

Therapeutic Play: Undergraduate Students' Perceptions of the Process and Outcome, of Supervised Play-based Training

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Abstract

Play is children's natural mode of communication. Professionals who work with children must respond in a way that is developmentally appropriate, such as through play and play-based interventions. In this study we used a qualitative research design to evaluate students' perceptions of the process and outcome of an undergraduate, university course designed to teach students basic child-centered play therapy skills. Results of this study indicate that students valued the process of learning play-based skills and perceived positive outcomes in their professional and personal relationships based on the training.

Keywords: Play Therapy, qualitative research, Child-Centered play therapy

1. Introduction

Psychologist Jean Piaget discovered that children move through stages of cognitive development (Piaget, 1962). He emphasized that children are not unintelligent; rather they learn and communicate differently than adults. During childhood, children make sense of and discover their world through play. As they mature, they develop the ability to use and apply logic to their emotions, thoughts, and behaviors.

According to Piaget, people do not reach the capacity for abstract reasoning, typically needed for talk therapy, until middle adolescence. Play therapy is used with children because of the very reasons Piaget discovered. Landreth (2012) described that toys are the words of children and the use of toys (play and activity) is their language. Unlike traditional counselling that requires the child to participate in the adult's way of communicating, play therapy honors children's natural communication style, play.

Here, children are afforded the opportunity to express themselves, learn about the world, and practice new ways of being. Play is the process that unfolds in session rather than a tool used to get children to talk.

Bratton, Ray, Rhines, and Jones (2005) conducted the largest meta-analysis of play therapy research. They reviewed 93 quantitative studies in which play therapy was the independent variable. Bratton et al., found that play therapy interventions contributed to a decrease in children's undesirable behaviors and revealed an overall large effect size ($ES = .92$) for children who received humanistic, nondirective play therapy interventions such as child-centered play therapy (CCPT). For children who received more directive interventions, their effective size was "moderate" ($ES = .71$).

1.1 Child-Centered Play Therapy

Child-centered play therapy (CCPT) is the most utilized play therapy theory (Lambert et al., 2007), and of all play therapy theoretical approaches, it has the most published research to support its effectiveness. Developed by Virginia Axline and further developed and popularized by Landreth, CCPT is based on the theoretical tenets of Rogers' person-centered theory (Axline, 1947; Landreth, 2012). The experience of being in a relationship that encompasses warmth, empathy, and positive regard is sufficient for client change (Landreth, 2012). The counseling session is one in which the child is in the lead and the play therapist attends to the feelings, wishes, and desires of the client creating a felt sense for the client that he or she is understood.

Child-centered play therapists have universal beliefs including: children deserve respect, children have inherent tendency toward maturity and growth, children are capable of positive self-direction, and children will take the therapeutic relationship where it needs to be (Landreth, 2012). Axline (1947) outlined the following eight basic principles of CCPT. The therapist is genuinely interested in the child and develops a warm, caring relationship. The therapist experiences unconditional positive regard for the child and accepts him or her just as he or she is without the desire for the child to change. The therapist creates a feeling of permissiveness within the safety of a trusting and consistent relationship. The therapist understands and reflects the child's feelings back to him or her without judgment. Child-centered play therapists believe in the child's capacity for the responsible behaviors and decision-making. The therapist trusts the child to move toward healing and maturity. The therapist does not have a need to rush the child; he or she appreciates the gradual nature of the play therapy process. The therapist does not create frivolous limits that restrict a child from expression; rather, limits are only used to promote the relationship and practice relationship responsibility.

1.2 Children in Need of Empathic Relationships

It is estimated that less than 30% of children in need of mental health services will receive the care they need (Mental Health America; MHA, 2009). Children who do not receive early intervention for their mental health needs are at risk for continued and more severe problems over time such as school dropout, drug use, incarceration, and teenage pregnancy (National Center of Children in Poverty, 2012; Peth-Pierce, 2000; Thompson, 2002; U.S. Department of Health & Human Services, 2010). Part of the challenge lies with the lack of available services to children. Whereas it is optimal for children to have regular access to mental health support through school and community-based counsellors, this is not always feasible due to family and community resources. Paraprofessionals can be trained in therapeutic skills in order to raise their awareness of children's needs, encourage children's adaptive behavior, and communicate with children more effectively. Mental health providers, as well as parents, teachers, childcare providers, nurses, and others have the potential to build empathic, nurturing relationships with children that can contribute to their wellness and positive social and emotional health.

1.3 Therapeutic Play

Therapeutic Play is an undergraduate-level course designed to teach undergraduate students CCPT philosophy and skills, much like a basic play therapy course for graduate-level students. Students who enroll in this course are often in psychology, social work, counselling, child development, family services, or education oriented undergraduate programs. However, students of any major program of study are eligible to enroll in this course. The instructor is a counsellor with extensive play therapy training, experience and supervision. Classes are held twice a week, for 80-minute class sessions over the course of a standard 16-week semester.

1.3.1 Goals of Therapeutic Play

The major goal of Therapeutic Play is for students to gain a deeper understanding of the needs of children and be able to address them in a developmentally responsive way. Students are taught basic CCPT skills and concepts including how to set-up a play experience that is responsive to children's communication style.

1.3.2. Assignments

The Therapeutic Play course includes several assignments designed to increase awareness, provide opportunity for practice, and create self-reflection for students. In addition to weekly readings and a mid-term and final exam, students submit a review of play therapy research literature and read Virginia Axline's (1985) classic book, *Dibs: In Search of Self*. The class participates in weekly book discussion group to help expand their understanding of the therapeutic skills as well as the theoretical underpinnings of CCPT. Students are partnered and provided role-play/practice time during the course period. Students practice CCPT skills with a peer and receive immediate feedback from the instructor or assigned supervisor. As an integral part of the training, students watch the instructor conduct two live 30-minute role-play play sessions with a child. Following the observed session, the instructor and students process their reactions. The skill-based home assignment requires students to select a young child (3 – 6 years-old) whom the student knows, and conduct a 30-minute play session. To facilitate this requirement, each student creates a mini-playroom at home, conducts a play session, and records the experience. Students write their evaluations of skills they used, areas for improvement, and their responses to the experience.

2. Purpose of the Study

The purpose of the current study was to examine undergraduate students' perceptions of the Therapeutic Play course. We sought to explore students' views of the training process, specifically the structure and content of the course.

2.1. Research Questions

This study addressed the following guiding research questions: (1) Among students who completed supervised experience in Therapeutic Play, what are students' perceptions of the process and outcome of Therapeutic Play training and supervision? (2) Among students who completed supervised experience in Therapeutic Play, what are students' perceptions of the impact of therapeutic play training and supervision on the students, their beliefs about children, their interactions with children, and their play therapy knowledge and skills?

2.2. Research Design

According to Leedy and Ormrod (2010), when little information exists on a topic or when variables are unknown, qualitative research can help define the parameters of a given phenomenon. We employed a qualitative approach to gain an understanding of participants' perceptions of the Therapeutic Play course. In line with this method, we utilized audio-taped and transcribed interviews.

3. Methodology

3.1 Participants

This study was conducted at a large Southern public university. Undergraduate students enrolled in two sections of Therapeutic Play were recruited for the study. Students were made aware of their voluntary participation and their choice to withdraw from the study at any time without any negative impact to their grade or standing in the course. Students enrolled in the two sections of this course were between the ages of 19 and 22-years-old, and identified as European American, African American, or Asian American. Whereas most students were family services or child development majors, students held a variety of majors including business and art. A total of eight students chose to participate in the research.

3.2. Individual Interviews

At the end of the Therapeutic Play course and after final grades had been posted, we conducted 1hr semi-structured interviews with each research participant. Using an interview protocol (with follow-up prompts) we examined participants' impressions of the process and outcome of the Therapeutic Play course. We also explored students' perceptions of the impact of the course training and supervision on their selves, their beliefs about children, their interactions with children, and their play therapy knowledge and skills. Examples of interview questions include: "What did you learn about yourself as a result of the supervised therapeutic play experience?"

"If you were to participate in this class or experience again, what aspects would you change?" "Has the way you interact with children changed? If so, how?" and "In what ways has your behavior or relationships been affected by what you learned or experienced during Therapeutic Play?"

3.3. Qualitative Data Analysis Strategy

We employed an adaptation of Huberman and Miles (1994) data analysis strategy and adopted an inductive-deductive approach (e.g., Varjas, Nastasi, Moore, & Jayasena, 2005) to analyze the data. The early stages in qualitative data analysis entailed an inductive process often called *open coding* (Corbin & Strauss, 2008). This allowed for the development of data patterns and themes. The later stages of coding were primarily deductive and included confirming codes developed during the inductive stages (Patton, 2002).

- 3.3.1. Trustworthiness.** According to Patton (2002), trustworthiness reflects the strength, integrity and overall quality of a study. The strategies we used to ensure trustworthiness included: (a) an audit trail, involving a careful record of all aspects of data collection, reduction and analysis (Guba & Lincoln, 2005), including interview protocols, informed consent forms, and the coding manual; and (b) a thick description, delineating the research context, course protocol, and research procedures with sufficient detail to allow for replication of the research study.
- 3.3.2. Margin notes.** Three coders independently analyzed the data. This involved sketching ideas and writing marginal notes on the interview transcripts (Miles & Huberman, 1994). As the data was examined, the coders recorded their reactions to the material.
- 3.3.3. Summarizing marginal notes.** During weekly data analysis meetings, the coders compared marginal notes, discussed reflections, and developed a summary sheet (Miles & Huberman, 1994). This summary sheet included ideas that were common to each of the coders.
- 3.3.4. Making metaphors.** This is a preliminary step in the development of codes and involved *playing with words* (Creswell, 2007). In this stage, the coders examined the summary sheet and coined key phrases. These terms developed from their understanding of the focus of the study, research questions, course, and interview protocols.
- 3.3.5. Code Development.** The coders compared and contrasted the key phrases, placed them in categories and developed category headings. They further reduced the information (Creswell, 2007) by collapsing some of the categories, revising category headings and developing a preliminary coding manual (Huberman & Miles, 1994).
- 3.3.6. Initial coding.** To establish inter-coder agreement (e.g., Marques & McCall, 2005) the coders independently analyzed all the interviews using the preliminary coding manual. During weekly data analysis meetings, they discussed results, including points of agreement and discrepant coding. This practice continued until a mean agreement of 85% was reached on all coding categories (Bakeman & Gottman, 1997), at which point the coding manual was finalized.
- 3.3.7. Final coding.** To guarantee continued inter-coder agreement, the coders independently analyzed all eight interviews using the finalized coding manual. During the weekly data analysis meetings, coders continued discussion discrepant coding and coder drift (Marques & McCall, 2005). Inter-coder agreement ranged from 85% to 90% throughout the final coding period.

4. Findings

We used a qualitative approach to examine students' perceptions of the process and outcome of an undergraduate Therapeutic Play course that was designed to teach students the basic child-centered play therapy (CCPT) skills and philosophies. Analysis of the individual interviews revealed four themes: *therapeutic play*, *reaction to Therapeutic Play class*, *others' responses to therapeutic play language*, and *personal dimensions*.

Therapeutic play skills referred to participants' feelings and thoughts about applying the skills in class as well as in daily life. Many of the participants described using the therapeutic play skills with children and adults in their lives. One student commented on her experiences with adults:

I liked the reflection [of feeling] because sometimes when people talk to you about something and it's kind of awkward and I don't know what to say. Now I just reflect "oh, you seem really frustrated" and they're like, "Yeah! Thank you!" So yeah [these skills] are really helpful, not only to children.

Another student provided an example of the use of play therapy skills with children:

I work in a day care and I caught myself reflecting to the kids a whole lot, and I guess I didn't do that prior to the Therapeutic Play class. It's kind of interesting because I get some different responses from the kids. When we've practiced with other people in the class, pretending to be kids and stuff it always sounds really cheesy. It never sounds very natural. But it comes pretty natural when I'm at work.

The theme *reaction to Therapeutic Play class* was used to identify when participants' shared their experiences, thoughts, and emotions regarding the class content, structure, practice sessions, instructor, supervisor, and other students. Participants had a positive reaction to the course and their experience. A representative comment from one participant is "I felt like I got more out of it than my other classes."

Another example, specific to content and structure of the course is:

The fact that we get to watch our instructor actually do a play therapy session, I think that was really helpful. She had an example for [all of the skills] we learned in one of her sessions, so we actually got to see it and not just read about how we're supposed to do it. I think that actually seeing it and then practicing it yourself in the playroom- that helps a lot.

A student described his or her experience with the instructor,

One thing that I noticed that was really cool was [the instructor] learned our names really fast. [After] probably the first two times she had everyone's name down. So it kind of felt like we all had a connection to her because she actually took the time to learn who we were.

Participants described using their newly learned therapeutic play skills with people in their lives. *Others responses to Therapeutic Play language* was used to identify the reactions from the children or adults with whom the participant had an existing relationship. The participants noted positive responses from others. One student said, "I would respond [to college roommates] in a way that we would to a kid and they would kind of pause for a second but then they would continue on and go deeper into what they were talking about."

Personal dimensions was characterized by participants' description of their personal reactions to the class material. This theme included perceived areas of growth or increased self-awareness. One student said,

[This] actually was a really great experience. I gained so much from it and I learned a lot. Not only about therapeutic play but about myself, and it truly is just a great experience and I was so glad I was a part of it. [This] kind of solidified my [wanting] to go into the counselling field and it gave me a whole new perspective on how to approach certain situations.

5. Discussion and Implications

One of the primary objectives of the Therapeutic Play course is for students to be able to understand the language of play and apply it with children in a wide range of settings. Axline (1974) and Landreth (2012) described play as the inherent mode of communication for children based on an understanding of cognitive development. The findings of this study suggest that participants were able to understand and implement the language of play with children.

Likewise, according to participants' responses, therapeutic play skills were integrated and applied in relationships outside of the classroom setting. Applying course content to areas outside of class is often a goal of academic learning. Findings of this study imply that participants were able to apply the specific skills with children outside of the classroom context (e.g. child-care work). Participants also described using learned skills, such as reflection of feeling, with other adults including friends, family members, and co-workers. They used the skills in the context of existing relationships and noted positive results that included improved communication and understanding of one another. Because CCPT skills are grounded in relationship building (Axline, 1974; Landreth, 2012), people who use these skills in their relationships are likely to improve and strengthen their current and future relationships.

As noted, approximately 30% youth in the United States are in need of professional mental health services, and many children will not receive professional counselling (MHA, 2009). The majority of students in the Therapeutic Play course indicated family services or school-based careers as their primary goal of education. After completing this course they will not be considered a mental health professional in terms of providing psychological services; however, they may interact with children and families as part of their regular work tasks.

It is likely that the participants' positive perceptions of this course and development of CCPT skills will be a part of their future work with children and families. Because CCPT has been shown to be effective in working with children with a variety of presenting issues (Bratton et al., 2005), it seems reasonable to believe that children will benefit from a relationship steeped in CCPT skills and attitudes. This may result in the reduction of children's future problems such as school dropout, drug use, incarceration, and teenage pregnancy- issues commonly correlated with at-risk children not receiving intervention services (National Center of Children in Poverty, 2012; Peth-Pierce, 2000; Thompson, 2002; U.S. Department of Health & Human Services, 2010).

In the current study student participants described their classroom experience in the Therapeutic Play class as meaningful, insightful, and beneficial to their personal and professional growth. They made positive statements about the class content (e.g. skills, homework assignments, and learning objectives) and structure (e.g. in-class activities, and supervised skills sessions). Particularly noted, was the supervised practice skills sessions and observation of live skill demonstrations. Participants described these activities as influential to their understanding of and ability to apply the CCPT skills. The variety of at-home and in-class assignments and activities were intentionally designed to integrate CCPT skills into the students' natural way of being with children outside of the classroom setting. Thus, the learning extends beyond the classroom, which is often a goal of the education process.

The implications of this are two-fold. First, instructors who teach CCPT skills and concepts are encouraged to use a variety of teaching methods that includes skill-based learning activities. Examples might include role-plays, videos, live demonstrations, and other hands-on experiences. Participants noted the class activities as important and meaningful to their learning. Second, when the skills are used outside of the classroom with people in students' everyday lives, more people will be positively affected by use of the CCPT skills and concepts. As students graduate and start to enter the work field, they will encounter adults and children who may benefit from their improved communication and relationship skills in their daily relationships.

6. Limitations and Recommendations

Due to the qualitative nature of the study, we determined a smaller number of participants would provide us the means to illuminate students' experiences. The research participants of this study represented an isolated geographic location and limited diversity. Although we were able to gather rich descriptions of participants' experiences and perceptions, we acknowledge the limitation of the generalizability of the results. Future studies that include a broader range of cultural diversity and multiple sites might help to expand upon our knowledge of perceived process, learning outcomes, and social impact of Therapeutic Play courses.

This study was designed to assess student's immediate perceptions of a course designed to increase undergraduate students' understanding of the language of play. Therefore, all interviews were conducted within one week of the final class. We did not conduct follow-up interviews that could shed light on students' reflections following a longer break from the course. Students' willingness and desire to continue to use the taught skills might change over time. A future study that incorporates interviews conducted at six months or a year following the completion of the course would help to address this potential limitation.

Undergraduate students took a university course, Therapeutic Play. It is likely that many people would not have access to such a course, narrowing the scope of generalizability. Therapeutic Play is a course designed similar to an introduction to play therapy course for graduate students. Future studies can investigate perceptions of graduate students enrolled in introduction to play therapy courses to see if themes are similar. We anticipate similar results, suggesting that students who learn CCPT skills and concepts will use the skills with others in their lives.

7. Conclusion

Play therapy is a developmentally designed approach to working with children based on the belief that children are concrete communicators and spontaneously express their experiences, thoughts, and emotions through play. Thus, play is the mode of language between child and adult. The results of this study indicated that an undergraduate-level course such as Therapeutic Play provides the necessary structure and content to teach students how to understand and implement CCPT concepts with children and adults in their daily lives. Students reported positive perceptions of the process, outcome, and impact of Therapeutic Play.

Active learning that includes classroom teaching, discussions, live demonstrations, in-class and out-of-class practice, supervision, and a trusting relationship with the instructor all contributed to the positive experiences reported by participants.

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