GROUP PLAY THERAPY WITH ADJUNCTIVE

PARENTAL COUNSELING

APPROVED:

Thomas A. Blanchard
Major Professor

Kevin J. Kennedy
Minor Professor

Herbert W. Holloway
Chairman of the Department of Psychology

Robert B. Toulon
Dean of the Graduate School
Smith, Donnie A., Jr., Group Play Therapy With Adjunctive Parental Counseling. Master of Arts (Psychology), May, 1972, 67 pp., 4 tables, bibliography, 30 titles.

The problem as presented in this study constituted a proposed "preventive program" using a group play therapy approach which could be implemented by an educational system. Group play therapy initiated at the local school level would allow teachers and school officials a unit of primary referral; this as opposed to being referred to a private practitioner or clinic. The parents of the children placed in these on-going groups would undergo concurrent counseling aimed at increasing understanding and acceptance of their child.

An experiment was conducted at T. W. Stanley Elementary School, Weatherford, Texas. In this study fifteen second grade boys were divided into three groups of five each. Group I was treated. Group II was assigned to a group therapy session. Group III was also assigned to a group therapy session. In addition parents of Group III were included in a concurrent counseling basis. There were twelve group therapy sessions for each group and three parental counseling sessions for each parent.
The hypotheses tested were

1. That subjects who have been subjected to a minimum of ten sessions of group play therapy in the presence of an understanding, accepting adult would gain insight into himself and that his self-concept would be improved.

2. That reflection and verbal reinforcement in the group context would improve his interpersonal relationships with his peer group.

3. That this change would generalize to the home situation and that the parent who has undergone concurrent counseling would recognize this change in the child.

Literature on the subject of group play therapy has been more propaganda in nature than empirical evidence. This was perhaps the major criticism leveled at group play therapy as a treatment technique.

Scores earned on the pre- and posttests were treated using Fisher's $t$. The .05 level of significance was the criterion established for statistical significance. The research hypotheses were converted to the null hypotheses for the statistical analysis. The results were

1. While the results of the tests for personal, social and total adjustment were in a positive direction only Group I, no treatment group, showed significant score changes. This
change was in the area of social adjustment. The null hypothesis was accepted.

2. Again while scores tended to show a trend toward positive adjustment in the area of interpersonal relationship no statistically significant changes were noted. The null hypothesis was accepted.

3. The parents of Groups II, no parental treatment and III, parental treatment, perceived statistically significant changes in their children. The null hypothesis was rejected at the .05 level of significance.

This study would appear to indicate that personal and social adjustment are not affected in this situation. However there is evidence that the parents of children who are included in group play therapy do perceive some change in their children.

Recommendations for future studies included more elaborate equipment, larger sample size and more precise instrument for measuring behavioral changes. A longer period of experimentation is also necessary to further delineate the perimeters of group play therapy for use in an educational setting with normal children.
GROUP PLAY THERAPY WITH ADJUNCTIVE
PARENTAL COUNSELING

THESIS

Presented to the Graduate Council of the
North Texas State University in Partial
Fulfillment of the Requirements

For the Degree of

MASTER OF ARTS

By

Donnie A. Smith, Jr., B. A.
Denton, Texas
May, 1972
# TABLE OF CONTENTS

## LIST OF TABLES

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>iv</td>
</tr>
</tbody>
</table>

## Chapter

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. GROUP PLAY THERAPY WITH ADJUNCTIVE PARENTAL COUNSELING</td>
<td>1</td>
</tr>
<tr>
<td>II. REVIEW OF LITERATURE</td>
<td>12</td>
</tr>
<tr>
<td>III. METHODS AND PROCEDURES</td>
<td>27</td>
</tr>
<tr>
<td>IV. ANALYSIS OF RESEARCH DATA</td>
<td>39</td>
</tr>
<tr>
<td>V. SUMMARY, DISCUSSION AND RECOMMENDATIONS</td>
<td>51</td>
</tr>
<tr>
<td>APPENDIX</td>
<td>60</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>65</td>
</tr>
</tbody>
</table>

iii
LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. ( t ) Values of Difference of Scores of Individuals on the California Test of Personality</td>
<td>41</td>
</tr>
<tr>
<td>II. ( t ) Values of Differences of Scores of Individuals on the Class Pick Form</td>
<td>43</td>
</tr>
<tr>
<td>III. ( t ) Values of Differences of Scores of Individuals on the Teacher Rating Scale</td>
<td>44</td>
</tr>
<tr>
<td>IV. ( t ) Values of Differences of Scores of Individuals on the Parental Rating Scale</td>
<td>46</td>
</tr>
</tbody>
</table>
CHAPTER I

GROUP PLAY THERAPY WITH ADJUNCTIVE
PARENTAL COUNSELING

Play has been called the medium of natural expression by many therapists. It is logical that in view of the child's limited means of verbal expression in the early years that activity is the best method of expression open to the child. Professionals have used play both as a diagnostic tool and as a treatment approach.

The diagnostic approach consists of observing the child in a play setting, then comparing the types of behavior observed with that of other children. This observation is then used in conjunction with other measures to categorize the child. This, in turn, leads to a treatment process. Very often the child is again put in a play situation in which there is a therapist present. The therapist's task will vary according to his theoretical orientation. Generally, however, he will be attempting to create an atmosphere of acceptance of the need by the child to express himself, whether in socially acceptable ways or not (within certain loose limits) and to promote understanding in which the therapist allows
these feelings to be expressed without disapproval. Schiffler states that "the basic purpose of permissiveness is to enable children to express thoughts and emotions without anxiety" (7, p. 3). Acceptance of this orientation led to an unstructured, free play session in this study. This theoretical stance is in agreement with Axline's statement that "the therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely" (1, p. 91). However, the use of limits is felt to be an integral part of the therapeutic effects of the play situation. Ginott offers guidelines for setting limits. A summary of his view is that "there is a vast difference between limits and parental restrictions. In disciplining a child, parents and teachers generally focus on stopping undesirable actions, not on liquidating the negative feelings motivating these actions" (2, p. 105).

The fact that the child is in need of acceptance in his display of emotions indicates a lack of other outlets for these feelings. And this lack is notable in the home where the parent would rather not have the child act out his antisocial or other unpleasant behaviors. Also, at school where control of behavior is a matter of maintaining order, these unpleasant feelings are actively suppressed. Therefore,
the premise is that if the parent is included in a counseling session in conjunction with play therapy for the child, the parent would become more accepting and understanding of the child. This increased acceptance and understanding can be fostered in a counseling session by allowing the parent to discuss her child and the problems she is experiencing. The counseling situation could be used to analyze these problems and help clarify them for the parent. Often when these problems are verbalized, the parent comes to realize that some of them are insignificant. Solutions can be offered for the significant problems. This would lead, in turn, to better personal and emotional adjustment on the part of the child. The use of group therapy is felt to be indicated due to the influence of the group at this age (seven and eight year olds). The group is felt to serve as both a reinforcer and a control over the child's behavior. Social acceptance could be extended for those actions perceived as acceptable and those behaviors considered antisocial might be ostracized. Ginott states that "identification is the crucial process whereby the group experience can become therapeutic" (2, p. 94). As an example of this, he goes on to say, "An effeminate boy, for example, may derive ego strength from associating with an accepting masculine playmate and an over-protected child may
become more independent by identifying himself with more autonomous group members" (2, p. 292). Children subjected to group play therapy who were previously rejected socially by classmates, could conceivably adjust their social behavior in the therapy session. Verbal reinforcement and praise by the therapist is felt to be an important and effective method of changing behavior. Skinner says "Negative reinforcement particularly as a form of punishment, is most often administered by others in the form of unconditioned aversive stimulation or of disapproval, contempt, ridicule, insult and so on" (8, p. 299). Use of verbal reinforcement in the context of group play is felt by the writer to be as powerful as negative reinforcement such as insult, ridicule or contempt. For example, if a more shy, withdrawn child begins playing with the group or with another child, some positive statement would be made.

Group play therapy presented in an educational setting is felt to be a "preventive psychiatric" opportunity.

Moustakas was explicit in his statement concerning play therapy in relation to normal children. He says:

The most important aspect of the play therapy experience for the normal child is the concentrated relationship with the therapist created in a short period of time. In this relationship, the child is able to express whatever minor frustrations or resentments he may feel
and bring out whatever aggressive or regressive behavior he may wish. In this respect play therapy is a type of preventive program of mental hygiene (5, p. 19).

Teachers in our schools today are trained professionals and as such could, with very little manipulation of the current curriculum, be instructed in methods of conducting short play therapy-type sessions with their students. In this way, the teacher would not only be allowing the child an outlet for frustration, aggression, regression, or any of a number of normally suppressed behaviors, but would also function as a paraprofessional mental health observer. Kubie reports that "adults could be trained how to talk to children and to sense what children understand and what they misunderstand from what adults say and do to them" (4, p. 56). Kubie continues, "If in this way, means of communication and mutual understanding could be established between adult and child, a great deal of what is now buried in unconscious processes could be brought to the surface for healthy ventilation (4, p. 57).

Therefore, we see the teacher playing the role of therapist to the school children who are in need of an outlet in which they can channel their socially unacceptable feelings. Another consideration is that the teacher would become more sensitive to any serious pathology which might be better
handled through referral to more appropriate resources such as private clinicians, psychiatrists, child guidance centers, etc. A preventive mental health program in the school could hasten the diagnostic and treatment process considerably. Williams in a paper, reported success in the field of prevention of mental illness in children. He states that

the Julia Ann Singer Preschool Psychiatric Center functions as a primary prevention unit and that during the past two years they have been exploring maximal use of natural helpers in the community . . . . Parents, teachers, students and volunteers are trained to serve as the primary therapeutic agents for emotionally disturbed children (9).

Of primary concern to Williams, also, was maximal participation on the part of the parent.

By including the parent in a counseling situation while the child undergoes group play therapy, it is felt that the parent will gain insight, understanding and acceptance of their child's need to establish his own individuality. This expression of individuality would include not only the pleasant side of the child's personality, but also the frustrations and hostile feelings day to day living creates. Kubie stressed the necessity for introducing means of expression not usually available to most children. The need for inclusion of the parent in a counseling situation is not unanimous (3). Axline reports
that while the parent or parent-substitute is an aggravating factor in the case of the maladjusted child, and while therapy might move ahead faster if the adult were receiving therapy or counseling, it is not necessary for the adult to be helped in order to insure successful play therapy results (1, p. 66).

Ginott, however, feels that "Whenever possible, parents of maladjusted children should be offered some service that will enable them to reorient their attitudes to the needs of their children" (2, p. 169). Newell agrees with Ginott when he reported the results of a survey of child guidance centers: "We got our best results when someone interviews a parent every time the therapist sees the child" (6). While differences of opinion are present, it is safe to assume that inclusion of the parent is desirable if possible. Institution of group play therapy programs in grade schools could be coordinated with parent counseling sessions conducted by the teacher or some other knowledgeable person.

The group non-directive play therapy method is used in the present study. This method was chosen to allow freedom of expression by the child. It was felt that any attempt to structure the situation would result in the same stifling of ventilation as occurs outside the therapeutic situation.

In light of the preceding ideas, the following hypotheses are presented.
Hypotheses

I. That subjects who have been subjected to a minimum of ten sessions of group play therapy, and whose parents have been included in a concurrent counseling situation in the presence of an understanding, accepting adult, will gain insight into himself and that this gain would be reflected by changes in the scores of the criterion measure more than would a group of subjects who have undergone a minimum of ten play therapy sessions but whose parents were not counseled and more than a group of subjects who had no treatment.

II. That subjects who have been subjected to a minimum of ten group play therapy sessions with reflection of feelings and verbal reinforcement in the context of the group, and whose parents have undergone concurrent counseling would improve in his interpersonal relationships more than would the subjects who have undergone a minimum of ten play therapy sessions but whose parents were not counseled and more than a group of subjects who received no treatment.

III. That the change in the subjects included with parents included in a concurrent counseling situation, in a minimum of ten group play therapy sessions would generalize to the home and that their parents would recognize this change
more than would parents of subjects who received a minimum of ten group play sessions, but whose parents were not counseled and more than subjects who had no treatment.

Some of the limitations present in this study include

(1) Small sample size,

(2) Refusal on the part of some parents to allow their child to participate, affecting the available population.

The sample was drawn from a total population of sixty-one second grade boys attending T. W. Stanley Elementary School in Weatherford, Texas. Of this total, only slightly less than fifty percent were given parental permission to participate. This narrowed the total population used in picking the sample to thirty. Fifteen of these thirty were then assigned to one of three groups on the basis of classmates' choice, teacher-rating and California Test of Personality.

We have presented the three hypotheses that (1) the availability of an accepting understanding adult would help improve the child's self-concept; (2) that reflection and verbal reinforcement in the context of group play would improve interpersonal peer relationships; and (3) that this change would generalize to the home situation and be recognizable by the parent. Inclusion of the parent in a counseling
situation would help bring about understanding and insight on the parent's part. The general idea that short-term group play therapy could be an effective preventive mental health program is also considered. Inherent in this approach is the idea that the earliest possible discovery of mal-adjustment will lead to the most favorable prognosis.
CHAPTER BIBLIOGRAPHY


CHAPTER II

REVIEW OF LITERATURE

This chapter is a review of the relevant material written concerning various aspects of play therapy. Many therapists would agree that a precept of play therapy is self-actualization as proposed by Rogers. Included in this chapter is the criticism leveled at play therapy by Lebo. Various studies are cited which tend to establish play therapy as an effective method of therapy. Particular emphasis is placed on the role of play therapy as applied in a normal educational setting and the inclusion of persons important to the child, especially the parent, in a counseling situation. The use of positive verbal reinforcement is discussed as a technique used during therapy.

Play therapy is a therapeutic process in which the individual is seen as having the capacity for growth and self-direction. This viewpoint is the basis upon which the value of a non-directive play therapy is founded. Rogers' theory of personality is the most comprehensive statement of this position. Rogers' Self Theory proposes that "the organism has one basic tendency and striving: to actualize,
maintain and enhance the experiencing organism" (17). Specific needs, both organic and psychological, are seen as components of a single, general tendency to survive and grow. Play therapy is an attempt to make a maximal growth situation available to the child.

This psychological growth for the maladjusted child is brought about by the creation of a non-threatening environment into which the child can move freely and express openly positive or negative feelings. This environment, while artificially arranged, should contain materials which will facilitate the best possible adjustment of the child. This means, generally, that loose limitations as to the child's behavior are set and that an understanding, accepting therapist be present to establish a therapeutic relationship with the child. Ginott feels that play therapy allows the child to change using certain therapeutic "tools." The change in the intrapsychic equilibrium of each patient, through relationship, catharsis, insight, reality testing and sublimation therapy brings about a new balance in the structure of the personality, with a strengthened ego, modified super-ego, and improved self-image (10, p. 2).

Early studies in the field of play therapy suffered from many limitations which made the results of these studies
subject to skepticism. Lebo reported that "Research in non-directive therapy with adults is sound and extensive" (12). Research in non-directive therapy with children is still meager and unsound, frequently reported in the form of a case study and as such, fell prey to such criticism as lack of experimental control, no objective pre and post test measurements and the selective use of data which was more inclined to support the non-directive approach. In addition, few studies are reported which included involvement of the parent in any systematic fashion. There is a basic difference of opinion as to the necessity of including the parent in therapy with the child. Ginott reports that "the parents of maladjusted children should be included for counseling whenever possible" (10, p. 231). Axline, however, "does not feel it necessary for the adults to be helped in order to insure successful play therapy results" (10, p. 170). If the counseling of the parent can hasten therapeutic gains, this avenue of treatment should be seriously considered whenever a child is accepted for therapy. We might postulate that an educative process of the parent to the child's needs and growth would have definite bearing upon the long term retention of gains made by the child while in play therapy. Use of short term play therapy which could be
initiated in a school setting is an area which merits further exploration. Axline reports that group therapy in an orphans' home had good results. She gives an account of these sessions which took place over ten weeks with one 45 minute session conducted each week (2, p. 326). The concept of preventive therapy is an intriguing idea which, if initiated by school systems, would offer a first line of defense against maladjustment. The teacher and school administrator would have a readily available alternative to the disruptive and poorly adjusted children in their care. Webb and Eidenberry report on a program which has been initiated in a junior high school for just these problems. They state that behavioral problem children were placed in a free period with an accepting, non-threatening adult figure. They were allowed to sleep, talk, play, draw or study (20). Parents were notified of their child's placement in the Special Guidance Class, but were not counseled. The children were placed in the Special Guidance Class for a minimum of ten sessions. One of the hypotheses tested was that the presence of this "stable, accepting adult" would result in a generalized better adjusted, interpersonal relationship with other adults (.01 level) in the direction of improved conduct as rated by the teacher. Inclusion of the parent in a
counseling situation to educate them toward methods of better understanding their child might lead to a more sustained effort on the parents' part, to help the child with his problems. This would influence a lessening of home frictions and consequently, better adjustment by the child to his total environment. The parent would also benefit from this new understanding and acceptance of the child's behavior.

Levi studied the variables affecting outcomes of play therapy. The variables were type of parents, concomitance of parent treatment, identity of therapist, age, length of treatment, sex and symptoms of the child. Of these variables, Levi found only the therapist's identity and length of treatment were found to be related to outcome. Therapist's identity was very significantly related to outcome while the length of treatment was significant only when the therapist was of ordinary competence (13). This study agrees with Dorfman's findings that child therapy is possible without parent treatment (7).

Minde and Werry report that one of the major methods of intervention into children's emotional difficulties has been "therapy given to the parents of the difficult children, based on the assumption that the teacher can produce little
improvement in the school while the parents undo it at home" (15).

Phillips, in describing the underlying theory behind his method of therapy says that "this therapy is characterized by wide-spread alert to set relationships with people important to the child rather than an intensive, personally involved long-lasting therapy with the child (16).

We become aware of the divergent view concerning the efficacy or necessity of including the parent in treatment when the child is treated. However, Ginott perhaps capsules the feelings of many therapists when he states that if there is a disagreement about the necessity of parent treatment, there is no disagreement about its desirability (10, p. 170). Even Axline admits that therapy might move ahead faster if the adults were also receiving therapy or counseling. It seems reasonable to conclude that, whenever possible, parents of maladjusted children should be offered some service that will enable them to reorient their attitudes to the needs of their children.

The service made available to the parent could be offered in a school setting. Schiffler says "that while services such as general health surveillance and medical care provided by doctors and nurses are usually accepted without
question, considerable doubt does arise when consideration is given to the use of clinical treatment methods with emotionally disturbed children in normal schools" (18). This is not difficult to understand since treatment programs have traditionally been identified with clinics and private practitioners. Institution of a group play therapy program in the normal school would allow the teacher and administrator the alternative of a "primary preventive unit" (21) as reported by Williams, to refer disturbed members of their classes (21). In a study by the North Texas Metropolitan Center for Educational Services it was estimated that of the student population of Denton County, Texas, approximately ten percent of the student population needed special attention that appeared to be beyond the scope of the available school services. This figure can be accepted as a fair approximation of the situation prevailing in a majority of the counties of Texas.

As to the advisability or desirability of preventive programs in normal schools, Schiffler feels that many emotionally disturbed children maintain themselves in school at a price of continuing emotional stress, but the effects are often less damaging to ego development than a total failure to attend would be (18, p. 118). He further states that once in school
it becomes the school's responsibility to detect those who maintain themselves with extraordinary difficulty, and to institute therapeutic procedures to help them. In such cases, therapeutic measures are best implemented within the setting which was, and continues to be the arena of child maladaptation.

Various problems have been studied using the play therapy technique as the treatment method. These problems include treatment of children who are socially isolated, children with acting out behaviors, children with reading difficulties, handicapped children with emotional problems and many more.

Schiffler reports that

Gary was isolated from his peer group; was excessively involved in phantasy; never finished his work and did not work to his potential (18, p. 187). He suffered from somatic complaints, chiefly asthma. At termination of group play, Gary had marked physical changes, from slow to brisk demeanor, no longer an isolate but actually a class activity leader, has friends and his academic work has improved.

In relation to reading problems, Axline reports that client centered therapy has been effective in helping poor readers (3). In a descriptive study using play therapy, she reported success in building a readiness to read and at the same time, in bringing about a better personal adjustment.
in the student. In a similar study, Bills selected eight well-adjusted, but retarded readers from a third grade class (4). Following individual and group play therapy experiences, he found not only significant increases in reading ability, but also that the gain in ability was directly proportional to the amount of emotional maladjustment in the child. These gains were found to generalize to other academic subject matter fields.

More recently Herd hypothesized that children who had experienced a minimum of ten play therapy sessions would show significantly greater increase in grades than would children in a minimum of ten play sessions or children who participated in neither play therapy nor play sessions (11). She found a significant increase of grades in the areas of reading, spelling and arithmetic for the children in play therapy over those in play sessions and those who had neither play therapy nor play sessions.

Specific somatic complaints have also been resolved by use of play therapy as the therapeutic tool. Miller and Baruch cite a five-year-old asthmatic boy who used asthma attacks to gain contact with his mother as representative of their subjects and treatment (14). The asthmatic attacks cleared after five months of play therapy.
Cowen and Cruickshank reported studies involving the treatment of physically handicapped children by play therapeutic means (5, 6). Five physically handicapped children, each of whom had at least one emotional problem, were given thirteen sessions of play therapy. The teachers and parents of the children made essay-type reports on the child's problems at the start of the program and again when it was completed. They found that three of the children showed considerable observed improvement at home and at school. One child made slight reported gains, and one showed no significant improvement. They concluded that "non-directive play group offers an ideal setting for the self-solution for a particular type of emotional problem" (p. 297).

Reinforcement used in a therapeutic setting to bring about desired results has been used effectively for many years. In an analysis of a psychotherapist's interview with his patient, Truax found that by selectively offering positive verbal reinforcement, the psychotherapist was in fact using directive as opposed to a non-directive approach.

The recordings of the sessions were analyzed in terms of the statement made by the patient. Each of three statements were categorized in terms of content. Nine different categories were forthcoming. One category included statements by the patient which reflected on
his progress in learning to discriminate about himself and his feelings. Another category was made up of statements arranged along a continuum of clarity to ambiguity. Next, the responses to each of these statements was analyzed. It was found that in five of the nine categories, the therapist did respond differently, providing positive reinforcement in the form of understanding, warmth, and affirmation to healthy statements, and neglecting to do so if statements were not healthy (19, p. 115).

This same technique when employed in a play therapy situation has the possibility of differentially reinforcing a behavior which the therapist views as "healthy" or negatively reinforcing a behavior which the therapist views as unhealthy or maladjustive. Examples of the type of situation might be the lavishing of praise on the withdrawn child who is engaging in group or cooperative play; or the negative reinforcing principle might be employed by ignoring attention-getting behavior exhibited by the acting-out child. Gelfrand states that "a new treatment technique which seems to have considerable promise is the training of parents to become appropriate reinforcement-dispensing agents" (9).

Lebo states that the greatest weakness of play therapy lies in this impetuous overlooking of the real need for a foundation in research (12). Axline, he says, presented no experimental evidence to prove the worth of play therapy. A search of the literature reveals fewer than twenty published
articles on the therapeutic uses of play therapy. To be admitted to the ranks of approved therapeutic methods, non-directive play therapy needs more than enthusiasm, belief and the shibboleth, "it works if you only try it."

Summary

Ginott points to one reason for the crippling lack of sound research in play therapy when he states that "the difficulties of conducting research in play therapy are formidable. The mere collecting of raw data is almost an insurmountable task" (10, p. 250). This, plus the lack of time for research and funds for expenditures are the main points in this lag.

The need for more specific, testable criterion measures and expected outcomes is also cited as weaknesses of the present research in play therapy.

Schiffer sees treatment of the child who has emotional difficulties as most efficacious if carried out at the school (18). Fields reports that many parents and teachers serve as ego models for the students they teach (8). In a study, he found that by treating the parents and teachers as well as the boys, he could facilitate readjustment. Establishing play therapy-type programs in the schools would offer the teachers and administrators a primary preventive unit to
refer maladjusted students in lieu of sending them to already overcrowded clinics and private practitioners.

Truax reported in his study that differential verbal reinforcement had the effect of allowing the therapist to select those behaviors he wanted to predominate (19).

While the effectiveness of play therapy is accepted and used widely, there is still relatively very little supportive research data in this area.
CHAPTER BIBLIOGRAPHY


CHAPTER III

METHODS AND PROCEDURES

The present study was conceived and carried out to
discover the efficacy of treating both the parent and the
child through group play therapy as opposed to either
merely treating the child or not treating the child (control
group).

Measures were administered to determine the impact of
play therapy and adjunctive parental counseling on the child,
parent, teacher and the child's classmates.

The study was conducted at T. W. Stanley Elementary
School located in Weatherford, Texas

Playroom and Toys

The group play therapy sessions were conducted in a
room located apart from the main school building. The room
was approximately 25 x 25 feet. It was furnished with toys
selected from the lists suggested by (1) Ginott, (2) Axline,
and (3) Beiser. Toys were selected for their psychological
expressive value. Toys included were nursing bottles, a
doll family, doll house, toy soldiers with Army equipment,
didee doll, crayons, clay, toy guns, balls, large and small cars, a table, drawing paper, a blackboard with chalk, a Playskool village and building blocks of various designs and a Bobo punching doll.

Therapist

The writer served as therapist for all of the group therapy sessions and as the counselor for the parent. The fact that the same person served as counselor and therapist is viewed as positive in that there was continuity between the therapy situation and counseling with the parent, i.e., specific relevant incidents could be related to the parent with possible inferences present at the time of the incidents. Also, specific suggestions could be made concerning any questions the parent might raise.

Experience in and knowledge of play therapy as a treatment technique consisted of coursework in play therapy and brief experience as a therapist at a local child guidance clinic.

A permissive approach to the therapy sessions was used. This included setting only those rules felt absolutely necessary. Only acts felt injurious to therapeutic gains were initiated. These include attacking other children,
attacking the therapist and leaving before the session was terminated. Widely divergent behaviors were therefore accepted during the group play therapy sessions. The technique used is characterized by broad limits and verbal reinforcement of behavior felt to be well adjusted.

These techniques were employed in order that certain positive personal and social adjustment gains might be effected. The lack of rigid control and the permissive accepting attitude of the therapist were initiated to facilitate cathartic types of behavior. Negative behavior was not censured unless it threatened any of the broad limits established. Verbal reinforcement was used in the form of praise when the child was engaged in behavior judged by the therapist to be well-adjusted.

Subjects

The subjects included in this study comprise a sample taken from the four second grade classes existing at T. W. Stanley Elementary School in the fall term of 1971. All subjects were from urban dwelling families. They were further equated for sex (boys), race (white) and all were within the age range of seven to eight years.

Total male population of second grade males was sixty-one. Of these, thirty parents signed a standard release
letter (Appendix A), which would allow their child to participate in the study. Due to the approval of a majority of subjects in two classes, it was found necessary to select six subjects from one class, four from one class, three from one class, and only two from another.

Three groups were formed using a random method of assignment. This method included picking a name from each class and alternately assigning these names to Group I (no treatment), Group II (no parental treatment) and Group III (parental treatment). As the group of subjects were fairly homogenous as to several dimensions, it was felt that this method of assignment would be as equitable as could be made.

We had arrived at a total N of 15 comprised of three groups, Group I (NT), Group II (NPT) and Group III (PT) of five members each.

As it was necessary to schedule the group sessions at times when there would be no conflict between class time and various restricting schedules of the group members, it was decided that one group, Group II, would meet for 40 minutes in the morning and the other group, Group III, would meet in the afternoon immediately after classes were dismissed for the day.
The morning session was scheduled for 7:50 a.m. to 8:30 a.m. and the afternoon session was scheduled for 2:20 p.m. to 3:00 p.m. The sessions began September 21, 1971 and ended October 29, 1971. The sessions were held twice weekly, with Group III meeting Tuesday and Thursday afternoons, and Group II met Wednesday and Friday mornings. Total sessions numbered twelve for each group.

Parental counseling was scheduled three times during this study for the parents of Group III subjects. Discussion during the parental counseling session was confined to the subject of the child and his problems.

Description of the Instruments

In order to check the hypothesis that positive interpersonal relationships scores would be significantly higher for the group undergoing adjunctive parental counseling, a Class Pick Form (Appendix B) was devised. It basically conforms to the sociometric rating form used by Herd. Cox found sociometric status to be relatively sensitive indicator to individual adjustment within his peer group before and after play therapy.

This sociometric form is based entirely upon the desirability with which the subjects peer group view him. The basic
questions of sitting by, working with or playing with are valid indices to the subjects present standing within his peer group.

A second evaluation was made of the subjects perceived interpersonal relationship and general behavior traits by the teacher. The Teacher Rating Scale (Appendix C) is a list of behavioral traits which are directly observable by the teacher. By using an Evaluation Scale (Appendix D) it was possible to arrive at fairly sensitive pre and post test scores. The Evaluation Scale was a numerical scale which assigned numerical valuation to Not at All (value of 1) to All the Time (Value of 9). These two instruments were felt to be adequate cross references for ascertaining the relative position of the subject in the group hierarchy or social system.

The California Test of Personality, Primary Form, was the instrument used to reflect the subjects' own view of his position relative to his environment. This instrument includes sixteen sections (Self-reliance, sense of personal worth, sense of personal freedom, feeling of belonging, withdrawing tendencies, nervous symptoms, total personal worth, social standards, social skills, antisocial tendencies, family relationships, total social adjustment and total personal adjustment).
Tables of internal consistency indicate an adequate degree of reliability for the total and the two main components—social and personal adjustment. Reliability of the total scores ranges from .918 to .933 based on the split-half method. Reliability of the two main components personal adjustment range from .888 to .904 and of social adjustment from .867 to .908.

A parental rating scale (Appendix E) was constructed for this study which essentially used a set of behavioral and personality traits for the parent to rate. The valuation of this scale was the same as the evaluation scale used by the teachers.

The California Test of Personality was administered September 20, 1971. Procedures for administering the test were followed using a group with the questions being read to the testees.

The Class Pick Form was administered by the teachers of all second grade classes. The teachers were asked to complete the Teachers Rating Scale prior to the beginning of the experimental period. The teacher was given a class roll with the names of all of the male students in her class. They were then given the uniform written instructions to rate each boy on each behavior characteristic (Appendix C). They
were instructed to consider all boys on the characteristics before continuing to the next characteristic. This was done in order that she might use the entire class as a reference point for each characteristic. The teachers were given ample time (three days) to complete the rating scale.

The parents of each of the subjects were sent a copy of the Parental Rating Scale with a self-addressed, stamped envelope. They were uniformly instructed to consider the list of behavior characteristics and using the scale provided to rate their child accordingly.

Procedure

Play therapy sessions began on 21 September, 1971, with Group III. In the initial sessions there were many questions by subjects as to what they were supposed to do. They were told to do whatever they wished.

There were three more or less distinct periods through which the groups passed. The first phase was one of exploration of the situation and testing the limits. Acting out types of behavior was the method of testing the therapist's statement that they might do what they wished. The focal point of this behavior was the Bobo doll with the cars also being used extensively. The subjects engaged in more independent behavior at this stage. It was during this
period that the subjects would look expectantly toward the therapist as though expecting to be scolded. When no reprimand was received there was a relaxation of this testing behavior although it did not disappear by any means. When the subjects realized that this was an entirely new situation in which they could freely express themselves they seemed amazed. In the second session with Group II one of the members approached when the session was drawing to a close and stated that the place was becoming a mess. "We've really thrown things around." Complete acceptance of the situation was demonstrated by the therapist in his reply. He said, "It sure does look like a mess." Satisfied that the playroom was a place of acceptance and understanding a second brief phase began.

The second phase was marked by an exploring of the playroom and the toys present.

The third phase consisted of cooperative play. During this phase the subjects began using one or more toys exclusively throughout the session.

The experimental period ended on 29 October 1971. On this date all subjects were administered Form BB of the California Test of Personality. Due to a failure to hold the testing situation consistent with the original administration it became necessary to readminister Form BB of the
California Test of Personality. This second posttesting was accomplished on 2 November, 1971. The inconsistency had been in group size in the testing situation. Pretesting had been done with a group of fifteen subjects in the room. The original posttest was administered with only group members present. It was felt that the groups familiarity with the examiner might have affected the outcome of posttesting. Readministration of the posttest was accomplished by having all three groups retested together. This meant that the pretesting situation was more consistently followed.

The posttreatment administration of the Teacher Rating Scale, Parental Rating Scale and Class Pick Form was done according to pretest conditions. The teachers and parents were given their rating scales and asked to return the forms. Again ample time was allowed for completion of these forms. The Class Pick sociometric form was again administered in the school classrooms by the teachers.

Treatment of Data

The research hypotheses were converted to the null hypothesis for statistical treatment. The data obtained from both pretesting and posttesting was subjected to statistical analysis. The significance of difference between pre-
and post-test scores was treated by using Fishers $t$. This technique is used to determine significance of differences between the means of small groups.

The level of significance used to determine the significance of difference was the .05 level of significance.
CHAPTER BIBLIOGRAPHY


CHAPTER IV

ANALYSIS OF RESEARCH DATA

The purpose of this chapter is to report and describe the statistical and non-statistical data obtained during the course of this study. The research hypotheses were converted to the null hypothesis and analyzed using Fisher's $t$. The data analyzed included the pretest and posttest difference scores on the criterion measures. As stated above a change at the .05 level of significance was required before the null hypothesis would be rejected.

The non-statistical data presented is much less precisely defined. However, the place of non-statistical information gained during a study must be recognized. There are occasions when behavior does not lend itself to be measured on a numerically weighted scale.

Null Hypothesis I

That there will be no significant difference in the degree of change in personal, social and total adjustment among boys included in a minimum of ten group play therapy sessions with concurrent parental counseling, boys who
received a minimum of ten group play therapy sessions without concurrent parental counseling and boys who received no treatment.

The results of the statistical analysis of the data resting this hypothesis are reported in Table I. Figures reported in Table I include the mean of the differences between pretest and posttest scores of the group, standard deviation and the \( t \) value of that change. The criterion measure was pretest and posttest scores on the California Test of Personality.

The statistical analysis of the difference between pretest and posttest differences in score of a group reveal that there was no significant change in personal adjustment for Group I. There was a trend, however, to be a gain in a positive direction. Using four degrees of freedom, a \( t \) of 2.776 is required to reach the .05 level of significance. The \( t \) value of 1.90 is therefore found to be not significant. Social adjustment for Group I, however, was found to be significant. Using four degrees of freedom, we find that again a \( t \) value of 2.776 is necessary for a significant change to be reflected. The \( t \) value of 3.21 is well above the needed value. Therefore, we find significant change in the social adjustment of Group I. The total adjustment \( t \) value of 2.19 for Group I is not significant.
<table>
<thead>
<tr>
<th>Group</th>
<th>Personal Adjustment Mean</th>
<th>Pre</th>
<th>Post</th>
<th>SD</th>
<th>t</th>
<th>Social Adjustment Mean</th>
<th>Pre</th>
<th>Post</th>
<th>SD</th>
<th>t</th>
<th>Total Adjustment Mean</th>
<th>Pre</th>
<th>Post</th>
<th>SD</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td></td>
<td>28.6</td>
<td>34.4</td>
<td>6.30</td>
<td>1.90</td>
<td>30.0</td>
<td>36.0</td>
<td>3.74</td>
<td>*3.21</td>
<td></td>
<td>58.6</td>
<td>70.4</td>
<td>10.76</td>
<td>2.19</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td></td>
<td>32.0</td>
<td>31.4</td>
<td>5.70</td>
<td>.21</td>
<td>35.0</td>
<td>34.6</td>
<td>6.03</td>
<td>.13</td>
<td></td>
<td>67.0</td>
<td>66.0</td>
<td>11.60</td>
<td>.17</td>
<td></td>
</tr>
<tr>
<td>III</td>
<td></td>
<td>30.6</td>
<td>38.0</td>
<td>10.03</td>
<td>1.47</td>
<td>31.6</td>
<td>36.4</td>
<td>8.34</td>
<td>1.15</td>
<td></td>
<td>62.2</td>
<td>74.4</td>
<td>14.50</td>
<td>1.68</td>
<td></td>
</tr>
</tbody>
</table>

*Significant at the .05 level of significance

Group II reflected very little change in adjustment. A \( t \) value of 2.776 was required for change to be significant and we find that Personal Adjustment in Group II carries a \( t \) value of .21, Social Adjustment reports a \( t \) value of .13 with a Total Adjustment \( t \) value of .17. All these values are well below the \( t \) value required for statistical significance.

Comparison of the difference between the pretest and posttest scores of Group III show no significant statistical difference. It should be noted, however, that the degree of change as reflected by the size of the \( t \) values was certainly in a decidedly positive direction. The \( t \) value required for significance at the .05 level using four degrees of freedom is 2.776. Group III Personal Adjustment reflects a \( t \) value of
1.47. Again, while the change was a positive one, it falls short of being significant at the .05 level of significance. The Social Adjustment $t$ value of 1.15 is also not sufficient to be significant at the .05 level of significance. Group III's Total Adjustment $t$ value of 1.68 is seen as a positive gain, but not at the .05 level of significance which requires a $t$ value of 2.776, using four degrees of freedom.

While there was $t$ value sufficiently large to be significant at the .05 level of significance, we see that there was a positive trend in the gains. Group I and Group III clearly showed the higher gains. Group I did show a $t$ value of 3.206, which is significant at the .05 level of significance.

The null hypothesis that there would be no significant change in personal, social and total adjustment is retained with the exception of the Group I change in social adjustment, which showed a change significant at the .05 level of significance.

Null Hypothesis II

That there will be no significant change in interpersonal relationships of boys who have been subjected to a minimum of ten weeks of group play therapy with concurrent
parental counseling, boys who have undergone the group play therapy, but whose parents received no counseling, and boys who received no treatment.

The results of the statistical analysis of the data testing this hypothesis are reported in Table II. The figures appearing in Table II include the mean of the differences between scores of the pretest and posttest scores, the standard deviation for the group and the $t$ value. The criterion measure used to reflect these scores was the Class Pick Form (Appendix B).

**TABLE II**

$t$ VALUES OF DIFFERENCES OF SCORES BETWEEN PRE AND POSTTEST MEANS OF INDIVIDUALS ON THE CLASS PICK FORM

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean Pre</th>
<th>Mean Post</th>
<th>SD</th>
<th>$t$</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>14.6</td>
<td>16.6</td>
<td>2.55</td>
<td>.78</td>
</tr>
<tr>
<td>II</td>
<td>6.4</td>
<td>4.8</td>
<td>5.31</td>
<td>.45</td>
</tr>
<tr>
<td>III</td>
<td>3.2</td>
<td>4.8</td>
<td>7.04</td>
<td>.45</td>
</tr>
</tbody>
</table>

Group I showed a $t$ value of .78, well below the $t$ value of 2.776 which is required at the .05 level of significance using four degrees of freedom. The $t$ value of .45 is also not sufficient to reject the null hypothesis.
Group III reports a $t$ value of .45. This value does not reach the .05 level of significance.

The null hypothesis concerning changes in interpersonal relationships is retained.

The Teacher Rating Scale (Appendix C) was used as a further measure of the change in the subjects' behavior. Table III reports the results of the statistical analysis of the data obtained from this scale. The figures appearing in Table III include the mean differences between scores of the pretest and posttest scores, the standard deviation for the group and the $t$ value for each group.

**TABLE III**

*$t*$ VALUES OF DIFFERENCES OF SCORES BETWEEN PRE AND POSTTEST MEANS OF INDIVIDUALS ON THE TEACHERS RATING SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean Pre</th>
<th>Mean Post</th>
<th>SD</th>
<th>$t$</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>118.8</td>
<td>125.2</td>
<td>11.08</td>
<td>1.16</td>
</tr>
<tr>
<td>II</td>
<td>91.6</td>
<td>101.6</td>
<td>7.20</td>
<td><em>2.78</em></td>
</tr>
<tr>
<td>III</td>
<td>93.4</td>
<td>100.0</td>
<td>12.94</td>
<td>1.05</td>
</tr>
</tbody>
</table>

*Significant at the .05 level of significance

Statistical analysis of the Teacher Rating Scale reflects positive gains in all groups. Group I does not
reach the .05 level of significance using four degrees of freedom.

Group II does show a significant gain. The t value of 2.78 derived for Group II is significant at the .05 level of significance.

Group III did gain in a positive direction, but not to a statistically significant level.

The Teacher Rating Scale (Appendix C) was used as a measure of the teachers' estimation of behaviors felt to be compatible with interpersonal relations. Significant gains on the Teacher Rating Scale were felt to reflect a positive increase in interpersonal relationships. The null hypothesis that there would be no significant change in peer relationships was retained.

Null Hypothesis III

That there would be no significant change as measured by the Parental Rating Scale in boys who were subjected to a minimum of ten group play therapy sessions with the parent undergoing concurrent counseling, boys who were subjected to a minimum of ten group play therapy sessions, but without concurrent parental counseling, and boys who received no treatment.
Results of the statistical analysis of the data obtained are presented in Table IV. Figures included in Table IV include the mean of the difference between pretest and posttest scores of the group, standard deviation and the \( t \) value of that change. The criterion measure was a pretest score and posttest scores on the Parental Rating Scale (Appendix D).

Statistical analysis of the data obtained on Group indicate no significant change in behavior as perceived by the parent in response to the Parental Rating Scale.

**TABLE IV**

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean Pre</th>
<th>Mean Post</th>
<th>SD</th>
<th>( t )</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>133.6</td>
<td>136.8</td>
<td>7.64</td>
<td>.86</td>
</tr>
<tr>
<td>II</td>
<td>129.4</td>
<td>135.4</td>
<td>4.15</td>
<td><em>2.89</em></td>
</tr>
<tr>
<td>III</td>
<td>136.0</td>
<td>144.0</td>
<td>4.71</td>
<td><em>3.06</em></td>
</tr>
</tbody>
</table>

*Significant at the .05 level of significance

Analysis of the data for Groups II and III, however, do indicate that a change significant at the .05 level of significance occurred.
Group II figures reveal a $t$ value of 2.89 which is above the required $t$ value of 2.776 for the .05 level of significance using four degrees of freedom.

The results obtained from statistical analysis of data from Group III also indicates a $t$ value of significance. Group III's $t$ value of 3.06 was of sufficient magnitude to surpass the required $t$ value of 2.776 at the .05 level of significance using four degrees of freedom.

Results obtained from the Parental Rating Scale meet the criterion level of .05 level of significance. The null hypothesis is rejected.

Non-Statistical Data

Presentation of non-statistical, non-quantifiable data is felt necessary to more effectively indicate changes which were not measurable, or were not measured by the instruments used. A better understanding of human behavior results when additional information is used to supplement the objective criteria we set for ourselves as scientists of human behavior.

The new insight with which a teacher now views the pupil as a result of knowledge gained from information learned in group play therapy can have beneficial effects for the student, but more important are the benefits derived by the teacher.
One of the teachers who had a member of Group III as a pupil confided that "... appears to have settled down more. He doesn't require nearly as much supervision as he previously did." Neither the teacher nor the writer felt these twelve sessions of group play therapy were totally responsible for this change of behavior; however, the change did occur in conjunction with the play therapy.

The mother of the subject mentioned above reported that "... seems to be doing better in school. His papers have improved."

A better understanding of the above comments are forthcoming when we consider that two of the most important people in his environment have been focusing more of their attention on him. Not only is the parent spending at least thirty to forty-five minutes discussing him and his behavior, but the teacher is now more aware of him. The teacher's awareness was a result of the knowledge that he was a subject in a research study. This created changes in his environment, which, in turn, created changes in him.

One parent wrote that she felt her son had benefited from his experience. She added that she was grateful for her opportunity to participate in the counseling session, as it had brought about an increase in her understanding of her son.
These comments and the observations of the therapist combine to support the statement that change did in fact occur. The therapist whose use of verbal reinforcement for the socially isolated child when he began cooperative play and reinforcement of the acting-out child when he began sublimating his behavior had a positive effect.

Summary

In this chapter are presented the data obtained in this study. The null hypothesis was substituted for the research hypotheses and a .05 level of significance was established before the null hypotheses could be rejected.

The hypothesis that there would be significantly better personal, social and total adjustment by subjects who experienced a minimum of ten group play therapy sessions with concurrent parental counseling than by boys who experience group play therapy without parental counseling and than by boys who had no treatment was reported.

The t values derived were all in a decidedly positive direction, with Group I showing a t value of 3.206, which is significant at the .05 level of significance.

The hypothesis that there would be significant positive gains by the boys who experienced group play therapy with concurrent parental counseling was rejected.
The hypothesis that a significant positive increase in the parents' perception of the child's behavior was accepted at the .05 level of significance. Group III presented a t value of 3.06. A t value of 2.776 using four degrees of freedom is required at the .05 level of significance. Group II also reported a significant gain of parents perception of their child's behavior. The t value derived for Group II was 2.89.

Non-statistical data were presented to augment the presentation of statistically treated behavior.
CHAPTER V

SUMMARY, DISCUSSION AND RECOMMENDATIONS

The problem presented in this study constituted a proposed "preventive program" which could be implemented by educational institutions. Group play therapy initiated at the local school level would allow teachers and school officials a unit of primary referral; this, as opposed to being referred to a private practitioner or clinic. The parents of children placed in these on-going groups would undergo concurrent counseling aimed at increasing understanding and acceptance of their child.

This study presented hypotheses concerning changes in the subjects' self-concept, peer relations and how the parent would perceive the child. These hypotheses are based on the theory that group play therapy with concurrent parental counseling would bring about better adjustment, both social and personal.

The Hypotheses

The hypotheses tested in this study include

1. That subjects who have been subjected to a minimum of ten sessions of group play therapy and whose parents have
been included in a concurrent counseling situation in the presence of an understanding, accepting adult would gain insight into himself and that this gain would be reflected by changes in the scores of the criterion measure more than would a group of subjects who have undergone a minimum of ten group play therapy sessions, but whose parents were not counseled and more than a group of subjects who had no treatment.

2. That subjects who have been subjected to a minimum of ten group play therapy sessions with reflections of feelings and verbal reinforcement in the context of the group and whose parents have undergone concurrent counseling would improve in his interpersonal relationship more than would the subjects who have undergone a minimum of ten group play therapy sessions but whose parents were not counseled and more than would a group of subjects who received no treatment.

3. That the change in the subjects included in a minimum of ten play therapy sessions with parents included in a concurrent counseling situation would generalize to the home and that their parents would recognize this change more than would parents of subjects who received a minimum of ten group play therapy sessions but whose parents were not counseled and more than subjects who had no treatment.
Results

The hypothesis which predicted significant change in the self-concept of the experimental group was rejected. Group I, the control group, reflected more change in social personal and total adjustment than Groups II and III. Change in the social adjustment scores were significant at the .05 level of significance. The experimental group, Group III, did show high positive gains in these areas, even though they did not attain a statistically significant level.

Results of the criterion measure which tested the hypothesis of improved interpersonal relationships did not support the research hypothesis.

The hypothesis that the parents of the experimental group would perceive more change in their children than would the two control groups was supported by criterion results. Group II reflected a $t$ value of 2.89 which is significant at the .05 level of significance using four degrees of freedom. The experimental group, Group III, had a $t$ value of 3.06 which is significant at the .05 level of significance using four degrees of freedom. This hypothesis was accepted at the .05 level of significance.
Discussion

The results obtained in this study indicate that a group play therapy program with the parent being counseled could be an effective technique for helping maladjusted children in a "normal" educational setting.

Basic changes in a child's environment will have an effect upon the behavior of that child. Phillips points out that the "involvement of persons important to the child rather than an intensive, personally involved therapy with the child alone, was an effective method of accomplishing long-term therapeutic gains (2). What more basic change could there be than a child's parent and teacher? These adults are of extreme importance to the young child. What happens when one of these important adults participates in therapy concurrent to the child's treatment? The adult, in this study, perceived significant changes in the child. This perceived change may be due to the knowledge that the child is currently undergoing play therapy. In this case, the parent might feel some change is expected, thus introducing a placebo effect. However, if the parent has perceived a change in the child, this will change the contingencies of the child's environment. For example, if the parent has perceived change, then we can expect the parent to react to this change.
If, in addition to this, the parent has been counseled about her child and has gained insight and understanding of his problems, we might expect the parent to be more accepting of the child. This perceived change and new-found understanding and acceptance of the child can be a very effective behavior changer. Statistically significant changes were seen by the parents of subjects in Experimental Group I and Experimental Group II. The process discussed above may be operating in this instance. If so we would expect longitudinal changes to take place as the child comes in contact with the changed portion of his environment. The significance of the change lies mainly in the focusing of attention on the child. The implication is that these series of events are essentially a chain reaction.

There are several factors to consider when evaluating this study. The refusal by fifty percent of the parents to allow their children to participate reduced the population of the subjects by half. One could therefore question the representativeness of the subjects to the total second grade male population.

Another factor which was detrimental to therapeutic gains was the presence of hyperactive or overly aggressive subjects in the groups. The Experimental Group III was
especially hampered by this behavior. Not only did this hyperactivity inhibit the more timid, shy, and withdrawn group members, but it also necessitated a constant limit setting posture by the therapist. Ginott points out that

... these children cannot be allowed even the usual leeway for acting out as free discharge of aggression brings them neither relief nor insight, but leads to further disorganization of personality. Forceful restraint must be put on their acting-out to compel them to 'look before they leap' and to think before they act. This policy cannot be carried out in a permissive group setting because of the detrimental effect that it may have on the other children (1, p. 27).

In the present study this hyperactive behavior resulted in a disturbance of the exploring behaviors of the more withdrawn subjects. This acting-out behavior inhibited the socially isolated children and forced the therapist to become more authoritarian-appearing and less permissive. Closer examination of the subjects would bring about better selection of group members. Elimination of those subjects for whom group play therapy is contraindicated could be achieved by more careful selection.

The study may have not been of sufficient length to permit the group influence to take effect. This time period is sufficient to bring about some behavioral changes as indicated by the results. However, it is also probable that play therapy groups formed for the duration of the school
year would be even more effective. In this light we find Schiffer's example of ongoing groups throughout the school year an excellent suggestion (3). In addition to seeing the child more often this would afford the therapist more opportunities to meet with the parent.

Another factor worthy of note was the meeting times of the two play therapy groups. Group II met in the morning just prior to the first class, while Group III met in the afternoon immediately after school. Schiffler felt that group meetings should be scheduled at the middle or end of the school day. This would prevent active behavior "spilling over" into the classroom. There did not appear to be any significant adverse effect due to the early meetings of Group II. The teachers were asked about this and reported no serious problems in behavior. In fact, the only noteworthy comment pertaining to this subject was that one of the boys had "quieted down" more as the school year progressed. Therefore, the conclusion is that any differential effect of morning versus afternoon meetings was non-significant.

In this section we have discussed factors which could affect the results of this study. These factors have included the composition of the group, length of therapy and the effect of environmental changes.
Recommendations

Future studies concerning play therapy and especially as it occurs in an educational setting should be concerned with many factors which may influence their results. It is recommended that

1. Future studies be conducted using ongoing groups which coincide with the school year.

2. Future studies investigate the use of different instruments to measure the behavioral changes which occur.

3. Future studies increase the sample size where possible.

4. Future studies use different therapists for children and parents.

5. Future studies investigate the efficacy of mixed grouping (male and female).

6. Future studies be conducted by teachers and other paraprofessionals in an effort to minimize the need for professional persons.

7. Future studies investigate the use of more tangible reinforcement. While verbal reinforcement is powerful, it may develop that consumables have more value in this setting.
CHAPTER BIBLIOGRAPHY


Dear Parent:

As a graduate student of North Texas State University, I am currently doing a study of children and their play. It would be appreciated very much if your son could be included in this study.

I have talked to the Principal, Mr. Wright, and your child's teacher. They have information concerning my study if you should like to contact them. The study consists of a few tests given to the child at the beginning of the study period, and again at the end. There will be a six or seven week period, beginning 21 September, in which the children will be allowed to play with some toys which I will furnish. They will meet twice a week--each Tuesday and Thursday afternoon at the school. (The time has not yet been fixed). If any transportation difficulties arise, I will personally see that your son gets home.

Also, there would be approximately three times during this study period in which I would like to make an appointment with you. This will be at your convenience and should take no more than thirty minutes.

If you have any questions concerning this study, please call the school and leave your name and telephone number and I will return your call.

DON A. SMITH, BA
Graduate Student

My son has my permission to participate in this play study.

(Name of parent or guardian)

(Please return this letter to the school with your child at your earliest convenience.)
APPENDIX B

FORM A

1. If you could choose three classmates to sit with you, who would you pick?
   (1) __________________________
   (2) __________________________
   (3) __________________________

2. If you could choose three classmates to work with, who would you pick?
   (1) __________________________
   (2) __________________________
   (3) __________________________

3. If you could choose three classmates to play with, who would you pick?
   (1) __________________________
   (2) __________________________
   (3) __________________________
APPENDIX C

TEACHER'S RATING LIST

1. This child is very aggressive.
2. This child is friendly in his class relationships.
3. This child is eager to learn.
4. This child is talkative.
5. This child enters into group play.
6. This child is attentive.
7. This child enters into group discussion.
8. This child is quick to volunteer answers in class.
9. This child has many friends in school.
10. This child makes disruptive noises in the classroom.
11. This child mixes well in class activity.
12. This child has his feelings hurt easily.
13. This child appears to be relaxed in class.
14. This child cries in the classroom.
15. This child needs constant supervision.
16. This child smiles easily.
17. This child leads play sessions.
18. This child is on the "fringe" in activity groups.
19. This child makes good use of his study time.
20. This child does his work promptly.
APPENDIX D

EVALUATION SCALE

Instructions: Please use this nine-point continuum to assign points for the traits listed. Please evaluate only one trait at a time. Do not use your estimate of traits already judged as a guide in estimating others. These reports will be confidential.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not at All</td>
<td>Infre-</td>
<td>quently</td>
<td>Occasion-</td>
<td>ally</td>
<td>Fre-</td>
<td>quently</td>
<td>All the Time</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX E

NAME ________________________________

PARENTS' QUESTIONNAIRE

Please answer the following questions by using the scale as listed below:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at Infre- Occasion- Fre- All the</td>
<td>quently</td>
<td>ally</td>
<td>quently</td>
<td>Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Talks about his school activities  ___
2. Talks about his school mates  ___
3. Tells about his play activity at school  ___
4. Plays outdoors as opposed to indoor play  ___
5. Initiates play with other children  ___
6. Exhibits much affection at home  ___
7. Likes to talk about his problems with you  ___
8. Plays alone  ___
9. Spends time doing his homework or school-type work  ___
10. Gives the general impression of being a loner  ___
11. Is anxious to go to school in the morning  ___
12. Plays in other children's yards  ___
13. Appears to have a good relationship with his parents  ___
14. Is a happy child  ___
15. Complains of being sick  ___
16. Smiles much of the time  ___
17. Has a good disposition  ___
18. Likes to play with other children  ___
19. Is a shy boy  ___
20. Cries easily at home  ___

Please feel free to add any comments you wish on the reverse side.
BIBLIOGRAPHY


