CHARACTERISTICS OF PLAY THERAPY STUDENTS IN TRAINING

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This study examined if there were characteristic differences between play therapy students and non-play therapy students in training. Specifically, this study was designed to explore what, if any, characteristic differences between play therapy students and non-play therapy students in training exist in the following two areas: (a) personality variables, as measured by the NEO Personality Inventory-Revised (NEO PI-R) and (b) attitude toward children, and measured by the Barnett's Liking of Children Scale (BLOCS). Additionally, this study examined whether certain personality traits and the general attitude toward children for the play therapy student group correlated with the play therapy students' effectiveness ratings assigned to them by their play therapy supervisors.

This study found statistically significant differences at the .05 alpha level between the play therapy (N=105) and non-play therapy students (N=79) in training in both the Extraversion personality trait on the NEO PI-R assessment and attitude toward children on the BLOCS. Non-play therapy students were in the High range for Extraversion, whereas play therapy students in training were in the Average range. According to this finding, play therapy students are less extraverted than non-play therapy students. Specifically, a statistically significant difference occurred on the Gregariousness scale of the Extraversion domain between the play therapy and non-play therapy group. Additionally, the play therapy student group scored a statistically significant higher mean total score on the BLOCS, indicating that play therapy students have a more favorable attitude toward children as compared to non-play therapy students in training. No other statistically significant results were indicated on the other personality scales of the NEO PI-R between the play therapy and non-play therapy students in training group. Statistical

significance was found on the BLOCS total mean scores between play therapy students rated as "Highly Effective" and play therapy students rated as "Effective" by their play therapy supervisors. This result indicated that play therapists rated as highly effective had an overall more favorable attitude toward children then students rated as effective. Interestingly, the Conscientiousness personality domain was approaching statistical significance for the play therapists rated highly effective as compared to the play therapists that were rated effective. Furthermore, the results of this study quantitatively supported the personal characteristic qualities of play therapists as discussed by Axline (1969) and Landreth (2002).

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CHAPTER I

Introduction

Due to vast developmental differences between children and adults, working therapeutically with children is different than that of working with adults. As a result, different therapist personality characteristics may be necessary for relating effectively with children. Children do not have a well-developed facility for verbal expression due to the lack of development in their formal abstract reasoning skills (Landreth, 2002). According to Landreth (2002), because of their developmental needs, play is the medium children utilize to express their thoughts, emotions, needs, and experiences. Landreth further contended that play is significant in a child's life in that it affords the child a natural mode of expression of self, mastery of experience, and the ability to organize his/her world. Through play, children communicate more naturally, comfortably, safely, and, therefore, are able to better express their inner world (Bratton & Ray, 2002). Children may be more noisy, messy, physically active, and aggressive in play therapy sessions than adults are in counseling sessions, thus requiring great patience on the part of the play therapist (Landreth, 2002). Play therapy is the recommended therapeutic modality for counseling with children because it is developmentally appropriate and is a scientifically proven therapeutic modality to use with children (Bratton, Ray, Rhine, & Jones, 2001).

Interestingly, while the need for play therapists is certainly apparent in the field of counseling (Landreth, 2002; Ray, Bratton, Rhine, & Jones, 2001; and Bratton & Ray, 2000), no research has been conducted to examine personal characteristics that exist in practicing play therapists. In general, research indicates that personal characteristics

impact both a person's professional choice to become a counselor and the person's effectiveness as a counselor (Rogers, 1942; Rogers, 1951; Engels & Dameron, 1990; & Kottler, 1993). According to Grater, Kell, and Morse (1959), a paramount characteristic of a counselor is a social service need, whereby the counselor has the need to help and be with others. Kottler (1993) maintained that counselors often feel the need to understand the human condition and want to help others make sense of their life experiences.

The following are identified characteristics of effective general counselors: tolerance for ambiguity, minimal dogmatism, empathy, emotional stability, the ability to perceive self and others realistically, and the expression of self (Polmantier, 1966). Jackson and Thompson (1971) maintained that a counselor's ability to be human, friendly, approachable, freeing, and altruistic is more important in regard to counselor effectiveness than the counseling skills a counselor may possess or the attempts a counselor may make to emulate identified personal characteristics. Polmantier (1966) contended that it is the integration of these specific attitudinal characteristics within the individual that results in the individual being an effective counselor. Early researchers, however, who were examining personality characteristics of counselors cautioned that no rigidly prescribed personality pattern should be focused on so that circumscribing counselors to fit a certain prescribed personality can be avoided (Hill, 1962; Hobbs, 1962, & Polmantier, 1966). Rogers (1961) emphasized the importance of this by asserting that when a therapist attempts to conform to a certain way of being that is incongruent with who the therapist is as an individual, the therapist becomes mechanical in the therapeutic relationship and cannot provide the facilitative conditions necessary for client growth.

While research has identified certain characteristics of counselors in general (Rogers, 1942; Polmantier, 1966; Jackson & Thompson, 1971; Loughary & Ripley, 1979; May, 1989; Engels & Dameron, 1990; & Lauver & Harvey, 1997), no research has been conducted to quantitatively identify personal characteristics that are unique to play therapists. Cottle (1953) emphasized the importance of not only identifying general personal characteristics of counselors, but characteristics that are essential in each specific kind of counseling (i.e., child, adult, etc.). Therefore, research is needed to identify what, if any, characteristics are unique to play therapists. The identification of these personal characteristics of play therapists is not to generate a specific expected personality profile in order to interact with a child, but rather to discover certain characteristics that are perhaps unique to play therapists and may help to facilitate and enhance their interactions with their child clients.

Philips and Landreth (1995) described the demographic profile of a typical play therapist based on 1166 play therapists surveyed in the field as having the following characteristics: (a) three times as many females than males; (b) 31-50 year age span; (c) relatively new to the field; (d) less than 10 years of experience in children's mental health; (e) Master's level; and (f) most play therapy training was gained through workshops. Ryan, Gomory, and Lacasse (2002) surveyed the members of the Association for Play Therapy to explore different characteristics and general information about this population of play therapists. Based on 891 responses, respondents were reported to be mainly the following: (a) female (89.7%); (b) White/Non-Hispanic (92.1%); (c) in the mid-40s; (d) child-centered in identified theoretical orientation; and (e) earning approximately $35,0000 annually in private practice. Ryan et al. also

discovered that the membership and experience of the respondents had a mean of 4.30 years, indicating an overall brief time for respondents being in the field of play therapy. Kranz, Kottman, and Lund (1998) surveyed 81 participants during an Annual Association for Play Therapy conference. Based on the results of the survey, Kranz et al. reported the following information regarding the play therapy respondents: (a) the majority were female (88%); (b) predominately Caucasian (93%); (c) between the ages of 30 and 49; (d) the average amount of time in practice as a play therapist was 6.75 years; (e) and only 18% identified themselves as primarily play therapists in practice. These demographic profiles of practicing play therapists generate even more questions as to the possible personal characteristics of individuals that may influence their decision to pursue and work in the field of play therapy.

In play therapy, the therapeutic relationship is quintessential to the therapeutic process, for it is the relationship that engenders healing and change for the child (Landreth, 2002). Therefore, according to Phillips and Landreth (1998), the relationship that is developed between the play therapist and the child largely determines the therapeutic outcome in play therapy. The therapeutic relationship is a real, shared, and living experience that is developed between the play therapist and the child. The development of this relationship hinges on the play therapist's ability to consistently convey psychological attitudes primarily entailing the following: genuineness, warm caring, acceptance, and empathy (Landreth, 2002). According to Landreth, if the child is able to experience and internalize these particular attitudes conveyed by the play therapist, this will facilitate the freeing of the child's inner growth-promoting resources. Rather than techniques and skills, it is the self of the therapist that is most important in

developing the therapeutic relationship with the child, which ultimately creates the context of change (Landreth, 2002). Because the therapeutic relationship is the change agent in child-centered play therapy, Harris and Landreth (2001) emphasized that the personality of the play therapist affects the therapeutic relationship significantly.

Purpose of Study

The purpose of this study was to determine if there are personal characteristic differences between play therapy students in training and non-play therapy students in training. Specifically, this study was designed to explore what, if any, characteristic differences between play therapy students in training and non-play therapy students in training exist in the following two areas: (a) personality variables and (b) attitude toward children. Additionally, this study examined whether certain personality traits and the general attitude toward children for the play therapy students in training group correlated with the play therapy students' effectiveness ratings assigned to them by their play therapy supervisors.

Synthesis of Related Literature

Due to the dearth of existing literature and research regarding the personal characteristics of play therapists, this literature review examined the essential characteristics that research has discovered general therapists posses and will extrapolate these characteristics to play therapists in accordance with Axline's (1947) eight basic principles that guide the therapeutic process. The following is a review of literature related to (a) choosing counseling as a career, (b) characteristics of general therapists who are effective, (c) counselor personality and related characteristics, (d) proposed characteristics of play therapists, and (e) characteristics of play therapists in training.

Choosing Counseling as a Profession

Why individuals choose counseling as a career is a subject of much speculation. Maslow (1954) asserted that individuals have certain basic needs and that the meeting and strength of these needs for each individual ultimately directs occupational choice. The eight hierarchical needs posited by Maslow include the following: (1) physiological; (2) safety; (3) belongingness and love; (4) respect, independence, importance, and self-esteem; (5) information; (6) understanding; (7) beauty; and (8) self-actualization. Roe (1956) emphasized the importance of the meeting of these eight needs for an individual in choosing an occupation by maintaining that these eight needs are met in a variety of ways via the individual's occupational pursuit. Both the idea and actual allowance that the career provides for an individual to meet these basic needs is imperative insofar as it affects occupational pursuit, choice, performance, longevity, and satisfaction (Roe, 1956). Roe described a congruent occupational choice for an individual as being largely affected by the individual's self-concept and making this self-concept actually known to self.

In addition to meeting basic needs and possessing a developed self-concept, Holland (1966) maintained vocational choice is an expression of personality, thereby indicating that the chosen career represents a way of life. Holland believed that individuals can be characterized by certain personality types, which results in individuals exhibiting certain interests, traits, and behaviors that are consistent with the designated personality type. Holland believed that the congruency of an individual's personality type and the environment the individual works in (i.e., different personality types need different work environments), ultimately determines occupational choice, stability,

achievement, and performance. Furthermore, Holland asserted that individuals that choose the same occupation typically have similar personalities and personal development histories. Moreover, Astin (1967) researched patterns of career change and discovered that personal development and educational experiences can engender an occupational change for an individual. Based on the results of this research, Astin concluded that individuals choose a certain occupation based on the following factors: desirability of the career to the individual, perception the individual has of the skills necessary to work successfully in that particular occupational role, and consideration of the amount of education and training the possible occupation necessitates.

Interestingly, mental health professionals predominately maintain that early life experiences, personal situations, the drive to understand the human condition, and the need to help themselves and others make sense of life experiences have significantly resulted in their decision to become a counselor (Foster, 1996). According to Kottler (2002), a combination of a variety factors (e.g., meeting personal needs, satisfying altruistic imperatives, and maintaining moral motives) influence an individual's choice of occupation that is based on helping others. He further maintained both cultural and biological influences can encourage an individual's drive to help others—it is this desire to help others that forms the basis of the counseling role.

Besides desiring to be a counselor, in play therapy, there are two other significant elements to consider in choosing play therapy as a career: working with children and valuing the importance of play. As a play therapist, the counselor should embrace both of these factors. Landreth (2002) captured the importance of how the play therapist feels

about working with children by stating, “How the therapist feels about the child is more important than what the therapist knows about the child” (p. 99).

Characteristics of General Counselors Who are Effective

“Use what language you will, you can never say anything but what you are (Ralph Waldo Emerson, 1890). Entertaining this, it is no wonder the personhood of the counselor is so important in the therapeutic process and why personal characteristics of counselors must be examined. Polmantier (1947) discussed the importance of the counselor having certain personal characteristics for job effectiveness, including character, intellect, emotional balance, interest in social services, maturity, poise, values, and a sense of humor. According to Weitz (1975), counselor characteristics (e.g., personality traits) and the communication of such characteristics to the client is a critical determinant of the counselor’s effectiveness, thus impacting the direction of therapy and client outcome. Therefore, Weitz emphasized the importance of exploring the counselor characteristics that are more likely to facilitate the overall process of counseling. Three personality traits, speculated by Weitz, include level of security (i.e., a sense of self-acceptance), sensitivity (can generalize self-acceptance to the acceptance others), and objectivity (discerns and values the differences between objective and symbolic behavior) the counselor maintains during the counselor-client interaction. Weitz further discussed that although theories, skills, and techniques are also important in determining counselor effectiveness, these factors alone will not produce success—that the counselor utilizing them must be cognizant of and dedicated to improving his/her own personal skills.

Arbuckle (1966) emphasized the importance of individuals being free to be self-aware and embrace their real self, rather than trying to circumscribe themselves to a

certain belief about what they think they should be or personal characteristics they believe they should possess. Arbuckle (1966) further explained, by saying:

> We find the great gap between that which is, and that which we know we should be, and thus, we are sometimes able to believe, is. The client, however, reacts to what is; he [sic] reacts to the real face, to the real me. And if, as a counselor, I am not too aware of the real me, it is unlikely that I can be of much help to one who may come to me for assistance. (p. 808).

Engels and Dameron (1990) maintained that effective counselors possess "personality characteristics that enable him or her to establish and maintain a therapeutic relationship with clients and to facilitate clients' constructive change process" (p. 2). Not surprising, both the quality of the therapeutic relationship and the outcome of therapy have been directly connected to the therapist's personality (Janowsky, 1999). Poignant examples of how imperative counselors' personalities are to the therapeutic process (i.e., relationship development and treatment outcome) can be found through the research done in the early 1960s that examined the effects of the therapist's personality on treatment outcome of schizophrenic inpatient clients and neurotic outpatient clients. Both of these client populations exhibited significant differences in their response to treatment based on the general personality profiles of the therapists working with them (Janowsky, 1999).

Rogers (1942) contended that effective counselors should respect clients as individuals, accept clients as they are, maintain a high level of empathy while keeping an emotional boundary, be sensitive to relationships, have a deep understanding of self, and understand human behavior. Rogers (1961) found that therapists who were most helpful in facilitating change gave clients the sense of feeling understood, allowed clients the

freedom to make choices, and were able to establish trust with their clients. Conversely, therapist attitudes as perceived by clients to be the most unhelpful were therapists who exhibited emotional distance, a lack of interest, or too much sympathy. In another study reported by Rogers (1961), expert therapists (i.e., therapists rated effective by clients) were able to establish and maintain relationships with their clients that had three main elements: sensitivity to a client's attitudes, understanding the client's feelings and perceptions, and the ability to demonstrate a warm interest without becoming overly involved emotionally. Rogers also contended other characteristics a counselor should possess in order to develop an effective helping relationship with a client are being consistently dependable, communicating unequivocally with the client, experiencing a positive attitude toward the client, maintaining a strong sense of self to emotionally remain separate from the client, seeing the client's world through the client's eyes, acting sensitively so the client isn't threatened by the therapist, refraining from engaging in external evaluation, and not allowing the client's past to define who he or she is as a person.

In addition to these identified characteristics, the National Vocational Guidance Association reported six main characteristics of effective counselors: (1) a high interest in people, (2) patience, (3) trustworthy, (4) respectful of people and the facts, (5) emotional stability and objectivity, and (6) a sensitive understanding of attitudes and reactions of others (Arbuckle, 1965). Engels and Dameron (1990) also identified the following personality characteristics of professional counselors: committed to the welfare of others, belief in the positive potential of individuals, self-aware, self-accepting, able to conceptualize human behavior and the process of change, can facilitate personal

development, have a high tolerance for stress and frustration, respect freedom of choice, communicate effectively, can be creative, possess a sense of humor, exercise self-discipline, recognize and respond appropriately to professional abilities and limitations, dedicated to professional growth, and committed to the ethics of the field.

Corey and Corey (1989), described characteristics of an ideal helper to be the following: assessing areas of strengths and weaknesses as a helper, working to continually acquire knowledge and skills, embracing the gradual therapeutic process with patience and willingness to facilitate change, entering into the client's perceived reality, caring about the client by keeping their best interest in mind, inspiring clients in creating a vision for change, encouraging clients to take the needed actions toward this change, being resourceful, being culturally sensitive, and taking care of yourself. In addition, Mahoney (1991) generated a list of general principles that characterize an optimal human helper. In this list, he emphasizes that optimal human helpers also should be able to forgive, love, encourage, accept, care for self, nurture, take responsibility for, and believe in the self of his/her person— not just provide this for the client (Mahoney, 1991). Lastly, Hyman (1989) posited that effective helpers should work to acquire the following: a theoretical orientation, non-authoritarian stance, an experimental approach, tolerance for complexity and ambiguity, and self-actualization.

Counselor Personality and Related Characteristics

Wicas and Mahan (1966) researched the influence a counselor's personality has on the therapeutic outcome and discovered that high-rated (i.e., effective) counselors were concerned with having control over self but not the client and were focused on the improvement of society. Wicas and Mahan found statistically significant differences in

personality characteristics between high-rated and low-rated counselors. The high-rated counselor's demonstrated personality characteristics consisting of being less dominant, more submissive, more anxious, more conforming, and more compliant as compared to the low-rated counselors. High-rated counselors were also found to be alert, sensitive to others, active, open, and yielding to other's demands. The low-rated counselors were more emotionally reactive to the clients and were found to be more controlling, rigid, and dogmatic regarding change.

McKim (1979) studied client and counselor's perceptions of the impact the counselor's personality has on the therapeutic process and reported that the counselor's personality was deemed to be very important by both the client and the counselor. McKim also identified five of the most essential personality traits affecting counselor effectiveness as perceived by the client: warmth, openness, respect, genuineness, and energetic.

Additionally, Ricks (1974) described a significant difference in client outcome based on the personhood of two therapists who were very different in the way they related to and counseled their adolescent clients (i.e., Therapist A and Therapist B). Therapist A was more accepting, patient with both the process and with his clients, relaxed, relationship focused, empathic, and attentive to his clients' needs. Conversely, Therapist B was described as more anxious, less relational, and more directive. Interestingly, long-term follow-up revealed that Therapist A was found to have 27% of his clients diagnosed with schizophrenia as compared to the Therapist B who had 84% of his clients diagnosed with schizophrenia (Ricks, 1974).

Jansen, Robb, and Bonk (1972) studied the personality differences in counseling students receiving A, B, and C grades in a Master's level Counseling Practicum class. They discovered that the practicum students receiving C's were significantly less optimistic, less emotionally stable, more hypersensitive, less objective, less accepting of human frailties, more anxious, and less cheerful as compared to the A and B practicum students. The B practicum students were still less objective and more hypersensitive than the students receiving A's in practicum. The A students were found to be overall more adroit in developing human relations, tolerant of human weaknesses, and understanding of people. The counselors receiving an A also averaged a greater scholastic aptitude and carried a higher cumulative grade point average as compared to the other students.

Janowsky (1999) utilized the Myers Briggs Type Indicator (MBTI) to assess personality characteristics of effective therapists and discovered that most therapists rated effective by clients were more intuitive versus sensing and more feeling as opposed to thinking. Interestingly, Janowsky found the MBTI profiles of therapists to vary according to the therapist's theoretical orientation. For example, therapists who indicated their guiding theory to be experiential were found to be predominately intuitive and feeling types, while very rarely thinking types. This greatly differs from behavioral therapists who were found to be mainly thinking types with an underrepresentation of the intuitive, feeling, or perceiving types (Janowsky, 1999). According to Nelson and Stake (1994), clients seen in outpatient therapy over a period of time by different therapists indicated they had the most positive experience in therapy with the therapists who were rated on the MBTI as both extroverted and feeling types.

Miller (1991) used the NEO Personality Inventory (NEO- PI) to assess which characteristics of therapists were preferred and the resulting therapeutic progress by patients who had certain personality characteristics. Miller reported that patients who scored low on the openness domain of the NEO-PI worked more effectively with therapists who maintained a behavioral or cognitive theoretical approach (i.e., therapists who were more concrete and directive). Miller also found that these clients did not work as effectively with therapists who embrace more abstract theories, such as psychoanalytic or psychodynamic. Conversely, Miller found that patients who scored high on the openness domain on the NEO-PI preferred therapists that were more creative and flexible in their approach to therapy. Miller also noted that patients that scored high on the extraversion scale on the NEO-PI gravitated to group therapy or therapists that tended to utilize emotive therapies. Lastly, Miller discussed that patients who scored high on the conscientious domain of the NEO-PI were more likely to be invested in the process and make progress in therapy versus low-scoring patients on this domain who had a higher attrition rate in therapy. In conclusion, these studies are powerful illustrations of the impact both a client and a therapist's personality can have on the effectiveness of the therapeutic process. This engenders the importance of delineating certain characteristics (e.g., personality variables and attitudes) that comprise the personhood of an effective therapist.

Characteristics of Play Therapists

According to Landreth and Barkley (1982), the play therapist is a unique adult in a child's life-- exhibiting personality characteristics that children rarely encounter in other adults. Landreth and Barkley delineated the characteristics that result in the

uniqueness of the play therapist as compared to other adults: being fully present with the child, actively listening to both the child's verbalizations and the messages in the child's play behaviors, allowing the child to make decisions and choices, facilitating an environment of freedom and permissiveness, refusing to deceive children by not rescuing them from the negative feelings, diffusing the façade of the child by allowing the child to see the self as whole or complete rather than good or bad, and being open to the child's expressions to facilitate the child ability to learn about self. Axline (1982) contended that there are some basic personal characteristics that are requisites in order for a play therapist to be effective: interest in the child, respect for the child as a person, patience, willingness to understand the world from the child's perspective, insight into self needs, flexibility, a light touch, sensitivity, empathy, emotional stability, consistency, willingness to follow, and trust in both the child and the therapeutic process. Additionally, Landreth (2002) included the following necessary personal characteristics for play therapists: sensitive understanding, warmth, accepting, open-minded, a high tolerance for ambiguity, patience, personal courage, personally vulnerable, compassionate, personally secure, and a sense of humor.

Allen (1982) maintained that play therapists should be self aware and confident enough to accept their limitations, realizing that they do not possess omnipotent powers to cure or rescue others. Ginott (1982) maintained that when a therapist's primary goal is to rescue their child clients, the therapist tends to engage in counterproductive behaviors, such as extreme kindness, lavish praising, and excessive admiration. Additionally, Ginott (1982) discussed the need for therapists to be lively and playful and not overly serious, reserved, or dull. According to Ginott (1982), "[Play therapists] must have some

of those irrational qualities of youth that enable adults to stand, withstand and understand children" (p. 339).

Based on the speculative importance of a playful attitude for a play therapist in developing the therapeutic relationship, Schaefer and Greenberg (1997) developed the Playfulness Scale for Adults to assess the attitude of playfulness in adults working with children. According to Schaefer and Greenberg (1997), playfulness in children is a personality trait that is constant and associated with other important traits: creativity, joy, spontaneity, expression of feelings, imagination, and physical activity. The results of their study of 104 psychology students indicated five factors in an adult's personality that engender the dimension of playfulness: fun-loving, sense of humor, informal, whimsical, and enjoys silliness. Based on these results, Schaefer and Greenberg (1997) maintained that the playful personality characteristic is an essential element in facilitating the development of rapport with the child, due to the child being attracted to the playful attitude of the therapist because this genuinely mirrors the child's way of being. Schaefer and Greenberg contended that the playfulness personality trait may be an important factor in differentiating between effective and ineffective play therapists.

In addition to being playful, Ginott (1982) contended that play therapists must be able to tolerate situations that are noisy, dirty, destructive, and lacking order. Ginott further explained that therapists who have strong needs for order and self-restraint expend a significant amount of energy trying to balance the reactions that are elicited in them in the playroom, thus robbing the therapist's ability to be fully accepting of the child. Axline (1964) also maintained that play therapists should not nag, suggest, criticize, coerce, or goad the child. According to Axline, the therapist's willingness to participate

in the therapy by following the child's lead helps to fortify the child's sense of security in the playroom. In order to also help establish a sense of safety and security in the playroom, the therapist must be assertive so that limits can be established in the playroom when needed (Axline, 1964). Accordingly, if the play therapist is open, assertive, real, courageous, and sensitive to the child's world, the child will feel secure enough to bring his real self into the open without the fear of threat (Axline, 1964). To assist in conveying these qualities to a child and to help guide play therapists in their therapeutic interactions with their child clients, Axline (1947) generated eight basic principles. Axline's principles are identified and the personality characteristics of the play therapist that are needed to optimally convey each principle to the child are described in the following section.

First Principle: "The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible" (Axline, 1947; p. 73).

The essential personality characteristics necessary in meeting this principle (i.e., and most of the others), entails warmth, caring, respect, friendliness, kindness, acceptance, and being supportive (Axline, 1947; Landreth, 2002). The therapist's demeanor should communicate openness, honesty, genuineness, and sincerity to the child so that the child will feel more comfortable in approaching the play therapist (Axline, 1947; Landreth, 2002). If the therapist is congruent with these characteristics, what the therapists experiences internally should be conveyed both nonverbally and verbally (Harris & Landreth, 2001). According to Axline (1947), the therapist's personality should be approachable, playful, and humorous—generally communicating a liking for children and the desire to be in the child's world. When children experience the play

therapist as a person who desires to and is capable of entering their world, children feel more relaxed with the therapist, thus facilitating the development of the therapeutic relationship (Axline, 1947; Landreth & Verhalen, 1982).

Because children are acutely aware on an affective level of voice tone, gestures and facial expressions, therapist self-awareness is essential. In order for therapists to be honest and genuine with their child clients, therapists must initially be honest with themselves. Likewise, for therapists to completely accept their child clients, they must first accept and like who they are as individuals (Harris & Landreth, 2001). Landreth (2002) eloquently expressed this point by asserting, "You cannot accept another person's weakness until you are able to accept your own" (p. 97). Accordingly, a strong and accurate concept of self is essential for a play therapist. If therapists have a strong concept of self, they exude a personal confidence that communicates to their child clients a sense of stability, maturity, and realness (Axline, 1947). When therapists have a developed sense of self, there is no need to hide behind a façade, emulate a prescribed role, and focus on self-issues in the play therapy session (Landreth, 2002). Consequently, the play therapist is able to be fully present with the child—experiencing the relationship as a living, shared therapeutic experience (Axline, 1947).

Second Principle: "The therapist accepts the child exactly as he is" (Axline, 1947; p. 73).

Landreth (2002) stated that the therapist must consistently communicate acceptance, respect, and unconditional positive regard to the child as an individual. Landreth further contended that a child is free to change only when the child experiences the freedom not to change. According to Harris and Landreth (2001), a play therapist can convey an attitude of acceptance by being open and flexible, meeting the child where the

child is currently by following the child's lead in the session. A therapist should be flexible and self-aware to avoid any hidden agendas to engender change in the child, as this ultimately communicates non-acceptance to the child. Axline (1947) described the therapy session as the child's hour to do as he or she chooses, bringing to light the importance of the child being able to choose his or her activity and behavior in the playroom. Play therapists, therefore, do not have expectations for the child to play with the toys, interact with the therapist, and behave a certain way (Landreth, 2002). As a result, the play therapist must be patient, calm, neutral, and open in the therapeutic relationship (Axline, 1947). Harris and Landreth (2001) noted that therapists should not be judgmental, critical, or evaluative regarding the child's behavior in the playroom. In summary, being fully accepting of the child requires play therapists to have self-control and to be cognizant of their own needs and reactions within the therapy session.

Third Principle: "The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely" (Axline, 1947; p. 73).

Permissiveness is an attitude that a play therapist conveys to the child via actions, verbalizations, nonverbals, and voice intonation (Axline, 1947). It is imperative that the therapist communicates a feeling of permissiveness by being open, honest, and compassionate toward the child. This both grants a child permission to do what the child chooses, within appropriate boundaries, and engenders a sense of security so the child can make choices in the playroom. Ultimately, this will allow the child to develop a sense of safety within the therapeutic relationship.

An essential personality characteristic a play therapist must possess is empathy (Axline, 1947). Ginott (1982) defined empathy as: "Mature empathy is an outcome of

the therapist's abiding faith in the process of growth and in the catalytic role that he plays in the unfolding of potentialities" (p. 340). As children come to trust that the therapist cares and understands their perceived world of reality, they experience the therapeutic relationship as a safe, special place to express their innermost thoughts and feelings (Harris & Landreth, 2001). In addition to being permissive and empathic, if a child experiences the play therapist to be self-controlled, consistent, and confident, this will also enable the child to experience a feeling of safety that is needed to explore various aspects of self (Landreth, 2002).

Fourth Principle: "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" (Axline, 1947; p. 73).

Sensitively understanding the child's world and allowing the child to express nuances of thoughts and emotions while being accepted and accurately understood, involves an attitude of motivation, diligence, and persistence on behalf of the play therapist. Play therapists must also have a high tolerance for ambiguity so that they can follow the child, trusting the child's lead (Harris & Landreth, 2001). Additionally, by maintaining an attitude of appreciation and gratefulness, the play therapist expresses interest and willingness to delve into and experience the child's perceived world (Axline, 1947).

Landreth (2002) pointed out that feelings are often not heard but seen in the playroom by a play therapist who is aware of subtleties of feelings and thoughts expressed by the child. As previously mentioned, the importance of being aware, not only of self but also of others, is an essential characteristic of a play therapist in

recognizing and responding to the child's expressed feelings. A play therapist who maintains a high level of awareness is better able to recognize a child's feelings in the playroom, which can be difficult at times due to the often transitory nature of the feelings expressed by children.

Fifth Principle: "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 " (Axline, 1947; p. 73).

Another essential characteristic of the play therapist is the ability to have faith in children and to communicate the belief that children have the inherent resources necessary for personal growth and to direct their own lives. According to Landreth, it is this inner faith in the child's self-actualizing tendency that frees the child to be responsible to make choices and solve problems for self (Landreth, 2002). Consequently, the play therapist must not have a controlling personality, for as Axline (1947) noted, the therapist places the responsibility for the child to change in the child's hands.

Sixth Principle: "The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows" (Axline, 1947; p. 73).

The play therapist trusts the child's inner motivation toward growth, independence, maturity, and health, released through a relationship characterized by acceptance, genuineness, and unconditional positive regard (Landreth, 2002). According to Harris and Landreth (2001), the play therapist guards against depriving children of the opportunity to lead in any area of the relationship (e.g., deciding what the toys will be, helping self, solving problems, etc.). The play therapist respects the capability and

responsibility of the child to make choices. According to Landreth (2002), child-centered play therapists willingly trust in the children to lead the therapeutic process where they need it to go. Axline (1964) further expatiated this point by stating, "When the nondirective therapist says that the therapy is client-centered, he really means it, because to him, the client is the source of living power that directs the growth from within himself" (p. 124).

Seventh Principle: "The therapist foes not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist" (Axline, 1947; p. 73 and 74).

Being patient and flexible are two quintessential personality characteristics of an effective play therapist. According to Landreth (2002), the play therapist should not rush the therapeutic process, recognizing that the play therapist cannot work to make the child grow or change faster. The play therapist trusts the child's capacity to change and the timeline the child decides to follow in order to make the changes deemed necessary by the child. Consequently, the desire or need of a therapist to have a high level of control over others would be contraindicated in play therapy, for the play therapist is not a director but rather a fellow traveler in the facilitation of the releasing of the child's inner resources.

Eighth Principle: "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, 1947; p. 74).

In order to both determine when appropriate limits need to be established and to set limits in an appropriate manner, a play therapist must possess the following: decisiveness, a strong sense of self, belief in the child's ability to direct self, acceptance,

and an ability to react without being inappropriately over-involved (Axline, 1947). According to Landreth (2002), limits help develop the therapeutic relationship by giving children a sense of security in the playroom, anchoring a child's world to reality, and providing children with an opportunity to learn self-control. Without the necessary safety that the child needs to feel in the playroom, therapy will not occur (Axline, 1969; Landreth, 2002). Harris and Landreth (2001) further contend that other essential personality characteristics of a play therapist that can facilitate appropriate limit setting include the therapist being assertive, firm, wise, just, and neutral without emotionally reacting to the child.

Characteristics of Play Therapists in Training

Kranz (1978) contended that a common misconception of students entering play therapy training is that they bring to the process therapeutic skills that have been gained and developed through life experiences. As the student play therapist begins to realize that doing play therapy entails having both personal and technical skills, the play therapist often begins to focus more on the development of the skills, losing sight of the importance of the therapist in the process. Kranz described this process of training to be one in which over the course of time play therapists are ideally able to reach therapeutic maturity by being aware of their humanness, strengths and weaknesses, importance of their presence in the therapeutic process, and an awareness into their own development. However, Goggin and Goggin (1979) maintained that being competent to work with children in therapy is very different from actually feeling comfortable to work with them. Darr (1994) examined the play therapists impact on the development of the therapeutic relationship and discovered that the play therapist does have a profound effect. She

found that the play therapist's use of empathy, unconditional positive regard, and congruence were imperative attitudes that the play therapist must have in order to develop the therapeutic relationship. While these attitudes are important in both play therapy and talk therapy, Darr also noted that these attitudes are communicated through different venues in the process of play therapy as compared to talk therapy. This indicates that while these core conditions must exist and be conveyed to the client in both play therapy and adult therapy, there are differences in communicating these attitudes to the child client that may entail the involvement of other personal characteristics in play therapists that differ from adult therapists. Stollak (1969) trained undergraduate college students as play therapists to work with emotionally disturbed children. Stollak discovered that the students' behaviors significantly changed when they entered into the play sessions, indicating that they were able to enact a prescribed role as a play therapist. Stollak further indicated that future research studying the personality variance is necessary to examine the effects of personality differences on children.

Linden and Stollak (1969) investigated whether or not undergraduate psychology students could figure out how to behave in a sensitive, empathic way to children receiving nondirective training in play therapy, as opposed to didactic training in play therapy. Their results indicated that while some individuals are inherently more empathic than others, the ability to communicate empathy is something that must be taught (i.e., that having empathy for a person is not enough alone—there must be an ability to convey this empathy).

Kao and Landreth (1997) examined the effects of a graduate course in child-centered play therapy on beginning play therapy students on the following: (a) attitudes

and beliefs regarding children; (b) knowledge and understanding of play therapy; (c) confidence in utilizing play therapy skills; (d) dominance tendencies in personalities; and (e) tolerance levels in personalities. The experimental group was comprised of 37 counseling graduate students pursuing a specialty in child counseling, whereas the control group was comprised of 29 counseling graduate students with a specialty in child counseling but had not received any play therapy training during the research. Using the Play Therapy Attitude Knowledge Skills Survey (PTAKSS) and the California Psychological Inventory (CPI), they reported the experimental group demonstrated a significant improvement in the following areas: (a) increase in positive attitudes and beliefs toward children; (b) improvement in the acquisition of child-centered play therapy knowledge; and (c) increase in confidence in skill implementation. A significant reduction in the trainee's dominance tendency was also revealed. Because the experimental group showed a statistically significant increase in their play therapy attitude as measured by the PTAKSS, Kao and Landreth determined that students who had completed play therapy training revealed more positive beliefs about children than did students that had not received play therapy training.

Summary

Several personality characteristics of effective general counselors have been identified. These personality traits can be extrapolated to play therapists to some extent based on the underlying reasons pointing to why people tend to choose counseling as a profession. However, actual research identifying specific characteristics of play therapists is yet to be conducted. While it is necessary to examine what essential personal characteristics exist that are unique to play therapists in comparison to general

therapists, it is important to recognize and appreciate the variability inherent in human nature. Arbuckle (1965) cautioned therapists by suggesting that if a therapist possesses all of the qualities to a high degree that are deemed necessary to be an effective counselor, the client may have difficulty relating to this "ideal" counselor. The identification of these personal characteristics of play therapists isn't to construct a specific expected personality profile in order to interact with a child, but rather to proffer a paragon for play therapists to consider in attempts to facilitate and optimize their interactions with their child clients. Landreth (2002) stated, "The attainment of these characteristics is not nearly as important as the continual self-motivating, never-ending process of striving to attain and incorporate these dimensions into one's life and relationships with children" (p. 98). In summary, the most important goal in identifying the personal characteristics of play therapists is to recognize those characteristics that ultimately result in the overall development, growth, and enhancement of children in the mental health profession.

CHAPTER II

METHODS AND PROCEDURES

This chapter presents the methods and procedures employed by the researcher to conduct this research. Included are the following sections: definitions of terms, hypotheses, limitations, variables, selection of participants, collection of data, and data analysis.

Definitions of Terms

Attitude toward children is defined in this study as an individual's basic beliefs about children and the way of being with children. For the purposes of this study, attitude is operationally defined as the score on the Barnett's Liking of Children Scale (Barnett & Sinisi, 1994)

Non-play therapy students in training are defined in this study as Master's and Doctoral students in a counseling or counseling-related program who meet the following criteria: (1) are choosing to counsel individuals (i.e., adults, adolescents, but not children) in practicum or internship through counseling modalities not involving play therapy.

Personality variables in this study are defined as the following personality traits as specified and measured by the NEO Personality Inventory-Revised (Costa & McCrae, 1992): Neuroticism (anxiety, angry hostility, depression, self-consciousness, impulsiveness, and vulnerability); Extraversion (warmth, gregariousness, assertiveness, activity, excitement-seeking, and positive emotions); Openness (fantasy, aesthetics, feelings, actions, ideals, and values); Agreeableness (trust, straight-forwardness, altruism, compliance, modesty, and tender-mindedness); and Conscientiousness (competence, order, dutifulness, achievement striving, self-discipline, and deliberation).

Play therapy students in training are defined in this study as Master's and Doctoral students in a counseling or counseling-related program who meet the following criteria: (1) are enrolled in either a play therapy course or are seeing a child (i.e., ages 3-10) using play therapy in either practicum or internship.

Play therapy is defined as:

"A dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe environment and a safe relationship for the child (or a person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviors) through the play, child's natural medium of communication, for optimum growth and development" (Landreth, 2002, p. 16).

Hypotheses

Because no known research exists in the literature on which to base predictive differences between play therapist and non-play therapists, a null hypothesis is predicted for the following hypotheses. To carry out the purpose of this study, the following hypotheses have been formulated:

1) There will be no statistically significant difference between the mean scores for the play therapy students in training and non-play therapy students in training on the Neuroticism domain as measured by the NEO Personality Inventory-Revised (NEO PI-R).
2) There will be no statistically significant difference between the mean scores for play therapy students in training and non-play therapy students in training on the Extraversion domain as measured by the NEO PI-R.

3) There will be no statistically significant difference between the mean scores for play therapy students in training and non-play therapy students in training on the Openness domain as measured by the NEO PI-R.
4) There will be no statistically significant difference between the mean scores for play therapy students in training and non-play therapy students in training on the Agreeableness domain as measured by the NEO PI-R.
5) There will be no statistically significant difference between the mean scores for play therapy students in training and non-play therapy students in training on the Conscientiousness domain as measured by the NEO PI-R.
6) There will be no statistically significant difference between the mean total scores for play therapy students in training and non-play therapy students in training on the Barnett's Liking of Children Scale (BLOCS).
7) There will be no statistically significant differences between play therapy students rated as "Highly Effective" and play therapy students rated as "Effective" as indicated by the Play Therapy Students in Training Rating Scale on the NEO PI-R scales.
8) There will be no statistically significant differences between the mean total scores on the BLOCS for play therapy students rated as "Highly Effective" and play therapy students rated as "Effective" as indicated by the Play Therapy Students in Training Rating Scale.

Limitations

This study has the following limitations:

1. Because cause-and-effect relationships cannot be established, caution should be taken in using personality instruments for predictive purposes.
2. Students' willingness and motivation to respond and return the assessment instruments may be reflective of certain personality characteristics not possessed by other play and non-play therapy students in training who choose not to be participants, thus possibly limiting the generalization of this study.
3. Because the University of North Texas is the largest play therapy training facility in the world where a large number of play therapy courses are offered, the large sample size of play therapy students in training received from UNT may have affected some of the descriptive statistics (i.e., number of courses taken, number of workshop hours completed, etc.).

Variables

Demographic Information Survey

The Demographic Information Survey is a self-generated survey designed by the researcher to gather pertinent information about each participant (see Appendix C). The survey consisted of 11 questions and takes approximately three to five minutes to complete. The survey accesses not only demographic information, but academic information as well, such as theory choice and program's main theoretical orientation.

NEO Personality Inventory-Revised

The NEO Personality Inventory-Revised (NEO PI-R) (© Psychological Assessment Resources, Odessa, FL) is a personality inventory designed by Costa and McCrae (1992) to measure five major dimensions of a normal adult personality in individuals 17-years-old and older. There are five main domains and six facets in each of the main domains, resulting in 35 scores. The five domains and facets consist of the following: Neuroticism (anxiety, angry hostility, depression, self-consciousness, impulsiveness, and vulnerability); Extraversion (warmth, gregariousness, assertiveness, activity, excitement-seeking, and positive emotions); Openness (fantasy, aesthetics, feelings, actions, ideals, and values); Agreeableness (trust, straight-forwardness, altruism, compliance, modesty, and tender-mindedness); and Conscientiousness (competence, order, dutifulness, achievement striving, self-discipline, and deliberation).

For this research study, the NEO PI-R "self-report" form (Form S) was administered. Form S was used because participants were able to complete the assessment instrument themselves, which was needed since universities around the Nation were utilized. Additionally, the hand-scored answer form was used so that the researcher could hand-score the instrument.

Costa and McCrae (1992) indicated based on their employment sample that the reliability coefficient alpha for the facets for Form S (e.g., N1, N2, N3, N4, etc.) ranged from .62 to .92 (a sample of over 1,800 individuals employed by a national organization). According to a review found in the Mental Measurement Yearbook (2003), the domain level reliabilities reported for the NEO PI-R range from .86 to .95 for the self-rating forms. The scales have evidenced strong consensual, convergent, construct, and

divergent validity (Mental Measurement Yearbook, 2003). The normative sample entailed a sample of 1,000 subjects (500 females, 500 males) and was stratified to match the U.S. Census projections for 1995 (Mental Measurement Yearbook, 2003). The NEO PI-R contains 240 items and takes approximately 30-40 minutes to complete.

Barnett's Liking of Children Scale

Barnett's Liking of Children Scale (BLOCS) (Barnett & Sinsini, 1990) is an assessment instrument created by Barnett and Sinisi (1994) to measure an individual's attitude toward children (please refer to Appendix D). The BLOCS is a 14-item instrument and takes approximately five minutes to complete. According to Barnett and Sinsini (1990), possible total scores can range from 14-98. For reliability, the BLOCS has an internal consistency of .93 and a test-retest reliability coefficient of .91. According to Fischer and Corcoran (1994), "The BLOCS has good concurrent validity, correlating significantly with several subscales of the Hereford Childbearing Scale and with a number of independent statements of childbearing attitudes" (p. 78). The BLOCS also has excellent stability, with a one-week test-retest reliability coefficient of .91. The BLOCS was used and studied with several different samples initially, involving 284 college students (145 males, 139 females). To utilize this instrument for this study, the researcher contacted the first author, Dr. Barnett, for authorization.

Play Therapy Students in Training Rating Scale

The Play Therapists in Training Rating Scale (Appendix E) was generated by the researcher for the purpose of having the professor rate the effectiveness of each play therapy student in training (see Appendix E). This was done to evaluate whether certain personality traits as measured by the NEO PI-R correlate with the play therapy students

in training that are rated highly effective. The instrument was not constructed for the purpose of assessing growth or change in the play therapist. It was, however, created for this researcher to ascertain the current level of effectiveness for a play therapy student in training.

To establish reliability on this scale prior to using it for this study, the researcher had 5 play therapy supervisors of practicum and internship at the University of North Texas rate their play therapy students in training twice within a period of a week and a half. This time frame was utilized because it is brief enough to not have a play therapy students' growth/maturation influence the play therapy supervisors rating and long enough to minimize the chance that the play therapy supervisors remembered how they rated the play therapy students during the first rating. Thirty-one play therapy students in training were rated by 5 play therapy supervisors. SPSS was used to determine the Pearson Correlation, which was determined to be statistically significant at .755, using .05 as the level of significance.

Selection of Participants

The participants consisted of both play therapy students in training and non-play therapy students in training and were selected from universities around the Nation. The universities that were selected for the play therapy students in training population were based on the following criteria: (1) the university offers a course in play therapy (i.e., as opposed to infusing play therapy into other courses); (2) the university offers a micropracticum, practicum, or internship (i.e., on-site or off-campus) that affords students the opportunity to both see children in play therapy and to have their skills observed; and (3) the play therapy instructor (i.e., contact professor) was willing to assist

the researcher in disseminating and collecting the instruments from the students. The information regarding each university around the Nation offering play therapy coursework and training experience was ascertained via the Play Therapy Training Directory by Landreth, Joiner, and Solt (2003).

From the universities meeting the above criteria, the researcher then selected twenty universities. The researcher attempted to select universities that resided in different geographical areas of the United States and that are known in the field of play therapy to have a large number of play therapists in training. Once the universities were selected, a call to the university was made in order to elicit the professor's (i.e., either the practicum, internship, or play therapy course instructor) willingness to assist the researcher in this study. Due to some of the initially selected universities not responding to the researcher's request for participation, other universities were contacted. At this point, the researcher chose universities that still met the above criteria, but that were known by either the researcher or the researcher's major professor in hopes that the professor would be more willing to participate in the study, thus increasing the return rate.

Once a professor was contacted at each university and indicated an interest in participating in the study (please see Collection of Data section for further information), the professor was asked to estimate the number of play therapy students in training that would be able to participate in this study based on the operational definition of the play therapy student in training. Additionally, the contact professor was asked to randomly select, if possible, a number of non-play therapy students to complete the battery of assessments that equals the number of the play therapy students in training they indicated

they had. The initial sample had more play therapy students in training than non-play therapy students in training. To attempt to balance the two groups, two additional universities were selected to provide students for the non-play therapy group. These universities were selected due to the researcher knowing the practicum professors at these universities and based on the professor's willingness to assist in providing students for the non-play therapy students group.

A total of 312 assessment packets (162 play therapy and 150 non-play therapy) were sent to 20 universities. Of the 20 universities that were contacted and agreed to help, 19 of the universities responded (please see Appendix H for a list of the participating universities and subject number for each participating university). Of the 312 assessment packets sent, 196 packets were returned, equaling an overall return rate of 63%. The play therapy students in training group returned 110 packets, giving a return rate of 67%. The non-play therapy students in training group returned 86 packets, yielding a return rate of 57%. Of the 150 non-play therapy students that were sent an assessment packet, based on the criteria described previously, 8 packets were eliminated from the study (4 play therapy students and 4 non-play therapy students), resulting in a total subject number of 188 research participants.

The play therapy students in training group was comprised of 106 participants. The non-play therapy students in training group was comprised of 82 participants. While the majority of the participants were in a counseling training program (78 non-play therapy students in training and 101 play therapy students in training), some participants were in a Social Work (4 non-play therapy students in training) and a Psychology (5 play therapy students in training) training program. In total, there were 23 males and 165

female participants for this study. There were 94 females (89%) and 12 males (11%) in the play therapy students in training group. There were 71 females (87%) and 11 (13%) males in the non-play therapy students in training group. Interestingly, the gender for the play therapy and non-play therapy students in training group in this study yielded a consistent gender delineation for each group.

The gender findings are consistent with Ryan et al. (2002) who reported an 89.7% female sample and a 10.3% male sample in their survey of 891 play therapists. These findings were also consistent with Kranz et al. (1998) who reported an 88% female sample and a 12% male sample in their study of 81 play therapists. The male to female ratio is slightly higher in this study as compared to Phillips and Landreth (1995) who reported a majority female sample size of 73.8% and male sample size of 26.2% in their study of play therapists.

The play therapy students in training group ranged in age from 22 to 59, with a mean age of 32. The mean age of this sample size was lower than the 44.85 mean age reported for Ryan et al. (2002). This comparison is consistent with the nature of the participants of this study being students and the participants in the Ryan et al. (2002) study predominately entailing practicing professionals (96.7%) versus students (3.3%). The age range for this study was relatively consistent with Phillips and Landreth (1995), whereby the ages of their respondents ranged from 21 to 61 years and older. The age range for the non-play therapy students in training group for this study was 21 to 55 with a mean age of 32.

The play therapy students in training group was comprised of the following ethnicity: 84.9% Caucasian; 6.6% Asian; 4.7% Hispanic; 1.9% American Indian, .9%

African American, and .9% self-identified as "other". The majority ethnic category percentage was slightly lower than the 92.1% Caucasian sample reported by Ryan et al. (2002) and the 93% Caucasian reported by Kranz et al. (1998). The non-play therapy students in training group was comprised of the following ethnicity: 79.3% Caucasian, 9.7% Hispanic, 6.1% African American, 3.7% Asian, and 1.2% American Indian.

Collection of Data

Prior to collecting the data for this project, the researcher received approval from the University of North Texas Internal Review Board for Human Subjects. The researcher utilized the Play Therapy Training Directory (Landreth, Joiner, & Solt, 2003) to determine the contact professor (i.e., the professor who teaches play therapy at each university that was selected). Subsequently, the contact professor was contacted by phone by the researcher and apprised of this study. In addition to the purpose and logistics of the study, professors were also informed that for their participation, they would be able to receive their choice of a free play therapy training video from the Center for Play Therapy (see Video Selection Form in Appendix F). The professor's willingness to participate in the study, the professor's mailing address, and an estimated number of play therapy students in training they had was ascertained so that the researcher could later send the appropriate amount of assessment packets to the professor.

The researcher explained to the professors that their role involved the following: (1) introduce the study to their students, (2) disseminate the assessment packets to the students who indicated an interest in participating, (3) ensure that the participants sealed the packets and recorded their first names on the outside of the packets when the packets were returned (4) complete the Play Therapy in Training Rating Scale (See Appendix E)

for their play therapy students, (5) complete the Video Selection Form, and (6) collect the packets and mail back to the researcher in the included postage-paid envelope by the deadline date indicated in the professor's cover letter (i.e., four weeks was allotted to each professor to collect and return the data to the researcher). In two universities, the professors were required to also obtain permission from their Human Subjects Internal Review Board. The researcher had to fax the completed and approved University of North Texas IRB application to the designated university IRB coordinator. Two weeks after the information was faxed to each university, the researcher was informed that approval was granted for the professors and students to participate in this study.

Once the professor agreed to assist in the study and was informed of his/her role, an envelope containing the necessary research materials was mailed to the university: a cover letter for the professor (see Appendix A); the Play Therapy Students in Training Rating Scale (See Appendix E); the Video Selection Form (See Appendix F); a large postage-paid envelope (i.e., so the professor could mail the data back to the researcher); and assessment packets for the student participants that corresponded to the number of play therapy students in training and non-play therapy students in training reported by the professor during the initial phone call. Each of the assessment packets for the students contained the following: a participant cover letter (see Appendix B), Demographic Information Survey (see Appendix C), NEO PI-R Questionnaire Booklet, NEO PI-R Answer Sheet, and BLOCS (Appendix D). Each participant's assessment packet was encoded with a number. This same number was assigned to the assessment instruments and Demographic survey that was to be completed by each participant.

To assist the professors in disseminating the packets to student participants and the researcher in entering the data, the packets were designated by a "P" indicating a play therapy student in training and a "NP" for non-play therapy students in training. Although the survey and assessment instruments completed by the student participants did not ask for their full-names, the outside of the packet did request that the participants indicate their first name. The participant's first name on the outside of the packet was needed for two purposes: (1) to assist the professor in collecting the packets and (2) to provide the researcher with a way to match the ratings the professors completed on the effectiveness of their students with certain personality characteristics that were identified. While the first name was only recorded on the outside of the packet, numbers were assigned to every assessment instrument and the outside of the packet for each participant so all assessments could be matched after they were scored for the data entry process.

Once the professor received the packet of research materials, the professor was asked to announce and briefly explain the purpose of the study. The professors were asked to (i.e., this was also discussed in the participant cover letter) inform the students that participation was voluntary and by returning the completed packets to their professor, they indicated their willingness to participate in the study. The students were then asked to read the cover letter in the packet that explained the following: purpose of the study, voluntary nature of the study, time involved to complete the instruments and survey, directions to follow for the study, and handling/confidentiality of data. Students who agreed to participate in the study were asked by the professor to complete the assessment instruments contained inside the packet, either in class or outside of class, and to return the packets to the professor by the following week. Once the packets were

completed, the participants were asked to seal their packets prior to handing it to the professor, so that their data could be kept confidential. The participants were also asked to record their first names on the outside of the sealed packet (i.e., for reasons explained above).

When the participants returned the assessment packets, the professor collected and mailed them back to the researcher. To encourage packet returns, professors who had not returned their packets within the four weeks allotted in the research cover letter were sent a reminder via email. When the researcher received the completed instruments, there was an initial sorting based on the student type that was indicated (i.e., play therapy or non-play therapy). Upon reviewing the packets, the researcher eliminated any participants from the research project based on the following criteria: any of the assessments had missing responses from the participant; the participant indicated "Strongly Disagree" or "Disagree" on the NEO PI-R validity checks located on the bottom of the answer sheet; or random responding to questions on the NEO PI-R was identified according to the Costa and McCrae (1992) validity criteria. After this sorting, the investigator separated the NEO PI-R's from the assessment packets from both the play therapy and non-play therapy groups for scoring purposes. The researcher, along with two trained testing assistants who work at the University of North Texas Counseling and Testing Center, hand-scored the NEO PI-R and checked all the scores twice for scoring reliability. Once the scoring was completed, the NEO PI-R's were placed back into the assessment packets, which was done by matching the assigned number code on the NEO PI-R with the assigned number on the outside of the assessment packet.

The data on each of the assessments in the packets were then entered into a Microsoft Excel spreadsheet to prepare for the statistical analyses (see Statistical Analysis section). After the data was entered, the researcher then matched the first names on the play therapy student in training group assessment packets to the correct names on the Play Therapy Student in Training Rating Scale to enter the rating for each play therapy student. Following the entering of the data, the researcher mailed a thank-you letter and the video that was indicated on the returned "Video Selection Form" to the contact professor.

Analysis of Data

Following entering of the data in Excel, the researcher imported the data in the Excel spreadsheet into an SPSS for Windows file. Descriptive statistics were conducted to discuss general information regarding the two groups, such as composition of the play and non-play groups, gender, age, ethnicity, nature of work experience with children, duration of this work experience with children, theoretical orientation, program's main theoretical emphasis, completion of an Introduction to Play Therapy course, and the amount of play therapy workshop/training hours completed.

The following inferential statistical analyses were used to analyze the data. Initially, A multivariate analysis of variance (MANOVA) was utilized (N= 188) to determine whether group membership in the play therapy students in training and non-play therapy students in training was associated with mean differences on a combination of dependent variables (e.g., scores on the NEO PI-R scales and BLOCS composite score). An outlier analysis, the Cook's Distance Test, was utilized to eliminate outliers, which are unusual or extreme scores that could negatively or positively skew overall

score distribution (Hinkle, Wiersma, & Jurs, 1998). As a result, four participants (1 play therapy student and 3 non-play therapy students) were eliminated from the total subject number (N=184). Because a statistically significant difference was indicated between the play therapy and non-play therapy student training groups on the Extraversion scale of the NEO PI-R, an analysis of variance (ANOVA) was used to further identify the difference in the means between the 6 individual facet subscales of the Extraversion scale in order to indicate further specific differences between the two groups (Hinkle, Wiersma, & Jurs, 1998). A group linear discriminant function analysis (DA) was used to predict for student group membership for either the play therapy group or non-play therapy group based on certain predictor variables, such as scores on the NEO PI-R scales and BLOCS composite score (Tabachnick & Fidell, 1996). In other words, by looking at a student's scores on the NEO PI-R and BLOCS, it could be determined if that student was classified as a play therapy student in training or a non-play therapy student in training. A MANOVA was conducted to determine if certain personality and attitude toward children scores correlated with the ratings play therapy students in training received from their supervisors regarding their effectiveness (e.g., Highly Effective or Effective) as a play therapist.

CHAPTER III

RESULTS AND DISCUSSION

This chapter presents and discusses the results of the statistical analyses of the data for the hypotheses that were tested for this study. Additionally, implications and recommendations for further research are discussed.

Results

The results of this study are presented in the order that the hypotheses were stated and tested, beginning with the descriptive statistics and correlations. For the ANOVA and multivariate statistics, a level of significance of .05 was established as the criterion for retaining of rejecting the hypotheses in this study.

Descriptive Statistics

The demographic information of the research participants is presented in the previous chapter. This chapter presents the remaining descriptives on the Demographic Information Survey are discussed. The following theories were indicated by the theory choice for the play therapy students in training: 31% person-centered, 25% Adlerian, 24% eclectic, 5% cognitive-behavioral, 4% cognitive, 2% Gestalt, 2 % psychoanalytic, 1% reality, 1% integrative, and 5% was identified in the "other" category. This finding is relatively consistent with Kranz et al. (1998), whereby the play therapists identified ascribing to the following theories: 36% child-centered, 23% eclectic, 6% cognitive-behavioral, and 4% psychodynamic. The theoretical indications identified in this study are slightly different than the results of the Phillips and Landreth (1995) study in which 46% of the respondents indicated a "multi-theory" model and 26% indicating the

theoretical orientation of child-centered. The multi-theory/eclectic category may have been lower for this study due to the offering of different theory choices (e.g., Adlerian, Gestalt, reality, integrative, etc.). Interestingly, of the 76.2% of play therapy students that indicated a high interest in practicing play therapy post-graduation, the following was indicated: 31% indicated their theoretical orientation was person-centered, 28% indicated their theory to be eclectic, and 25% indicated their theory to be Adlerian.

The non-play therapy students in training group reported ascribing to the following theories: 26% eclectic, 21% Adlerian, 20% person-centered, 9% cognitive-behavioral, 7% reality, 4% psychoanalytic, 2% cognitive, 1% behavioral, and 10% other. The "other" categories consisted of the following theories reported by the participants: solution focused brief therapy, existential, ecosystem, Jungian, developmental, redecision therapy, family systems, and transactional analysis.

Ryan et al. (2002) reported that the two most frequently taught play therapy theories and models were child-centered (56.0%) and cognitive-behavioral (42.0%). Interestingly, although person-centered (child-centered in relation to play therapy) was identified by the play therapy students in training group for this study to be 47.5% of their program's theoretical orientation, only 1.3% of the play therapy students in training identified their program's theoretical orientation to be cognitive-behavioral. Person-centered in this study was followed by Adlerian (13.8%) and eclectic (13.8%) theoretical orientations.

The interest level in practicing play therapy post-graduation for the play therapy students in training group indicated the following: 76% high interest, 20% medium interest, and 4% low interest. No participant in this group indicated "none" for the

interest level. The participants in the non-play therapy student group indicated the following interest: 15% high, 41% medium, 28% low, and 16% none. In total, 47.5% play therapy students in training and 42.6% non-play therapy student in training reported their program's theoretical orientation to be person-centered. Adlerian (13.8% for play therapy students and 19.1% for non-play therapy students), eclectic (13.8% for play therapy students and 12.8% for non-play therapy students), and other (20% for play therapy students and 10.6% for non-play therapy students) theoretical orientations were the following theories predominately identified.

In the play therapy training group, 66 (62.3%) participants indicated they had completed an Introduction to Play Therapy course, while 39 (36.8%) indicated they had not completed one (i.e., although they could be currently taking one). Additionally, one (1%) participant did not respond to the question. These percentages are higher than those reported in the Phillips and Landreth (1995) study in which only 40% of the respondents reported taking a graduate course in play therapy. Of the non-play therapy training group, 5 (6.1%) indicated they had completed an Introduction to Play Therapy course, while 77 (93.9%) indicated they had not.

Participants in the play therapy training group indicated they had taken the following: 26 (24.5%) had not completed or were currently enrolled in an Introduction to Play Therapy course, 37 (34.9%) had taken 1 course, 20 (18.9%) had taken 2 courses, 14 (13.2%) had taken 3 courses, 3 (2.8%) had taken 4 courses, and 6 (5.7%) had taken 5 or more courses. Participants in the non-play therapy training indicated the following: Seventy-seven (94%) participants had not completed a course in the play therapy field, 3

(4%) had taken 1 class, 1 (1%) had taken 2 classes, 1 (1%) had taken 3 classes, and no one indicated taking more that 4 play therapy classes.

Of the 81 (76%) play therapy students that indicated a high interest in practicing play therapy after graduation, 40 (49%) indicating completing 9 or more workshops and 26 (32%) indicated completing 0 workshops. Again, the numbers tended to fall on either the high end of completing workshop hours or the low end of completing workshop hours, with the remaining 15 (17%) falling in between 1 to 8 hours. Ryan et al. (2002) reported that slightly less than half of their respondents indicated they were being trained entirely through workshops. The Phillips and Landreth (1995) study also indicated the majority (80%) of play therapy training occurred via workshops or trainings other than graduate play therapy courses.

The majority of the non-play therapy group (70 students or 85.4%) indicated having completed 0 workshop or training hours in the field of play therapy. Eight (9.7%) participants indicated they had completed 1 or 2 hours and 4 (4.8%) indicated they had completed three or more hours of workshop training. No statistical significance was indicated between interest level of practicing play therapy post-graduation and amount of workshop hours completed.

The participants were also asked to identify the nature of their longest work experience with children. The play therapy training group reported the nature of their longest work with children to be the following: counselor (37.7%), school teacher (23.6%), childcare provider (26.4%), and "other" (11.3%). Additionally, .9% reported having no work experience with children. For the non-play therapy training group, several reported that they also had work experience with children: counselors (18.2%),

school teachers (28.6%), childcare providers (31.2%), and "other" (18.2%). Only 3.9% indicated they have not had any work experience with children. The "other" category included the following work experiences identified by participants in both the play therapy and non-play therapy students in training groups: baby-sitter, student (Practicum Experience), youth counselor/children's ministries, child welfare (CPS) worker, nurse, tutor, school psychologist, camp counselor, community educator on childhood issues, parent, Head Start worker, residential counselor, school volunteer, swim instructor, and youth care worker.

No statistical significance was indicated between level of interest for practicing play therapy post-graduation and the nature of the work experience for either play therapy or non-play therapy training groups. The majority (34%) of play therapy students who indicated a high interest in practicing play therapy post-graduation reported that the nature of their longest work experience with children was as a counselor. Interestingly, the 26.4% of the play therapy students who indicated that their work experience involved working as childcare providers, 17% indicated a high interest in practicing play therapy and 11% indicated a medium interest.

The participants were also asked to indicate the length of their identified work experience with children. For the play therapy training group, 37 (34.9%) indicated working six or more years, followed by 22 (20.8%) indicating only one year. A dichotomy appears to exist in that the majority of the play therapy students either reported a brief period of time working with children or a long period of time. A similar trend was observed for the non-play therapy training group in that 20 (26.7%) participants reported one year and 21 (28%) reported 6 or more years. Furthermore, for

the play therapy training group, there was a significant correlation between higher number of years in working with children and having a high interest in practicing play therapy post-graduation. No statistical correlation was indicated for non-play therapy training group's interest in practicing play therapy post-graduation and the length of experience in working with children.

Hypothesis 1

There will be no statistically significant difference between the mean scores for the play therapy students in training and non-play therapy students in training on the Neuroticism domain as measured by the NEO Personality Inventory-Revised (NEO PI-R).

Table 1 presents the mean scores of the play therapy students and the non-play therapy students in training for the Neuroticism domain of the NEO PI-R. Table 2 shows the Levine's Test of Equality of Error Variances, which tested for the error of variance of the dependent variable across groups. The null hypothesis was retained, indicating that the variance is equal and homogeneity of variance assumption is met. Table 3 presents the analysis of the data, showing that there is not a significant difference between the play therapy students and the non-play therapy students in training mean scores on the Neuroticism domain. On the basis of this data, hypothesis 1 was retained.

Table 1

Total Mean Scores on each Domain of the NEO PI-R and the BLOCS for the Play Therapy and Non-play Therapy Students in Training

Dependent Variable	Type of Therapist	Mean	Std. Deviation	N
Neuroticism	Play Therapist	85.72	21.619	105
	Non-Play Therapist	81.87	20.198	79
Extraversion Total	Play Therapist	115.39	21.096	105
	Non-Play Therapist	121.30	17.301	79
Openness Total	Play Therapist	124.58	20.101	105
	Non-Play Therapist	125.41	18.700	79
Agreeableness Total	Play Therapist	130.41	15.187	105
	Non-Play Therapist	127.67	13.107	79
Conscientiousness Total	Play Therapist	122.99	18.255	105
	Non-Play Therapist	121.70	21.595	79
Total BLOCS Score	Play Therapist	86.33	7.162	105
	Non-Play Therapist	82.87	8.071	79

Table 2

Levine's Test of Equality of Error Variances Testing the Error Variance is Equal Across Groups on the Domains of the NEO PI-R and the BLOCS for the Play Therapy and Non-play Therapy Students in Training

	F	df1	df2	Sig.
Neuroticism Total	.009	1	182	.926
Extraversion Total	3.326	1	182	.070
Openness Total	.432	1	182	.512
Agreeableness Total	.169	1	182	.681
Conscientiousness Total	1.590	1	182	.209
Total BLOCS Score	1.209	1	182	.273

Table 3

A Multivariate Analysis of Variance (MANOVA) Used to Determine whether Group Membership in the Play Therapy Students and Non-play Therapy Students in Training is Statistically Significant on the Scores on the NEO PI-R Domains and BLOCS

Dependent Variables	**Sum of Squares**	**df**	**Mean Square**	**F Ratio**	**Sig.**
Neuroticism Total	668.357	1	668.357	1.512	.220
Extraversion Total	1576.382	1	1576.382	4.120	*.044
Openness Total	30.618	1	30.618	.080	.777
Agreeableness Total	338.118	1	338.118	1.646	.201
Conscientiousness Total	75.518	1	75.518	.193	.661
Total BLOCS Score	539.672	1	539.672	9.430	*.002

*Indicates a statistically significant result at the <.05 level

Hypothesis 2

There will be no statistically significant difference between the mean scores for the play therapy students in training and non-play therapy students in training on the Extraversion domain as measured by the NEO Personality Inventory-Revised (NEO PI-R).

Table 1 presents the mean scores of the play therapy students and the non-play therapy students in training for the Extraversion domain of the NEO PI-R. Table 2 shows the Levine's Test of Equality of Error Variances, which tested for the error of variance of the dependent variable across groups. The null hypothesis was retained, indicating that

the variance is equal and homogeneity of variance assumption is met. Table 3 presents the analysis of the data, showing that there is a significant difference between the play therapy students and the non-play therapy students in training mean scores on the Extraversion domain of the NEO PI-R at the .04 level. On the basis of this data, hypothesis 2 was rejected.

To further analyze where the differences occurred in the six facet scales on the Extraversion domain, an ANOVA (see Table 4) was conducted and indicated a statistically significant difference at the .01 level between the play therapy and non-play therapy students in training on the E2 scale, which is Gregariousness.

Table 4

Analysis of Variance for Extraversion Scale of the NEO PI-R between Play Therapy Students and Non-play Therapy Students in Training

Subtests on the Extraversion Scale		Sum of Squares	Df	Mean Square	F	Sig.
Warmth	Between Groups	293.663	1	293.663	1.231	.269
	Within Groups	43431.115	182	238.632		
	Total	43724.777	183			
Gregariousness	Between Groups	221.218	1	221.218	6.747	*.010
	Within Groups	5967.342	182	32.788		
	Total	6188.560	183			
Assertiveness	Between Groups	38.957	1	38.957	1.437	.232
	Within Groups	4935.081	182	27.116		
	Total	4974.038	183			
Activity	Between Groups	4.004	1	4.004	.226	.635
	Within Groups	3225.648	182	17.723		
	Total	3229.652	183			
Excitement – seeking	Between Groups	7.344	1	7.344	.029	.866
	Within Groups	46671.525	182	256.437		
	Total	46678.870	183			
Positive Emotions	Between Groups	.006	1	.006	.000	.987
	Within Groups	4537.336	182	24.930		
	Total	4537.342	183			

**Indicates a statistically significant result at the <.05 level*

Hypothesis 3

There will be no statistically significant difference between the mean scores for the play therapy students in training and non-play therapy students in training on the Openness domain as measured by the NEO Personality Inventory-Revised (NEO PI-R).

Table 1 presents the mean scores of the play therapy students and the non-play therapy students in training for the Openness domain of the NEO PI-R. Table 2 shows the Levine's Test of Equality of Error Variances, which tested for the error of variance of the dependent variable across groups. The null hypothesis was retained, indicating that the variance is equal and homogeneity of variance assumption is met. Table 3 presents the analysis of the data, showing that there is not a significant difference between the play therapy students and the non-play therapy students in training mean scores on the Openness domain on the NEO PI-R. On the basis of this data, hypothesis 3 was retained.

Hypothesis 4

There will be no statistically significant difference between the mean scores for the play therapy students in training and non-play therapy students in training on the Agreeableness domain as measured by the NEO Personality Inventory-Revised (NEO PI-R).

Table 1 presents the mean scores of the play therapy students and the non-play therapy students in training for the Agreeableness domain of the NEO PI-R. Table 2 shows the Levine's Test of Equality of Error Variances, which tested for the error of variance of the dependent variable across groups. The null hypothesis was retained, indicating that the variance is equal and homogeneity of variance assumption is met. Table 3 presents the analysis of the data, showing that there is not a significant difference

between the play therapy students and the non-play therapy students in training mean scores on the Agreeableness domain. On the basis of this data, hypothesis 4 was retained.

Hypothesis 5

There will be no statistically significant difference between the mean scores for the play therapy students in training and non-play therapy students in training on the Conscientiousness domain as measured by the NEO Personality Inventory-Revised (NEO PI-R).

Table 1 presents the mean scores of the play therapy students and the non-play therapy students in training for the Conscientiousness domain of the NEO PI-R. Table 2 shows the Levine's Test of Equality of Error Variances, which tested for the error of variance of the dependent variable across groups. The null hypothesis was retained, indicating that the variance is equal and homogeneity of variance assumption is met. Table 3 presents the analysis of the data, showing that there is not a significant difference between the play therapy students and the non-play therapy students in training mean scores on the Conscientiousness domain. On the basis of this data, hypothesis 5 was retained.

Hypothesis 6

There will be no statistically significant difference between the mean total scores for play therapy students in training and non-play therapy students in training on the Barnett's Liking of Children Scale (BLOCS).

Table 1 presents the mean scores of the play therapy students and the non-play therapy students in training for the composite BLOC score. Table 2 shows the Levine's Test of Equality of Error Variances, which tested for the error of variance of the

dependent variable groups across groups. The null hypothesis was retained, indicating that the variance is equal and homogeneity of variance assumption is met. Table 3 presents the analysis of the data, showing that there is a statistically significant difference between the play therapy students (M=86.33) and the non-play therapy students in training (M=82.87) mean scores on the BLOCS at the .00 level. On the basis of this data, hypothesis 6 was rejected.

Hypothesis 7

There will be no statistically significant differences on the domains of the NEO PI-R between play therapy students rated as "Highly Effective" and play therapy students rated as "Effective" as indicated by the Play Therapy Students in Training Rating Scale.

Table 5 shows the mean total scores and standard deviations on the NEO PI-R domains for the play therapy students rated "Highly Effective" or "Effective". Table 6 presents the analysis of the data, showing that there is not a significant difference in the total mean scores of the NEO PI-R domains between the play therapy students rated "Highly Effective" and the play therapy students rated "Effective". On the basis of this data, hypothesis 7 was retained. On the NEO PI-R domains, no significant differences were indicated between the play therapy students rated as "Highly Effective" and play therapists rated as "Effective". Interestingly, the Conscientiousness domain on the NEO PI-R did receive an alpha level of .094, approaching statistical significance at the <.05 level.

Hypothesis 8

There will be no statistically significant differences between the mean total scores on the BLOCS for play therapy students rated as "Highly Effective" and play therapy

students rated as “Effective” as indicated by the Play Therapy Students in Training Rating Scale.

Table 5 shows the mean total scores and standard deviations on the BLOCS for the play therapy students rated “Highly Effective” or “Effective”. Table 6 presents the analysis of the data, showing that there is a significant difference between the play therapy students rated as “Highly Effective” and play therapists rated as “Effective” on the mean total scores on the BLOCS at the .000 level. On the basis of this data, hypothesis 8 was rejected.

Table 5

Total Mean Scores on each Domain of the NEO PI-R and the BLOCS for the Play Therapy Students Rated as Highly Effective and Effective

Dependent Variables		Mean	Std. Deviation	N
Neuroticism Total	Highly Effective	85.81	21.782	101
	Effective	83.97	18.447	33
	Total	85.36	20.958	134
Extraversion Total	Highly Effective	115.88	21.056	101
	Effective.	122.79	16.347	33
	Total	117.58	20.164	134
Openness Total	Highly Effective	124.71	20.204	101
	Effective	126.67	17.190	33
	Total	125.19	19.461	134
Agreeableness Total	Highly Effective	130.27	15.283	101
	Effective	126.94	14.390	33
	Total	129.45	15.083	134
Conscientiousness Total	Highly Effective	122.95	18.372	101
	Effective	120.79	21.210	33
	Total	122.42	19.050	134
Total BLOCS Score	Highly Effective	86.60	7.046	101
	Effective	80.52	7.799	33
	Total	85.10	7.674	134

Table 6

A Multivariate Analysis of Variance (MANOVA) to Determine Differences between Levels of Effectiveness for Play Therapists on NEO PI-R Domain and BLOCS Scores

Dependent Variables	**Sum of Squares**	**df**	**Mean Square**	**F Ratio**	**Sig.**
Neuroticism Total	84.411	1	84.411	.191	.663
Extraversion Total	1186.508	1	1186.508	2.961	.088
Openness Total	94.949	1	94.949	.249	.618
Agreeableness Total	275.473	1	275.473	1.213	.273
Conscientiousness Total	116. 329	1	116. 329	.319	.573
Total BLOCS Score	922.136	1	922.136	17.614	*.000

**Indicates a statistically significant result at the < .05 level*

A group linear discriminant analysis was conducted to determine whether students' scores on the subtests of the NEO PI-R and the BLOCS could predict their group membership (i.e., whether they were play therapy or non-play therapy students). The discriminant analyses showed 61.4% of cross-validated grouped cases were correctly classified. In other words, 11.4% above chance classification was received in trying to classify a student as a play therapy student or non-play therapy student based on students' scores on the NEO PI-R subscales and the total BLOCS score.

Discussion

Demographic Information Survey

On the Demographic Information Survey, a partial correlation of the age, length of experience, and interest level of the play therapy students resulted in a negative

correlation, although not statistically significant, between age and interest level in practicing play therapy post-graduation. This correlation may suggest that as the age increases, the level of interest for students in practicing play therapy after graduation decreases. This may reflect certain findings in Phillips and Landreth's (1995) demographical profile of a play therapist in that play therapists were found to be relatively new to the field (i.e., less than 10 years of experience in children's mental health). Ryan et al. (2002) found the average age for play therapists to be in the mid-40s and the membership/experience of the respondents was relatively brief in the field of play therapy (i.e., a mean of 4.30 years). This same trend was indicated in the Kranz et al. (1998) study, showing the majority of the respondents fell in the age range of 30 to 49 and the average amount of time in practice as a play therapist was only 6.75 years.

Although no statistical significance was indicated, the following variables are discussed based on correlations indicated. A positive correlation trend was found between play therapy students who have completed an Introduction to Play Therapy course and their interest level in practicing play therapy post-graduation. Meaning, the more likely a participant was to have completed an Introduction to Play Therapy course, the higher interest level they indicated in actually practicing play therapy after they graduate. Conversely, a negative correlation was found for the play therapy students between the number of workshop/training hours completed and interest level in practicing play therapy. The larger number of workshops/trainings the play therapy students had completed, the lower their interest was in practicing play therapy post-graduation.

A negative correlation trend was discovered in the play therapy students group between the number of workshops/trainings completed and the completion of an Introduction to Play Therapy course. In other words, the larger number of workshops/trainings play therapy students complete, the less likely they are to have completed an Introduction to Play Therapy course.

In the non-play therapy students training group, 42% indicated a medium interest in practicing play therapy post-graduation. This indicated desire may perhaps suggest that non-play therapy students not receiving play therapy training may still pursue the practice of play therapy upon graduation. Interestingly, the number of non-play therapy students indicating a high interest (15%) in practicing play therapy post-graduation was almost equal to the number of students indicating a low interest (16%) in practicing play therapy post-graduation.

Of the 76% of play therapy students in training that indicated a high interest level in practicing play therapy post graduation, 70% had completed an Introduction to Play Therapy course. Of the 20% of play therapy students that indicated a medium interest in practicing play therapy post-graduation, 60% had not taken were currently completing an Introduction to Play Therapy course. Of the 4% of play therapy students who indicated a low interest in practicing play therapy post-graduation, 25% had completed an Introduction to Play Therapy course. It appears that having completed an Introduction to Play Therapy course does positively affect the student's interest level in practicing play therapy post-graduation.

The correlation between play therapy students' interest level in practicing play therapy post-graduation and completing an Introduction to Play Therapy course was

statistically significant at the <.05 level. This indicates play therapy students tended to mark a medium interest in practicing play therapy post-graduation if no Introduction to Play Therapy course was completed and a high interest if an Introduction to Play Therapy course was completed. This variance was not observed in the non-play therapy students group where 94% did not complete and Introduction to Play Therapy class and the interest level remained consistent whether an Introduction to Play Therapy course was completed or not.

NEO Personality Inventory-Revised and the Barnett's Liking of Children Scale

Of the 7 null hypotheses, 5 were retained and 2 were rejected. An interpretation of the scores is provided in the following section. It should be cautioned that scores on the NEO Personality Inventory-Revised (NEO PI-R) do slightly vary due to gender based on the construction of the NEO PI-R. However, because there is an overwhelming number of females for both play therapy and non-play therapy groups, the female profile for the NEO PI-R was utilized to interpret the mean scores. In general, the mean scores for the NEO PI-R for both play therapy and non-play therapy student training groups were in the following ranges for the following scales: Average range for Neuroticism; High range for Openness; Average range for Agreeableness; and Average range for Conscientiousness.

Both play therapy students and non-play therapy students scored in the Average range for the Neuroticism domain on the NEO PI-R, indicating that indicating that they are calm, relaxed, relatively free of worry, and generally able to control impulses. Both student groups also scored in the Average range for the Agreeableness domain on the NEO PI-R. Average scores indicate the following characteristics for these individuals:

sympathetic but also firm, easily trusting of others but not gullible, generally frank and sincere, confident to hold their own in conflicts, and relatively humble but self-confident. On the Conscientiousness domain of the NEO PI-R, both play therapy and non-play therapy students also scored in the Average range. In general, individuals who score in the Average range on this domain are neat, punctual, well organized, dependable, able to balance work and recreation, able to apply self-discipline, and are reasonably cautious. On the Extraversion scale, the play therapy students in training group scored in the Average range, whereas the non-play therapy students in training group scored in the High range. This difference was statistically significant at the <.05 level. This indicates that non-play therapists in training are more extraverted than play therapy students in training.

The Extraversion scale indicates that extraverted individuals are sociable, prefer large groups, and like people. According to Costa and McCrae (1992), extraverted individuals are also "assertive, active, and talkative. They like excitement and stimulation and tend to be cheerful in disposition. They are upbeat, energetic, and optimistic" (p. 15). Low scores on this scale should be thought of as the absence of extraversion, not the opposite of extraversion. Introverts are "reserved rather than unfriendly, independent rather than followers, even-paced rather than sluggish" (Costa & McCrae, 1992; p. 15). Introverted individuals prefer to be alone, which society commonly mistakes this preference for shyness. Additionally, introverts don't manifest the exuberance like that of an extravert, but they are generally just as happy. Although there was a statistically significant difference between non-play therapy and play therapy students, the play therapy students in training group did score in the Average and not the

Low range. This indicates that although they did not score in the High range like the non-play therapy students on the Extraversion domain, the play therapy students were still not noted as introverts because they did score in the Average range.

Further analysis revealed that the "Gregariousness" subscale (E2) on the Extraversion domain resulted in a statistically significant difference between the play therapy and non-play therapy students. Gregariousness is defined by Costa and McCrae (1992) as, "the preference for other people's company. Gregarious people enjoy the company of others, and the more the merrier. Low scorers on this scale tend to be loners who do not seek—or who even actively avoid—social stimulation" (p. 17).

The difference in extraversion between the non-play therapy group and the play therapy group may indicate several possibilities. Play therapists may be more inclined to listen rather than socialize, because building rapport with a child does not heavily rely on verbalization—which is one variable that operationally defines an extraverted individual according to Costa and McCrae (1992). Play therapy students do not need to rely heavily on social niceties and socialization, because they focus on entering the child's world through the child's play. Play therapy students focus more on communicating through the child's play rather than verbalizations of the child. Perhaps play therapy students are less comfortable around adults and thus choose to work with children. Another conjecture could be that extraverted individuals may receive positive reinforcement for their outgoing tendencies in terms of feeling a sense of social belonging and a better concept of self. It may be that play therapy students have less of a need for this reinforcement and, therefore, do not focus on being outwardly as social. It may also be that play therapists have less of a need to extend themselves socially, as what may be

needed for non-play therapists in counseling relationships, because children are naturally more accepting and warm than adults.

Interestingly, both groups scored in the High range on the Openness domain. According to Costa and McCrae (1992), the elements of Openness include the following: "active imagination, aesthetic sensitivity, attentiveness to inner feelings, preference for variety, intellectual curiosity, and independence of judgment... Open individuals are curious about both inner and outer worlds, and their lives are experientially richer. They are willing to entertain novel ideas and unconventional values, and they experience both positive and negative emotions more keenly than do closed individuals" (p. 15). While openness may be related to an individual's cognitive functioning, such as divergent thinking, it is in no way an index of an individual's intellectual capacity. According to Costa and McCrae (1992), individuals who tend to score low on openness tend to be more, "conventional in behavior and conservative in outlook. They prefer the familiar to the novel, and their emotional responses are somewhat muted" (p. 15). Based on this definition and the nature of counseling, one would expect that counselors would score higher than average on this scale, which is indicated in this finding.

There was a significant difference between the play therapy students and the non-play therapy students training groups on the Barnett's Liking of Children Scale (BLOCS). This indicates that play therapy students have an overall more favorable attitude toward children and children's behaviors as compared to the non-play therapy students in training. This also indicates that play therapy students are more likely to encourage and understand the emotional expressions in children as compared to non-play therapy students. Kao and Landreth (2001) found a difference in attitude between play

therapy students who had completed an Introduction to Play Therapy course and play therapy students who had not completed any play therapy training. Kao and Landreth's research indicated that after having the play training, student's manifested a more positive attitude toward children as compared with the students who had not received play therapy training. Because 62.3% of the play therapy students in the present study had completed an Introduction to Play Therapy course in comparison to 6.1% of non-play therapy students, the high scores on the BLOCS for the play therapy students may be a result of having completed some play therapy training.

Although no statistical significance was found between the play therapy students' ratings of effectiveness and the NEO PI-R personality domains and the BLOCS score, an interesting trend was observed in this analysis. Thirty-six play therapy students were rated as highly effective, 49 as effective, and 20 as moderately effective. Only one play therapist was rated as ineffective and was thus disregarded due to limited sample size (i.e., only one person in the group). The mean scores for the play therapy students rated in the highly effective and effective categories were compared. The comparison revealed a statistical significant difference on the BLOCS total mean scores between play therapy students rated as "Highly Effective" and play therapy students rated as "Effective" by their play therapy supervisors. This result indicated that play therapists rated as highly effective had an overall more favorable attitude toward children then students rated as effective. The comparison also revealed that the mean scores for the three groups were consistent and fell into the Average range on the Neuroticism, Extraversion, Agreeableness, and Conscientiousness domains. The scores for the three groups fell in the High range for the Openness domain. On the Conscientiousness domain, even

through all three groups scored in the Average range, the difference between groups approached statistical significance (.093) at the .05 level, possibly revealing that highly effective play therapy students may be more conscientious as compared to play therapy students who are rated as effective or moderately effective. Conscientiousness as defined by Costa and McCrae (1992) indicates the following: "The conscientious individual is purposeful, strong-willed, and determined… On the positive side, high C is associated with academic and occupational achievement; on the negative side, it may lead to annoying fastidiousness, compulsive neatness, or workaholic behavior. Conscientiousness is an aspect of what was once called character; high C are scrupulous, punctual, and reliable. Low scorers are not necessarily lacking in moral principles, but they are less exacting in applying them, just as they are more lackadaisical in working toward their goals. There is some evidence that they are more hedonistic and interested in sex" (p. 16).

The limited number of play therapy students that were rated moderately effective (N=20) or ineffective (N=1) as compared to the play therapy students who were rated highly effective (N=36) and effective (N=49) may indicate that the professors were too generous is their ratings of the play therapy students. This generosity may have hindered the ability for the researcher to be able to differentiate whether certain characteristics are present in play therapy students that are more effective as compared to play therapy students that are considered less effective. A rating scale that more sensitively and accurately assesses the play therapy student's level of effectiveness is recommended for future use.

Play Therapy Characteristics

While much of the focus of this section of the study has been on discussing differences between play therapy students and non-play therapy students in training, it is also important to note the characteristics of play therapists previously described in the literature that were also reported by the results of this study. The play therapy students in this study scored in the Average range for Neuroticism, indicating the play therapy students are calm, relaxed, relatively free of worry, and generally able to control impulses. This is consistent with Axline's (1947) description of a play therapist as being patient and calm in the therapeutic relationship. The play therapy students also scored in the Average range on the Extraversion scale, which indicates that they are average in the following abilities or desires: warmth, the desire to be in other people's company, assertiveness, need for excitement and stimulation, need to keep busy, and the ability to experience positive emotions. This is also consistent with the descriptions of a play therapist by Landreth (2002) and Axline (1947) that in order for play therapists to develop a warm and friendly relationship with the child, play therapists should be caring, accepting, supportive, kind, respectful, and friendly.

Play therapy students scored in the High range on the Openness scale, indicating that they are open to fantasy, have a vivid imagination, are receptive to one's own inner feelings, prefer novelty and variety, have a deep appreciation for art and beauty, are open-minded in considering new ideas, have a great deal of intellectual curiosity, and are willing to reexamine their own value system. A play therapist who is open to fantasy and has a vivid imagination can enter into a child's world of play, which is the child's natural medium of communication by which the self-healing process of therapy occurs. A play

therapist who is open to fantasy and has a vivid imagination is able to understand and value the symbolic language of play with the child, and therefore, is more fully able to enter into the child's inner emotional life (Landreth, 2002). Having a deep appreciation for art is also important for a play therapist, in that play therapists should recognize and place value on art as another medium of expression for children in the process play therapy. Furthermore, being open-minded in considering new ideas is an important characteristic for a play therapist to possess in that it frees the play therapist to see the child's world of expression through play. This is also consistent with Harris and Landreth's (2001) discussion of play therapists being able to convey an attitude of acceptance by being open, flexible, and self-aware. Harris and Landreth also maintained that the play therapist must have a high tolerance for ambiguity in order to follow and trust the child's lead, which again reflects the high score on the Openness domain on the NEO PI-R. Furthermore, individuals that score in the High range on the Openness domain tend to place value on emotional expression and evaluation of such expression. These individuals also tend to experience emotions more intensely than individuals who score in the Average or Low range on this domain. Consistent with this, Landreth (2002) discussed the importance of play therapists being able to recognize the subtleties and nuances of the child's feelings in the playroom. Landreth's maintained that when the play therapist can sensitively understand and accept the child's world, this frees the child to fully express nuances of thought and feeling within the therapeutic context. Because play therapists are highly open individuals (i.e., based on this research), they are better able to be more sensitive to and appreciative of feeling expression by other individuals, which fits these abilities discussed by Landreth.

The play therapy students scored in the Average range on the Agreeableness Scale on the Neo PI-R. Individuals who score in the Average range are sympathetic but can also be firm. Furthermore, they are easily trusting of others but not gullible, generally frank and sincere, confident to hold their own in conflicts, and relatively humble but self-confident. This again is consistent with the previously described characteristics of play therapists as maintained by Axline (1947) and Landreth (2002), whereby effective play therapists were discussed to have the following: trust in the child's ability to direct his/her own life, genuineness, self-awareness, and self confidence. These characteristics are also consistent with an effective play therapist's ability to set limits in the playroom with a child, which Landreth (2002) and Axline (1969) maintained as being pivotal in helping the child to establish a sense of security and safety in the playroom. The characteristic of firmness as indicated on the Agreeableness scale for the play therapy students corresponds to Harris and Landreth's descriptions of a play therapist that includes the therapist being assertive, firm, wise, just, and neutral without emotionally reacting to the child.

Lastly, the play therapy students scored in the Average range for the Conscientiousness domain on the NEO PI-R. In general, individuals who score in the Average range on this domain are neat, punctual, well organized, dependable, able to balance work and recreation, able to apply self-discipline, and are reasonably cautious. This is reflective of Harris and Landreth's (2001) point that to be fully accepting of a child in play therapy, play therapists should have self-control and insight into their own needs and reactions within the therapy session. Being able to balance work and recreation is one way to promote self-care, which is essential in being able to be more

self-aware and to maintain emotional stability. The characteristics of neat, punctual, and well organized are also important in the role of a play therapist. Some degree of organization and neatness is required in order for the play therapist to maintain the playroom organization and toy arrangement, both of which are important in possibly facilitating or hindering a child's play. It is these qualities that help to make a play therapist consistent, which is also an essential characteristic of an effective play therapist according to Landreth (2002) and Axline (1947).

Overall, excluding the Extraversion scale, this research revealed that play therapy and non-play therapy students aren't that different in the personality traits measured by the NEO PI-R. Differences did exist between both play therapy students and non-play therapy students in the degree of their desire for other people' company and their regard for children. Perhaps also administering an assessment to look at the liking of adults may further shed light on some characteristic differences between play and non-play therapists. It may be that play therapists do not necessarily desire being in the company of adults in comparison with non-play therapist. Additionally, it may be that the overall higher attitude toward children more accurately differentiates play therapy and non-play therapy students. The NEO PI-R domains were mostly similar (i.e., only one domain was statistically different between the student groups) between the play therapy students and non-play therapy students, while the BLOCS scores were higher for play therapy students as compared to non-play therapy students. The personality similarities and attitude toward children differences noted in this study may point to why play therapy students seem to be able to also work effectively with adults in therapy, whereas effective non-play therapy students struggle in effectively working with children in therapy. However,

as discussed previously, it may be that the overall higher score on the BLOCS for the play therapy students as compared to the non-play therapy students may just be a result of the majority of the play therapy students having completed an Introduction to Play Therapy Course whereas the majority of the non-play therapy students haven't.

Implications

The results of this research indicate that play therapy students appear to be less extraverted and have a higher liking of children than do non-play therapy students. The other personality traits measured by the NEO PI-R revealed no differences between play therapy and non-play therapy students. This finding may be due to the limitations of the two instruments utilized. Other instrumentation may be able to discern other areas of differences that were not assessed by instruments used in this research. In general, characteristics of play therapists were found in this research to be consistent with the qualitative descriptions of a play therapist in the literature, in that play therapy students did possess the essential characteristics as deemed necessary by play therapy experts for being an effective play therapist. Examining the effects that play therapy training has in possibly enhancing an individual's regard for children and developing or augmenting certain personality characteristics is also another important dimension to be assessed in future research.

Recommendations

Based on the results of this study, the following recommendations are suggested:

1. Replicate this research with practicing play therapists and non-play therapists in the field rather than play therapy and non-play therapy students in training.

2. Instrumentation that assesses for other specific characteristics, such as self-concept, playfulness, predictability, or dogmatism should be added to the instrumentation in a study of play therapists and non-play therapists.
3. Because the majority of ratings for play therapy students were either "Highly Effective" or "Effective vs. "Moderately Effective" or "Ineffective", using an instrument that would allow a supervisor to more sensitively and accurately assess the effectiveness of a play therapist would be beneficial.
4. Include university professors' written assessments of their play therapy students as compared to their non-play therapy students for a qualitative analysis study of possible differences between play therapy and non-play therapy students.

APPENDIX A

COVER LETTER TO PROFESSORS

Date

Dear Dr. ,

The included packets are designed to gather information from your students to ascertain personality differences between play therapists in training and non-play therapists in training. Other graduate programs across the United States have also been included in this study. The information collected in this study may prove useful in identifying and recruiting individuals able to use play therapy to address the burgeoning needs in the area of children's mental health. This information also may provide individuals vocational assistance in determining the methodology and population with which they would be most suited.

Enclosed in this packet are the following: (1) a Play Therapy Students in Training Rating Scale; (2) large envelopes/packets for the number of students you requested on the phone (i.e., if you indicated you have 10 play therapy students and 10 non-play therapy students, there will be 20 packets in total) and (3) a Video Selection Form. The Play Therapy Students in Training Rating Scale is a scale for you to rate the current effectiveness of *only the play therapy students* who return their packets to you (i.e., directions are indicated at the top of the scale). It should take less than five minutes to complete. Also included is the Video Selection Form, which for your valued participation in this study, you will have a choice to receive a complimentary copy of one of the videos available from the Center for Play Therapy. Please indicate which video you would like to receive by marking an "X" on the included Video Selection Form.

Lastly, included in the packet for each student is the following: (1) Demographic Information Survey; (2) NEO Personality Inventory-Revised (NEO-R); and (3) Barnett Liking of Children's Scale. Participation in this study is completely voluntary and should take approximately an hour for each student. The Students' completion of the packets and return of them to you will serve as an indication of their informed consent to participate. Students *are* allowed to complete the packets outside of class. Each student should seal his/her packet and write their first name on the outside of the envelope before returning it to you. The requirement for the students to indicate their first names on the outside of the packet is so that I can match their packet with the names you indicate on your rating scale.

When students have completed the forms, please collect the packets and complete the following: (1) the Play Therapy Students in Training Rating Scale (*only* for the play therapy students that returned their packets) and (2) the Video Selection Form (to receive your free video). Then, please place all the packets, the Rating Scale, and the Video Selection Form in the large postage-paid envelope and return them to me. I am requesting that the packets be returned to me by March 24, 2003. This research has been reviewed and approved by the UNT Committee for the Protection of Human Subjects (940/565-3940).

If you have any questions or would be interested in obtaining information regarding the research findings, please feel free to contact me at (940) 565-3864 or my faculty advisor, Dr. Garry Landreth, at (940) 565-2910. Thank you for your help with this study. Your assistance is greatly appreciated.

Sincerely,

Misty D. Solt, M.S.Ed., L.P.C.
Doctoral Student at University of North Texas
Department of Counseling, Development, and Higher Education
P.O. Box 311337
Denton, TX 76205
Phone: (940) 565-3864
E-mail: msolt@coefs.coe.unt.edu

APPENDIX B

COVER LETTER TO RESEARCH PARTICIPANTS

Date:

Dear Research Participant,

The included packet is designed to gather information to determine what, if any, personality differences exist between play therapists in training and non-play therapists in training. Other graduate programs across the United States have also been included in this study. The information collected in this study may prove useful in identifying and recruiting individuals able to use play therapy to address the burgeoning needs in the area of children's mental health. This information may provide individuals vocational assistance in determining the methodology and population with which they would be most suited.

Your participation in this study is completely voluntary. Your completion of the packet and return of it to your practicum Instructor will serve as an indication of your informed consent to participate. There will be no follow-up request, so we encourage you to take this single opportunity to respond. Participation should take approximately an hour. Included is a coded packet for you to complete. The packet is coded so that all the information will be confidential (i.e., your first name will only be on the outside of the packets--please do not include your name on any of the individual instruments). In each packet, the following items are included: (1) Demographic Information Survey (i.e., to gather general information); (2) NEO Personality Inventory-Revised (NEO-R) (i.e., to look at personality characteristics); and (3) Barnett Liking of Children Scale (i.e., to look at attitudes toward children). Please seal the information you have completed in the envelope, write your first name on the outside of the envelope, and then return the envelope to your instructor.

This data will be held in the strictest confidence. Although this study involves no direct or foreseeable risk, the researcher has taken steps to ensure confidentiality (i.e., using only your first name, sealing the packet so only the researcher and statistician will view the results, etc.). Any publication or release of data will omit any individual identifying information regarding persons or institutions. Only this researcher and the statistician will have access to the completed forms. This research has been reviewed and approved by the UNT Committee for the Protection of Human Subjects (940/565-3940).

If you have any questions or would be interested in obtaining information regarding the research findings, please feel free to contact me at (940) 565-3864 or my faculty advisor, Dr. Garry Landreth, at (940) 565-2910. Thank you for your help with this study. Your assistance is greatly appreciated.

Sincerely,

Misty D. Solt, M.S.Ed., L.P.C.
Doctoral Student at University of North Texas
Department of Counseling, Development, and Higher Education
P.O. Box 311337
Denton, TX 76205
Phone: (940) 565-3864
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APPENDIX C

DEMOGRAPHIC IMFORMATION SURVEY

Code: _____
Demographic Information Survey

Misty D. Solt
University of North Texas

*Please complete this form and include it in your packet. Be sure to answer every question. Thank you!

Date:

1. **What is your interest level in practicing play therapy after graduation**? (*Please Circle Only One*):

High Medium Low None

2. **Gender**: ___ Male ___ Female

3. **Age**: _____

4. **Ethnicity**: _____

5. **Your Theory**: ___ Adlerian; ___ Person-centered; ___ Gestalt; ___ Cognitive;

___ Cognitive-Behavioral; ___ Behavioral; ___ Reality; ___ Psychoanalytic;

___ Eclectic; Other (please specify): _____.

6. **Your Graduate Program's Main Theoretical Emphasis**: _____.

7. **Have You Completed an Introduction to Play Therapy Course** *(if currently taking this course, please indicate " no")*: ____ Yes; ____ No

8. **Number of Courses Taken in the Play Therapy Field**:
___ 0; ___ 1; ___ 2; ___ 3; ___4; ___ 5+

9. **Number of Hours of Workshops/Trainings Completed in Play therapy**:
___ 0; ___ 1; ___ 2; ___ 3; ___4; ___ 5; ___ 6; ___ 7; ___ 8; ___ 9+

10. **Nature of Longest Work Experience with Children:**
____ Counseling; ___ School Teacher; ___ Childcare; Other (specify): _____

11. **Length of This Work Experience with Children**:
____ 1 year; ____ 2 years; ____ 3 years; ____4 years; ____ 5 years; ____ 6+ years

APPENDIX D

BARNETT'S LIKING OF CHILDREN SCALE (BLOCS)

Code:_____

Barnett's Liking of Children Scale (BLOCS)

Please indicate the extent to which you agree or disagree with each of the following statements by circling the appropriate number under each statement.

	Strongly Disagree			Neither disagree nor agree			Strongly agree
1. Watching Children play gives me pleasure.	1	2	3	4	5	6	7
2. I enjoy getting to know a child.	1	2	3	4	5	6	7
3. I do not like talking with young children.	1	2	3	4	5	6	7
4. I enjoy holding little children.	1	2	3	4	5	6	7
5. I feel happy when I make a child smile.	1	2	3	4	5	6	7
6. I do not like being around children.	1	2	3	4	5	6	7
7. I enjoy watching children play in a park.	1	2	3	4	5	6	7
8. Time seems to go by quickly when I interact with children.	1	2	3	4	5	6	7
9. I like to listen to children talk to one another.	1	2	3	4	5	6	7
10. Children are annoying.	1	2	3	4	5	6	7
11. I enjoy trying to make a child smile.	1	2	3	4	5	6	7
12. Children are likeable once you get to know them.	1	2	3	4	5	6	7
13. It bothers me when children get loud and active.	1	2	3	4	5	6	7
14. I like children.	1	2	3	4	5	6	7

APPENDIX E

PLAY THERAPY STUDENTS IN TRAINING RATING SCALE

Play Therapy Students in Training Rating Scale

Directions: Please rate each *play therapy* student according to the following scale by circling one item per student:

First Name of Student	Highly Effective	Effective	Moderately Effective	Ineffective
1. _____	1	2	3	4
2. _____	1	2	3	4
3. _____	1	2	3	4
4. _____	1	2	3	4
5. _____	1	2	3	4
6. _____	1	2	3	4
7. _____	1	2	3	4
8. _____	1	2	3	4
9. _____	1	2	3	4
10._____	1	2	3	4
11._____	1	2	3	4
12._____	1	2	3	4

APPENDIX F

VIDEO SELECTION FORM

Video Selection Form

Please Choose one of the following videos for participating in this study

____ **Cookies, Choices, and Kids**
Dr. Garry Landreth discusses a creative approach to discipline based on choice-giving that provides boundaries and limitation on behavior. Great for Parent-training. (35 minutes)

_____ **Touching the Inner World of Children in Play Therapy**
Dr. Garry Landreth focuses on the healing power of the play therapy relationship, the elements essential for making contact with children and describes the effect of this process on children. (75 minutes)

_____ **Child-Centered Play Therapy**
A clinical play therapy session: demonstrates relationship building, following the child's lead, returning responsibility to the child, helping without structuring, building self-esteem, and responding to accidents. Voice-over by Dr. Landreth explained the process. (50 minutes)

_____ **Relationship Play Therapy Video with Dr. Clark Moustakas**
A clinical play therapy session: demonstrates relationship building, responding to aggressive behavior, limit-setting, participating in a child's play, and therapist's personal limits. Dr. Moustakas reacts to the session in an interview. (40 minutes)

_____ **Reflections on Relationship Play Therapy Video**
Dr. Clark Moustakas explores the significance of patience in play therapy, activating the child's will, making emotional contact, the importance of the relationship, setting limits, and discovering the best in children. (55 minutes)

_____ **Developmental Play Therapy Video with Dr. Viola Brody**
A clinical play therapy session: demonstrates tools required, using touch to create a relationship, therapeutic touching techniques, stages, creating boundaries, and making contact with a reluctant child. Dr. Brody discusses her approach (50 minutes)

Please return this form with your Rating Scale in the Packet- Thanks!

APPENDIX G

THANK YOU LETTER TO PROFESSORS

Date

Dear Dr. ,

Thank you very much for your assistance with my dissertation project. Included is the video that you requested for your participation. I couldn't have completed this project without the help of both your students and you! The results should be completed by June. If you would like a summary of the results, please contact me at that time, and I would be happy to provide you with a summary. Again, thank you for all of your help—it made my life a lot less stressful and completing the dissertation possible☺!

Sincerely,

Misty D. Solt, M.S.Ed., L.P.C.
Doctoral Student at University of North Texas
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APPENDIX H

LIST OF PARTICIPATING

UNIVERSITIES AND PACKET RETURN NUMBERS

List of Participating Universities and Packet Return Numbers

University	Play Therapy Students in Training	Non-play Therapy Students in Training	Contact Professor
University of North Texas-Denton, Texas	37	20	Dr. Garry Landreth
University of Central Florida Orlando, Florida	1	3	Dr. Leslie Jones
Mount Saint Mary College Newburgh, New York	5	0	Dr. Athena Drewes
Georgia State University Atlanta, Georgia	10	6	Dr. Joanna White
Wichita State University Wichita, Kansas	6	0	Dr. Richard Gaskill
Southwest Texas State University San Marcos, Texas	3	1	Dr. Linda Homeyer
George Fox University Portland, Oregon	7	3	Dr. Daniel Sweeney
University of South Florida Tampa, Florida	5	0	Dr. Jennifer Baggerly
Reagents University Virginia Beach, Virginia	8	6	Dr. Robyn Rennie
Texas A&M University Commerce, Texas	1	8	Dr. Steve Armstrong
Western Illinois University Moline, Illinois	0	4	Dr. Melanie Rawlins
University of Alabama Tuscaloosa, Alabama	2	1	Dr. Karla Carmichael
University of Nevada Reno Reno, Nevada	3	9	Dr. Jill Packman
Alfred University Alfred, New York	9	0	Dr. John Cerio
University of North Carolina Charolette, North Carolina	3	8	Dr. Phyllis Post
Cal State University Sacramento, California	1	3	Dr. Marielle Brandt
Adams State University Alamosa, Colorado	3	2	Dr. Ken Calhoun
Florida State University Tallahassee, FL	0	4	Dr. Scott Ryan
Central Missouri State University Warrensburg, Missouri	2	3	Dr. Janelle Cowles

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