

ABSTRACT

PRACTITIONERS' PERCEPTIONS OF THE EFFECTIVENESS OF PLAY THERAPY AND THEIR UTILIZATION OF PLAY THERAPY METHODS

by Ann Marie Lundberg

The purpose of this paper is to examine practitioners' perceptions of the utility of play therapy, and based upon those perceptions, whether or not the practitioner utilizes the form of intervention. The study investigated four dimensions regarding the use of play therapy: individual perception of the techniques, training in the methods, self-efficacy to perform techniques, and individual value of play. Results were analyzed via one-way Analysis of Variance (ANOVA). The dimensions on perception, training, and self-efficacy were supported through the research as a predictor of the utilization of play therapy methods. The value dimension, however, was not supported. This paper also presents limitations of the study and recommendations for future research.

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Ann Marie Lundberg

Miami University

Oxford, OH

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Advisor: _____
Dr. Doris Bergen

Reader: _____
Dr. Glenn Stone

Reader: _____
Dr. Alex Thomas

Reader: _____
Dr. Aimin Wang

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Chapter One

Introduction

Few children are willing to admit that they have “problems”, even though they are experiencing nightmares, shyness, or behavior problems on a daily basis. A child may come to therapy, but only after an adult has forced him or her to, and even then, the child may not openly speak with a strange adult about something that he or she may not even realize is troubling them. For these reasons, play therapy comes into context as a way to help troubled children through the medium of play in the context of a therapeutic relationship (Boyd-Webb, 1991). Play therapy is a psychotherapeutic method, based on psychodynamic and developmental principles, intended to help relieve the emotional distress of young children through a variety of imaginative and expressive play materials such as puppets, dolls, clay board games, art materials, and miniature objects (Boyd-Webb, 1991). Play has often been described as particularly helpful in this area, because of the freedom it provides to express thought and feeling in a child-like way, and to share these with a helpful adult on a cognitive-emotional level the child can grasp (Hellendoorn, van der Kooij, & Sutton-Smith, 1994).

While many examples exist as to the effectiveness of play therapy, it is also very important to gain an understanding for how the therapist him or her self views the techniques. Simply because many success stories exist from these approaches does not necessarily mean that the therapists’ also found them to be successful. Or, on the other hand, maybe these particular case studies were successful because the therapist held them in high regard. They could be examples of “self-fulfilling prophecies”. Since the therapist felt that the respective technique to whatever problem(s) his or her clients were facing would be highly successful, that may have influenced how the therapy session was conducted. A therapist who does not fully believe in the given technique may not put forth all of his or her effort to make the sessions successful, therefore, confirming his or her original opinion.

It is important to gain an understanding for what the therapists’ opinions are for these techniques in order to get a grasp on the amount of therapists in the field who are actually utilizing these techniques in current practice. Do therapists that personally feel play therapy techniques are not effective go against the research findings and disregard this form of therapy, or do they go ahead and try it out for themselves to confirm or negate their previous hypotheses? On the other hand, is the reason why these therapists are not utilizing this method of therapy

because he or she has not had adequate, formal training in the area? If the research is showing time and time again the effectiveness of such treatments, and since play therapy treatments are so situationally specific, then one would assume that regardless of a therapist's personal preferences, as long as training was received, he or she would at least try it out to see if it would help a particular client.

Therefore, the purpose of this study is to examine practitioners' perceptions of the utility of play therapy, and based on those perceptions, whether or not the practitioner utilizes this form of intervention. The hypotheses are: (1) Practitioners with a higher perception (i.e. positive attitude toward) of the utility of play therapy, implement these strategies more frequently than practitioners who do not find play therapy useful; (2) Practitioners who have undergone some type of play therapy training are more likely to implement the strategies than those who have not had training; (3) Practitioners who value play are more likely to implement the techniques than those who do not value play much; and (4) Practitioners with a greater sense of self-efficacy to implement play therapy methods are more likely to utilize them than those with a lower sense of self-efficacy.

Chapter Two

Literature Review

Definition and History of Play

Looking back throughout history, whether alone or with others, with toys, games or other objects, whether indoor or outdoor, children have always had a “natural right” to play (Barnes, 1998). However, what exactly is *play*? There is no simple definition of play, and the distinctions between play and other activities (e.g. work, exploration, and learning) are not always clear (Hughes, 1995). There are, however, a number of generally agreed upon characteristics that psychologists have deemed typical of play.

Rubin, Fein, & Vandenberg (1983) found that before an activity can be described as play, it must contain five essential characteristics. The first of these characteristics is that play is *intrinsically motivated*. By this, Rubin et al. means that the child’s play is an end in itself, done solely for the satisfaction of doing it. A second characteristic of play is that the participants *freely choose* it. If children are forced, or even slightly pressured, into play, the child may not regard the activity as play at all (Rubin, Fein, & Vandenberg, 1983). King (1979) conducted a study where she found that if a kindergarten teacher assigned a play activity to her pupils, the children tended to regard it as work, even though they described the identical activity as play if they were allowed to choose it themselves. A third characteristic of play is that it is required to be *pleasurable*. If children do not enjoy the activity and experience, then it cannot be regarded as play. A fourth characteristic of play is that it is *nonliteral*. This means that the activity involves a certain element of make-believe, or a distortion of reality to satisfy the interests of the participants (Hughes, 1995). An example of this characteristic would be a child trying out new roles and playing out imaginary scenes. Finally, the child must be *actively engaged* in the play activity. In other words, the child must be involved either physically, mentally, or both, rather than indifferent to what is happening.

In order to truly understand the different aspects and characteristics of play, it is important to glance at the development of play throughout history, not only in the American culture, but in various other cultures as well.

Dating as far back as a thousand years before the birth of Christ, there was a fairly similar view of childhood across many different cultures. Children were thought of as “helpless, incapable of directing their own affairs, and having special needs, including the desire and the

need to play” (Hughes, 1995, p. 3). During these times, play consisted of suitable and reasonable activities in the child’s life. Likewise, in ancient Greece, children were seen as naturally playful, and play was allowed and encouraged. They also had ample opportunities for the rich, imaginative recreation of the adventures of heroic gods and goddesses, warriors, kings, and queens during play activities in their own homes and among their friends (Barnes, 1998). Jewish children, on the contrary, were not encouraged to display the athleticism characteristic of the Greeks. Modesty ruled against wrestling and dancing. Furthermore, during the time of the Renaissance, not only did adults work and play, but children did as well. There really was no distinction between the world of children and that of adults, and therefore, people of all age groups played the same games and chanted the same nursery rhymes (Hughes, 1995).

Up until this point in time, most cultures accepted play and valued children for whom they were. However, in the seventeenth and eighteenth centuries, the English culture began to devalue play. Emphasis was more on the value of work for both adults and children, and since play was valued as the opposite of work, it was considered sinful and irresponsible (Hughes, 1995). However, moving into the nineteenth century, American children were encouraged to become more mobile and achieve greater degrees of mastery over their environments through play. Between 1890 and 1920, one hundred million dollars was spent on playgrounds in America (Sutton-Smith, 1980). Where none were contrived before, now they were regarded as essential. Additionally, in the twentieth century, there were movements to lessen the repressive internal controls that had previously been fostered in children, and a willingness to allow children to express their opinions through play openly (Hughes, 1995).

Theories of Play

Throughout the years, many different theories and perspectives have arisen regarding the development and purposes of play in a child’s life. There are two general categories under which most of these theories fall: Classical theories and Contemporary theories.

The Classic play theories appeared in the latter portion of the nineteenth century and early twentieth century, and focused more on the biogenetic significance of play. In other words, these theories described play as “an instinctive mechanism that either promoted optimal physical development or reflected the evolutionary history of the human species” (Hughes, 1995, p. 16). One example of a Classical play theory is Herbert Spencer’s (1873) surplus energy theory (as cited in Landreth, 1982). The purpose of this theory is to discharge the natural energy of the

body through play that did not get used up in the process of survival. The prediction derived from the surplus energy approach is simply this: “if there is surplus energy available, the individual spends it by playing; if not, the individual prefers quiescence” (Ellis & Scholtz, 1978, p. 27). While this theory tells us why the child plays as opposed to doing other things, it does not clarify the choice of the child’s play activities. Another Classical theory that is actually quite the opposite of Spencer’s is G.T.W. Patrick’s (1916) renewal of energy theory (as cited in Ellis & Scholtz, 1978). According to Patrick, play was a means to occupy the child while he or she built up his or her natural energy supply.

G. Stanley Hall developed his recapitulation theory, which declared that the purpose of play was to relieve periods in the evolutionary history of the human species (Hughes, 1995). Finally, Karl Groos (1901) suggested that play develops the skills and knowledge necessary for functioning as an adult (as cited in Hughes, 1995).

Along with the Classical theories of play, there are Contemporary theories as well. Sigmund Freud, Anna Freud, and Erik Erickson all looked at play from a psychoanalytic perspective. All three believed that the purpose of play was to “reduce anxiety by giving a child a sense of control over the world and an acceptable way to express forbidden impulses” (Hughes, 1995, p. 15). George Herbert Mead (1934) believes that interactions in play with other children enable the child to develop both an idea of self and of a “generalized other” (as cited in Landreth, 1982). The playing child shifts from one role to another and is forced to change his or her perspective. Another view from the Contemporary theories is the Cognitive-Developmental perspective. Jerome Bruner (1972), and Brian Sutton-Smith (1967), both recognized that play provides a comfortable and relaxed atmosphere in which children can learn to solve a variety of problems (as cited in Hughes, 1995). Finally, Berlyne (1969), Ellis (1973), and Fein (1981), all looked at play as a type of arousal modulation (as cited in Hughes, 1995). In other words, play served the purpose of keeping the body at an optimal state of arousal, relieving boredom, and reducing anxiety.

Cultural and Gender Differences in Play

As evidenced throughout history, play has been present in virtually every culture, everywhere around the world. Although the activity of play is present in various areas, there are vast differences in both the amount and types of human play that have been observed both cross-culturally and within cultures.

One example of a difference between cultures is in games of physical skill. In these particular games, the outcome is determined by the physical abilities of the players. This form of competition is generally only seen in simple cultures, where technological sophistication is limited, such as in hunting and gathering societies, where survival depends on specific motor skills (Hughes, 1995). Another difference in cultures is in games of chance, where the outcome is determined purely by luck. These types of games are typical in societies in which fate plays a major role in everyday survival, such as in nomadic tribes. Finally, games of strategy, where the outcome is determined by the rational choices made by the players, are typically found in cultures that are technologically advanced and highly complex (Hughes, 1995).

Just as play between cultures is highly variable, so is play between genders. Different sex role perspectives have indeed played a role in determining those activities considered significant and critical in the study of play (Sutton-Smith, 1980). In ancient Greece young boys are taught to wrestle, run, throw the javelin, and jump (Barnes, 1998). These skills were thought to teach the boys how to act as men who defended their own city-states when they came under enemy attack. Conversely, ancient Greek little girls played with miniature pots and pans, imitating the roles of adult women. Currently, attention in the United States and other industrialized Western nations has been on children's toys and activities that are not so gender-restrictive. Boys are now being urged to play with miniature-sized kitchens and girls with blocks and mock airplanes (Barnes, 1998).

Functions of Play

Children's play can often be interpreted as a way that the child explores and experiments, while building up or establishing his or her natural relations with the world and her or him self (Landreth, 1982). The child is discovering how he or she can come to terms with the world, cope with life tasks, master various skills, techniques and symbolic process in her or her way. Once gaining confidence in his or her self, the child is ready to learn other tasks and accept less agreeable patterns (Landreth, 1982). Play also reveals the process of personality development where the child learns and repeatedly rehearses life activities by exploring, manipulating, utilizing objects, animals, and people, as occasions for creating his or her own life space while still living in the outside world.

Another function that play serves is for children to relate themselves to their accumulating pasts by continually reorienting themselves to the present through play (Landreth,

1982). For example, a child rehearses his or her past experiences, and then assimilates them into new perceptions and patterns of living. Furthermore, through a child's play, he or she attempts to resolve his or her problems and conflicts, manipulating play materials and often adult materials while trying to work through or play out his or her confusions. Throughout these different functions of play, the child is continually rediscovering him or her self, revising his or her self-image, and also, revising his or her relations with the world.

The play activity of a child, his or her natural medium for self-expression, has stimulated much thought, experimentation, and conclusions as to the ways in which play can be used in the treatment of children (Amster, 1982). Therefore, it is with little doubt that this form of self-expression be incorporated into the child's therapy in an effort to allow the child to convey his or her thoughts, feelings, and conflicts in a manner that is comfortable and familiar for him or her.

Definition and Purpose of Play Therapy

Play therapy is a psychotherapeutic method, based on psychodynamic and developmental principles, intended to help relieve the emotional distress of young children through a variety of imaginative and expressive play materials such as puppets, dolls, clay board games, art materials, and miniature objects (Boyd-Webb, 1991). According to Enzer (1988), the play therapist, "not only helps bring about relief of clinical symptoms, but also works toward removal of impediments to the child's continuing development so that the prospects for the child's future growth are enhanced" (as cited in Boyd-Webb, 1991, p. 27).

Few children are willing to admit that they have "problems", even though they are experiencing nightmares, shyness, or behavior problems on a daily basis. A child may come to therapy, but only after an adult has forced him or her to, and even then, the child may not openly speak with a strange adult about something that he or she may not even realize is troubling them. For these reasons, play therapy comes into context as a way to help troubled children through the medium of play in the context of a therapeutic relationship (Boyd-Webb, 1991). Play has often been described as particularly helpful in this area, because of the freedom it provides to express thought and feeling in a child-like way, and to share these with a helpful adult on a cognitive-emotional level the child can grasp (Hellendoorn, van der Kooij, & Sutton-Smith, 1994). Amster (1943) outlines the following six purposes served by play therapy: (1). Aids diagnostic understanding; (2) Helps establish the treatment relationship; (3). Provides a medium for working through defenses and handling anxieties; (4). Assists in the verbalization of feelings;

(5). Helps the child act out unconscious material and relieve the accompanying tensions; and (6). Enlarges the child's play interests for eventual use outside of therapy (as cited in Boyd-Webb, 1991). Every child's situation is unique, and therefore, no one purpose will perfectly fit every child, making treatment extremely varied from child to child.

Approaches to Play Therapy

Play can take on many different forms, and can be expressed in many different ways varying from child to child. Because there are so many different ways that a child can play, there are likewise, many different approaches to analyze this play.

One approach to play therapy is through a psychoanalytic perspective. This approach to play therapy is basically used as a means of establishing contact with the child, observing the child, collecting data on the child, and as a device that promotes interpretive communication (Esman, 1983). As an early pioneer of this type of play therapy, Anna Freud would visit the child in his or her home, conduct the treatment there, and possibly even use the child's own toys as a means of promoting contact with the child, or "a working alliance" (Esman, 1983). Furthermore, while observing the child's play is a crucial element of play therapy, from the Freudian psychoanalytic perspective, this may not be enough to make a complete interpretation. Additional resources are required, such as information from the parents, in order to make a valid assessment (Esman, 1983).

Throughout the psychoanalytic treatment of children, play has an established and defined function. It promotes the working relationship between patient and therapist, and it allows for the communication of wishes, fantasies, and conflicts in ways the child can express at the level of his or her cognitive capacities (Esman, 1983). The therapist's function is to observe, attempt to understand, integrate, and communicate the meanings of the child's play in order to help the child have a more adaptive existence.

A second approach to play therapy is Client-Centered, or Nondirective, play therapy. Axline, the creator of this type of play therapy, leaves the responsibility and direction of play up to the child. The child is the source of his or her own positive growth and therapeutic direction (Axline, 1947). Non-directive therapy is based upon the assumption that the individual has within himself or herself, not only the ability to solve his or her own problems satisfactorily, but also this growth impulse that makes mature behavior more satisfying than immature behavior (Axline, 1947). More so than any other technique, client-centered play therapy allows the

individual the freedom to be himself or herself without facing evaluation or pressure to change. Axline describes the process as “an opportunity that is offered to the child to experience growth under the most favorable conditions” (as cited in Guerney, 1991, p. 21). Because self-directed play is safe, nothing is held back. (Landreth, 1993).

A third type of play therapy is Family Play Therapy, which combines elements from play and family therapies in addition to the methods of adult education (Griff, 1991). Family play therapy includes parent(s), child(ren), and a therapist, together in a preplanned play situation. This is a short-term play technique, and is intended to be used at the therapists’ discretion as a supplement to other kinds of intervention techniques.

Furthermore, another type of play therapy is Adlerian play therapy, which combines the rationale, media, and strategies of play therapy with the concepts and techniques of Adlerian psychology (Kottman and Johnson, 1993). In applying this type of play therapy, the counselor uses toys and play media as the basis of communicating with the child and building a relationship. The general assumptions underlying Adlerian theory include the concepts that (a) people are social beings who inherently have the need to belong; (b) people are creative, decision-making beings who seek experiences that enhance their own unique life-styles; and (c) behavior is purposeful (Kottman and Johnson, 1993). A therapist utilizing Adlerian play therapy tracks the child’s behavior and restates content to let the child know that his or her feelings, behaviors, and attempts to communicate are important to the counselor (Kottman and Johnson, 1993). Tracking behavior means that the therapist tells the child what the child is doing. Also, the therapist using this type of approach uses encouragement to convey respect for the child’s assets, faith in the child’s abilities, and recognition of efforts and improvement. In other words, if the therapist feels that a child can do something, the therapist should not do this for the child. Instead, let the child know that the therapist is confident in his or her abilities and for the child to try things out.

Difficulties in the Uses of Play Therapy

No matter what kind of realm a practitioner engages in, each child is different, therefore making each therapy situation significantly different than the last. It may be helpful for a play therapist to retain a spectrum of practice, which includes both therapeutic play and preventative play in order to retain a balanced overview as well as the appropriate detachment (Jennings, 1993). It is very important for any practitioner engaging in play therapy to acknowledge his or

her own internal damaged child and seek personal therapy for themselves, otherwise, the therapist will be searching for his or her own resolution through working with the children.

There are many different situations that may be presented to the play therapist presenting new and different kinds of difficulties. One such case is in the instance of child abuse. As a child begins to play and build trust with a therapist, the child will begin to show signs of what conflict he or she is going through while the child is engaging in play. However, it is important that the child realizes that information divulged may not necessarily be held in confidence, especially in situations of child abuse and neglect. This could make the situation tricky for the therapist because the child may then not open up or show any signs if symbolic play (Jennings, 1993). Although evidence from symbolic play is not necessarily sufficient on its own in cases of child abuse, it is still important to report any such suspicion.

Another difficult situation that may be presented is in the case of sudden shock or trauma to a child's life (e.g. the sudden death of parents). It is vital for the play therapist in this situation not to explore aspects of the trauma right away, but use more symbolic play techniques, such as drawing a picture, so that the child has a chance to self-soothe and re-develop a trusting relationship (Jennings, 1993).

Furthermore, some parents do not see the value of play for their children, and therefore, project the idea to their children that play is silly and a waste of time. In these such instances the therapist needs to be extremely sensitive to the child because the play therapist is giving the child permission to do something that is not allowed at home and the child's value system may be in conflict. It is these and other situations that may arise that give the potential for a very difficult play therapy session.

Play Therapy Training

For those individuals who plan to work in the area of play therapy, it is not enough to understand theories of play; it is also essential to be able to engage in play. The first important guideline in the practice of play therapy is that a person cannot be an effective play therapist if he or she is unable to play freely as an adult (Jennings, 1993). If one is going to be able to play with children, he or she must also be able to play themselves as adults. Another guideline in the practice of play therapy is, in order to maximize one's capacity to work as a play therapist, it is necessary to have an extended time in personal play therapy him or her self (Jennings, 1993). Everyone has had an area of childhood that was painful, fearful, or stressed, therefore, a play

therapist needs to have explored in therapy their own lives, with a particular focus on their own childhood experience. Furthermore, due to the dependence of children, work with children inevitably includes work with adults, and a family focus is often essential (Boyd-Webb, 1999). Therefore, before becoming a child therapist, one may need experience as an adult therapist as well.

Self-Efficacy and Play Therapy

Along with the proper training to execute play therapy techniques, self-efficacy is also a critical component. Self-efficacy refers to “individuals’ judgments of their capabilities to execute action required to attain certain levels of performance” (Orpen, 1999, p. 119). Self-efficacy does not necessarily refer to the skills of an individual, but more as to whether or not he or she believes that they can use their skills to reach a certain goal, such as performing really well (Orpen, 1999). Therefore, a variable involved in whether or not a practitioner is performing play therapy techniques is whether or not that practitioner believes that he or she can perform the techniques. Even though the individual has the required training, if he or she does not feel comfortable with the techniques, or in his or her own abilities to execute them, the techniques may go unused. According to Albert Bandura, “perceived self-efficacy is concerned not with the number of skills you have, but with what you believe you can do with what you have under a variety of circumstances” (Bandura, 1997, p. 37).

In a research study conducted by Orpen (1999), the results indicate that among subjects in jobs where self-efficacy was important for effective performance (“confidence” jobs) the relationship between training and improved performance was affected by the subject’s degree of self-efficacy. In other words, the greater these subjects believed that they could execute the skills being trained, the greater their performance would be after training. “Effective functioning requires both skills and the efficacy beliefs to use them well” (Bandura, 1997, p. 37). Although no specific research was found on the relationship between self-efficacy and executing play therapy methods, it is hypothesized that individuals with a higher degree of self-efficacy in this area are more likely to implement play therapy methods.

Research on the Effectiveness of Play Therapy

Throughout history, it is evident that play therapy has been used by child psychotherapists of vastly different philosophical orientations. However, unlike psychoanalysis, behavior therapy, or relationship therapy, play therapy is not, in itself, a particular philosophy of

therapy. Therefore, it is rather difficult to determine precisely the effectiveness of play therapy, in the sense of offering statistical proof towards its effectiveness (Hughes, 1995). Since techniques that work extremely well for one client may not work at all for another, exactly how and when play is incorporated into therapy depends on the needs of the individual client. The proof, therefore, lies in the testimonials of individuals who have utilized and have been affected by play therapy in some way.

While psychoanalytic therapy is not conceived of as a therapeutic agent in its own right, it is one of the many instruments through which the child and therapist communicate with one another toward their ultimate goal. Throughout various case studies, the end result is, not necessarily a solution to the problem at hand, but, the psychoanalytic play therapy enabled the child to communicate in one way or another the conflict that he or she was experiencing at that point in time. In one instance, a child was playing with a family of puppets and acted out the “mommy” and “daddy” puppet arguing and hitting each other. When the therapist questioned this, the child opened up and admitted how often her parents fight and how upsetting that is for the child (Esman, 1983). Through this type of therapy, the problem at hand was not solved, but the child was better able to communicate her worries with the therapist, which would eventually lead to the child receiving help coping with her family situation. Another successful result of Psychoanalytic play therapy is in a case where a six year-old boys acts out a game of “cowboys and Indians.” The cowboy in this instance was reducing the ranks of the Indians, and when questioned why, the little boy answered that the Indians kept taking away all of the cowboy’s things. This instance of play therapy uncovered the boy’s anger towards his parents (Indians) for taking away his (the cowboy’s) things. Again, while this did not provide a solution to the problem, it allowed the child to communicate his feelings of anger and resentment toward his punitive parents (Esman, 1983). Psychoanalytic play therapy has proven time and time again to be an effective way to allow children to open up on level of communication that is comfortable for them.

Child-centered (client-centered) play therapy has a long history of being used effectively in elementary schools and is, perhaps more than any other play therapy approach, truly developmental in nature, because there is no pressure on the child to change (Landreth, 1993). Compared to many therapeutic approaches, there has been a considerable amount of outcome research in client-centered play therapy. It has consistently demonstrated positive treatment

effects. Cox (1953) chose two matched groups of children living together in an orphanage (controlled environment), one group receiving 10 weeks of client-centered play therapy. Pre-post comparison of the Thematic Apperception Test (TAT) and sociometric measures revealed significant changes for the treatment group, while the control group showed no gains at all. Since their environment was as similar as is reasonably possible in clinical studies, the therapy was the only factor to which the gains could be attributed. Although this was an early success, Cox knew that this was a viable treatment method that could only improve over time.

Furthermore, research on the effectiveness of family play therapy has been shown effective in teaching the basic problem-solving skills with which the families involved can resolve future conflicts and promote a healthy, independent, emotional existence. A case illustration is in the instance of a mother trying to accept some amount of her son's aggressive play, alleviate her feelings of discomfort in playing with her son, and generally trying to provide an opportunity to facilitate their interaction with each other (Griff, 1983). Through the play therapy sessions, the mother was not only encouraged to participate in her son's play that evoked feelings of concern in her, but she also observed the therapist's style of play and interaction and used her as a role model. As a result, the mother was more able to allow her son to initiate play activities and in turn, her son as more willing to cooperate in play that he had originally resisted because it was his mother's imposed choice.

While countless case studies have been successfully completed using a variety of play therapy techniques, in little or none of these case studies is the opinion of the therapist as to the effectiveness of the treatment expressed. One could assume that if the therapist did not feel that one particular technique was successful, then that technique would not be utilized. However, it is not specified anywhere in the literature or in any of the case examples. For that reason, further research into the feelings, opinions, and perceptions of the therapist utilizing these techniques is necessary.

Purpose and Hypotheses of Current Study

Although many examples exist as to the effectiveness of play therapy, it is also important to gain an understanding for how the therapist him or her self views the techniques. Simply because many success stories exist from these approaches does not necessarily mean that the therapists' also found them to be successful. Or, on the other hand, maybe these particular case studies were successful because the therapist held them in high regard. They could be examples

of “self-fulfilling prophecies”. Since the therapist felt that the respective technique to whatever problem(s) his or her clients were facing would be highly successful, that may have influenced how the therapy session was conducted. A therapist who does not fully believe in the given technique may not put forth all of his or her effort to make the sessions successful, therefore, confirming his or her original opinion.

It is important to gain an understanding for what the therapists’ opinions are for these techniques in order to get a grasp on the amount of therapists in the field who are actually utilizing these techniques in current practice. Do therapists that personally feel play therapy techniques are not effective go against the research findings and disregard this form of therapy, or do they go ahead and try it out for themselves to confirm or negate their previous hypotheses? On the other hand, is the reason why these therapists are not utilizing this method of therapy because he or she has not had adequate, formal training in the area. If the research is showing time and time again the effectiveness of such treatments, and since play therapy treatments are so situationally specific, then one would assume that regardless of a therapist’s personal preferences, as long as training was received, he or she would at least try it out to see if it would help a particular client. Therefore, the purpose of this study is to examine practitioners’ perceptions of the utility of play therapy, and based on those perceptions, whether or not the practitioner utilizes this form of intervention. The hypotheses are: (1) Practitioners with a higher perception (i.e. positive attitude toward) of the utility of play therapy, implement these strategies more frequently than practitioners who do not find play therapy useful; (2) Practitioners who have undergone some type of play therapy training are more likely to implement the strategies than those who have not had training; (3) Practitioners who value play are more likely to implement the techniques than those who do not value play much; and (4) Practitioners with a greater sense of self-efficacy to implement play therapy methods are more likely to utilize them than those with a lower sense of self-efficacy.

Chapter Three

Methodology

Participants

Questionnaires were originally mailed to 120 practitioners in different fields of practice such as, play therapists, school psychologists, and school counselors. The practitioners were randomly selected from a list of practitioners contrived from their respective national organizations.

Out of the 120 questionnaires mailed, 59 were returned; 21 play therapists, 20 school psychologists, and 18 counselors. This was a 49% response rate. Of all the respondents, 78% reported holding a Master's degree as his or her highest educational degree. Psychology, Education, and Counseling were among the highest reported disciplines of degrees earned among the participants.

Only 18% of the participants reported having coursework while in school that included specific training in play therapy. However, 40% of the participants reported that they either have in the past, or are currently using play therapy methods. Of these individuals, 34% reported being trained from a Child-Centered theoretical model at some point during his or her career, 28% reported training from a Cognitive-Behavioral framework, and 17% reported training from an Eclectic model. The participants were able to give more than one response for that item, and the responses were collapsed in order to determine the most frequently reported models.

Furthermore, of the individuals reported as having ever used, or currently using play therapy, 31% reported practicing their profession in a school, and 17% reported practicing a community health center. Also, 31% reported their primary professional identification as Education/Teacher, 17% reported their identification as a Psychologist, and 10% reported being primarily identified as a Play Therapist. While these were not the only agencies and identifications noted, they were the most frequently reported.

When asked what type of work the practitioners are primarily involved in at these settings, 41% reported counseling, 30% reported play therapy, and 22% reported primarily being involved in assessment/intervention. Also, 33% reported their respective agency having a Cognitive-Behavioral orientation, and 31% reported their agency as having a Child-Centered orientation. On average, 20% of the participants utilizing play therapy methods reported that the age distribution of clients at their primary agency was ages 16 and over, 18% reported ages 10-

12, 15% reported the average age distribution of clients was ages 0-16, and 13% reported ages 7-9. Other ages distributions not as frequently reported were, ages 0-6, 4-6, 4-9, 13-15, and ages 4-12.

Materials

A cover letter and questionnaire were mailed to each of the practitioners participating in this study, and were aimed at exploring their view of the usefulness of play therapy and whether or not they are utilizing, or have ever utilized these therapy methods. The cover letter explained the extent of the practitioners' involvement and also that their involvement was on a voluntary basis. The questionnaire consisted of multiple dimensions being examined in the study as they relate to the implementation of play therapy methods. The dimensions included: the practitioners' value of play, attitudes towards play therapy techniques (usefulness, effectiveness), training received in this area, and self-efficacy to perform techniques. Please see Appendix A.

Instrumentation

There was a pilot study conducted with 14 first and second year school psychology graduate students in order to examine the reliability of the instrument. The average $r = .78025$, with a range of .4419-1.000 on individual questions. In order to examine the validity, the instrument was given to three practitioners in order to determine the readability and face validity of the questionnaire. The practitioners then filled out a short questionnaire inquiring about the readability and face validity of the instrument. The practitioners reported that the questions in the original questionnaire were written in a clear and understandable manner, were directed toward the target audience. Furthermore, they reported that the questionnaire was not too time consuming and that the information generated from this research would be useful to them in practice.

Data Collection

One questionnaire was initially mailed out to each practitioner randomly selected from the list of practitioners from a Midwestern state. Each questionnaire was coded with a number representing the practitioner, so that no names appeared on the questionnaires. As the questionnaires were returned, names were checked off of the list. After two weeks, a second mailing was sent out, to allow for a return of those not returned from the first mailing. Once 50 percent of the questionnaires were returned, the results were analyzed.

Data Analysis

The score on the questions identified in each dimension was combined to get a total (or mean) score on that dimension. The dimensions being examined are: the practitioners' value of play, attitudes towards play therapy techniques (usefulness, effectiveness), training received in this area, and self-efficacy to perform techniques.

A one-way ANOVA was performed comparing the three different groups of practitioners and their responses to each question on the survey, based upon each hypothesis of the study. The questions were then collapsed to form each of the four dimensions being examined in the study: the practitioners' value of play, attitudes towards play therapy techniques (usefulness, effectiveness), training received in this area, and self-efficacy to perform techniques. Please see Appendix B for a description of questions that were included in each dimension. Also, see Tables 1.1-1.4 in Appendix B for the results of the correlations between each question included in each of the four dimensions. A one-way ANOVA was performed comparing the means of these dimensions between the three groups of practitioners.

Chapter Four

Results

Hypothesis #1

The first hypothesis stated that practitioners with a higher perception of (i.e. positive attitude toward) play therapy, implement these strategies more frequently than practitioners who do not find play therapy useful. There were significant differences between the play therapists and the other two groups of practitioners on several of the questions. Please see Table 1.5. The play therapists believe more than the school psychologists and counselors that play therapy is an effective way to work children through conflict. Also, play therapists reported the play therapy techniques that they have tried have proven successful with the children and that they have noticed a significant improvement in the children they have used the techniques with. The play therapists reported more than the other two groups that play therapy is often their treatment of choice because it offers such insight into the child's thoughts. Finally, the counselors reported more than the play therapists that the play therapy techniques that they have administered have not had any effect (positive or negative) on the child, $F(2, 47) = 5.618, p = .006$. The school psychologists and counselors reported more than the play therapists that play therapy is too subjective, and therefore, not useful, $F(2, 56) = 9.835, p = .000$.

Table 1.5

Analysis of Variance for Hypothesis #1

Source	df	F	p
Effective	2, 56	5.982	.004
Successful	2, 49	19.330	.000
Improvement	2, 49	26.707	.000
Treatment of Choice	2, 54	28.136	.000

Upon comparing the three groups of practitioners on the dimension of the practitioners' attitudes towards play therapy techniques (usefulness, effectiveness), there was a significant

difference between the play therapists and the other two groups of practitioners, $F(2, 56) = 6.922, p = .002$. The play therapist had a more positive attitude towards the usefulness and effectiveness of play therapy techniques than the school psychologists and counselors.

Hypothesis #2

The second hypothesis stated that practitioners who have undergone some type of play therapy training are more likely to implement the strategies than those who have not had training. There were significant differences between the play therapists and the other two groups of practitioners. Please see Table 1.6. The school psychologists and counselors reported that they have not had, and do not need, and formal training in play therapy. Also, the school psychologists and counselors reported that they have not been offered opportunities to learn about play therapy methods, but even with the necessary training, still would not utilize the methods. On the other hand, the play therapists reported having sufficient training to administer play therapy techniques.

Table 1.6

Analysis of Variance for Hypothesis #2

Source	df	F	p
Formal Training	2, 53	5.159	.009
Opportunities	2, 55	11.486	.000
Would Not Utilize	2, 54	12.360	.000
Sufficient Training	2, 54	12.376	.000

The results of the comparison of the three groups along the dimension of training received in play therapy, there was a significant difference between the play therapists and the counselors, $F(2, 56) = 4.241, p = .019$.

Hypothesis #3

The third hypothesis stated that practitioners who place more value on play are more likely to implement the techniques than those who do not value play as much. The counselors

disagreed more than the play therapists and school psychologists that there are often hidden messages in an individual's play, $F(2, 56) = 4.115, p = .021$. The school psychologists agreed more than the play therapists that a child's problems can not be adequately attended to simply by playing, $F(2, 56) = 3.795, p = .028$. Finally, there was a significant difference between the play therapists and the other two groups of practitioners regarding the professionalism of play therapy, $F(2, 54) = 12.710, p = .000$. The school psychologist and counselors reported more that play is an unprofessional way to assess a child.

The results of the comparison between the three groups of practitioners along the dimension of the practitioners' value of play, reveal that although there were significant differences on the individual questions, overall, there were no significant differences between the play therapists, school psychologists, and counselors along the dimension of valuing play.

Hypothesis #4

The fourth hypothesis stated that practitioners with a greater sense of self-efficacy to implement play therapy methods are more likely to utilize them than those with a lower sense of self-efficacy. There was significant difference between the play therapists and the two other groups of practitioners regarding confidence in their abilities to perform play therapy methods, $F(2, 54) = 14.564, p = .000$. The play therapists reported that because of their training, they were more confident with their abilities to perform the methods. There was another significant difference between the play therapists and the other two groups of practitioners regarding their comfort in implementing the techniques in their profession, $F(2, 54) = 8.314, p = .001$. The play therapists reported being more comfortable implementing the techniques than the school psychologists and counselors reported.

Finally, in the comparison of the three groups along the dimension of self-efficacy to perform the techniques, there was a significant difference between the school psychologists and the other two groups of practitioners, $F(2, 56) = 4.082, p = .022$. The school psychologists reported the least amount of self-efficacy, or belief in their abilities to administer play therapy techniques.

Play Therapy Users vs. Non-Play Therapy Users

The results of the questionnaire revealed that all of the play therapists that responded reported utilizing play therapy techniques, while only half of the school psychologists and half of the counselors reported utilizing the techniques. A third ANOVA was performed based upon

these results to examine whether there were any significant differences between the school psychologists and counselors who reported using play therapy, and the school psychologists and counselors who reported that they did not use the techniques.

There was a significant difference between the school psychologists who reported using play therapy and the counselors who reported not using it, $F(3, 34) = 3.181$, $p = .036$, in regards to there being hidden messages in an individual's play. The school psychologists agreed more than the counselors that although play may be a simple, fun activity, there are often hidden messages in an individual's play. There was another significant difference between the school psychologists that reported using play therapy and the counselors that did not, $F(3, 25) = 3.641$, $p = .026$, regarding play therapy techniques having an effect on the child. The counselors that reported not utilizing play therapy agree more than the school psychologists that the play therapy techniques they have administered have not had any effect on the child.

There were also significant differences found between the school psychologists who reported using play therapy, and the school psychologists who reported not using play therapy. The school psychologist reported as using play therapy reported undergoing sufficient training to administer the methods, $F(3, 32) = 4.779$, $p = .007$. Also, the school psychologists who reported using play therapy reported more than the school psychologists who do not use play therapy that because of their training, they are confident in their abilities to perform the methods, $F(3, 32) = 3.445$, $p = .028$.

Definitions

The practitioners' also had the opportunity to respond to several open-ended questions on the questionnaire. One such question was regarding the practitioners' definition of play. Some common themes throughout the various definitions were that play consists of: (1) fun, enjoyable, relaxing activities; (2) freely chosen activities; (3) exploration/learning about self and/or environment; (4) intrinsically motivated activities; (5) communication/expression of self and/or emotions; (6) spontaneity, creativity, imagination; and (7) mimicking, pretending, role-playing. Please see Table 1.7.

Table 1.7

Percentages of Agreement Between Practitioners on Definition of Play

Themes	Play Therapy Users (N=38)	Play Therapy Non-Users (N=16)
Fun, enjoyable, relaxing activities	50%	75%
Freely chosen activities	8%	50%
Exploration/learning about self and/or environment	8%	13%
Intrinsically motivated activities	5%	13%
Communication/expression of self and/or emotions	26%	6%
Spontaneous, creativity, imagination	21%	6%
Mimicking, pretending, role-playing	16%	0

The practitioners also had the opportunity to list their definition of play therapy. Several themes were also prominent throughout this question, such as, play therapy involves (1) learning information about self and/or environment; (2) allows different forms of communication; (3) guided or directed play; (4) a way of working through emotions/issues; (5) a *trained* therapist; (6) an expression of feelings/emotions; and (7) a therapeutic situation. Please see Table 1.8.

Table 1.8

Percentages of Agreement Between Practitioners on Definition of Play Therapy

Themes	Play Therapy Users (N=38)	Play Therapy Non-Users (N=13)
Learning information about self and/or environment	5%	46%
Allows different forms of communication	5%	38%
Guided or directed play	5%	15%
Means of working through emotions and issues	42%	31%
Involves a <i>trained</i> therapist	16%	0
Expression of feelings/emotions	26%	0
Takes place in therapeutic situation	32%	8%

There were some differences between what the practitioners utilizing play therapy, either currently or in the past, and those that have never used it described as their definitions of play

and play therapy. For example, regarding the definition of play, 50% (N=16) of the practitioners not utilizing play therapy reported that play involves freely chosen activities, whereas only 8% (N=38) of practitioners using play therapy defined play in the same manner. Also, 26% of the practitioners using play therapy defined play as a communication/expression of self and/or emotions, whereas, only 6% of practitioners not utilizing the techniques defined play in the same manner.

In regards to the practitioners' definitions of play therapy, 16% (N=38) of the practitioners utilizing play therapy included in their definition of play therapy that it involves a trained therapist, whereas none of the practitioners not using the techniques acknowledged this. Also, 26% of the play therapy users noted that play therapy is an expression of feelings and emotions, whereas none of the non-users acknowledged this either.

Chapter Five

Discussion

Based upon the results of this study, it has been shown that three of the four hypotheses were supported. The results demonstrate that the practitioners finding play therapy methods effective and those with a more positive attitude towards the techniques were more frequent users than those with the lower perceptions of play therapy methods. Therefore, practitioners with a higher perception (i.e. positive attitude toward) the utility of play therapy, implement these strategies more frequently than practitioners who do not find play therapy useful. Practitioners who have undergone some type of play therapy training are more likely to implement the strategies than those who have not had training, and, those practitioners that reported having adequate training in the area of play therapy not only reported a greater sense of comfort implementing them in their profession, but they reported higher frequencies of use than those who did not have training in the area.

According to their self-reports, practitioners who value play were not more likely to implement the techniques than those who do not value play much. Although there were some differences among the practitioners of the amount of value placed on play, there was no overall significant differences between any of the three groups of practitioners regarding their use of play therapy based upon their self-reported valuing of play. Practitioners with a greater sense of self-efficacy to implement play therapy methods, however, are more likely to utilize them than those with a lower sense of self-efficacy. The results of this hypothesis tied very closely with that of the hypothesis on training. In general, those practitioners with the proper training reported having greater self-efficacy, or belief in their abilities to implement play therapy techniques, and those who reported having self-efficacy also reported having sufficient training in the area.

Literature Review and Hypotheses

Previous research shows that individuals who have utilized play therapy methods and found them effective, have a higher perception of the technique in general. In the review of literature, there were no cases founded where the practitioner utilized play therapy, without having a high perception of it and/or finding it effective. Likewise, Jennings (1993) states that in order for an individual to carry out play therapy methods, he or she must be trained in the

techniques themselves. The results of this research also support what Jennings has commented on.

In regards to self-efficacy having an impact on whether or not an individual utilizes play therapy, Albert Bandura states, “perceived self-efficacy is concerned not with the number of skills you have, but with what you believe you can do with what you have under a variety of circumstances’ (Bandura, 1997, p. 37). The results of this study support this statement by showing that individuals who believe in themselves to carry out play therapy, and with the proper skills, are more likely to utilize it.

Throughout history, different groups of people and cultures have valued play at different levels. Some saw play activities as sinful, whereas others viewed play as suitable and reasonable activities in a child’s life (Hughes, 1995). Similarly, there were different points of view throughout this study on individuals’ values of play. However, this research did not support that a person’s value of play could indicate whether or not that practitioner would utilize play therapy methods.

Literature Review and Definitions

The definitions of play that the practitioners listed also matched very closely to how several theorists defined play. For example, Rubin, Fein, and Vandenberg (1983) listed five essential characteristics of an activity defined as play: intrinsic motivation, freely chosen activity, pleasurable, nonliteral, and active engagement. These characteristics were mentioned throughout many of the definitions of the practitioners. Also, George Herbert Mead (1934) mentioned that play involves the child shifting from one role to another and is forced to change his or her perspective, otherwise known as role-playing. This is also a characteristic that many of the practitioners mentioned in their definitions of play.

Furthermore, Jennings (1993) stated that in order to execute play therapy techniques, one needs to be able to play as an adult, in order to play with children. However, many of the practitioners disagreed with this quality throughout their definitions of play therapy. Also, in the study previously mentioned by Orpen (1999), he found that the relationship between training and improved performance was affected by the subject’s degree of self-efficacy. This goes along with the results that those practitioners with the proper training had an increased amount of self-efficacy, and therefore, implemented the techniques more frequently than those without the proper training and lack of self-efficacy.

Limitations

There were several limitations to this study. First of all, the respondents all completed questionnaires based on self-report. There is always the likelihood with self-report that the answers are not 100% accurate or descriptive of actual practice. A second limitation to this research is that there was a significantly greater return rate from practitioners utilizing play therapy than those not utilizing it. There may be a bias in the group not utilizing play therapy in that even though the people who responded were not using play therapy methods, they may still be inclined to value play. However, this research does not show if those who did not respond simply did not due to a lack of value of play on their part. A third limitation is that the only practitioners surveyed were those that belonged to a professional organization. Many times, individuals belonging to professional organizations have more information available to them on different assessments/techniques, such as play therapy, than those who do not belong to organizations. Likewise, those who belong to organizations may have the opportunity to communicate with other practitioners and discuss what is working and not working and then try new techniques out. Further research may be needed exploring practitioners who are not necessarily affiliated with an organization, in order to see if that effects the use, or lack there of, of play therapy techniques. Finally, a fourth limitation to this study is in the design of the questionnaire. The final two pages are designed for individuals who are currently, or have ever used play therapy methods. However, it is unclear if respondents did not answer the last couple of pages because they have never used play therapy, or simply because they did not realize that the questionnaire continued on. It is recommended that further research address the question of whether or not an individual has ever used play therapy, instead of assuming that unanswered questions mean he or she has not used the methods.

Summary

In spite of these limitations, while the review of literature did not reveal past research exploring practitioners' feelings and attitudes toward the use and effectiveness of play therapy, this research accomplished the goal of revealing a glimpse of practitioners' perceptions and feelings toward the use of play therapy. As was hypothesized, practitioners with a higher perception of play therapy, proper training, and self-efficacy are more likely to utilize play therapy methods. The hypothesis of practitioners who place a higher value on play itself was not supported in terms of being more likely to implement play therapy.

Further research is recommended exploring this area with practitioners outside of the Midwestern state used in this research, and also with practitioners who are not currently members of a professional organization.

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Appendix A
Cover Letter and Questionnaire

(Put on University Letterhead)

Dear (school psych, counselor, play therapist, etc),

I am a graduate student in the Department of Educational Psychology at Miami University, and as a thesis project, I am conducting a study of (school psych, counselor, play therapist, etc) regarding their perspectives and uses of play therapy techniques. Your name has been randomly selected from a list of (school psych, counselor, play therapist, etc) working in the state of Ohio, and I am asking for your assistance with this research.

Please find attached to this letter, a survey that should take between 10 and 15 minutes to complete. This survey is an attempt to gather information on, and evaluate the use of, play therapy techniques throughout the state of Ohio. All answers will be confidential; they will be analyzed in conjunction with other responses and will not be identifiable individually. A number will be assigned to each participant's survey for tracking purposes; a second survey will be sent out to those who did not respond to the first, in case it was misplaced, forgotten, etc. The number will not be used to link names to responses, and the list of numbers/names will be kept separate from the completed surveys. The list will be disposed of as soon as the response time has expired. There are no correct or incorrect answers, and your participation is strictly on a voluntary basis. By completing and sending in the attached survey, you are giving your consent to participate in this study.

If you have any questions about the survey or about the entire study, or if you would like a copy of the results of this research, please contact Ann Marie Lundberg at (513) 529-8051, or by email: lundbeam@muohio.edu. You may also contact Doris Bergen, faculty advisor, at (513) 529-6622, or by email: bergend@muohio.edu.

You may contact the Miami University Institutional Review Board for Human Subjects Research at the following address and telephone number if you have questions regarding your rights as a research subject.

102 Roudebush Hall
Oxford, OH 45056
(513) 529-3734
humansubjects@muohio.edu

If you choose to participate in this study, please return the survey in the self-addressed stamped envelope provided by (date). Thank you very much for your time and assistance.

Sincerely,

Ann Marie Lundberg, M.S.

Perceptions and Utilization of Play Therapy

Professional Field: _____ Years in this Position: _____

Gender: Male ___ Female ___ Age: _____

Survey Part I

Directions: Please answer the following questions as completely as possible, in 3 sentences or less.

- 1). What is your definition of play?

- 2). What is your definition of play therapy?

Survey Part II

Directions: Please answer the following questions based on the following scale.

1	2	3	4	5
Completely Disagree	Disagree	Undecided	Agree	Completely Agree

- | | | | | | |
|---------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1). I believe that play is an integral part of any individual's life. | 1 | 2 | 3 | 4 | 5 |
| 2). Only children can fully engage in play. | 1 | 2 | 3 | 4 | 5 |
| 3). Play therapy is an effective way to work children through conflict. | 1 | 2 | 3 | 4 | 5 |
| 4). Play can be seen as an expression of an individual's emotions. | 1 | 2 | 3 | 4 | 5 |
| 5). Administering play therapy techniques can be a self-taught process. No formal training is required. | 1 | 2 | 3 | 4 | 5 |

(over)

	1	2	3	4	5			
	Completely Disagree	Disagree	Undecided	Agree	Completely Agree			
6). Play is a normal, childhood activity that should not be analyzed.				1	2	3	4	5
7). Play therapy is an insightful way to discover what children are really thinking and feeling.				1	2	3	4	5
8). While play may be a simple, fun activity, there are often hidden messages in an individual's play.				1	2	3	4	5
9). The play therapy techniques that I have administered have not had any effect (positive or negative) on the child.				1	2	3	4	5
10). I have not had, and do not need any formal training in order to implement play therapy techniques.				1	2	3	4	5
11). Play therapy is often too subjective, and therefore, not very useful.				1	2	3	4	5
12). There are certain methods of play therapy that are more effective than others.				1	2	3	4	5
13). I believe that if I had more training in play therapy techniques, that I would be able to successfully implement the methods.				1	2	3	4	5
14). Even if I had the necessary training to administer play therapy techniques, I still would choose not to utilize them.				1	2	3	4	5
15). I have undergone sufficient training in order to administer play therapy.				1	2	3	4	5
16). Because of my training, I feel confident in my ability to perform play therapy techniques.				1	2	3	4	5
17). I have not been offered opportunities to learn more about play therapy methods.				1	2	3	4	5

	1	2	3	4	5			
	Completely Disagree	Disagree	Undecided	Agree	Completely Agree			
18). I do not feel comfortable performing play therapy techniques in my profession.				1	2	3	4	5
19). I do not feel that a child's problems can be adequately attended to simply by playing.				1	2	3	4	5
20). If I received more training on play therapy methods, I would feel more comfortable utilizing the techniques.				1	2	3	4	5
21). The play therapy techniques that I have tried, have proven successful with the children.				1	2	3	4	5
22). I have noticed a significant improvement in the children that I have used play therapy techniques with.				1	2	3	4	5
23). I feel that play is an unprofessional way to assess a child.				1	2	3	4	5
24). Play therapy is often my treatment of choice, because it offers such insight into the child's thoughts.				1	2	3	4	5
25). Even if I had no training in play therapy, I would still be able to perform play therapy techniques.				1	2	3	4	5

Directions: Please answer the following questions about your background.

Background Information

- 1). What is the level of your highest degree?
 - Bachelors
 - Masters
 - Doctorate
 - None
 - Other _____

(over)

2). From which discipline is your highest degree?

- Psychology
- Psychiatry
- Education
- Counseling
- Social Work
- Other _____

3). While in school, did you receive coursework that included specific training in play therapy?

- Yes
- No

Directions: Please answer the following questions *ONLY IF* you are currently using, or have ever used play therapy methods.

1). What percentage of your time do you work with clients that are ages:

- 0-3 yrs _____%
- 4-6 yrs _____%
- 7-9 yrs _____%
- 10-12 yrs _____%
- 13-15yrs _____%
- 16 + _____%

2). When you are working with the ages mentioned above, what percentage of your time do you use play therapy?

3). With what ages are you using, or have you ever used, play therapy techniques with?

4). What methods/techniques of play therapy do you typically use?

5). Please describe any training, since your highest degree, that you have received to perform play therapy techniques.

6). What theoretical model was taught in your coursework/training? Please select the 2 most stressed.

- Child-Centered
- Filial
- Adlerian
- Jungian
- Eco-Systemic
- Theraplay
- Eclectic
- Cognitive-Behavioral
- Sandtray
- Other _____

7). What type of agency/setting do you primarily practice in?

- Private Practice
- School
- Child Welfare (i.e. foster care)
- Community Mental Health Center
- Juvenile Justice
- Residential
- Group Home
- Private Non-Profit
- Hospital
- University
- Other _____

8). What is your primary professional identification at this agency/setting?

- Play Therapist
- Psychologist
- Education/Teacher
- Counselor
- Social Worker
- Other _____

9). What types of work do you do in this agency/setting? Please select 2 or less choices.

- Play Therapy
- Counseling
- Assessment/Intervention
- Administrative/Planning
- Training/Education
- Research
- Other _____

10). What theoretical orientation is utilized at this agency/setting? Please select 2 or less choices.

- Child-Centered
- Filial
- Adlerian
- Jungian
- Eco-Systemic
- Theraplay
- Eclectic
- Cognitive-Behavioral
- Sandtray
- Other _____

11). On average, what is the age distribution of the clients at this agency/setting?

- Age 0-3
- Age 4-6
- Age 7-9
- Age 10-12
- Age 13-15
- Age 16 +

Appendix B

Individual Items From Questionnaire Included Under Each Dimension and Correlations Between Questions

Dimension: Practitioners' Value of Play

- I believe play is an integral part of any individual's life.
- Play can be seen as an expression of an individual's emotions.
- Play is a normal, childhood activity that should not be analyzed.
- While play may be a simple, fun activity, there are often hidden messages in an individual's play.
- I do not feel that a child's problems can be adequately attended to simply by playing.
- I feel that play is an unprofessional way to assess a child.

Dimension: Practitioners' Attitudes Towards Play Therapy Techniques (i.e. usefulness, effectiveness)

- Play Therapy is an effective way to work children through conflict.
- Play therapy is an insightful way to discover what children are really thinking and feeling.
- The play therapy techniques that I have administered have not had any effect (positive or negative) on the child.
- Play therapy is often too subjective, and therefore, not very useful.
- There are certain methods of play therapy that are more effective than others.
- The play therapy techniques that I have tried have proven successful with the children.
- I have noticed a significant improvement in the children that I have used play therapy techniques with.
- Play therapy is often my treatment of choice, because it offers such insight into the child's thoughts.

Dimension: Training in Play Therapy

- Administering play therapy techniques can be a self-taught process. No formal training is required.
- I have not had, and do not need any formal training in order to implement play therapy techniques.
- Even if I had the necessary training to administer play therapy techniques, I still would choose not to utilize them.
- I have undergone sufficient training in order to administer play therapy.
- I have not been offered opportunities to learn more about play therapy methods.
- Even if I had no training in play therapy, I would still be able to perform play therapy techniques.

Dimension: Self-Efficacy to Administer Play Therapy Techniques

- Only children can fully engage in play.
- I believe that if I had more training in play therapy techniques, that I would be able to successfully implement the methods.
- Because of my training, I feel confident in my ability to perform play therapy techniques.
- I do not feel comfortable performing play therapy techniques in my profession.
- If I received more training on play therapy methods, I would feel more comfortable utilizing the techniques.

Table 1.1

Correlations of Questions Included in Value of Play Dimension

	Play is integral part of individual's life	Play is an expression of individual's emotions	Play should not be analyzed	There are often hidden messages in an individual's play	Child's problems cannot be adequately attended to by playing	Play is an unprofessional way to assess a child
Play is integral part of individual's life	1.00					
Play is an expression of individual's emotions	.887	1.00				
Play should not be analyzed	.099	.593	1.00			
There are often hidden messages in an individual's play	.470	.002**	.255	1.00		
Child's problems cannot be adequately attended to by playing	.258	.216	.637	.016*	1.00	
Play is an unprofessional way to assess a child	.533	.012*	.581	.059	.001**	1.00

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Table 1.2

Correlations of Questions Included in the Usefulness/Effectiveness of Play Therapy Dimension

	P.T. is an effective way to work children through conflict	P.T. can discover what children are really thinking and feeling	P.T. I have administered have not had any effect on child	P.T. is too subjective, therefore not useful	Certain methods are more effective than others	Techniques I have tried have proven successful with children	I have noticed a significant improvement in the children I have used p.t. with	P.T. often my treatment of choice because it offers insight into thoughts
P.T. is an effective way to work children through conflict	1.00							
P.T. can discover what children are really thinking and feeling	.002**	1.00						
P.T. I have administered have not had any effect on child	.056	.004**	1.00					
P.T. is too subjective, therefore not useful	.020*	.008**	.000**	1.00				
Certain methods are more effective than others	.392	.665	.065	.321	1.00			
Techniques I have tried have proven successful with children	.000**	.011*	.003**	.000**	.726	1.00		
I have noticed a significant improvement	.000**	.019*	.022*	.000**	.954	.000**	1.00	

in the
children I
have used
p.t. with

P.T. often my treatment of choice because it offers insight into thoughts	.000**	.001**	.008**	..000**	.270	.000**	.000**	1.00
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** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Table 1.3

Correlations of Questions Included in the Training Dimension

	No formal training required for play therapy	I have not had, and do not need, formal training in play therapy	Even with the necessary training, I would still not utilize the methods	I have undergone sufficient training to administer the methods	I have not been offered opportunities to learn about methods	Even with no training, I would still be able to perform techniques
No formal training required for play therapy	1.00					
I have not had, and do not need, formal training in play therapy	.000**	1.00				
Even with the necessary training, I would still not utilize the methods	.149	.000**	1.00			
I have undergone sufficient training to administer the methods	.251	.000**	.000**	1.00		
I have not been offered opportunities to learn about methods	.039	.002**	.000**	.000**	1.00	
Even with no training, I would still be able to perform techniques	.000**	.074	.928	.805	.118	1.00

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Table 1.4

Correlations of Questions included in the Self-Efficacy Dimension

	Only children can fully engage in play	If I had more training, I could implement play therapy methods	I am not comfortable performing techniques in my profession	If I received more training, I would be more comfortable utilizing techniques	Because of my training, I am confident in my ability to perform methods
Only children can fully engage in play	1.00				
If I had more training, I could implement play therapy methods	.025*	1.00			
I am not comfortable performing techniques in my profession	.672	.227	1.00		
If I received more training, I would be more comfortable utilizing techniques	.251	.000**	.518	1.00	
Because of my training, I am confident in my ability to perform methods	.380	.105	.000**	.021*	1.00

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Appendix C
Demographic Information on Respondents and
Means and Standard Deviations of Each Item

Table 1.9

Demographic Information on Respondents

Demographic	Frequency	Percent of Total Respondents N = 59
Play Therapist	21	36
School Psychologist	20	33
Counselor	18	31
Currently are using, or have ever used play therapy	40	68
Female	49	83
Male	9	17
Bachelor's Degree	1	1
Master's Degree	46	79
Doctorate Degree	6	10
Other Degree	6	10
Psychology Background	13	22
Psychiatry Background	2	3
Education Background	17	29
Counseling Background	16	27
Social Work Background	8	14
Other Background	3	5

*Ages of respondents = 23-65 years of age
Years of experience of practitioners = 1-29 years

Table 2.1

Means and Standard Deviations of Each Item Based on Professional Field

	Play Therapist N = 21		School Psychologist N = 20		Counselor N = 18	
	M	SD	M	SD	M	SD
Believe play is an integral part of individual's life	4.71	.72	4.70	.57	4.94	.24
Only children can fully engage in play	1.67	.91	1.65	1.27	1.78	1.00
Play therapy is an effective way to work children through conflict	4.76	.44	4.15	.75	4.28	.57
Play is an expression of an individual's emotions	4.70	.47	4.35	.67	4.33	.49
No formal training required for play therapy	1.76	.94	2.20	.83	2.06	.73
Play should not be analyzed	2.52	.87	2.15	1.04	2.11	.76
Play therapy can discover what children are really thinking and feeling	4.52	.51	4.15	.67	4.28	.46
There are often hidden messages in an individual's play	4.24	.62	4.25	.64	3.72	.67
Play therapy I have administered has not had any effect on child	1.33	.91	1.88	.72	2.31	.85
I have not had, and do not need, formal training in play therapy	1.33	.73	1.94	.94	2.06	.56
Play therapy too subjective, therefore, not useful	1.38	.59	2.50	1.19	2.11	.47
Certain methods of play therapy are more effective than others	3.55	.94	3.90	.72	3.44	.62

Table 2.1 (continued)

	Play Therapist N = 21		School Psychologist N = 20		Counselor N = 18	
	M	SD	M	SD	M	SD
If I had more training, I could implement play therapy methods	3.76	1.04	3.61	.85	3.76	.56
Even with the necessary training, I would still not utilize methods	1.14	.36	2.16	.90	2.24	.97
I have undergone sufficient training to administer play therapy methods	4.05	1.16	2.50	1.36	2.44	.81
Because of my training, I am confident in my ability to perform methods	4.33	.80	2.70	1.38	2.75	1.00
I have not been offered opportunities to learn about methods	1.29	.46	2.40	1.43	2.94	1.20
I am not comfortable performing techniques in my profession	1.33	.91	2.40	1.10	2.50	.97
I do not feel a child's problems can be adequately attended to simply by playing	1.90	1.04	2.80	1.20	2.61	1.04
If I received more training, I would be more comfortable utilizing techniques	3.52	1.03	3.58	1.12	3.76	.56
The play therapy techniques that I have tried have proven successful with the children	4.62	.50	3.63	.81	3.47	.52
I have noticed a significant improvement in the children I have used play therapy with	4.57	.51	3.52	.93	3.07	.59

Table 2.1 (continued)

	Play Therapist N = 21		School Psychologist N = 20		Counselor N = 18	
	M	SD	M	SD	M	SD
I feel that play is an unprofessional way to assess a child	1.05	.22	1.63	.50	1.71	.59
Play therapy is often my treatment of choice, because it offers insight into thoughts and feelings	4.38	.74	2.40	.94	3.13	.89
Even with no training, I would still be able to perform techniques	2.10	1.00	2.42	.90	2.71	.85