12-15-2019

The Symbolism of Play Behavior in Child-Centered Play Therapy

Kaitlin Andrewjeski

THE SYMBOLISM OF PLAY BEHAVIOR IN CHILD-CENTERED PLAY THERAPY

By

Kaitlin C. Andrewjeski

Bachelor of Arts -- Psychology

University of Nevada, Las Vegas

2016

A thesis submitted in partial fulfillment

of the requirements for the

Master of Science - Couple & Family Therapy

Couple and Family Therapy

Department of Psychiatry and Behavioral Health

The Graduate College

University of Nevada, Las Vegas

December 2019

UNLV | GRADUATE COLLEGE

Thesis Approval

The Graduate College
The University of Nevada, Las Vegas

November 15, 2019

This thesis prepared by

Kaitlin C. Andrewjeski

entitled

The Symbolism of Play Behavior in Child-Centered Play Therapy

is approved in partial fulfillment of the requirements for the degree of

Master of Science - Couple & Family Therapy
Couple and Family Therapy

Katherine Hertlein, Ph.D.
Examination Committee Chair

Kathryn Hausbeck Korgan, Ph.D.
Graduate College Dean

Sara Jordan, Ph.D.
Examination Committee Member

Brandon Eddy, Ph.D.
Examination Committee Member

Bradley Donohue, Ph.D.
Graduate College Faculty Representative

Abstract

Child-Centered Play Therapy (CCPT) is an evidence-based approach for mental health treatment with children. CCPT is based on the belief that play is a child's natural language and so the therapist is required to make inferences of themes through observations of free play; however, there is no standard process by which themes are identified. The purpose of the current study is to gain detailed descriptions of play behavior in order to describe how themes emerge and how they are displayed in child-centered treatment. The themes were then used to describe the progression through the typical stages of child-centered play therapy. We interviewed 10 participants using a protocol adapted from previous research. Participants included therapists who reported the use of child-centered therapy (MFTs, LCSWs, PsyDs, PhDs) and were screened by the researcher to have received sufficient training/education. Thematic analysis was used to identify patterns among the transcripts and a list of themes was developed. A total of six themes emerged from the interviews that provide meaning to patterns of toy selections. A grounded theory approach was used to analyze the open codes and three general stages were produced. These stages display a progression through child-centered treatment, which show a child's tendency to move from disorganized play, to consistent/repetitive play, and lastly to autonomous play with a clear point of conclusion.

Table of Contents

Abstract III

Table of Contents IV

List of Tables V

List of Figures VI

Chapter I: Introduction 7

Chapter II: Review Of Literature 9

Chapter III: Method 28

Chapter IV: Findings 37

Chapter V: Discussion 49

Appendix A: Interview Protocol 57

Appendix B: Email Recruitment Script 59

Appendix C: Phone Recruitment Script 60

References 61

Curriculum Vitae 68

List of Tables

Table 1. Participant Information..24

List of Figures

Figure 1. Themes of Toy Selection.....30

Chapter I: Introduction

Research suggests there are remarkable benefits of play in the cognitive and social development of children. A child's participation in pretend play, in particular, is considered a developmental benchmark because it exhibits their ability to use and understand symbols (Lillard, Pinkham, Smith, 2011). Previous studies (Fein, 198, Piaget 1945/1962, Rubin et al., 1983) examine a child's ability to perform pretend play to inform their knowledge of typical childhood development (Lillard, Pinkham, Smith, 2011). Early on, therapists realized the benefits of play and integrated it into treatment with children (A. Freud, Klein, Axline). Today, there are many approaches to play therapy that have gained attention from literature and practice. Child-Centered Therapy (CCPT) is the most commonly used play therapy practice among clinicians (Lambert et al., 2005) and is empirically supported by of over 110 outcome studies from 1953 to 2010 (Lin & Bratton, 2015). CCPT is designed for young children, typically ages 2 through 12 years old, who are experiencing social, emotional, behavioral, and relational concerns (Glover & Landreth, 2015). Much of CCPT was inspired and is supported by prominent developmental frameworks (see Piaget, Erikson, Vygotsky; Glover & Landreth, 2015).

CCPT is an adaptation of Roger's (1959, 1961) person-centered treatment for children, and assumes that growth and healing occurs when children are able to freely express themselves (Landreth, 2012). Play is used as a representation of processing and overcoming their issues (Glover & Landreth, 2015; Landreth, 2012). In CCPT, the therapist maintains an environment that fosters unconditional positive regard and encourages the child to play freely for self-directed healing (Ray, 2011). Child-centered therapists must rely on their own interpretation of play behavior to gain insight into the child's underlying psychological processes (Ryan & Edge, 2012). Previous studies attempt to define stages of play therapy (e.g., Moustakas 1955; Guerney,

1984; Wilson & Ryan, 2005; Ryan & Edge, 2012); however, there is only one prior study on themes specifically related to child-centered play therapy and has not been replicated in research nor in practice. It is my hope to help disseminate Ryan & Edge's (2012) indicators for play themes so that practitioners and educators may use a standard method as such in teaching and practice. Themes CCPT are an essential part of treatment to make inferences of the child's inner state from their behaviors in free-play. In attempt to bridge these gaps in literature, the present study aims to interview child-centered play therapists to provide descriptive, real, and practical examples of play behaviors to aid clinicians in identifying the themes and the child's progress in treatment.

Chapter II: Review of Literature

The purpose of this chapter is to provide a comprehensive review of the literature relevant to the current study. There are two major sections in this chapter. The first section, the researcher provides a foundation for *development of play* and describes how play influences and progresses through cognitive and social development. Prominent developmental theorists are outlined to provide an understanding to what inspired the child-centered movement. This leads into an exploration of the child's ability to interpret symbols and why it is pertinent to understanding toy selection and play behavior. The second section outlines the evolution of *play therapy* and the emergence of Child-Centered Play Therapy (CCPT), the theory of the current study. The researcher details the gaps in the literature and concludes by proposing two research questions.

Development of Play

Pretend Play

Typically, children from 12 to 18 months to about 11 to 12 years of age engage in "pretend play," a subtype of play, where imagination is used to assign roles to inanimate objects or people to represent something else (Lillard, 2017). Pretend play is described as a phenomenon because of similarities in the presentation and development across cultures (Lillard, 2017, Lillard, Pinkham, Smith, 2010). As children age, their pretend play becomes increasingly more complex and less dependent on the objects (Carlson, White, & Davis-Unger, 2014; Thibodeau, Gilpin, Brown, Meyer, 2016). Unlike adults, children do not have the ability to fully communicate through verbal communication; however, play can be considered as a child's means of expression and self-exploration (Carlson et al., 2014). Evidence suggests that pretend play is developed through the interpretation of social signals (Lillard, 2017). Children begin to

differentiate pretend behavior from real behavior through interpretation of a caregiver's social signals (e.g., a mother's smile to indicate play has ensued) (Lillard, 2017). Lillard (2017) theorizes pretend play is a joint process that exercises a child's ability to interpret social signals, in turn improving social interaction and understanding.

Benefits of Pretend Play for Children

Pretend play is found to promote development following areas: social referencing, interpretation of underlying intentions, separating pretend world from real world, understanding alternative representations, and symbolic understanding (Lillard et al., 2010). According to Lillard and colleagues (2010), first, social referencing describes to the ability to look to another person's response to an ambiguous situation as a model for their own response. Second, by the age of two, a child is able to understand intentions or goals of others through verbal cues and inferring from missing information. Third, separating the pretend world from the real world, or referred to as "quarantine," describes a child's ability to understand objects and persons as they are in reality as well as objects in pretend play. Fourth, a child displays symbolic understanding when they use their toys or play to reflect real objects or events (Lillard et al., 2010).

An early predictor for sociability is a child's ability to make a distinction between animate and inanimate objects (Legerstee, 1992). This ability to differentiate oneself and others as human beings from inanimate stimuli encourages them to gain interest, identify, and attach to real people and further their social growth (Legerstee, 1992, Meltzofff, 1985). Piaget made an early observation of the significance of the animate-inanimate distinction (Klingensmith, 1953). According to Piaget (1945), starting at infancy, children move through five levels of animacy understanding, beginning with a fundamental confusion, to making initial but flawed distinctions, and ending with a mature distinction. Furthermore, Piaget (1945) believes children

will make two types of cognitive errors including, *animacy errors*, where children believe inanimate objects have living characteristics (e.g. cars) and *artificialism errors*, where children believe everything is caused and made by human creation (e.g., people created mountains).

Theories of Child Development

Piaget's Theory of Cognitive Development. Piaget (1945/1962) developed the first major theory of cognitive development that outlines stages of children's thinking and behavior with the underlying mental logical structure (Lillard et al., 2010). The stages include: sensorimotor period (birth- 2 years); preoperational period (2-7 years); concrete operational period (7-11 years); and formal operational period (11-15 years) (Lillard et al., 2010). In the sensorimotor period, infants use their senses and motor abilities (i.e., grasping, tasting) to understand their world. Next, in the preoperational period, children engage in symbolic play where they attribute alternative characteristics to a person or object (e.g., banana as telephone). Piaget (1945, 1962) believed children display egocentrism in this period as evidenced by their lack of understanding of others and for other perspectives. The concrete operational period refers to when children develop logical thought. Piaget believed that in this period, children have the special ability to use "inductive logic" to solve a problem or answer a question. Lastly, the operational period is the time in which children develop sophisticated thinking and can use abstract or creative thought to understand theoretical concepts (Piaget 1945, 1962; Lillard et al., 2010).

Vygotsky's Social Development Theory. Vygotsky's (1978) work was largely inspired by Piaget's theory of development and placed a specific emphasis on the co-construction process, in which the child and the caregiver take an active role in development (Verenikina, 2010). According to Vygotsky, development can be viewed as the progression of social

interaction into internalized thought and process (John-Steiner, & Mahn, 1996). Ultimately, his research exposed the crucial role of social interaction in a child's cognitive development (Vygotsky, 1978). He argued that it is ineffective to study psychological functions individually (Vasileva & Balyasnikova, 2019). Instead, he viewed each being as a part of an interrelated system believed researchers should focus on the relationship or systems (Vasileva & Balyasnikova, 2019).

Erikson's stages of Psychosocial Development. Erikson (1963) believed that fantasy play gave the children the opportunity to learn about and practice skills pertinent to their social world (Connor, Schaefer, & Braverman, 2016 p.94). Erikson's developed the eight stages of psychosocial development (e.g., Erikson 1963, 1980), which include: trust versus mistrust; autonomy versus shame; initiative versus guilt; industry versus inferiority; identity versus role confusion. The first stage, trust versus mistrust (birth- 1 years old), is where children develop trust through secure attachments from primary relationships. In this stage, children who receive adequate physical and emotional support to build a foundation for the succession in future relationships (Ryan & Edge, 2012). Second, in autonomy versus shame (1- 3 years old), children present difficulties regulating emotions and growth is reflected through behaviors that reflect autonomy and self-efficacy (Ryan & Edge, 2012). Third, in the stage of initiative versus guilt (ages 3- 6 years old), children learn language and nonverbal ways of communication, allowing them to build relationships with others. Positive development within this stage is exhibited through energy, creativity, and a sense of personal awareness (Ryan & Edge, 2012). Fourth, industry versus inferiority is from age six to eleven. The development of industry refers to a child's sense of their own identity and uniqueness that extends outside of a family system (Ryan & Edge, 2012). Children display growth in this stage through evidences of pleasure in the

recollection of past memories, a hope for the future, a sense of belonging, and ability to problem-solve (Ryan & Edge, 2012). Last, identity versus role confusion refers to ages twelve through eighteen, where individuals are in search of their own identity and purpose among a wider society (Ryan & Edge, 2012). Children within this theme will display an interest in adult roles and lifestyles (Ryan & Edge, 2012).

Symbolism of Toy Selection

Around the ages of two to three years old, children begin to develop the ability to create and interpret symbolism (Bloom & Markson, 1998). According to DeLoache symbolic interpretation is a developmental milestone (Lillard, Pinkham, Smith, 2010). DeLoache (1995) defines a symbol as "anything that someone intends to stand for or represent something other than itself" and requires four components including: someone, something, representation, and intention. First, the *someone* simply refers the person creating the symbolism. Second, *something* is used to describe that a person can use anything for the purpose of symbolism. Third, *representation*, is defined as a using a symbol for something else other than its original purpose. And fourth, *intention*, which necessitates the person to have intention to for symbolism in order for it to be considered symbolic (DeLoache, 1995). DeLoache investigated how children understand and use symbolic artifacts. He found that symbolic artifacts have a "dual representation," in which they are both what they appear to be and something completely different (Lillard, Pinkham, Smith, 2010). Vygotsky (1934, 1986) famously believed symbols are developed in social contexts and can be used to construct a personal understanding of the world as well as to create shared understandings (Vallotton & Ayoub, 2010). Vallotton and Ayoub (2010) define *symbol skills* as the ability to represent concepts without its physical presence. Symbols play two roles in the socio-cognitive development including, communication and

representation (Vallotton and Ayoub, 2010). Their results suggest that symbol skills (words and gestures) act as a means of communication and are a predictor for the development of social skills.

Play Therapy

Dating back to the early 1900s, therapists, unable to effectively work with children, turned to indirect methods by collecting observations. Largely inspired by Freud, in 1919, Melanie Klein (1955) adapted psychoanalytic techniques to work with children by observing and interpreting their play. In this way, she considered play as a substitute for the verbal free association (Klein, 1955). Klein (1955) believed the therapist's task is to explore the unconscious, which can be done so by analyzing the child's transference to the therapist. Anna Freud (1946) shed light on the difficulty in implementing traditional methods of therapy to children. She emphasized the value of developing a relationship with the child client before attempting to interpret unconscious influences behind their play and art (Freud, 1946). A. Freud (1946) held off making direct interpretations of children's play until she had gained substantial evidence across several sessions and information from interviews with the parents.

Taft (1933) and Allen (1934) developed relationship play therapy, which placed emphasis on the therapeutic benefit of the therapist-client relationship. Allen (1934) promoted play therapy as an opportunity to elicit "fantasies and unconscious desires of the child" (p. 199). He believed play provides symbolic content of a child's repressed wishes and past memories. According to Allen's (1934) approach, the therapist should focus on present feelings and reactions and makes no effort to explain or interpret past experiences. He also focused on the therapist-child interaction and relationship to derive symbolism to the child's emotions. Allen (1934) believed a child, in an environment free from judgement and expectations, will relate their play to the

therapist. The therapist, and observer, is then able to acknowledge the things they are doing and feeling. Allen (1934) stated:

> If my relation to a child is to have any meaning to him in terms of his own growth, then he must be allowed an opportunity to develop it as his own and in his own way, subject to the limitations which involve my own rights. I respect his right to tell me what he wants to tell me, knowing that getting him to a point of being free to talk and to feel is more important, therapeutically, than what he talks about (Allen, 1934, p. 198-199).

In 1938, Levy developed "release therapy," a structured play therapy approach. In Levy's (1939) approach, the therapist is to purposefully select certain toys to promote the release of negative emotions in children. First, he allowed the child to freely move and play to gain familiarity with the room and the therapist. Then, when deemed appropriate, he introduced the play material designed to induce stress. In this way, Levy believed the child shifts a passive role of having being "done to" to being the "doer" (Levy, 1938).

Child-Centered Play Therapy

Carl Rogers (1959) gained significant recognition in the 1940s and 1950s for promoting the therapeutic benefit of unconditional positive regard. He believed humans have an inherent tendency, and thus ability to fulfill their potential and achieve self-actualization. He termed this method as non-directive therapy (person-centered). In this approach, the perspective, or reality of client is accepted, rather than challenged (Guerney, 2001). In a statement by Rogers (1951):

> Words and symbols bear the same relationship to the reality of the individual as a map to the territory it represents. The relationship also applies to perception and reality. We live by a perceptual "map" which is never reality itself.... For purposes of understanding psychological phenomena, reality is for the individual, his perceptions (p. 495).

Thus, psychological growth and healing is attributed to the perceived acceptance demonstrated by the therapist (Guerney, 2001).

Virgina Axline (1947), a student of Rogers, adapted non-directive principles to children and play therapy, creating Child-Centered Play Therapy (CCPT). In Axline's CCPT approach, the therapist is to allow the child to explore the room with the freedom to play with and/or how they choose (Landreth, 2012). The therapist is to reflect the child's actions, thoughts, and feelings in the belief that their feelings are being validated. The therapist should encourage the development of autonomy by offering unconditional support without judgement or disdain (Axline, 1969). Alike the client-centered approach, a child-centered play therapist is to maintain unconditional positive regard and warmth to encourage freedom of expression in children (Axline, 1947; Landreth, 2012; Ray, 2011). Axline (1950) placed importance on the therapist-child relationships because it offers a secure relationship, that gives the child freedom to repair in their own way and time.

There was a significant increase in empirically evidenced research of CPPT over the past thirty years, as evidenced by the publication of 110 outcome studies from 1953 to 2010 (Lin & Bratton, 2015; Jensen, Biesen, & Graham, 2017). Lin and Bratton's (2015) meta-analytic review was unique to contemporary research, in which they review 52 controlled outcome studies dating from 1995 to 2010. They specifically looked at the effect sizes and study characteristics some of which include a child's age and ethnicity and the caregiver involvement. An important finding under the category of 'ethnicity' suggested that CCPT is especially beneficial for children of diverse populations because it allowed "nonverbal and symbolic means of expression that transcends language, sociopolitical, and cultural barriers that children of ethnic minority groups

can experience on a daily basis, as well as in more traditional forms of talk-oriented counseling approaches" (Lin & Bratton, p. 50).

The Child-Centered Therapist

CCPT is a unique and dynamic approach to traditional treatment with children. The child-centered therapist must possess an awareness of the theory, history, and background of CCPT, as well as be familiar with contemporary practices found in Guerney (2001) and Landreth (2012) (Glover & Landreth, 2015). In addition, child-centered play therapists should be knowledgeable of relevant child development theories to aid in clinical inferences and discussions with caregivers (Glover & Landreth, 2015). The child-centered therapist should conduct sessions in an environment that allows for exploration and play directed by the child (Landreth, 2012). An essential component to treatment is that therapist fosters a relationship that illustrates unconditional positive regard and acceptance that eventually facilitates trust (Muro, Holliman, Blanco, & Stickley, 2015). CCPT founder, Virgina Axline (1974) outlined eight basic principles of CCPT which follows:

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
2. The therapist accepts the child exactly as he is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.
4. The therapist is alert to recognize the feelings the child is expressing, and reflects those feelings back to him in such a manner that he gains insight into his behavior.
5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute

change is the child's.

6. The therapist does not attempt to direct the child's actions or conversation in any manner. *The child leads the way;* the therapist follows.

7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.

8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship. (Axline, 1974, p. 73-74)

Literature suggests that CCPT necessitates some limitations that aid in the effort to maintain safety and is to keep self-expression in line with reality (Cochran, Cochran, Cholette, & Nordling, 2011). The play therapist should create a comfortable environment and exhibit acceptance with minimal limit setting, allowing children to freely express themselves, communicate needs, assume responsibility, and eventually self-acceptance. Cochran et al. (2010) coined the "empathy sandwich," a limit-setting procedure in CCPT. The mission of this approach was two-fold: the therapist acknowledges the child's motivation for defiance of the limits and the therapist responds empathetically to the child's reaction. Cochran, Cochran and colleagues (2011) found that children tested limits to assess the trustworthiness of the therapeutic relationship. Furthermore, they emphasized the challenge of defiance is equivalent to the child's desire to please the therapist.

The Child-Centered Play Room

It is the responsibility of the child-centered play therapist to determine and rationalize the amount and types of toys in the playroom (Glover & Landreth, 2015). Previous studies on play therapy (Bennett, 1984) suggested and provided rational for toy selection in the playroom. Play

therapy research encourages the purposeful selection of toys for the therapy room (Ray et. al, 2013). A common practice of play therapists is to use "open-ended" toys that encourage freedom of expression rather than those that may include instructions (Bennett, 1984). Ray (2011) urged therapists to consider the following question upon selection of toys: "What therapeutic purpose will this serve for children who use this room?; How will this help children express themselves?; How will this help me build a relationship with children?" (2011, p. 80). Kottman (2011) recommended that clinicians should select toys from five essential categories including, family/nurturing toys; scary toys; aggressive toys; expressive toys; and pretend/fantasy toys (p. 90-91). Using Kottman's (2011) categories, Ray and colleagues (2013) created a comprehensive list of toys by the frequency of their use. Their results revealed over 25% of children play with the same even toys including, sandbox, sand tools, arts/crafts, paint, water, kitchen, puppet theater, easel, bop bag, hats, and "big aggressive animals" (Ray et al., 2013).

The use of aggressive toys sparked debate among play researchers. Both Landreth (2012) and Ray (2011), promoted the strategic inclusion of aggressive toys (i.e., guns, swords) for children to use to express their feelings of anger and exhibit behaviors of power and control. Although, Drewes (2008) strongly disagreed with the presence of aggressive toys and argues that it may represent approval from the therapist of children to engage in aggressive acts of behavior. Moreover, he believed children are capable of expressing anger through more appropriate avenues (Drewes, 2008). Trotter, Eschelman, and Landreth (2003) asserted the absence of aggressive toys hinders children's ability for emotional expression and suggests aggression may be unacceptable.

A child's selection of toys is largely influenced by a variety of societal and environmental factors. In Western society, toys are often separated by gender stereotypes. Toys with

stereotypical gender characteristics impede on the child's ability to freely express themselves, because it restricts their ability practice different roles in play activities (Kollmayer, Schulqtes, Schober, Hodosi, & Spiel, 2018). Caregivers have a large influence on their child's choice of toys (Kim, 2002). A child is much more likely to engage with toys that they have observed their parents' place a preference toward, which typically entails a gender stereotype (Eisenberg, Wolchik, Hernandez, & Pasternack, 1985). Miller (1987) found that masculine toys promoted more fantasy and symbolic play, as opposed to feminine toys were more closely related to domestic activities. In a similar study by Ray et al. (2013), female children more frequently selected toys relating to family and nurture, whereas male children more frequently selected scary and aggressive toys.

Process of Child-Centered Treatment

Several studies exist supporting patterns found in play therapy (Hendricks, 1971; Withee, 1975), including Moustakas early work (1955, 1959), in which he detailed the different levels of play therapy. According to Moustakas (1955, 1959) In the first level, both positive and negative reactions are exhibited but lack clarity. In the second level, distinguished positive and negative feelings toward parents, siblings, and others begin to surface. Naturally, as children age, they acquire new responsibility in tasks related to speech, motor skills, toilet training, eating and sleeping Moustakas (1955, 1959). Exemplified in the third level, the pressure to conform causes a diminished sense of support from parents and siblings, leading to feelings and behaviors. The fourth level depicts children exhibiting prominently negative emotions and behaviors in reaction to the increase of demands from parents. The fifth level reflects the regression of ambivalence in both negative and positive attitudes. The final level of the emotional process is achieved when

children's attitudes are primarily positive and represent a development of self-acceptance and self-awareness of values, ways, and habits (Moustakas, 1955).

Of the most widely recognized literature, Nordling and Guerney (1999) identified four distinguished stages of CCPT. According to Nordling and Guerney's (1999) proposed stages, a child moves from undifferentiated emotional expressions to more distinguishable, positive emotion. In the first stage, or the warm-up stage, the therapeutic working relationship is developed, which requires a mutual understanding of the roles of the therapist and child, the unique potential and possibilities of the playroom, and a feeling of safety and security allowing full and free expression and shared experience. The aggressive stage describes the period of time, in which the child and therapists explore the need for control as well as the resistance to accepting boundaries and limits. It is within this stage where a child has a tendency to express deep-aggressive behaviors or thoughts through characters or actions in play. Next in the regressive stage, the child's behavior reflects issues related to attachment and nurturance, and often behave in less mature than appropriate for their developmental level. Finally, the mastery stage refers to the period when children work on issues related to competence and self-mastery and work on integrating the gains of earlier stages into their personality structures. Termination of therapy is often deemed appropriate in this stage as play becomes age appropriate, nonconflictual, and undisturbed (Nordling & Guerney, 1999). Cochran et al. (2010) applied a case example to the framework of the typical stages of CCPT to assess the progression of treatment to a case example of highly disruptive behavior. They found the typical stages of play therapy (Nordling and Guerney, 1999) to accurately represent the progression of play therapy. Overall, their analysis revealed that if given the freedom of expression, children will choose prosocial, considerate, and mature behaviors (Cochran et al., 2010).

Themes in Child-Centered Play Therapy

Previous studies attempt to define themes within play therapy treatment. Notably, Benedict outlines themes found in play therapy sessions, now known as Benedict's Expanded Themes in Play Therapy (BETPT; Hillman 2014). Thematic Play Therapy (TPT) was created and is differentiated from other approaches by its emphasis on the therapeutic relationship and the themes using the BETPT (Hillman, 2014). Benedict's original study found 41 play theme content codes (for example, a child that uses a toy monster and policeman to fight each other was coded "good guy vs. bad guy"), 19 relational codes that refer to actions between the child and therapist, and 2 process codes that reflect and underlying meaning (Hillman 2014). Hillman (2014) used Benedict's Experience Code System to analyze the data and enhanced the original list to a total of 48 identifiable play themes (Hillman, 2014). It is unclear whether the therapeutic approach was kept consistent across cases nor was information given on behalf of the mental health professionals that provided the treatment in this study and thus it lacks replicability.

Ray (2004) established the Play Therapy Skills Checklist (PTSC), for play therapists to measure specific skills used within CCPT. Ray and colleagues (2017) refined the categories in the PTSC into the Child Centered Play Therapy Research Integrity Checklist (CCPT-RIC). (a) tracking behavior, in which the therapist makes a verbal statement to indicate an action of the child; (b) reflecting content, or a response to the child for clarification purposes; (c) facilitating decision making/ responsibility is the verbiage to encourage child's empowerment; (d) facilitating creativity/spontaneity, verbal recognition of child's creativity or freedom; (e) esteem building/ encouraging to emphasize internal processes; (e) reflecting feelings or the verbal acknowledgement of child's said feelings; (f) relationship for indication of connection-focused statements; (g) limit setting refers to the rules and boundaries of the play room; (h) reflecting

larger meaning or statements to address themes/patterns; (i) non-CCPT responses; and (j) unintelligible responses (Ray, 2004).

Ryan and Edge (2012) saw the deficit in literature on non-directive play therapy (CCPT) on themes and conducted the first study in this domain. They created a guideline for indicators of play themes to maintain consistency and authenticity of the themes across research and practice. They define themes as "inferences made by play therapists about children's main emotional issues" (2012, p. 356). Their research was based on the premise that emotional and social development of children takes place in their relationships, environment, and sense of individualism and so they conceptualized themes within NDPT into separate categories, "individual" and "relational." The "individual" play themes developed in therapy are visible through emotional expressions of the self, whereas, "relational" play themes (Edge, 2007) represent the shared emotional state, created between people (therapist and child). Using the main indicators, they created a classification of themes based on Erikson's assumption that the child's main emotional issue of each stage dominates that period of development for children (Ryan & Edge, 2012). They stated, "Generally it is assumed that children will have a preponderance of themes relating to their current developmental level when they are less troubled, an assumption that will again need to be empirically tested" (Ryan & Edge, 2012, p. 8).

The developed a total of 82 examples of themes and subthemes that correspond to Erickson's psychosocial development include: Trust (Subthemes: Safety or Protection, Comfort, Nurturing); Mistrust (Subthemes: Distancing or Rejecting, Chaos, Trauma and Abuse); Autonomy/ Independence (Subthemes: Power, Mastery, Sense of Completion); and Shame and Doubt (Subthemes: Control/ Victimization, Weakness or Helplessness, Aggression). Their categorization compares each theme and subtheme to the psychosocial stages of development

(Erikson, 1958, 1963) to assess if the play behavior is age appropriate. The common markers for "individual" play themes include one or more of the following:

a) Repeated, similar play with the same materials or toys within a session;
b) High levels of emotional involvement and intensity in children's play;
c) A lengthy amount of time spent on the same activity;
d) Ideas and emotions that seem similar, even though toys or activities change;
e) Children verbally remembering previous play activities and/or relating the play with their therapist to their current/past/future life;
f) Repeated, similar play with the same materials or toys from one play therapy session to the next (or later session);
g) A sudden and intense change of activity, with highly focused play emerging;
h) Children verbally remembering with others previous play activities and/or relating the play to current/past/future life, immediately after a session or at a later date (Ryan & Edge, 2012 p. 359-360).

Markers for "relational" play themes include one or more of the following:

i) Children's primary, continued focus is on their therapist and not on play activities (e.g. a child asks for personal information from the therapist, such as "where do you live?");
j) Children's behavior towards their therapists is very intense emotionally (e.g. a child tries to please his therapist inordinately; or is highly avoidant or dependent; or is strongly challenging of limits);
k) Children's interactions with their therapists are similar, even though the activities and/or verbal content change;

l) Children's interactions with their therapists are markedly different, even though activities and verbal content remain similar;

m) Therapists' personal emotional responses to interactions with children during play therapy are out of the ordinary and unexpected (e.g. more intense or inexplicably bored) (Ryan & Edge, 2012 p. 359-360).

Ryan and Edge (2012) affirm the ability of the therapist to make assumptions based on information they receive from various sources as follows...

- Direct knowledge of a child within other settings (e.g. a home visit, an observation at school);
- Information from other sources (e.g. parents, other professionals, teachers, etc.);
- Their own theoretical orientation and ways of creating meaning;
- Their own knowledge of normal and atypical child development theory and research;
- Their own experiences with children generally, both in therapy and in everyday life (Ryan & Edge, 2012, p. 360).

Gaps in the Literature

After a comprehensive assessment of the literature, there are some gaps that would benefit from further research or explanation. First, there is several attempts to outline distinct stages of CCPT, yet there is a dissensus in contemporary conceptualization. Most notably, Moustakas, student of Axline, produced general stages of non-directive therapy that reflect a general framework of progression through treatment. However, his approach significantly deviated from Axline's and is not considered typical child-centered treatment (O'Connor, Schaefer, & Braverman, 2016). Other theorists, Guerney (2001) and Landreth (2012) provided

general frameworks for practice and assert child-centered therapists should be able to assess the progression through stages of treatment, recognize play themes, and manage the termination process (Glover & Landreth, 2015). However, the descriptions they provided are broad and it is difficult to interpret underlying psychological states from unique circumstances of play behavior.

Although there have been some attempts, there is no standard classification system that therapists or researchers use to aid in the process of identifying themes. Benedict and colleagues' (2004) research specified detailed play themes; however, their research lacks clarity and thus replicability. Wilson and Ryan (2005) developed main themes of emotional issues experienced by children through development, derived from principles of Erikson, Piaget, and Bowlby. As a result, they created a classification system to represent basic emotions as genuine responses to specific events based on Erikson's eight stages of psychosocial development. Wilson and Ryan's (2005) believed humans are active beings who both influence and are influenced by their environment (Schaffer, 2008). Ryan and Edge's research (2012) expanded on Wilson and Ryan's (2005) and was the first study to articulate indications for play themes and themes in child-centered play therapy. They encouraged future research to extend upon their list and test the applicability to clinical practice.

Purpose of the Current Study

Child-centered play therapy is unlike traditional methods of play therapy. Although, it is widely recognized and used in the field today, there is still confusion and consistency in the application as well as the conceptualization. The free-flowing nature of this approach makes it difficult for a clinician to make confident interpretations of themes in treatment and thus appropriately assess the child's underlying psychological state. The purpose of the current study is to interview therapists with experience in CCPT by using a protocol influenced by Ryan and

Edge's (2012) classification of themes for non-directive play therapy to gain insight into the processes by which themes emerge and to explain how they are displayed in child-centered treatment.

Research Questions

This literature review considers patterns of behavior and toy selection in children as indications of the progression through the stages of play therapy by responding to the following inquiries:

1. How can Ryan and Edges's (2012) indicators of play themes be used to identify and derive meaning from toy selection?
2. How can these themes of toys and play be used to further describe the progression through the typical stages of child-centered play therapy?

Chapter III: Method

Materials

Informed consent forms were provided to participants that contained information regarding the study procedure, benefits and risks of participation, and the researchers' contact information. The researcher facilitated a structured interview (see Appendix A) that included 13 open-ended questions. A structured interview (as opposed to semi-structured) was selected to maintain the integrity of Ryan & Edge's (2012) indicators of play themes and reduce potential bias of the researcher's or candidates opinion. Moreover, a structured format allowed for quicker interview times, which was an added benefit for participants. Interviews were held for an average of 30 minutes total, with the longest interview being 39 minutes. The questions were open-ended and allowed participants to express as much detail and information they like. The interview questions were adapted from Ryan & Edge's (2012) main indicators for play themes for the purpose of identifying themes in child-centered treatment. Some examples include: "What do you observe with regard to repeated, similar play with the same materials or toys within a session? Please describe examples" and "Based on your cases where you have used child centered therapy, How do children display emotional involvement and intensity in their play?" (see Appendix A for complete list of interview items). Participants were instructed to give verbal responses to each question. The interviews were conducted in-person and also by telephone to increase the accessibility and convenience for research participation. Telephone interviews are well represented in the literature (Novick, 2008) as a viable source for qualitative data (Drabble, Trocki, Salcedo, Walker, & Korcha, 2016).

Participants

Participants were 10 practicing therapists (N= 10, 10 female, 0 male) in Nevada, US (see Table 1). All participants were assigned to the same protocol. The researcher screened the participants to meet the study's criteria, which includes: they must be a mental health professional (as evidenced by educational and licensing background) and they must have received education and training specifically in child-centered play therapy. The 10 participants included practitioners with various licensing backgrounds including: marriage and family therapists currently enrolled in a couple and family therapy program accredited by the Commission on Accreditation for Marital and Family Therapy Education (COAMFTE), state marriage and therapist interns, licensed marriage and family therapists, registered play therapists, student and licensed clinical social workers, and clinical psychologists (see Table 1 for entire list).

Participants were recruited by word-of-mouth, online flyer distribution, and snowball techniques and contacted via email (see Appendix B for email script) and/or telephone (see Appendix C for phone call script). Fliers were distributed online via social networking construct (Facebook) within group that included practicing therapists in Nevada (Therapists of Las Vegas). As described above, interested persons were instructed to contact the researcher by phone or email to determine eligibility. Participants were not offered and did not receive any compensation for their involvement.

Table 1. *Participant's Occupation and Education*

P	Occupation Title	Education
1	Licensed Marriage and Family Therapist	Doctorate
2	Registered Play Therapist, Clinical Social Work Intern	Masters
3	Student Marriage and Family Therapist	Bachelors
4	Clinical Psychologist; PsyD	Doctorate
5	Licensed Marriage and Family Therapist	Masters
6	Licensed Marriage and Family Therapist	Masters

7	Student Clinical Professional Counselor	Bachelors
8	Licensed Marriage and Family Therapist; Registered Play Therapist	Masters
9	Licensed Marriage and Family Therapist	Masters
10	Licensed Marriage and Family Therapist	Masters

Recruitment and Data Collection Procedure

1. Researcher recruited participants through word-of-mouth, flyer advertisements, and snowball techniques.
2. Interested persons were instructed to contact the researcher. The researchers screened all persons to assure they had received sufficient training and education in the use of Child-Centered Play Therapy. The necessary criteria included: participants were required to be a mental health professional and to indicate a specific experience of education and training in Child-Centered Play Therapy.
3. The researcher informed interested persons about the procedure of their participation and reviewed the confidentiality measures for their sensitive information. Upon agreement, the researcher obtained informed consent from each participant. The informed consent was collected by both in-person and online exchange.
4. Interviews were offered in-person or over-the-phone. The researcher and eligible participant selected a time and day for the interview based on their convenience.
5. The researcher conducted structured interviews (Appendix A) with the participants. Two interviews were conducted in-person at the Center for Individual, Family, and Couple Counseling (CICFC) and eight were conducted over-the-phone. Participants generally finished the interview within 30 minutes. All interviews were audio-recorded and stored the digital information in a computer folder. Participants names were assigned numbers

and kept in a master code in a separate folder. Computer folders were locked and password protected only known by the main researcher and principal investigator.

6. Participants were thanked for their time and contribution and dismissed.

Data Analysis Procedure

1. The researchers read and reviewed the transcripts in full.
2. A thematic analysis of the interview transcripts was conducted to answer RQ1.
3. They used open-coding to assign preliminary codes to correspond to the content of the interview responses.
4. They searched for patterns (themes) in the codes across all interviews. Separately, researcher A (main researcher) recorded patterns among responses within each interview question, while Researcher B (PI) recorded patterns among responses as a whole.
5. The researcher and PI met to compare and refine themes. Any disagreements were resolved through discussion and further explanation. Any unreconcilable differences were noted and excluded from the findings.
6. The researcher and PI then named each theme and provided a definition for the purpose of distinction. In order to answer RP1, theme names and definitions were conceptualized as they related to Ryan & Edge's indicators of play themes and behaviors specific to toy selection.
7. A grounded analysis of the interview transcripts was conducted to answer RQ2.
8. The researchers used the preliminary codes developed from the open-coding done in earlier stages of data analysis (see step 3).
9. The researchers then conducted axial coding and sorted preliminary codes and grouped them to form a general outline of the progression through CCPT treatment.

10. The researchers reviewed and refined the general stages. Any disagreements were resolved through discussion and further explanation and unreconcilable differences were noted and excluded from the findings.

Data Analysis

Each research question necessitated its own data analysis approach. The first research question ("How can Ryan and Edges's (2012) indicators of play themes be used to identify and derive meaning from toy selection?") used thematic analysis using the six-step process outlined by Braun and Clark (2006). First, the researchers read and reviewed all ten interviews to become familiar with the data. Second, the researchers conducted open-coding by assigning preliminary codes to the content of the responses. A code is described here as a word or short phrase that summarizes or symbolizes a portion of the interview data (Creswell, 2008). Third, themes that were described by two or more participants were grouped (for example, "toys will speak to each other or the children will speak to the toys" [P8] and "so animals and other symbolic tools that they picked up will have conversations" [P2] were highlighted in the same color). Fourth, themes were then reviewed and compared by both researchers. The researchers deemed themes relevant to the study if they mirrored Ryan & Edge's 2012 indicators for play themes and specifically relate to toy selection (see RP1 on page 22). Definitions for each theme were informed by Ryan & Edge's indicators as well as the context they were extracted from.

The second research question ("How can these themes of toys and play be used to further describe the progression through the typical stages of child-centered play therapy?") was analyzed through grounded theory with guidelines provided by Strauss and Corbin (1990, 1998) and Glaser and Strauss (1967). This approach was advantageous to qualitative research because it offered an extremely thorough analysis of phenomenological data. The process of grounded

theory is inductive, in which the theory is a result of the collection and analysis of data (Lacey & Luff 2007). Concurrent with Strauss and Corbin (1994), theories within this study were understood as "interpretations made from given perspectives as adopted or researched by researchers" (p. 279). The highly interpretive nature of qualitative data obliges the researcher to be aware of the possibility of multiple perspectives (Charmaz, 2014) and analysis will reflect all feasible meanings. First, in accordance to guidelines of grounded theory (see Corbin & Strauss 1990, 1998), the researcher reviewed the open-codes found previously and looked for repeated concepts among participants and assigned them to groups as it relates to a chronological order of CCPT. In light of Corbin and Strauss' opinion, "A theorist works with conceptualizations of date, not the actual date per se" (1990, p. 7), the concepts are not a reflection of the raw data, or the specific incidents or events described by the participants, but rather an indication of a phenomena. Together, the researchers sorted codes (themes) to form a general outline of the progression through CCPT. The researchers used the context stated by the participants to enhance the descriptions of each stage.

Trustworthiness and Rigor

Qualitative analysis allows for rich, detailed descriptions of a proposed phenomenon (Shenton, 2004). The purpose of this section is to describe how the researcher maintained trustworthiness and rigor in the study. Following Guba's (1985) criteria for qualitative analysis of trustworthiness, the researcher assessed four domains including credibility, dependability, transferability, and confirmability, which will be outlined in detail below.

Credibility. According to Malterud (2001) the researcher's personal background and perspectives have a natural influence on all aspects within a qualitative study. This is why Williams and Morrow (2009) asserted that qualitative data necessitates the use of *reflexivity* in

order to be considered credible. Krefting (1991) defined reflexivity as “an assessment of the influence of the investigator's own background, perceptions and interests on the qualitative research process” (p. 218). To do so, the researcher used a technique called *bracketing* within the epoche process outlined by Moustakas (1994; Gearing, 2004). Bracketing required the researcher to be aware of their own experiences and influence as well as make an active effort to reduce personal biases (Kim, 2011). For the purpose of this study, the researcher reflected on her efforts to reduce own bias and preconceptions prior, during, and upon study completion as instructed by Tufford and Newman (2010) through personal memos.

Additionally, Silverman (2000) asserts an essential component of credibility in qualitative research necessitates a thorough review and comparison of previous, similar literature. As advised by Shenton (2004), the researcher meticulously examined the current study as it compared and/or contrasted from current research in the discussion section of this paper. Specifically, the researcher looked closely for harmonious findings between the present study and Ryan & Edge’s (2012) study, because of the similarities in techniques and instruments. The researcher also compared findings of the essential stages of CCPT to those proposed by Moustakas in 1955 and generalities in Landreth (2002) and Axline (1969).

Dependability. Shenton (2004) acknowledges the difficultly of attaining dependability in qualitative research and states, “in order to address the dependability issue more directly, the processes within the study should be reported in detail, thereby enabling a future researcher to repeat the work, if not necessarily to gain the same results” (p. 71). To promote dependability in the current study, the researcher adapted a standardization for indications of play themes outlined by a previous study (Ryan & Edge, 2012) into a structured interview as well as listed the procedure in specific detail to allow for replication. The two researchers conducted data analysis

separately, otherwise known as the *step-wise replication*, and then compared their results (Chilisa & Preece, 2005). The researchers met and settled any disagreement of theme interpretations through conversation. The similarity of findings serves as an indication for dependability (Anney, 2014).

Transferability. It is important to note that the findings of the current study are specific to individual cases and the purpose *is not* to propose generalizability. However, it is my hope practitioners may read the responses provided by participants as well as the descriptions analyzed by the researchers and relate the information to their own practice and/or cases (Bassey, 1981). According to Lincoln and Guba (1985) transferability in qualitative research refers to "how one determines the extent to which the findings of a particular inquiry have applicability in other contexts or with other subjects/participants" (p. 290). The interview protocol used structured items, which promotes consistency in future applicability. The study provided rich descriptions of the participant's educational background that can be achieved in future studies.

Confirmability. The nature of qualitative research methods make it difficult to possess objectivity, so the research must make necessary precautions to ensure the findings are a reflection of the experiences and perspectives of the participants, rather than the researchers (Shenton, 2004). For the purpose of this study, confirmability will be achieved through *reflexivity*, which requires an continual reflection of the self on the impact they have to the study. The researcher took notes of her own background and perspective to be mindful of her position. These notes were then reviewed upon final interpretation of findings. And second, the researcher used structured interview questions to avoid implicit bias imbedded in follow-up questions. These questions were adapted from Ryan and Edge's (2012) list of play theme indicators and are based off of leading developmental theories.

Role of the Researcher

It is imperative to recognize the role of the researcher prior to the analysis of data within qualitative studies (Creswell, 2007). I, as the student researcher, am primarily responsible for the collecting, transcribing, and analyzing the data received from the participants in the current study. For this reason, there is a potential for researcher bias, which could ultimately impact the findings of the study. It is my intention to reduce all possible biases by ensuring that I proceed with awareness of my influence and continuously strive for objectivity through techniques described in the methodology above.

Qualitative research often calls for researchers to examine *positionality*, or personal backgrounds and perspectives that forms their understanding of the phenomenon at hand (Johnson, 2016). I am a twenty-five-year-old, student marriage and family therapist at the University of Nevada, Las Vegas Couple and Family Therapy program. I have limited practical experience as a clinician using the therapeutic model (CCPT) under investigation in this study. However, I have received ample training and education through courses required within my Master's program. Though, it can be said that my lack of significant clinical experience aids my ability to approach data analysis with an open-mind. Furthermore, it was the ambiguous nature of the theoretical model that inspired the current study, so that students, just like me, can be aided with more specific detail on CCPT.

Chapter IV: Findings

The purpose of this section is to provide descriptive, real-life examples of how play themes according to Ryan and Edge's (2012) classification emerge in child-centered treatment. Participant responses will be provided as examples and are delineated by assigned number outlined above (e.g., participant 1 or P1). The findings of the study will be separated between the two research questions. The first question was designed to use play theme indicators (Ryan & Edge, 2012) to investigate the meaning behind toy selection. These experiences of toy selection and play behaviors are outlined through six central themes (see Figure 1). To answer the second question, the themes and patterns were used to illustrate a child's progression through play therapy.

	Themes of Toy Selection
1	Repetitive and similar toy selection and play is an indication a child is processing an event or emotion.
2	The amount of time a child plays with a toy is an indication the child is in the midst of processing.
3	The child directs the transitions to change or end play with each toy.
4	A child tends to focus on toys that promote creativity.
5	A child's toy selection may vary, despite displaying similar emotions or ideas.
6	A child uses toys to represent their current/past/future life.

Figure 1. Themes of Toy Selection

Research Question #1: "How can Ryan and Edge's (2012) indicators of play themes be used to identify and derive meaning from toy selection?"

Theme 1: Repetitive and similar toy selection and play is an indication a child is processing an event or emotion. All ten participants discussed their observations of a child's

tendency for repeated, similar play with the same materials or toys within a session and repeated, similar play with the same materials or toys from one play therapy session to the next (or later session). Moreover, participants assumed repetitive behavior is evidence that the child is processing through an event or emotion. According to some participants, repetition of a play with a particular toy can persist for across session and last for several weeks. Participant 1 stated, "They find something, and they play sort of the same way with it over the period of a few weeks." Other participants concur with this idea and examples are listed below.

Participant 6 stated the following:

> If they need to process more with a specific toy they will come back to it, either the next following week or in the next few sessions, but I can sometimes, depending on their trauma and depending on what they need to process sometimes they will play with the same toy or intervention or request to play with something over and over and over again, until they're done.

Participant 7 described a similar phenomenon:

> She's come in every week and the weeks she's come in rather and she plays with barbies but the barbie play is always the same, so her mom who I mentioned moved to Florida, the girl plays with the barbie dolls and every session it's the barbie dolls taking a trip, it's a mother and daughter barbie doll, they are two sets, so like she wants me to be a mother and daughter set and she is a mother daughter set. And we are to go to Disneyland. We pretend we are taking a trip to Disneyland and when we get to Disneyland, the little girl buries the mother in the sand. I see that play week after week after week.

An example by Participant 10 provides a rich experience of routine behavior,

> One time I had a – he was probably 5 – who didn't feel protected, who was placed in foster care, who was finally being adopted by a couple and his whole play was self-protection. So, every time he came into my office he had to have every single sword, a cape, a helmet, whatever he needed to feel protected and he probably did that for a good maybe 8 months and then he would play toys, but he would have to be fully armored.

Theme 2: The amount of time a child plays with a toy is an indication the child is in the midst of processing. The participants reported that they consider the amount of time a child plays with a toy to aid in determining the clinical relevance of a theme. Although, the exact amount time varied by each participant, all participants were of the opinion that the length of time a child played with a particular toy was an indication the child is processing through an event or emotion. Three participants considered anything longer than five minutes to be clinically significant (Participants 1, 7, 9). The five-minute period described by several participants was indicated as important because it is evidence that the toy is holding their attention for some sort of reason, rather than a randomly selected toy with no real significance to the child's underlying emotional state. All Participants 1,7, 9 explained that five minutes is a sufficient amount of time for a child to show engagement and interaction to take clinical information from. For Participant 7, a child toy selection is clinically relevant "as soon as they start engaging with it. That's when it really becomes important." Similarly, Participant 1 stated that she deems a toy selection informative "if it holds their attention" and "if they start interacting with it."

An unanticipated finding revealed by responses of Participant 3, 6, and 7 found similar play to be evidence of a prior diagnosis (e.g., Autism). In an example by Participant 6:

> For example, a domestic violence case, where literally the week before I got this child, there wasn't any sexual abuse and then a week later, we played with Legos and he was aggressive with the Legos and he was building jail cells and he was talking about the sexual abuse his sister experienced, and he was just focused on it for 15-20 minutes. And he was a five-year-old. And he was really focused. And he was really focused on good guy versus bad guy.

Similarly, Participant 3 revealed that, "I think that clients with Autism are way more focused on specific toys and doing the same thing over and over again with the same toys." And Participant 7 stated, "those particular children that I work with, that I do refer them out for to an educational psychologist that I do believe that they display autistic tendencies."

Theme 3: The child directs the transitions to change or end play. Participants described examples that depict a sudden and intense change of activity. Participants attributed the change or termination of play to be a result of several possible reasons. In one way, a child may explicitly state that they are done or "bored" with a toy or type of play and simply chose a new toy. In many cases, this may mean that they are just simply bored and there is no clinical significance. For example, Participant 1 explains, "When they change their activity or toy, it might be as simple as "Oh were not doing that anymore." Right so they're very clear on what kind of what that is and they are over that particular play." Participant 6 concurs in the statement, "They might either get bored and they will say I'm bored and move on to the next activity or toy." However, these transitions were given meaning as it relates to the context of the situation described by the participants. Findings revealed that transitions or terminations with a specific play or toy may be a sign of progression in treatment. Other participants in this study

experienced a child to transition or terminate play in more subtle ways or without any verbal cues. Participant 10 explained their experience:

> One time I had a – he was probably 5 – who didn't feel protected, who was placed in foster care, who was finally being adopted by a couple and his whole play was self-protection. So, every time he came into my office he had to have every single sword, a cape, a helmet, whatever he needed to feel protected and he probably did that for a good maybe 8 months and then he would play toys, but he would have to be fully armored. Then, once he got placed and things settled down and they have a routine and he realized he wasn't going anyway and he was going to be adopted by them, there was a- he didn't have to- I knew the day he came in he didn't want to dress up with the swords or anything on, he wanted to dress up as something else. It was like a fireman or something like that. But it was like, okay there's that transition you know, of him not having that need for protection anymore.

Theme 4: Children tend to display intense focus on toys that promote creativity. Participants found children's primary, continued focus is on the play activities and they display emotional involvement and intensity in their play through specific toys that are designed for the purpose of creation. Many of the participants reported having specific toys in the room – we call them "open-ended" toys. The most notable "open-ended" found in the data were Legos, sand tray, Playdoh, and artistic materials. For example, several participants spoke to the popularity of Legos in session for building or creating something that is a either an abstract or concrete representation of an emotion or event the child has experienced. These types of toys can inspire intense focus as the child attempts to recreate something. Participant 1 observed symbolic representation through building in her example:

> This one little boy was into Legos, and he was into building specific types of houses with the Legos so we were doing that for a few weeks. And it was always the same thing. He had to give me the directions, and it had to be this kind of house and it had to have this many doors, blah blah blah. And, then after a while, after a few weeks that play changed, he didn't need the Lego anymore. He wanted to do something different. Okay fine. Then we ended up, building, something else, another structure, but it was something larger, with boxes, then we would knock down the blocks. It was the same kind of process, He changes his toy, but instead of being on this miniature scale, it was with big cardboard boxes. It was like he took on the same sort of challenge, but a bigger one, building his confidence in some ways

Theme 5: A child's toy selection may vary, despite displaying similar emotions or ideas. Participants reported observing children who used different toys to play out like scenarios. In this way, the toy in particular may vary; however, the roles will remain the same. For Participant 2, a child used different toys to represent a character in their narrative, in which they stated:

> I'm thinking of a case specifically, who represented a care provider who was the savior who would save, the children that were the children or animals and would take them to a specific place. And then I saw that bucket of dinosaurs come to the table and there was play with the figurines—it was animals and dinosaurs and then went and got the same red dragon off of the sand tray shelving and came back with it and so he was then saving them from the top of the table and taking them to a safe place in the room that he had created with other items from the play room, so I absolutely see that same kind of feeling of I need to be saved, or I have been saved.

Similarly Participant 7 stated:

> It always come back to the scenario that they have been trying to explore or that they've been trying play with me or have me or with play particularly it's a lot of like conflict or like conflict resolution or trying to show their skill in something you know almost like letting someone know they're really good at something. Or they capable at winning at something.

Theme 6: **Children use toys to represent their current/past/future life.** According to a majority of participants, a child creates scenarios that reflect their current experiences or their future hopes and wishes through their toy selection and play. Some participants viewed this notion as an opportunity for a child to problem-solve or act out their best wishes for the future. Two participants speculated this may be a result of a child's freedom of expression and felt safety in the therapy room. In an example from Participant 1, a child used toys as characters and props to make a scene that resembles a narrative they need to process.

> I am thinking of a kid who in child-centered play therapy, his parents were in a domestic violence situation, and he was very much the type of kid who saw a lot, but wasn't necessarily able to effectively change his world in any way, so he just kind of sat there and took it. So he was really quiet, really withdrawn, wouldn't talk about much of what he was seeing, but I would get much of what happened from his parents, so uh, and our play was relatively, unremarkable, in the sense that he didn't talk about the kind of violence that he saw, you know we did typical child-centered play therapy stuff, and drew pictures and did Playdoh and you know, played games or whatever and then toward the end the case, where things were getting much better between the parents, things had been resolving. In our last session he was playing with a pirate set, a pirate boat, and there

were people on the boat, and he was like two little Lego people, and he was moving them around. And he puts some people in this cage. And um, and all of the sudden the people got free. And he said, "Look they are free" and he started going around the boat. And I said, "Oh but what happened to them?" And he said you came and you set them free.

Participant 3 described a similar experience with two examples:

> They will use specific scenarios, for example while using small dolls, a child made the dolls friends and the child created a scenario where a doll felt left out. She created a discussion with the dolls in which they talked it out. All in one session. In another example, a child was using larger dolls, anatomically correct dolls, so the doll was having nightmares when she went to bed because she was afraid "her friends would be mean to her the next day and that she felt she want as good or smart as the doll's friends. And her parents report her having difficulty with reading skills

Research Question #2: "How can these themes of toys and play be used to further describe the progression through the typical stages of child-centered play therapy?"

To answer this research question, we reviewed the themes discovered through the data analysis were to identify overarching themes that outline a progression through the process of child-centered treatment. The stages were conceptualized by the consistency of therapist-participant responses of insights and observations. We found three distinct stages including: beginning, middle, and end that will be described using real-life examples and illustrations.

Beginning of Child-Centered Treatment

The participants made clear delineations for the beginning of CCPT. The majority of participants reported that the beginning of treatment is discernable by a child's exploration of the play, that often appears disorganized. Mostly, the responses of participants inferred that a child's

selection of toys and play behaviors reflect somewhat of chaos. Therapist-participants reported this stage to be an exploration period, in which child examine the contents of the room by touching and sorting through the different types of toys offered in the playroom. For example, Participant 2 stated, “So... I’m thinking of one child in particular that pours things out all around him. And now I’m seeing he does that less and less as time goes by.” A child may begin to seek out certain toys that are familiar or reignite with them and over sessions, they may continue to select the same toy which illustrate progression toward the middle stage. And for Participant 3, “the beginning of session is when they are deciding what to play.”

Middle of Child-Centered Treatment

The middle stage of treatment is defined by a child’s movement toward more consistent play. Here, a child’s selection of toys and the way they play with those toys reflects their processes. A child will focus on one toy or type of play for a period of time, in which they are observed to play something out over and over again. They may develop specific routines in their play that a child will repeat at the beginning of each session. This may look like a child setting up the scene of play or finding/organizing their preferred toys prior to play. This is illustrated by a response by Participant 1:

> For example this girl with the barbie doll thing. In order for her to organize the barbie dolls, give me my barbie dolls, and we go to the beach. Oh we always have to go to the bank to get enough money. She’s like we have 100 dollars, were super rich. She ends up uhm really going through some extensive play, so it takes up most of our play time for this entire process.

This was seen to be particularly true in cases where kids were working through a trauma or attachment injury. Children were found to reenact traumatic events as an “outside perspective,”

or in other words they used an inanimate object to personify or symbolize themselves with in a traumatic experience. In an example by Participant 2,

> I've seen reenactments of very traumatic things that have happened. And the child will use the doll or the symbol, or the same doll, I am thinking of one thing in particular to scream, ask for help to uhm actually involve me, I'm like the helper often times and so with that they resolve some of the trauma that's going on for them

In another example by Participant 1, a child reenacted a traumatic incident,

> So for example I had a little boy, 3 years old. There was a physical altercation with his parents, his dad dragged his mom on the floor in her robe, just crazy shit. At any rate, so I put out the toy house, so he did the thing where he had the mom and dad go in the house and you know he played out the entire scene.

Therapist- participants reported the consistency of play behavior to be evidence for a child's sense of comfort in the therapy room as well as with the therapist. Many of the therapist-participants reported that a child is able to move toward the middle stage when they feel comfortable in the room and has a trusting relationship with the therapist. In an example from Participant 10, they described how consistency of her role as the therapist as well as the environment of the play room promotes trust and more organized play and toy selection. Participant 10 stated,

> From what I've seen the consistency is established with trust and they know that they can trust what I do and what I say. Right. And they- you know, I have rules they know that they cannot destroy my office and things like that and they respect the rules because I do it in an environment where it is respectful for everybody. I think consistency is really important.

End of Child-Centered Treatment

Therapist-participants observed clear points of treatment, where the child verbally expressed that they are done with treatment. Many reported children to use verbal phrases such as, “I am done” or “I am bored” to indicate they no longer needed to process through play and toys. According to other participants, some children will not vocalize their wish for termination, rather they will show you through a play behavior. An example by Participant 1 illustrateda child making a verbal statement the conclusion of a pattern in which she no longer needs to hide toys as a protective factor. This is an indication that she has achieved confidence and has possibly overcome an emotional barrier. Participant 1 stated:

> She would come in the therapy room and hide snakes and sharks, you know before we did play therapy she had to hide those things, uhm and so toward the end of her treatment, she came in one time, and I said we gotta hide the sharks and the snakes, because that was our ritual every day, so again playing in same way. And she said to me, “No, we don’t have to do that today.” Okay. So, I think that said two things, first of all she’s free to move about her world without free, so there’s that freedom piece, and then the second piece is that sense of power. Now she had more power than those things in the room so she didn’t have to put them away to prove that point.

In another example, Participant 10 described her experience with a newly adopted 5 year old child, who used costumes and props as symbolic measure of protection in the play room. She stated, that one “day he came in he didn’t want to dress up with the swords or anything on, he wanted to dress up as something else. It was like a fireman or something like that.” Participant 10 believed this was evidence that the child was no longer in the same emotional state that made him feel vulnerable, and thus felt comfortable and confident without his protection measure. In

this example, although the child did no explicitly state the change or transition, it was observable because it was an interruption in a larger pattern of routine.

Chapter V: Discussion

The purpose of this study was to provide practitioners and educators with descriptive, real examples of toy selection to establish themes and to thus understand progression through child-centered treatment. Previous research has sought to outlines stages of play therapy, but very few are based on child-centered treatment, which is the most widely used model of therapy used by play therapists. Ultimately, it was my hope to contribute to the current literature on the clinical conceptualization of play behaviors in child-centered play treatment. The aim of this discussion is to compare relevant studies to the findings of the current research. Subsequently, implications and recommendations for future research will be delineated.

As mentioned previously, the interview instrument was developed as an adaptation of Ryan and Edge's (2012) indicators of play themes were adapted into interview items and posed to child-centered therapists for the purpose of eliciting examples of play themes within CCPT. Ryan and Edge were the first researcher to conduct a study on themes specifically related to child-centered play therapy. As a result, they produced a working model for inferring and classifying play themes in CCPT as well as a proposed classification of CCPT play themes (Ryan & Edge, 2012). They created six major themes of toy selection in CCPT (as well as numerous subthemes) as they relate to hypothetical descriptions based on the researchers clinical experience and judgement (Ryan & Edge, 2012). Their themes account for children and adolescents and correspond to the stages of psychosocial development laid out by Erikson (trust vs mistrust; autonomy vs shame; initiative vs guilt; industry vs inferiority; and identity vs role confusion). They used the information of appropriate psychosocial development to determine if the child's play behavior is appropriate for their age. The current study sought to contribute to this literature by assessing the dependability and transferability of their working model for

classifying themes. The findings display that these indications are an advantageous method to provoke meaningful play themes and should be utilized by practitioners and educators to create a uniform understanding in the field of CCPT. It is important to note, the purpose of this paper was not to critique the reliability of the stages they proposed, nor was it intended to assess the preciseness of their comparisons to the stages of psychosocial development. Therefore, the current study aligns with the premise of Ryan and Edge (2012) that children develop healthy personality and social relationships through trusting connections. Here, the therapeutic relationship serves a trusting connection, allowing the child to heal through pretend play using various vehicles (toys) to achieve this.

Second, the themes were used to trace how play behaviors with toy selection progress throughout the course of CCPT treatment. As mentioned in the findings, three general stages of child-centered treatment described were established and labeled as the beginning, middle, and end. As exhibited by the findings, the beginning of treatment may look disorganized or scattered moving to a more routine or repetitive play and finally to a transition to new play or end of treatment. Surprisingly, our data yielded similar findings to those of Moustakas (1955). Moustakas stages infer a progression from “undifferentiated expressions of emotions” to more clearly, defined and positive display of emotions (Ryan & Edge, 2012, p. 2). This comparison should be taken lightly, due to the fact that Moustakas research is based off of Relationship Play Therapy. In similar language, we found children’s behavior of toy selection to illustrate a movement from disorganized and random, to specific and routine, and conclude with a change or discontinuation of toy. These stages were defined and delineated by the total context provided by participants. It is worth mentioning that a discontinuation or change of toy may often mean the child is simply bored or perhaps saw a new toy that caught their attention. However, the middle

stage provides a frame of reference to the psychological underpinnings as evidenced by their tendency for persistent need to play out a specific incident or event. Thus, discontinuation with a particular toy may serve as an indication that they no longer have the need to process, which ultimately may signify healing.

Ultimately, the current study yielded six major themes that will be discussed here. The first theme suggests a child's tendency for similar, repetitive, or routine toy selection is an indication that are using the toy or toys to process an event or emotion. A second theme indicates the length of the time a child spends with a toy also suggests that they are using it as a physical figure in their emotional expression or reenactment and it is likely that until they make an indication for toy conclusion or change, they may be still occupied in the emotional process. A third theme reveals that a child will make an visual or verbal cue as an indication of a when they are ready to conclude their emotional processing. This idea can be perceived as somewhat ambiguous, the researcher found that this progression may be subtle, such as a simple movement to a new toy or they may state that they no longer need or want to play with a specific toy or activity. These small actions could be extremely helpful for clinicians to be more cognizant of these otherwise dismissed notions, because our findings suggest that a change or termination in play may be a exemplification for progression in treatment. A fourth theme is pertinent to the child-centered process, and indicates that children use "open-ended" toys as a blank-slate to express their emotions and experiences. Practitioners and researchers may incorporate these toys in the play room to provoke expression or compare in future research. A fifth theme suggest that a child may utilize different toys for the same emotional process. This means that a child may not be especially selective of the type of toy, but rather use different toys to represent the same emotion or personify the same person. Lastly, and arguably most importantly, the most common

theme described in our findings was that a child uses toys to represent their current/future/past life. This theme is important, because although obvious, it has not been asserted through research specifically in child-centered treatment, which depends on a child's freedom of emotional expression through the use of pretend play and toys.

Limitations

The current study serves a substantial contribution to the current literature; however, there are limitations to be noted. To begin, the researcher must address the challenges faced during the formulation of the methodology and research board approval and to detail any changes made that may have affected the integrity of the study. It was our initial intention to utilize Ryan & Edge's (2012) indicators, as is, in a observational setting to identify themes of toy selection and code them accordingly. However, because of the additional demands that occupancy working with a vulnerable population (children) in a clinical setting research board approval was not attainable in the given time frame. The researcher proceeded with the intention to keep a similar methodological approach. In order to do so, the research adapted the indicators (as provided by Ryan & Edge) into interview items and posed them to therapists (participants) that have experience using the same theory (CCPT) to see if themes of toy selection could be identified in their responses. The questions may not have the same intent or meaning that of the indications proposed by original authors and therefore, may not elicit the intended idea made by the original researchers. Nonetheless, the researcher chose to use these indications for the purpose of consistency with previous research and in anticipation that they will prompt reliable examples of themes.

The second limitation to be noted is the limited time frame and lack of resources necessitated the main researcher to facilitate the interview, transcribe the audio records, and

report interpretations of the findings. For this reason, there is a potential for researcher bias (i.e., attitudes, values, and belief about the child-centered process) impacted the interpretation of the findings (Chenail, 2011). With this limitation in mind, a second researcher reviewed and analyzed the data separately (step-wise approach) and maintained reflexivity to promote objectivity. However, there are other advantageous ways to minimize researcher bias that were not utilized in the current study. Many grounded theorist (Charmaz, 2014; Strauss & Corbin 1998) assert that obtaining *multiple perspectives*, or other interpretations of the phenomenon, is an integral part of grounded theory. *Member checks* are a commonly used technique to help ensure the merit of qualitative methods (Anney, 2014), in which the researcher allows the participants to see and interpret the transcription of their responses after transcription.

A third limitation of this study is related to the participant portion of the methodology. All 10 participants were recruited from only one city (Las Vegas, NV) and varied in clinical and educational background. The researcher assessed the participant's educational background prior to the onset of the study to assure for status of licensure and training/experience in CCPT. Child-centered treatment is a specific and unique mode of play therapy that requires consistency of the therapists; however it was evident by some of the responses that at times, the participants did not adhere to the appropriate techniques. Specifically, the responses of participant 4 were excluded from the findings because of the inconsistencies between their stated application of CCPT and the appropriate application. It is unknown whether participants acted accordingly to this study's theoretical basis (CCPT). Fourth, the sample size of this study was small, containing only 10 participants and may lack accurate representation. Of the 10 participants, there were no males which may cause a gender bias and may affect the interpretation of results. Lastly, the researcher did not collect the participant's ethnicity or age which has a negative impact on confirmability.

Future Research

Based on the aforementioned limitations, there are several recommendations for future research. Subsequent studies should continue to test the applicability of Ryan and Edge's (2012) indicators for play themes. It is possible that the questions used in the current study did not elicit sufficient information, future research may need to change or further expand the interview items. The indicators may also be particularly useful by researchers in observations of live or retrospective treatment. In another way, the therapist themselves can use it in session and throughout treatment to interpret the validity over the course of treatment. If proven credible, it can be used as a tangible instrument for clinicians and educators alike. Future research should more closely assess the credibility of the participants (therapists) to assure for the correctness in theoretical approach. This can be done so by observational research with the use video evidence from CCPT sessions. This study compared play behaviors from Erikson's psychosocial stages of development; however, it may be beneficial to test the applicability of other developmental frameworks to establish the most fitting theorization. Lastly, future research may benefit from a highly experienced child-centered play therapist to make accurate assessments from an extensive history and background in CCPT.

Clinical Implications

The findings of this study offer important insights for the marriage and family therapy (MFT) community of child-centered treatment. MFTs operate under the premise of *systems theory* and views behaviors as a result of interactional patterns (Bertalanffy, 1968). Systemic effects are also highlighted in non-directive (Rogers, 1959) approaches such as CCPT (Axline, 1969), which asserts that the therapeutic relationship is a core element to the healing process. As systemic theorists, MFTs must recognize their natural influence on a child's behavior. To offer

best practices, MFTs should display the ability to interpret and rationalize the meaning of a child's toy selection and play behavior when facilitating CCPT.

It is beneficial for MFTs to appropriately identify themes within child-centered treatment. MFTs should utilize Ryan & Edges (2012) indicators of play themes to determine if the behavior merits a label of a theme. These indicators provide MFTs with a tangible instrument to employ in their child-centered practices and will promote consistency in the field. Themes found in the current study offer MFTs the language to communicate how abstract play behavior illustrates an underlying psychological process to the caregivers. Additionally, themes can be used to enhance notetaking in CCPT. MFTs document specific instances of toy selection as it correlates to a theme and observe patterns over time. MFTs can use their observations of toy selection themes to advise the inclusion or exclusion of certain materials in the play room. The findings suggest that open-ended toys increase the probability of self-expression and building, which may be useful for a child who prefers a creative outlet. Other findings encourage therapists may also look to the length spent with a toy and frequency of the toy selection to indicate an emotional process.

The progression through child-centered treatment is especially difficult to determine because it consists of free play that is led by the child. Additionally, a child often uses abstract symbolism to display their emotions and reenact events in play. The findings of the current study provide MFTs with real and descriptive examples of stages that are easily distinguishable. It is helpful for MFTs to be able to delineate where a child is in treatment, so that they accurately inform caregivers of their child's phase in the child-centered process. A child's progression through stages is a representation of their path to healing. The findings suggest that transitions to each stage may be subtle changes of toy selection, but can also be distinct and verbally indicated

by the child. Nonetheless, transitions provide critical information and therapists pay close attention to the subtle transitions.

Conclusion

In child-centered treatment, therapists must use their subjective judgement of abstract, symbolic play behaviors to understand the child's underlying psychological process. Previously conceived indications and categorization of play themes (by Ryan & Edge) offer a standard system by which therapists are to use to identify substantial instances of play behavior. These indicators were designed to promote validity and consistency in the conceptualization of play themes in the child-centered field. The current study's intention was to adapt the aforementioned indicators into interview questions and pose them to child-centered therapists in order to gain insight into clinical experiences. Concepts that were repeated across responses were sorted into themes that represent a larger, underlying symbolic process. Both educators and therapists can use the themes as a reference for practical example to aid in conceptualization and instruction. From these themes, a general framework of the child-centered process was created. A child transitions through three stages that begins with disorganized play behaviors, moves toward more consistent and routine, and concludes with a clear distinction made or exhibited by the child.

Appendix A

Interview Protocol

1. What do you observe with regard to repeated, similar play with the same materials or toys within a session? Please describe examples.
2. Based on your cases where you have used child centered therapy, how do children display emotional involvement and intensity in their play?
3. In your opinion, how long must a child spend with a toy or type of play to be determined significant for clinical information?
4. Do you observe children display ideas and emotions that seem similar, even though toys or activities change? If yes, please explain.
5. How do children relate play activities/ or toys to their current/future life during the session? Please use examples.
6. Do you observe repeated, similar play with the same materials or toys within more than one session? If yes, please describe examples.
7. Please describe the processes by which you have observed when children change their activity and/or toy.
8. Describe the point in therapy where you observe a child engage in highly focused play.
9. How do children relate play activities/or toys to their current/future life after the session or at later dates? Please use examples.
10. How do children display their focus on you, the therapist, rather than the play activities?
11. How do children display highly emotional behavior toward you, the therapist, in session?
12. How would you describe children's tendency for consistency, or rather inconsistency, in their interactions with you, the therapist?

13. How would you describe your emotional responses to interactions with children during play therapy?

Appendix B

Email Recruitment Script

DATE

Dear XXXXXXXX

Hello, my name is Katie Andrewjeski. I am currently in my third (and final) year in the Marriage and Family Therapy program at the University of Nevada, Las Vegas. I have a passion for working with children and I have developed my thesis to expand my clinical knowledge and to better understand the process of non-directive play therapy.

I am looking for experienced, reputable mental health practitioners. Participation in this research includes a short, 30-minute interview about your experience using child-centered treatment with children. I am looking gain insight to the processes by which themes emerge and to explain how they are displayed in child-centered treatment. In order to be deemed eligible, you must have obtained experience of child-centered play therapy through training and education. The interview will take place at the Center for Individual, Couple, and Family Counseling at the University of Nevada, Las Vegas.

If you have any questions or would like to participate in the research,

Kaitlin Andrewjeski, B.A.

Student Investigator

(702) 338-1096

Katherine Hertlein, Ph.D

Principal Investigator

(702) 895-3210

Appendix C

Recruitment Phone Script

Narrator: Hello, may I please speak with [NAME]?

If the Person is available: First confirm that you are speaking to the correct person.

Narrator: Hello, my name is Katie Andrewjeski. I am a current graduate student in the Marriage and Family Therapy program at the University of Nevada, Las Vegas. I am working with Dr. Kat Hertlein. Are you available to speak with me regarding our current study?

If the Person says "Yes"

Narrator: Great. We are currently looking for participants. Participants must me a current mental health practitioner that has experience using child-centered treatment with children of the ages 4-12 years old. We will conduct 30-minute interviews with the practitioner to inquire about their observations of themes during the process of play therapy. We are hoping to describe the process of play therapy through the emergence of themes of play behaviors and toy selection through clinical and descriptive examples.

I am happy to send you a consent form to look over if you would like to know details about this research study. The consent form is a document that tells you what your rights are as a participant, what the study is about, and the risks and benefits of participating.

Narrator: (*If the Person is interested in receiving a copy of the consent form)* Does email work for you? (*If the Person says "Yes"*) ask for their email: _____

Narrator: Do you have any other questions?

Narrator: Thank you for your time. I look forward to speaking with you again.

References

Allen, F. (1934). Therapeutic work with children. *American Journal of Orthopsychiatry, 4*(2), 193-202

Anney, V. N. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. Retrieved from https://pdfs.semanticscholar.org/1419/f7b54e6b7f1215717a5056e0709f8946745b.pdf

Axline, V. M. (1947). Play therapy. New York, NY: Ballantine Books.

Axline, V. M. (1969). Play therapy (Rev. ed.). New York, NY: Ballantine Books.

Bassey, M. (1981). Pedagogic research: On the relative merits of search for generalisation and study of single events. *Oxford Review of Education, 7*, 73–93.

Bloom, P., & Markson, L. (1998). Intention and analogy in children's naming of pictorial representations. *Psychological Science, 9*(3), 200-204. doi:10.1111/1467-9280.00038

Bonawitz, E., Shafto, P., Gweon, H., Goodman, N. D., Spelke, E., & Schulz, L. (2018). The double-edged sword of pedagogy: Instruction limits spontaneous exploration and discovery. *Cognition, 120*(3), 322-330. doi:10.31219/osf.io/rts2w

Bratton, S., & Ray, D. (2000). What the research shows about play therapy. *International Journal of Play Therapy, 9*, 47–88

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi:10.1191/1478088706qp063oa

Carlson, S. M., White, R. E., & Davis-Unger, A. C. (2014). Evidence for a relationship between executive function and pretense representation in preschool children. *Cognitive Development, 29*, 1–16.

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.

Chenail, R. (2011). Interviewing the investigator: Strategies for addressing instrumentation and researcher bias concerns in qualitative research. *The Qualitative Report, 16*(1), 255-262. Retrieved from http://www.nova.edu/ssss/QR/QR16-1/interviewing.pdf

Cochran, J. L., & Cochran, N. H. (1999). Using the counseling relationship to facilitate change in elementary school students with conduct disorder. *Professional School Counseling, 2*, 395–403.

Cochran, J. L., Cochran, N. H., Cholette, A., & Nordling, W. J. (2011). Limits and relationship in child-centered play therapy: Two case studies. *International Journal of Play Therapy*, *20*(4), 236-251. doi:10.037/a0025425

Cochran, J. L., Cochran, N. H., Fuss, A., & Nordling, W. J. (2010). Outcomes and stages of child-centered play therapy for a child with highly disruptive behavior driven by self-concept issues. *The Journal of Humanistic Counseling, Education and Development*, *49*(2), 231-246. doi:10.1002/j.2161-1939.2010.tb00100.x

Cochran, J. L., Cochran, N. H., Nordling, W. J., McAdam, A., & Miller, D. T. (2010). Monitoring two boys' processes through the stages of child-centered play therapy. *International Journal of Play Therapy*, *19*(2), 106-116. doi:10.1037/a0019092

Cochran, N. H., Nordling, W. J., & Cochran, J. L. (2010). *Child-centered play therapy: A practical guide to developing therapeutic relationships with children.* Hoboken, NJ: Wiley. doi:10.1037/h0089440

Creswell, J. W. (2008). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. Upper Saddle River, N.J.: Pearson/Merrill Prentice Hall Dynamics of Attachment Conference, University of York.

DeLoache, J. S. (1995). Early understanding and use of symbols: The model model. *Current Directions in Psychological Science, 4*, 109-113.

Drabble, L., Trocki, K. F., Salcedo, B., Walker, P. C., & Korcha, R. A. (2016). Conducting qualitative interviews by telephone: Lessons learned from a study of alcohol use among sexual minority and heterosexual women. *Qualitative Social Work, 15*(1), 118–133. doi:10.1177/1473325015585613

Drewes, A. (2008). Bobo revisited: What the research says. *International Journal of Play Therapy, 17*. doi:101-101.10.1037/a0013841.

Eisenberg, N., Wolchik, S., Hernandez, R., & Pasternack, J. (1985). Parental socialization of young children's play: A short-term longitudinal study. *Child Development, 56*(6), 1506-1513. doi:10.2307/1130469

Erikson, E. (1977). *Childhood and society*. London: Triad/Granada.

Glover, G. L., & Landreth, G. (2015). Child-centered play therapy. In *Handbook of Play Therapy: Second Edition* (pp. 93-118). Wiley Blackwell.

Guerney, L. F. (1984). Client-centered (nondirective) play therapy. In C. Schaefer & K. O'Connor (Eds.), *Handbook of play therapy* (pp. 21–64). New York: Wiley.

Guerney, L. F. (2001). Child-centered play therapy. *International Journal of Play Therapy, 10*, 13–31. doi:10.1037/h0089477

Hendricks, S. (1971). A descriptive analysis of the process of client centered play therapy (Doctoral Dissertation). *Dissertation Abstracts International, 32*, 3689.

Hillman, L. (2014). Underlying constructs in play therapy themes: An exploratory factor analysis (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database.

Jensen, S. A., Biesen, J. N., & Graham, E. R. (2017). A meta-analytic review of play therapy with emphasis on outcome measures. *Professional Psychology: Research and Practice, 48*(5), 390-400. doi:10.1037/pro0000148

Johnson, L. R. (2016). *Community-based qualitative research: Approaches for education and the social sciences*. Thousand Oaks, CA: SAGE Publications.

John-Steiner, V. & Mahn, H. (1996). Sociocultural approaches to learning and development: A Vygotskian framework. *Educational Psychologist, 31*(3-4), 191-206. doi:10.1080/00461520.1996.9653266

Kim, M. (2002). Parents' perceptions and behaviors regarding toys for young children's play in Korea. *Education, 122*, 793–807.

Kim, Y. (2011). The pilot study in qualitative inquiry: identifying issues and learning lessons for culturally competent research. *Qualitative Social Work, 10*(2), 190-206. doi:10.1177/1473325010362001

Klingensmith, S. (1953). Child animism: What the child means by "alive." *Child Development*, 24(1), 51-61. doi:10.2307/1126300

Kollmayer, M., Schultes, M., Schober, B., Hodosi, T., & Spiel, C. (2018). Parents' judgments about the desirability of toys for their children: Associations with gender role attitudes, gender-typing of toys, and demographics. *Sex Roles, 79*(5), 329-341. doi:10.1007/s11199-017-0882-4

Kottman, T. & American Counseling Association. (2011). *Play therapy: basics and beyond.*

Lacey, A. & Luff, D. (2007). *Qualitative research analysis*. Provided by the NIHR RDS for the East Midlands / Yorkshire & the Humber.

Lambert, S. F., LeBlanc, M., Mullen, J. A., Ray, D., Baggerly, J., White, J., & Kaplan, D. (2007). Learning more about those who play in session: The national play therapy in counseling practices project (phase I). *Journal of Counseling & Development, 85*(1), 42-46. Retrieved from http://ezproxy.library.unlv.edu/login?url=https://search.proquest.com/docview/62035178?accountid=3611

Landreth, G. L. (2002). Play therapy: The art of the relationship (2nd ed.). New York: Brunner-Leblanc, M. & Ritchie, M. (2001). A meta-analysis of play therapy outcomes, *Counselling Psychology Quarterly, 14*(2), 149-163, doi:10.1080/09515070110059142

Lillard, A. M., Pinkham, A., & Smith, E. (2010). Pretend Play and Cognitive Development. In *The Wiley-Blackwell Handbook of Childhood Cognitive Development, Second edition* (pp. 285-311). Wiley-Blackwell.

Lillard, A.S. (2006) Guided participation: how mothers structure and children's understanding of pretend play. In Play and Development: Evolutionary, Sociocultural, and Functional Perspectives (Goncu, A. and Gaskins, S., eds), Erlbaum, (Mahwah, NJ)

Lin, Y. & Bratton, S. (2015). A meta-analytic review of child-centered play therapy approaches. *Journal of Counseling & Development*, 93(1), 45–58. doi:10.1002/j.1556-6676.2015.00180.x

Miller, C. L. (1987). Qualitative differences among gender-stereotyped toys: Implications for cognitive and social development in girls and boys. *Sex Roles*, *16*(9-10), 473-487. doi:10.1007/bf00292482

Moustakas, C. (1955). Emotional adjustment and the play therapy process. *Journal of Genetic Psychology, 86,* 79–99.

Muro, J. H., Holliman, R. P., Blanco, P. J., & Stickley, V. K. (2015). Exploring play therapy training: An investigation on the impact of practice on attitudes, knowledge, and skills with master's level students. *International Journal of Play Therapy, 24*(4), 234-247. doi:10.1037/a0039811

Nordling, W. & Guerney, L. (1999). Typical stages in child-centered play therapy. *Journal for* the *Professional Counselor, 14,* 17–23.

Novick, G. (2008). Is there a bias against telephone interviews in qualitative research? *Research in Nursing & Health, 31*(4), 391-398. doi:10.1002/nur.20259

O' Connor, K. J., Schaefer, C. E., & Braverman, L. D. (2016). *Handbook of play therapy*. 2nd Edition. Hoboken, NJ: Wiley

Ray, D. C. (2011). *Advanced play therapy: Essential conditions, knowledge, and skills for child practice*. New York, NY: Routledge.

Rogers, C. (1951). *Client-centered therapy: Its current practice, implications and theory*. London: Constable.

Rogers, C. (1959). "A theory of therapy, personality relationships as developed in the client-centered framework." In S. Koch (ed.). *Psychology: A study of a science*. Vol. 3: Formulations of the person and the social context. New York: McGraw Hill.

Ryan, V., & Edge, A. (2012). The role of play themes in non-directive play therapy. *Clinical Child Psychology and Psychiatry, 17*(3), 354-369. doi:10.1177/1359104511414265

Shenton, A. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22,* 63-75. doi:10.3233/EFI-2004-22201.

Silverman, D. (2000). *Doing qualitative research: A practical handbook.* London: Sage.

Strauss, A. & Corbin, J. M., (1990). Grounded theory research: Procedures, canons, and evaluative criteria. *Qualitative Sociology, 13*(3). doi:10.1007/BF00988593

Strauss, A. & Corbin, J. M. (1998). Grounded theory methodology: An overview in Denzin and Lincoln, eds, Strategies of Qualitative Inquiry, London: Sage, (58- 183)

Taft, J. (1933). *The dynamics of therapy in a controlled relationship*. New York: Macmillan.

Trotter, K. & Eshelman, D. & Landreth, G. (2003). A place for bobo in play therapy. *International Journal of Play Therapy, 12*. 117-139. doi:10.1037/h0088875.

Vallotton, C. D., & Ayoub, C. C. (2009). Symbols build communication and thought: The role of gestures and words in the development of engagement skills and social-emotional concepts during toddlerhood. *Social Development*, *19*(3), 601-626. doi:10.1111/j.1467-9507.2009.00549.x

Vasileva, O., & Balyasnikova, N. (2019). (Re)introducing Vygotsky's thought: From historical overview to contemporary psychology. *Frontiers in Psychology, 10*, 1515. doi:10.3389/fpsyg.2019.01515

Verenikina, I. (2010). Vygotsky in Twenty-First-Century research. In J. Herrington & B. Hunter (Eds.), Proceedings of World Conference on Educational Multimedia, Hypermedia and Telecommunications (pp. 16-25). Chesapeake, VA: AACE.

Wilson, K., & Ryan, V. (2005). *Play therapy: A non-directive approach for children and adolescents*. 2nd Edition. London: Elsevier Science.

Withee, K. (1975). A descriptive analysis of the process of play therapy (Doctoral Dissertation). *Dissertation Abstracts International, 36*, 6406B.

Curriculum Vitae

Kaitlin Andrewjeski

kandrewjeski@yahoo.com

EDUCATION

Master of Science, Couple and Family Therapy
University of Nevada, Las Vegas
Current GPA: 4.0
Expected Graduation: December 2019

Bachelor of Arts, Psychology
University of Nevada, Las Vegas
December 2016

Study Abroad
University Studies Abroad Consortium (USAC)
Universidad del País Vasco (UPV)
San Sebastián, Spain
Fall 2014

RELEVANT EXPERIENCE

Journal Administrator .....……...Spring 2019- Present
Journal of Solution-Focused Brief Therapy
Self-published
Editor in Chiefs: Dr. Sara (Smock) Jordan

Undergraduate Advisor.……. Spring 2018
Family Studies Department
University of Nevada, Las Vegas
School of Medical School

Student Therapist.....Summer 2018- Summer 2019
Center for Individual, Family, and Couple Counseling
University of Nevada, Las Vegas
Couple & Family Therapy Program

Student Therapist.....Summer 2018- Summer 2019
Pathways Therapy & Wellness Center

Journal Administrator .....……...Fall 2017- Present

Journal of Couple & Relationship Therapy
Taylor & Francis
Editor in Chief: Dr. Katherine Hertlein

RESEARCH EXPERIENCE

Family Research & Services (FRS)

Research Assistant (Paid)..……..……..2015- Fall 2016
Department of Psychology at the University of Nevada, Las Vegas
Supervisor: Bradley Donohue, Ph.D.

This study focused on the development and controlled evaluation of Family Behavior Therapy specifically for use in collegiate athletes. The study was funded through the National Institute on Drug Abuse (NIDA; 1R01DA031828-01A1). Responsibilities included…

- Quality Assurance: Ensure accuracy and consistency of all intervention and assessment files; creation of quality assurance protocols for assessments
- Data Management: Inputting data from recruitment studies and assessment files
- Assessments: Assist performance coaches in conducting recruitment studies; create timeline follow-back calendars; complete urine drug testing (i.e. amphetamine, barbiturates, benzodiazepines, oxycodone)
- Present research at university and national conferences

Cirque du Soleil
Research Assistant…….Spring- Fall 2016
Supervisor: Bradley Donohue, Ph.D.
University of Nevada, Las Vegas, NV
The purpose of the project was to evaluate the efficacy of TOPP-C (the optimum performance program in circus) in circus artists from national circus school and Cirque du Soleil.

- Responsibilities include entering and organizing data through SPSS technology.

Human Memory Lab
Research Assistant……..Spring- Summer 2015
Supervisor: Colleen Parks, Ph.D.
Department of Psychology
University of Nevada, Las Vegas, NV

- Assisted in study of memory reconsolidation by guiding each participant through the study and record/document data.

Couple and Family Therapy Research Teams
Couple and Family Therapy Department, UNLV

Research and Teaching Assistant……..Fall 2016
Supervisor: Ryan Earl, Ph. D.
Classes: Personal Growth and Introduction to Marriage and Family Therapy

- Performed literature searches, grading for introductory MFT courses and creation of annotated bibliographies and guided study sheets.

Teaching Assistant…….……Fall 2016
Supervisor: Stephen Fife, Ph.D.

- Assisted in the creation of classroom presentations from the book, *Couples in Therapy*.

PROFESSIONAL TRAINING

Collaborative Institutional Training Initiative (CITI) ……....Fall 2015
Received training on the protection of human subjects in research.

Responsible Conduct of Research (RCR)..……Fall 2015
Office of Research and Integrity, Division of Research and Graduate Studies, UNLV

- Received training through a series of modules on various ethical topics, which include: General Ethnical Responsibilities in Research; Mentor/Trainee Responsibilities; Research Misconduct; Collaborative Research; Peer Review; Publication Practices and Responsible Authorship; Conflicts of Interest and Commitment; and Acquisition, Management, Sharing, and Ownership of Data.

Annual National Institute on Drug Abuse training……...Fall 2015
Completed training for the National Institute on Drug Abuse at Family Research and Services on the following topics: training on adverse events, child maltreatment reporting, suicidal ideation, and substance withdrawal.

Theraplay Level One.....Fall 2019
Conducted by: Jessica Weidel, M. Ed., LMHC, Certified Theraplay Therapist and Supervisor, Theraplay Institute, Alexis Greeves, LPCC, RPT, Certified Theraplay Therapist
Theraplay is an evidenced-based, child and family therapy for the improvement of attachment bonds, self-esteem, trust, and overall experience. Level one training incorporates Theraplay modules: Principles of attachment theory on an intellectual and experiential level; Four Dimensions of Theraplay; Theraplay protocol; Adapting Theraplay for complex trauma and other populations; Managing resistance and countertransference; and implementing Theraplay into clinical practice.

Marschak Interaction Method (MIM).....Fall 2019
Conducted by: Jessica Weidel, M. Ed., LMHC and Alexis Greeves, LPCC, RPT
The MIM is an intervention for observing and assessing the caregiver-child relationship. It includes a series of tasks designed to evaluate the caregiver's capacity to provide structure, engagement, nurture, and challenge. MIM training included: administration, analysis and treatment planning.

"A New Lens: Complex Trauma & The Developing Brain".....Fall 2019
Conducted by: Julie A. Harris, LCSW, TBRI Practitioner

PROFESSIONAL MEMBERSHIPS

Alpha Delta Pi Sorority…….……2012-2016

Corresponding Secretary (2013-2014)
Alumnae Relations (2014-2015)
Sisterhood Chair (2015-2016)

Psychology Club……..……2014-2016
Student Membership

Consolidated Students of the University of Nevada Las Vegas (CSUN)
Senator for the College of Liberal Arts…….……Fall 2015- Fall 2016

- *Vice Chair*
  Subcommittee | Scholarships and Grants
  Assists in the grading of scholarships and presents a biannual presentation to help awareness of scholarships. Through this committee, we have had awarded thousands of student's scholarships to ease their financial burden.
- *Committee Member*
  Subcommittee | Health and Safety
  Through this committee we have made the campus a safer place. We have set in motion creating more lighting and emergency telephones throughout campus. We have also begun a project that will create more awareness for possible on-campus shooters.

Association of Behavioral and Cognitive Therapies (ABCT) ……..…….2017- Present
Student Membership

Delta Kappa Zeta (DKZ) ……..……2018- Present
Vice President of Membership

American Association for Marriage and Family Therapy (AAMFT) ……2018- Present
Student Membership

HONORS AND AWARDS
Jo Marshall Memorial Scholarship……..……..2016

Nevada Regents Service Program……..……2016

- The Nevada Regents Service Program is a state-funded program that provides paid internships and employment placements. These placements emphasize service and applied learning opportunities for students who make a contribution to the state of Nevada, the surrounding communities, or the university.

PRESENTATIONS

8. Plant, C. P., Gavrilova, Y., Pitts, M., Galante, M., **Andrewjeski, K.**, & Donohue, B. (October, 2016). *Controlled evaluation of a method of recruiting participants into treatment outcome research.* Poster presented at the annual convention for the Association of Behavioral and Cognitive Therapies, New York, NY.

7. Plant, C. P., Pitts, M., Gavrilova, Y., Galante, M., **Andrewjeski, K.**, & Donohue, B. (October, 2016*). Family supported dynamic goal and contingency management intervention components within the context of evidence-supported treatment for mothers referred by Child Protective Services*. Poster presented at the annual convention for the Association of Behavioral and Cognitive Therapies, New York, NY.

6. Gavrilova, E., **Andrewjeski, K.** (September, 2016) *Reciprocity Awareness*. Workshop conducted at the Women's Development Center, Las Vegas, NV.

5. Donohue, B., Gavrilova, Y., Mitchell, R., Matienzo, D., **Andrewjeski, K.,** Corral, A., Galante, M., Stevenson, E., & Millwood, S. (March, 2016). *The Optimum Performance Program in Sports: A model research laboratory.* Undergraduate Research Forum, University of Nevada, Las Vegas, Las Vegas, NV.

4. Galante, M., **Andrewjeski, K.** (March, 2016). *Examination of the effects of child neglect type and case status on self-reporting of child maltreatment potential in substance abusing mothers referred by Child Protective Services.* GPSA Graduate Research Forum, University of Nevada, Las Vegas, Las Vegas, NV.

3. Loughran, T., Soto-Neva, A., Pitts, M., Schubert, K., Gavrilova, Y., Chow, G., Donohue, B.. **Andrewjeski, K.**, Givens, A., & Millwood, S. (2016, April). *Evaluation of a goal-oriented alcohol prevention program in student-athletes.* Poster session presented at the Psi Chi undergraduate poster competition, Las Vegas, NV.

2. **Andrewjeski, K.**, Ender, L., & DeFronzo, A. (2018, November). *Mindfulness techniques for couples.* Workshop conducted at the University of Nevada, Las Vegas School of Medicine.

1. Eddy, B., Jordan, S., Suresh, V., Komosinska A., **Andrewjeski, K.**, Fowler-Galloway, N. (October, 2019). *Teaching SFBT to graduate students: What works*. Workshop conducted at the annual convention for the Solution Focused Brief Therapy Association, Montreal, Canada.

VOLUNTEER EXPERIENCE

Camp Erin
Bereavement *Counselor*……..….Summers 2011- Present
Nathan Adelson Hospice
Camp Erin is annual camp designed to help children who have recently lost a loved one. Campers have an opportunity to tell their story, express their feelings, and memorialize their loved ones.

Ronald McDonald House Charities (RMHC)
Volunteer…….…..…….Fall 2012- Spring 2016
Las Vegas, NV

RMHC provides housing and basic needs for families with hospitalized loved ones. Volunteer activities include: canned food drives, fundraising events, the annual 5K, and meal preparation for the families.

Camp Med
Chaperon……..…..……..…..….Summer 2016
University of Nevada, Las Vegas Medical School
Camp Med is an annual camp designed for underprivileged incoming high school freshman who show an early interest in medicine. Through this three-day program, campers are taught and trained by health professionals to further their knowledge in medicine.

The Practice
Volunteer……..…..……..…..…….Fall 2016
University of Nevada, Las Vegas
Watched over the children while their family members were in a therapy session with a psychologist and created activities such as games or drawing to help create a comfortable environment.

References will be provided upon request