su & Tsai, 2016); therapeutic experiences for aggressive children (Chiang, 2003; Chuang, 2011); treatment process for abused children (Sun, 2006); and the effectiveness of group play therapy on peer-rejected children (Lee, 2003). The majority of the research on group play therapy has focused on children as participants.

Since group play therapy combines elements of play therapy and group counseling/psychotherapy, the group leader must have training in both areas. It is often regarded as an advanced course in play therapy. Sweeney et al. (2014) emphasized that group play therapy is not suitable for those who lack resilience, as group leaders must receive training and supervision, and possess faith in the group play process, along with the courage to guide it. The results of this study found that no group play therapy courses have been offered at universities in Taiwan in the past five years. To demonstrate its effectiveness and applicability, it is recommended that counseling/psychology departments, psychology/clinical psychology

departments, social work departments, teacher education centers, or professional associations offer group play therapy courses or a series of workshops. This would contribute to the development of group play therapy in practice and further enrich research in this area.

2. Sandtray Therapy and Group Sandtray Therapy

(1) Sandtray Therapy

The results of this study reveal that Sandtray Therapy courses are primarily offered at the graduate level within counseling/psychology departments, focusing mainly on master's students, with fewer opportunities for doctoral students. Most Sandtray Therapy courses introduce various therapeutic approaches in the sandtray creation process. Compared to the number of Play Therapy courses, Sandtray Therapy courses have been gradually introduced in counseling/psychology departments over the past 5-10 years. However, only five courses were offered during the 2018-2022 academic years, significantly fewer than the 63 Play Therapy courses offered during the same period.

Dora Kalff (2020) describes the sandtray as a "free and protected space." The use of sand and miniatures also helps clients gain a sense of control, increase self-awareness, express metaphors, set boundaries, reduce defense mechanisms and resistance, and organize troubling emotions, thereby assisting individuals in addressing underlying personal or interpersonal issues (Homeyer & Lyles, 2022; Homeyer & Sweeney, 2023). Additionally, Homeyer and Sweeney (2023) discuss the commonalities between play therapy and sandtray therapy, including, including dynamic interpersonal relationships, sensory-based treatment approaches, toys and miniatures that express symbolic/metaphorical meanings, the lack of need for verbal communication, and the creation of opportunities for clients to express and explore themselves.

Sandtray therapy can be applied to children, adolescents, and adults. Homeyer and Sweeney (2023) note that children under nine years old typically experience sandtray therapy as a playful experience, similar to playing in a sandbox. For older children in the formal operational stage of cognitive development (Piaget, 1962), sandtray therapy is more effective due to their increased ability to engage with object-based materials (Flahive & Ray, 2007). Additionally, as children and adolescents continue to develop verbal communication skills, sandtray activities provide a symbolic language to help them express their emotions (Armstrong, 2008).

In observing the practical applications of play therapy in elementary school settings, it was

found that counseling centers typically have only one expressive therapy space (the playroom). When older children enter playrooms designed for younger children, their willingness to engage in non-verbal therapy may decrease. In such cases, practitioners may resort to verbal methods for psychological services. One possible solution is to supplement the existing playroom with a movable sandtray set. This would provide older children with an alternative option for non-verbal therapy, combining play therapy and sandtray therapy to address their issues. This approach can help resolve the challenge of accommodating children of varying ages and needs within a single playroom. Moreover, the flexibility of movable sandtray materials could better capture the interest of older children (Flahive & Ray, 2007), reinforcing the shared characteristics between play therapy and sandtray therapy (Homeyer & Sweeney, 2023).

2. Group Sandtray Therapy

Broadly speaking, group sandtray therapy can be considered a type of group play therapy. It involves using sand and miniatures as media in a group counseling intervention (Homeyer & Sweeney, 2023). Group sandtray therapy helps members develop shared emotions, mutual support, self-awareness, personal growth, and interpersonal learning. It also facilitates a deeper exploration of personal, interpersonal, life adjustment, and existential issues (Homeyer & Sweeney, 2023; Sweeney et al., 2014).

Similar to group play therapy, no departments in Taiwan offered group sandtray therapy courses during the 2018-2022 academic years. However, an analysis of Sandtray Therapy courses revealed that several courses incorporate 1-2 weeks of instruction on the concept or practical experience of group sandtray therapy.

To further explore the use of group sandtray therapy in Taiwan, a search was conducted in the National Digital Library of Theses and Dissertations in Taiwan, using "group sandtray therapy" and "sandtray group" as keywords. The search yielded six master's theses from counseling/psychology departments that used group sandtray therapy/sandtray groups as an intervention model. These theses were published between 2011 and 2015, after which research on group sandtray therapy became less common.

Analysis of these six studies revealed that one focused on university students presenting interpersonal issues (Wu, 2015), another explored the experiences of first-time pregnant women (Huang, 2014), and the remaining four examined the metaphorical or self-awareness experiences of counseling psychology interns in group sandtray supervision (Lai, 2011; Liao, 2014; Lin, 2011; Wu, 2012). These studies primarily involved adult participants. Further

investigation into four theses on group sandtray supervision suggested that the leaders of these groups likely received professional training. The absence of group sandtray therapy courses may account for the limited research in this area.

While group sandtray therapy has benefits and applicability for children, adolescents, and adults, current research in Taiwan is limited, especially regarding its use with children and adolescents. Studies have shown that group sandtray therapy has positive therapeutic effects on pre-adolescent clients with behavioral issues (Flahive & Ray, 2007), can promote positive outcomes for cross-cultural female children/adolescents with low self-esteem, shyness, and anxiety (Lee et al., 2018; Shen & Armstrong, 2008), improve emotional regulation for immigrant women (Wei, 2011), and reduce social anxiety while enhancing positive self-expression in women from cross-national marriages (Jang & Kim, 2012).

Given the positive effects of group sandtray therapy, it is recommended that practitioners and students receive training in this area to further expand its application in both practice and research, thereby enriching the diversity of research in group sandtray therapy.

3. Application of Play Therapy in Parent and Teacher Training

(1) Filial Therapy / Child-Parent Relationship Therapy (CPRT)

The analysis of the research data shows that, over the past five years, the number of university departments offering courses in filial therapy has been limited. These courses are primarily offered within counseling psychology programs, with a focus on master's and doctoral students. Two courses have been offered only once during this period. Additionally, early childhood education departments at universities of science and technology have offered courses for undergraduate students, with one course being offered annually and the other offered only in the 2022 academic year.

Filial therapy, developed by Bernard Guerney Jr. in 1964, also known as "Child Relationship Enhancement Family Therapy" (CREFT), has been internationally recognized and continuously developed. Filial therapy / child-parent relationship therapy is a psychological educational model designed to help parents improve parent-child interactions and relationships. By teaching parents to incorporate the core spirit of play-based interactions within the family context, the therapy aims to improve parents' understanding, acceptance, warmth, and trust of their children, address parent-child difficulties, and strengthen the parent-child bond (Landreth & Bratton, 2019; VanFleet, 2013).

In Taiwan, research on filial therapy began to emerge and gained attention around 2000. Wei (1999) explored the effectiveness of a group program of filial therapy on parent-child relationships, which can be considered the first empirical thesis on filial therapy in Taiwan. To track the development of filial therapy research, the researcher searched the National Digital Library of Theses and Dissertations in Taiwan and identified nine graduate theses and dissertations (seven master's theses and two doctoral dissertations) between 2000 and 2010, and 26 theses and dissertations (22 master's theses and four doctoral dissertations) between 2011 and 2020. This shows a significant increase in research on filial therapy in Taiwan over the past decade.

Additionally, studies by Lin and Wu (2017) and Tsai (2013) analyzing domestic research on filial therapy have shown that the field is diverse and demonstrates efficacy in various areas, including children with chronic diseases, emotional disorders, depression, withdrawal, separation anxiety, and exposure to violence, as well as family dynamics such as single-parent, widowed, foster, adoptive, high-risk, and LGBTQ families. The research also covers different treatment agents, including general parents, new immigrant parents, adoptive parents, step-parents, and siblings. While meta-analyses on filial therapy in Taiwan remain limited, international studies have shown that training parents and teachers (considered paraprofessionals) in play-based interventions yields larger effect sizes ($ES = 1.05$) compared to professionals ($ES = 0.72$) (Bratton et al., 2005). Lin and Bratton (2015) further found that involving parents and teachers in child therapy resulted in higher effect sizes (0.59 and 0.53, respectively) compared to when the primary caregivers were not involved ($ES = 0.33$). These findings indicate that the participation of parents and teachers in child therapy significantly improves children's mental health outcomes.

However, the number of Filial Therapy courses in Taiwan's counseling and psychology programs is still relatively low. This may be attributed to factors such as course credits, faculty numbers, and the workload associated with teaching such courses, which require both theoretical learning and practical group sessions with classroom supervision. Involving practitioners or professionals in teaching or providing supervision could potentially encourage more instructors to offer these courses, thereby enhancing students' learning experiences. This approach could also support future counselors in integrating psychological educational models for parents into their work with children, expand research in filial therapy, and contribute to its development.

(2) Kinder Therapy / Teacher-Student Relationship Therapy

Similar to filial therapy, kinder therapy focuses on teaching teachers to use the therapeutic power of play in their interactions with students, which improves teacher-student relationships and benefits both parties (Bratton et al., 2005; Lin & Bratton, 2015; Ray, 2022). Kinder therapy courses or workshops, similar to filial therapy training, help professional learners deepen their practical skills in play therapy, which can then be applied in teacher consultation and clinical practice. However, this study found that no courses on kinder therapy are currently offered in Taiwan. This may be due to department specialization, course offerings, or the teaching workload. Given the feasibility and benefits of transferring the principles and techniques of filial therapy to teachers, a practical approach might involve initially offering filial therapy courses to counselors. This would help them become familiar with these models, which could later be adapted for teacher-student interactions.

Over the past decade, there has been no thesis or dissertation specifically on kinder therapy in Taiwan. This is likely due to the limited number of filial therapy courses and the challenge for graduate students to apply these concepts in their research. However, recent practical work and growing academic attention to this field are gradually increasing. For example, the principles of filial therapy group training have been applied to primary school teachers (Lin & Cheng, 2015) and kindergarten teachers (Wu & Wang, 2010). The results indicate that teachers who participated in these training programs were better able to recognize and reflect on children's emotions, enhance their understanding of children, and improve their interactions with students in educational settings.

IV. Conclusion

This study reviewed and analyzed Play Therapy courses offered in universities and universities of science and technology in Taiwan from the academic years 2018 to 2022, examining both course offerings and instructional content. The results indicate that the professional courses primarily focus on play therapy, with filial therapy / child-parent relationship therapy and sandtray therapy / Sandplay therapy offered as supplementary courses. Additionally, no courses related to group play therapy or kinder therapy have been offered in the past five years. To enhance the clinical skills and deepen research in play therapy, it is suggested that play therapy education programs incorporate a range of courses, from foundational courses (such as play therapy) to more advanced and diverse applications (such as advanced play therapy, group play therapy, filial therapy / child-parent relationship therapy, and

sandtray therapy). This comprehensive approach would foster broader perspectives and deeper insights into the development of play therapy.

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