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PERCEPTIONS ABOUT THE EFFECTIVENESS OF  
PLAY THERAPY AMONG PARENTS

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Maria Nina Joy Malasig Flores

June 2009

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by  
Maria Nina Joy Malasig Flores


June 2009

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## ABSTRACT

Studies have shown play therapy to be an effective intervention for all populations, especially with children. Play therapy has been utilized with children who have encountered trauma, a form of deficit, as well as children with behavioral problems. Past studies have displayed the effectiveness of play therapy, but few research studies have focused their study based on parents' observations of this intervention.

This study uses a quantitative approach in exploring the effectiveness of play therapy through the perception of parents. This study reveals and confirms that play therapy is a successful intervention in helping children with their development.

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## DEDICATION

This is dedicated to my family (mom, dad, brother & grandmother): You have all been my backbone throughout my life. Mom and Dad thank you for working so hard to provide the best for me and not to mention your abundant love and patience. Brother, thank you for being my beacon and for always challenging me to do my best. Grandma, thank you for all your love and support. Without you, this would have not been possible. I LOVE YOU!

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## CHAPTER ONE

### INTRODUCTION

This chapter will provide background information on therapy. Specifically, it will explain one form of therapy called play therapy. It will provide insight on the importance of play therapy and how it is significant to social workers in their field of work. It will state the point of the study and present the general idea as to why the issue is being addressed.

#### Problem Statement

For many centuries, stigma has been attached to therapy because of past belief that therapy was only for the mentally ill (Mental Health America [MHA], 2008). However, in recent years, the understanding of therapy has evolved by becoming more accepted to individuals and families. Throughout the years, the need for therapists and mental health professionals has increased due to the need for therapy services. In the present day, it is more common for individuals and families to seek therapy services due to stressors from daily living. While therapy may help individuals with crisis such as grief and loss, trauma, and other events that impede life, it

can also help to promote healthy coping skills from stressful life events (MHA, 2008). Therapy helps all individuals and families because therapists utilize different techniques in their practice. While people seek different types of therapy such as psychodynamic, marriage and family, cognitive behavioral, and solution-focused, there are those that utilize self coaching, family systems, and existentialism. These forms of therapy have different methods, yet they are all effective (Pucci, 2005). However, while many of the therapy methods are ideal for all individuals, children tend to have a hard time with therapy because they lack the attention span and have difficulty communicating and expressing themselves through words (Play Therapy International [PTI], 2008).

Based on studies by Mental Health America (MHA), mental health problems affect one in every five young children at a given time. An estimated two-thirds of all young people with mental health problems are not getting the help they need (MHA, 2008). Studies indicate that 1 in 5 children and adolescents (20 percent) may have a diagnosable disorder (MHA, 2008). These statistics show that the growing number of children with mental health

problems are not receiving services and may affect the performance and overall development of the child.

Children who often go to therapy are seen for mental health reasons and concerns such as anger management, grief and loss, divorce and family dissolution, and crisis and trauma, autism or pervasive developmental, attention deficit hyperactivity (ADHD), and depression (Association of Play Therapy [APT], 2008). These concerns are usually connected to behavioral problems that the child exerts due to do their issues. As a result, children end up exhibiting problem behaviors such as social and academic problems, tantrums, communication deficit, low self esteem, and lack of respect towards family, friends, and others (APT, 2008). Therefore, the implementation of therapy geared towards children is important because it assists children in resolving underlying issues.

One form of therapy that has been seen as being effective with children is play therapy. According to the Association of Play Therapy website (APT), play therapy is defined as "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to

help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development (www.a4pt.org, 2008).” In other words, while play therapy can be seen as a medium play, it is also a constructive form of therapy that is able to connect with children and foster self improvement and assist children with problem solving.

Play therapy can be directed in two methods, direct and nondirective play. Nondirective play is client centered responsibility and guidance is left to the child (APT, 2008). Nondirective is when the therapist lets the child make the decisions so that the child evolves for themselves. The philosophy behind this method is that the child will do their own processing. For example, the therapist using nondirective form would let the child choose the game he/she would like to play and as a result the child would lead the therapy session while the therapist is non-participatory in their play. Direct play therapy is when the therapist takes the responsibility and guidance of the play environment (APT, 2008). Direct therapy is when the child is guided by the therapist. For example, the therapist using this method would select the activity for the child and direct the therapy session. The philosophy with this method is to help guide the

child closer to specific treatment issues (APT, 2008). Whereas nondirective lets the child guide themselves, direct therapy lets the therapist have full control.

As children also need therapy services, play therapy can help by assisting children to becoming more responsible for behaviors and develop more successful strategies, develop new and creative solutions to problems, develop respect and acceptance of self and others, learn to experience and express emotion, cultivate empathy and respect for thoughts and feelings of others, learn new social skills and relational skills with family, develop self-efficacy and thus a better assuredness about their abilities (APT, 2008).

Play therapy is important to consider because since social workers are experienced therapists that provide mental health services, having effective methods and techniques are valuable. The influence of a social worker with the child as a therapist can have a dramatic impact on the outcome of treatment. According to Play Therapy International (PTI) the role of the social worker in a therapeutic environment is to help promote positive encounters with others, contain conduct or relieve stress, and foster communication of needs (PTI, 2008).

This therapeutic relationship is built by engaging the child in the activity and simply building rapport and providing a safe environment. Children have an inert desire to play, and as a result children feel more comfortable discussing their issues.

With more children exhibiting problem behaviors, it is important to understand the effectiveness of play therapy for many reasons. For one, determining its efficacy can help future practitioners incorporate this method into their approach. Especially in school settings, where children may experience a multitude of problems that extend from different forms of abuse to emotional and behavioral problems, play therapy can be used to allow children to express themselves freely without feeling targeted. Secondly, research can help open doors for future practitioners by allowing them to see whether play therapy methods are effective and whether or not it needs to be expanded or changed. Another reason for examining the effectiveness of play therapy is because as social workers have the ethical obligation to be change agents and create change, research based on play therapy can help advance other

methods which may ultimately create other structuralized ways of intervening with children.

#### Purpose of the Study

This thesis will explore the perceptions about the effectiveness of play therapy among parents. This study will work with Bilingual Family Counseling Services, (BFCS) in Ontario, with their school based program. Their school based program runs throughout the Montclair and Ontario school districts and helps counsel children with behavioral problems who are from 5-12 years of age with play therapy. The issue that will be addressed in this study is to find out through the perception of the parent whether or not play therapy has been effective with their child. This study will survey parents about their child's progress throughout intervention. The survey will consist of questions that target improvement of their child such as classroom behavior, attendance, participation, attitude, etc.

#### Significance of the Project for Social Work

This study is needed because it will help future research assess the success or failure of play therapy through a parent's perspective. This study incorporates



parents' perception because they are the best source for determining their child's changed behavior, if any. The results of this study can contribute to social work by opening doors to other studies that may help determine just how effective or ineffective play therapy is with children. The results of this study will help future researchers by being able to add on additional findings and outcomes that can either support or argue against the effectiveness of play therapy through the perception of parents.

This study incorporates the evaluating stage of the generalist intervention process by using data that was attained by this researcher and evaluating whether or not parents believe their child has grown or changed after play therapy was utilized.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter covers previous research studies that have been conducted involving play therapy. This chapter will cover the various populations play therapy has been practiced in, as well as the different perceptions of play therapy. In addition, it will cover a theoretical perspective that have guided past research and that will also guide this study. This chapter will conclude with a discussion as to how this study will build on and differ from past research.

#### Play Therapy among Various Populations

Studies have shown that play therapy has been an effective form of treatment with children from all spectrums. Play therapy can be utilized in many circumstances dealing with children experiencing some form of deficit, aggression, and or trauma.

According to the American Psychiatric Association (2000), students that have difficulty with attention and behavior may qualify for a diagnosis of attention deficit hyperactivity disorder (ADHD), which is one of the most

frequent diagnoses of childhood. In addition, The American Psychiatric Association (2000) estimates that approximately 3 to 7 percent of children are affected by ADHD. This is relevant because studies have found that children who experience a form of deficit can gain from play therapy. For example, according to a study done with sixty elementary school age children in three southwestern United States schools who exhibited ADHD and were randomly assigned to 1 of 2 treatment conditions, child-centered play therapy (CCPT) or Reading mentoring (RM), it was found that children exposed to child-centered play therapy dramatically improved their overall school performance (Ray, Schottelkorb, & Tsai, 2007). Moreover, this same study showed that providing equipped playrooms and having counselors/therapist ensure the child in a safe environment while maintaining to provide genuineness and effective facilitation skills also helped with children responding positively (Ray, Schottelkorb, & Tsai, 2007).

In another study dealing with children with speech deficit, similar results were also shown. According to the National Center for Educational Statistics (2002), children who have limited communication skills embody the

second largest population of school children that need help and utilization of specialized services in America. Since it is hypothesized by other studies that play therapy results in improved speech (Bouillion, 1974) a better self concept (Cowden & Torrey, 1990), and greater positive social interaction (George, Braun, & Walker, 1982), Danger and Landreth (2005) conducted a qualitative study to determine whether using play therapy on pre-kindergarten and kindergarten children with speech difficulties would be an effective intervention. This study consisted of twenty-one children who were mainly Anglo and Mexican-American. Each child had the following criteria:

- (1) the child was qualified for speech therapy in the selected school district
- (2) the child received speech therapy sessions during the course of the study
- (3) the child was not currently in play therapy or any other form of psychotherapy
- (4) the child was able to attend all 25 play therapy sessions at the scheduled times and
- (5) the child's parents agreed with this study. (Danger & Landreth, 2005, p. 85-98)

Based on this study each child was randomly assigned into one of two groups, experimental or comparison group. The experimental group received 25 group play therapy sessions in addition to having regular speech therapy, while the comparison group only received their regular schedule speech therapy sessions (Danger & Landreth, 2005). As a result, this study proved that there was a large significance of group play therapy. Thus, children who were in the experimental group improved both their expressive and receptive language skills then those of the comparison group (Danger & Landreth, 2005). This depicts that having additional interventions, like play therapy, can have a bigger impact on a child's overall performance.

In addition to studies showing play therapy as an effective intervention with children experiencing a form of deficit, similar findings were also found with children experiencing aggressive behaviors in school. Davenport and Bourgeois (2008) studied preschool-aged children who had high levels of aggression. This study sought to see if aggression was based on the family context. In other words, this study set out to see whether aggressive behavior among children was influenced

by the type of parenting a child experienced. In addition, the study implemented play therapy and the quality of parent-child interactions on children shown to be aggressive (Davenport & Bourgeois, 2008). Much like the previous studies, where there was a strong significance of the effectiveness of play therapy, this study also proved the same outcome. Results showed that play therapy was a form of mediation that helped parent and child relationship. Based on this study, play therapy helped each parenting style (authoritative and authoritarian) by providing parents a healthier way of communicating to their child and dealing with their behavior (Davenport & Bourgeois, 2008). As a result, the study concluded that play therapy ultimately led to a decrease of the child's problem of aggression while contributing to an increase of child interaction among family and peers and contributing to a child's problem solving skills (Davenport & Bourgeois, 2008).

Another comparable study was done by Mader (2000) with children exuding disruptive behaviors in school settings. This study explored children kindergarten to third grade with troublesome behaviors. The children were given half-hour play intervention for six weeks. During

these six weeks different types of play therapy techniques were introduced and communication with the parents was implemented. Similar to Davenport and Bourgeois' study, Mader (2000) also found that play therapy helps children build better problem solving skills and become less disruptive through play. Moreover, parent involvement through this process led children to become less aggressive (Mader, 2000).

Not only has play therapy worked for children with deficits and aggression, but it has also been a helpful intervention with traumatized children. For example, Ogawa (2004) studied children with post traumatic stress disorder (PTSD) found that children tend to be receptive to play therapy. Ogawa's study explored healing factors of play therapy for traumatized children including sense of security, sense of control, and freedom of expression (Ogawa, 2004). The study showed that providing these factors helped children feel safer and allowed children to release their confined feelings (Ogawa, 2004). As a result, this study implicated that because children that experience trauma end up feeling deprived of sense of control and security and have feelings of helplessness, play therapy helps children to cope with these internal

issues (Ogawa, 2004). In addition, a longitudinal study by Reyes and Asbrand (2005) assessing trauma victims who have been sexually abused have also shown the same results. Reyes and Asbrand (2005) studied 18 children ages 7-16 for a 9 month period that have encountered a form of sexual abuse. In this study, participants were assessed by the number of times child had been sexually abused and the duration. The assessment showed children feeling anxiety, depression post-traumatic stress, and sexual distress (Reyes & Asbrand, 2005). After play therapy was put into practice, results show that after 6 months of play therapy children showed a decrease in anxiety, depression, post-traumatic stress, and sexual distress (Reyes & Asbrand, 2005). Moreover, children also had a significant decrease with their overall trauma symptom (Reyes & Asbrand, 2005).

On the other hand, while play therapy is an effective form of intervention with traumatized children, Crenshaw and Hardy (2007) add on the importance of empathy in breaking the silence. In their research based on a case study with an adolescent boy that had been traumatized, their findings show that being empathetic towards children and being sensitive towards their



feelings can foster for better results (Crenshaw & Hardy, 2007). Using empathy in play therapy promotes a better therapeutic relationship, emotional healing, and attending to the deeper wounds of the client (Crenshaw & Hardy, 2007).

### Play Therapy and Cultural Differences

While play therapy can be utilized in different populations, it is important that play therapy is culturally sensitive towards cultural differences. For example, when dealing with Japanese families for the first time it is usual for them to feel shame because in their culture therapy is the last resort; therefore they feel they have failed to address their child's difficulties (Nagata, 1998). This depicts that Japanese culture believe that when they have failed to resolve an issue, then they have failed as parents. Contrary to that view Vietnamese and Cambodian Americans, feel that having their child go through play therapy creates a debt that the parent or family feels obligated to pay (Huang, 1998). Play therapist would have to engage by communicating to the family and promoting their credibility to resolve their issues. On the other hand,

Ramirez (1998) found that when dealing with Mexican American families' therapist need to be warm and genuine to them joining the process. This can be done by a warm handshake to reduce initial anxiety that family and child may feel (Ramirez, 1998). Thus, because play therapy has become culturally diverse, it is important to take into consideration families' views about it.

In Chang, Ritter's and Hays (2005) study of multicultural trends and toys in play therapy, they surveyed 505 therapist registered with the Association for Play therapy to see cultural trends they encountered in their sessions. One result showed that family dynamics played an important role in cultural differences. For example, the study showed that minorities seemed to disvalue play therapy and its effectiveness, while the dominant culture (Caucasian) showed more interest (Chang, Ritter, & Hays 2005). This is important to consider because the acceptance of interventions in ethnicity differs along the spectrum. Another result shows that ethnic minority clients tend to be shyer during play than those of the majority (Chang, Ritter, & Hays 2005). This depicts that cultural difference does have an effect on play interventions and that therapist need to be aware of

these differences. Moreover, because such differences occur, it is important for therapist to be competent and acknowledge the differences in all cultures.

In retrospect a study by Hinman (2003) addressing multicultural consideration in the delivery of play therapy showed that therapist can improve their cultural sensitivity through "expanding their knowledge of specific cultures of children they serve, increasing their ability to understand the variety of cultural influences on a child and assessing the impact of the various influences, and increasing their understanding of the ways children from minority cultures are taught to cope with minority status." (Hinman, 2003, p. 107)

#### Perceptions of Play Therapy

Although many studies have shown the significance of play therapy as an effective intervention for different sorts of population, only a few studies have been conducted on the perceptions of play therapy. One study that observed this matter is Green and Christensen's (2006) exploratory qualitative investigation of children's perceptions of play therapy in school settings. In this study, seven elementary school children

currently engaged in a therapeutic relationship with their counselor using play therapy techniques were given three forms of data collection. The three forms of data collection are "semi-structured interviewed" which is a face to face interview and a joint construction of meaning between the researcher and participant, personal observation is where researcher is observing the participant to gain in depth and breadth into the participant's insights and experience, and document reviews which provides added information about the observable fact under investigation (Green & Christensen, 2006). Based on this study, results show that there was a significant theme in children's perception of play therapy. The results depicted that children found play therapy to be more effective in terms of therapeutic relationship, emotional expressiveness, and creative play (Green & Christensen, 2006). This study revealed that when children have a positive therapeutic relationship with their counselor/therapist, are able to emotionally express themselves in a safe and fun environment, and are engaged in a form of creative play, play therapy is more effective (Green & Christensen, 2006).

Perceptions of play therapy have also been studied with practicing play therapist. Phillips and Landreth (1998) examined 1,166 professionals practicing play therapy to investigate their perception of the success of play therapy. In this study, it showed that practicing play therapist generally worked with children from age 3-11 and showed no extreme difference among gender. Play therapist included that the population that they mostly treated were children of physical/sexual abuse, depression/withdrawal, acting out/impulse control difficulties, and school adjustment/academic difficulties (Phillips & Landreth, 1998). As a result, this study showed that practicing play therapist viewed play therapy as a success. Play therapy was judged to be completely successful with about 80 percent of children in treatment (Phillips & Landreth, 1998).

Another study about perceptions of play therapy is Gil and Rubin's (2005) study of counter transference among therapists working with children. The purpose of the study was to acknowledge perceptions of transference and counter transference during sessions and addressing it in a rationale and therapeutic approach. In this study, therapist noted that the best way to address

counter transference is the development of therapist self-awareness during supervision (Gil & Rubin, 2005). This study showed that therapist with better self-awareness was able to be more effective with clients. Therapist perceived that clients had a better success rate when therapist were able to work through counter transference and transference because it allowed their client to have better experience with play therapy (Gil & Rubin, 2005).

#### Theory Guiding Conceptualization

The theoretical perspective that will guide this study is Eric Erikson's eight developmental stages. Erikson's framework of the eight developmental stages states that all individuals have to go through eight stages that extend from birth to death. The eight stages include trust versus mistrust, autonomy versus shame, initiative versus guilt, industry versus inferiority, identity versus role confusion, intimacy and solidarity versus isolation, generativity versus stagnation, and integrity versus despair (Zastrow & Kirst-Ashman, 2006). The goal of Erikson's theory is for each individual to

overcome and negotiate through each stage so that later stages can be developed.

This theoretical framework is guided by play therapy because due to a child's circumstance, it may be that the child is trapped in one of the eight stages and cannot seem to develop through the next stages of development. For example, if a child goes into therapy for sexual trauma the child may be stuck in a stage where he/she is unable to overcome. If a child has been sexually abused starting from birth, it would be assumed that the child is stuck in the first stage of trust versus mistrust. In this stage the child needs to be able to trust and gain confidence or they will start feeling worthlessness if their needs are not met (Zastrow & Kirst-Ashman, 2006). If sexual abuse is present early on, then it would be recognized that the child is stuck in a developmental stage and play therapist would need to address that through play. In addition, children encountering a form of deficit may also be stuck in a developmental stage. A child with a deficit may be having difficulties with stage two, autonomy versus shame, because they struggle to build self esteem because of their deficit, therefore leaving them in shame. During this stage Erikson stated

that children must master skills for themselves such as learning fine motor skills, toilet training, walking, talking etc (Zastrow & Kirst-Ashman, 2006). If a child has a deficit it is likely that they will need assistance with these skills. A play therapist must therefore learn to help a child overcome this stage by utilizing play as a means to develop skills to develop to the next stage. Thus, through this theoretical framework, it can help to address effectiveness of play therapy and how understanding each stage of Erikson's developmental process can help therapist utilize incorporate play techniques to meet the child's needs.

Since there have been many studies that have been done to address the effectiveness of play therapy in different populations, this study will address perceptions of the effectiveness of play therapy among parents. It is important to address the parents' perception about play therapy because not much research has been done concerning this issue. While perceptions from therapist and children have been observed about play therapy, not much data has shown the parent's observation. By conducting a quantitative study on parent's perception, it will allow for better measures of



the effectiveness play therapy entails. Once we learn more about the increase or decrease of children's development then through the eyes of their parents, then development of future interventions can be enhanced or changed. This is why this study will build on from other studies but at the same time differ from it.

### Summary

This chapter focused on previous studies that have shown play therapy as an effective intervention. It was found that play therapy can be utilized with different populations as well as with different cultures as long as therapists are culturally sensitive to others and are aware of transference and counter transference issues. Moreover, while studies have shown how play therapy can be powerful, it is unfortunate that little studies have addressed parent perceptions of the effectiveness of play therapy.

## CHAPTER THREE

### METHODS

#### Introduction

Chapter 3 will cover the study design of this study. This chapter will also include an overview of the sampling process of this study as well as the data collection and instruments. This chapter will summarize the data collection process in obtaining information on parents' perception of play therapy.

#### Study Design

The purpose of this study was to investigate whether play therapy is effective through the opinion of parents. The research method that was used in this study was a quantitative approach. Having a quantitative approach to this study will help develop other researchers to explore this subject. Using a quantitative study helps show whether or not play therapy intervention used by counselors/therapist is effective to the child.

The design that was used is a survey. The survey included 14 questions that pertain to whether the child has improved in certain areas while having been in counseling. The questions in the survey help to explore

the perceptions about the effectiveness of play therapy among parents.

### Sampling

The sample of this study came from Bilingual Counseling Family Services, Inc. Bilingual Counseling Family Services has a school-based program that work with children who are encountering many different types of problems that are not limited to but vary from behavioral problems, grief and loss issues, bullying or being bullied, difficulty in school, low self esteem, classroom behavior, and adjustment problems. Therapists/counselors working in this program utilize play therapy as a means for providing intervention with children who have been referred to by the school for one on one counseling services. Children who are referred to this service are usually children that have behavioral problems in school or children who teachers feel may benefit from this program due to self-esteem, trauma, and other unresolved issues that is affecting the child's normal capability to perform.

This study used convenient sampling to gather data. Due to time constraints and only having ten weeks to

gather and analyze data, using convenient sampling was the best way to collect information for this study. This study obtained 30 surveys from parents of the Montclair and Ontario school districts whose child have been referred to for counseling services and have successfully finished all sessions. Parent's who participated in this survey have had their child finish the 12 necessary sessions that the program provides once the child was referred.

#### Data Collection and Instruments

The data collection was conducted at Bilingual Family Counseling Services. This researcher obtained a sample of at least 30 participants from parents whose child has finished counseling services. A survey was administered containing 12 questions on a likert scale (See Appendix C). These questions were used to determine whether play therapy counseling has been effective.

An existing instrument was used during this study. To assure validity and reliability issues, questions have been designed to measure what it is suppose to measure and to have the capability to measure it constantly. Questions on this instrument include areas of academic

performance, classroom behavior, ability to solve problems, academic performance, and ability to express feelings appropriately, etc. Moreover, this existing instrument was also culturally sensitive.

The strength of this study is that it is through the parents' perception and not any other party. This is a strength because it identifies how parents perceive play therapy and whether it has been effective for their child. Previous studies have explored perceptions of therapist and child, however, not much has been studied about parent perceptions. However, the limitation of this study is the amount of time it had. Due to time constraints, sample size is not as large as it could be and therefore this study has limitations to its capability to explore more about parent perceptions of play therapy and its effectiveness.

#### Procedures

This researcher gathered data during regular office hours at Bilingual Family Counseling Services. This researcher went to the agency to perform the survey through a sit in process in an available empty room. Participants were told that this survey is optional and

not mandatory and therefore have the right to refuse and walk out if they do not wish to participate. Participants were given an informed consent form in the beginning of the experiment (See Appendix A). Participants were then asked to answer a few questions on demographics (See Appendix B). Participants were then given a survey that consists of 12 questions on a likert scale. Participants had approximately 10-20 minutes to complete the survey. Questions that were on the survey were intended to describe any changes the child has shown based on parent perception. After the survey was completed, this researcher provided a debriefing statement (See Appendix D). Once debriefing statement is provided, this researcher acknowledged each participant for their participation by providing a gift card to thank each member for their time and patience in contributing to the study.

In an event that the parent wished to refuse participation, this researcher allowed the participant to walk out of the room without any penalty.

### Protection of Human Subjects

To protect the individuals who participated in this study, this researcher provided an informed consent that was signed, stating individual rights and what the study is intended to explore. Each individual was given a debriefing statement that gave all participants contact information of the researcher's faculty advisor. Moreover, to ensure participants confidentiality, this researcher kept all data collection in a locked safe box that will only be available to this researcher.

### Data Analysis

The quantitative procedure that was utilized to test the hypothesis for this study was using a survey that uses direct questions to see whether parents feel play therapy counseling has improved their child's behavior skills. Another quantitative procedure was using an existing instrument that was provided by Bilingual Family Counseling Services to measure the outcome of this study. The data of this study was examined by inputting all data collection into SPSS program. Each variable extracted from the surveys was inputted into SPSS and was assigned different categories and scales that helped this

researcher determine results. After assigning each variable and determining results, this researcher analyzed the demographics of the data and identified whether parents feel play therapy has been helpful to their child's overall growth.

### Summary

This researcher attempted to study the perceptions about the effectiveness of play therapy among parents. This study surveyed at 30 parents whose child has had previous play therapy counseling from Bilingual Family Counseling Services. The results for this study shows whether or not parents feel their child has improved in certain areas after counseling/therapy services. This researcher's goal of this study was to help future researchers show the effectiveness of play therapy when dealing with children or be able to seek other possible ways of improving play therapy if play therapy is not as successful as other studies assume it to be.



## CHAPTER FOUR

### RESULTS

#### Introduction

This chapter provides the results that this researcher obtained in the study using a quantitative approach. The chapter first introduces the demographics (from both parent and child) of the study. The next section focuses on positive correlations between questions that showed parent's perception of the effectiveness of play therapy with their child.

#### Presentation of the Findings

The following is a profile of the demographic make-up of this study.

#### Frequencies

Table 1. Relationship with Child

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid mom	21	70.0	70.0	70.0
dad	7	23.3	23.3	93.3
sibling	1	3.3	3.3	96.7
foster parent	1	3.3	3.3	100.0
Total	30	100.0	100.0	

Table 2. Parent Age

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 20-29	2	6.7	6.7	6.7
30-39	18	60.0	60.0	66.7
40-49	9	30.0	30.0	96.7
50-59	1	3.3	3.3	100.0
Total	30	100.0	100.0	

Table 3. Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid male	9	30.0	30.0	30.0
female	21	70.0	70.0	100.0
Total	30	100.0	100.0	

Table 4. Ethnicity

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid African American	4	13.3	13.3	13.3
Hispanic/ Latino	17	56.7	56.7	70.0
White/ Caucasian	9	30.0	30.0	100.0
Total	30	100.0	100.0	

Table 5. Marital Status

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid married	13	43.3	43.3	43.3
divorced	6	20.0	20.0	63.3
separated	3	10.0	10.0	73.3
never been married	5	16.7	16.7	90.0
widow	1	3.3	3.3	93.3
single	2	6.7	6.7	100.0
Total	30	100.0	100.0	

Table 6. Parent Income

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid less than 20,000	8	26.7	26.7	26.7
20,001-30,000	6	20.0	20.0	46.7
30,001-40,000	11	36.7	36.7	83.3
40,001-50,000	3	10.0	10.0	93.3
50,001-60,000	1	3.3	3.3	96.7
60,001 and up	1	3.3	3.3	100.0
Total	30	100.0	100.0	

Table 7. Parent Education

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid no high school degree	12	40.0	40.0	40.0
high school degree	9	30.0	30.0	70.0
some college	6	20.0	20.0	90.0
college degree	3	10.0	10.0	100.0
Total	30	100.0	100.0	

Table 8. Child Age

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 5-7 years old	7	23.3	23.3	23.3
8-10 years old	12	40.0	40.0	63.3
11-13 years old	11	36.7	36.7	100.0
Total	30	100.0	100.0	

Table 9. Child Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid male	14	46.7	46.7	46.7
female	16	53.3	53.3	100.0
Total	30	100.0	100.0	

Table 10. Child Grade Level

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid first grade	1	3.3	3.3	3.3
second grade	3	10.0	10.0	13.3
third grade	10	33.3	33.3	46.7
forth grade	3	10.0	10.0	56.7
fifth grade	4	13.3	13.3	70.0
sixth grade	5	16.7	16.7	86.7
seventh grade and higher	4	13.3	13.3	100.0
Total	30	100.0	100.0	

Table 11. Child Ethnicity

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid African American	4	13.3	13.3	13.3
Hispanic/Latino	17	56.7	56.7	70.0
White/Caucasian	9	30.0	30.0	100.0
Total	30	100.0	100.0	

Table 12. Diagnosis

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid no	30	100.0	100.0	100.0

### Correlations

Based on parent's perception, this study showed that there is a significant positive correlation between children having higher self esteem (question s1) and children being able to express their feelings (question s2), ( $R = (28) = .629$ ,  $p < 0.01$ ). This depicts that when children gain self esteem they start to also express their feelings more often.

Table 13. Correlations between Question 1 and 2

	s1	s2
s1 Pearson Correlation	1.000	.629**
Sig. (2-tailed)		.000
N	30	30
s2 Pearson Correlation	.629**	1.000
Sig. (2-tailed)	.000	
N	30	30

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

In addition, this study shows that there is a significant positive correlation between children being able to get along with other students (question s3) and their attitude toward school (question s12) ( $R = (28) = .425, p < 0.05$ ). Parents see their child having a more positive attitude toward school once their child enhances their social skills by connecting with other students.

Table 14. Correlations between Questions 2 and 12

		s2	s12
s2	Pearson Correlation	1.000	.093
	Sig. (2-tailed)		.627
	N	30	30
s12	Pearson Correlation	.093	1.000
	Sig. (2-tailed)	.627	
	N	30	30

Moreover, this study shows that there is a significant positive correlation between children having increased solving skills (question s4) and respecting adults (question s5), ( $R = (28) = .804, p < 0.01$ ). In addition this study shows that there is a significant positive correlation between children being able to solve



problems (question s4) and having an increase in school efforts such as participation and completion of assignments (question s6), ( $R = (28) = .559, p < 0.01$ ). Furthermore, based on parent's perception, this study shows that there is a significant positive correlation between children increasing their solving skills (question s4) and an improvement in school attendance (question s7), ( $R = (28) = .478, p < 0.01$ ). As a result, this study shows that children who increase their solving skills through play therapy also improve in respecting adults, school efforts, and school attendance.

Table 15. Correlations between Questions 4 through 7

	s4	s5	s6	s7
s4 Pearson Correlation	1.000	.804**	.559**	.478**
Sig. (2-tailed)		.000	.001	.008
N	30	30	30	30
s5 Pearson Correlation	.804**	1.000	.479**	.464**
Sig. (2-tailed)	.000		.007	.010
N	30	30	30	30
s6 Pearson Correlation	.559**	.479**	1.000	.607**
Sig. (2-tailed)	.001	.007		.000
N	30	30	30	30
s7 Pearson Correlation	.478**	.464**	.607**	1.000
Sig. (2-tailed)	.008	.010	.000	
N	30	30	30	30

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

Furthermore, this study shows that there is a significant positive correlation between children who respect adults (question s5) and school attendance (questions s7), ( $R = (28) = .464$ ,  $p < 0.01$ ). Parents viewed their child improving in school attendance when their child began to respect adults regularly.

Table 16. Correlations between Questions 5 and 7

	s5	s7
s5 Pearson Correlation	1.000	.464**
Sig. (2-tailed)		.010
N	30	30
s7 Pearson Correlation	.464**	1.000
Sig. (2-tailed)	.010	
N	30	30

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

Additionally, this study shows that there is a significant positive correlation between children's school efforts improving (question s6) and having better school attendance (question s7), ( $R = (28) = .607$ ,  $p < 0.01$ ).

Table 17. Correlations between Questions 6 and 7

	s6	s7
s6 Pearson Correlation	1.000	.607**
Sig. (2-tailed)		.000
N	30	30
s7 Pearson Correlation	.607**	1.000
Sig. (2-tailed)	.000	
N	30	30

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

Also, this study shows that there is a significant positive correlation between children's school attendance (question s7) and their classroom behavior (question s8), ( $R = (28) = .453, p < 0.05$ ). When a child's school attendance no longer became a problem, the child's classroom behavior also enhanced depicting that play therapy has been effective in changing a child's behavior.

Table 18. Correlations between Questions 7 and 8

		s7	s8
s7	Pearson Correlation	1.000	.453*
	Sig. (2-tailed)		.012
	N	30	30
s8	Pearson Correlation	.453*	1.000
	Sig. (2-tailed)	.012	
	N	30	30

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

Likewise, this study shows that there is a significant positive correlation between children's classroom behavior (question s8) and their ability to follow rules at school more frequently (question s9), ( $R = (28) = .379, p < 0.05$ ). In addition, this study

shows that there is a significant positive correlation between children's positive classroom behavior (question s8) and their ability to complete homework on time (question s10), ( $R = (28) = .438, p < 0.05$ ). Furthermore, this study shows that there is a significant positive correlation between children's positive classroom behavior (question s8) and their overall academic performance (question s11), ( $R = (28) = .548, p < 0.01$ ).

Table 19. Correlations between Questions 8 through 11

		s9	s8	s10	s11
s9	Pearson Correlation	1.000	.379*	.481**	.446*
	Sig. (2-tailed)		.039	.007	.014
	N	30	30	30	30
s8	Pearson Correlation	.379*	1.000	.438*	.548**
	Sig. (2-tailed)	.039		.015	.002
	N	30	30	30	30
s10	Pearson Correlation	.481**	.438*	1.000	.393*
	Sig. (2-tailed)	.007	.015		.032
	N	30	30	30	30
s11	Pearson Correlation	.446*	.548**	.393*	1.000
	Sig. (2-tailed)	.014	.002	.032	
	N	30	30	30	30

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

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

As a result, this study shows that there is a significant positive correlation between children having better attitude toward school (question s12) and improving in academic performance (question s11), ( $R = .634, p < 0.01$ ).

Table 20. Correlations between Questions 11 and 12

	s11	s12
s11 Pearson Correlation	1.000	.634**
Sig. (2-tailed)		.000
N	30	30
s12 Pearson Correlation	.634**	1.000
Sig. (2-tailed)	.000	
N	30	30

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

### Summary

This chapter focused on the summary of the data collection that was found to be relevant for this study. This chapter showed the frequency distribution of the population that the study was administered to and also positive correlations between several questions, all of which has showed to be significant. The next chapter will

elaborate and closely discuss in detail the results of this study.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

The focus of this chapter is to discuss the findings of this quantitative study on the perception of the effectiveness of play therapy among parents. Also discussed in this chapter are the limitations of the study as well as recommendations for current and future social work practice, policy and research.

#### Discussion

The purpose of this study was to investigate the perception of the effectiveness of play therapy among parents. The researcher used a quantitative methodology for this research in order to provide the researcher information of any correlations about the areas in which parents have felt utilizing play therapy has been effective with their child.

The findings of this study showed that parents appeared to be satisfied with the results of play therapy. The data showed that parents felt play therapy was effective for many reasons. For example, based on the results of the survey, parents indicated that play



therapy has improved their children's overall growth in areas such as having higher self esteem, being able to express feelings, able to solve problems, school effort, school attendance, academic performance, respecting adults, overall attitude in school, and etc. In addition, the correlation results showed that if a child was able to improve in one area such as having a higher self-esteem, it was likely that their child would also progress in another area such as a child being able to express feelings. The correlations found in this study showed that play therapy enhances children's skills by using play as a medium to help children adjust and understand situations that may not be understood through other interventions. Thus, this study indicates that parents perceive play therapy positively as it helps children develop self-efficacy which resulting in building confidence about their capacity.

Another finding showed an evident dominance of mother's perception in the study. This study consisted of 21 mothers (70%) and 7 fathers (23%). This is a relevant finding because it appears as though mothers are more involved in their child's life than the father. This is a surprising result because of the 30 participants, 13

(43%) of them were married while the rest of the population were divorced, separated, single, or never been married. This indicates two possibilities that should be looked into for future studies: One that children have closer relationships with their mother and two that there is a high possibility that mothers are the primary care-giver to their child. However, another reason might include cultural and ethnicity issues. This study found that the majority of participants were Hispanic/Latino (56%). Therefore, the reason for having such a high rate of mothers taking the survey can be due to culture reasons such as mothers of this ethnic background usually have the role of the primary care-taker of their child while the father is the sole financial provider for the family (Aranda & Knight, 1997).

Another relevant finding was the socioeconomic status of the participants. The majority of parents whose child was referred to for play therapy counseling were mostly parents who stated their income was 40,000 and less- 25 parents reported income less than 40,000 constituting to 82% of the participants. Relevance in this outcome is noted by this researcher because it

appears that play therapy is used with mostly families that are of lower socioeconomic status. In addition, most parents also utilizing play therapy for their child also only attained a high school degree or lower. While 70% of parents reported having an educational background of a high school degree or lower, only 30% reported having had taken some college course or college degree (refer to frequency table of education). Thus, the numbers show that play therapy is more likely to be consumed by parents who are of lower socioeconomic class and have a high school degree or lower.

Finally, the effectiveness of play therapy was seen in ages 5 years and higher, however the rate of children in elementary schools prevailed to be more central in this study. Children who were referred for therapy were children of younger age. This is relevant because it shows that while therapy has been a success with children of younger age, it does not represent whether play therapy is effective with children of older age.

#### Limitations

There have are several limitations of this study that should be addressed. One limitation to this study

has been the sampling method. This study was a convenient sample that consisted of 30 parents/guardians. This depicts that because the study was not randomized and participants voluntarily participated, the outcome of the study may be biased in that participants may have a strong support about the study. In addition, using this sampling methodology has been a limitation because it was not a precise depiction of all populations. Having an inaccurate representation is a drawback of this study because it inaccurately portrays the true population as a whole. As a result, the outcome of this study may contain biasness and cannot be universal to the population.

A second limitation to this study has been the unequal distribution of parents taking the survey. In this study, mostly mother's perceptions were measured (70%) as compared to fathers (23.3%) (Refer to frequency table). This is a limitation because the unequal representation by fathers can have potentially skewed the results of this study. As a result, the product of this study is restricted because it contained a higher rate of mothers than fathers.

The last limitation to this study was time constraints. Due to having only 10 weeks to gather data,

the sample size of this study was only 30 participants. This is a limitation because this researcher was unable to gather more participants for this study to have a greater sample size. A greater sample size would have made this study more relevant due to the fact that the results will have a better representation of the population as well as having less of a type II sample error.

#### Recommendations for Social Work Practice, Policy and Research

A recommendation for social work practice is the need to conduct more comprehensive studies pertaining to the effectiveness of play therapy. The outcome of this study implied that parents felt play therapy is an effective intervention for children encountering problem behaviors by assisting in improving their behavior in different areas. However, though this researcher found a favorable response, future social work studies should have longer periods of time so that the researcher is able to represent all populations accurately. For example, this study had a higher response rate by mothers than fathers that could have affected the outcome. Future studies should explore this area by conducting a study

that is based on father's perception and another study based on mother's perception. This recommendation would help social work practice and research by being able to see if there is a difference of opinions among parent's perception of the effectiveness of play therapy. In addition, by exploring this difference a greater awareness of how individual groups (i.e.: mother and father) perceive play therapy can be identified. Thus, future studies incorporating this recommendation can assist future social work practice and research by creating a greater understanding.

Another recommendation for social work research is to implement this study on children who are diagnosed with a disability (i.e. physical, mental, learning disability). This study showed no indications of children with a disability utilizing play therapy. As stated by other studies mentioned in Chapter 2, play therapy has been effective in children with disabilities. This study failed to determine whether those findings were accurate. Therefore, future studies should also target their population on children with disabilities because it will allow future research to determine whether play therapy is effective for all children or whether it is only

effective with a certain population. As a result, future studies that have been recommended will allow for better treatment or better utilization of play therapy as an intervention for children.

### Conclusions

This study's goal was to examine whether play therapy is an effective intervention based on parent perception. Fortunately, this study has proven that parents perceive play therapy to be very useful and successful with children in counseling. Though this was demonstrated to be true, limitations of this study show that there may be discretion to this perception. However, despite the restrictions, this study has shed light on the effectiveness of play therapy.

APPENDIX A  
INFORMED CONSENT



## INFORMED CONSENT

The study in which you are being asked to participate in is designed to explore the perceptions about the effectiveness of play therapy among parents. This study is being conducted by Nina Flores under the supervision of Dr. Tom Davis, Associate Professor of Social Work. This study has been approved by the Department of Social Work Subcommittee of the Institutional Review Board, California State University, San Bernardino.

In this study you will be asked to respond to several questions regarding perceptions of the effectiveness of play therapy among parents. The following survey should take about 10 to 20 minutes to complete. All of your responses will be held in the strictest of confidence by the researcher. Your name will not be reported with your responses. All the data will be reported in group form only. You may receive the group results of this study upon completion after September 2009, at the Pfau Library, California State University, San Bernardino.

Your participation in this study is voluntary. You are free not to answer any questions and withdraw at any time during this study without penalty. When you have completed the survey you will receive a debriefing statement describing the study in more detail. In order to ensure validity of the study, we ask that you do not discuss this study with other participants. The benefit of this research is receiving a five dollar gift certificate to Starbucks for your participation. Any foreseeable risk to participants is not anticipated.

If you have any questions or concerns about this study, please feel free to contact Dr. Tom Davis at (909)537-3839.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

☐

I have read, understood, and agreed to participate in this study.

Today's Date: \_\_\_\_\_

APPENDIX B  
PARENT DEMOGRAPHICS

### Parent Demographics

Relationship with child: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: Male ☐ Female ☐

Ethnicity: \_\_\_\_\_

Marital Status:    ☐ Married        ☐ Divorced        ☐ Separated  
                         ☐ Never Been Married        ☐ Widow  
                         ☐ Single

Socioeconomic Status:    ☐ less than 20,000  
   ☐ 20,000-30,000        ☐ 30,000-40,000  
   ☐ 40,000-50,000        ☐ 50,000-60,000  
   ☐ 60,000+

Level of Education    ☐ No high school degree  
                                 ☐ High school degree  
                                 ☐ Some College  
                                 ☐ College Degree  
                                 ☐ Masters/Graduate Degree  
                                 ☐ Doctorate Degree

### Child Demographics

Age of Child: \_\_\_\_\_

Gender: \_\_\_\_\_

Grade level: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Any diagnosed medical/mental disorder? If yes, please state diagnosis.

\_\_\_\_\_

APPENDIX C

PARENT PERCEPTION OF PLAY THERAPY

### Parent Perception of Play Therapy

Please answer the following questions on your perception of any changes in your child in each of the following areas since he/she began counseling services. Please select from the following options: much worse, a little worse, no change, a little better, or much better. If you don't know if there's been any change in a particular area, please check "Don't Know." If a particular issue has never been a problem for the student (for example, the student always attends school), please check "not a problem."

<u>Areas</u>	Much Worse	A Little Worse	No Change	A little better	Much Better	Don't know	Not a problem
1] feels good about self							
2] able to express feelings							
3] gets along with other students							
4] able to solve problems							
5] respects adults							
6] school effort ( participation, Completion of class assignments)							
7] school attendance							
8] classroom behavior							
9] follows rules at school							
10] completes homework on time							
11] academic performance							
12] attitude toward school							

APPENDIX D  
DEBRIEFING STATEMENT

## **DEBRIEFING STATEMENT**

### **Perceptions about the Effectiveness of Play Therapy among Parents**

The study you have just completed was designed to explore the perceptions of the effectiveness of play therapy among parents. The survey questions capture a multiple number of meanings; these meanings are anticipated and expected. The researcher is particularly interested in studying the perceptions of the effectiveness of play therapy among parents.

Thank you for your participation and for not discussing the contents of the survey with other participants. If you have any questions about the study or if you would like to obtain a copy of the group results of this study, please feel free to contact Dr. Tom Davis at (909) 537-3839. If you will be calling for group results of this study please call at the end of spring quarter of 2009.

Again, thank you for your participation.

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