The purpose of this dissertation was to explore the developmental experience of novice play therapists. A review of the play therapy training literature as well as the counselor development literature suggested that there are characteristics such as patience, flexibility, and a love for children that are needed to work with children. Supervision was another aspect of training that appeared significant. Counselor development literature suggested that development takes place in stages that are not linear but fluid with trainees moving back and forth between stages during their training experience. There was little literature available. The play therapy training studies were mostly quantitative in nature. There were two studies that were self reports on a training model. The counselor development literature was both qualitative and quantitative in nature. The review of the literature suggested that there is further need for research.
Qualitative research methods were utilized for this study, specifically the use of grounded theory methodology. Seven research participants responded to an email inquiry to play therapy professionals. One participant dropped out of the study after the first interview. The participants participated in three phone interviews. Three of the participants provided optional journals of their play therapy experience. The interview data was coded and analyzed using grounded theory techniques. There were four major categories that emerged from the data. The data suggested that the participants experienced the development of a play therapy identity that includes their past experience and attributes as well as the development of new attributes, understanding their needs, experiencing emotions, developing confidence, and evaluating themselves. Self-evaluation serves as a filter that assisted the participants in receiving instruction, interacting therapeutically, and growing through supervision. The research suggested that there is a complex developmental process that occurs.
An Exploratory Study of the Developmental Experience of Novice Play Therapists

by
Mary E. Aguilera

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Dean of the Graduate School

I understand that my dissertation will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my dissertation to any reader upon request.

_______________________________________________________________
Mary E. Aguilera, Author
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I acknowledge my sincere appreciation to those who supported me during this process. This has been a rigorous process and I could not have done it without my faith and belief in God. He has given me the strength to persevere and my faith in Him has deepened through this process. Thank you Lord. I would also like to thank my family and close friends who were there when things went well and when things got tough. They cheered me on, sent me cards, loved me, prayed for me, and believed in me. And I couldn’t have done it without my faithful friend and dog Faith. She dragged me away from the computer to go for walks and that helped keep me sane.

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An Exploratory Study of the Developmental Experience of Novice Play Therapists

Chapter 1

Introduction

The purpose of this paper is to present a dissertation that investigated novice play therapists’ developmental process. This chapter provides a description and introduction to play therapy, background for counselor development, the goals for the study, the purpose of the study, rationale for the methodology used for the study, and a description of the following chapters.

Play Therapy Introduction

Play Therapy is the “systemic use of a theoretical model to establish an interpersonal process in which trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development” (Association for Play Therapy [APT], 2006a). Many children come to counseling reluctantly, but when they realize that they can play, they tend to be at ease and open to the possibilities. Play is the child’s natural language, and play allows the child to “work out” his or her difficulties while doing what comes naturally (Axline, 1969; Kottman, 2001; Landreth, 2002).

Play Therapy has been utilized to treat a number of emotional difficulties such as conduct disorder, aggression, PTSD, anxiety, fear, self concept, school behavior, and ADHD. According to a meta-analysis of 93 studies, there were no definitive results regarding the overall effectiveness of play therapy; however, play therapy has been shown to be effective in treating some emotional difficulties in children, such as conduct
disorder, anxiety, fear, and poor self-concept (Bratton, Ray, Rhine, & Jones, 2005). Play Therapy’s credibility also is evidenced through clinical practice. The number of practitioners using play therapy has grown steadily (Pehrsson & Aguilera, 2007).

As the practice of play therapy has developed, play therapy has gained credibility through the creation of the Association for Play Therapy, which was started in 1982, by play therapists Charles Schaefer and Kevin O’Connor (Kottman, 2001). The purpose of the APT is to advance play therapy and to provide a means of accountability for practitioners who work with children. The APT provides practitioners with criteria for becoming registered as play therapists, supplies information regarding credentialing and course curriculum, and offers training opportunities. The APT holds a yearly conference that offers training opportunities and encourages play therapy research by offering research grants as well as publication opportunities through The Play Therapy Magazine™ and the International Journal of Play Therapy™.

Play therapy has had a long history demonstrated by the advancement from an adaptation of adult therapy practices to a distinct therapy appropriate for the developmental level of young children. This history dated back to Freud and his work with “Little Hans.” Anna Freud and Melanie Klein continued to utilize psychoanalytic therapy; however, both introduced toys and play as therapeutic interventions with children. Klein viewed play as comparable to free association in adult therapy. This point of view further developed into structural approaches which emphasized the reenactment of the traumatic event. Structural approaches were based on psychodynamic constructs; however, these therapists began to move away from the interpretation of past events,
favoring the more structured goal-oriented approaches of Levy and Hambridge (Kottman, 2001; Landreth, 2002).

Levy (1939; as cited in Kottman, 2001) reported on the case of a two-year-old girl who was having night terrors. She was frightened when she awoke and screamed that there was a fish in her bed. This instance happened after a visit to the fish market. A second complaint was stammering which had begun five months before she began therapy. There were ten sessions. Levy introduced a fish made of clay in the second session. He enacted a scene of with a doll and addressed why the doll would be afraid of the fish. The child addressed the fears through the play and fear of the fish disappeared after three or four sessions, and the fear did not return (Landreth, 2002). Structural approaches have influenced other more structured approaches such as, Cognitive Behavioral Therapy, Replay Therapy, and Kevin O’Connor’s Ecosystemic Play Therapy (Kottman, 2001; Landreth, 2002).

Child therapy moved from a psychoanalytic focus to a relationship and play focus that was influenced further by Virginia Axline (1947), a student of Carl Rogers. Axline, like Anna Freud, placed the focus on the client-child relationship. Unlike Freud, Axline’s approach was not psychodynamic, but instead, was based on Roger’s Nondirective Therapy. She proposed eight principles that have become the foundation for non-directive play therapy (Axline, 1947; Landreth, 2002). Her principles were based on the importance of a warm, caring, therapeutic relationship with the child. The therapist needs to have an acceptance of the child and to be able to create a feeling of safety and permissiveness in the relationship. The therapist needs to be sensitive to the child’s
feelings and believe in the child’s ability to solve his or her own problem as well. Garry Landreth (2002) expanded on Axline’s work, placing emphasis on the client/therapist relationship seen as unique and different from any other relationship in the child’s life. Landreth’s work has had a major impact on play therapy development, with most of the current literature coming from the University of North Texas, where Landreth founded the Center for Play Therapy (Landreth, 2002).

Not all play therapists utilize a nondirective approach. There are those who believe that a more directive approach is appropriate and others who utilize “adult” theories, such as Cognitive Behavioral or Adlerian techniques, and adapt them to child therapy (Kottman, 2001; Landreth, 2002). Charles Schaefer (1993) proposed an eclectic approach rather than strictly adhering to one particular approach. He suggested that the therapist draw from different theories to provide what is best for the individual client. This approach requires considerable ongoing training and knowledge for therapists to stay abreast of the new developments in the field (Kottman 2001; Landreth 2002).

As Play Therapy has built an identity as a unique counseling modality, it has become evident that play therapists require specialized training. To be effective, researchers suggested that it is essential for play therapists to become competent in using a unique set of skills that include: the ability to enjoy working with children, attending, tracking, limit setting, and facilitative responses (Landreth, 2002). In addition to specific play therapy skills, counseling skills, such as showing empathy, reflective listening, summarizing, being aware of personal biases, and being open-minded, also are needed to become a play therapist. The play therapist develops these skills through training, but
there is little literature regarding play therapy training available (Bratton, Landreth, & Homeyer, 1993; Kao & Landreth, 1997; Kottman, 2001; Landreth, 2002).

In addition to generalized play therapy training, developing play therapists need to acquire skills in working with children from diverse cultures. Although play therapy may be appropriate for many children because play is the universal language of children, the play therapist must develop an understanding of differing cultures (Gil & Drews, 2005; Ritter & Chang, 2002). The three dimensions of multicultural competence -- knowledge, awareness, and skills -- are necessary for working with diverse cultures (Gil & Drews; Sue, Arredondo, & McDavis, 1992). Play therapists do not receive adequate graduate level training in multicultural play therapy issues, although one study reports that graduate level counselors feel that they are multiculturally competent (Ritter & Chang, 2002). The therapists have obtained further training or have read independently of their training; nonetheless, there is a need for further graduate level multicultural training for novice play therapists (Ritter & Chang).

Supervision is an important part of any training program for novice play therapists (Bratton et al., 2005; Kao & Landreth, 2002), and several play therapy studies emphasized supervision in their training models (Bratton et al., 1993; Kao & Landreth, 1997). Within the counseling profession in general, the supervisor is a senior member of the profession who provides teaching, counsel, and consultation to the novice counselor. This relationship plays a major part in the novice trainee gaining competence as a counselor (Bernard & Goodyear, 2004). Within the play therapy profession, the APT sets specific guidelines for supervisors who will work with novice play therapists in addition
to setting guidelines for curriculum to train play therapists. Play therapy researchers designed models around supervision that support the importance of supervision, but there is little known about the process of supervision in conjunction with play therapist development. This gap suggests the need for further research regarding the process of play therapy training and supervision (Bratton et al., 1993; Kao & Landreth, 1997).

The play therapy literature also addressed, in a limited way, how trainees are affected by training experiences. Play therapy training increases skill level, confidence levels, positive beliefs about children, and therapist’s support of children (Bratton et al., 1993; Kao & Landreth, 1997; Kottman, 2001; Landreth, 2002); however, there is a need for additional play therapy training research (Bratton et al., 1993; Kao & Landreth). The current literature focused on individual factors such as skills or knowledge. While this information provided vital research information, the data are limited regarding a holistic perspective of play therapists’ development (Kao & Landreth, 1997). Because the literature specific to play therapist developmental processes was limited, the literature reviewed in the following section examines literature on general counselor development to inform potential research questions.

**Counselor Development**

The research regarding counselor development focused on two main areas: developmental models and skill-based models. Developmental models, such as Hogan’s (1964) stages of development, were based on human development models and proposed that counselors progress through four stages that counselors progress through as they gain knowledge, skills, and identity as counselors. Other researchers suggested three to eight
stages (Loganbill, Hardy, & Delworth, 1982; Sawatzky, Jevne, & Clark, 1994). The stages encompassed feelings that range from anxiety, dependence, and insecurity at the beginning of the training process to confidence and empowerment as the trainee completed their training. One qualitative study produced a stage model and twenty themes of counselor development and provided a more in-depth understanding of the counselor development process (Skovholt & Ronnestad, 1992). Some themes emphasized the importance of professional development in professional individuation and the movement from factual knowledge to practical knowledge. Although the literature provided some understanding of the counselor development process, researchers recommended further study and particularly research that may provide a more holistic approach to counselor training (Reising & Daniels, 1983). This recommendation and the lack of literature specific to play therapy development supported the importance of developing a holistic understanding of the unique experience of novice play therapists as they develop.

In a different approach to counselor development, some researchers examined the development of counselor skills using the Skilled Counselor Training Model (SCTM). The researchers looked at skill acquisition and other factors, such as cognitive complexity and self-efficacy (Duys & Hedstrom, 2000; Little, Packman, Smaby, & Maddux, 2005; Urbani et al., 2002). Trainees who experienced skill-based training developed increased counseling skills, self-efficacy, and cognitive complexity; however, the research is limited in that it examined only one part of counselor development, rather than providing a holistic picture of the counselor development process. No similar studies have been
conducted using skills-based play therapy training further supporting the need for an exploratory study of the developmental experience of play therapists.

Although play therapy requires a unique set of skills and training, there is little research regarding play therapy training and the development of play therapists. The available research in both play therapy and counselor training indicated that most of the literature examined factors of training such as skills, knowledge, cognitive complexity, and self-efficacy. Although this examination has added to the body of literature, researchers recommended the need for a more comprehensive training model of play therapist development. The purpose of this dissertation was to examine the developmental process of play therapists. This research adds to the body of play therapy literature by providing a rich description of the process of becoming a play therapist. This research brings further clarity to the complex process of becoming a play therapist and how factors such as, supervision, instruction, and practice, affect play therapy training. The results of this research may inform counselor educators and supervisors in their planning and implementation of training programs for play therapists. The following section examines the methodology utilized for this study.

Methodology

The available research regarding play therapist and counselor development indicated that specific skills are needed and that the process of becoming a play therapist is complex. Nonetheless, there was little known about the actual development process (Bratton et al., 1993; Kao & Landreth, 1997). Current research examined individual aspects of play therapist and counselor development rather than a more holistic approach.
that included the many aspects of play therapist development (Hogan, 1964; Reising & Daniels, 1983). Therefore, an exploratory naturalistic inquiry utilizing a qualitative research method that examined the developmental experience of play therapists might add to the body of literature and inform counselor educators regarding the planning and implementation of play therapy training and supervision.

Naturalistic inquiry is a paradigm that examines a phenomenon in its natural setting. This study examined the phenomenon of the learning experience of play therapists. Naturalistic inquiry utilizes human instruments as the primary data-gatherers (Lincoln & Guba, 1985). This type of inquiry is guided by a theory that is “grounded” in the data and from which a theory emerges as the inquiry process unfolds (Lincoln & Guba). Researchers typically utilize qualitative research methods, because the phenomenon studied includes variables that are not easily measured and in the event that the body of literature is limited, as is the case with this study.

Qualitative methods are more sensitive and adaptable to the influences that may be encountered (Lincoln & Guba, 1995). This type of research uses a rigorous design that explores a social or human problem, and produces meanings and interpretations. In other words, it utilizes a systematic set of procedures to investigate a phenomenon in order to generate a theory (Strauss & Corbin, 1990). This study is based on a grounded theory design, because such a design employs systematic procedures and is sensitive to process-oriented questions. A grounded theory design fits the study of the developmental experience of pre-service play therapists, because the phenomenon of play therapist development includes variables that are not easily measured and there is little research
available. Pre-structuring the grounded theory design helped ensure the comparability of data across sources and researchers’ pre-structuring; therefore, it would be useful for answering variance questions. However, it could also lead to inflexibility in responding to the emergent details of a grounded theory study (Maxwell, 1996). In this study, I utilized a basic structure to provide general direction and remained flexible and open in order to respond and adjust to the emergent data (Strauss & Corbin, 1990).

The first step in designing a grounded theory is to decide what phenomenon will be studied. For this study, the literature review suggested that there is little research regarding play therapists’ development. The phenomenon for this study was the developmental experience of novice play therapists. The next step was the development of a grand research question that defined the phenomenon studied. The question started out broadly, but narrowed and became more focused throughout the research. For this study, the grand research question was: What is the developmental experience of novice play therapists?

*Population and Data Collection*

To fulfill the purposes of the study, the participants were seven pre-service Masters level counseling students in their first supervised practicum or internship experience. In addition, they were using play therapy with children in clinical or school settings. The participants were selected by contacting experts in the field of play therapy via email. The experts were sent a description of the research project along with a consent form and demographic form. The experts were asked to nominate participants who fit the criteria. In addition, a general email was sent out on the Counselor Education Network
requesting counselor educators to nominate participants who fit the criteria. As a result of these contacts, seven participants responded. I took an active role in the selection process by interviewing prospective participants to verify that they met the criteria as pre-service Master’s level counseling students in their first supervised practicum or internship experience and were using play therapy with children in clinical or school settings. After verifying that the participants met the criteria, the participants were sent the consent and demographic form via mail. The data collection included interviews and journal reflections by the participants and journals by the researcher. The research took place over eight months and included three telephone interviews and a member check so that enough information regarding the grand research question was gained to develop a theory.

The interviews were conducted by phone and lasted approximately 30 to 45 minutes. The interviews took place after receiving consent from the participants. Information from the literature review was used for the purpose of data triangulation.

Data Analysis

Data analysis included grounded theory techniques of open, axial, and selective coding. Open coding was utilized for breaking the initial data into main categories or themes. Categories were developed in terms of properties, which are the characteristics of a category. Axial coding began as categories emerged (Strauss & Corbin, 1990). Axial coding and open coding took place simultaneously as the data was reassembled and I identified a main phenomenon. Open and axial coding continued until the data became saturated and no new categories, properties, or dimensions emerged (Creswell, 1998).
The next step consisted of selective coding where a story line was identified and a narrative including the results from the coding was written (Creswell, 1998). A conditional matrix provided an explanatory framework to present the detail, procedures, and logic of the grounded theory (Strauss & Corbin).

*Ensuring Trustworthiness*

Trustworthiness in qualitative research method helps to ensure the results of the research are sound. Credibility, dependability, and confirmability are the criteria for trustworthiness. Credibility is parallel to internal validity in a quantitative study and refers to how accurately the researcher relates the true results of the participants experience (Lincoln & Guba, 1985). Threats to credibility include reaction of the participants to the researcher and the process and research bias (Lincoln & Guba). Lincoln and Guba suggested several techniques to address credibility. I used prolonged engagement, triangulation, and member checking to assure trustworthiness in this research.

Prolonged engagement included building trust with the participants, learning about the culture, and checking research information (Creswell, 1998; Lincoln & Guba, 1985). In this study, I interviewed students and learned about their culture and experience over a eight month period. Using member checking and reading journal entries provided by the participants, I developed prolonged engagement with the participants. In member checking, the researcher solicits the participants’ views regarding the credibility of the research finding (Creswell, 1998). Lincoln and Guba (1985) considered member checking to be the most important step in establishing credibility. In triangulation,
researchers utilize sources, such as experts in the field, current literature, other
documents, and member checking, to corroborate data that has been reported. This
process shed light on reported information and developing themes and was helpful in
avoiding personal bias.

Learning to be a play therapist is a unique and complex process that includes
many facets, and since there was little research that described the process of becoming a
play therapist, there is a need for research that explores play therapy and counselor
training that examines a more holistic view of development (Bratton et al., 1993; Kao &
Landreth, 1997; Reising & Daniels, 1983; Skovholt & Ronnestad, 1992). This study was
a naturalistic, grounded theory design that examined the developmental experience of
play therapists. The information gathered from this study may provide counselor
educators with increased knowledge regarding play therapist skills acquisition as well as
insight into the process of learning, which is an important aspect of counseling. This
information will be valuable in the development of new coursework and training
experience, adding a rich description of play therapist training to the body of literature
and providing data for further play therapy research. The following section provides an
overview of the chapters that follow.

*Overview of the Remaining Chapters*

Chapter 2 provides background on play therapy and a review of the current
literature regarding play therapy training. The review included a history of play therapy;
an overview of the research regarding current play therapy training, including the
necessary skills and curriculum guidelines for developing play therapy training; the
current models of play therapy training; and an overview of the research regarding counselor skills acquisition and development.

Chapter 3 provides a discussion of the methodology for this study including a discussion of naturalistic inquiry, qualitative research design, and grounded theory techniques, as well as the grand research question, population and date collection, data analysis, and measures to ensure trustworthiness of the design.

Chapters 4, 5, and 6 address the sequential data collection and analysis, and Chapter 7 provides the discussion of the results, study limitations, and implications.
Chapter 2

Literature Review

The purpose of Chapter 2 is to provide the background of play therapy and a review of the current literature regarding play therapy training. The chapter includes a history of play therapy starting with the work of Freud; an overview of the research regarding current play therapy training that includes the needed skills and curriculum guidelines for developing play therapy training; the current models of play therapy training; and an overview of the research regarding counselor skills acquisition and development.

Play is the natural language of children. Therefore, play therapy naturally allows children to explore and express their emotion and pain (Axline, 1947; Landreth, 2002). The therapist utilizes toys, art supplies, games, and other play media to communicate with the child through the language of play. Play therapy helps the therapist build the relationship with the child and assists the child in practicing doing things that they know how to do, thus helping build competence. Play is a creative process that encourages the child to solve problems in innovative ways which, in turn, can encourage creative thought. And as the child begins to express emotions through play, he or she may begin to experience an emotional release with the play therapist that provides a caring, empathetic, and safe place where healing can take place (Kottman, 2001).

Play Therapy has been utilized to treat a number of emotional difficulties in children including conduct disorder, aggression, PTSD, anxiety, fear, poor self-concept, disruptive school behavior, and ADHD to name a few. A meta-analysis of 93 studies
suggested that, although there were no definitive conclusions regarding effectiveness, some studies showed play therapy is effective in treating some children’s disorders (Bratton, Ray, Rhine, & Jones, 2005). Play therapy credibility can also be evidenced through clinical application and the expansion of play therapy in therapeutic practice (Pehrsson & Aguilera, 2007).

*Play Therapy Background*

In early therapeutic work with children, therapists adapted adult therapeutic interventions, as was true of Freud in his work with “Little Hans” (Freud 1938). This trend of adapting adult interventions continued and was augmented by bringing interventions, such as playing with toys, focusing more on the relationship, and structuring or role playing the child’s issues. Then, in 1947, a student of Carl Rogers, Virginia Axline, developed Nondirective Play Therapy, an approach developed specifically for children. Her approach has had a major influence and continues to affect play therapy developments today. Garry Landreth (2002) further developed her theory of play therapy putting additional emphasis on the unique relationship of the child and therapist.

Child therapy continued to advance with the move of children’s therapy from private practice to the schools through the school guidance and counseling programs of the 1960s. The objective of school counseling is to assist the child’s intellectual, emotional, and social development by providing learning opportunities through play therapy, which provides an environment that maximizes the child’s opportunity to learn (Landreth, 2002). Another major advancement included the launching of the Association
for Play Therapy (APT) in 1982. Play therapists Charles Schaefer and Kevin O’Connor envisioned an organization that could help to advance the growing field of play therapy (Landreth, 2002). Their vision became reality and the APT brought additional credibility to play therapy by providing criteria for formal registration as a play therapist. It should be noted that a practitioner is not required to be a registered play therapist to practice play therapy, and it is not known how many non-registered play therapists are currently practicing.

In order to become a registered play therapist, an individual needs to have mental health licensure and complete 150 hours of play therapy training as well as 50 hours of supervision. These requirements promote the importance of training as well as the need for continuing learning opportunities since play therapists need to be able to obtain continued training in order to maintain their registration (Association for Play Therapy [APT], 2006b). Accountability increased the number of registered play therapy practitioners to more than 5000 Registered Play Therapists (RPT) and more than 1,400 Registered Play Therapy Supervisors (RPT-S). Training increased skills, knowledge, and competence (Kao & Landreth, 1997; Kranz, Lund, & Kottman, 1996; Landreth, 2002); however, a survey conducted by Phillips and Landreth (1995) suggested that most play therapists had not received explicit graduate level play therapy training as part of their counselor training program. The increase of practitioners indicated a need for increased training availability for play therapists (Kao & Landreth, 1997; Kranz et al., 1996). The APT makes play therapy training opportunities on their website at www.a4pt.org. This
information provides helpful resources for training; however, it does not address the lack of training that is available in graduate programs.

There was limited research available regarding play therapist development; most research examined individual aspects of a play therapists development (Bratton et al., 1993; Joiner & Landreth, 2005; Kao & Landreth, 1997). There is no current play therapy research that examined a holistic process of becoming a play therapist; yet, further investigation examining this process would be warranted (Bratton et al., 2005; Kao & Landreth). This exploratory study addressed the learning experience of a play therapist utilizing a qualitative research approach based on grounded theory. This study examined the phenomenon of the developmental experiences of play therapists, including the development of skills, the process of supervision, and the psychological and social aspects of developing play therapists. This information provided a rich description, and may offer information that has not been researched previously, which could inform counselor educators regarding training and supervision of play therapists. The following section provides an overview of play therapy approaches including psychodynamic, structural, ecosystemic, client-centered, and eclectic orientations.

**Overview of Play Therapy Approaches**

**Psychodynamic Approaches**

Psychodynamic theory was based on the conceptual constructs developed by Sigmund Freud (1938). Freud’s theory was based on helping adult clients bring unconscious, repressed material to consciousness and uncovering the resistance that clients may have to unconscious knowledge. He accomplished this process through
catharsis, free association, interpretation of dreams, analysis of transference, and analysis of resistance (Thompson, Rudolph, & Henderson, 2004). At the beginning of the twentieth century, there was no formal psychiatry for children, and children’s disorders were considered to be deficiencies in education and training.

Freud adapted his adult theory to children in his work with “Little Hans,” a five-year-old boy who had a phobia; this case was the first reported instance of play having a role in therapy. Freud had just one session with the boy; most of the work with “Little Hans” occurred through his father’s reports of Han’s play. Freud’s work with children was limited, and he did not develop a specific theory for children, though he suggested play may have a part in a child’s mastery over his or her emotional difficulties.

Several other psychoanalytic therapists began working directly with children adapting adult therapies and introducing the concepts of play. Hermine Hug-Hellmuth (Kottman, 2001) emphasized play as an essential part of therapy with children and provided toys for children to express themselves. She visited children’s homes, observing children’s play, but she did not direct the play in any way. Although she did not formulate a specific theoretical approach, she called attention to the difficulty of applying adult therapeutic methods to therapy with children (Kottman, 2001). Anna Freud incorporated play activities into therapy by using toys and games to put the child at ease. She focused on building a relationship with the child before interpreting the unconscious motivation (Kottman). In 1919, Melanie Klein began to use play with children. She viewed play as the child’s natural form of expression, and she postulated that play could be the same as verbal expression in adult therapy. Play corresponded to free association
in adult therapy. The play contained information about subconscious processes (Kottman).

Hug-Hellmuth viewed play as a way for children to express themselves (Kottman, 2001). Freud used toys to put the child at ease and focused on the relationship. Klein saw play as the child’s natural expression and part of the subconscious process. These therapists saw the importance of a child’s expression and relationship with the therapist, aspects that continue to be foundational in play therapy today; however, there were some therapists who felt the focus on past events was not effective in their work with children. The following section examines the advancement of structural approaches.

**Structural Approaches**

The next development in play therapy was the emergence of structural approaches based on psychodynamic constructs, but more structured and goal-oriented. Though these approaches were based on Freudian theory, these therapies moved away from some aspects of psychodynamic approaches, such as the interpretation of past events, and placed more emphasis on the cathartic value of play (Kottman, 2001). The therapist played an active role in determining the focus and goals of therapy.

One of the first structural approaches that emerged was David Levy’s Release Therapy. Levy (1939; as cited in Kottman, 2001) believed there was no need for interpretation. He based his approach on the catharsis that occurred in play (Landreth, 2002). Children engaged in free play until they become comfortable in the playroom. Then, therapists utilized play materials to re-enact stressful situations. This intervention released the children’s troubling emotions. Grove Hambridge continued the work of Levy
with the development of Structured Play Therapy. Hambridge’s approach was more
directive in nature. He directly recreated the anxiety producing situation and then allowed
the child to have free play to recover from the intervention (Landreth; Kottman, 2001).
The work of Levy and Hambridge continues to influence play therapy today through
more structured Cognitive Behavioral Therapy, as well as therapies that use
re-enactment, such as Replay Therapy, which is used with children with Autism (Levine
& Chedd, 2007).

Taft, Allen, and Moustakas developed Relationship Play Therapy, which evolved
from the work of Otto Rank (Landreth, 2002; Kottman, 2001). They deemphasized past
events and deviated from psychodynamic constructs. Relationship Play Therapy focused
on the relationship between the therapist and client to bring about healing (Kottman,
2001). Moustakas framed the major portion of this approach and technique that is used in
current applications of this therapy, including client-centered therapy.

_Ecosystemic Play Therapy_

The Structured Therapy models of Levy (1939; as cited in Kottman, 2001) and
Hambridge influenced Kevin O’Connor’s Ecosystemic Therapy. O’Connor integrated
several theories and developmental concepts including the child’s interactions and
experiences in the world and the internal symbolic world of the child. He proposed a shift
in play therapy away from the individual parts of a child’s life to the many subsystems
that are part of a child’s life including, family, school, and peer group (Landreth, 2002;
O’Connor, 2007). The ecosystem play therapist utilizes evaluative tools to assess the
developmental level of the child in the cognitive, physical, social, and emotional realms
of life experiences. As a result of the assessment, the therapist plans therapeutic interventions to remediate deficits in the child’s development (Thompson, Rudolph, & Henderson, 2004). O’Connor’s interventions included cognitive-verbal problem solving and the use of Theraplay. Theraplay is active and structured and directed by the therapist and encourages engaging, challenging, nurturing and playfulness (O’Connor, 2007).

**Client-Centered Approach**

Carl Rogers furthered the work of Relationship Therapy with client-centered therapy, also referred to as nondirective therapy, which he originally utilized with adults. Client-centered therapy placed the complete responsibility on the client for his or her growth. The therapist took the role of facilitator, listening and showing empathy and unconditional regard for the client (Thompson, Rudolph, & Henderson, 2004). This approach contrasted psychodynamic approaches that placed the emphasis on the therapist, the unconscious, and interpretation.

Virginia Axline (1947), a student of Rogers, expanded the principles of Nondirective Therapy to working with children and has pioneered Non Directive Play Therapy, complete with eight principles. Axline’s eight principles are: (a) The therapist must develop a warm, friendly, relationship with the child, in which good rapport is established as soon as possible; (b) the therapist accepts the child exactly as he is; (c) the therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his or her feelings completely; (d) the therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him or her in such a manner that he gains insight into his behavior; (e) the therapist maintains a deep respect
for the child’s ability to solve his or her own problems if given the chance to do so; (f) the therapist does not attempt to direct the child’s actions or conversation in any manner; (g) the therapist does not attempt to hurry the therapy along; and (h) the therapist establishes only those limitations that are necessary to anchor the theory to the world of reality and to make the child aware of his or her responsibility in the relationship (Axline, 1947). These principles of Play Therapy have been the foundation for most of the theories that have emerged since 1947 (Kottman, 1996; Landreth, 2001).

Garry Landreth (2001) expanded on Axline’s work by developing his own approach using much of Axline’s theory, including the eight principles. According to Landreth, the child’s therapeutic relationship with the counselor is different than any other relationship that the child has. As a result of this relationship, the child is able to begin to realize his or her potential for development and growth. Axline and Landreth have been major contributors to the field of play therapy. Axline laid the foundation for play therapy as it is known today, and Landreth founded the Center for Play Therapy, which is the largest training program in the world, training many current leaders in the play therapy field. He continues to be actively involved in play therapy including filial play therapy training sessions.

Eclectic Approach

The play therapist of today can benefit from a variety of approaches in working with children. Charles Schaefer (1993) stated that strict adherence to one particular approach to play therapy is outdated. He suggested that the therapist of today can draw from the major theories to tailor his or her interventions with individual clients. The
eclectic approach requires the play therapist to be aware of many available approaches, as well as engage in considerable ongoing knowledge and training (Kottman, 2001; Schaefer, 1993).

Play Therapy has a long history of development beginning with Freud and other psychodynamic therapists. These early therapists adapted adult therapy techniques and focused on children’s expression through play and the relationship with the therapist. Even though there have been new approaches developed, the client/therapist relationship remains the important foundation for most forms of play therapy. Though there have been many contributors to the development of play therapy, Virginia Axline (1947) and Garry Landreth (2002) have been the primary contributors to the field. Both individuals have published textbooks that are used in play therapy training. Landreth has taught courses in play therapy and trained play therapists for many years and continues to be actively involved in research and play therapy training. The next section will review the literature on play therapy training.

*Play Therapy Training Overview*

The literature suggested that play therapy is a unique counseling modality that requires unique skills to develop competency. Like all counselors, the play therapist needs to acquire the skills of empathy, listening, attending, and being attuned to feelings. Additionally, play therapists need to be able to build the relationship with the child. This relationship development includes having patience with the child, maintaining a calm presence, and accepting the child where he or she is at (Kao & Landreth, 1997; Nalvany, Ryan, Gomory, & Lacasse, 2005). Play therapists need to develop their skills through
play therapy training, which can be acquired through attending university classes, online classes, reading specialized books, attending continuing education courses, and through supervision (Landreth, 2002; Kottman, 2001). The availability of play therapy training has grown from 33 universities in 1989, to more than 105 universities at the time of this study. A national survey conducted in 2000, by the Center for Play Therapy at the University of North Texas found that 105 universities offered minimal introduction to play therapy in the form of a one-unit course, and 83 of these institutions offered at least a full semester course (Landreth, 2002). Though it is true that graduate play therapy training has increased since 1989, two research studies indicated that in 1995, 50% of graduate programs offered a graduate play therapy course, and seven years later, 53% offered play therapy courses, resulting in a gain of just 3% in seven years. Although the interest and growth of play therapy expanded, the need for play therapy training also increased (Phillips & Landreth, 1995; Ryan et al., 2002). Along with the need for play therapy training, there is also a need for play therapists to have an understanding of multicultural issues in working with children. The following section reviews multicultural issues in play therapy.

**Multicultural Issues in Play Therapy Training**

The Play Therapy literature suggested that play therapy is appropriate for children regardless of cultural background because play is the universal language of children (Ritter & Chang, 2002; Kao & Landreth, 1997; Landreth, 2002). Although there has been an increased interest in cultural issues in counseling and in play therapy, little research in the area of multicultural training of play therapists exists. The multicultural play therapy
literature focused on working with diverse populations and has provided general
guidelines for working with these populations. The multicultural competency literature
discussed three dimensions necessary for working with diverse clients: knowledge,
awareness, and skills (Gil & Drews, 2005; Sue, Arredondo, & McDavis, 1992; Ritter &
Chang, 2002). However, focus on the multicultural training of the therapist remains
limited (Kao & Landreth, 2001; Ritter & Chang, 2002).

Ritter and Chang (2002) examined the self-perceived multicultural competencies
and adequacy of multicultural training of play therapists. The sample consisted of 134
play therapists who were members of the Association of Play Therapy. The therapists
completed the Multicultural Counseling Competence and Training Survey. The results
suggested that these therapists considered themselves multi-culturally competent in spite
of the perception that they believed their multicultural training was less than adequate.
The therapists rated their training in awareness and terminology as most adequate. They
rated their training in racial identity as least adequate. Play therapists need to be aware of
bias and limitations regarding multicultural competence and to seek further training
where they lack knowledge.

Research regarding the multicultural training of play therapists is limited.
Therapists considered themselves multi-culturally competent even though they believed
their formal training was less than adequate (Ritter & Chang, 2002). This literature
review revealed a need for more research in the area of multicultural training in play
therapy. Along with the knowledge, skills and multicultural training, a play therapist
needs supervision by a senior member of the profession who assists the play therapist in
acquiring and developing his or her skills and knowledge. The following section reviews the need for supervision in play therapy.

Supervision of Play Therapists

Supervision is described as an instructional intervention provided by a senior member of a profession to a junior member or members of the same profession (Bernard & Goodyear, 2004). Supervision is the foundation of a beginning play therapist’s training. The supervisor provides teaching, counsel, and consultation to the developing play therapist. The play therapy supervisee gains knowledge and competence through this supervisory relationship (Bernard & Goodyear; Kao & Landreth, 1997; Landreth, 2002). The role of a play therapy supervisor requires special criteria that are set by the Association of Play Therapy (APT). The criteria for a play therapy supervisor include 500 direct contact hours under supervision, licensure or certification by a national organization or regional board in a medical or mental health field, and a minimum of five years (5000 hours) of clinical practice in the field of the licensure certification after the receipt of the master’s degree in that field (Association for Play Therapy [APT], 2006c).

Along with the need for criteria for supervisors, the field of play therapy had a need for distinct guidelines for training play therapists. Two key factors played a role in developing these guidelines: (1) Joiner and Landreth (2005) conducted a study that provided information regarding curriculum needs and guidelines, and (2) APT established guidelines for the development of curriculum.

In an attempt to determine other skills and training necessary to be a play therapist, Joiner & Landreth (2005) used the Delphi Technique to gather information
from experts in the field. The purpose of this study was to provide curriculum guidelines for an introduction to play therapy course, practicum experiences, and advanced skill development for professors to include in the play therapy programs (Joiner & Landreth). The first questionnaire was sent to twelve play therapy experts in the field to obtain their opinions on the core curriculum and experiences necessary for training a play therapist. The experts returned their questionnaires and the scale was revised and sent to one hundred and eighty play therapy professors. Fifty play therapy professors returned the questionnaires. The professors ranked the items and found that none were “not valuable.” Some of the items included the following:

1. Definitions of specific play therapy terms
2. Identification of the APT and state associations
3. Knowledge and contrasting play therapy theories and theorists
4. Knowledge of basic skills.

Although not comprehensive, this list provided an overview of the some of the items that professors find important. The professors also noted that, although the items would all be beneficial, there would not be enough time to include all items for one class. They suggested an advanced course as an option. Though this is a separate study, these items are similar to the learning objectives of the APT.

The Association for Play Therapy has developed a graduate level sample curriculum for training play therapists (Association for Play Therapy [APT], 2006d). The same syllabus included suggested readings, instructional components, credentialing requirements, and learning objectives. The learning objectives included the following: (a)
Review essential people, theorists, and organizations that shaped the history of the profession of play therapy; (b) understand the developmental stages of children and children’s play; (c) appreciate and understand the most widely accepted theoretical models of play therapy and the formats in which they are most commonly offered; (d) identify developmentally appropriate play therapy toys and materials that can be incorporated into either a permanent or traveling play room for the purposes of both assessment and treatment; (e) be able to conceptualize a client’s presenting clinical problem developmentally and theoretically; (f) demonstrate basic play therapy skills; and (g) appreciate the legal and ethical issues that are both unique to play therapy and shared with other modalities.

The literature suggested that learning to become a play therapist is a complex multi-faceted process requiring unique skills including the ability to work with children, maintaining a calm presence, tracking, limiting setting, and facilitating responses (Bratton et al., 1993; Kao & Landreth, 1997). The process also required gaining knowledge of multicultural issues. This knowledge involved an understanding that although play therapy is suited for all children because play is the “natural” language of children, there are, nevertheless, cultural differences about which play therapists must have clear awareness (Gil & Drews, 2005; Ritter & Chang, 2002). In addition, the literature suggested that supervision is an important part of the play therapy learning process and that supervision needs to be a part of the play therapy curriculum (Bratton et al., 2005; Kao & Landreth).
Play Therapy training has grown from 33 universities in 1989, to more than 105 and yet, the literature reported that in 2002, only about 53% of play therapists have received graduate level training. This discrepancy suggested that there is a need for further training of play therapists (Phillips & Landreth, 1995; Ryan et al., 2002). Joiner & Landreth’s (2005) study and the APT (2006d) served as two key factors in developing curriculum for play therapy training and providing guidelines for training. The following section examines several models of play therapy training.

Models of Play Therapy Training

Play therapists need basic micro skills in empathy and play to be competent in their work. The literature outline definite criteria needed for training play therapists. In response, the APT (2006d) developed a sample curriculum for a graduate level course in play therapy. Little research is available regarding the training of play therapists. The literature that is available suggested the need for further research in regard to play therapy training. The following section provides an overview of several models of play therapy training.

This section reviews four play therapy training models. Two studies were designed as graduate level courses involving skills training and supervision (Bratton et al., 1993.; Kao & Landreth, 1997). Two additional studies focused on Kinder Play Training with teachers and a follow-up study a year later (Hess, Post, & Flowers, 2005; White, Flynt, & Jones, 1999). The literature suggested that play therapy training increases skills, positive beliefs about children, and play therapy knowledge (Bratton et al., 1993; Kao & Landreth, 1997; White et al.). Each of these researchers identified the need for
additional research in the area of play therapy training, as well as providing implications for play therapy training.

Kao and Landreth (1997) studied the effects of child-centered play therapy training on beginning, graduate-level, play therapists. Child-centered play therapy allows the child to direct the play and the interaction with the therapist (Axline, 1969). The researchers wanted to determine the effects of training on improving positive attitudes and beliefs toward children; improving play therapy knowledge; increasing confidence in skills; reducing dominance tendencies in trainees; and reducing intellectual efficiency in trainees. The researchers included the last two items, because high scores on the dominance scale of the California Psychological Inventory (CPI) correlate with those who identify themselves as verbally fluent and persuasive. Many items on the Intellectually Efficient scale of the CPI measure the individual’s view of self in verbal efficiency; therefore, a lower dominance scale score could be expected to have an equally lower Intellectual Efficiency score. The reduction of dominance and intellectual efficiency can be important for the therapist conducting child-centered play therapy because an important tenet of the therapy allows the child to choose what he or she wants to do and to take care of his or her own needs.

Kao and Landreth’s (1997) study consisted of 37 female graduate student volunteers who enrolled in a three-hour graduate level course that lasted fifteen weeks. It is not clearly stated, but implied, that these participants were all from the same university and it does not appear that the there was random assignment of the subjects, which limits the generalizability of the results. The course was an introduction to play therapy. The
Play Therapy Attitude-Knowledge Skills Survey (PTAKSS) and the California Psychological Inventory (CPI) were used in a pre-test post-test design. The PTAKSS was designed by the researchers for this study. The researchers performed field test on the instrument, and the reliability coefficient using Cronbach’s alpha was .98 for the total scale. The total scale correlation coefficient was .70 (p < .0001).

The other graduate-level training was a pilot study that was a three-day intensive supervision/training model developed by the Center for Play Therapy at the University of North Texas (Bratton et al., 1993). This model was implemented as a workshop format with 12 play therapists and four trained play therapy supervisors, all under the supervision of a Registered Play Therapy-Supervisor (RPT-S). The pilot training was based on a developmental model that sees each therapist as an individual with varying levels of training and experience that is continually developing and learning new skills as well as learning more about themselves in the process. This model relied heavily on using supervision, because the researchers believed in the importance of supervision as part of the training of a play therapist (Bratton et al., 1993).

The literature suggested that there were positive effects of child-centered play therapy training on graduate students. Students increased their knowledge about play therapy, increased skills, and developed more positive beliefs about children (Bratton et al., 1993; Kao & Landreth, 1997). Bratton et al. (1993) suggested that the students learned to be more supportive and less dominant, which are traits that are important in working with children. The results of these studies are based on different designs. One study used a pre-test, post-test design (Kao & Landreth); the other was based on therapist
report (Bratton et al., 1993). In the second study, the researchers presented the model and
gave anecdotal information about the participants’ experiences, but there was no formal
research methodology used. They stressed that their purpose was to provide a training
model that could be used in several different settings, including a university level
graduate course. The model was designed as an introductory play therapy class, but the
researchers suggested that there are positive implications for the use of this model as a
practicum experience, especially in shelter settings where children may only be available
for a short period of time (Bratton et al., 1993).

Two additional studies provided information regarding the use of Filial Play
Therapy. Bernard and Louise Guerney adapted the tenets of Play Therapy to teach
parents how to work directly with their children using “filial therapy”. Parents were
trained to track, reflect, restate content, and set limits in 30-minute sessions with their
children (Landreth, 2002). The first study examined Kinder Therapy, which is a
consultation model that trained teachers to use basic play therapy skills to help develop
an encouraging, effective relationship with the child. The model encouraged teachers to
understand their students and to assist them to become better learners. After the training,
the teachers had six Kinder Therapy sessions with children; the children were selected
based on reports that they were experiencing behavioral and/or social difficulties in the
classroom. Teacher evaluation was completed with a pre-test and post-test as well as
classroom observation before and after the training. The post-test revealed an increase in
levels of encouragement in the classroom and facilitative skills. Although quantitative
methods were used, the small sample size (n = 6) dictated that the results could only be
reported as qualitative data (White et al., 1999). The study is an example of a study that would have been stronger had the researchers utilized a qualitative design to produce an emerging theory regarding the phenomenon of teacher training (Strauss & Corbin, 1990).

Hess, Post, & Flowers (2005) conducted a follow-up study with the same teachers one academic year after the training. The trained teachers were matched with a control group of teachers. Independent t tests were used to compare the experimental group with the control group. The study revealed that teachers who went through the training demonstrated better play therapy and empathy skill than those who didn’t take the class. There were also individual testimonies of the benefit of the training. There were several limitations to this study. The same sample size (n = 6) was very small for a quantitative study. The methodology also lacked random assignment of teachers, which is consistent with the fact that it was a follow up study. The amount of time spent in observation was only once for thirty minutes. The control group and the trained teachers were matched as closely as possible on race, but the investigator and raters were not matched; they were all White. This observation was noted by one teacher who also noted that she could see differences between the way one culture raised their family compared to another family. Lincoln & Guba’s (1985) study, like the first, would have been a stronger study with a qualitative methodology that provided a rich description and trustworthiness of the data gained from the training program.

The literature suggested that there are several current models of play therapy training, but there is a dire need for further research in play therapy training. Bratton et al. (1993) stated
Play therapy is one of the most rapidly growing areas in the helping professions, and the need for training and supervision far exceeds the capability of qualified professionals and physical resources to meet the burgeoning demand. The establishment of a registration process for play therapists and supervisors by the APT has escalated the demand for training and especially supervision. (pp. 61-62)

The current research examined training from three different perspectives including an intensive three-day supervision model; a graduate level beginning play therapy course; and a teacher training model. The results from these studies suggested that training produces increased play therapy competency, skills development, and empathy. The therapists were more supportive and less dominant and disclosed more positive beliefs about children. The results from these studies also indicated the importance of and the need for supervision as part of play therapy training. The follow-up study of the teacher training revealed that teachers developed play therapy and empathy skills and had retained those skills one year later (Hess et al., 2005). The literature suggested that learning to be a play therapist is a unique and complex process that includes many facets (Bratton et al., 1993; Kao & Landreth, 1997; Hess et al., 2005; White et al., 1999). The current literature measured some of the facets, such as knowledge, skills, and attitude, but none of the current literature examined the experience and perception of becoming a play therapist. Since counseling is a process-oriented field, a qualitative perspective could provide the play therapy field with a rich description of the process of becoming a play therapist. The qualitative perspective could examine more closely the importance of counselor development and more specifically, the play therapist
development as they learn the skills, experience supervision, and enter the field to work with clients.

_Counselor Development_

The play therapy research suggested that there is a need for training play therapists, but there is little literature describing play therapist development and training. However, some research is available on counselor development that revealed that counseling trainees need to have factual knowledge and theoretical concepts, skills, and personal self-knowledge. These skills can be acquired through one-on-one and group counseling, experience, and personal therapy (Loganbill, Hardy, & Delworth, 1982). This section will review the literature on counselor and play therapist development. Much of the current research is related to supervision and is developmental in nature (Sawatzky, Jevne, & Clark, 1994) or is skills-based which fosters cognitive complexity (Little, Packman, Smaby, & Maddux, 2005).

The developmental models are based on human development and see the counselor trainee as developing through stages with the end product being a master counselor ready to embark on their professional life (Sawatzky et al., 1994; Walker, 1997). The developmental research is based largely on the work of Richard Hogan (Hogan, 1964). Hogan discussed trainee development in four stages. Other researchers have modified Hogan’s model utilizing three to eight stages of counselor development or themes to describe the process of the developing counselor (Loganbill et al., 1982; Sawatzky et al., 1994; Skovholt & Ronnestad, 1992).
For the purposes of this study, I refer to three stages of development, beginning, middle, and ending. The beginning stage is marked by dependence, anxiety, and insecurity. Novice counselors may have a high level of anxiety and be relatively unaware of their own motivations. The trainee often imitates the supervisor during this stage. The trainee may try to use everything they have learned believing that, with enough learning and practice, his or her anxiety will be relieved. At this stage, the role of the supervisor should include interpretation, support, awareness-training, and modeling (Hogan, 1964; Sawatzky et al., 1994).

During the middle stage, the trainee’s growth may be characterized by a conflict between dependency and autonomy. They may vacillate between feeling confident and having doubts about their abilities and continue to experience anxiety in their role. This stage can be characterized by self-reflection which is facilitated by activities such as journaling and collegial dialogue. The role of the supervisor during this stage is to help the trainee to see his or her struggle more clearly with ambivalence-clarification, interpretation, and support (Hogan, 1964; Sawatzky et al., 1994).

In the ending stage, the trainee may be moving from anxiety and conflict to increased professionalism and increased self-confidence along with either denial of remaining dependency or insightful continuing dependency. This stage may be marked by the trainee developing into a master counselor with depth and intuitive judgment. The counselor may become empowered, developing autonomy and the ability to practice independently (Sawatzky et al., 1994). He or she may become aware of strengths and weaknesses. He or she may develop self-reflection, learning from unsuccessful
interventions and reframing them as learning opportunities for growth. The new counselor may be able to make more of his or her own professional decisions. The supervisor relationship moves from one of peer consultation (Hogan, 1964; Sawatzky et al., 1994).

The stages appear to be linear with the trainee moving from one stage to another and finally attaining a sense of mastery or feeling “empowered” in his or her role as counselor (Sawatzky et al, 1994). Some practitioners have adopted this linear model. One may be led to believe that the developmental process may be simple and uncomplicated. However, when Hogan presented the four stages, he postulated that the stages might not be linear but that the developing counselor may repeat them several times (Reising & Daniels, 1983).

The results of research conducted on Hogan’s model described it as complex involving factors of anxiety/doubt, independence, method/skills, work validation, commitment, ambivalence, and respectful confrontation (Reising & Daniels, 1983). There are several implications from Reising & Daniels’ (1983) study that corroborated Hogan’s suggestions. They suggested that counselor development may be a complex rather than simple process, and perhaps, it also may not be a linear but an iterative process in which trainees may move from step to step gradually and moving back and forth between stages as Hogan suggested. The initial process included anxiety, dependence, and skills focus in early trainees but independence and self-confidence increased as the counselor develops.
Training programs may be designed differently if developmental characteristics can be adequately assessed. The training and supervision programs could address trainee’s specific needs. And attention to individual differences in developmental levels may help supervisors and faculty to view differences that some trainees encounter in a more positive way and address the individual issues of the trainee (Reising & Daniels, 1983). Hogan’s model provided a stage model of development that has been helpful in conceptualizing counselor development, but this model is not without critics. Skovolt & Ronnestad (2002) stated,

Critics of the stage concept generally question the universality of the stage model, the hierarchical nature, the invariance, or the qualitatively different nature of the changes. The empirical and conceptual work [overall literature] cited has contributed to expanding the knowledge of the structure, process, and goals of supervision and professional development. Yet, the conclusions have been infrequently research based. Seldom has qualitative methodology been used, and consequently, there is an absence of the rich descriptive information that researchers can glean from intensive interviews. (pp. 505-506)

Skovolt and Ronnestad (1992) conducted a qualitative study that produced a stage model and twenty themes of therapist-counselor development. The research covered the career lifespan and was designed to go beyond the stage model to consider broader themes of development. Several themes emerged regarding the training process. These themes suggested that professional development is growth towards professional individuation. There may be movement from factual knowledge toward practical knowledge, and as the professional develops, there may be a decline of pervasive anxiety. The themes corroborated the stages of development (Hogan, 1964). In addition, Skovolt and Ronnestad expanded the stages to include more information regarding the
development of the counselor from the beginning of training through his or her career. Though this research added to the body of literature regarding counselor training there were limitations. Limits in using a cross-sectional design introduced the possibility of cohort differences confounding stage differences. In this study, the researchers used a modified cross sectional design, but a longitudinal study over 30 years would have been advantageous, if somewhat impractical. The sample for this design is limited, in that, the participants were selected from one source. Finally, the qualitative nature of this study makes it impossible to know if casual relationships would have emerged with a quantitative design (Skovholt & Ronnestad, 1992).

Other factors in counselor development included the importance of critical incidents. Critical incidents can be positive or negative experiences the counselor sees as critical in his or her counselor training. These incidents happen as a trainee moves from factual to practical knowledge. Trainees reported that experiential learning and field experiences were the most influential in their training. The research on critical incidents focused on a cognitive perspective. The trainee needs to be able to develop cognitive skills that help his or her to learn to conceptualize client concerns. The trainee’s attitude is a form of cognitive development. Supervision and trainee experience can be a source of attitude change (Furr & Carroll, 2003). Self-efficacy is an attitude that can help the trainee to develop the necessary skills. Bandura (1986) defined self-efficacy as being “not concerned with the skill one has but with judgments of what one can do with whatever skills one possesses” (p. 391). If a trainee believes that he or she can accomplish a task that belief will have an influence on how much effort and persistence he or she expends
on learning the task. There is a caution that self-efficacy is not sufficient because the trainee also needs to develop the skills to counsel. He or she needs to acquire both self-confidence and skills (Furr & Carroll, 2003).

A qualitative study on critical incidents in counselor training suggested that although cognitive learning was important, applying the skills through experiential learning and field work had a greater impact on learning (Furr & Carroll, 2003). Skills-based introductory courses provide trainees with the opportunity to begin to practice skills, to move beyond role plays to real issues, to risk sharing personal issues, and to develop trust in relationships with their peers. Both positive and negative critical incidents occur and can add to the development of the trainee (Furr & Carroll, 2003). The supervisory relationship, faculty/trainee relationship, personal counseling, personal experiences, such as ropes courses and personal growth groups, provide opportunities for critical incidents that may produce development in the trainee. This experiential learning helps to move the trainee from theory to practice (Furr & Carroll, 2003).

The developmental models of counselor development are based on models of human development. Some see the stages as linear, with trainees moving from one stage to the next in succession (Sawatzky et al., 1994), giving the impression that counselor development is uncomplicated. Hogan (1964) suggested that the stages were not linear, but instead, the stages may be fluid with the trainees going through one stage and moving into the next then returning to a previous stage. Most of the research supports the latter, suggesting that the counselor development process is complex with stages that include anxiety, dependence, and skill focus at the beginning. As the counselor develops, he or
she moves to being more independent and self-confident while fluctuating back to earlier stages as he or she continues in his or her training (Hogan, 1964; Reising & Daniels, 1983). This knowledge may inform counselor educators regarding the needs of students and may provide valuable information to counseling trainees themselves during their stages of development. For example, providing a safe and supportive supervision experience for beginning counseling students might help the student to process the anxiety that may occur as trainees go into the field. This section examined developmental stages of counselor development. The following section looks at skill-based training.

Skill Based Training

Counselor trainees need to develop skills in order to begin to move from theory to practice. Skill training improves counselor self-efficacy and increases self-assessment, and cognitive complexity (Cassandra, Jill, Smaby, & Maddux, 2005; Urbani, et al., 2002). Self-efficacy is an individual’s perceived belief that he or she has the ability to perform a given task (Bandura, 1986). “Cognitive complexity is defined as the number of interpersonal constructs a person can use to define reality” (Little et al., 2005, pp. 192-193). Counselors experience conceptually complex variables in their work with clients. These variables include: case conceptualization skills, understanding the flow and process of the counseling relationship, understanding multicultural considerations, and using counselor theory (Duys & Hedstrom, 2000). The following section reviews the research regarding skills training.

Some of the research related to skills training is based on the Skilled Counselor Training Model (SCTM) and the Skilled Counselor Group Training Model (SCGTM).
This model teaches counseling skills systematically while promoting accurate assessment of the trainee’s counseling skills and encouraging the trainee’s confidence in using the acquired skills (Urbani et al., 2002). Little et al. (2005) utilized the model in a qualitative study to examine skills acquisition, self assessment, and cognitive complexity. They utilized the Skilled Counseling Scale (SCS) to measure the trainee’s counseling skills, and the Role Category Questionnaire (RCQ) was used to test for cognitive complexity. They found that trainees who completed the SCTM had more advanced counseling skills and higher levels of cognitive complexity. A limitation of the study was that the participants were from one university; therefore, the findings cannot be generalized to a larger population without further research.

Duys and Hedstrom (2000) also measured skills and cognitive complexity. They utilized the RCQ for measurement. They did not utilize the SCTM and did not require the participants to participate in a skills training class. The results suggested that cognitive complexity increased over time with training and supervision. The findings support the need for introducing skills training early in the training program. This study only used the RCQ to measure cognitive complexity and did not assess the increase of skill development after the training. The researchers can only infer that skill development was a factor in increasing cognitive complexity. The researchers stated that they were dependent on the RCQ as the sole measure and suggested that other areas could be measured (Duys & Hedstrom, 2000; Little et al., 2005).

Urbani et al. (2002) measured skill-based training and self-efficacy using the SCTM model. They utilized the SCS and the Counseling Self-Estimate Inventory
(COSE) that is a self-report measure of self-efficacy. The results suggested that trainees who took the SCTM training possessed more self-efficacy regarding skills and counseling than those who did not. The limitations of this study were that all the participants came from one university and there was no random assignment. Overall, the research suggested that skills training increased counselor self-efficacy, ability, and cognitive complexity (Duys & Hedstrom, 2000; Little et al., 2005; Urbani et al., 2002). The research examined skills training as well as other traits, such as cognitive complexity, self-efficacy, and self assessment (Duys & Hedstrom; Little et al.; Urbani et al.). While this research has important implications for the acquisition of skills in counselor training, it does not provide a comprehensive picture of counselor development. A more holistic, comprehensive research design may provide further insight into the overall development of a counselor trainee.

The literature regarding counselor training models focused primarily on two areas: skills acquisition (Cassandra et al., 2005; Urbani et al., 2002) and developmental models based on the work of Hogan (1964). Many of the developmental models are linked with counselor supervision (Loganbill et al., 1982; Skovholt & Ronnestad, 1992). The literature suggested that the early stages of counselor development when trainees encountered their first clients can be particularly stressful and vulnerable (Hogan, 1964; Furr & Carroll, 2003; Skovholt & Ronnestad, 1992). Counselor educators may need to have more knowledge regarding counselor development, so that they can provide more effective training for novice counselors. The literature suggested that there is a continued need for research that provides a more holistic picture of counselor development, rather
than individual areas of development such as skills, supervision, or knowledge. Reising & Daniels (1983) stated,

Almost all studies of counselor development have isolated one or another aspect of counselor training or supervisions, rather than taking a more holistic view. The few empirical studies existing that involved trainees at more than one level of experience do suggest that development changes occur. Some of these studies, though important, are still limited by sample range restrictions. Others included subjects with a broad range of experience, but addressed a limited number of developmental issues. (p. 235)

Holistic refers to the importance of the whole and the interdependence of its parts. The research suggested that counselor training is a complex process that involves many facets, yet the literature only refers to parts of counselor training such as skills, supervision, knowledge, and confidence. The literature does not include a comprehensive picture of the training/learning experience, a sense of the process of learning, a holistic view, which includes environmental, personal, and emotional factors, and the supervision process.

Play therapy is a growing therapeutic intervention for children. The literature proposed that it is effective and that the number of practitioners is growing. Play therapy requires counseling skills, knowledge, and competence as well as the unique skills to be able to work with children (Kottman, 2001; Landreth, 2002). The literature suggested that there is little research addressing play therapist training and development. The studies that are available suggested that trainees who receive play therapy training increased knowledge, skill, and confidence in practicing; however, the models did not provide a comprehensive picture of the process of becoming a play therapist, including the personal and emotional factors (Bratton et al., 1993; Kao & Landreth, 1997; White et al., 1999).
The limited research regarding a comprehensive, holistic process of becoming a play therapist indicated the need for an exploratory study of the learning experience of a play therapist which led to the design of this study. This exploratory study was a qualitative research study examining the learning experiences of the novice play therapist. This grounded theory study provided a framework for the investigation of the phenomenon of a play therapist’s learning experience that included emerging themes of a play therapist development, along with a rich description of the training process. The following chapter will provide further information regarding qualitative research design.
Chapter 3
Methodology

The purpose of Chapter 3 is to discuss the methodology was used in this study. This section includes a discussion of a naturalistic paradigm, qualitative research design, the techniques of grounded theory including, the grand research question, population and data collection, data analysis, and ensuring trustworthiness of the study.

In Chapter 2, a review of the literature suggested that play therapy may be beneficial to help children deal with emotional pain, and that it is a growing modality of therapy that requires general counseling skills as well as skills unique to working with children (Kottman, 2001; Landreth, 2002). Most play therapists do not receive graduate level training in play therapy or multicultural aspects of play therapy, which means that there is a need for further training (Phillips & Landreth, 1995; Ritter & Chang, 2002). There is little research regarding the training of play therapists. The available literature indicated that there is a great need for further research (Bratton et al., 1993; Kao & Landreth). Counselor development may also be a complex process, and the literature suggested that it involves aspects like skills acquisition, supervision, and training to name a few. The literature is limited to research that examined individual aspects of counselor and play therapist development. This study examined the research problem regarding the lack of a comprehensive model of play therapist development. Researchers have suggested that a holistic view of counselor and play therapist development could be advantageous to counselor education and that may add to the body of play therapy literature (Hogan, 1964; Reising & Daniels, 1983). This naturalistic, qualitative research
study examined the phenomenon of play therapist development. The following section provides information regarding naturalistic inquiry and more specifically, qualitative research.

**Naturalistic Inquiry**

There is little research describing the play therapist’s perceptions and experience, and a naturalistic inquiry was an appropriate methodology to use for such a study. Naturalistic inquiry is a paradigm that examines a phenomenon, such as the learning experience of a play therapist, in a natural setting. The researcher utilizes him or herself as well as others as the primary data-gathering instruments, because only the human instrument can grasp and evaluate the meaning of the data and interactions (Lincoln & Guba, 1985). In this study, the inquiry was performed using interviews and journals. Naturalistic inquiry utilizes qualitative methods, which are more sensitive and adaptable to the many influences that may be encountered (Lincoln & Guba). This type of inquiry led to a rich description of the learning experience of the play therapist. The sampling in naturalistic inquiry is purposive rather than random, because purposive sampling increases the range of data exposed (Lincoln & Guba). In naturalistic inquiry, inductive data analysis is utilized, because it may reveal the multiple realities in the data. Inductive analysis can assist in making the researcher-respondent interaction accountable and recognizable, and inductive analysis assists in fully describing the setting (Lincoln & Guba). Naturalistic inquiry is guided by a grounded theory that is “grounded” in the data and emerges from the data as the interaction between researcher and participants proceeds (Lincoln & Guba). This process produces meanings and interpretations that are
negotiated with the participants through a process of criteria for trustworthiness; a case study report is then written reporting the tentative applications of the research (Lincoln & Guba). The study of investigating the learning experience of novice play therapists included these steps so as to insure the creditability of utilizing naturalistic design. The following section provides further detail regarding qualitative research.

Qualitative research is most often utilized, though not always, when a naturalistic paradigm is utilized. Quantitative research deals with numbers and statistical methods and examines a broad understanding of a phenomenon. Qualitative research asks open-ended questions, looks at a phenomenon, and examines process. Qualitative methods explore variables that are not easily identifiable and where little research has been previously done. This type of research is not approached with pre-conceived theories that need to be proved, but instead, qualitative designs facilitate the theory-building process (Morrow, 2007). Lincoln & Guba (1985) stated,

The researcher elects qualitative methods over quantitative (although not exclusively) because they are more adaptable to dealing with multiple (and less aggregatable) realities; because such methods expose more directly the nature of the transaction between investigator and respondent (or object) and hence make easier an assessment of the extent to which the phenomenon is described in terms of (is biased by) the investigator’s own posture; and because qualitative methods are more sensitive to and adaptable to the many mutually shaping influences and value patterns that may be encountered. (p. 40)

Qualitative research requires a commitment to undertake a rigorous design that explores a social or human problem. The research is conducted in the natural setting where the phenomenon takes place. The research requires a commitment to extensive work in the field; engaging in the complex process of data-analysis including reducing
the data to a few themes; writing passages to substantiate the claims and show multiple perspectives; and participating in a form of social and human science research that does not have firm guidelines and is constantly changing (Creswell, 1998).

The literature regarding counselor/play therapist training indicated that the research focused on individual areas of training such as, skills, knowledge, cognitive development, and self-efficacy (Bratton et al., 1993; Duys & Hedstrom, 2000; Kao & Landreth, 1997; Urbani et al., 2002). This research has added to the body of literature and has provided insight into counselor and play therapist development; however, the research has not provided a holistic, comprehensive view of counselor/play therapist development. The research suggested that counselor/play therapist development is a complex, unique process, and that there is a need for research that examines that process (Hogan, 1964; Reising & Daniels, 1983). The lack of research pertaining to the learning process and experiences of play therapists suggested that exploratory research is necessary. A naturalistic research design utilizing grounded theory techniques provided an approach that would allow for a study that examines the phenomenon of the developmental process of play therapists, while attempting to develop a theory regarding the learning process and experiences of play therapists. The following section addresses grounded theory research in more depth.

**Grounded Theory Research**

A grounded theory design is a naturalistic inquiry utilizing qualitative research methods to generate a theory regarding a phenomenon. The development of a grounded theory is based on inductive analysis of data that has been collected in the natural setting
of the phenomenon (Creswell, 1998; Lincoln & Guba, 1985). There are differing opinions about the structure of the grounded theory design. Some researchers believe that since grounded theory is inductive and grounded that any pre-structuring of methods could lead to inflexibility in responding to the emerging data, while others believe that structured approaches allow for the researcher to focus on the phenomenon to be studied (Maxwell, 1996). In this study, I utilized a design that provided structure to present a road map as to the general direction of the research and data collection; however, I utilized this structure loosely so as to allow for flexibility as data emerged.

The Grand Research Question

The first step in developing a grounded theory study is to develop the grand research question. The research question is a statement that identifies the phenomenon to be studied. The research problem may start out broad, but as the research progresses, it becomes more narrowed and focused as themes and their relationships are discovered to be relevant or irrelevant. If during the process of collecting and analyzing all the data, the researcher returns to the original question for clarification (Strauss & Corbin, 1990).

The result of the literature review for this study suggested that there is a need for additional research regarding counselor development and more specifically, play therapist development. The literature revealed some training models, the importance of supervision, and the development of skills when becoming a play therapist (Joiner & Landreth, 2005; Kao & Landreth, 1997; White et al., 1999). The literature also indicated that although there has been research in the area of counselor development, most of the literature was based on individual areas of counselor development such as,
developmental, supervision, and skills development (Duys & Hedstrom, 2000; Hogan, 1964; Skovholt & Ronnestad, 1992). The literature recommended a need for further research that is more holistic in nature, providing a more in-depth picture.

A grounded theory study provided this in-depth picture of the development of a play therapist that could add to the body of literature on counselor and play therapist development. The research problem or grand question of this study was: What is the developmental experience of novice play therapists?

**Population and Data Collection**

The participants for the study were selected by criterion sampling. Creswell (1998) referred to criterion sampling as “all cases meeting some criterion; useful for quality assurance” (p. 119). The criterion for this study was pre-service masters level counseling students in their first practicum or internship experience who were working with children using play therapy in clinical or school settings. The subjects were selected by contacting experts in the field of play therapy at colleges and/or universities in the United States. The experts were contacted by e-mail and asked to nominate subjects who fit the criteria. The first group of emails was sent to known experts in the play therapy field. Another group of emails was sent to experts from a list of colleges and universities who had play therapy programs. A final email was sent out on the Counselor Educator Network (CESNET). The experts were sent the proposal information, including the criteria, consent form, and demographic information form. The experts made the information known to possible participants who instructed them to contact the researcher.
Seven participants responded to the emails. There were one male and six female participants. All of the participants were White. The seven subjects represented a diverse geographic area of the country with one coming from the East, one from the North East, one from the Rocky Mountain region, two from the South, and two from the Northwest. The participants were all studying to become community counselors. The participant from the East withdrew from the study after the first round of interviews. Participation was strictly voluntary and there was an incentive drawing for a $100 gift certificate from Amazon.com. All who sent the researcher a consent form were entered in the drawing.

In grounded theory research, the researcher takes an active role in the research by conducting interviews and gathering data regarding a particular phenomenon over a prolonged period of time. For this study, I recorded interviews on the phone over an eight month period of time. This method provided me the opportunity to respond and interact with the participants as they progressed through their training as play therapists in order to generate hypothesis, and to take opportunities to clarify or summarize information as it happened (Lincoln & Guba, 1985). The data collection included three interviews, a fourth interview which is called a member check, weekly journal reflections by the participants which were optional, and journals by the researcher. The first interviews were approximately 30 45 minutes in length. The first round of questions included:

1. What thoughts and feelings are you experiencing as you are learning play therapy?

2. Describe your experience with the children you work with using play therapy.
3. Describe your experience of moving from classroom learning about play therapy to doing play therapy in the field.

The three interviews took place over eight months which allowed for prolonged engagement in the data. The analysis will be addressed under the data analysis section of this study. Further questions were generated after each set of interviews, and the data was analyzed after each round of interviews (Creswell, 1998; Strauss & Corbin, 1990). The subjects were asked to complete weekly journals that recorded thoughts, feelings, and experiences of the process of becoming a play therapist. The journals were optional, and three of the participants completed journals. The researcher completed journals of her experiences during the research process. The following section describes the process of data analysis for grounded theory.

**Data Analysis**

Data analysis in grounded theory is the process of breaking data down, conceptualizing it, and putting the data back together in a new way in order to build a theory about the phenomenon being researched (Strauss & Corbin, 1990). Transcripts were derived from interviews and journals. The data was transcribed by the researcher. Once the data was transcribed it was analyzed using grounded theory data analysis procedures consisting of open coding, axial coding, selective coding, and the generation of a conditional matrix (Strauss & Corbin, 1990).

Open coding was the first step in analyzing the data by examining the data closely and beginning to break it down and categorize it (Strauss & Corbin, 1990). The data was categorized into themes or discrete categories by asking questions like: What class
of phenomenon does it seem to pertain to? Is it similar or different than the one before? And, what does this seem to be about? When similarities surfaced, the data is grouped together and given a distinct name (Strauss & Corbin, 1990). A category developed in terms of the properties, which are the characteristics or attributes of a category. A category also had dimensions that represented the range in which properties vary. Properties and dimensions were utilized to develop subcategories that are linked to categories denoting a relationship to the main category. Axial coding began as categories began to emerge (Strauss & Corbin, 1990).

In axial coding, the data began to be reassembled in new ways by relating categories and subcategories to the properties and dimensions that emerged (Strauss & Corbin, 1990). This emergence is presented using a paradigm model where the researcher identifies a main phenomenon and explored causal conditions, the actions or interactions that result from the phenomenon, the conditions that influence the actions, and the action/interaction outcome (Creswell, 1998). The process of open and axial coding took place until the categories became saturated and there were no new properties, dimensions, or relationships (Strauss & Corbin, 1990). At this point, selective coding began.

Selective coding is the process of refining the categories and relationships that emerged and integrated the interpretive work that has been done. This process included getting the story straight, developing a story line, and producing an analytic story (Strauss & Corbin, 1990). The final step in analyzing the data was to create a conditional matrix.

The conditional matrix was an explanatory framework to present the integrated detail, procedures, and logic of the grounded theory that has been developed (Strauss &
Corbin, 1990). The matrix provided a means to trace the conditional and consequential paths through different levels to determine which are relevant and how they affect the phenomenon (Strauss & Corbin).

Ensuring Trustworthiness

Trustworthiness was critical to ensure that the research was well-designed and the findings are sound (Lincoln & Guba, 1985). The criteria for trustworthiness include credibility, transferability, dependability, and confirmability (Lincoln & Guba). Credibility refers to how accurately the researcher relates the reality of the participant’s experience (Marshall & Rossman, 1995). Credibility is parallel to internal validity in a quantitative study (Lincoln & Guba). Threats to credibility in a qualitative study include reaction of the participants to the researcher and the research process, and research bias (Lincoln & Guba). Lincoln and Guba suggested that prolonged engagement, triangulation, negative case analysis, peer debriefing, and member checking address these threats. I utilized prolonged engagement, negative case analysis, triangulation, peer debriefing, and member checking to assure trustworthiness of this study.

Prolonged engagement included building trust with participants, learning the culture, and checking for misinformation that could come from distortions from the researcher or informants (Creswell, 1998; Lincoln & Guba, 1985). In this study, I developed prolonged engagement utilizing interviews, journals, and member checking, which took place over an eight-month period.

In triangulation, researchers use multiple sources, methods, investigators, and theories to provide corroborating evidence. This corroborating evidence can shed light on
themes or perspective and can be helpful in avoiding personal biases that may otherwise be overlooked (Creswell, 1998; Lincoln & Guba, 1985). Member checking involves soliciting the participant’s views of the credibility of the research findings and interpretations (Creswell, 1998). Lincoln and Guba (1985) considered this member checking to be “the most critical technique for establishing credibility” (p. 314). I utilized current research as well as member checking for triangulation of this study.

In negative case analysis, the researcher is continually refining working hypotheses as the results emerged until all the data is accounted for (Creswell, 1998; Lincoln & Guba, 1985). I utilized negative case analysis to be continually checking new data with the data previously collected and analyzed. This information provided insight into the conceptualization of the categories, properties, and dimensions.

One further note in respect to bias is to disclose any personal biases or assumptions that may affect the research’s impact at the outset of the study (Creswell, 1998). In this study, my biases included the fact that she is a play therapist as well as a counselor educator. My own experience with play therapy began with skepticism as she reluctantly signed up for her first play therapy class. I could not imagine that playing with children could be therapeutic. During that first class, she observed play therapy techniques used in a proper, therapeutic way and saw children responding positively. I became intrigued and ultimately utilized play therapy through her internship and into her practice. I found the principles to be guidelines that provided a therapeutic modality that helped children to feel empowered, accepted, and able to process through their emotional
pain, although the process of learning play therapy was complex including times of anxiety and uncertainty.

Now as a counselor educator, I have watched students come to play therapy with the same skepticism. They have questions, anxiety, and uncertainty as they move into their work with children. There is a definite process that the trainees experienced as they began to grow as play therapists. This process is the problem that I wanted to address in this study, because she believes that having an understanding of the social, emotional, and learning experience of the play therapy trainee can inform the field of play therapy training, as well as provide insight to counselor educators, who plan and implement training programs.

As a result of these biases, I planned to be cautious as she began the research process, always using the safeguards listed above to be checking for the accuracy of the data and checking with participants, peers, and supervisors for any bias that may surface. The next section discusses the process of transferability of data to other settings.

Transferability is the ability to apply the set of findings in one study to other settings. This idea parallels the concept of validity in quantitative research. A rich, thick description enables the reader to transfer information to other setting and to determine whether the findings are transferable (Creswell, 1998). An additional choice to help with a study’s transferability is using triangulation, because it utilizes results from current research to corroborate, elaborate, or illuminate the data (Marshall & Rossman, 1995). The participants in this study provided a rich, thick description of their experience of
becoming a play therapist. The data was also triangulated with current research which increased transferability to other settings.

Dependability and confirmability are interrelated and were utilized together for this study. Dependability is the accounting for changing conditions in the phenomenon and in the design as understanding of the setting increases. Dependability resembles reliability in quantitative research. Confirmability resembles the concept of objectivity and asks whether the results of the study can be confirmed by someone else (Marshall & Rossman, 1995). A confirmability audit could be used to ensure both dependability and confirmability. The audit would include a trail of the raw and analyzed data, process, research development notes, and materials (Lincoln & Guba, 1985). This audit trail allows others to replicate the study and increase trustworthiness. For this study, all of the information is available for the confirmability audit. The use of the techniques to promote credibility, transferability, dependability, and confirmability of this study meet the criteria for a trustworthy study.

There is a lack of literature regarding the learning experience of play therapists. This study focused on a grand research question that may be important to the field of play therapy and counselor education. The grounded theory methodology produced sound, trustworthy results that may add to the body of play therapy, counselor development, and counselor education research.
Chapter IV  
First Round Interviews

Introduction

The data was gathered from telephone interviews with seven Master’s level play therapy students who were in their first term of using play therapy with children in school or clinical settings during practicum, internship, or within one term or less after completing their initial term of play therapy practicum or internship. The participants selected pseudo names in order to maintain confidentiality. The transcripts of the interviews were analyzed using the grounded theory methodology of open coding procedures to construct conceptual categories. Additionally, axial coding procedures were employed to explore connections between categories and to ensure complete analysis. There three questions that were asked for the first round interviews were:

1. What thoughts and feelings are you experiencing as you are learning play therapy?

2. Describe your experience with the children you work with using play therapy.

3. Describe your experience of moving from classroom learning about play therapy to doing play therapy in the field.

The data suggested that there is a developmental process which is defined as a systematic series of actions and processes that produce growth and progress as the participants study play therapy. This process included particular instances of encountering knowledge and practical wisdom that is gained from the participant’s
observations, encounters, and experiences that can be expressed as the participants' learning experience.

There are two major themes that emerged from the open and axial coding of the participants' learning experience. These themes were conceptualized as *internal development* and *external experiences*. *Internal development* and *external experiences* each contained properties and dimensions that further described the categories. Participant responses suggested relationships between categories, via their properties and dimensions, through the process of axial coding.

**Internal Development**

*Internal development* emerged as a category from the analysis of data generated by the initial interview questions. As participants described their experience of learning play therapy, they provided insight into a unique and complex developmental process of becoming a play therapist. Participants defined *internal development* as the internal process of developing, growth, and progress toward becoming a play therapist. Several properties within the category of internal development emerged. The properties further described internal development and included: (a) *discovering personal characteristics*, (b) *experiencing emotions*, and (c) *experiencing perceptions*.

**Discovering Personal Characteristics**

*Discovering personal characteristics* is a property of *internal development* that participants defined as the characteristics or attributes that they believe are needed to be a play therapist. These characteristics are essential or distinctive qualities that helped to identify distinguishing traits that the participants believe are necessary to become a play
therapist. Discovering personal characteristics is defined as features or attributes that help to identify or describe distinguishing traits of play therapists. Participants in the study described these personal characteristics as attributes that they may already have or are developing. Discovering personal characteristics have two dimensions: personal experiences and attributes.

The participants defined personal experiences as the professional, educational, or personal experiences from their past experience that influenced their attitudes and appeal to work with children. These past experiences influenced them as individuals and how they approach their learning of play therapy. Sue said that she did not know what to expect when she had her first session with a child. She said her first session did go well and she attributes this success to her past enjoyment of children and being involved with children.

Sue But I always liked playing with kids. I used to baby sit when I was a teenager, and I have my own child. And I get down and play with him and don’t just observe. I kind of haven’t grown up anyway. I am still kind of playful, which helps. So I started off with this client and had several more little clients from class.

Sue also reported that one must be flexible and persevere. She said she drew on other experiences in her life, and she believes that one must keep trying and be flexible.

Sue I learned it on the job and theoretically, and if it didn’t work and it should have, that’s ok. I’d scrap it and try a different direction, and that’s what I did in counseling-if this didn’t work, I would try something else.

Emily was a teacher. When she began learning play therapy she found it frustrating and very different than what she did as a teacher.
Emily

I have a story that I am eager to tell because it might be very common. But my first experience was that I was being shown around the building and my supervisor said that he is very proud of our play room and I just love play therapy… He said let me give you a demonstration on play therapy. And so he gave me a demonstration and I said, “What? You just say, ‘you pulled that down; you’re holding it now; you’re holding it now.’ I was like, ‘where is good job? Or I love that color too, or wow! You did that great!’”

And he said, “I know it is tricky isn’t it.” And I said, “Yes”. This is how I responded to my students, and that is how I responded to my own children. So that surprised me. He said it is surprising. It is very effective. So I guess I was very interested after that. I was very interested.

It’s my nature, on top of how I saw teaching. It was effective teaching for me. It [positive behavior] brought out effective results in discipline and classroom guidance and then retaining information. It was important, and that is how I communicated.

John

Well, play therapy at the beginning was pretty new to me. Last summer in pre-practicum we were going over the different sites that we could work at and I wanted to work with children and up to that point I had only worked with children using the behavior model. Not even CBT, just behavior. And going to my site, I found out we would be using the play therapy model… I went home to find out what it was about and more of what it had to offer. And from what I noticed I had a bias toward behavior therapy because it was what I used before. I didn’t realize until I was reading a book about play therapy and said, Wow! That’s really nondirective and I don’t know if that would work for me.

So I went into my practicum in September last year and sat in on an initial interview session with my supervisor there. And this was kind of going over my head - if this was really for me; if it would work; if I would like it and how much progress we could make. And behavior therapy was stuck in my brain. Having a plan, having things to check
off the list, really more quantitative and measurable goals which is what I was used to.

The participants entered their training experience with previous life experience and values that influenced their learning experience. This outcome implied that past experiences influenced both their desire to become play therapists along with how they approached their learning experience. The next section examines attributes another dimensions that comprise the property discovering personal characteristics.

Participants defined attributes as the characteristics or distinctive qualities of being a play therapist. The participants described attributes.

Becky You definitely need patience. You can’t rush a child. They all learn at their own pace. You can’t take everything personally. You have to be patient and you have to be persistent.

John I feel that being there as an influence for them [the children]; being consistent, and being unconditional is what they need.

Emily I love children.

Ann I connect very well with children so I am very comfortable there. I mean that is what I do every day. I connect with parents as well but I see kids every day, all day and I am very comfortable with kids.

Ann also described the need for flexibility when she described having to change rooms when she was in a play therapy session because the room had been overbooked.

Ann I was only in the room five minutes and my supervisor popped in there and said, “You are closing in five minutes.” I said, “No I just started. And he was shocked. Now we are in a predicament. He did not know what to do. I said, “Look, look, I will take some of these toys and I will change rooms.”
He said, “It is not a good idea.”
I said, “I know it is not a good idea, but we don’t have any other options.” And I didn’t think it would be as traumatic for my client was it would be for his client. So, we grabbed a few toys and I just tried to make it like it was a really cool thing. She followed me to the other room and she perfectly engaged in what I brought in and we are able to do play therapy.

Ann was comfortable with children, and she felt that she connected to them, and she recognized that flexibility was a big part of working with children and doing play therapy. Becky described a need for patience, persistence, and consistency when working with children.

Becky: You definitely need patience. I think that is one of the key things that Dr. Landreth pinned down is that you can’t rush a child. They all learn at their own pace. You can’t take everything personally. If a child is no cooperating you have to give them their time. You can’t expect a child to meet this stranger and completely change in two weeks. You have to be patient and you have to be persistent. You know if you can’t dedicate your time and be there for these children every week, every time they are scheduled. Consistency is probably the best thing these children can have for learning. It’s being consistent and having repetition.

Both Lisa and Emily suggested that having a love for children is an important attribute in working with children as well as patience with the process. Emily suggested that flexibility and the ability to problem solve are important. She described a situation where she was going to meet with a child and the regular room she worked in was not available. She was able to find another room, bring some toys, and make the situation work. This situation demonstrated her ability to find a solution, be flexible, and yet, have
concern for the client relationship. John suggested that being able to connect with the child is important as well as being there and being supportive.

John
Without a strong male role model, it can be tough, [but] not impossible to have a healthy life and development. I feel that having strong role model is an advantage. All these kids are entering kindergarten, a couple first grade and teachers are usually female which is fine. Of course they need that equally as much. [As a male], I like being there as an influence for them. Being consistent, being supportive, and being unconditional is what they need. I want them to know it is possible.

The participants suggested that they need a love for children, the ability to connect, patience, and flexibility in order to work with children. These attributes are unique to play therapy because they are necessary for working with children. Participants indicated that they came to the training process with some of these attributes and others are developing as they learn. The participants also suggested that experiencing emotions is an important part of their play therapy development.

Experiencing Emotions
The participants defined experiencing emotions as their experience of many different emotions during the learning process. The participants described a range of emotions from frustration to joy that they experienced as they were in the learning process to become play therapists. The participants’ descriptions of emotions were used to develop a property of internal development called experiencing emotions. Experiencing emotions ran on a continuum that ranged from high to low. The participants’ experiences revealed a wide range of emotions during their learning process. They openly expressed feeling anxious and joyful sometimes within one session with a
child. This range of emotion would indicate that there is a complex emotional experience that occurs during the learning process of play therapy training.

Isabella  
I get really excited about it. I find it exciting and invigorating to think that I might be able to work with children in such a fun way. I don’t know if joy is the right word, but it was fun. I enjoyed working with him. I had fun while I was doing it and I enjoyed it…I am anxious to learn that and see how it is different from what I have seen in my play therapy class.

The client was 20 minutes late, so we did not have much time to work together. I was amazed at how nervous I was. I think I feel more nervous trying to work with children than I do with adults. In non-clinical situations, I am very comfortable with kids, and I am very comfortable with leading groups of children. And yet that self-assurance seems to evaporate when I am in a room alone with a child. I am grateful that my site has taping abilities, because I am going to want to tape myself so I can see what I am doing and really how to improve, how to become more comfortable, and what works and what doesn’t.

Other participants described their emotional experience:

Sue  
I was thinking…it was exciting, very challenging, and fairly confusing for me. I was feeling kind of apprehensive and wondering if this little kid would want to play with me or would even like me.

Ann  
Excitement would be the number one. Curiosity at what the differences…just kind of a little bit of nervousness not knowing how to interpret what is going on, not knowing how to define themes. But being in the playroom - just excitement.

John  
I felt awful. I felt scared sometimes. I felt so sorry that someone so young had to go through that.

Becky  
As far as feelings go there is a mixture. I am anxious because I am eager to learn. Each child that you see is completely different than the next child - so I guess that’s
more excitement. And then there is a little bit of anxiety especially with child-centered.

Rachel  I didn’t have any information about play therapy so I was really nervous and scared. I am just now starting to get a little more comfortable with doing play therapy.

Emily  Once I got into my internship and I had my first session - it was amazing. And it was frustrating because I wanted to say things.

Participants described a range of emotions as they trained to become play therapists.

Their emotions ranged from anxiety and fear as they began working with clients to joy and excitement as they gained confidence and began to develop relationships with their clients. Along with emotions, the participants experienced perceptions of themselves, their supervisors, and the children with whom they work.

**Experiencing Perceptions**

Participants described their impressions of their experiences as they were in the learning process. The information included *experiencing perceptions* of themselves, their experience with their supervisors, and their perceptions of the children with whom they work. Participants defined *experiencing perceptions* as their personal understanding and intuition of the learning process and the children with whom they work. The participants’ description of their experiences was used to develop a property of learning experience called *experiencing perceptions*. *Experiencing perceptions* included three dimensions: *perception of self, perception of the client, and perceptions of their needs*. *Perception of self* is defined as the participants’ impression and understanding of their experience of the
learning process. The *perception of self* varied along a continuum from doubt to feeling more competent in their play therapy ability.

John  
Definitely [I feel] a lot more competent, a lot more confident. I guess I was a little anxious, a little apprehensive the first few weeks observing. Alright well, I wonder if I could do this, me the kid, and the videotape. Can I do this? I was a little anxious just getting into it.

Rachel  
I think half way through I got a grasp of what it was I was doing and I got a grasp of how I could help her and you could see a change half way through and I could see what a difference it had made.

Becky  
It definitely is a process. It doesn’t come right when you start at the very beginning. You are emotionally drained, you don’t know how to cope so several months in you are trying to find your niche and finding how to cope with it.

Ann  
I know that I am not as nervous as I was. I know I’ve got a long way to go. I think just doing it. Getting there and seeing that I can do it. You know that the more relaxed I am the more natural it is.

Sue had not taken a formal class, and when she arrived at her site she was told there was no one to observe. So, she just had to jump in and start. She stated,

I am a fairly confident person. I thought, ok, I can make this work, but I would have rather seen somebody doing something, but that wasn’t the way it was going to work out and I needed my hours, time was starting so I saw my first client. Starting off, I was very uncertain. It was like I want someone to help me here, please help. There’s no help, so I was forced to stumble along. I guess the thing is - it is hard to understand from the beginning is that it really is a process and you aren’t going to start off being really good. You just have to start and realize that you are being positive and encouraging. You are not going to mess anyone up and just having a positive person to spend one on one time with is helpful and is always going to be helpful.
Isabella was taking her first play therapy class when she began working with clients. She wondered if she had the skills and knowledge and if it was ethical for her to see clients before she finished the class. She realized that she had some classes and training and that she could begin doing play therapy. She said,

My first experience with my first real client and first experience with play therapy were very similar, feelings, thoughts, anxieties, and am I well trained enough? Do I know what I am doing? Will I be helpful to this individual? I saw him [client] the first time while I was in the class and I was questioning myself whether I had the skills or the knowledge that I would need to be able to help him when I hadn’t completed the course yet. You are learning and growing and it was comforting to know the same kind of new experience; these feelings are not so much maybe you can’t do it, but normal anxiety trying something new.

Her perception was that maybe she was not ready, but that perception changed as she realized that she had background and training to prepare her.

Becky stated that working with children can be emotionally draining especially in the beginning. She said, “I don’t think I will ever know enough to do my job absolutely correctly. It’s not like a computer. I mean you are working with children. They learn from us and we learn from them.”

Participants suggested that they relied on their perceptions to inform their practice with children. These perceptions helped them to know if they were being effective. They suggested that their perceptions also inform their perception of the child.

The perception of the child is defined as the participants’ understanding and impressions of the child’s experience. The perception of the child varied along a continuum from to feeling disconnected to feeling connected to the child.
Sue The little kid trotted along and we went down to the room and he and I both kind of explored what was there and some different toys and stuff and he seemed pretty comfortable.

Becky …because you can’t tell a child what to do and what not to do, because they don’t get it—they don’t understand at the level adults understand. So when you play with them you use the toys as words and play as language.

…If the child trusts you and they can connect and they know you won’t judge them based on if they do or don’t do something.

John …we definitely connected on that level [a kid] just knowing it is not actually seeing behavior - it’s just being there and being supportive.

Rachel And it was as if we both changed together at the same time and I got a grasp of how I could help her.

Experiencing perceptions included the perception that participants described as knowing when to take care of their personal needs. The participants expressed the need for self-care so that they can continue in the field and not burn out. Several of the participants work with children who have been abused or neglected and they talked about the stress they experience from these situations. They defined self-care as being able to release the stress of dealing with difficult clinical situations.

John …but I would go home at night and one of the things we learned and talked about self-care and not to bring the pain home with you. That felt impossible. I couldn’t go home and not think about it. I started writing after I had my sessions with him sometimes a paragraph, sometimes a page, by pencil or pen, just about being there and the feelings I had.

Rachel I do a lot of reading - reading for fun. I spend a lot of time with my kids, my husband, family. If it gets really stressful,
I will go to town to just get away where I don’t have to think for an entire weekend.

Becky I run - the farther I run the more you can tell the more anxiety. And I have a dog. During the run a lot of times he hears the brunt of it.

The participants suggested that realizing their need for self-care was an important part of their learning experience, along with their perceptions of themselves as they learned.

*Internal development* is a category of play therapist development that included three properties: *discovering personal characteristics, experiencing emotions, and experiencing perceptions*. *Internal development* is defined as the internal process of developing, growth, and progress toward becoming a play therapist. The properties of *internal development* are not only connected to one another but also connected to the category of *external experience* because the properties of *internal development* inform the properties of *external experiences*.

*External Experiences*

*External experiences* emerged as a concept from the analysis of data generated by the initial interview questions. As participants described their experience of learning play therapy, they provided insight into the knowledge and experiences that are necessary to become a play therapist. *External experience* is defined by participants as the knowledge gained from what they have observed, encountered, or undergone. Several properties within the category of external experiences emerged. The properties further described *external experiences* and included: (a) *participating in supervision*, (b) *receiving instruction*, (c) *parenting interaction*, and (d) *developing skills*.
Participating in Supervision

Participants described the importance of supervision in becoming a play therapist. Participants described supervision as learning from a more experienced member of the counseling profession. The supervisor provided teaching, training, consultation, and guidance to participants as they learned. As a result, the participants’ description of the importance of being supervised was used to develop a property of external experiences called participating in supervision.

Rachel  My supervisor graduated from a university where she was trained in play therapy. She was very supportive in helping me figure out what I was supposed to be doing.

John  …that hour a week with my supervisor was absolutely necessary and it helped so much. That’s where I would show my tape, go over the case and tell the supervisor how I felt. That was my self-care really. I mean I did some physical activities that would release my energy. But being able to talk about the actual case, it felt really therapeutic for me.

Becky  And it was great having the supervision where there was more than one person. Because there are some things where I completely criticized myself and it turns out I did it the right way. It was great feedback.

Emily  …my supervisor is just amazing. I have been very fortunate to observe my supervisor. He is very wise, and has been in the business for many years. Supervision is extremely important and if you felt like your supervisor didn’t like you - or if you didn’t like your supervisor and you didn’t respect him or her that would really mess things up. I ask all kinds of questions, we talk about clients and information.

Isabella  I think it is critical. That’s one of the reasons I applied at this site because the therapist that I told you about is at this site. She talked about how great the supervision is. I want experience with children from somebody who knows how
to do it and can say ohh - you might try this or you could be stronger in this area or that was really well done. I want somebody who knows from their experience.

Sue  I think that a good counseling program that puts out good play therapists needs to let them watch tapes of people who are really good at it. And let the students sit in on sessions of people that are really good at it. So they will have something to start with.

Ann  Supervision where I am at is awesome. You can present just about - well anything. He has us read and research for ourselves and then come back and tell him what we find. There is a lot of research which is good. The supervision where I am at is good.

Participants suggested that *participating in supervision* was an important part of their training experience because the supervisor provided the teaching and encouragement they needed as they were learning play therapy. Participating in supervision was connected to other properties and dimensions of play therapy development. Another important aspect of their learning experience is *receiving instruction*.

*Receiving Instruction*

*Receiving instruction* described how the participants gained knowledge regarding play therapy. The knowledge included classroom instruction, reading books, viewing tapes, and attending conferences. The participants’ description of gaining knowledge was used to develop a property called *receiving instruction*. *Receiving instruction* is a property of the category *external experiences*. *Receiving instruction* included two dimensions: *formal instruction* and *informal instruction*. *Receiving Instruction* is defined as the participants’ gathering of knowledge in order to be able to become a play therapist.
Formal instruction is a dimension of the property receiving instruction. Formal instruction is defined as play therapy classes that are offered by a college or university.

Isabella Each day we’d meet and learn different play therapy, such as Adlerian and Jungian play therapy. So she covered different theoretical approaches and then basic skills; that was very useful. One of our assignments was to create a portable play therapy playroom, so we had to gather materials that we could use and carry with us to the site if needed and that was very helpful.

…she set up the room that was kind of a play therapy classroom where there were toys and all the different categories of fantasy play, nurturing play - all different types of toys; and then part of the class we would do theoretical work and part practical work as though we were therapist and children.

Ann …we had our very first offered play therapy-it was like a mini class. And that helped a whole bunch. Getting more foundational stuff - that was awesome.

Sue It was great. I got some really good suggestions from the professor. And just listening to her talk about her different experiences and how she kind of controls the playing. I think I got more out of it since I was already into and needed some more insight. I would have felt a lot more comfortable if I had had the class first.

Rachel I definitely think having a program for training is extremely important and I think that if we don’t have play therapy classes it’s sort of - you know we have all these different classes for all these populations - it says we don’t care about kids. It sends a message that we care about adults, we care about people that are addicted to substances but we don’t care about the kids. So I think having play therapy programs and the emphasis on play therapy, and the importance of kids, is really important.

The participants who experienced formal instruction suggested that this training was very beneficial. Most of the participants did not have formal instruction when they
started practicing, and they suggested that having informal instruction was crucial in their learning process.

Informal instruction is a dimension of receiving instruction. Informal instruction is defined as any form of learning about play therapy outside of a formal college or university course. Informal instruction may include reading books, attending conferences or seminars, participating in local play therapy organizations, and watching videos.

Ann    Well, that is going to be a really sad story. We have had none. Nope, none. No classes were offered. I think they used to be. And then I guess they lost a professor and they haven’t been able to get that back. Until next semester, I won’t be there. I’ll be graduating in December, but this will be the first semester they are offering a [play therapy] class.

Rachel  My particular program we do not have play therapy as part of our education. I didn’t have any information about play therapy so I was really nervous and scared. I’ve learned about play therapy through the job itself.

Rachel  Garry Landreth was the big one. I read his book and seen his videos.

John    I have seen a few videos by Landreth. I got recommendations from my supervisor.

Emily   I go to our local play therapy meetings. I don’t miss the meetings. I’ve only seen one of Landreth’s videos that my supervisor asked me to watch.

Ann     We have a local play therapy association meeting that meets once a month and I have been doing that for over a year. And I did one or two workshops before I even saw play therapy.

Some participants reported that their university or college offered at least one play therapy class, and that they derived benefit from the instruction and skills learned. Other
participants did not receive any formal training because their university or college did not offer play therapy courses. Most of the participants suggested that they had some informal training that included watching videos, reading books, attending seminars, continuing education courses, and play therapy meetings. This informal instruction assisted them in the learning process. Another property of external experience is parenting interaction.

Parenting Interaction

Participants described the importance that parents play in the counseling process. They suggested that communicating with parents regarding the counseling process and their involvement in the process is extremely important. Parenting interaction is defined as the involvement of the parent in the counseling process of the child. As a result, the participants’ description of the need for parent participation was used to develop a property of external experience called parenting interaction. There are two dimensions of parenting interaction: communication and education.

Communication is defined as transmitting information to parents regarding play therapy, their child’s progress, parent involvement, and the therapeutic relationship. Communication is a dimension of the property parenting interaction. Participants suggested that learning to communicate with parents regarding play therapy and their clients is an important part of the developmental process.

Isabella: There was one time when my [role play] “client” really challenged me and she started asking questions of a sexual nature - it was a mommy tiger and about procreation and things, and I was glad she did that because it made me go, oh! How would I respond and how should I respond and what is the line between what I do in here and what should
be the parents’ job and how I negotiate that. So that was kind of eye opening and there could be a lot of this depending on what the child is coming to counseling for. That was good to see, and I better plan for this and examine what feelings I have answering those questions…What is important [for me] to share with that child and how much is the responsibility and whether they are or not doing it - am I infringing on their rights as a parent if I step in and do it, so there is some uncertainty there.

I didn’t know if I should invite the mom in - or not - so I did and that was helpful as I could see how they interacted.

Another dimension of parent interaction is education. Education is defined as the process of teaching parents about play therapy and the therapeutic process. The participants suggested that educating parents can be challenging and they believe that learning to educate parents is an important part of their learning process.

Becky Some of the parents are looking for Speech Therapy and they get me along with it and they don’t quite. It’s not that they don’t care but they are not as interested in the progress that I can provide.

Sue Most of the time they are just playing and I bring up situations if I see an opportunity and this makes it kind of challenging to be playing with them cause you are thinking I know they need to work on something - the parent of teachers someone tell me they need to work on this particular issue - I wonder how I am going to fit that into the session.

Rachel I love working with the kids. I feel really frustrated with parents. I think parents to me are the most difficult part of play therapy - trying to get the parents to understand how important play therapy is.

Parent interaction is a property of external experience that includes two dimensions: communication and education. Participants suggested that learning how to communicate with parents and educating parents about play therapy and treatment is an
important part of working with children. *Parent interaction* is closely connected to other properties of external experience.

*Developing Skills*

Participants described the importance of skills that they believed are needed to be a play therapist. As a result, the participants’ description of these skills was used to develop a property of *external experience* called *developing skills*. *Developing skills* is defined as learning the techniques required or developed through training or experience that are needed to become a play therapist. *Developing skills* run on a continuum from basic counseling skills to advanced skills. Basic counseling skills are the skills that counselors use in their work. They included listening, showing empathy, reflecting, and summarizing. More advanced skills are utilized as the therapist acquires knowledge and skills. They include attending, tracking, and interpreting.

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<tr>
<th>Name</th>
<th>Statement</th>
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<tr>
<td>Rachel</td>
<td>I think the techniques class would definitely help - the listening, attending, and our basic counseling skills. But we didn’t really learn any specific techniques on working with children.</td>
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<tr>
<td>John</td>
<td>I watched Landreth and just how non direct he was and I found it really hard at first. I’d say that reflecting the questions he asked was probably the toughest part. And at the beginning it was pretty tough because naturally, instinctively as a human is to either answer the question or find out the answer. And that is something that Garry Landreth didn’t do.</td>
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<td>Isabella</td>
<td>Most helpful. I would say the skills learning that we did as well as a smorgasbord overview of different play therapy theoretical approaches. I thought it was really fun to play the child role. I found it more difficult obviously to play the counselor role and I was surprised in that I had a harder time reflecting feelings</td>
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in the child than I do with adult work. I don’t know if that is because I was really focused on tracking that I forgot to slip in a feeling reflection here.

I was little tentative I think and so focused on one [skill] that I forgot to see opportunity to use the other and I think that boils down to practice.

I think it is very important to pay attention to their developmental level abilities or levels - this particular child was older. So I was trying to find a balance between playing and tracking versus meeting where he might have been developmentally.

…it is the same skills [as with adults] but different honing that encapsulates what I am saying about - I can do feeling reflections but it is a little bit different with a child in terms of watching them play and how they are moving or speaking for a toy - having a spokes toy instead of them saying I feel sad.

*Developing skills* is a property of *external experience* that is defined as learning the necessary skills to become a play therapist. Participants suggested that learning skills is an important aspect of their learning experience. *Developing skills* is connected to the other properties of *external experience* as well as the properties of *internal development*.

The category of *external experience* is closely connected to the category of *internal development*. While the participant was *participating in supervision, receiving instruction, interaction with parents, and developing skills*, he or she was also experiencing an internal development process that included *experiencing emotion, experiencing perceptions, and discovering personal characteristics*. This simultaneous occurrence is a complex process where the participant moved back and forth between categories as they experienced new situations and encountered new data (see Figure 4.1). The information gathered from the first interviews corroborated with the literature that is
available for play therapy and counselor training. The following section examines the triangulation of the findings in this study.

*Triangulation*

Triangulation was utilized to confirm and establish the trustworthiness of initial analysis findings. Lincoln and Guba (1985) discussed the use of triangulation to increase the credibility of naturalistic studies. They described triangulation as “…using different sources, different methods, and sometimes multiple investigators…” to validate research findings (Lincoln and Guba, 1985, p. 307). Literature review was the method of triangulation utilized for the initial round of interviews. Current literature was reviewed as an additional source of information regarding the experience of the training of play therapists, though there is a limited amount of literature regarding the training of play therapists available.

Kao and Landreth (1997) designed a study to examine the effects of child-centered play therapy training on graduate students. The study indicated that the student needs to have relationship-building skills and to have essential beliefs about children. The study also suggested that individuals in training need appropriate supervision as well as training so that the individual can attain professional and personal growth. The study was a quantitative analysis of covariance using a pre/post test design. The participants took an Introduction to Play Therapy class. The results showed that there was a positive effect of child centered play therapy training in changing attitudes and beliefs toward children, and increasing play therapy knowledge and confidence in graduate students.
The results of Kao and Landreth’s (1997) study confirmed several of the aspects of categories *internal development* and *external experiences*. The participants showed a significant positive increase in their attitude toward children. This finding corroborates the category of *internal development* that suggested that there are personal characteristics and perceptions that are necessary to become a play therapist. The current study postulated that participants enter their training with some of these characteristics and perceptions, but with further training, these characteristics and perceptions continue to develop.

Kao and Landreth (1997) suggested that the experimental group participants became more knowledgeable about the specifics of play therapy after the class. This finding corroborates the current study category of *external experience* that suggested that *receiving instruction* and *developing skills* are essential to the developing play therapist and contributed to their *internal development* which built confidence in their abilities.

Bratton, Landreth, and Homeyer (1993) conducted an intensive three-day play therapy supervision/training model. This model included twelve play therapists and four trained play therapy supervisors. The goal of the model was to provide 27 hours of supervised training experiences condensed into three consecutive days. The researchers chose a group supervision format because they believed that small group supervision allowed for peer reaction and feedback, sharing of creative ideas, and fostering therapist self-awareness. The evaluation of the model was based on observations of supervisors and feedback from participants. The participants were asked to complete a written evaluation of their experience including significant learning as well as difficult moments.
The evaluations were anonymous. The therapists indicated that they saw changes in the self-awareness, self-assurance, growth in their skills, and deeper understanding of the process of play therapy.

The results of the article were based on self-report rather than formal research procedures; however, the self-reports of the model corroborated both external experience and internal development of the current research. Participants in the current study indicated that supervision is by far the most important aspect of their training. The self-reports of the training model concur that supervision is an important aspect of play therapist training. The importance of supervision is also corroborated in a study by Joiner and Landreth (2005).

The purpose of Joiner and Landreth’s (2005) study was to determine the skills, methods, and experiences play therapy experts and professors considered to be important in the training of play therapists. The study utilized the Delphi technique which is a method of consensus gathering by using individual questionnaires in order to have discussion among experts without having to have a face-to-face forum. An instrument was developed for this study. A group of play therapy experts was chosen to provide their opinions. There was a modification of the behavioral objectives scale using the data from the experts. Then, professors who taught play therapy courses were identified, and they were asked to rate the items on the behavioral objective scale. This Delphi study provided important information for play therapy professionals to consider in planning play therapy university level courses. Results of the Joiner and Landreth study also corroborated information gathered from this study including the need for supervision and formal
university instruction that provides opportunities for students to learn about play therapy
techniques, history, and theory.

Hogan (1964) based his work on counselor development on human development. He discussed trainee development based on four stages. Other researchers saw the counselor trainee as developing through stages with the end product being a master counselor ready to embark on the his or her professional life (Sawatzky et al., 1994). The beginning stage is marked by dependence, anxiety, and insecurity. The trainee has a high level of neurosis and is unaware of motivation. They rely heavily on supervision during this stage. During the middle stages, the trainee’s growth is characterized by a conflict between dependency and autonomy. They vacillate between feeling confident and having doubts about their abilities and continue to experience anxiety in their role. In the ending stage, the trainee moves from anxiety and conflict to increased self-confidence. The supervisor relationship becomes one of peer consultation (Hogan, 1964; Sawatzky et al., 1994).

Reising and Daniels (1983) conducted research on Hogan’s model, and they described the process of becoming a counselor as complex rather than a simple process. The process is iterative rather than linear with the trainee going back and forth between stages. The process includes anxiety, dependence, and skills focus in early trainees that gives way to independence and self-confidence as the counselor develops.

The developmental models of counselor training corroborated with the current study depicts the process as complex, involving emotion, learning skills, gaining knowledge, and supervision. This finding corroborated with the categories of internal
development and its properties of experiencing emotions, experiencing perceptions, and discovering personal characteristics. The models also corroborated with external experience properties of participating in supervision, receiving instruction, and developing skills. The participants described emotions, insecurity, the need for supervision, and skills as they began to learn how to do play therapy. Both play therapy and counselor training literature corroborated the results of the current study.

Discussion

The first interviews provided a beginning structure of themes that described the developmental process of becoming a play therapist. The participants described a narrative about a developmental journey to becoming a play therapist. This journey included two major categories that emerged as the participants described their unique experiences. The categories were described as the internal development and the external experience that participants suggested are necessary in their development as play therapists. Properties and dimensions served as building blocks that are interrelated and fill out the narrative to provide a framework of the developmental process of a play therapist. This framework continued to be analyzed and adjusted as new information was added to the narrative from future interviews.

Although the seven participants came from various educational institutions and different parts of the United States, they described a similar narrative of internal development and external experiences that were interrelated and integral in their development as play therapists. This complex process began with their decision to work with children and to become play therapists. This decision seemed to be related to certain
characteristics that the participants believed were necessary for working with children. *Discovering characteristics* have been designated as a property of the category *internal development* and are described as the traits that a person needs to possess to be able to work with children that include: a love for children, being comfortable with children, flexibility, patience, and natural ability. These characteristics add to the typical characteristics that are needed to become a counselor including: caring, empathy, concern, and attending. There are two dimensions to the property of *discovering personal characteristics*: *personal experience* and *attributes*.

A dimension of *discovering personal characteristics* is *personal experience*. *Personal experience* refers to what participants bring from their own experience that influences them as individuals and how they approach play therapy. Experiences, such as work, education, or personal experiences, influence the participants’ learning. Participants revealed that their past educational experience affected their learning experience because they had learned how to work with children from a behavioral perspective. This perspective is different from the non directive play therapy perspective that allows the child to lead in the therapy process. This past experience influenced the participants’ learning experience. These are the kind of experiences that participants brought to their new learning experience. Many of these experiences need to be addressed as they are learning play therapy.

The participants suggested that there are definite *attributes* needed to become play therapist. These characteristics are dimensions of the property *discovering personal characteristics*. An important *attribute* is the love for children and an ability to connect.
Since the work of play therapy can take time, patience and an ability to let the process unfold is imperative. They also suggested that flexibility and the ability to problem solve can be important because there can be unexpected situations that can take place in the course of a session with a child. Having unconditional regard, consistence, and persistence are attributes that can help the play therapist to build the relationship with the child. These attributes are foundational for play therapists who work with children. During the first interviews the participants suggested that these characteristics are important. In subsequent interviews, this area of characteristics was examined for further dimensions.

The next property of internal development is experiencing emotions. While characteristics provided a foundation of the traits necessary to become a play therapist, experiencing emotions described the full range of emotions that the beginning play therapist experienced as he or she began training through the completion of training. Participants suggested that they experienced a wide range of emotions that run on a continuum from anxiety and fear to joy and excitement. This range of emotions is related to the internal development of experiencing perceptions and the external experience of participating in supervision, instruction, and developing skills.

Within the property of experiencing perceptions, the participants suggested that they experienced a range of emotions as they began to gain a perception of themselves as therapists. They also suggested that the complexity of the emotional experience of being a play therapist led to the need for self-care so that they could recharge and be able to cope with the stressful emotions of working as a play therapist. The participants also
suggested that *experiencing emotions* was also related to *external experience* of participating in supervision, receiving instruction, and developing skills. Each of these aspects of becoming a play therapist required learning many things, including knowledge of theories, techniques, skills, and supervision. The participants suggested that there is a complex emotional experience that took place as they went through the process of becoming play therapists. The participant’s learned their skills and gained knowledge and then entered into their sessions with clients. They suggested that there is a fluctuation of many emotions as they experienced working with children and the children’s parents.

Another property of *internal* development is *experiencing perceptions*. *Experiencing perceptions* is defined as the participants’ impressions of their learning experiences. The participants described impressions of experiences as they learned play therapy and learned to work with children. Perceptions helped the participants to form hypotheses of their work with children. The property of perceptions is also very closely related to the property *experiencing emotions* and *developing characteristics*. The participants’ characteristics are the foundation for becoming a play therapist, while the *emotional experiences* informed the participants’ perceptions of their feelings during the learning experience. The properties of *internal development* are closely related to one another and inform the participants’ knowledge and practice. The property of *experiencing perceptions* has three dimensions perception of self, perception of their needs, and perception of the child.

The participants suggested that their *perception of self* ranges from feeling unsure and incompetent to becoming more competent. This range changed as the participant
moves along in the training process. The participants’ perception was influenced by the
category of external experiences, because as the participant began to engage in
supervision, instruction, and learning skills, their perceptions of their play therapy skills
became more competent. These perceptions were connected to each of the other
properties, because their perceptions moved higher or lower based on information they
received through the other properties.

Another dimension of experiencing perceptions is the perception of their needs.
Perception of their needs is the participants’ perceptions of their own needs that can
range from knowing that they need sleep or exercise to knowing that they need their own
therapy. The emotional aspect of self-care is closely related to the category of internal
development that includes developing characteristics, experiencing perceptions, and
experiencing emotions. The participants suggested that their work in the counseling
profession was stressful, because they took in a lot of stimuli from the client as they
learned their story and helped the client process their emotions. This experience brings
about perceptions and emotions for the therapist. The participants suggested that, from an
emotional perspective, they utilized techniques, such as journaling, meditation, and
prayer, to help them to be able to emotionally release the stress they experienced in their
counseling work. They suggested that they also saw a need for a physical release of
stress, and this release took the form of exercise, including running or walking, spending
time with family, getting away from time to time, and spending time with their animals.

The participants suggested that the property of participating in supervision
became an important part of self-care for the participants. Several of them suggested that
supervision was an integral part for them to process their own stress that arose in their sessions with children. They suggested that their supervisors helped them to process their own emotions as well as providing them with interventions they could use to improve their therapeutic work with the children.

The area of self-care appears to have significance, but further questions and analysis are needed to clarify and confirm more information about self-care which was addressed in the second round of interviews. A question that was asked in the next round is: What about working with children made self-care so important?

Along with the perception of self and perception of their need, the participants suggested that another dimension of experiencing perceptions is their perception of the child. The dimension of perception of the child refers to the impressions the participants have regarding their relationship with the child, and the child’s response to them. The perceptions range from apprehension to feeling connected with the child. The dimension of perception of the child is related to the participant’s perception of self as well as developing personal characteristics and experiencing emotions. This internal development is closely related to and informed by the participants’ knowledge and practice. They are also related to the external experiences of the participants in the supervision they experienced, knowledge they learned, and skills they developed informed their perceptions of the relationship with the child. The dimension of perception of the child appeared to have a significant importance to the training and process of becoming a play therapist and further information and analysis was gathered in the second round of interviews. The question that was asked of participants is: How did your
perceptions of the children you were working with help you learn and gain confidence as a play therapist?

The category of internal development included three properties of discovering personal characteristics, experiencing emotions, and experiencing perceptions. These properties have several dimensions and are related to a second category, external experience that also emerged during the first interviews of this study. External experience is defined as knowledge of practical wisdom gained from what one has observed, encountered, or undergone during training. The property of external experience has four properties including: participating in supervision, receiving instruction, parent interaction, and developing skills.

Participating in supervision is a property of external experience that participants refer to as one of the most important aspects of becoming a play therapist. Several of the participants suggested that they had not had any formal training before they began doing play therapy, and they suggested that their relationship with their supervisor was extremely important. They said that the supervisor provided modeling, consultation, information, instruction, and supported as they began to work with children.

Participating in supervision is closely connected to instruction, parents, and skills, because the process of supervision usually touches each of these areas. The supervisor provided instruction by using training tapes, textbooks, and viewing tape. The supervisor also provided assistance as the participants learned how to communicate with and interact with parents. The supervisor also evaluated the skills that the participants
developed by viewing tape and discussing client/therapist interaction. The supervisor played an important role in the development of the play therapist.

Participating in supervision is also connected to the category of internal development. The participants reported that they processed their emotional experience and perceptions with their supervisors. The supervisor provided a sounding board as well as consultation for the participant to be able to gain insight regarding his or her perceptions and emotions so that he or she could learn and grow as play therapists. The supervisor played a key role in helping the participant to deal with the stress that he or she encountered by encouraging the participant to pursue self-care. Supervision is an integral part of the each of the properties of both internal development and external experience.

Receiving instruction is the property of external experience that refers to the participants’ gathering of knowledge in order to be able to become a play therapist. This property has two dimensions formal instruction and informal instruction. The dimension of formal instruction refers to the classes that the participant would take during the program of study at a college or university. Informal instruction refers to any form of instruction that informs the participants practice. This instruction may include videos, CDs, and classes. Several of the participants did not have any formal training and reported that they learned about play therapy through informal instruction.

Receiving instruction is closely connected to the other properties of external experience, because the beginning play therapist needs to have knowledge of theory, history, and the philosophy of play therapy. This knowledge informs practicing in
supervision, developing skills, and parent interaction. Receiving instruction is also related to internal development as it provides information that helps the play therapist to understand the characteristics that are necessary, as well as providing information regarding the emotional experience, perceptions, and self-care that is necessary for their development.

The participants suggested that the relationship with parents could be complicated and difficult to know how to manage. This disclosure led to the development of the property of parent interaction. This category examined the relationship of the parents in the play therapy process. The property is closely connected to the other properties in the category of external experience. The participants suggested that understanding and dealing with parents in therapy comes up in supervision, it is part of the instructional aspect of play therapy. There are particular skills that are necessary when parents are actually involved in play therapy. Filial Play Therapy is a type of play therapy that involves parents in the therapy. Filial Play Therapy requires the participants to have specific skills. Several of the participants mentioned that they were involved in working with parents in therapy.

The property of parent interaction is also closely related to experiencing perceptions and experiencing emotions. The participants’ experiences with parents informed their perceptions about themselves and the child. They also expressed that their emotional experience ranged from anxiety to frustration in dealing with parents who may not understand play therapy or who do not want to be involved in the child’s healing process. Some of the participants stated that this lack of involvement was difficult to
understand and to deal with and their stress level and the need for self-care increased as a result.

The property developing skills is the final property of external experience. The participants reported the need for developing skills in order to become competent as a play therapist. Developing skills is connected to each of the other properties of external experience. In supervision, the supervisor provides teaching and consultation regarding the development of the play therapists skills. These skills are developed through both formal and informal instruction. Participants learned through role play, hands on practice, classroom education, and video tape.

Developing skills is also connected to the internal development properties of experiencing emotions and experiencing perceptions. The participants suggested that when they began to learn play therapy, their emotional experience included anxiety, discomfort, and concern. Their self-perception revealed a sense of incompetence and a realization that it takes a lot of skill to become a play therapist. As the participants began to gain more ability of skills, they became less anxious and began to believe that they are becoming more competent and gaining confidence. They also began to have self-efficacy which is the belief that they can do play therapy.

The participants’ first interviews suggested that the developmental process of becoming a play therapist involved a complex process that included two categories and seven properties. Within the properties, there are several dimensions that added depth to the properties. Each of the properties were interrelated and connected to the other properties to form a preliminary framework of the process that emerged. An example of
this framework was the property of participating in supervision. This concept was an important property that participants suggested is related to receiving instruction and parenting interaction as participants brought information from these categories to process in supervision. Participating in supervision was also related to the category of internal development as the participant developed these internal processes of becoming a play therapist. This example indicated that there was a structure and process that emerged as the data was analyzed. The categories and properties continued to be analyzed as the second interviews took place. The questions were formulated as a result of the first interviews with the intention of further developing and confirming the structure. The questions that will be asked in the second interviews are:

1. What did you learn about yourself while you were learning play therapy?
2. How did your perception of children help you learn and gain confidence?
3. What about working with children made self-care so important?
4. What was your experience as you learned play therapy skills?
Figure 4.1
Play Therapist Development Process
Chapter V
Second Round Interviews

Introduction

Analysis of first round data developed categories and properties that began to describe the developmental process of play therapists. Second round interviews utilized questions to confirm the descriptive structure and to further describe categories, subcategories, and properties. The second round interviews were conducted by telephone. The second round interview questions focused on the conceptual categories of internal development and external experience. The second round interview questions were:

1. What did you learn about yourself while you were learning play therapy?
2. How did your perceptions of the children you were working with help you learn and gain confidence as a play therapist?
3. What about working with children made self-care so important?
4. What was your experience as you learned play therapy skills?

The information provided from the second round of questions as well as negative case analysis from the first round interviews led to the reconceptualization of the categories internal development and external experience in addition to the properties associated with these categories. Lincoln and Guba (1985) stated that negative case analysis was one of the primary means of establishing trustworthiness. They defined negative case analysis as “…a process of revising hypotheses with hindsight” (p. 309). Negative case analysis allows data from the first round interviews to be utilized in support of a new structure that accounted for more of the first and second round data.
The original development of two categories after first round interviews suggested that the two separate categories interacted. Second round interviews and negative case analysis that examined the original structure suggested that there was an interrelated process that was separate in some ways but also connected and interrelated. This connection led to the reconceptualization of the original structure to include four categories: *Developing a play therapy identity, receiving instruction, growing through supervision*, and *interacting therapeutically*.

**Reconceptualization of Internal Development**

The second round interviews, as well as negative case analysis, revealed that the category of *internal development* did not provide enough explanation of the process of becoming a play therapist. Though there were two categories that connected in many areas, the categories did not provide a comprehensive view of the process of becoming a play therapist. As a result, a reconceptualization of the categories emerged. The category of *internal development* became *developing a play therapy identity*.

**Developing a Play Therapy Identity**

*Developing a play therapy identity* is defined as the participant’s experience of coming to own the characteristics of a skilled play therapist. *Developing a play therapy identity* appeared to be foundational in the development of the participants as play therapists. Participants reported that there were aspects of their experiences and their internal processes that contributed to their development of a play therapy identity. The participants described these experiences and processes, which led to the emerging of six
categories. They included: Including past experiences, having attributes, understanding needs, perceiving, experiencing emotions, and developing confidence.

Including Past Experiences

First round interviews suggested that the participants’ past experiences in work, growing up, and parenting influenced how they approached their role as a developing play therapist. After first round interviews, including past experiences emerged as a property of developing a play therapy identity. The property encompassed the dimensions of professional and educational experiences and personal background that the participant brought to their learning experience. Including past experiences is related to developing a play therapy identity, because participants described past experiences as being a major part of who they are and what they bring to the play therapy field. They suggested that these experiences are a foundational part of their identity and their developing play therapy identity.

Participants described educational and past professional experiences that contributed to their current learning play therapy learning process. John described how his undergraduate education provided some knowledge about different theories, but he realized there was a lot to learn when he entered his Master’s program. He stated,

I guess going through this program, there was a lot I didn’t know. I initially said that I would stick with what I did know, which was a certain type of therapy, which was behavioral therapy because I hadn’t learned too much else experiential wise.

Emily suggested that there is a developmental process that included her past experience as a teacher. She provided an example of this process. She stated that she had always been a complimentary person. She was used to using behavioral responses in her
work as a teacher. Developing as a play therapist, she learned how to respond in a
different way. She stated,

I cannot say, “what a great picture, I love those colors. Wow! You
made it in the basket that was a great job, you did so good
today”...There is no compliments and it is negative because it is so
natural for me... It is challenging for me to think how to respond
differently...It has been frustrating. But it is good for me.

Emily and John have educational and professional experiences that made learning
play therapy challenging. Participants suggested that past personal experiences also
contributed to learning play therapy skills as well as informing their perceptions. Gina
reported that she brought her role as a parent to her work with children. She stated,

I am learning that it is a trick for me to not view them [children]
through my own eyes – my own parental eyes. I find myself being
extra vigilant about my own personalization and making sure it is
not getting the way, and talking about it with a supervisor.

Isabella reported that her parental role biased her experience as a play therapist.
This type of possible bias served as material to process in supervision. Sue described the
fact that many of her past experiences have influenced her as she works with children.
She stated, “When I was a teenager we had people across the street, and I would baby sit
their kids. They always liked when I came over, because I would play with them.”

Sue reported that she learned about filial play therapy when she had a foster child
who needed therapeutic help. She went through the training and worked with the foster
child. Regarding her experience, she reported,

Learning that stuff was the first introduction to being trained how
to play. Seeing her change was what made me want to be a
counselor and work with kids. But when I started doing the play
therapy, I hadn’t had any training, but that stuff did come back to
mind.
Including past experiences is a property of developing a play therapy identity. There are two dimensions to including past experiences: professional and education experience and personal experiences. Participants reported that past knowledge and experiences provided a foundation for their development as a play therapist. These past experiences included formal education, personal experiences, or professional experiences. Along with past experiences, participants suggested that having specific attributes or characteristics were an important part of developing a play therapy identity.

Having Attributes

After the first round of interviews and negative case analysis, having attributes emerged as property of the category play therapy identity development. Having attributes refers to the participants’ experience of discovering within themselves or developing the characteristics or distinctive qualities of a play therapist. The participants suggested that they have some of the necessary attributes when they entered training, and other attributes developed as they progressed in their training. Having attributes has dimensions from patience to natural ability, which ran on a continuum from previous to new. Participants suggested that they had previous attributes of a natural ability that is a part of who they are. They also suggested that they gained new attributes like patience and understanding as they began their work with children. They suggested that the attributes they already have and the new ones they acquired are important attributes of becoming a play therapist. Emily identified having natural ability as an important attribute. She stated,
My first tendency is this comes natural, because there are some people who don’t even enjoy children. They don’t have tolerance or they are not attracted to them. They are not intrigued by them. I am naturally intrigued by them and excited by them. So that comes naturally. I think you have to absolutely love these children that walk you your room.

Sue described the importance of certain characteristics in being a play therapist. She stated,

I think it would be really hard to take someone who is not playful and make them into a play therapist. I don’t think they would ever be comfortable or natural with it. I think that’s why a lot of people don’t want to do it. They don’t have that playful spirit. I think anybody can pick up more of that, but if you are not comfortable with it yourself, using it professionally would be really hard… I’ve seen people doing play therapy, and they don’t get anywhere. They are just sitting there with the kid, and the child is having fun, but I don’t see learning or change.

Rachel described attributes she believed were important. She stated, I would say obviously liking working with kids and having an understanding of their development and wanting to help kids and your priority would be the kids and wanting to help them.

_Having attributes_ is a property of _developing a play therapy identity_. Participants described a number of attributes that they believed are important to have if one is working with children. These ranged from a love of children to a natural ability. They also suggested that some attributes like patience developed as they learned to become play therapists. Along with _having attributes_, play therapy identity development also included the participants _understanding needs_.

**Understanding Needs**

After first round interviews and negative case analysis, _understanding needs_ emerged as a property of _developing a play therapy identity_. _Understanding needs_ is defined as the participants’ awareness of personal needs as they worked with children.
The participants stated that these needs arose as a result of the stress that is involved in performing the job of a play therapist. As the participants described beginning to understand their need for self-care, they identified an increased understanding of a need to take care of themselves emotionally as well as physically. This property is related to the category of developing a play therapy identity, because stress can be unhealthy for the play therapist and can lead to job dissatisfaction or burn out.

John

That was a big thing for me. I don’t want to put things in terms of negative and positive, but I think it was really bad for me. I could tell that I didn’t really know how to do self-care. I learned about it a few times in class… And counseling is a lot different. I knew a lot of what I had was secondary trauma from cases.

I did a lot of this with my supervisor in supervision…I have a lot of energy inside, and I need to release that, too. I need to go running or play hockey.

Isabella

This semester, I have been making a real strong effort to take at least a half hour every day to get up and exercise before I start my day. And also, while I am doing that, I listen to inspirational tapes to kind of set a tone for my day.

Ann

I started swimming in the morning. I set my timer for at least 15 minutes and I play my guitar, work a puzzle or read my book or do something for me. If I am dry, then I don’t have anything to give.

Emily

The biggest self-care for me is my time spent with God in the morning. I don’t see anything as important as that…I do exercise with my husband. We do a cycling class. I hate it with a passion. It is the longest hour of my life, but it is self-care. It is something I must do. Another part of my self-care is spending time with my husband and my children.
Understanding needs is a property of the category developing a play therapy identity. Participants suggested that understanding their need for self-care provided insight for dealing with the emotional stress that is associated with learning to work with children.

Experiencing Emotions

After first round interviews, experiencing emotions emerged as a property of internal development. Participants described the importance of emotions in the process of becoming play therapists. Participants suggested that they experienced a range of emotions as they began to work with clients, parents and supervisors. Their emotional experiences helped to inform their knowledge of themselves and understanding of the children and their parents with whom they worked. Second round interviews and negative case analysis provided additional information that suggested that experiencing emotions was part of their growing identity as play therapists. Experiencing emotions became a property of the category developing a play therapy identity. Experiencing emotion was described as the range of emotions from anxiety to joy that the participants experienced as they learned play therapy. Experiencing emotions was defined as the emotional experience they had as they learned play therapy and developed their play therapy identity. Experiencing emotion was closely connected to the category developing a play therapy identity in that the internal experience of emotions is an important aspect of the play therapist identity, and these emotions informed and affected the identity development of the participants as they learned play therapy. The dimensions of
Experiencing emotions ran on a continuum from low emotion to high emotion that the participants suggested they experienced as they learned to become a play therapist.

Isabella  I find myself being very anxious before the sessions begin and usually pretty happy with what I have done by the end. Although I still question was it enough? Are we going where we need to go?

Rachel  I am extremely frustrated that a lot of clients this summer weren’t showing up. And I was extremely frustrated that it was something that I was doing… I learned to take them not showing up personally and it is the population we are working with and it is summer and we are not on a normal schedule.

Emily  I am very excited about doing more play therapy. I have developed this love of the kids and play therapy.

I think I want to learn to be with patients of trauma, but I don’t think I am ready yet. I am afraid. It is such a painful place. It is such a sad place. Not for them but for what happened to them…It is so sad, so sad to see somebody take advantage of other human beings.

Experiencing emotions was a property of the category play therapy identity development. Participants reported that they experienced a range of emotions as they learned to become play therapists. These emotions ran on a continuum of low to high and can be experienced in their session with the child, relating with parents, and in their learning process. Experiencing emotions is closely connected to the other categories and properties, and it informs the participants’ knowledge of themselves and their learning process. Another property of developing a play therapy identity was evaluating self.
Evaluating Self

After first round interviews experiencing perceptions emerged as a property of internal development. Participants described the importance of perceptions as they learned to become play therapists. Second round interviews and negative case analysis provided additional information that seemed to indicate that perceptions were important, but the learning process involved more than perceptions. Perceptions are defined as the participant’s intuitive recognition of situations. The participants suggested that they developed continual perceptions about themselves, their clients, their supervision, and their training experience. Perceptions informed their experience, but the participants took their perceptions and utilized them to understand and make therapeutic decisions. This finding led to the reconceptualization of experiencing perceptions to the property of evaluating self. Evaluating self is described as the participant’s ability to utilize perceptions and other information in order to monitor his or her reactions to the training experience.

Evaluating self emerged as a property of the category developing a play therapy identity development. Evaluating self is defined as the participant’s ability to utilize his or her intuition, perceptions, and other information to evaluate his or her reactions and interventions. The participants suggested that they were continually monitoring their learning experience. Evaluating self is related to experiencing emotions, understanding needs, and developing confidence, and it continually informed the participants’ developing identity as a play therapist.

Isabella And I need to stop questioning, and [start] trusting the process and trusting myself to learn and do this.
Ann  It still causes some anxiety, because it is kind of like am I doing something wrong. Is there something I could be doing to engage her? But the more I am learning that the kids just need time to warm up.

Rachel  My perception was that I would do well with adults, and I wasn’t going to see a lot of kids, so it really surprised me to go there and to learn so much about play therapy and working with the kids.

I would say that my perception in general is that kids are a little more resilient to things than adults are. I have confidence in the fact that kids grow, get better, and will change. And if something really bad happened, they have a tendency to be more resilient and so that helps me have a little bit more faith in what I do, because they have the ability to work through their emotions and feelings to grow and change.

John  I try to be unconditional with a child regardless of my perception of them. And sometimes, when I try to summarize what had just been said, the child will [say] “Yeah,” or they might say “That’s what I said, but this what I mean.” They might have said it incorrectly. Not incorrectly – but differently than how I perceived it, too. My perception is one way, but they are able to correct me.

*Evaluating self* is a property of the category *developing a play therapy identity*. Participants suggested that they monitored themselves in terms of their perceptions, intuition, and other knowledge of themselves, their clients, and the client’s parents. The participants utilized this information to evaluate themselves as far as their reactions, responses, and interventions. *Evaluating self* was an important aspect of their training experience, particularly their identity as a play therapist as *evaluating self* is closely related to *experiencing emotion* and *developing confidence*. 
Developing Confidence

The participants suggested that through the process of becoming a play therapist they developed confidence through interventions with children who appear to be working, working with parents, receiving instruction and supervision. Developing confidence appeared to be a major aspect in their development as play therapist. After the second interviews, developing confidence emerged as a property of developing a play therapy identity. The participants described their positive interactions with clients as helping to build their confidence, while more negative interactions made them feel less confidence. They also reported that their supervisory relationship was extremely important in building their confidence levels. Developing confidence was defined as the participants’ belief that they are becoming effective in their use of play therapy skills and knowledge. Developing confidence appeared to be fluid as participants described their confidence level ranging on a continuum from low when they first begin to much higher as they continued in their program. They also mentioned that their levels fluctuated from high to low and low to high within one session.

Rachel

I am way more competent now than when I started. I had just felt lost in the beginning. I did not know anything about play therapy at all. So I would say I more competent than in the beginning.

Ann

I knew I doubted myself. I knew self confidence was something I was working on... but I still questioned whether I did it correctly. I still questioned-I would have liked to hear him do it and then me model. I still don’t have that confidence…Letting go, doing the best you can, studying, learning, listening to other people [helps you build confidence].
Sue  Something that gives me confidence, especially with the first little girl, was that it works. The behavior changed.

But having some success and seeing the changes and seeing the kids become happier and having someone’s mom tell you that “They are doing well in school now because of you,” helps your confidence.

Isabella  I am hoping I will become more confident. I feel really tentative. And every time, I know I am going to see this certain child, what am I going to do? And I start to get a little nervous, but as I go to work and listen and get new techniques and ideas, I have a lot of fun when I am doing them.

Developing confidence is a property of the category play therapy identity development. Participants suggested that they experienced a range from low to high regarding their confidence levels as they learned play therapy. The range varies from doubt in their abilities to gaining more confidence in working with children. Confidence is built through the relationship with the supervisor, using interventions that work, and seeing the child’s improved behaviors.

Developing confidence is related to other properties such as experiencing emotion, evaluating self, understanding needs, as well as the other categories. Each of these properties and categories appeared to contribute to the confidence of the participants as they learned to become play therapists. The final aspect of developing a play therapy identity is evaluating self.

Each category is related to the others and related to the other categories. The following section examines the reconceptualization of external experience.
Reconceptualization of External Experience

After first round interviews, *external experience* emerged as a category that included four properties: participating in supervision, receiving instruction, interacting with parents, and developing skills. Participants described their experiences as they learned and applied play therapy skills and knowledge. *External experience* was defined as the participant’s knowledge and practical wisdom gained from supervision and instruction and applied to their practice with children and interacting with parents.

Second round interviews and negative case conceptualization suggested that one category did not fully explain the participants’ process of learning. This need for clarification led to the reconceptualization of *external experience*, which became three new categories: *receiving instruction*, growing through supervision, and interacting therapeutically.

These categories encapsulated a broader view of the participants’ experience and showed the importance and interrelatedness of the play therapy learning experience. Each of the new categories has their own properties.

The category of *receiving instruction* has two properties: *receiving formal instruction* and *receiving informal instruction*. The category of supervision has two dimensions: *teaching* and *evaluating*. The category of interacting therapeutically has two sub-categories: *practicing play therapy*, and *interacting with parent*. Practicing *play therapy* has two properties: *practicing intentionally* and *waiting on the child*. Interacting with *parents* has two properties: *learning to educate* and *learning to involve*. 
Receiving Instruction

As a result of first round interviews and negative case analysis, a property of receiving instruction emerged. This property was part of the category of external experience. After second round interviews and negative case analysis the property of receiving instruction became a category of its own. The participants described their experiences of going to class, attending supervision, and participating in practicum and internship experiences as they learned play therapy. Receiving instruction is defined as the knowledge and skills participants gained through formal classroom instruction, reading books, viewing tapes, and attending conferences. There are two properties of the category receiving instruction: receiving formal instruction and receiving informal instruction.

Receiving Formal Instruction

Receiving formal instruction is a property of the category receiving instruction. Receiving formal instruction referred to the participants’ formal university level courses that provided knowledge and skills to prepare participants to practice play therapy. John stated,

I really appreciated getting taught the different things, the different skills that I can use…In Theories II, the instructor was teaching us about play therapy and we would actually get out of our seats and go in small groups and do it there. I remember I did a lot more growing that way compared to different classes.

John further indicated that formal instruction in other areas besides play therapy contributed to his play therapy development process. He stated,

I guess in general I was skeptical, because I never read too much about play therapy. I never practiced but didn’t have ever have
background or history on play therapy, so I learned that there is more ways of working with an issue. I know that not every kid is going to be open or susceptible to working with one type of theory, so to have play therapy there is fantastic. There are so many different ways play therapy can be useful and the different tools I have learned.

Whether it was to tell or the sand tray or with clay or paint brush, this made a difference in their lives with the paint brush…the focus was to be there with that new skill. I think I am looking forward this term to learning more skills. We have two classes: family and consultation. And I am not sure how I can directly relate it to play therapy, but in every class I didn’t think I was able to and I was able to take something and use it to my advantage in play therapy.

Participants shared relatively little regarding formal instruction, because most of the participants did not have formal play therapy classes at their universities. This absence did not diminish receiving formal instruction as a property of receiving instruction. Participants suggested that it was a definite deficiency, because they believed that these classes are important. Participants also mentioned that other classes, such as Family Systems and their counseling skills classes helped them learn about working with children.

Informal Instruction

Informal instruction is a property of the category receiving instruction. Participants described learning about play therapy from supervision, reading books, watching videos, and attending seminars. The participants suggested that most of their play therapy knowledge came from receiving informal instruction. They defined receiving informal instruction as the knowledge or skills they learned from books, videos, and seminars. Receiving informal instruction includes two dimensions: gaining knowledge and acquiring skills that range on a continuum from beginning to advanced.
*Gaining knowledge* is defined as the information the participants gained from informal sources, such as books, videos, and seminars that provided them with knowledge of play therapy. *Acquiring* skills is defined as techniques that participants learned through reading, videos, and seminars to use in play therapy sessions. Participants often referred to knowledge and skills simultaneously, suggesting that there is a close connection between these dimensions.

Ann  
I had one class and three or four workshops. I am going to go to the national play therapy conference in Dallas. But I haven’t had a lot of formal training. A lot of reading. I am reading Dibs in Search of Self by Aline. More reading than anything and great supervision.

Sue  
We have twelve counselors, so I can just walk down the hall and find somebody…And some of the advice I got is, “Sometimes you just sit with them where they are. It’s not your life it is theirs”…And that helps.

*Receiving instruction* is a category that has two properties: *receiving formal instruction* and *receiving informal instruction*. *Receiving instruction* is defined as the knowledge and skills that participants gained through formal classroom instruction, reading books, viewing tapes, and attending conferences. *Receiving formal instruction* is defined as gaining knowledge and skills from university classes, while *receiving informal instruction* included acquiring knowledge of skills through informal means such as, reading books, videos, and seminars. Participants suggested that both formal and informal instruction was an important aspect of the learning experience, though most say that they had little formal instruction. They made this recommendation, because their universities did not offer formal play therapy classes. However, they suggested that other classes,
such as Family Therapy and counseling skills courses provided vital information that assisted them in their learning process.

Most of the participants had little formal or informal instruction as they learned play therapy. They suggested that an extremely important part of their developmental process is supervision. They reported that supervision provided them with knowledge and helped them develop the skills necessary to become play therapists. This report led to the category of growing through supervision

Growing through Supervision

After the first round of interviews participating in supervision was conceptualized as a property under the category of external experience. After the second round of interviews and negative case analysis, the property was reconceptualized as a category called growing through supervision. Participants described supervision as being a lifeline for them as they learned play therapy. They experienced the supervisor as a model, teacher, and evaluator, but mostly, they suggested that he or she is there for support and encouragement. Growing through supervision was defined as participants’ experience of engaging in supervision of their play therapy with a more experienced counselor. There were two properties of growing through supervision: teaching and evaluating.

Teaching

Teaching is a property of growing through supervision. Participants described the process of watching their supervisor model how to do play therapy, which assisted their learning process. They suggested that the supervisor provided resources, answers to questions, and overall support during the learning process. Teaching is defined as the
participant’s experience of having instruction and modeling from a more experienced counselor. Participants suggested that they gained insight from observing their supervisors work with clients. This observation added to their learning process.

Rachel  
I would say watching my supervisor work was just really great. You know, play therapy was not something that came up in school nobody talked about it. We don’t have a lot of training in working with kids… And so, to watch my supervisors and to learn from them, it was great…so, that supervisor relationship was really important and kind of giving you that foundation of interest.

Emily  
I have an excellent supervisor, but I haven’t been able to spend a lot of time with him. The other day we were talking about filial. They wanted me to do filial with a mother…it kind of intimidated me a little bit.... So within minutes my supervisor said, “Well let’s practice it.” And so we did.

Participants also suggested that another part of the learning experience was learning the knowledge and skill that are needed to become effective as play therapists.

The learning process that took place during the supervision process was closely related to the learning process that was part of receiving instruction. Participants described their experience of learning during the supervision process.

John  
I have learned stuff from supervisors on site and other colleagues. We have treatment planning meetings, basically another supervision but a huge group on site… We learned a number of different techniques and tools, things I can put in my pocket. I can try them with a child and say, ok, this works here. And with another client try it again and if it doesn’t work [that’s ok]. I think I am just feeling more open really to just realizing that everything can be useful and to give everything a shot and not try to exclude things. …Going to supervision. I have tons of questions now, before I didn’t think I knew how to use supervision properly. We would talk about cases and everything but now in addition to that, it’s finding what more I could do.
The property of teaching included the participants learning through observing and instruction during the supervision process. Participants described this process as being extremely important in their training process, because several of the participants had no other formal play therapy training. The learning process the participants described in the property of teaching is closely related to the learning process of receiving instruction. Participants described this process as being integral in their development as play therapists.

Being Evaluated

Being evaluated was a property of the category supervision process. The participants described supervisors as providing encouragement as well as evaluation. Participants defined being evaluated as receiving supervisor feedback and encouragement in order to promote their growth as play therapists. There are two dimensions of evaluating: encouraging and correcting.

Encouraging is defined as an aspect of the supervisory relationship where the participant experienced positive support through consultation, advice, and insight that assisted them in their development as play therapists.

Ann I am learning that I have better skills than I thought I did. I had opportunity for my supervisor to be with me. She said, “Wow, you have really grown. It is amazing to watch from a year ago.” It was encouraging. It was like I am doing better than I thought I was.

Correcting is a dimension of the property of supervision process. Correcting is defined as the process of assisting them with areas that needed improvement. The participants suggested that, though correcting could be considered negative, they saw
correcting as a positive aspect of supervision. They suggested that through the process of correcting the supervisor assisted the participant to improve their skills and therapeutic relationship.

Ann I have this brashness about me that I know that I have. And my supervisor at work is helping me with it. She is like, “You have got to stop being so brash.” You know, because I’m one that is really black and white. I am working on it.

The category of growing through supervision has two properties: teaching and evaluating. The participants suggested that they learned from their supervisors’ instructing, advising, and modeling. This process assisted the participants developing their knowledge and skills as they developed as play therapists. This property is closely related to the learning process that took place through receiving instruction. The participants suggested that both of these properties are an important aspect of their developmental growth. Another aspect of their growth is the evaluative aspect of supervision. Being evaluated was a property that emerged from growing through supervision that participants suggested they valued, because being evaluated assisted the participants in growing in their developmental process. Participants described the supervisory process as being an important aspect of their development as play therapists as well as an important aspect of the their work with children. Growing through supervision is closely related to the third category interacting therapeutically. Interacting therapeutically has been reconceptualized from external experience.

Interacting Therapeutically

First round interviews focused on the internal development and external experience of becoming a play therapist. Second round interviews and negative case
analysis indicated that the therapeutic session is an important aspect of the play
therapist’s developmental process. Participants described the therapeutic session as a
place where they gained new information to bring back to supervision to process. They
also suggested that the session was also closely related to the category of developing a
play therapy identity, specifically where they experienced many perceptions and
emotions that contributed to the growth of their identity. This information suggested that
the play therapy session was an important aspect, and from this information, a new
category, interacting therapeutically emerged. Interacting therapeutically includes two
sub-categories: practicing play therapy and interacting with parents.

Practicing play therapy.

Practicing play therapy is a sub-category of the category of interacting
therapeutically and is defined as the therapeutic experience that the therapist enters into
with his or her child/client. The second round of interviews suggested that as the
participants developed their skills, they became more intentional in their use of the skills
and therefore they suggested that clients are going deeper in their therapeutic work. This
suggestion led to the development of a property of the sub-category of practicing play
therapy called practicing intentionally.

Practicing Intentionally

Practicing intentionally is a property of the sub-category of the category
practicing play therapy. The participants described practicing intentionally as using play
therapy knowledge and skills with intention or purpose to facilitate the therapy process
with children. First round interviews suggested that participants were beginning to learn
and use play therapy skills to work with their clients, but that they were nervous and not sure the interventions were working. In the second round interviews, it became apparent that as the participant’s skills and perceptions began to develop, they became more intentional in the use of their skills, and this intentionality helped the participants learn more about facilitating the play therapy process and about their developmental process.

The property of *practicing intentionally* has three dimensions that give the property depth. Participants suggested that *having a plan* was an important part of interacting therapeutically. They mentioned that they could be flexible with the plan, but the plan provided direction for the session. They also suggested that as they practiced more intentionally their skills became more of natural action rather then something they have to think about. This built confidence in their ability which built their identity as a play therapist.

**Ann**

I can do the tracking, I can do the emotions, but to talk about the intentionality of it. And I have seen how that is deepening the session with the kids. It is like they engage you more…They share more, more of themselves. They just seem deeper.

It could be that I have spent more time with them. I am not sure which it is. It is a combination of both. I am accrediting some of it to having skill and me being able to give more intention to it.

**John**

I think the skills that I do use help me to get closer and deeper to the goals that I am going after. Before the session, I look at the goals that we are going through. I go into the session open minded to whatever the child wants, but I do have activities in my mind.

**Sue**

You are trying to make progress. You are not just trying to entertain them for a little while…You feel like you are getting somewhere if you have a plan, if you have some
intention. But you can’t plan it too much. You have to have an awareness and have confidence in yourself and in the child that opportunities are going to come up and that there will be opportunities to call attention to the child of what you need them to think about.

The participants suggested that intentionality was an important aspect of learning to work with children. Intentionality is also related to the property *experiencing emotions* and *evaluating self*. Emily described the process.

Emily I have to watch in the playroom. I intentionally want to watch that face and body, because it tells me something….This is new for me, because I am more of a responder…I am learning it takes patience, tremendous patience.

The participants suggested that they realized they were growing in their developmental process when they began to have intentionality in their play therapy process. There appeared to be a fine line between being intentional and letting the child to lead. The participants indicated that knowing this balance was a big part of the learning process. *Letting the child lead* is another aspect of the learning process and is a sub-category of *practicing play therapy*.

*Letting the Child Lead*

*Letting the child lead* is a property of the practicing play therapy and was defined as the experience of sitting with the child as the participants became comfortable with the counseling setting or when they were not ready to engage in the process. Then when the child is ready the participant allowed the child to choose what he or she wanted to do. In this way, through the participant has a play they are flexible in allowing the child to explore and to proceed in their therapeutic work at their own pace. The participants
suggested that learning to wait takes patience which is an attribute that they are developing as they are learning play therapy. Participants described their experiences of

*letting the child lead.*

Isabella

I think I have done pretty well with this client. I feel a getter rapport and more trust with him. I feel like the relationship with him is stronger.

Ann

I just track and try to give them their emotions. I have one little girl that keeps her back to me and doesn’t hardly talk at all. And that’s been two sessions. In the third session, she finally started playing, but she hasn’t engaged me yet…I just need to keep my voice soft and be here with her and give her time. She needs me to just be still and wait for her. And that’s ok. I don’t mind waiting. We just talked about waiting. I am learning to wait. Waiting is a good thing.

She would come in and look at things for a little while and then she might paint a little, but there was still some timidity, not being sure…She was one of the ones who would not talk. She didn’t talk and she would just sit there…she would just keep her finger in her mouth and she would look at me. And we did this for 25 minutes.

*Practicing play therapy is a sub-category of the category interacting therapeutically. Interacting therapeutically* is the learning experience that took place as the participant learned to interact with the child and parents. *Practicing intentionally* and *letting the child lead are two properties of practicing play therapy.* The participants described the importance of *practicing intentionally* and *letting the child lead* and suggested that they are closely related to the learning experience of interacting with parents. *Interacting with parents* is the second sub-category of *practicing intentionally.*
Interacting with parents.

First round interviews revealed the conceptual property of parent interaction that described the participants’ relationship with parents of children in play therapy. As a result of negative case analysis, information from the first round of interviews informed the second round of interviews that led to the reconceptualization of the property. Participants further described their parent interaction, and it became apparent that parent interaction took place within the context of interacting therapeutically. This occurrence led to moving the property from external development to the sub-category of interacting therapeutically. Two properties emerged from the sub-category of interacting with parents: learning to educate and learning to involve.

Learning to Educate

Learning to educate emerged as a property of the sub-category of interacting with parents, because participants described the need to know how to communicate effectively with parents regarding play therapy and their child’s treatment. They also suggested that they need to have a better understanding of how to involve the parents in the child’s treatment.

Ann

It’s the parents that are the heart of it. If you can educate the parents and get them to treat their children differently.

“I want to teach you [the parent] how to play, because she has to live in the adult world all the time. She needs to just be a kid.”

The mom said, “My job is to teach her to be an adult.”
Ann said, “Let’s let her be a 4-year-old for a little while.”

Isabella

I think I might need to do some parent education and say this might be a slow process.
Rachel  
I would say I am learning to have more patience, not with the kids, but more with the parents. I find myself frustrated with the parents, and so, over time, I have just sort of learned to have a little bit more patience with parents and trying to understand where they are coming from instead of becoming frustrated.

I try to now educate the parents more in what play therapy is all about, and that seems to help them understand a little bit more what occurs during the process and that it is going to take time helps me to be less frustrated.

Participants described the process of learning how to educate parents about play therapy by communicating with parents and learning to involve them in the process. They suggested that this process can be a difficult part of their learning experience and one that they needed to have more training on.

*Learning to Involve*

*Learning to involve* is a property of the sub-category of the category of interacting with parents. Participants described their experience of finding ways to involve parents in the play therapy process. They have been involved in filial play therapy and parental involvement in the session. Filial play therapy is a type of play therapy that teaches the parents to learn how to do play therapy with their child. This process takes parental involvement and commitment, and there are times when the commitment is difficult to obtain. They suggested that involving parents could be a difficult task. *Learning to involve* is defined as the participants’ experience involving learning how to include parents in the play therapy experience.
In the second interviews, Isabella expanded on her growing knowledge of how to work with parents. She is working with a child whose parent is involved in the process.

She stated,

In this case, the mom is very supportive and involved and also very - fix him. He came to us this way. He is an adopted child. It’s all from his previous history and helps me fix him. I want to work on attachment with him. And I want to work on his current family, because his problems are in the now. So how do I bring it into the now when the family is like this because of the past. I am hoping to be able to get them where I can work with both of them somehow. I feel a negative pressure. I think I might need to do some parent education and say this might be a slow process.

Emily suggested that she became frustrated when parents did not follow through with appointments. She stated that she had a client who would remain silent for long periods of time. He selected when he was going to speak.

Emily  But the sad story is that he has not come back. They made an appointment and they cancelled it. It was frustrating. It took 45 minutes to get this child to trust me and to respond and to do some kind of interaction with me. That is only going to put him back to the beginning. It is not good for him at all. And parents cannot and do not understand that. I guess they could, but we didn’t have that discussion. I did say to him make an appointment as soon as possible if you can in the next week. Because the closer these meetings are to one another the better for him. He said, “Yes, I will absolutely,” and I never saw him again.

Ann  I do parent support. I go into homes and help moms and dads, but it is more a parent education than play therapy, but I incorporate play therapy. I try to teach parents how to play with direction with their kids.

The mom comes on occasion, but it is generally the dad who comes. The past two visits, dad has had work-related issues to where he would just drop his son off. And not stay for therapy. I presented the situation to my supervisor…I was instructed to talk to the dad and explain that it was
important for him to make a commitment to do filial or have his son do therapy with me in order for his son to have the most benefit from therapy…Although I was able to communicate the information well… Since I told them, they haven’t been back. He cancelled and didn’t reschedule.

The participants suggested that learning to involve is closely related to practicing play therapy, because the participants were interacting therapeutically with the child and learning to involve the parents in the child’s treatment. The participants described a range of emotions from frustration to a need for more patience in working with parents, because they believed that learning to work with parents was at the heart of their work with children. Learning to involve is also closely related to the property of experiencing emotions, which is a property of the category developing a play therapy identity.

Participants described learning to educate parents and learning to involve parents as important parts of their learning experience. Both of these properties of interacting with parents can be challenging and invoke many emotions, but they suggested that parental involvement was a key factor in practicing play therapy. This suggestion indicates that the sub-categories of practicing play therapy and interacting with parents are closely related, because participants suggested that having parents’ support is an integral part of the child’s treatment. Participants suggested that learning how to interact therapeutically and interacting with parents were important aspects of their play therapy learning experience.

A reconceptualization of categories after interviews and negative case analysis led to the development of a new structure. The structure includes four categories, two
sub-categories, and fourteen properties (see Figure 5.3). This structure reveals the emerging process of becoming a play therapist.

Relationships Among Categories and Properties

Relationships began to emerge after the second interviews as a result of the process of axial coding. Relationships within the data provided an additional layer of depth and more complete understanding of the experience of developing as a play therapist.

Practicing Intentionally – Developing Confidence

A relationship exists between practicing intentionally and developing confidence. The data revealed that as the participants learned new skills and developed a plan for their work with the child, their confidence began to develop.

Sue
If you have some intention, but you can’t plan it too much. You have to have an awareness and have confidence in yourself and in the child that opportunities are going to come up.

John
Everything has been used a few times, some more than others. And it is nice to know that I have confidence in things that I’ve used before, too. It makes me more confident that way.

Emily
They do more of what they do. That gives me a sense of confidence that I have enabled them to feel comfortable. I have enabled them to feel the freedom to explore and to feel like this is their place. The first time I am thinking, I don’t know how without saying you can do this or you can’t do that. It is interesting that they get the message and that gives me confidence. I communicated without word.

Participants suggested that when they had a plan, they were utilizing their interventions, and when they were letting the child lead, they were seeing progress in
the therapy, thus building confidence. There was little data that emerged regarding how participant’s confidence was affected when their interventions did not seem to work. Although one participant talked about questioning herself.

Ann: It still causes some anxiety because it is kind of like am I doing something wrong—is there something I could be doing to engage her.

Since participants suggested that successful interventions built confidence, the third round of interviews will examine how participants experience doubt or feeling a lack of confidence. The following questions will be asked in round three interviews: 1. How do you know that your interventions are working? 2. When they work how does it affect your confidence? 3. What makes you doubt yourself? 4. When you have doubts what do you do? The figure below reveals how practicing intentionally affects developing confidence.

![Graph showing the relationship between practicing intentionally and developing confidence](image.png)

Figure 5.1  
Practicing Intentionally-Developing Confidence
Letting the Child Lead – Evaluating Self

Letting the child lead is a property of the sub-category of practicing play therapy and evaluating self is a property of developing a play therapy identity. There is a relationship between participants evaluating themselves and their experience of learning to let the child lead. Participants suggested that important aspects of letting the child lead are having patience, seeing results, and monitoring how sure or unsure the participant felt with the child. This relationship provided insight into the complex process that participants experienced as they were learning to become play therapists.

Isabella

I am feeling pressures that I need to get somewhere. I keep listening to my colleagues at the same site, and they are getting their kids to write narrative journals and they have had disclosures; and I haven’t had either, and I am thinking ‘Am I doing something wrong?’ I guess it depends on the goal of the counseling.

Sue

I have something we need to talk about, and I kind of learned to be patient and during the play, something would come up...so it is kind of being aware and looking for opportunities.

Emily

I am learning that it takes tremendous patience...For 45 minutes...we sat there in silence. I have almost forgotten how much time had passed it made an impression on me, because I can’t believe I was gonna sit there in silence with somebody...Silence is a tremendous challenge because I knew it was the right thing to do.

Letting the child lead and evaluating self are closely related. The participants described their experience as they waited on the child. The participants suggested that monitoring self was something that continually took place as they progressed in their learning experience. The following figure reveals the process of connectedness.
Figure 5.2
Letting the Child Lead-Evaluating Self

There were some connections and relatedness that began to emerge after the second round of interviews. Participants began to describe relationships that supported the complexity of their development as play therapists. These connections continued to emerge with the third round of interviews.

Triangulation

A literature review was utilized as the triangulation method to increase the trustworthiness of analysis findings. The literature review was intended to provide support for the second round analysis and increase theoretical sensitivity for subsequent interviews. The review included literature regarding the training of play therapists. This source of literature was limited. The review also included literature regarding counselor training.
Despite changes in the structure of internal development and external experience, literature discussed after the first round of interviews continued to support the aspects of the categories that emerged. These new categories are developing a play therapy identity, receiving instruction, growing through supervision, and interacting therapeutically. Kao and Landreth’s (1997) study examined the effects of child-centered therapy on graduate students. The study suggested that the student needed to have relationship-building skills and to have essential beliefs about children. This suggestion corroborates the new structure of developing a play therapy identity, which includes the property of knowing attributes as well as the category of receiving instruction that suggested there is a need for skills. This study and the intensive three-day play therapy supervision/training model by Bratton, Landreth, and Homeyer (1993) suggested the need for supervision and training, and this suggestion corroborates the new structure category of growing through supervision process, receiving instruction, and interacting therapeutically. Joiner and Landreth’s (2005) Delphi study supports the category of receiving instruction, in particular, the need for receiving formal instruction, which refers to university classes in play therapy. Joiner and Landreth’s study also supports the category of growing through supervision and interacting therapeutically.

The available play therapy training literature suggested that supervision is an integral part of becoming a play therapist. This suggestion supported the participants’ proposition that supervision has been the most important aspect of their training. This proposition was mentioned, because a few of the participants had one play therapy class, but several of them had no formal university training. The literature supports the fact that
there is little formal training, even though Joiner and Landreth (2005) developed criteria for developing play therapy classes.

The counselor development research suggested that the process of becoming a counselor is a complex process that includes emotion, building confidence, and perceptions. This process is not linear, but in fact, the trainee goes back and forth between stages (Hogan, 1964; Reising & Daniels, 1983; Sawatzky et al., 1994). This research corroborates the category of developing a play therapy identity and the properties: including past experience, having attributes, understanding needs, experiencing emotions, developing confidence, and evaluating self. In addition, a study by Auxier, Hughes, and Kline (2003) reported that a recycling identity formation process involved conceptual and experiential learning experiences to identify, clarify, and re-clarify their identities as counselors. This research corroborates the categories of developing a play therapy identity, receiving instruction, and growing through supervision.

The participants’ interviews corroborated both of these areas of counselor development and indicated that their play therapy identity development is an interrelated and complex process of experiencing emotions, having attributes that are growing and changing, and realizing that they have personal needs. These processes appeared to take place through their evaluation of themselves, which contributes to their confidence. They suggested that these processes were sometimes taking place simultaneously as they were interacting therapeutically and interacting with parents. And there is an interrelated process that took place between developing a play therapy identity and growing through
supervision, because of the importance of the conceptual and experiential learning that was necessary to build the participants’ confidence.

Finally, a meta-analysis of play therapy outcomes (Lebanc and Ritchie, 2001) suggested that there was a strong relationship between treatment effectiveness and the inclusion of parents in the therapeutic process. This suggestion corroborated the sub-category of interacting with parents and the properties of learning to educate and learning to involve. Participants suggested that parent involvement in their child’s therapy was critical for the best therapeutic result for the child. Participants described the importance of having training in how to educate and involve parents. This suggestion was supported by the literature that suggested that having parents involved in the play therapy process is important (Landreth, 2002; LeBlanc & Ritchie, 2001).

Discussion

The second round interviews and negative case analysis suggested a reconceptualization of the initial categories of internal development and external experiences. Lincoln and Guba (1985) stated that negative case analysis was one of the primary means of establishing trustworthiness. They defined negative case analysis as “…a process of revising hypotheses with hindsight” (Lincoln and Guba, 1985, p. 309). Negative case analysis allowed data from the first round interviews to be utilized in support of a new structure that accounted for more of the first and second round data.

Internal development was defined as the internal process of development, growth, and progress toward becoming a play therapist. External experience was defined as knowledge of practical wisdom gained from what one has observed, encountered, or
undergone. The first round properties that emerged under the category of *internal development* were *discovering personal characteristics, experiencing perceptions, and experiencing emotions*. *Discovering personal characteristics* had two properties: *personal experience* and *attributes*. *Experiencing perceptions* had two dimensions of self and child. *Experiencing emotions* ran on a continuum from anxious to calm. The questions from second round interviews and negative case analysis revealed a need for a reconceptualization of *internal development* and *external experience*, which led to the emergence of four new categories.

The data suggested that there was an internal process that the participants experienced as they were becoming play therapists, but the category of *internal development* did not fully explain the process that was emerging. Participants reported that they experienced changes in their emotions, perceptions, attributes, and confidence levels and that these changes did not happen once. Instead, they happened many times throughout the training period. This outcome is supported by counselor development research that described stages of development with trainees going back and forth between stages. They could have high levels of dependence, anxiety, and insecurity (Hogan, 1964; Reising & Daniels, 1983; Sawatzky et al., 1994). These experiences and changes led to the emergence of a play therapy identity that was emerging through a complex process.

The category of *internal development* was reconceptualized and named *developing a play therapy identity*. The new category included six properties: *including past experience, knowing attributes, understanding needs, experiencing emotions, developing confidence, and evaluating self*. 
Including past experience is a property of the category developing a play therapy identity, and the property included the professional, personal, and educational experiences that have shaped their lives. These were characteristics that the participants brought to the learning process and the past experience influenced how they experienced emotions, evaluated themselves, and developed confidence. Past experience also affected how the participants received instruction and how they accepted feedback in supervision. They brought their past experiences to their present experience, which affected their learning experience of interacting therapeutically with their clients and their parents. Including past experience was an important aspect of their developing play therapy identity.

Having attributes is a property of the category developing a play therapy identity, and the property is defined as the unique characteristics of a play therapist. Participants suggested that certain attributes were important for the developing play therapist. They suggested that attributes influenced how the participant approached the learning process. They suggested that they needed attributes such as patience, loving kids, being comfortable with kids, and flexibility. Some of the participants referred to their need for patience as they waited on the child and as they learned to practice intentionally. They suggested that they were discovering new attributes and continued to develop the attributes they possessed.

Understanding needs is a property of developing a play therapy identity, and the property is defined as the participants’ understanding of their needs as they developed as a play therapist. The participants suggested that there was an important need to know
when how to take care of themselves. The participants described exercise, spending time
with loved ones, getting away, and meditation as forms of self-care. *Understanding needs*
was related to the other property of *developing a play therapy identity* as the participants’
needs affected their emotions, confidence, and monitoring of themselves. *Understanding
needs* was also related to *receiving instruction, interacting therapeutically, and growing
through supervision*. If the needs of the participant were not met, it affected how they
approached their learning experience.

*Evaluating self* is a property of *developing a play therapy identity*. *Evaluating self*
is closely related to *experiencing emotions* and *developing confidence*, because the
participants suggested that their self-evaluation provided information that affected their
emotions and confidence. Though each is a separate and important property of
*developing a play therapy identity*, they are all closely related. *Evaluating self* is also
closely related to *understanding needs*.

*Developing confidence* is a property of *play therapy identity development* and is
defined as becoming more competent in as a play therapist. As a result, the participants
suggested that their confidence grows. The participants suggested that *developing
confidence* was related to *growing through supervision, receiving instruction*, and
*interacting therapeutically*, because it was through participating in these activities that
they suggested their confidence grew. Developing confidence was also related to
*experiencing emotions* and *evaluating self*, because the participants suggested that
through evaluating themselves and their emotional experience, they developed
confidence and sometimes felt a lack of confidence. *Developing confidence* appeared to
be an important aspect of developing a play therapy identity, and as a result, the third interviews will include the following questions: How do you know that your interventions are working? When they work, how does it affect your confidence? What makes you doubt yourself? When you have doubts, what do you do?

The category *interacting therapeutically* required the participants’ continual evaluation of themselves and the child with whom they were working. *Evaluating self* is also related to *receiving instruction* and *growing through supervision*. The participants suggested that they were continually monitoring their experience, their intuition regarding situations, and their knowledge as they participated in the learning experience of *receiving information* and *growing through supervision*. *Evaluating self* spans a continuum of sure to unsure. The participants suggested this continuum assisted them in making choices regarding interventions and how to proceed in their practice. When participants felt unsure, they wondered if they were doing something wrong and they sought supervision or instruction to assist them in their growth. When they evaluated themselves as feeling sure, they were more confident. They suggested that *evaluating self* was a filter that the aspects of their training experience flowed through and informed.

The category of *internal development* was reconceptualized as a result of second interviews and negative case analysis. The new category, *developing a play therapy identity*, includes five properties. The category of *external experience* was also reconceptualized.

As a result of first round interviews and negative case analysis, it became apparent that the category of *external experience* did not encompass all that the
participants described. For instance, *external experience* had categories that provided data about gaining knowledge and skills, supervision, and working with parents, but it was missing the actual play therapy experience and how that fit in. The process of negative case analysis revealed the need for a category that would better encompass the data that was collected. A new category *interacting therapeutically* emerged. Two sub-categories also emerged: *practicing play therapy* and *interacting with parents*. *Interacting therapeutically* encompassed the participants’ therapeutic experience with the child/client. *Practicing play therapy* has two properties: *practicing intentionally* and *waiting on the child*. After second interviews and negative case analysis, these categories provided a more in-depth picture of the participants’ experience. Participants described *practicing intentionally* as using the skills, perceptions, and knowledge that they learned to assist in facilitating interaction with clients. *Waiting on the child* is a property that described the participants’ experience as they learned to understand their client and to let the client lead in the therapy.

*Interacting with parents* is a sub-category of the category *interacting therapeutically*. After the first interviews, parent interaction was a property of the category *external experience*. *Interacting with parents* was reconceptualized after second interviews and negative case analysis, because data supported parent interaction would be better represented under the category *interacting therapeutically*. *Interacting with parents* included learning how to communicate with parents, educating parents about play therapy and treatment, and learning to include parents in the play therapy process either through
involvement in the session or filial play therapy. There are two properties of parent interaction: *learning to educate* and *learning to involve*.

*Learning to educate* is a property of interacting with parents and is defined as learning to communicate with the parent, education about play therapy, and treatment. *Learning to involve* was a sub-category of *interacting with parents* and was described as learning how to involve parents in the play therapy process either through involvement in the session or filial play therapy. The participants suggested that learning to communicate with parents could be a difficult thing to learn. They stated that they experienced anxiety and frustration in dealing with parents, and yet helping the parents gain understanding was a very important part of helping the child’s work in therapy. Parent involvement included the extent that parents were involved in the therapy process and included filial play therapy, which is a form of play therapy that teaches parents how to do play therapy with their children.

Both of these properties are related to instruction and supervision process, because the participants described how they learned skills and knowledge and brought this information to the play therapy session and to the interaction with parents. They also gained knowledge, advice, and encouragement from supervision and brought it to the play therapy session and parent interaction. *Practicing play therapy* and *interacting with parents* is also related to the category of *developing a play therapy identity*.

*Supervision* was a property under the category of *external experience*. After second interviews and negative case analysis, supervision emerged as a category called *growing through supervision*. Two properties have emerged from *growing through supervision*.
supervision: teaching and evaluating. The participants suggested that participating in supervision is an integral part of the developmental process. The participant learned from the supervisor to process difficult situations, to learn about self-care, to improve their skills, and to provide new information that increased instruction. The supervisor assisted the participant to process their emotional experiences and perceptions of themselves and the children with whom they were working. The participant had an evaluative relationship with the participant, sometimes providing corrective input as well as providing evaluation of the participants’ overall performance.

Growing through supervision is related to each of the other categories. The participants suggested that they gained advice, knowledge, and insight to deal with situations that might arise in practicing play therapy or in interacting with parents through growing through supervision. Growing through supervision is also related to the properties of developing a play therapy identity since supervision can affect perceptions, emotions, and confidence. Supervision can also be a place where the participant may be able to understand more of the need for self-care. The participants suggested that supervision was an important aspect of their development process. The third round of interviews included questions that examined the supervisory relationship in more depth.

Receiving instruction was a property under the category external experience. After second round interviews and negative case analysis, receiving instruction emerged as a category called receiving instruction. Receiving instruction was described as the knowledge and skills that the participants learned in order to become play therapists. Receiving instruction had two properties: receiving formal instruction and receiving
Informal instruction. Receiving formal instruction was described as the university classes that participants took as part of their education process. Receiving informal instruction was described as informal or CE classes, books, tapes, observation, or other informal training that the participants were involved in as part of their play therapy training.

Receiving instruction provided information, knowledge, and skills that the participant used to bring to interacting therapeutically and growing through supervision. Participants suggested that they did not receive a lot of formal instruction in their training. They believed that supervision was extremely important in their training, because they received a lot of their instruction through the supervision process. They also suggested a strong connection between receiving instruction and interacting therapeutically, because they learned many of their skills through the property of informal instruction.

Receiving instruction also informs the properties of developing confidence, experiencing emotions, and evaluating self that are part of the category developing a play therapy identity. Including past experience was related to receiving instruction, because past experience and education can influence the instruction process. And when the participant felt overwhelmed by time spent studying, they realized they needed to have some self-care and take a break. Receiving instruction is closely related to the category of developing a play therapy identity. During the third round of interviews, a question was asked in order to understand more of the relationship between instruction and some of the other categories and properties.
In the second round of interviews, the participants described more in-depth information regarding their development as play therapists. Several described their experiences of learning skills, learning from supervisors, and learning how to work with parents. They described a range of emotions from frustration to excitement. They talked about their perceptions of themselves and of the children with whom they work. And they discussed the characteristics that they believed were part of being a play therapist. The descriptions of their experiences suggested a complex process. The participants described making decisions about interventions and skills, while they were forming perceptions about the child and perceptions about their interactions. At the same time, they were having an emotional experience that they processed later in supervision.

The second round of interviews provided insight into the reconceptualization of the categories and properties. Four main categories emerged with properties that further described the categories. The third round of interviews will continue to confirm the categories and properties that have already been established, as well as to examine several areas that needed further explanation. There were more questions that surfaced as a result of the second round of interviews. Some of the questions were designed to find out more information about categories or properties that did not have as much supporting information, and other questions were intended to find out more about connections that had already began to emerge. The questions are:

1. How do you know that your interventions are working?

2. When they work how does it affect your confidence?

3. What makes you doubt yourself?
4. When you have doubts what do you do?

5. How does supervision help you do challenging things in session like letting the child lead or working with parents?

6. How has instruction helped you do challenging things like letting the child lead or working with parents?

7. How does supervision help build confidence?

8. How is your learning affected by working with both children and parents as you learn to do play therapy?
Play Therapy
Learning
Experience

Play Therapy Identity
Development
- Including Past experiences
- Knowing Attributes
- Understanding needs
- Monitoring Self
- Experiencing Emotions
- Evaluating Self
- Developing Confidence

Receiving Instruction
- Formal Instruction
- Informal Instruction

Growing through Supervision
- Teaching
- Evaluating

Interacting Therapeutically
- Practicing Play Therapy
  - Practicing Intentionally
  - Letting the Child Lead
- Interacting with Parents
  - Learning to Educate
  - Learning to Involve

Learning to Educate
- Monitoring Self
- Experiencing Emotions
- Evaluating Self
- Developing Confidence

Figure 5.3
Figure of Emerging Structure
Figure 5.4
Figure of Relationships Among Categories
Chapter VI
Third Round Interviews

Introduction

A beginning structure for categories and properties that described the developmental process of becoming a play therapist emerged after the analysis of first round data. The second round questions and negative case analysis provided further information that suggested that a reconceptualization of the original structure was necessary. As a result of the reconceptualization, new categories and properties emerged, and they provided a new structure that better described the developmental process of becoming a play therapist.

This reconceptualization led to third round interviews that were conducted by telephone. Third round interviews confirmed the categories that emerged after second round interviews. The questions that were used for third round interviews came to light as a result of analysis of the first and second round interviews and the negative case conceptualization. The third round questions were formulated in order to understand more of the connections between categories and properties. The questions for round three were: 1. How do you know that your interventions are working? 2. When they work, how does it affect your confidence? 3. What makes you doubt yourself? 4. When you do have doubts what do you do? 5. How does supervision help you do challenging things in your session or working with parents? 6. How has instruction helped you do challenging things in your session or working with parents? 7. How does supervision build your confidence? 8. How is your learning affected by working with both children and parents as you learn to do play therapy?
In the third round of interviews, the participants provided further information regarding their development process as play therapists that enriched the previous data. This information, along with negative case analysis, was used to confirm the structure that was developed after the first and second interviews. Additional coding methods, selective and process coding were utilized with the third round of interviews. Process coding identified the interactions and actions that can alter the other conditions of the participants’ experiences (Strauss & Corbin, 1998).

The original structure after the first round of interviews had two categories *internal development* and *external experience*. *Internal development* had three properties: *experiencing emotions, experiencing perceptions, and discovering personal characteristics*. *External experience* had four properties: *participating in supervision, receiving instruction, parenting interaction, and developing skills*. The information gained from second round interviews and negative case conceptualization led to a reconceptualization of the categories. The structure that emerged included four categories *developing a play therapy identity, receiving instruction, interacting therapeutically, and growing through supervision*.

*Developing a play therapy identity* is a category that encompassed the properties of *internal development* and included the additional properties of *having attributes, developing confidence, and understanding needs*. *External experience* included four properties, and after the first two interviews, it became evident that several of the properties should actually be categories. This discovery led to the development of three new categories: *receiving instruction, growing through supervision, and interacting*
therapeutically. After the third round interviews and analysis, the four categories were supported as being critical to the participants’ experience of the developmental process of becoming a play therapist. The categories are closely interrelated, and the major connections will be reviewed in this chapter.

**Developing a Play Therapy Identity**

The category of *developing a play therapy identity* is foundational to the participant’s developmental process. *Developing a play therapy identity* continued to be defined as the participant’s experience of coming to own the characteristics of a skilled play therapist. The properties of *developing a play therapy identity* are: *including past experience, having attributes, understanding needs, experiencing emotions, evaluating self, and developing confidence*. *Including past experience* has two dimensions: *professional and educational experience* and *personal experience*. *Having attributes* included a range from patience to natural ability on a continuum from previous to new. Self-care was an important aspect of *understanding needs*. *Experiencing emotion* is a property that runs on a continuum from low emotion on one end to high emotion on the other. *Evaluating self* is a property and has a dimension of *monitoring themselves*, on the one hand, and *supervisor feedback* on the other. *Developing confidence* is a property that has a dimension of low confidence level on one end of the spectrum and high confidence level on the other.

Each one of these properties played an integral role in the participant’s development as a play therapist. The participants may have been experiencing emotions while evaluating themselves and this information informs their work with the client,
supervision, and learning. The participants’ past experience and attributes also affected the other properties as well as the other categories in the structure. The first two interviews and negative case analysis suggested that this process of identity development is complex and it is not linear, but instead the participants suggested that they go back and forth between properties and sometimes are experiencing aspects of properties simultaneously. Third interviews confirmed the category and its properties and provided further information that suggested that there is a close relationship between the properties of play therapy identity development with the other categories that have emerged.

Including Past Experience

Including past experience is a property of developing a play therapy identity. Including past experience is defined as the participants’ past experiences that they bring to the play therapy field. In the first two interviews, participants described their past educational, personal, and professional experiences that have contributed to their developmental process. The dimension of including past experience are professional and educational experience and personal experience. Professional and educational experience included the participants’ experience from previous education or work. Some participants had experience learning and using behavioral methods in their past work experience or education, and they suggested that this occurrence was challenging as they began to learn play therapy.

Personal experience included the participants’ experience from their personal lives as parents, students, or as children themselves. Participants suggested that their experience as parents influenced their play therapy development. Some also suggested
that incidents from their personal lives influenced how they experienced their training.

The third round of interviews revealed that there is a connection between *evaluating self* and *past experience*. Ann and John revealed past experiences that affected their perceptions of themselves.

Ann
I used to think I was stupid. I learned I am stupid. There is this automatic voice in my head that goes you are stupid. I even say to myself, you are not stupid. You made it though a bachelor [program] and now you made it through a master’s [program]. I can tell myself but that is not an automatic response. I still have to remind myself because just because I was told, that doesn’t make it true.

John
I was called young a few times by a couple of moms. And I talked to them and said ok, let’s talk about this. You think that I might not have enough experience to work with your son. So I go from there and tell them what I have done and how I am looking forward to working with their son.

Participants suggested that their past experiences influenced what they brought to play therapy training. The participants brought past experience to their learning experiences. These experiences were related to how the participants perceived themselves, and this perception can affect how the participant developed in their learning experience. In the first two interviews, participants described the *personal and professional experiences* that influenced their training. Participants suggested that their past experiences whether professional, educational, or personal were an important aspect of training.

*Having Attributes*

*Having attributes* is defined as the participants’ experience of discovering within themselves or developing the distinctive qualities of a play therapist. A dimension of
having attributes ranges from being innate on one end of the spectrum to developing during training on the other end. Participants suggested they innately possessed some of the characteristics when they began their training, and other attributes, they developed as their training progressed. The participants reported that the attributes they believed were important were natural ability, which is innate. Patience, being comfortable with children, and having a love for children were some of the other attributes that participants suggested are being developed. The participants did not provide much new information during the third interviews regarding having attributes, but what they did reveal provided additional support for the property.

Emily  I love this child. I love all these children...I love play therapy. I love being with the children.

Rachel  I like the play therapy a lot...working with kids just comes. I love working with kids.

Understanding Needs

Understanding needs is a property that is defined as participants gaining understanding of their personal needs as they work with children. During the first and second round of interviews, the participants suggested that their work can be very stressful, and it is necessary for them to understand their needs and to recognize the need for self-care. They defined self-care as having outlets to release the emotional tension they experienced as they learned to work with children. They suggested that they needed to have both physical and emotional releases to be able to handle the stress. They reported that physical exercise, journaling, meditation, prayer, spending time with family,
and getting away were ways that the participants dealt with their needs. Their responses from first and second interviews were further confirmed after third round interviews.

John

When I get out of my sessions, I don’t feel as emotionally drained when I am working with my autism kids compared with the sexual abuse kids. But as far as self-care goes, absolutely. The same things like journaling and working out definitely. I couldn’t be in the counseling field without having that self-care.

Experiencing Emotions

Experiencing emotions is a property that is defined as the range of emotions from anxiety to joy that the participants experienced as they learned play therapy. The information from the first two interviews and negative case analysis suggested that participants experienced a range of emotions that they felt in the play therapy session, in working with parents, and in the learning process. The emotions ranged on a continuum from low to high. In previous interviews, the participants described their emotions as anxious and pretty high as they began their training experience. They suggested that this anxiety was because they were just beginning, and they lacked confidence and were unsure of their skills. Some suggested that they had not had much instruction and felt unprepared which led them to feel fear and anxiety in the session, and at times, these emotions were very high. As they worked with parents, they described their experience as frustrating, and at times, the frustration levels were high. Some suggested that they learned to have empathy and understanding of the parents as their training went on, which led to less frustration. They also suggested that being able to process their emotions in supervision assisted them in releasing some of their difficult emotions and coming to an understanding of how to work with parents.
In previous interviews, the participants also suggested that their emotions were on the low side when they begin to gain confidence in session, with parents, and in the learning process; they began to see their skills increase and their interventions work. In the third round of interviews, the participants provided further insight into emotions experienced as they practiced play therapy.

Ann  I don’t know if embarrassed is the right word - because I just had just gotten my masters and the very first question I was asked I had no idea. I don’t know what to tell them. I was a little insecure.

Isabella  It is sometimes overwhelming, because there is so much going on in the room when I have a whole family in the room. I sometimes see ten different ways to approach something or that need to be approached, and there is not enough time or people and not enough of me.

I staff my cases with my supervisors when I have doubts.

Emotions were a large part of the participants’ development process. As they experienced emotions in session, with parents, and in supervision, they came to have more understanding of the play therapy process. Experiencing emotions informed their evaluating self which informed developing confidence. Experiencing emotions is closely related to and informs many of the other categories and properties.

Evaluating Self

After second round interviews, evaluating self emerged as a property of developing a play therapy identity. Evaluating self is defined as the participants’ ability to utilize their intuition, perceptions, and other information to monitor their reactions and emotions and to assist in their play therapy decision-making. In the first and second interviews, participants discussed the necessity of learning to trust themselves and the
process of play therapy. They learned to do this by monitoring their experiences and reactions. *Evaluating self* is also informed by other properties, including *experiencing emotions* and *developing confidence*. The participants suggested that their emotions and confidence levels provided information that informed their monitoring, and from this information, the participants made decisions regarding how they interacted with children and parents. The participants described the interrelated process between *evaluating self*, *experiencing emotions*, and *developing confidence* as an integral part of the development of the participants’ play therapy identity.

Sue I see a change in the way they are thinking about it…you can see something click with them. You can see them understanding that it may be in their benefit to do something.

Isabella I think about it, and I get discouraged. I think that is more my own developing skills, patience with my own skill than the approach itself.

John I found that not all my techniques are working all the time, and I guess, when they don’t work is when I have doubts… and I would be able to finish the session and talk to them [colleagues] and say hey maybe we could talk for a minute and maybe you could suggest something I could do next time.

A dimension of *evaluating self* is *supervisor feedback*. *Supervisor feedback* is defined by the information the participants received from supervisors that informed their decisions regarding their clients and parents and that helped to build their confidence as developing play therapists. The dimension ranged from encouraging on one end of the spectrum to correcting on the other. The participants suggested that supervision was imperative to their play therapy identity development. They relied on supervisors to
teach, model, and evaluate which informed their evaluation of themselves and informed their work with children. The participants described the deep connection between supervision and developing confidence.

Rachel  My supervisor at school is really great and really supportive, and we are always open to talk about any case we have and he always had even if we are feeling bad or feeling down or frustrated, he always has something very positive to say; and he is just a really good supervisor.

Isabella  I think that supervision helps me do the challenging things [and] helps give me confidence. It helps me form my game plan and know that this is what I am supposed to be doing and that is what I can expect and that helps me to do what needs to be done when I am afraid to do it or uncertain about things.

**Developing confidence**

*Developing confidence* is a property of *developing a play therapy identity* defined as the participants’ belief that they are becoming effective in their use of play therapy skills and knowledge. First and second interviews suggested that participants’ confidence levels ranged from low to high. Participants were continually evaluating self as they were receiving instruction, interacting therapeutically, and participating in supervision. These categories are closely related to developing confidence, because through these categories, their sub-categories, and properties, participants were continually learning and growing in their confidence level. The participants suggested that when they received positive reports from the parents, it helped to build their confidence, because they were hearing that the child was improving.

Ann  Changes that I see in the children and the reports from the parents. Being able to release them and just have them come back for maintenance when they need it.
Sue  The other feedback that is wonderful is when I call and check in with them [parents]. And when I call and check in they say, “Oh yeah, they are doing great things.” You feel that whatever changes the kid has made, that makes the kid happier is also being reflected in the environment because their parents or teacher or someone else has noticed the change.

When the participants utilized their interventions intentionally and they saw that the intervention worked, their confidence level increased. When their confidence builds, their identity as a play therapist grew stronger, and if the intervention did not seem to work, the participants suggested that their confidence level was lower.

John  So, when the intervention is working, I feel great. I see the kid not have as many referrals per week or whatever we are working on. I feel great.

Emily  Mainly my sessions, I haven’t had enough time to really see that, but my colleagues are continually saying to me that you will hear things like, “you know this little boy hasn’t be throwing a fit,” or “this little girls isn’t having bad dreams anymore” or “there is more control with this child.” You know little things you will hear from a parent.

The category of developing a play therapy identity contains five properties that provided a structure of the complex process of a developing play therapist. The first and second round of interviews provided information regarding the properties of including past experience and knowing attributes that participants described as being foundational in becoming a play therapist. The information from the third round of interviews provided information on the participants developing confidence and how it relates to other categories and properties. The data suggested that the process of becoming a play
therapist is complex, and there is an interrelated process taking place among categories and properties.

**Receiving Instruction**

After first and second round interviews, a reconceptualization of *external experience* led to the emergence of a new category *receiving instruction*. *Receiving instruction* now included the knowledge part of learning as well as the skill part of learning. *Receiving instruction* is defined as the knowledge and skills participants gained through formal classroom instruction, reading books, viewing tapes, and attending conferences. Participants described a sometimes frustrating experience of learning play therapy. Only one participant took a class prior to beginning play therapy. Three participants took a play therapy class well into their training program. Three participants had no formal play therapy class. One commented on her lack of instruction.

Emily: Unfortunately, I have had no school instruction in play therapy at all.

Previous interviews revealed that the three participants who had no formal class relied very heavily on supervision and informal instruction to help them to learn. This information suggested that there is a close relationship between *growing through supervision* and the property of *informal instruction*.

**Receiving Formal Instruction**

*Receiving formal instruction* is defined as the participants’ formal university level courses that provided knowledge and skills to prepare participants to practice play therapy. Only one participant had a formal class prior to starting his or her play therapy practicum or internship, and as a result, he or she had little to say about his or her own
formal instruction. Previous interviews included participants’ comments, and they suggested that play therapy is an area that had little formal instruction; they suggested that the need for more formal instruction may need to be addressed. The participants did suggest that some of their other university classes provided useful information for their training, but that they relied on other forms of learning to assist them in their learning experience.

Isabella

I haven’t had a lot outside the play therapy class. I’ve had a Marriage and Family core class. But the rest is up to me to learn, and I kind of picture it as I am standing at the bottom of the mountain and I have taken a few steps upward, but a lot of steps laterally…To me, the next steps are the ones I will take when I have graduated, and those are the ones I am anxious to take…the mountain of play therapy materials that I am hungering to get to.

In this round, John suggested that his Consultation class assisted him in communicating with parents.

John

… not until the last term, until we were doing consultation…talking with parents and working with them, we didn’t do that until Consultation course.

Receiving Informal Instruction

Receiving informal instruction is defined by participants as the knowledge or skills participants learned from sources such as books, videos, and seminars that provided them with knowledge of play therapy. In the first two rounds of interviews, the participants revealed that they gained knowledge from videos, particularly videos of Dr. Garry Landreth from the University of North Texas, as well as from other university classes, such as Family Therapy and Consultation. In this round, participants suggested that they attended training seminars or that they were members of local Association of
Play Therapy (APT) groups, where they gained information regarding play therapy.

Another participant suggested that supervision was an important aspect of her learning experience.

Isabella  It lets me communicate with other professionals, collateral contact, but when I think about work with the clients, that’s like the dessert kind of training that I can’t wait to go to.

The instruction that has helped me the most is Susan Johnson’s EFT [a special training]. It helped me working with dyads whether mother and child, parents, spouses, because sometimes they have problems in their relationship due to the stresses of dealing with their child’s problems.

Emily  There were play therapy meetings…anyone interested in play therapy or learning any tidbit about it…it is not a learning environment, it is a meeting.

Ann  I would say just lack of knowledge. I doubt, because there is so much I don’t know. [When I don’t know] I would research it. I could with my supervisor and ask where to look. And I have a couple of play therapy books and I would look it up.

Growing Through Supervision

After first and second round interviews and negative case analysis, a reconceptualization of the category external experiences led to the emergence of the category growing through supervision. Growing through supervision was defined as the participants’ experience of engaging in supervision of their play therapy with a more experienced counselor. Growing through supervision has two properties: teaching and being evaluated. Teaching is defined as the participant’s experience of having instruction and modeling from a more experienced counselor. Being evaluated is defined as participants being evaluated by supervisor feedback and encouragement in order to
promote their growth as play therapists. The dimension of *being evaluated* ranged from encouraging to correcting. Participants suggested that supervision was a very important part of their training experience and that supervision has a close relationship with interacting therapeutically, receiving instruction, and developing a play therapy identity.

**Ann**  
It [supervision] has been wonderful. I think watching my supervisor was what was so cool, because I have seen him there and the way he interacts with the kids—it is child-centered, but to me, it would be more like I am not saying anything other than more tracking. He knows how to go deeper than that, and see, I don’t know how to do that yet.

**Emily**  
Everything has come from my site and my supervisor. He had me watch an awesome play therapist that is at our site. I have observed her and observed him, and that has been very beneficial. It is not a difficult process to learn, but it is difficult to be consistent.

**Sue**  
At one site, we had group supervision, and it was very helpful. We share cases, kind of help each other come up with ideas and that can be very fun.

**Ann**  
When you first meet somebody, you think this is going to sound stupid. I don’t worry about it. I was careful with my words. I wanted to sound like I had some knowledge in my head. Now I just talk, like I am talking to you.

Participants suggested that having a supervisor who has some play therapy knowledge was important. Some of the participants had a supervisor who did not know much about play therapy. They suggested that if the supervisor did not have play therapy experience, they would refer the participants to others or to books or videos. During the third interview, the participants suggested that it was important for supervisors to be competent in supervision. They stated that supervisors needed to have proper training and knowledge in order to be effective as supervisors.
Rachel  I would say my supervisor wasn’t very good at supervision. I am not going to lie. I don’t know if she needs continuing education, but I got a lot of supervision from another counselor there who was very encouraging and she definitely helped me feel not as overwhelmed.

He is helpful [school supervisor] in general but if he doesn’t know or if he doesn’t have experience he will just say, “Well I have no idea. I don’t have experience in play therapy or I don’t know how it works.” And he will try to, he will go around and try to find a way to help, pointing you in a direction that, “I don’t know, but maybe you can talk to this person.”

Teaching

Teaching is defined as the participants’ experience of having instruction and modeling from their supervisor. Participants described the importance of learning from the supervisor relationship. They suggested that their supervisors provided instruction and modeling. Most of the participants had not had formal instruction, and they suggested that this deficiency made supervision very important, because the supervisor provided monitoring of their learning as well as providing instruction and modeling when the participants needed it.

John  I thought of group supervision. The supervisor was great. We did role playing and instructing. He was great and assertive with showing us how to do things and taking what we need out of what we learned. So we were all at different settings, community track. We would take what we could use in a setting and apply it. I liked that a lot, because there is nothing better than getting more techniques taking what you need out of them and ringing them back to your sessions.

Isabella  When I hear my supervisor talk about it and when we do our staffings and things, I am, like, yeah this works, this works, but when I try it, it feels clumsy and doesn’t work like I want it to. Doesn’t work like when I hear her talking about it.
Supervisors also assisted in *learning to involve* the parents in the play therapy process. Some participants utilized filial play therapy, which is a form of play therapy that teaches parents how to interact with their children. Other participants just wanted to be able to include parents in the process and have their support between sessions.

Participants discussed their experiences with involving parents.

**Sue**
My supervisor would often have the parents there, and he would use the counseling time with the parents and kid as part of the session. So that interactions between parent and child he would call attention to…”You kind of cut Johnny off and you are wanting him to,” “You didn’t let him answer so we don’t know how he feels”…And kind of letting the parents listen to the kids and in front of the parents doing a lot modeling.

**Isabella**
We always talk about how we involve the parents. What do the parents need? What kind of teaching do we give them to help them be more positive? Some filial therapy?

The participants suggested that supervision was related to involving parents.

**Being Evaluated**

*Being Evaluated* was a property of *growing through supervision* and was defined by participants as receiving supervisor feedback and encouragement in order to promote their growth as play therapists. *Encouraging* is defined as an aspect of the supervisory relationship where the participant experienced positive support through consultation, advice, and insight that assisted them in their development as play therapists. The participants suggested that they relied on their supervisors to provide the guidance they needed as they learned how to do play therapy. Several participants described their
relationship with their supervisor as being like a lifeline. They suggested that the supervisor was always pretty close by to offer support, and as the participant gained experience, the supervisor was not as close by. This observation suggested that the supervisory role is developmental, which is a parallel process to the participants’ training experience. In other words, as the participant learned and grew, they developed their play therapy identity and became less dependent and more confident. This progression is the same as the supervisor relationship, which is, at first, pretty dependent, but as the participant grew and developed, the supervisor let go and the participant became more autonomous.

Emily I thought he [my supervisor] wasn’t going to leave my side. You know he was just so encouraging and so always there and talking to me. And before I knew it, he wasn’t there anymore. And the more I thought about it, I thought about it as though I am treated like an employee, that’s a bad word, but I am treated like I belong here. I am one of them. And it was a huge switch at first, because I missed that holding my hand. I liked that holding my hand, and then, he just let go of my hand and I was like grasping, wait, wait, wait, hello, hello? And the more I thought about it, at first, it was frustrating, because I didn’t get that undivided attention, and then, I began to realize that is called trust. He trusts you. He guided you and he is like a parent letting go. And you are team member now. You are part of this team. And I got hired. You are part of this team. I had to refocus and let go, the way I should let go.

*Being evaluated* has a dimension that ranged from encouraging to correcting.

Encouraging is defined as the process of providing the participant with positive feedback. Participants revealed that positive feedback and encouragement assisted them in developing their confidence and their play therapy identity. In previous interviews, the
participants discussed the importance of the supervisor’s encouragement. This round of
interviews continued to support that premise.

Ann I was really excited that my supervisor noticed that I am getting more confident than I was.

Rachel My supervisor at school is really great and really supportive, and we are always open to talk about any case...If we are feeling bad or frustrated, he always has something very positive to say.

Correcting is defined as the process of assisting the participant with areas that need improvement. The participants described correcting as a necessary aspect of learning play therapy. They suggested that in the beginning they had some fear about being critiqued by the supervisor, but as they became more confident, they welcomed the critique and saw it was a way to grow. They suggested that receiving correction was an important part of the process of learning to become a play therapist.

Ann The supervisor that I have is very good at saying, “Tell me what you would do and why you would do it?” Asking and then going, “Ok, what is wrong with that?”

John When we get feedback is the biggest part of supervision for me. We get positive reinforcement when my peers and supervisor say you are doing this well. I feel really good when I get that. It is also great to hear the other side, the constructive part where, “Well, you did a good job there, but this part didn’t seem to work and you seemed to notice that so maybe you can try this or this.”

I am in this program to be flexible and open...I wouldn’t use criticism as a negative thing – it was fantastic. It is how you learn in the field. You get experience and it helps when people around you can tell you things you can do.
Interacting Therapeutically

Interacting therapeutically is a category that is defined as the therapeutic interaction that took place as the therapist built the relationship with the child and parent. Interacting therapeutically has two subcategories: practicing play therapy and interacting with parents. There were two properties of practicing play therapy: learning to practice intentionally and letting the child lead. There were two properties of interacting with parents: learning to educate and learning to involve. Participants suggested in the first two interviews that it in the category of interacting therapeutically, the participants utilized their knowledge and skills to interact therapeutically with their clients and their parents. This information indicated that interacting therapeutically is related to receiving instruction and growing in supervision as the participants gained their knowledge and insights from these categories in order to utilize them in interacting therapeutically.

Practicing play therapy.

Practicing play therapy was a sub-category of interacting therapeutically. Participants defined practicing play therapy as the therapeutic experience that the therapist entered into with their child/client. There are two properties of practicing play therapy: practicing intentionally and letting the child lead.

Practicing Intentionally

Practicing intentionally is a property of the category of practicing play therapy and is defined as utilizing play therapy knowledge and skills with intention or purpose to facilitate the therapy process with children. In previous interviews, the participants
suggested that developing their skills assisted them in *learning to practice intentionally* utilizing their play therapy knowledge and skills. Their previous interviews suggested that having a plan is an important aspect of *practicing intentionally*. When they had a plan, they had some intention, and yet, they learned to be flexible and let the child lead. They also suggested that as they practiced more intentionally, they were able to make progress toward the child’s therapeutic goals. The third round of interviews suggested that as the participants practiced intentionally, their skills became more natural and they did not have to think about doing them as much. This flow built confidence in their ability, which built their identity as a play therapist.

Ann One of the girls was saying I just hate tracking. I said, “I just love tracking.” I remember I was nervous at first thinking gosh, ‘am I doing this right?’ and now, I don’t think about it. It just comes out. I remember I had to work at it at first.

*Letting the child lead*

*Letting the child lead* is a property of *practicing play therapy* and is defined as an experience of sitting with the child as he or she became comfortable with the counseling setting or when they were not ready to engage in the process. Then, when the child was ready, the participant allowed the child to choose what he or she wanted to do. In this way, though the participants had a plan, they are flexible in allowing the child to explore his or her therapeutic work at his or her own pace. In previous interviews, the participants suggested that learning to wait and letting the child lead took patience, which was an attribute that was needed to become a play therapist. In order to learn, participants continued to develop their patience through the process of learning. These participants
experienced emotions, such as nervousness, and realized that there was a need to be calm as they let the child lead.

Isabella …what I need to do is just sit and let them open up. When they do, I find myself getting nervous and talking too much in those situations

Sue There is a huge value for being calm and in the moment listening and waiting. If you are always keeping things going, the client doesn’t always have time to reflect and think of something new. And sometimes if you wait they don’t like the silence and they will give you something new. And this is something I have to work on continuing.

*Interacting with parents.*

*Interacting with parents* is a sub-category of *interacting therapeutically* that is defined as the participant’s relationship with parents of children in play therapy. *Interacting with parents* has two properties: *learning to educate* and *learning to involve.* *Interacting with parents* runs on a continuum from positive interaction to negative interaction. In previous interviews, participants discussed the positive and the negative aspects of working with parents. In the third round, more data emerged to support the need to interact with parents. Participants relied on supervision and instruction to assist them in developing positive relationships with parents.

Emily I don’t connect with the parents too much and I need to. I feel like I am weak in that area. Because I feel like I don’t quite know what to say to them yet.

*Learning to Educate*

*Learning to educate* is a property of the sub-category of *interacting with parents* and is defined as the participant’s need to know how to communicate effectively with parents regarding play therapy and their child’s treatment. A dimension of learning to
educate is communicating. This dimension runs on a continuum from negative to positive. In previous interviews, participants suggested that they had the need to communicate with parents regarding play therapy and their child, and that this aspect can be a negative experience, but as they developed and learned, they had more positive interactions with parents. In previous interviews, the participants suggested that they needed to have more of an understanding of parents so that they could better handle their frustration with parents, and their understanding also assisted them in developing more positive relationships. The third round interviews suggested that participants have learned more about educating parents through supervision and informal instruction. One participant suggested that she has come from feeling insecure about talking to parents to gaining confidence as her training has progressed.

Isabella  

…not nearly as nervous, sometimes I look more forward to working with the parents. Let me backtrack…it’s more rewarding sometimes working the parents than the child because they are doing some of the work over the week and they come back excited and enthusiastic.

*Learning to involve* is a property of the sub-category *interacting with parents* and is defined as the participant’s experience of finding ways to involve parents in the play therapy process. The previous interviews revealed that participants became frustrated with parents who were uninvolved in the child’s therapy process. The current interviews continued to support the emerging data that parent involvement was an important aspect of developing a play therapy identity. These participants observed the effects of seeing parent involvement.
Isabella  It is rewarding to see them step up and be able to help their child, because that is what they want. And that builds my confidence.

Ann  And saying, “I especially liked it when you painted your picture. That was fun”. Just watching the tenderness between them. And watching where they were really taking an interest. It moves the relationship that you have with parents from frustration to one of...so many people express frustration with parents, because they are not involved and when you get the opportunity to see this, you see a whole different side.

They have accomplished interacting with their kids in a way other than discipline. And just constantly being the teacher, they actually learn to play.

The third round of interviews confirmed the structure that emerged from the first two interviews and negative case analysis. Participants described their experiences as they were learning play therapy. Their experiences included rich descriptions that strongly supported the structure and suggested relationships and connections among the categories and properties.

Relationships Among Categories and Properties

After the second round of interviews, several relationships of categories and properties began to emerge. Process coding examines any actions or interactions that can be traced back to structural conditions (Strauss & Corbin, 1998). The participants suggested strong relationships between practicing intentionally and developing confidence and also between learning to educate under the sub-category of interacting with parents and experiencing emotions. These relationships began to show the interconnection within the categories that provided a depth and more complete experience of the developmental process of becoming a play therapist. The relationships
also revealed the complexity of the developmental process and this complexity is consistent with the research that described the counselor development process as being complex and involving several stages (Hogan, 1964; Reising & Daniels, 1983; Sawatzky et al., 1994). Third round of interviews continued to confirm the relatedness of *practicing intentionally* and *developing confidence* with the addition of *evaluating self*.

*Practicing Intentionally-Developing Confidence-Evaluating Self*

*Practicing intentionally* is a sub-category of the category practicing play therapy. There is a close relationship between the properties of developing a play therapy identity: *developing confidence* and *evaluating self*. The relationship began to develop in the previous interviews. The third interview suggested that *evaluating self* is also very connected to *practicing intentionally* and *developing confidence*. The dimension of confidence fluctuated between high and low based on the participants’ evaluation of how their interventions were working.

**Isabella**

It [her confidence] rockets. If feels so good. And you just get so excited and I come out of session going, “This does work, it does work.” It is almost magical, almost a spiritual feeling when you can see the healing take place and be privileged to be a part of that.

**John**

I do really feel good as a therapist. My goal is to be there for the child and to work with behaviors or whatever we are doing. So when the interventions are working, I feel great.

**Emily**

I lose confidence, because sometimes I will veer off and ask a question or I will leave the traditional client-centered moment and I will say something that is off of that…You have to go with your heart. It cannot be so structured that you cannot feel the freedom to express something or to ask something if it is necessary.
Sue It makes me feel good. I like it. One of the things I like, pretty much with every client I say, “What is your mood today between one and ten?” One is terrible and ten is wonderful. And I look at those over time. And when I have a kid that is dragging with 4s and 5s and 2s and 1s, and suddenly, they are consistently seven and eight; they have made a change that has helped their lives and they are feeling it everyday.

Practicing intentionally is a property of the sub-category practicing play therapy that is related to the participants’ confidence and self-evaluation. Participants suggested that when they were evaluating themselves and were aware that they were practicing intentionally their confidence level rose. They saw the child’s behavior improving or heard from the parent that the child as doing better and this news began to build their play therapy identity. On the other hand, when their self-evaluation suggested that they were not practicing intentionally or that an intervention did not work, their confidence level dropped. In the early stages of their training, they may not have utilized their monitoring to help them to know where to go for help and their confidence level may have remained low. In the later stages of their training, they were utilizing their evaluating self to monitor what they were doing and where they needed help and they sought that help from supervision or receiving instruction. They learned to utilize their evaluating self to inform their needs, to help regain their sense of confidence, and to build their play therapy identity.

John When I have doubts or fear, it’s the opposite of when the intervention works, so when they are not working, my confidence does go a bit lower and what I think about immediately is what can I do differently? Besides my support online group, I bought a few books and some internet resources help, too. Just go online and search
interventions or techniques, essentially building on the tool belt.

Isabella When my interventions don’t work or when they [the client] feel pushed, then I am, like, I am pushing too hard. I’ve got to remember this is slow and that undermines my confidence when I see myself getting too anxious for change. When I am working too hard and not letting them, then I get discouraged and I have to remember to pull back.

The diagram below includes data that emerged through this study that reveals how the properties of practicing intentionally, developing confidence, and evaluating self are related.

Figure 6.1
Practicing Intentionally-Developing Confidence-Evaluating Self

Letting the Child Lead – Evaluating Self

After the second interviews, letting the child lead and evaluating self emerged as related properties. The third interviews continued to reveal relatedness. When the participants began to work with their clients, they began to realize that they were going to
need patience to be able to let the child lead. They realized that they needed to allow that patience to develop so that they could allow the child to do the work they needed to do in session. As they let the child do their therapeutic work, the participant began to see results as the child was able to resolve the issues that brought them to therapy. This process of having patience and letting the child lead required their evaluating self skills to assist them in being aware of where the child was and what interventions they may need to utilize. This process of letting the child lead assisted in developing the participants’ skills and knowledge, which is a major aspect of the play therapy learning experience.

Sue

Silence is ok…And that isn’t intrinsically easy for me to do, but I learned how to do that. I probably could do it better. And to kind of be aware of when that is happening and kind of looking to see how that is working.

Isabella

To just slow down – that progress is progress, but it doesn’t necessarily mean the first time they open up or when they seem to be doing well and they have a set back remembering that that is part of the cyclical nature of healing.

Emily

He doesn’t understand why he was coming. The child was so quiet, unenthusiastic, and didn’t offer anything to me. He was bored in the room, just walked around…I was able to reflect on his skills in technology and he nodded his head, yes. So that was pretty much the basis of our relationship and he pulled out the ‘Guess Who’ game and wanted to play ‘Guess Who’…And when he came back the second time, he was different. He was smiling at me and was warm toward me and wanted to play ‘Guess Who’…I think at first he was waiting for me to pounce on him with questions. I think he was ready for the battle even though he didn’t get what it was.

This participant was able to wait on the client and to utilize evaluating to inform her on what would be the best thing to do to engage this client. The participants
suggested that this ability to wait and monitor is not something that participants necessarily had when they began to learn. This monitoring is part of the skill that emerged as they developed their play therapy identity. The following diagram displays the connections that emerged between *letting the child lead* and *evaluating self*.

![Diagram showing connections between 'letting the child lead' and 'evaluating self'.]

**Figure 6.2**
Letting the Child Lead-Evaluating Self

*Growing through Supervision – Practicing Intentionally – Developing Confidence*

The category of *growing through supervision* is related to the property of *practicing intentionally* and the property of *developing confidence*. Participants suggested that supervision was the main source that they had for learning how to become play therapists. When participants had doubt or were unsure what to do, they brought these questions to the supervision process and gained insight and knowledge. This outlet provided them with the confidence to try new things and to learn to practice intentionally.

*John*  
Supervision helps make me realize it’s ok what I am doing.  
That some things are normal in session – like letting the
child lead or when they don’t really want to be part of it. I had, I wouldn’t say a mandated client, but a recommended client – he was in middle school. He didn’t want to be there and his mom didn’t want him to be there, so we just kind of sat for a while and it was basically school behavior and he hated being there with me.

The first session was pretty uncomfortable and in talking with some cohort members and people in group, it helped to know that it happens to them, too. I mean especially one member who worked with alcohol treatment center most of those kids don’t want to be there. It’s ok that you can sit there in silence and you can be there and that is good enough, too.

*Practicing intentionally* takes time and experience. The participants suggested that supervision played an important part in assisting them in learning to practice intentionally. They revealed that they found that they could bring the difficulties they had with interventions to supervision and they received instruction and support that provided confidence for them to try new things. The figure below shows the relationship between growing in supervision, practicing intentionally, and developing confidence that emerged from this study’s data.
Growing through supervision is related to the sub-category of interacting with parents. Participants suggested that they had little knowledge or understanding of how to interact with parents. Supervisors assisted the participants in learning more about working with parents, communicating with parents, and educating parents. The participants revealed that the instruction they gained from their supervisors assisted them in building confidence in their ability to communicate with and educate parents. Growing through supervision is related to learning to involve and learning to educate, which are the two properties of interacting with parents.

Ann revealed that, after bringing a parent situation to supervision, her supervisor wanted her to talk with the parents about the situation. She brought the information to the
parents, and afterwards, she came back to supervision and was able to process the situation with her supervisor.

Ann I had to confront the parents. I kind of fumbled on them. It makes me doubt myself. He [my supervisor] said, “You have to realize that these people come in here with their stuff.” I am trying to remember how he put it, but it was like, “This is something you are going to have to work through, because you have to realize that these people come in here and all you can do is offer them what they need and they may not be ready. They may not be ready to work on these issues.”

Ann’s supervisor assisted her in communicating a difficult message to parents.

John revealed that he had a lack of experience in including parents that his supervisor assisted him with.

John Definitely supervision helped significantly working with parents. I guess, because of lack of experience, I didn’t have full check-ins for the first term of practicum. I was just working with the kids and wouldn’t interact too much with the parents, because we didn’t really talk about in class.

John suggested that supervision assisted him in learning how and where to communicate with parents in the child’s therapy, which is something that he did not understand. Supervision in this area provided him with the support he needed to be able to develop his identity as a play therapist. The following figure shows the relationship between growing in supervision and interacting with parents.
Participants suggested that supervisors provided invaluable experience in assisting them in learning how to work with parents in the therapeutic setting. They revealed that they had little instruction on how to communicate with and educate parents. This instruction was an important related aspect of the learning process that contributes to the participants’ developmental process.

Several relationships emerged after third round interviews as a result of process coding. These relationships provided more depth and a more complete understanding of the experience of the developmental process of play therapist. These relationships also strengthened the foundation of the developmental process, because the connections confirmed the importance of each of the categories and properties and that in many areas, the categories and properties were integral parts of each other. In some instances, these relationships affected more than one of the categories or properties. This interaction
revealed the potentially complex interconnection that took place among categories and properties.

The participants provided a rich description of related categories and properties as a result of three rounds of interviews. The categories were tightly connected and formed a grounded theory of the developmental process of play therapists. This developmental process is grounded in a context, which serves as the foundation of the process.

**Context**

Process coding was used during the third round of interviews as a way to add depth to the findings. Process coding examines any actions or interactions that can be traced back to structural conditions (Strauss & Corbin, 1998). The action of a process can be carried out with little thought but cannot be separated out from the other actions of the individual. The context is the foundation and holds the structure together. Strauss and Corbin (1998) described this structure as creating the context for the rest of the action. The context that emerged as the foundation of this study relates to the participants’ play therapy learning experience.

**Triangulation**

The data in this final round were triangulated by the literature review to support the findings and a member check. A member check is the process of reviewing the results with the participants. The participants were sent a diagram (see Figure 6.5) of the findings and were given time to provide their view of the findings.
Review of the Literature

The review of the literature for round one supported the initial structure of internal development and external experience. When the structure emerged after round two and negative case analysis, the literature continued to support the new structure. The limited play therapy literature corroborates the importance of supervision (Bratton, Landreth, & Homeyer, 1993; Kao & Landreth, 1997), as well as the need for skills and attributes (Kao & Landreth, 1997; Nalvany, Ryan, Gomory, & Lacasse, 2005).

The third round of interviews focused on the relationship between categories and properties and the context of the play therapy learning experience. These interviews provided a depth of the developmental process of becoming a play therapist. The literature continued to support the four categories: developing a play therapy identity, receiving instruction, interacting therapeutically, and growing through supervision. The current literature suggested that supervision is an important aspect of development as a play therapist and that the supervisor fills the role of teacher and evaluator (Bratton et al., 1993). Also, supported is the need for university courses or formal instruction as well as informal instruction (Landreth, 2002; Phillips & Landreth, 1995; Ryan et al., 2002).

The third interviews suggested that categories and properties were very interrelated and that learning to be a play therapist was a complex process that included internal processes as well as external learning and practice. This process became more apparent when participants revealed information regarding one category or property, and they brought in information from another category or property. For instance, a participant may have been talking about supervision and evaluating and emotion also came up in his
or her answer. This overlap is part of the context of the play therapy learning experience, and it reveals that development as a play therapist is complex and not easily explained.

This information is corroborated by the literature regarding counselor development. The developmental models of counselor training are based on a development model that reveals that the counselor goes through stages. The beginning stage is marked by dependence, anxiety, and insecurity. The middle stage is characterized by a conflict between dependency and autonomy. The later stage the participant moves from anxiety and conflict to increased self confidence (Hogan, 1964; Sawatzky et al., 1994). The stages are not fixed, and the participant moves back and forth between stages as they develop confidence as a play therapist. This explanation corroborates the information revealed by the third interviews that suggested that in the beginning participants were dependent and anxious, but they moved to independence, to confidence, as time went on. The participants also suggested that their confidence, feelings, and perceptions fluctuated based on their interactions with their clients or parents. The literature continued to support the structure of the current research after the third interviews.

**Member Checks**

Member check is utilized in a grounded theory design to assist in establishing trustworthiness. A member check is presenting a summary of the data to the participants in order for them to provide feedback regarding the data. In a member check, the researcher solicits the participants’ opinion in order to verify or correct information (Lincoln & Guba, 1985). Member checks for this study were done via a final phone
interview. The participants were emailed a summary report of the results of data analyzes, as well as a chart that revealed the categories and properties that emerged during data analysis. (See Figure 6.5.) Four of the six participants were available for the member check interview. The member check findings were done generally and by category. The participants made some general comments about the findings.

Mary  What was your overall impression of the findings?

Isabella  I agreed with your findings. I agreed with the chart.

Ann  I agree. I read the whole thing. I thought it was awesome. I loved the way you pulled things out. I loved the diagram. It all made sense.

Sue  It seemed pretty logical. I thought you did a good job of picking out things that go into it…I like the chart.

John  [The chart] really sums up everything.

Several participants commented that they felt as though the information they received sounded as though it was just their comments. They suggested that it sounded as though the report was telling their story.

Isabella  As I was reading it, I felt as though you were talking just to me.

John  I think that basically you were just talking about me. It seems like we are all really on the same track on the whole process from beginning to end.

The participants provided feedback on the category and properties of developing a play therapy identity. They were given information regarding each of the properties and how they related to developing a play therapy identity. One of the points of discussion was how evaluating self was described as a filter that many of the other properties flowed
through and informed the other properties and categories. They suggested that past experiences and attributes were important as well as processing their emotions and how it flowed through evaluating self and builds confidence. They also suggested that many times these processes were taking place at the same time while they were in session, working with parents, or in supervision. They confirmed the structure of developing a play therapy identity and suggested that they felt that it correctly expressed their experience of becoming a play therapist.

Ann It fits, because that is what we do as we are working. We are monitoring how things are going, how we are feeling about it and what we need to do.

Isabella Evaluating self has grown as I have gone on. Everything passes through evaluating self and informs other things. Self evaluating flows different now [for me]. It flows from the self and other things inform it, rather than flowing from other things.

John Yeah, I connect to that; that is absolutely true for me, too. As far as my counselor identity – past experience is a part of that.

Yes, that is one of the things; it all happens at once really.

The second category was *receiving instruction* which has two categories: *receiving formal instruction* and *receiving informal instruction*. The category of *receiving instruction* received few comments from participants. This lack of comment results from only one participant having formal instruction prior to beginning their play therapy training. Three participants had a class well into their training, and two participants had no formal classes.

Isabella I had the class before starting.
Ann …yeah, that one summer class

John It kind of goes to show that formal training is not necessarily needed. Having the experience of having supervisors and supervision through class helps a lot.

I imagine going into session with having a course prior would lower all those feelings – those anxiety feelings and you would feel more confident.

Sue This was specific play therapy instruction and that was hit or miss probably for most people.

After the member check, it became apparent that formal instruction was not a major part of the training for some of the participants, because they had limited experience with formal classes, but the participants suggested that having more formal instruction could be helpful for the training of play therapists.

Participants suggested that receiving informal instruction was important and that the instruction came through the process of supervision. This finding suggested that receiving informal instruction is closely related to the category of growing through supervision. During the member checks, I provided a recap of information to the participants regarding the place of informal instruction, such as suggesting books, videos, or conferences that were many times suggested by the supervisor.

Ann Yes. I think you are right on.

Isabella I agree, this is an important part.

The third category interacting therapeutically had two sub-categories: play therapy session and interacting with parents. The sub-category of play therapy session had two properties: letting the child lead and practicing intentionally. The sub-category of interacting with parents had two properties learning to educate and learning to
involve. During the member check, I talked with the participants regarding the process that emerged as participants worked with their clients. They suggested in previous interviews that they went into session and used the interventions they had learned. They were evaluating themselves and the child they were working with in a process that was continually taking place. This evaluation informed their practice and provided them with information to process in supervision.

Isabella: I agree that I am evaluating myself in session and that informs what I take to supervision.

Ann: Yes. I agree with that.

John: Let’s say I was working with a child who was not opening up to one medium and I would get advice from a supervisor to use a different technique like reading a book about divorce or go in with things in mind and definitely intentionally…and also seeing where the child is at the time.

There also appeared to be the same kind of process that took place when participants were working with parents.

Mary: There is the parent piece that seems to have the same process of evaluating and taking it to supervision for suggestions and this helps the confidence level rise.

Ann: Yes, right and it provides more success in working with parents.

The final category was growing through supervision. The participants provided general responses regarding supervision.

Ann: Supervision is huge.

John: Supervision and instruction I warmed up to a lot more quickly than improvising what was going on in session, so that really helped at the beginning defining who I was.
Supervision is an important aspect.

During the member check, I talked about the supervisory relationship that emerged during the interviews. The supervisor appeared to become a teacher who brought informal instruction and modeling, as well as an evaluator who brought correction to the participant in order to assist them in developing their skills. The participants suggested that they relied on their supervisor for informal instruction, because several of them did not have formal instruction. Participants suggested that even though they were being evaluated, they welcome it, because they knew they were going to grow.

Ann Exactly.

John Yeah definitely supervision was a key part.

Isabella Yes, at this point in my training I can distance myself from evaluation…standing back from feedback and being able to take what I need.

Participants also suggested that having a supervisor that has some play therapy background can be important. A few of the participants had some supervision that was not as helpful. This difference corroborated with the literature that suggested that supervisors should be trained and that there are criteria established by the APT (2006c) to provide guidelines for supervisors.

Eve I wasn’t getting supervision at the site where I was spending most of my time; instead, I was getting really good input from the supervisor at a different site where I was helping out. There I was learning good ways to work with kids. The supervisor at my site was knowledgeable, but she wasn’t there all the time.
John: She was knowledgeable – she didn’t work with play therapy but she had a lot of stuff for us. She found the resources we needed.

Ann: I personally think a supervisor should be trained. I was blessed to have an RPT. A colleague had an LPC who wasn’t a play therapist and she said she had to explain play therapy techniques. She said it was frustrating.

During the member check, I suggested that from the data gathered from interviews there was a process that appeared to take place as the participants were learning. This process involved the properties of developing a play therapy identity, working, at times, simultaneously with the other categories and their properties, assisting the participants in the growth of their play therapy identity. This growth took place over a period of time and their progress was not linear. They moved back and forth in their growth process, gaining confidence as time went on.

Isabella: I have gained confidence. I realize I don’t need supervision to tell me if I am doing ok as a counselor now.

Ann: Each one [participant] started out kind of scared and not really trusting in our abilities and seeking supervision and then getting a little more confidence. I love the way you put it – you started out kind of scared and then by the end excitement and joy after we gained some confidence and skills learned more, then it became exciting and joyful. This is what I find.

The member check provided participants the opportunity to examine a summary of the study’s findings. The summary included a written recap and a chart of the categories and their properties. The participants confirmed the findings of the study that suggested that the developmental process of becoming a play therapist is complex and includes processes that take place at times simultaneously and inform the participant
regarding their clinical ability. As the participant grew in their play therapy identity, they began to develop confidence in their ability. They suggested that the process was not linear; rather, it was fluid and the participant went back and forth between feeling competent and confident and a lack of competence and confidence. The participants agreed with the property of *receiving formal instruction*, and they suggested that there needed to be more emphasis on the need for further formal university courses. Another area of concern for the participants was the need to have supervisors who are properly trained, because they suggested that supervision was an important aspect of training.

**Discussion**

After three rounds of interviews, the categories, properties, dimensions, and relationships were identified. During the third round and the member check, these categories, properties, dimensions, and relationships took on a level of richness and depth that emerged into a grounded theory of the developmental process of play therapists. During the third round of interviews, each participant was interviewed for the last time, and four of the participants participated in member checking. The categories of *developing a play therapy identity*, *receiving instruction*, *interacting therapeutically*, and *growing through supervision* were supported without change. The context of play therapy learning experience was supported without change.

*Developing a Play Therapy Identity*

*Developing a play therapy identity* was defined as the participants’ experience of coming to own the characteristics of a skilled play therapist. The participants described developing a play therapy identity as the total experience that included attributes, having
emotion, evaluating, becoming confident, and understanding their own needs. The
development began with the past experiences and attributes that the participants brought
to the training, combined with the training and experiences that expand who they were as
therapists. Developing a play therapy identity is not always easy to understand or
describe, because it is a complex process that is taking place as the participants are
learning. Several processes that are very different are sometimes taking place
simultaneously. For instance, the participant may be experiencing emotions and
evaluating self while they are practicing intentionally. This process takes place in the
context of the play therapy learning experience. The action of a process can be carried
out with little thought but cannot be separated out from the other actions of the
individual. This context is the foundation of the developmental process of a play
therapist.

The category of developing a play therapy identity had six properties. Each of
these properties was separate, and yet, they were interrelated to each other and to the
other categories and properties. The properties were: including past experiences, knowing
attributes, understanding needs, experiencing emotions, developing confidence, and
evaluating self. The participants described including past experiences as their past
education, knowledge, and professional and personal experience. Participants described
their past learning experiences and how they affected their present training as play
therapists. One participant described how past messages she heard from others affected
how she saw herself as a play therapist at the time of the study. These messages and
experiences that participants have can have an impact on how they learn, perceive
themselves and others, and how they developed confidence. Including past experience is related to having attributes. The participants suggested that there are some attributes that they had as they came to their training. These are things like being comfortable with children, liking children, having a certain amount of patience and calm. This information is supported by the research that suggested that play therapists need to have these attributes in order to become a play therapist (Kao & Landreth, 1997; Nalvany et al., 2005). Participants suggested that they did need to have certain attributes and those attributes continued to develop as their training went on.

A surprising property that emerged was understanding needs. Understanding needs is defined as the participants’ awareness of their personal needs. Participants described their need for self-care in their work as therapists. They suggested that their work was stressful and to avoid burn out, they needed to find ways to release the stress. Participants suggested that they utilized physical exercise, meditation, spending time with family and loved ones, having pets, and getting away assisted them in dealing with stress. They suggested that understanding needs was very important, but they did not feel that it was addressed adequately in their training. Along with understanding needs, experiencing emotions informed the participants training.

The participants described their emotions as they learned to practice intentionally, interacted with parents, and grew through supervision. Their emotions ranged from anxiety and fear to joy and excitement. The participants suggested that their emotions were more intense at the beginning of their training. Their emotions ranged from anxiety to joy. This information revealed that the participants were experiencing
emotions as they were evaluating self. They experience emotion as they interact therapeutically with their client and interact with parents as well as when they are growing through supervision. Experiencing emotion informed the participants’ confidence as they suggested that they felt less anxious as they became more confident.

Developing confidence is defined as the participants’ belief that they are becoming effective in their use of play therapy skills and knowledge. The participants suggested that they were developing confidence when they saw their interventions work, when they interacted with the parents and the interaction went well, when they heard feedback from their supervisor, and when they believed that they were developing strong skills and knowledge. They also suggested that the opposite was also true. When they felt their interventions were not working, they lost confidence and they went to supervision to process their concerns. These categories and properties are interrelated to the property of developing confidence within the context of the play therapy learning experience.

Evaluating self is an important property of developing a play therapy identity, because the participants suggested that their perceptions of themselves, their clients, supervisors, parents, and of their learning experience provided vital information of their training. Evaluating self was closely related to experiencing emotions and developing confidence. Their evaluating self assisted them in having insight and knowledge about situations they were encountering in order to make therapeutic decisions and in developing their play therapy identity.

Receiving instruction was defined as the knowledge and skills participants gained through formal classroom instruction, reading books, viewing tapes, and attending
conference. Receiving instruction has two properties: formal instruction and informal instruction. Participants suggested that instruction was the weakest area of their training. Only one of the participants had a formal play therapy class before they began practicing play therapy. Two of the participants had a class after they began practicing play therapy. Three of the participants had no formal training. The participants revealed that this aspect is an area that was lacking and that they would like to see improve. Receiving instruction was closely related to evaluating self and developing confidence. And receiving instruction was very closely related to growing through supervision, because participants suggested that they gained much of their instruction through supervision.

Growing through supervision is a category that has two properties: teaching and evaluating. Growing through supervision is defined as the participants’ experience of engaging in supervision of their play therapy with a more experienced counselor. There are two properties of growing through supervision: teaching and evaluating. Every participant revealed that supervision was an extremely important aspect of their training. The participants had little formal or informal training during their play therapy training, which made their supervision experience vital. Growing through supervision was closely related to practicing play therapy and interacting with parents, because it is in the session that the participants gained information and brought it to the supervision process.

Interacting therapeutically is a category that has two sub-categories: practicing play therapy and interacting with parents. Practicing play therapy had two properties: learning to practice intentionally and letting the child lead. Interacting with parents has two properties: learning to educate and learning to involve. After the first interviews, the
important aspects of play therapy, instruction, skills, and parents emerged as properties of external experience. But after second interviews and negative case analysis, it became apparent that the play therapy session was a very important aspect of the training experience. The category of interacting therapeutically emerged with the two sub-categories. Participants described the play therapy session as an important aspect of the play therapy learning experience context. This context was where they drew on their instruction and learned to practice and to develop the relationship with the child. This arena was also where they experienced emotion, learned to evaluate themselves, and developed their confidence. The participant took information gathered from the session and processed that information with their supervisor in growing through supervision. The category of interacting therapeutically is closely related to the other categories and to the context of play therapy learning experience.

Three rounds of interviews and negative case analysis produced a structure of categories and properties that describe the developmental process of play therapists. This process emerged in the context of the play therapy learning experience. The interviews provided data that has been saturated and has led to the development of a grounded theory.
Figure 6.5  
Figure of Relationships  
Among Categories
Chapter VII

Discussion

The focus of this research project was to explore the developmental process of novice play therapists. Seven participants responded to inquiries sent out to play therapy experts to solicit novice play therapists. One of the participants withdrew after the first interview. The other six participants were interviewed three times and, then, participated in a member check. The interviews were conducted by phone. The following is the culmination of their ideas into a grounded theory of the developmental process of novice play therapist.

A Grounded Theory of the developmental Process of Novice Play Therapists

The experience of learning play therapy for these participants was a developmental process that included many internal and external experiences. The participants described these experiences in terms of a continual process that included the interaction of many of the internal processes with the external that culminated in their development as play therapists. This process is referred to as the play therapy learning experience. The play therapy learning experience is continually taking place as the participants are learning and taking in new information. As they learned, they experienced emotions, evaluated themselves, and developed confidence as play therapists. This experience informed the participants’ learning experience, which included components of receiving instruction, doing their therapeutic work with clients, learning to work with parents, and developing a relationship with their supervisor.
This process led to the emergence of four major themes. The first major theme dealt with their experience of coming to own the characteristics of a skilled play therapist and was labeled developing a play therapy identity. Participants suggested that their play therapy identity is the foundation of who they are as play therapist. They described this identity as being comprised in part of past experiences and attributes, which they suggested were some of the things that they needed to become a play therapist.

Participants brought their past experiences to the play therapy field. This contribution included their professional and educational experiences, as well as their personal experiences. Some of their past experiences included past educational experiences in behavioral training. These participants found that their past educational experiences affected how they approached their play therapy training. One participant described how past messages she heard about herself affected how she perceived herself and her work with children. These messages can have a powerful impact on how one approaches situations in life both negatively or positively. Past training can also have an impact. One participant was a teacher who utilized behavioral methods and had to learn the nondirective methodology of play therapy. This kind of past experience required participants to reevaluate and sometimes relearn ways of thinking and required flexibility of their new learning.

Flexibility is one of the characteristics that participants suggested are necessary to becoming a play therapist. Other attributes of characteristics are: loving to be with children, patience, and natural ability. They suggested that some of the characteristics they already possessed and others they developed as they learned more about working
with children. The participants suggested that they love children and they want to be there for children to help them work through the pain they are experiencing. They talked about developing more flexibility in their approach or more patience as they learn to follow the child’s lead in the therapy session. These attributes are an important aspect of becoming a play therapist.

In describing their play therapist identity development, the participants suggested that helping children work through their emotional needs can be very stressful. They suggested that understanding their own personal needs was an important aspect of developing their play therapy identity. Several participants stated that they would feel overwhelmed by the situations with which the children were dealing. They suggested that their work with children could be stressful and that they needed to have ways to release that stress. They indicated that they used meditation, prayer, journaling, exercise, time with family, pets, and getting away from work. Understanding the need for self-care is an important part of play therapy identity development.

As part of their play therapy identity development process, participants suggested that they experienced emotions from anxiety to joy as they learned play therapy. Their emotions were experienced as they were in session with clients, working with parents, and in the supervision relationship. Their interviews indicated that they had emotions ranging from anxious and fearful as they began their training to joyful and excited when they felt more confident in their play therapy abilities and they began to see their interventions work. They suggested that their emotions ranged from high to low; although they were most pronounced at the beginning of their training, their emotions
continued to fluctuate throughout the process. Toward the end of their training experience their emotions fluctuated, but the highs and lows were less pronounced and they knew how to find answers to their questions more readily.

Participants suggested that evaluating themselves was an important aspect of developing their identity as a play therapist. While evaluating themselves, they utilized their intuition, perceptions, and other information to monitor their reactions and to assist in their play therapy decision-making. They were continually evaluating themselves and receiving feedback from their supervisors, which assisted in their growth. They indicated that they were continually evaluating information from the child and parents as they were in the learning process. This evaluation informed their emotions, what interventions they utilized, and how they responded to their client and their parents. They also suggested that they were evaluating themselves through supervisor feedback. When the supervisor provided feedback and suggestions, the participants mentioned that they were continually evaluating that feedback and processing new information to take back to their work with clients and their parents. The participants suggested that self-evaluation was like a filter that information funneled through to inform the participants’ knowledge and growth. Self-evaluation was related to many other aspects of the participants’ experiences, because it was happening continually as the participants were involved in their training.

The area of confidence was an important aspect of their developmental process. From their interviews, the participants suggested that at the beginning their confidence levels were low, and as they learned, their confidence grew along with their competence. They also suggested that, even as they learned and grew in their abilities, there were still
times of doubt, times when their confidence was low, but the longer they practiced, the quicker they regained confidence and found new solutions. They suggested that their confidence soared when an intervention worked or when the child began to improve. On the other hand, their confidence dipped when they believed that their interventions fell flat or they did not think their client was improving. As their play therapy identities developed, the participants suggested that they developed confidence in their abilities as play therapists, as well as in the process of play therapy. They also suggested that their confidence fluctuated when they worked with parents. When reports from parents were good, their confidence was higher; when parent’s responses were more negative, it was lower.

Each of these aspects was an important part of participants’ development as play therapists. Past experience and having crucial attributes were foundational, as were the emotions they experienced, their evaluation of themselves, and their confidence levels as they learned. The participants described learning play therapy to be a complex process that involved both internal processes and external experiences. The components of this learning experience are closely related to each other and are sometimes taking place simultaneously as the participant worked with clients and parents.

A lot of internal process takes place as the participant learns, as well as several external experiences that are the themes that emerged. The participants suggested that they needed knowledge and skills to understand how to practice play therapy. The knowledge and skills can be obtained through formal classroom instruction, reading books, viewing tapes, and attending conferences. Participants who were not offered
courses in play therapy expressed frustration in the learning process. They had to find other ways to gain the necessary knowledge. Most of the participants did not have formal instruction, so they relied on reading books, viewing tapes, and attending conferences. They also found supervision to be an important aspect of learning play therapy. As a result, most of the participants suggested that there is great need for universities to provide formal instruction for play therapy so that play therapists can receive the important instruction necessary to work with children.

All participants engaged in supervision of their play therapy with a more experienced counselor, and the participants suggested that their growth through supervision was related to being taught and being evaluated by supervisors. They suggested that supervisors provided much of the informal instruction that they did not receive through university classes. This informal instruction included suggestions of books to read or videos to watch. Participants’ supervisors also provided modeling of how to do play therapy in actual sessions with children. They suggested that this modeling was invaluable in their learning experience. Participants experienced being evaluated by supervisors through feedback and encouragement in order to promote their growth as play therapists. The participants suggested that for the most part they had great supervision experiences and that they learned from their supervisors’ modeling and instruction. They also suggested that the supervisors supported them and evaluated their work. Evaluation was difficult at times, but they saw it as important feedback to help them grow as a therapist. A few of the participants suggested that they did not have a quality supervisor experience or that their supervisor did not have much play therapy
experience. They suggested that a supervisor’s role is so important, and they believed the supervisor should be trained well; even though they mentioned that supervisors who did not have play therapy background did help them find the information they needed through alternate sources.

The participants described their therapeutic work with children as the place where the action took place. This arena is where they practiced their skills and utilized their knowledge. The play therapy sessions are also where the participants suggested that they experienced emotions, developed their attributes, and were continually evaluating themselves and the child. Sometimes they had to learn to be more patient and to wait for the child to be ready to engage in the therapeutic process. In the beginning, they suggested that they were anxious and sometimes fearful to work with the children. They suggested that at times their interventions fell flat and this failure could cause doubt and lack of confidence. Then, they would go to supervision and be encouraged and learn new things and try again. And as time went on, they suggested that their skills developed and became more intentional and they did not have to think about their interventions as much, because they were becoming more natural and a part of their identity. And their confidence grew, but they said that it was not always an easy process, and sometimes, they realized that they needed to take care of themselves.

The other aspect of the participants’ therapeutic work was their interactions with parents. Most of the participants suggested that this aspect was frustrating especially at first, because they said that sometimes parents were not interested in being involved in the therapeutic process and sometimes the parents are actually part of the child’s
problem. They suggested that they needed to learn how to educate and how to involve parents. In the beginning, most of them suggested that they had no idea how to approach the parents, but supervision assisted them in learning how to work with parents. Some supervisors modeled, some provided other training, but as time went on, most of them developed confidence with parents that they did not have when they started.

These learning experiences of play therapy are deeply connected to one another and to the internal processes and past experiences that they brought to learning process. The participants suggested that all of their learning culminated in their therapeutic work with the clients and parents. They utilized their skills and knowledge working with the child and learning to work with the parents. Practicing intentionally was important because it is here that they suggested that they were able to utilize your interventions and skills. The participants also suggested that they were learning to have patience and to wait on the child and this aspect had been challenging for some of them. They suggested that there were all kinds of pressures to see results, pressures from parents, pressure from themselves, and the participants learned mostly from supervision that it is acceptable to wait. Waiting took patience and this process developed their attributes, their play therapy identity, and their confidence, because waiting allowed the child to do their work.

The model of a play therapist development that emerged from this study suggests that the developmental process is complex and involves the unique aspects of working with children. The participants suggested that each of the four categories and their properties are important and interrelated to the development process. The process takes place in the context of the play therapy learning experience, and it is a fluid process,
rather than linear. The participants suggested that they moved back and forth between developing confidence and competence and feeling a lack of confidence and competence. Over time, their confidence level appeared to grow along with their therapeutic ability. This process is assisted by their skills and knowledge and supervision.

Limitations

This grounded theory of the developmental experience of play therapists provided details of the process that emerged based on the data collected during the interview process. These details included developing a play therapy identity, receiving instruction, interacting therapeutically, and growing through supervision. This study utilized grounded theory methodology to create, validate, and understand the experience from the participants’ perspective. The methodology included procedures to increase the trustworthiness of the findings. The procedures addressed credibility, transferability, dependability, and confirmability. Limitations to the findings were also considered.

Several procedures were utilized to increase the possibility that credible findings and observations would be produced. The first was prolonged engagement. Prolonged engagement helps to build trust, helps the researcher to learn the participant’s culture, and helps to prevent any misinformation being generated (Lincoln & Guba, 1985). My data collection took place over a eight-month period of time. I had three phone interviews over that period of time. In addition, there was an optional journal that participants could email monthly. Three of the participants took part in the optional journal, which provided additional data. I also completed a member check with four of the participants at the end of the data collection. Given my skills as a counselor and interviewer, I am confident that
the time frame was enough to build trust and rapport with participants. I was able to follow five of the participants through most of their practicum or internship experience, and this relationship provided a more complete picture of their training experience from beginning to end.

The next procedure utilized to enhance credibility was triangulation of the data with a literature review. The main findings from each round of interviews were compared to current literature. The current play therapy literature is limited in scope, and some of it was based on self-report and anecdotal data, rather than empirical research methodology. Some of the play therapy literature suggested the need for further research regarding the multicultural competence of play therapists. In this study, little data emerged regarding multicultural competence. This lack of data could be considered a limitation of the study. The lack of data may be, because supervisors may not be focusing on multicultural issues. Since some of the participants had no formal training, they may not have had any information regarding cultural issues in play therapy. Programs that offer play therapy may not emphasize multicultural issues in play therapy. The literature review for this research also included a review of the counselor development research. This research was also limited, though there were a few qualitative studies. This limited resource in the literature is another limitation of the study.

Peer debriefing was utilized to ensure that research bias was not influencing the findings. My peer was able to ask me questions about my findings that required me to look at the information from another perspective and to keep my bias in check. Examining my biases was another method of establishing credibility. I considered my
own biases and made them known at the onset. My biases were that I am a play therapist and experienced my own play therapy training. I am also a play therapy supervisor and have seen the training process that my students go through as they are in the learning process. By being clear about my biases and working with a peer, I was able to limit the impact of my biases upon analysis and theory. In particular, I drew my questions for interviews from the data that emerged, rather than on information that I already possessed. However, a limitation to the research was that no matter how much I utilized methods to keep my biases out, my past experiences could have been a factor in my data analysis.

I also utilized negative case analysis to confirm the results of the data. Negative case analysis is the “process of revising hypotheses with hindsight” (Lincoln & Guba, 1985, p. 309). I was continually checking the data and the emerging hypotheses with each round of interviews. This strategy provided me with the opportunity to be continually revising and refining the hypotheses until the final hypotheses emerged.

Finally, member checks were utilized to increase credibility of the study. Member checking is presenting the findings of the data to the research participants so that they can confirm or correct the findings. The member check also allowed the participants to discuss their experiences of participating in the study. The participants found the findings of the study reflected accurately their experiences of their development as play therapists. A limitation to this research is that only four of the participants were available to participate in the member check.
Procedures were also in place to address transferability. Transferability is the extent to which the findings can be transferred to other settings. From this research, there are several factors to consider related to transferability. The sample size was small, with participants from various geographic locations, but of only one ethnic background. Additionally, the sample consisted of only one male and five females. The participants responded to emails that were sent to play therapy and counselor educator professionals in the field. Some of the participants came from institutions that offer specific play therapy training and others did not. These participants may or may not represent the typical play therapy student, and this information should be considered when evaluating for transferability. There are detailed descriptions of the content of the study along with the study procedures and participants included. Others can review the research data and make decisions based on their population, regarding the extent to which the findings will be applicable to their setting. This research cannot be transferable to all play therapy trainees, which is a limitation of this study.

Dependability and confirmability are interrelated and addressed the extent to which the research is reproducible and how it best fits the participants’ views. Member checking provided the best way to ensure that the research was confirmable. An audit trail was kept and can be made available for others to replicate the study and addresses both confirmability and dependability. The audit trail of this research includes the raw data that was derived from the audiotapes of the interviews. The audiotapes were destroyed to protect confidentiality. There was also analyzed data, process notes, and
research development notes. This information is available if needed and assisted in
supporting the trustworthiness of the findings.

This study met the criteria of trustworthy research. Through the utilization of
techniques that promote credibility, transferability, dependability, and confirmability, the
grounded theory not only represented the experience of the participants, it also provided
information that could be useful to other settings and studies. The major limitations of the
study were the small sample size, the use of interviews, the use of the literature for
triangulation, the lack of information regarding the multicultural competence of play
therapists, the limited number of participants available for member check, the lack of
ethnic diversity of the participants, and the limited number of males that participated in
the study. It should be noted that qualitative research cannot be generalized, only
transferable or credible. The information from this study appeared to be both transferable
and credible.

Implications

This qualitative research study has a developed a grounded theory of the
developmental experience of novice play therapists. The theory focuses on the process of
the play therapy training experience, which includes the development of the participants’
play therapy identity. This identity is developed through a complex process of learning
skills and knowledge and putting this learning into practice in the therapeutic setting. The
participants bring past experiences and attributes to the learning experience and utilize
their self-evaluation to process their emotions and needs in order to develop confidence
in their abilities. Given the uniqueness and complexity of the findings of this research,
there are implications for counselor educators and play therapists in training. There are also implications for further research.

Counselor Educators

This theory fits with other literature both in the field of play therapy and counselor development. Play therapy literature suggested that the training of play therapist is important in order to provide the trainee with the proper knowledge and skills to be able to become competent and confident in their work. This training includes knowledge, skills, and supervision. The results of this study supported these findings, and yet, it is interesting to note that only four of the participants had formal play therapy training with only one having their play therapy course prior to their practicum/internship with children. There is an increase in practitioners entering the field, but only about 53% have had graduate level training (Kao & Landreth, 1997). This data implies that not all universities offer formal courses in play therapy. This inference is supported by the literature review that suggested that are approximately 105 graduate programs that offer at least one graduate level course in play therapy (Lambert et al., 2007; Ryan et al., 2002). With an increase in practitioners entering the field, there is an implication for counselor educators that there is a growing need for graduate level training courses for play therapy trainees so that trainees can acquire and develop the unique skills and knowledge necessary to become competent play therapist.

Along with coursework, this study suggested that the courses offered need to include specific components that address a holistic approach to training. The literature that was reviewed regarding counselor development suggested that along with knowledge
and skills, counselor trainees progress through stages in their learning. These stages are not linear, but rather, fluid with the trainee goes back and forth between the stages sometimes several times before their training ends. The current research suggested that this is the case. The participants suggested that they progressed through a complex process which included the past experiences and attributes that the participant brought to the training. This process is the foundation of their identity, and as they go through their training, they develop their attributes and experience an array of emotions and experiences that build their play therapy identity. The participants also come to understand their own personal needs that can be influenced by their past experiences, as well as their current training experiences. All of this information is filtered through their self-evaluation, which helps to inform the participants regarding their confidence and needs. The findings suggested that there is a complex process that is taking place sometimes simultaneously as the participants’ learning experience progresses. These findings have implications for the development of courses for play therapy training.

The APT (2006d) has suggested course guidelines for developing graduate level courses. These guidelines include providing information regarding theory, skills, knowledge, and supervision. The guidelines are based on previous play therapy research. In addition to these guidelines and based on the current research, counselor educators may want to consider including the aspects of the holistic process that takes place as the trainee is learning play therapy. This consideration could include addressing areas such as the trainees’ past experience and background prior to being accepted to the program and how this background might affect the trainees as they are working with children. This
consideration could include a requirement of the trainees having personal counseling
during their training. A holistic model could also include the need for self-care and how
to incorporate modeling of self-care and/or discussion of methods that could be helpful
for the trainees. The participants suggested that the training experience and working with
children can be very stressful, and this stress could be addressed more fully in their
coursework. Self-evaluation was an important aspect of the current study. The
information could assist in informing the counselor educator as they evaluate the trainee
and how the learning process takes place. This knowledge could also be helpful in the
evaluation process and in providing information during the training experience to assist
the trainee regarding the process they are experiencing.

The participants’ relationship with the parents was an important aspect of the data
that emerged. They stated that they felt that having parents involved was an important
aspect, because having the parents’ support could make the therapeutic process with the
child more productive. The participants suggested that they had little knowledge of how
to approach parents or how to involve parents in the play therapy process. This
information suggests that there is a need for more training in how to communicate with
parents and how to involve them more in the child’s therapy process.

Supervision proved to be an important aspect of the training of the participants in
this study. This observation is consistent with the literature. There are implications for
supervision as a result of this study. Participants suggested that supervision was
important and they gained the most valuable training from supervisors who were well
trained and knew about play therapy. The APT (2006c) has established criteria for
supervisors in order that they can become RPT-S (Registered Play Therapy Supervisors). The implication for counselor educators regarding supervision is that supervisors need to have specific training in play therapy in order to supervise play therapy trainees. This attention to supervision could provide better training and produce more competent and confident play therapists.

*Play Therapy Trainees*

The current research could provide play therapy trainees with data that could inform them regarding the play therapy training experience. The participants in this study provided a rich description of the process of becoming a play therapist. This information can be informative to other trainees regarding the development of their skills and their play therapy identity as well as how the process is related to their clinical interaction with their clients. In particular, the trainees may need to be more aware of their identity development process as well as their need for self-care. These areas may be addressed in university classes and in supervision.

*Future Research*

This grounded theory study was an exploratory study of the developmental experience of novice play therapists. This study suggested that a play therapist developmental process is a holistic process that includes both external experiences, such as instruction, supervision, and therapeutic interaction; as well as internal experiences, including past experience, attributes, emotional experience, personal needs, self-evaluation, and developing confidence. This qualitative design provided a rich description of the participants’ experiences and could add to the body of literature that is
available. Since there is little research available, this study was exploratory in nature and further research in the area of play therapy development and training is still needed.

One of the limitations of this study was the lack of multicultural information that emerged from the study. The literature review suggested that there is a need for play therapists to be multiculturally competent. A study exploring the implications of multicultural training or experiences could provide further data so that counselor educators can address the important issue of multicultural competency for play therapy trainees.

In addition, a qualitative study exploring trainees’ experiences of an actual graduate class on play therapy could provide a rich description of an actual training experience. The class would include instruction on theory and skills, as well as practical therapeutic experience with supervision. With the knowledge gained from this study, counselor educators could plan a class that examines both external experiences and internal processes to learn more about the play therapy learning process and the development of the play therapy identity.

Generally, there are aspects of this study that further research could explore. For instance, similar studies with a more diverse population would be important to the field. Also, a study further examining the supervisor relationship and how it relates to instruction and self-evaluation may be beneficial. The area of self-evaluation was a major aspect of this study and another study examining this aspect of self-evaluation could provide further information.
Finally, play therapy is about working with children and the literature suggested that play therapy is a growing modality. An exploratory study of play therapists utilizing their skills and knowledge in the therapeutic setting could provide data regarding the efficacy of play therapy as well as the experience of the therapist working with the child. There has been a call for this kind of research by play therapy professionals, as well as the APT.

**Conclusion**

The six participants in this study come from diverse geographic locations. They suggested that the training experience of becoming a play therapist was complex and included the development of a play therapy identity. This identity includes past experiences and attributes as well as new experiences such as acquiring knowledge, skills, and interacting therapeutically with clients. In the midst of this play therapy learning experience, there are other aspects to learning, such as emotions, personal needs, developing confidence, and evaluating self. They experienced some of these aspects simultaneously taking in information in order to make clinical decisions. Sometimes they needed to process the information in supervision, which they considered to be an important aspect of their training.

The participants saw their learning experience as fluid, rather than linear. They suggested that when they began, they were fearful and anxious at times and filled with a lot of doubt. As they progressed, they became less anxious and more confident, but they fluctuated a lot, feeling more confident then losing confidence, because of interventions falling flat or parent responses. But by the end of their training, they suggested that they
had gained confidence and competence and interventions come naturally. And even though they still feel anxious at times or a lack of confidence, they recovered from it quickly and knew where to find solutions.

During the member checks, several of the participants commented that they knew that the recap of information that I sent was a compilation of all the participants, they felt as though the information was only about them and their experience. The participants confirmed that learning to become a play therapist is complex and does include many aspects. They all agreed that even though their work can be stressful, they are excited to be working with children and making a difference in their lives.
REFERENCES


