PLAY THERAPY INSTRUCTION: A MODEL BASED ON OBJECTIVES

DEVELOPED BY THE DELPHI TECHNIQUE

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The purpose of this study was to determine the core skills/methods and practicum experiences play therapy experts and professors believe to be essential in the education of the beginning play therapist in the specific areas of theory and history, terms, organizations, authors who have contributed to the field, methods, skills, training in special populations, practicum experience, and advanced skills.

Two questionnaires were used to obtain opinions from play therapy experts and play therapy instructors. The first questionnaire was sent to twelve play therapy experts to obtain their opinions on the core curriculum and experiences necessary for training a play therapist in an introductory play therapy class, practicum experience, and advanced play therapy training. Frequencies and means were obtained and used to delete and add items for Questionnaire II. Questionnaire II was sent to 180 play therapy professors. Fifty play therapy professors returned the instrument. The ratings on Questionnaire II given by the professors were used to provide curriculum guidelines for developing a play therapy program. This program includes an introduction to play therapy course, play therapy practicum experiences, and advanced skills and advanced practicum experiences.

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Chapter I

Introduction

The demand for well-trained play therapists and supervisors has increased dramatically in the last ten years as psychiatric hospitals, mental health agencies, and elementary schools have recognized the unique mental health needs of children. This increased demand has created a need for improved procedures in training play therapists to be fully equipped to clinically work with the various populations of children needing therapy (Bratton, Landreth, & Homeyer, 1993). The trained play therapist must have more than clinical skills. According to Landreth (2002) play therapists also need to have insight and understanding of the child and themselves throughout the therapeutic process.

Many university departments of counseling, psychology, and social work have recognized the benefits of play therapy and have implemented programs and classes to provide the necessary training. These training programs are highlighted in the 2000 Edition of the Directory of Play Therapy Training (Landreth & Rennie, 2000), which lists 185 universities that offer a play therapy curriculum in the form of courses or a unit in a course. Eighty-three universities offer one or more full semester courses in play therapy (Landreth & Rennie, 2000).

Kranz, Lund, and Kottman (1996) identified a number of indicators of the resurgence of the use of play therapy in counseling with children since the 1960s when guidance and counseling programs were established in elementary schools. These indicators include: increased membership of The Association for Play Therapy, an increase in the number of play therapists seeking registration credentials, and an increase in continuing education providers and workshops. This increase in the use of play therapy in counseling with children has increased the need for appropriate training. Unfortunately, the number of well-trained play therapists and qualified supervisors needed to educate and supervise beginning play therapists is limited (Bratton, Landreth, & Homeyer, 1993).

Publications within the past ten years have acknowledged the deficit in training facilities and have indicated a need for the development of criteria for play therapy training in counselor education, psychology, and social work programs (Kao & Landreth, 1997; Tanner & Mathis, 1995; Kranz & Lund, 1993, and Bratton, Landreth, & Homeyer, 1993).

Ryan (2002) conducted the largest survey of the members of the Association for Play Therapy (APT) to date. Data was collected by questionnaires and a web-based survey. The sample of play therapists (n=891) indicated 13% of the members of the

Association for Play Therapy were registered play therapists and 16% of the members were registered play therapy supervisors. Only 41% of the members of APT have actually had a graduate course in play therapy and 38% of the members have had a play therapy practicum experience in school. 72.6% of the APT members (n=835) that completed the questionnaire provide 6-20 hours a week of play therapy in their work setting. The results of this survey indicate that many members are gaining play therapy knowledge through workshops rather than taking a formal graduate level class in play therapy (Ryan, 2002).

A survey conducted by Phillips and Landreth (1995) indicated that of 1166 respondents attending two annual play therapy conferences and surveys sent to the Association for Play Therapy members and non-student members of Division 12, Section 1 (Child Clinical Psychology) of the American Psychological Association only 48% of the male and 41% of the female play therapists had received graduate course training in play therapy. The majority of the respondents reportedly had received play therapy education and training from play therapy workshops and seminars attended. Therefore, a deficit in supervised experiences could be assumed, thus raising ethical concerns. This training issue was supported by Kao and Landreth (1997) who stated, "Individuals in training need appropriate supervision as

well as training in play therapy to ensure both personal and professional growth (p.3)." According to the American Counseling Association's Code of Ethics, counselors should practice within the limits of their education based on the training, experience, supervision, and professional experience that the counselor has received (American Counseling Association, 1995).

In 1999 the Association for Play Therapy established registration requirements for play therapists and play therapy supervisors. These requirements include 150 clock hours of play therapy instruction consisting of the following content areas: a) history, b) theory, c) techniques/methods, and d) applications to special settings or populations, 500 hundred direct contact hours of play therapy and 50 hours of supervision by a registered play therapy supervisor, a Master's degree from an accredited university in a mental health field, and 2000 hours of direct contact hours related to the area in which the applicant received a Master's degree. The Association for Play Therapy (2002) reported that 898 play therapists have met the requirements to become a registered play therapist and/or registered play therapy supervisor. The Association for Play Therapy membership has increased from 1136 members in 1991 to over 4000 members in 2001 (Ryan, Gomory, & Lacosse, 2003).

Little research has been conducted to determine and define the minimum cognitive and experiential education needed to adequately prepare and train a play therapist. Thus, unbiased and universal investigation is necessary in this area. A convergence of knowledge from play therapy experts and university professors is needed to determine a recommended training model that encompasses didactic training and practicum experience to train beginning play therapists. This study was an initial representation of a training model for play therapists.

Purpose of the Study

Research conducted on the training of play therapists indicates a deficit in didactic and practicum educational experiences. The purpose of this study was to determine the core skills/methods and practicum experience play therapy experts and professors believe to be essential in the education of the beginning play therapist in the specific areas of theory and history, terms, organizations, authors who have contributed to the field, methods and skills, training in special populations and settings, practicum experience, and advanced skills.

A Review of Related Literature

The following review of literature is a synthesis related to: (a) a description of the Delphi Technique; (b) the use of the Delphi Technique in education; and (c) play therapy training research.

Description and Early Research Using the Delphi Technique

The Delphi technique was originally developed in the 1950s by Olaf Helmer and Norman Dalkey through the Rand Corporation (Dalkey & Helmer, 1962). This procedure was designed to obtain discussion among experts on urgent defense problems without having to place experts in a face-to-face forum. In 1952, the Delphi technique was used by the Air Force and published by Dalkey and Helmer (1962).

Dalkey and Helmer named this technique after the Oracle of Delphi to whom Apollo referred for predicting the future. The Delphi technique allows for opinions to be circulated without the judgment of others. The psychological benefits of the Delphi technique are that it allows experts to abandon public opinions, an articulate expert has equal power, and this technique limits the "band wagon" effect of the majority of opinion (Ezell & Rogers, 1978) Subjects may provide their opinions about future events and pre-selected topics via individual questionnaires. This form of research requires a convergence of opinions by

coalescing the feedback results of the participants without revealing the sources of individual suggestions (Ezell & Rogers, 1978).

The Rand Cooperation has published a number of booklets to describe the technique and phases for selection of a panel of experts (Dalkey & Helmer, 1962; Lechowics, 1973). The Delphi technique consists of the following five phases:

In Phase I, the researcher sends a questionnaire containing specific topics experts are to respond to. The respondent is asked to not discuss the study with any peers, but may consult data that pertains to the topic being reviewed. These topics may be future oriented and/or contain goals the researcher is wanting answered. Once the questionnaires have been returned, the author edits the responses and sends out another questionnaire to the respondents containing the group's opinions and data summary (Dalkey & Helmer, 1962; Lechowicz, 1973).

In Phase II, the experts are asked to respond to the summary of responses from the first questionnaire. The major themes and problems are summarized and respondents are asked to review their original answers and to discuss possible revisions. The researcher again summarizes the responses received from the second questionnaire and returns the summary along with feedback information containing the mean and median number of replies.

The majority of the questionnaire consists of informal responses and comments given by the respondents (Dalkey & Helmer, 1962; Lechowicz, 1973).

Phase III is similar to the first two phases. In phase III the question is restated with information containing new facts and comments that may offer new insight to the participants. The contributors whose responses did not fall within the consensus of the majority are encouraged to revise their replies to meet the quartile range of consensus. The experts with extreme varied responses are asked to justify their answers. The researcher, to include the range and median of responses, summarizes these questionnaires.

Phases IV and V include a final questionnaire that is sent to all the participants. The experts that do not agree with the majority of the consensus are asked to justify their answers. The results of the final questionnaire usually show a convergence of opinions. Once these opinions are gathered, the researcher may proceed to formulate conclusions for future planning.

The Delphi technique allows for the opinions of group members to be heard. Independent thought of experts is encouraged while this method gradually aids in forming a group consensus. Dalkey and Helmer (1962) developed this technique to

avoid confrontation and hasty decisions made from preconceived ideas. Experts are encouraged to be open-minded and are not inclined to defend a particular stand originally made. Experts are allowed to change their opinions and the questionnaires may spark new ideas that had not been thought of already.

The Use of the Delphi Technique in Education

The Delphi technique has been used by a number of educators in determining the future of education. Lechowicz and Gazda (1975) applied the Delphi Technique in establishing objectives for teaching group counseling. Experts in the group counseling field were sent an initial questionnaire containing objectives based on previous research to establish the knowledge and skills necessary to be a competent group facilitator. The participants of the survey were asked to rate the objectives and provide feedback. Once the questionnaire was completed, the summaries of the results were sent back to the participants. The results obtained from the second questionnaire indicated items experts ranked in the areas of practicum experience, ethical objectives, definitions of terms and concepts, and experiential practice high in the area of importance to class objectives. The Delphi technique aided in establishing experts opinions on requirements for training future group therapists. The results produced a

training model to be evaluated group counselors (Gazda, Duncan, & Meadows, 1967; Lechowicz & Gazda, 1975).

Ezell and Rogers (1978) stated, "In analyzing the various forecasting technologies involved in the establishment of education goals and policies for alternative education futures, the Delphi Technique has been depicted as an extremely valuable method of consensus gathering" (p.122). Ezell and Rogers recommended using the Delphi Technique in predicting the future of education. The assumptions concluded are the questionnaires shift opinions towards a "true answer", interactions are more accurate, extreme opinions do not increase the group precision, reliable ranking is placed on relative importance, and the standard deviation of the group is the group error. Experts are less likely to change opinions concerning social domains due to the fact that there is less scientific proof in predicting future outcomes of education. Another benefit of the Delphi Technique is that it allows for new policies to be stimulated in a group (Strauss & Zeigler, 1975). Stimulating ideas allow educators to explore alternative means of producing more effective means of teaching skills.

One example of the use of the Delphi Technique has been on a selected group of students studying early childhood education. Four rounds of the questionnaire were examined. Students were

able to define a set of descriptions for effective teaching of young children. Specific guidelines were concluded on teacher attitude, child orientation, curriculum approach, and classroom characteristics (Yawkey, 1974). The purpose of this study was to determine college student's definition of early childhood education.

The Delphi Technique has not only been used with educators, but also in the realm of policy making in mental health agencies. Clark and Friedman (1982) questioned mental health and hospital administrators to determine the client outcome desired. Client improvement was judged by symptom reduction, social involvement, substance abuse, and client independence. Administrators ranked client self-sufficiency as the primary goal. By determining the goals administrators' desired, agencies were able to spend less energy and time on providing services that were not deemed as necessary.

Carpenter (1985) constructed a similar study with psychologists, teachers, and special education administrators to determine approaches these providers used with students having emotional and behavioral disorders. The questionnaires were successful in defining specific services the different populations needed to feel more successful in their prospective jobs.

Fish and Piercy (1987) employed the Delphi Technique to examine the opinions strategic and structural family therapists agreed upon in providing services to clients. Experts in structural and strategic theories agreed on the focus being present-oriented, change rather than insight, directive, assigned homework, goal-oriented, and examining the relational problems in the context of the family. The authors determined an integrated approach between strategic and structural family therapy was not feasible given the differing of opinions of experts. The authors recommended students being trained are given resources necessary to determine the subtle differences and distinctions between these two theories and approaches to therapy.

The Delphi Technique has been used in many areas of counseling and education. Policies have been determined in resolving ethical dilemmas (Malley, Gallagher, & Brown, 1992), family leisure interactions that may determine the break down of societal problems (Groves, 1990), and in career development in determining how youth are effected by parental opinions (Jeffery, Hache, & Lehr, 1995).

In summary, the Delphi Technique is most often used in providing policies and in predicting future outcomes in education. Universities have established curriculum development

and objective planning with this technique. A study done by Dagenais (1978) showed the reliability to be exceptionally high upon replication of the Delphi technique on college campuses. Convergence of opinion was found to be significant. Statistical results show this to be a reliable tool for identifying future objectives and outcomes.

Training Play Therapists

Virginia Axline, an early pioneer of play therapy, wrote one of the most well known books in the field, *Play Therapy*. In that book, she developed eight principles she believed should guide a play therapist.

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
2. The therapist accepts the child exactly as he is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.
4. The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior.

5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.
6. The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.
7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.
8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship (Axline, 1947, pp. 73-74).

Axline's principles described what she believed determined whether play therapy was successful or not.

Moustakas (1959) recommended didactic training in play therapy and placed importance on the growth of the play therapist in training. Like Axline, he emphasized the relationship between the child and the therapist, which is first developed through the growth of the counselor in supervision. Moustakas stated, "It is of utmost significance that the student

recognize and be aware of the process of therapy in which he is participating (p. 307)." He discussed the importance of teaching the philosophy of play therapy and allowing students to discover their own theory for conducting play therapy. Moustakas recommended the therapist in training learn concepts of health, growth, creativity, and pathology of children. He believed that supervision should occur immediately after the play therapist held a play session with the child. Moustakas determined that the process and growth of the therapist was pertinent in the development of the child/play therapist relationship. Immediate supervision after the therapist had been in a play therapy session with the child allowed for the therapist to be more aware of his/her own feelings during the therapy session.

Linden and Stollak (1969) designed a play therapy training study to compare two procedures for educating students on play therapy skills. Undergraduate students were separated into two training groups. The first group received didactic training consisting of six weekly, ninety-minute play therapy training sessions. Participants received instruction in a didactic manner in which the core principles of child-centered play therapy were demonstrated and role-played. Students were told to reflect the child's feelings in play sessions, reflect content, give little direction, ask no questions, praise the child's behavior and not

the child, and limit only destructive actions of the child. The second group of students in the study participated in six, weekly ninety-minute discussions concerning the ideal way to interact with a child. The group leader opened discussions by presenting scenarios the students may encounter while in a play session with a child. These scenarios consisted of questions such as, "You go to the waiting room to pick up Johnny for his sessions and he refuses to go downstairs and hides behind his mother's skirt. What would you do and why (p.215)?" All 48 members of the study played with two different children for two 20-minute play sessions in the playroom (Linden & Stollak, 1969).

The results of the study indicated that the students who received didactic training before the play therapy sessions expressed a greater number of empathic responses, used fewer questions, expressed more feelings of the child, and used less directives during the play sessions. Linden and Stollak (1969) concluded that didactic training is imperative in teaching effective therapeutic skills to beginning play therapists.

Arnold (1976) studied the effectiveness of microcounseling procedures in educating beginning play therapists on specific skills such as reflection of feelings, reflecting content, and setting limits. The results of Arnold's study indicated that

microcounseling procedures are effective in teaching basic skills to practicum students. Arnold's study was based on the model developed by Ivey (1973), which has been used to train counselors in a short period of time. Ivey's model is based on five minute taped counseling sessions, didactic training using a manual, observing "experts" in the field, supervision, and repeating the five-minute taped sessions for review. Arnold (1976) suggested adding a microcounseling adjunct to teaching play therapy skills and curriculum.

Guerney (1978) described the training of students as consultants in an adult-child relationship enhancement program over three semesters. Guerney discussed the importance of teaching child-centered play therapy skills and theory through a didactic method. Once the skills were taught to the students, live and taped sessions of play therapy with a therapist were observed. In the first semester, students were required to have their own play therapy sessions with a normal child for ten weeks. Guerney had students pair up with other students for peer supervision. Formal supervisors were used to provide feedback and students were required to watch their own taped play sessions.

The second term of this program consisted of students teaching undergraduate students a portion of the course in

family development. Leaders were given evaluations on their performance. Guerney, (1976) used this form of evaluation to prepare students for their next role as a filial therapy group leader.

The third term consisted of students conducting their own parent consult group. Students taught parents the basic skills of play therapy. Guerney (1976) used didactic methods, supervision, modeling, role-playing, and practicum experience in training students to become effective play therapy instructors.

Brady and Friedrich (1982) developed four levels for training play therapists to provide continuity to the process of education. The first level is that of physical interventions, physical presence, and non-verbal gestures. This includes following the child in the playroom and having an open demeanor. The second level is that of reflecting, paraphrasing, following, and attending. This level shows the child that the therapist is interested. The third level is third-person interpretations. The therapist interprets the feelings of the child to the child. Should the child not be ready for the interpretation, the therapist goes back to a lower level of therapy. The fourth level is direct interpretation. Direct interpretations confront the child and can bring out resistance in the child. Resistance by the child directs the therapist to go back to a lower level

of interaction. Brady and Friedrich suggested this modality of training to be learned in a step-by-step process.

Hellendoorn (1989) suggested role-playing the child as a form of training a play therapist. She believed that students gained more empathy for the child by pretending to be the child with classmates in a playroom. Her goals were to encourage students to make use of group feedback, recognize their own behavior in play, develop empathy for the child, flexibility in the playroom, and to develop attitudes essential to the therapeutic technique.

Landreth (Bratton, Landreth, & Homeyer, 1993) developed a three-day intensive supervision model to meet the needs of practicing play therapists and graduate students who have had a play therapy course. This model consists of 27 hours of supervision and training. The participants receive live supervision on individual play sessions and group/play therapy sessions. Supervisors and trainees give immediate feedback, colleagues have a chance to observe peers, and each session is videotaped for therapists to review their own sessions. The authors reported the reactions from the participants were positive as areas of growth occurred in self-awareness and self-assurance. Bratton, Landreth, and Homeyer (1993) discussed

implementing this model in the practicum experience of Master's level students.

Kranz and Lund (1993) used Axline's eight principles as a model for teaching play therapy skills to college level students. Students were introduced to child-centered play therapy and were assigned a play therapy client. The instructor observed each student in session through a two-way mirror or by video taped sessions. Each student received feedback from the instructor on the progress made during the 30-50 minute play sessions. Kranz and Lund (1993) concluded the eight principles developed by Axline provided a foundation for beginning play therapy students.

Kranz and Lund (1994) stated specific recommendations they believe are pertinent for the supervision of play therapists. They included a course outline in the article. Their suggestions for a play therapy course include: a statement of explicit course expectations, scheduled supervisory meetings with students in training, an experiential atmosphere of safety that allows for students to express their fears, role-playing, and didactic training on understanding the therapeutic and personal issues that are important to the termination process.

Kranz and Lund (1994) recommended the supervisor serve as a role model to beginning play therapist, demonstrating acceptance

and genuineness, and reflecting the feelings of students. The supervisor or teacher should also be well-trained in play therapy, value the student's opinions, discuss basic skills in easy to understand terms, and be available to students for advice and questions. The recommendations they gave for students include role-playing with classmates, encourage students to be patient with himself or herself, assist students in the educational process and personal limitations, and provide a safe environment for students to practice in.

Tanner and Mathis (1995) developed a child-centered typology model to be used as a supplement in play therapy classes. The typology describes four styles of replies that identify facilitative responses used by a therapist in session. The trainee can review their tape using this model for direction. The typology is broken down into four categories. The first category is facilitating non-directive responses of the child's internal world. The responses identified are: reflection of feelings, reflection of self-ideation, reflection of competency, compound reflections, open-ended statements, giving responsibility to the child, and therapeutic limit setting. The second category is attending the external world of the child through non-directive statements. These statements are: tracking, reflection of content, therapist's reactions to

the child's feelings, limit setting without choice or recognition of feelings, and information giving. The last two categories are considered negative attributes by Tanner and Mathis (1993), as these responses are more directive in nature. The first category is directive style responses of the child's internal world. Directive responses include: questions, tentative interpretations, and reflections of feeling. self-ideation, or competency in the form of a question. The last category is non-facilitative direction of the child's external world. Examples given are: questions over content, "why" questions, reflection of content and tracking in the form of a question, inappropriate information giving, self-disclosure, leading the child, praise, analyzing, and missed opportunities (p.10).

Kaczmarek and Wagner (1994) researched psychology programs and discovered a lack of training and education of child psychologists. The authors stated that many psychologists who work with children have not been fully trained as counseling psychology programs emphasize adult therapy. Kaczmarek and Wagner stated, "future professionals must recognize the ethical and practical need to provide substantial training for work with specialized populations, thereby making training programs more reflective of the populations served by counseling psychologists

(p.432)". The following recommendations and objectives were given for the training of counseling psychologists interested in working with children:

1. Students will demonstrate knowledge of child development issues and their interaction with cultural variables.
2. Students will have integrated and be able to systematically apply a theory of counseling in working with children.
3. Students will have developed a model of consultation to incorporate parents and significant others into intervention approaches.
4. Students will demonstrate knowledge of the process of child therapy and child specific techniques.
5. Students will be competent in conducting behavioral observations and clinical interviews with children.
6. Students will demonstrate knowledge of childhood pathology and ability to diagnose.
7. Students will demonstrate knowledge of assessment and treatment of child abuse and neglect.
8. Students will demonstrate knowledge of assessment instruments used with children.
9. Students will demonstrate knowledge of specialized ethical and legal issues relevant to children.

10. Students will demonstrate familiarity with current child research literature.

11. Students will have received supervised experience in working with child clients (p. 440).

Kao and Landreth (1997) developed The Play Therapy Attitude-Knowledge Skills Survey (PTAKSS) and investigated the effectiveness of a graduate level play therapy course on students' positive attitudes and beliefs towards children, play therapy knowledge, and the confidence students demonstrated in applying play therapy skills. They found that participants showed a significant positive increase in all three areas on completion of the play therapy course as compared to a comparison group. The core curriculum and objectives of the play therapy course were for students to learn a basic theoretical approach to play therapy, develop an approach that is effective to each student, to learn to see the child's world through the eyes of the child, respond effectively to children's feelings, understand the meaning of children's behaviors, develop a positive and facilitative relationship with a child, and gain self-understanding (Kao & Landreth, 1997).

Landreth and Wright (1997) evaluated the effects of limit setting training in a university graduate play therapy course. A significant difference was obtained between the comparisons of

pre-trained graduate students with post-trained graduate students. The reported choice of limits by graduate students was compared with reported limit choices used by experienced play therapists. They discovered post-trained graduate students chose to set more limits after training. They recommended educating beginning play therapists through didactic training before having students practice techniques and skills in the playroom.

Homeyer and Rae (1998) studied the impact of varying semester lengths of play therapy instruction to determine the appropriate time required for students to gain a working knowledge of play therapy. The various semesters used were a 3-week mini-session, a regular 5-week summer session, and a regular 15-week semester. An instrument was used to measure three aspects of child-centered play therapy on graduate level students. The first aspect measured was the attitude the students had regarding essential beliefs and patterns of interactions with children. The second measurement was of the knowledge of what the students should know about play therapy. The third measurement was of the confidence levels of play therapists in training. Homeyer and Rae (1998) used the Play Therapy Attitude Knowledge Skills Survey (PTAKSS) to determine that the length of the semester did not produce significant results in the knowledge gained by play therapy students. They

discussed the belief that some students who attended the week course may not have performed as well as the students who attended the 15-week practicum experience. Overall, their study implied that it is possible for students to be successful play therapists with knowledge and skills regardless of the length of the semester.

Students at the Center for Play Therapy at the University of North Texas developed a Play Therapy Skill Checklist for rating the play therapy skills of beginning play therapy students. The rating sheet includes a scale for types of responses, both verbal and non-verbal, used by the therapist. The Play Therapy Skills Checklist is used by supervisors during the play therapy students' practicum experience. This checklist allows for the supervisor to point out strengths and weaknesses of the beginning play therapist and provides specific feedback to the student in training.

In summary, most authors have suggested a combination of didactic training with experiential exposure to play therapy. Play therapy literature suggests the need for play therapists in training to have a basic knowledge of skills and practice before using their knowledge with children who have emotional disturbances. Jackson (1989) stated that training in play therapy is not only imperative, but also ethical according to

the APA ethical guidelines. Therapists should only practice methods in which they have actually received training.

The Association for Play Therapy (APT, 2002) has established standards for becoming a registered play therapist. A Masters degree in an appropriate medical or mental profession from an accredited educational institution is required. Registered play therapists must have a minimum of 150 clock hours of instruction in Play Therapy. These hours must include history, theory, techniques, and applications to special settings or populations. Practicum experience is essential to becoming a registered play therapist. The therapist facilitating play therapy sessions must receive 50 hours of supervision by a registered play therapy supervisor. Although APT requires a certain number of didactic and supervision experience, little information is given by APT in regards to specific skills a play therapist must acquire to become a registered play therapist. Core curriculum may be interpreted in a variety of ways.

Several authors have recommended teaching theory and history of play therapy through didactic training and teaching techniques and methods through role-playing, modeling, video recorded sessions, and providing clear definitions of specific responses play therapists should have (Moustakas, 1959; Linden & Stollak, 1969; Arnold, 1976; Guerney, 1978; Brady & Friedrich,

1982; Tanner & Mathis, 1995; Kaczmarek & Wagner, 1994; Kao & Landreth, 1995; Landreth & Wright, 1997; and Landreth, 2002). The relationship between the therapist and the child has been considered the most important aspect of play therapy by most experts in the field (Axline, 1947; Dorfman, 1958; Moustakas, 1959; Kranz & Lund, 1993; Moustakas, 1997; Landreth, 2002).

Recommendations in the literature for supervision were watching video taped sessions, three-day intensive workshops, live supervision of play sessions with a child, practice play sessions with normal children, peer supervision, self-supervision, and role-play (Moustakas, 1959; Guerney, 1976; Kranz & Lund, 1994; Kaczmarek & Wagner, 1994; Hellendoorn, 1989; Bratton, Landreth, & Homeyer, 1993; Landreth, 2002). Ryan (2002) recommended the Association for Play Therapy increase opportunities for training new and current members of APT by encouraging trained members to work with local universities to advocate offering play therapy courses and practicum experiences.

Chapter II

Methods and Procedures

The focus of this chapter is on specific procedures and methods used to obtain data from experts and professors in the field of play therapy. Specific procedures for developing the instrument used and statistically analyzing the data received is presented.

Definitions

Core Curriculum is a term that describes an intended outcome of instruction. It identifies the major areas of essential didactic and practicum education experts would like students to obtain from play therapy instruction. The core curriculum contains the following four areas: 1) history, 2) theory, 3) techniques/methods, and 4) the application of methods through supervision.

The Delphi Technique is a method used to forecast and establish educational goals through a series of collected opinions from experts in a set field. The process is an effort to achieve a consensus of opinions through coalescing the feedback of results from participants in an effort to not compromise personal opinions (Ezell & Rogers, 1978).

Play Therapy is defined as "a dynamic interpersonal relationship between a child (or a person of any age) and a

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

Introductory Play Therapy Course defines a graduate level university course that introduces didactic training in play therapy history, theories, and basic skills and methods.

Play Therapy Experts is a term used to describe individuals in the field of play therapy who are well known for their contributions by their publications and presentations. The experts have experience teaching university graduate courses in play therapy within the past five years, have published in the area of: play therapy, filial therapy, group play therapy, and/or supervision and training of play therapists within the past five years, have presented at the Association for Play Therapy International Conferences, and are or have been a member of the Association for Play Therapy.

Play Therapy Practicum is a term used to define a graduate play therapy practicum course requiring experiential training of play therapists with a child in a play therapy room under supervision by a fully trained play therapist.

Play Therapy Professor is a term used to describe university educators that are currently teaching a graduate level class in play therapy and are a part of a counselor education, psychology, or social work program at a university.

Research Questions

The following research questions were posed in an effort to identify the core concepts of this study.

1. What core curriculum should be required in a university graduate introductory play therapy course and practicum?
2. What skills do play therapy professors consider most pertinent for students to obtain from a university graduate introductory play therapy course?
3. What university graduate play therapy practicum experiences do play therapy professors consider most valuable?
4. What advanced play therapy skills and practicum experience do play therapy professors consider most valuable?

Assumptions

To carry out the purposes of this study, the following assumptions are formulated.

1. A wide range of opinions will be received from play therapy experts concerning what is necessary for play therapy curriculum.

2. Play therapists will reach an agreement concerning the core curriculum objectives in the training of play therapists.
3. The final questionnaire will determine a variety of constructs among play therapy professors.

Methods and Procedures

The Delphi technique was applied in four steps. The first step was the development of an instrument used to obtain the opinions of play therapy experts relative to the curriculum for university graduate courses in play therapy and practicum. The second step involved selecting a group of 12 play therapy experts. The third step was the development of objectives from Questionnaire I. The fourth step was the development of Questionnaire II using the results of Questionnaire I obtained from the experts.

Questionnaire Development

The Inventory of Play Therapy Curriculum (IPTC) format was modeled after the scale developed by Lechowicz and Gazda used to determine behavioral objectives in group therapy training (Lechowicz, 1973). Initial items for the various dimensions of the scale were obtained from a search of relevant play therapy literature and suggestions from Dr. Garry Landreth. Several play therapy journal articles and books were obtained to determine

the theories and authors used in the Inventory of Play Therapy Curriculum (Axline, 1947; Knell, 1993; Kottman, 2001; O'Conner, 1991; Landreth, 2002; O'Conner & Braverman, 1997; O'Conner & Schaefer, 1994; Schaefer & O'Conner, 1983; Sweeney & Homeyer, 1999). Items for the sections of the scale related to play therapy skills, methods, and practicum experiences were taken from *The Play Therapy Supervision Scale* and *Play Therapy Session Summary Scale* developed by the Center for Play Therapy and used at the University of North Texas. A completed scale of 162 items was submitted to Dr. Sue Bratton and Dr. Dee Ray at the University of North Texas for their evaluation and suggestions. Dr. Linda Homeyer of Southwest Texas State University was also consulted for her opinions. These professors teach play therapy courses at their respective universities. Their suggestions were incorporated into the first completed scale Questionnaire I (Appendix A). They did not add or delete any items on the scale, but suggested rewording some objectives and questions to make them clearer for the reader. Questionnaire I contained four areas: 1) history, 2) theory, 3) techniques/methods, and 4) the application of methods through supervision. Each item/objective on the scale was evaluated using a likert scale: 1=essentially valuable, 2=very valuable, 3=relatively valuable, 4=slightly valuable, and 5=not valuable.

Questionnaire I (Appendix A) and a letter of explanation (Appendix B) were sent to the identified group of experts in the field of play therapy to initiate the process of identifying objectives for a play therapy course and practicum.

Selection of Experts

The following criteria were used to select the experts who received Questionnaire I.

1. The expert must have experience teaching university graduate courses in play therapy within the past five years.
2. The expert must have published in the area of play therapy, filial therapy, group play therapy, and/or the supervision and training of play therapists in the past 20 years.
3. The expert must have presented at the Annual International Association for Play Therapy conference.
4. The expert must be or have been a member of the Association for Play Therapy.

The annual *Association for Play Therapy Directory* (2002) and *The Play Therapy Training Directory* (2003) were used to identify the current play therapy professors. A search was done through the Association for Play Therapy to identify speakers who have presented at the Annual Association for Play Therapy

International Conferences. Play therapy journal articles and books published within the past 20 years were searched using *The World of Play Therapy Literature 3rd Edition* (Center for Play Therapy, 2000) to identify experts in the field of play therapy. Once the search was completed, 12 play therapy experts were chosen based on the four criteria listed earlier. The panel of experts represented various theories and approaches to play therapy. An effort was made to include a diverse group of theorists/experts from different orientations that met the criteria of an expert. The experts identified were: Dr. Sue Bratton, Dr. Karla Carmichael, Dr. Louise Guerney, Dr. Linda Homeyer, Dr. Susan Knell, Dr. Terry Kottman, Dr. Garry Landreth, Dr. Kevin O'Connor, Dr. Charles Schaefer, Dr. Daniel Sweeney, Dr. Nancy Boyd Webb, and Dr. Joanna White.

The play therapy experts had an average of 16 years of experience in play therapy, all have published in the field of play therapy within the past 10 years, 10 have taught a play therapy course within the past 5 years (one expert has retired and one of the experts has not taught a play therapy course, but is the recognized authority for one of the theories of play therapy and has written the only textbook on this particular theory), and 9 are currently teaching play therapy courses.

Experts' Ratings on Questionnaire I

All twelve experts returned the instrument. They had an opportunity to make comments on the questionnaire and to add additional objectives. The following are the results of Questionnaire I obtained from the ratings of the play therapy experts. These results were determined by taking the mean of the likert scale for each objective. Each objective was ranked using a five point scale: 1=essentially valuable, 2=very valuable, 3=relatively valuable, 4=slightly valuable, and 5=not valuable. The value given to each scale was used to determine the mean of each objective. The mean scores and standard deviations were obtained by using SPSS for MS Windows Release 6.12 (Appendix C). The items that received a mean score between one and 1.99 were categorized as "essentially valuable", a mean score between two and 2.99 were ranked as "very valuable", a mean score between three and 3.99 were identified as "relatively valuable", and a mean score of four and five was rated as "slightly valuable" to "not valuable." All the objectives ranked by the experts with a mean score between one and 2.99 were retained on the questionnaire.

The twelve play therapy experts selected 132 of the 162 objectives and added 4 new objectives to Questionnaire I. The new objectives were added if more than one expert suggested an

item. "Eliana Gil: Family Play Therapy" was added to Goal A, "State Play Therapy Organizations" was added to Goal B, Kevin O'Connor was added to Goal C, and "case notes" was added to Goal E. A list of all the items deleted from Questionnaire I may be found in Appendix D. A list of all the additions made by the experts is listed in Appendix E.

Goal A of the Inventory for Play Therapy Curriculum identified 19 theorists/theories of play therapy which students should be able to differentiate by the following characteristics: theoretical rationale for change, purpose for using play, interpretation of play, goals and objectives of play therapy, role of the play therapist, kind and degree of structure in play therapy, significance of the relationship in play therapy, and media and setting for play therapy. The experts rated Virginia Axline: Child-Centered play therapy, Garry Landreth: Child-Centered play therapy, Louis Guerney: Child-Centered play therapy, Susan Knell: Cognitive-behavioral play therapy, John Allen: Jungian play therapy, and Charles Schaefer: Prescriptive/Eclectic play therapy as "essentially valuable." The experts rated the following theorists/theories as "very valuable": Terry Kottman: Adlerian play therapy, Viola Brody: Developmental play therapy, Kevin O'Connor: Ecosystemic play therapy, Violet Oaklander: Gestalt play therapy, Anna

Freud: Psychoanalytic play therapy, Melanie Klein: Psychoanalytic play therapy, Clark Moustakas: Relationship play therapy, David Levy: Release play therapy, Gove Hambidge: Structured play therapy, and Ann Jernberg: Theraplay. The experts rated Steve Harvey: Dynamic play therapy and Shlomo Ariel: Strategic family therapy as "relatively valuable" and these two theorists were eliminated from Questionnaire I. The experts added Family play therapy (Eliana Gil) to the list of theories.

Goal B identified specific terms students should be able to define in an introductory course in play therapy. The experts determined play therapy, group play therapy, activity group therapy, filial therapy, family play therapy, symbolic play, themes in play therapy, limit setting, and tracking as "essentially valuable." The following terms were ranked as "very valuable": structured doll play, and mutual story telling. No objectives were eliminated from this goal or added to this goal.

The experts ranked the Association for Play Therapy as an "essentially valuable" organization for beginning play therapists to recognize. The Center for Play Therapy was ranked as "very valuable" and the experts added state organizations of play therapy.

Goal C identified authors who have contributed to the field of play therapy. The following authors were identified as "essentially valuable": John Allan, Virginia Axline, Anna Freud, Eliana Gil, Haim Ginott, Louise Guerney, Anne Jernberg, Melanie Klein, Terry Kottman, Garry Landreth, Margaret Lowenfeld, Violet Oaklander, and Charles Schaefer. The experts ranked Frederick Allen, Ray Bixler, Sue Bratton, Viola Brody, Erik Erikson, Bernard Guerney, Gove Hambidge, Linda Homeyer, Hermiene Heug-Hellmuth, Beverly James, Anne Jernberg, Melanie Klein, Susan Knell, David Levy, Clark Moustakas, Sam R. Slavson, Lenore Terr, and Rise Van Fleet as "very valuable." The following authors were deleted from the questionnaire by the experts: Fanny Amster, Shlomo Ariel, Lois Carey, Linda Chapman, Joseph Corrado, Diane Frey, Steve Harvey, Mary Haworth, Joop Helendoorn, Lydia Jackson, O'Dessie Oliver James, Heidi Kaduson, Jamshid A. Marvasti, Byron Norton, Mortimer Schiffer, Daniel Sweeney, Jessie Taft, Adolf Woltman, Nancy Body Webb, JoAnna White. The experts added Kevin O'Connor to the list of authors.

The experts rated the following skills as "essentially valuable": parent consultations, teacher consultations, client termination and transfer, reflection of feelings, reflection of content, identifying themes in play sessions, relating themes to the child in play sessions, tracking behavior, esteem building

responses, responses that facilitate creativity, responses that facilitate decision making and returning responsibility, selection of age-appropriate toys/media, tolerant of noise and messiness, succinct responses, responses that convey understanding to the child, conceptualization of client as defined by theoretical orientation of choice, limit setting, stages of play, and identifying the variables to be considered in placing children in play therapy. The experts rated interpretation, reinforcement responses, and structuring activities and direction of play sessions as "very valuable." The experts did not delete or add any objectives to this goal.

Goal E stated that students should have training in specific areas. The following areas were rated "essentially valuable": knowledge of the code of ethics appropriate for the students' professional field as they apply to play therapy, knowledge of the developmental stages of children as they apply to play therapy, and the history of play therapy. No objectives were deleted from this section. The experts added case notes to this goal.

Goal F addressed advanced training in special settings and populations. The objectives rated as "essentially valuable" were multicultural populations, sexually abused children, traumatized children, aggressive children, emotionally disturbed children,

play therapy in elementary school settings, and play therapy in agency settings . The following objectives were rated as "very valuable": autistic children, selective mute children, and play therapy in hospital settings. No objectives were added or deleted from this section.

Goal G stated that students should put into practice their knowledge of play therapy and should have practicum experience in each specific area. The experts rated the following areas as "essentially valuable": facilitate a minimum of 14 individual play therapy sessions, observe 10 play therapy sessions, receive on going feedback from their supervisor of their play therapy sessions, receive supervision on each of their play therapy sessions by way of a two-way mirror or through video taped session, process each play therapy session in supervision, demonstrate ability to respond appropriately to a passive child in a play therapy session, demonstrate ability to respond appropriately to an aggressive/acting out child in a play therapy session, and demonstrate an understanding of the stages and growth with a play therapy client. No objectives were deleted or added to this section.

The last section on questionnaire I addressed advanced play therapy training. The areas represented in this section were filial therapy and group play therapy skills and practicum

experience. Goal H addressed the recommended advanced play therapy skills in filial and group play therapy. The experts did not identify any of the filial objectives as "essentially valuable," but did rate all of them as "very valuable." These objectives were: group leadership and process skills, keeping group members on task, supervising parents' special play times, selection of group members, structuring content of training sessions, evaluation of effectiveness, outline the variable to be considered in composing a filial therapy group, teaching basic child-centered play therapy skills; reflective listening, recognizing and responding to children's feelings, limit setting, and self esteem building, structuring parents' at-home play sessions, selecting toys for parent at-home play sessions, selecting toys for parent at-home play sessions, and demonstration of play session for parents to observe." The experts did not add or delete any objectives to this section.

The experts rated all objectives in the area of group play therapy skills as "essentially valuable": appropriate focus on the relationship between 2 or more children, responses that facilitate cooperation and problem solving between 2 or more children, responses that facilitate connections between children, appropriate activities are used by therapist, balanced responses to several children and identify the variables to be

considered in composing group members in group play therapy. No objectives were deleted or added to this section.

Goal I was the last goal on questionnaire I. Goal I addressed advanced practicum training in filial therapy and group play therapy. In the filial therapy area, the experts did not identify any objectives as "essentially valuable." All of the filial practicum experiences were rated as "very valuable." These areas were: lead a filial group for a minimum of 10 sessions, demonstrate group therapy skills within a filial group, demonstrate leadership skills while leading a filial therapy group, demonstrate the ability to work with a domineering adult filial group member, demonstrate the ability to work with a passive adult filial group member, receive supervision on five filial therapy sessions by way of two-way mirror or through video-taped sessions, receive supervision on helping parents' structure special play times with their children, submit a written critique/process analysis of 3 video-taped session of filial therapy, obtain anonymous feedback from filial group parents using a rating scale, and demonstrate the appropriate play materials to be used by the parents in their special play sessions. No areas were deleted or added to the questionnaire by the experts.

The last advanced practicum experience addressed was group play therapy. The experts ranked all objectives as "essentially valuable": lead a minimum of 10 group play therapy sessions, observe 10 group sessions and provide written and oral feedback using a rating scale, receive on-going feedback from their supervisor of their group therapy sessions, receive supervision on their group therapy sessions by way of a two-way mirror or through video taped sessions, process group therapy sessions in supervision demonstrate their ability to involve a passive child in a group therapy session, demonstrate their ability to work with an aggressive/acting out child in a group therapy session, and demonstrate their understanding of the stages of growth in group therapy. No objectives were added or deleted from this section by the experts.

Questionnaire II Development

The dissertation committee for this study at the University of North Texas recommended several changes to the arrangement of Questionnaire I. The first recommendation was to rearrange two of the goals to make the questionnaire easier to rate. Goal A and B on Questionnaire I were reversed on Questionnaire II. The second recommendation was to reduce the likert scale from five ratings of "essentially valuable, very valuable, relatively valuable, slightly valuable, and not valuable" to four ratings

on Questionnaire II of: 1=essential, 2=valuable, 3=somewhat valuable, and 4=not valuable. The third recommendation by the committee was to reformat the theories section. The committee requested all the play therapy theorists be listed under the theory they were identified with instead of listing the same theory separately with each theorist. For example, Virginia Axline, Garry Landreth, and Louise Guerney were listed under the Child-Centered theory instead of being listed separately.

Selection of Play Therapy Professors

The selection of play therapy professors was obtained using *The Play Therapy Training Directory* (Center for Play Therapy, 2000) and information gathered from recent questionnaires sent out by the Center for Play Therapy for obtaining current listings of play therapy courses offered in the United States and internationally for *The Play Therapy Training Directory*, 5th Edition (Landreth, Joiner, & Solt, 2003). The list of university professors included professors from counselor education, psychology, and social work programs. *The Annual Association for Play Therapy Directory* (APT, 2003) was also used as a source for obtaining a comprehensive list of play therapy professors. This process resulted in the identification of 180 professors who were currently teaching a graduate course in play therapy or a

graduate course containing a section on play therapy in the United States.

Limitations

1. The Delphi technique questionnaires are time consuming, which may have discouraged participants from participating in the study. The questionnaires asked respondents to give feedback on the objectives and add additional objectives they believed are important to the field (Jeffrey, Hache, & Lehr, 1995).
2. The constructs developed by the experts may not include an equal representation of varying views of play therapy for the following reasons: 1) the experts were not chosen randomly, 2) each expert may not have given their opinion of each objective listed.
3. The use of the modified Delphi Technique included fewer steps in the process of obtaining opinions from experts and professors. The decreased number of mailings may impact the convergence of opinions.
4. The response rate of Questionnaire II was 28% of the total number of questionnaires sent. Thus, the results may limit the generalizability of the study. The questionnaires that were returned by the professors was a

homogenous sample as 98% of the respondents have taught a play therapy course within the past five years or currently teach a play therapy course.

Chapter III

Results and Discussion

This chapter provides the results of the surveys, analysis of the data related to the research questions, and implications and recommendations based on the data.

Results

Professors' Ratings on Questionnaire II

Questionnaire II and a cover letter (Appendix F and G) were sent to the 180 play therapy professors on December 10, 2002, a reminder letter was mailed on January 9, 2003 (Appendix H), and a reminder e-mail was sent on January 27th, 2003 (Appendix I), to the professors with e-mail accounts. Fifty professors completed and returned the instrument. This was a 28% response rate. The mean scores and standard deviations for each objective were obtained by using the Statistical Package for the Social Sciences (SPSS) 1999 statistical and data analysis system (copyright SPSS Inc., Chicago, IL, www.spss.com). These scores are reported in Appendix J. The items that received a mean score between one and 1.99 were reported as "essential" and "very valuable." The objectives that received a mean score between two and 2.99 were identified as "somewhat valuable." The items that received a mean score of three or higher were ranked as

"not valuable." The final results that are represented as "essential" and "very valuable" represented the opinions of experts and professors in the field of play therapy and have provided the structure and goals believed to be pertinent in the training of play therapists through a university graduate course and practicum. The additions given by the professors are listed in Appendix K. The items with asterisks were listed more than once by a professor.

Research question one stated: "What core curriculum should be required in a university graduate play therapy course and practicum?" Goal A of Questionnaire II addressed the terms specific to play therapy. (This is the same as Goal B on Questionnaire I). The professors rated the following play therapy terms as "essential" and "very valuable": play therapy, symbolic play, themes in play therapy, limit setting, tracking, group play therapy, filial therapy, and family play therapy. Activity group therapy, structured doll play, and mutual story telling were rated as "somewhat valuable." Appendix K lists the items added by play therapy professors. The items listed more than once by professors were: reflection of feeling, role-play, responding skills, and return of responsibility.

Goal A also identified organizations that students should be able to identify in play therapy. The Association for Play

Therapy and state associations for play therapy were rated as "essential" and "very valuable." The Center for Play Therapy" was viewed as "somewhat valuable." The items mentioned more than once by the play therapy professors as additions were American Counseling Association, National Institute for Relationship Enhancement, and State Counseling Associations.

Goal B addressed play therapy theories. The professors rated Adlerian, Child Centered, Cognitive-behavioral, Gestalt, and Relationship play therapy as "essential" and "valuable." Professors rated the following theories as "somewhat valuable": Developmental, Ecosystemic, Family, Jungian, Prescriptive/Eclectic, Psychoanalytic, Release/Structured, and Theraplay play therapy. Sandplay therapy was added to this section more than once.

Goal C identified the authors in the field of play therapy that professors believed introductory play therapy students should be able to identify. Virginia Axline, Erik Erikson, Anna Freud, Eliana Gil, Haim Ginott, Bernard Guerney, Louise Guerney, Melanie Klein, Terry Kottman, Garry Landreth, Clark Moustakas, Violet Oaklander, Kevin O'Connor, and Charles Schaefer were ranked as "essential" and "valuable." The following were rated as "somewhat valuable": John Allan, Ray Bixler, Sue Bratton, Viola Brody, Gove Hambidge, Linda Homeyer, Hermiene Hug-

Hellmuth, Beverly James, Anne Jernberg, Susan Knell, Margaret Lowenfeld, Sam Slavson, Lenore Terr, and Rise Van Fleet. Byron Norton was added more than once by play therapy professors.

Goal D addressed introductory play therapy skills professors believed students should have. This section addressed the second research question: "What skills do professors consider most pertinent for students to obtain from a university graduate play therapy course?" Many of these skills were viewed as "essential" and "valuable" by the professors. These skills were: parent consultations, teacher consultations, client termination or transfer, reflection of feelings, reflection of content, identifying themes in play sessions, relating themes to the child in play sessions, tracking behavior, esteem building responses, responses that facilitate creativity and spontaneity, responses that facilitate decision making and returning responsibility, selection of age-appropriate toys/media, tolerant of noise and messiness, succinct responses, responses that convey understanding to the child, conceptualization of client as identified by theoretical orientation of choice, limit setting, stages of play therapy, and identify the variables to be considered in placing children in play therapy.

The remaining of the skills in this goal were rated "somewhat valuable" by the professors. These skills were:

interpretation, reinforcement responses, structuring activities and direction of play therapy. Table K contains suggestions provided by the professors. These suggestions were not listed more than once.

Goal E stated students should have training in specific areas. The areas professors rated as "essential" and "valuable" were: knowledge of the code of ethics appropriate for the students' professional field as applied to play therapy, knowledge of the developmental stages of children as they apply to play therapy, history of play therapy, and case notes. There were no objectives added in this section more than once.

Goal F addressed the third research question: "What university graduate play therapy practicum experiences do play therapy professors consider most valuable?" Goal F contained objectives that identified practicum experiences introductory play therapy students should have. The following objectives were rated as "essential" and "valuable" by the professors:

facilitate a minimum of 14 individual play therapy sessions, observe 10 play therapy sessions and provide written and oral feedback using a rating scale, receive on-going feedback from their supervisor of their play therapy sessions, receive supervision on each of their play therapy sessions by way of a two-way mirror or through video-tape equipment, process each

play therapy session in supervision, demonstrate ability to respond appropriately to a passive child in a play therapy session, demonstrate ability to respond appropriately to an aggressive/acting out child in a play therapy session, and demonstrate an understanding of the stages of growth with a play therapy client. Professors suggested writing case notes and conceptualization of clients more than once.

Goal G, H, and I addressed the fourth research question. This research question stated: "What advanced play therapy skills and practicum experience do play therapy professors consider most valuable?"

Goal G identified special settings and populations. The following objectives were rated as "essential" and "valuable": multicultural populations, sexually abused children, traumatized children, autistic children, aggressive children, selective mute children, emotionally disturbed children, play therapy in elementary schools, and play therapy in an agency setting. The remaining objective, play therapy in hospital settings was rated as "somewhat valuable" by the professors. The objectives added were not listed more than once.

Goal H contained filial therapy and group play therapy advanced play therapy skills. The play therapy professors rated all the filial therapy skills as "essential" and "valuable" in

an advanced course: group leadership and process skills, keeping group members on task, supervising parents' special play time, selection of group members, structuring content of training sessions, evaluation of effectiveness, outline the variables to be considered in composing a filial therapy group, teaching basic child-centered play therapy skills: reflective listening, recognizing and responding to children's feelings, limit setting, and self-esteem responses, structuring parents' at-home play sessions, selecting toys for parent at-home play sessions, and demonstration of play sessions for parents to observe. The comments added by play therapy professors were not given more than once.

All the group play therapy skills were rated as "essential" and "valuable" by the professors. These skills included: appropriate focus on the relationship between 2 or more children, responses that facilitate cooperation and problem solving between 2 or more children, responses that facilitate connections between children, appropriate activities are used by therapist, balance responses to several children, and identify the variables to be considered in composing group members in group play therapy. No objectives were listed more than once.

Goal I identified the advanced practicum experiences in filial and group play therapy students should have. The

professors ranked all of the filial objectives as "essential" and "valuable": lead a filial group for a minimum of 10 sessions, demonstrate group therapy skills within a filial group, demonstrate leadership skills while leading a filial therapy group, demonstrate the ability to work with a domineering adult filial group member, demonstrate the ability to work with a passive adult filial group member, receive supervision on five filial therapy sessions by way of a two-way mirror or through video-taped session, receive supervision on helping parents' structure special play times with their children, submit a written critique/process analysis of 3 video-taped sessions of filial therapy, obtain anonymous feedback from filial group parents using a rating scale, and demonstrate the appropriate play materials to be used by the parents in their special play sessions. No objectives were listed more than once.

The last section on Questionnaire II was group/activity therapy practicum experiences. The professors rated the following as "essential" and "valuable": lead a minimum of 10 group play therapy sessions, observe 10 group sessions and provide written and oral feedback using a rating scale, receive on-going feedback from their supervisor of their group play therapy session, process group therapy sessions in supervision, receive supervision on their group play therapy sessions by way

of a two-way mirror or through video taped sessions, demonstrate their ability to involve a passive child in a group play therapy session, demonstrate their ability to work with an aggressive/acting out child in a group play therapy session, and demonstrate their understanding of the stages of growth in group play therapy. The professors added the term "appropriate activities" to use in group more than once. The professors who added this term wanted to be certain that play therapists in training understood which activities were appropriate for specific diagnoses and ages of children.

The professors did not rank any items on Questionnaire II as "not valuable." The following is a comprehensive list of the objectives rated by the professors as "essential" and "valuable." These are listed in rank order from most essential to least valuable.

Goal A; terms specific to play therapy:

- 1.play therapy
- 2.limit setting
- 3.tracking
- 4.themes in play therapy
- 5.symbolic play
- 6.filial therapy
- 7.group play therapy

8.family play therapy

Goal A1; organizations:

1.The Association for Play Therapy

2.State Associations for Play Therapy

Goal B; play therapy theories:

1.Child-Centered play therapy

2.Adlerian play therapy

3.Cognitive-Behavioral play therapy

4.Relationship play therapy

5.Gestalt play therapy

Goal C; the authors in the field of play therapy

1.Virginia Axline

2.Garry Landreth

3.Louise Guerney

4.Anna Freud

5.Clark Moustakas

6.Terry Kottman

7.Melanie Klein

8.Bernard Guerney

9.Haim Ginott

10.Eliana Gil

11.Violet Oaklander

12.Erik Erikson

13.Kevin O'Connor

14.Charles Schaefer

Goal D: play therapy skills:

1.reflection of feelings

2.responses that convey understanding to the child

3.reflection of content

4.limit setting

5.selection of age-appropriate toys/media

6.identifying themes in play sessions

7.tracking behavior

8.client termination or transfer

9.stages of play therapy

10.identify the variables to be considered in placing children
in play therapy

11.responses that facilitate decision making and returning
responsibility

12.tolerant of noise and messiness

13.succinct responses

14.parent consultations

15.conceptualization of client as identified by theoretical
orientation of choice

16.relatng themes to the child in play sessions

17.responses that facilitate creativity and spontaneity

18.teacher consultations

19.esteeem building responses

Goal E; training in specific areas

1.knowledge of the developmental stages of children as they
apply to play therapy

2.knowledge of the code of ethics appropriate for the students'
professional field as they apply to play therapy

3.history of play therapy

4.case notes

Goal F; practicum experience:

1.receive on-going feedback from their supervisor of their play
therapy sessions

2.demonstrate ability to respond appropriately to an
aggressive/acting out child in a play therapy session

3.demonstrate ability to respond appropriately to a passive
child in a play therapy session

4.demonstrate an understanding of the stages of growth with a
play therapy client

5.receive supervision on each of their play therapy sessions by
way of a two-way mirror or through video-taped equipment

6.process each play therapy session in supervision

7.facilitate a minimum of 14 individual play therapy sessions

8.observe 10 play therapy sessions and provide written and oral feedback using a rating scale

Goal G; special settings and populations:

- 1.aggressive children
- 2.emotionally disturbed children
- 3.multicultural populations
- 4.sexually abused children
- 5.traumatized children
- 6.play therapy in elementary schools
- 7.play therapy in an agency setting
- 8.autistic children
- 9.selective mute children

Goal H1; filial therapy

- 1.demonstration of play sessions for parents to observe
2. teaching basic child-centered play therapy skills: reflective listening, recognizing and responding to children's feelings, limit setting, and self-esteem responses
- 3.evaluation of effectiveness
- 4.group leadership and process skills
- 5.supervising parents' special play time
- 6.selection of group members
- 7.structuring parents' at-home play sessions
- 8.structuring content of training sessions

9.keeping group members on task

10.selecting toys for parent at-home play session

11.outline the variables to be considered in composing a filial therapy group

Goal H2; group play therapy

1.appropriate focus on the relationship between 2 or more children

2.responses that facilitate connections between children

3. responses that facilitate cooperation and problem solving between 2 or more children

4.identify the variables to be considered in composing group members in group play therapy

5.balance responses to several children

6.appropriate activities are used by therapist

Goal I1; advanced practicum experience in filial:

1.demonstrate group therapy skills within a filial group

2.demonstrate leadership skills while leading a filial therapy group

3.receive supervision on five filial therapy sessions by way of a two-way mirror or through video-taped session

4.receive supervision on helping parents' structure special play times with their children

- 5.demonstrate the appropriate play materials to be used by the parents in their special play sessions
- 6.demonstrate the ability to work with a domineering adult filial group member
- 7.demonstrate the ability to work with a passive adult filial group member
- 8.lead a filial group for a minimum of 10 sessions
- 9.submit a written critique/process analysis of 3 video-taped sessions of filial therapy
- 10.obtain anonymous feedback from filial group parents using a rating scale

Goal 12; group/activity therapy practicum experiences

- 1.receive on-going feedback from their supervisor of their group play therapy session
- 2.process group session in supervision
- 3.lead a minimum of 10 group play therapy sessions
- 4.demonstrate their understanding of the stages of growth in group therapy
- 5.demonstrate their ability to work with an aggressive/acting out child in a group therapy session
- 6.receive supervision on their group therapy sessions by way of a two-way mirror or through video taped sessions

7.demonstrate their ability to involve a passive child in a group therapy session

8.observe 10 group sessions and provide written and oral feedback using a rating scale

Discussion

The professors' responses to Questionnaire II contained a number of trends. The professors did not rate any of the objectives as "not valuable." The average mean scores for all the specific areas in play therapy, play therapy practicum experiences, filial therapy skills, group play therapy skills, and advanced practicum experiences were rated as "essential" and "valuable." The only objectives the professors rated as "somewhat valuable" were in Goal C, which contained the authors that have contributed to the field of play therapy.

Many professors noted the limited time they had available to teach various theories in an introductory course. One solution to this limitation may be the offering of an advanced play therapy course, which contains the additional play therapy theories. Other limitations cited were addressed in the practicum experience. Many professors suggested the supervision of 14 sessions was too time consuming or supervision was limited due to the number of supervisors available. Some professors

stated that they were the only person who provided play therapy supervision at their university. A possible solution to these time-limited factors may be to train mentors to help provide supervision in practicum. The mentors may be students who have already completed a play therapy course and who have been personally supervised by the professor. A second solution to the dilemma of limited supervisors may be to bring in registered play therapists in private practice within the area. A third solution may be for a professor to offer an extra course or workshop over a three day period providing 24 hours supervision (Bratton, Landreth, & Homeyer, 1993).

One limitation discussed by some play therapy professors was the advanced training in filial therapy. A few professors offer other forms of parent training courses due to their theoretical orientation: Adlerian or Cognitive-Behavioral based parenting classes. Some professors stated that they were not able to offer more than one course in play therapy. One solution to this dilemma may be to present workshops or refer students to various workshops and conferences offered in the area. The Association for Play Therapy lists state associations and conferences offered in many states (www.a4pt.org).

A few professors discussed lack of funds and playroom availability. Some universities may not have video cameras or

fully stocked playrooms. In these cases portable playrooms, live supervision, or tape recorded sessions may be appropriate.

According to Ryan, Gomory, and Lacosse (2002), the Association for Play Therapy continues to grow rapidly. The number of play therapy courses, workshops, and conferences may need to increase to meet the demands of the members of APT. One concern of the author is that workshops may not provide sufficient training to beginning play therapists. Three fourths of the members of the Association of Play Therapy provide play therapy services. Unfortunately, only a little over half of the members have had a course or practicum experience in play therapy (Ryan et al., 2002). Encouraging therapists to take play therapy classes will increase the quality of services offered to children and families.

The limited number of questionnaires returned by professors (28% response rate) may be due to the fact that a number of universities that were sent the questionnaire no longer offer play therapy or only offer a course with a section on play therapy. The respondents that did return the instrument represent a homogenous group as 98% of the professors have taught a play therapy course within the last five years or currently teach a play therapy course.

According to the professors that did complete and respond to this study by returning Questionnaire II, the skills and knowledge identified in this survey are recognized as essential for a play therapist to be effective. These areas include knowledge of play therapy, skills, supervision, and advanced play therapy training. Goal A of the survey identified specific terms relating to play therapy. A play therapist familiar with broad areas in play therapy would be an effective play therapist as they would be able to define a variety of play therapy concepts.

Play therapy organizations were included in this area as a professional should be a member of their local and state organization to help strengthen their field. Play therapists who are members of the Association for Play Therapy and their state association for play therapy will have the opportunity to attend play therapy conferences, keeping their skills up to date and maintaining awareness of current practices. According to the *Code of Ethics* of the American Counseling Association (C.2.f, 1996), "Counselors recognize the need for continuing education to maintain a reasonable level of awareness of current scientific and professional information in their fields of activity."

Goal B of Questionnaire II addressed the area of theories in play therapy. An effective play therapist grounded in a theory is more consistent in their approach to play therapy. A student who has been trained in a particular theory or theories, will have direction and skills to be efficient with children.

Goal C identified authors in the field of play therapy. A student who is knowledgeable on authorities will be able to identify particular contributions to the field of play therapy and have resources to obtain more information in a particular area. For example, Terry Kottman is one of the well-known authors and experts in Adlerian play therapy. A student who has knowledge of Terry Kottman can obtain materials to gain more knowledge of Adlerian play therapy.

Goal D addressed play therapy skills. This scale identified a broad range of skills an effective play therapist needs to have acquired. A supervisor can utilize the list of skills to evaluate beginning play therapists in supervision. For example, one of the skills listed was "limit setting." A supervisor may observe a play therapy session of a neophyte play therapist to determine if the student is successfully setting limits in their play therapy session with a child.

Goal E identified training in specific areas such as the code of ethics and the developmental stages of children. Ethics

ground and protect the play therapist and the child. A play therapist knowledgeable of the developmental stages of children has a broader area of counseling experience and is more apt to recognize growth in the child. Counselors are required by the *Code of Ethics* (F.2.d, ACA, 1996) to "make students and supervisees aware of the ethical responsibilities and standards of the profession."

Goal F addressed practicum experiences an effective play therapist should obtain. Supervision should incorporate "training components that encourage self-growth or self-disclosure as part of the training process" (F.2.a, ACA, 1996).

Goal G identified training in specific areas of play therapy. The Code of Ethics (C.2.f, ACA, 1996) states that counselors should "keep current with the diverse and/or special populations with whom they work." The Association for Play Therapy (2000) recommends play therapists obtain knowledge to work with a variety of populations as well. In the case of the broader field of play therapy, it is necessary that a play therapist understand multicultural populations.

Goal H and I identified group play therapy and filial therapy as skills an effective advanced play therapist should acquire. Filial therapy has been researched and shown to be successful with families from many different populations (Rennie

& Landreth, 2000). Filial therapy increases parental empathy and acceptance, decreases parental stress, and provides parents with the skills to be the therapeutic agent in their child's life (Rennie & Landreth, 2000). The effective play therapist is able work with the whole family, providing parenting skills and child therapy.

Group play therapy skills provide the therapist who is working in a school setting to work with more than one child at a time. Group play therapy also meets the developmental needs of children lacking social skills. Many studies have proven the effectiveness of group play therapy. Some of the examples of populations include: sibling therapy, sexually abused children, child witnesses of domestic violence, speech problems, emotional maladjustment, and withdrawn behavior (Bratton & Ray, 2000). An effective play therapist has been trained in group play therapy and filial therapy with practicum supervision of group and filial sessions.

A standardization of play therapy curriculum should help ensure the quality of the courses offered in play therapy. The play therapist that has had a class in play therapy that has met the requirements of the Association for Play Therapy and the standardizations suggested by this study will be able to offer therapeutic services that will more likely meet the needs of

children and families in crisis. The standardization of play therapy curriculum would also ensure the ethical obligations therapists have to be trained in the areas they are practicing in. The objectives of this study were to provide curriculum guidelines for an introduction to play therapy course, practicum experiences, and advanced skills and experiences for professors to incorporate into their play therapy course and/or program. This study can serve as a model for developing a complete play therapy program.

Recommendations

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

1. Standardize play therapy curriculum taught in an introductory play therapy course and practicum experience using the objectives obtained from this study.
2. Compare a measure an introductory play therapy class that has incorporated the suggested core curriculum and practicum experiences suggested in this study with both pre-tested and post-tested measures.
3. Compare varying models of practicum supervision such as, mentor supervision and group supervision.

4. Investigate an extended Delphi study with increased utilization of experts' feedback and questionnaires (as recommended by the original design of the Delphi study) regardless of the amount of time and number of objectives listed.
5. Investigate play therapy students' feedback regarding the benefit of the suggested curriculum recommended.

APPENDIX A
QUESTIONNAIRE I

Inventory of Play Therapy Objectives

Name: _____ University: _____
 Address: _____

Experience in the area of play therapy and/or practicum:

(Please check the following boxes).

I am presently teaching a play therapy course(s) in a university:	☐	I have taught a university course in this area within the last 5 years	☐	I have published in this area within the last 10 years:	☐
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Other play therapy experiences: _____

We are asking you to help determine the behavioral and practicum objectives that you, as an expert, believe to be essential in an **introductory play therapy course and practicum experience**. The attached scale contains a list of play therapy objectives for an **introduction to play therapy course and practicum**. Your opinions and rankings of these objectives will be used to develop an “ideal” play therapy course and practicum experience for training play therapists and recommended advanced training.

The inventory of play therapy objectives is separated into 9 main goals of play therapy training. We would like you to respond accordingly: 1) Rate each objective as you view it in a play therapy training program. 2) Add comments and opinions that you think are lacking from the play therapy inventory. 3) Write additional objectives at the end of each goal as you determine necessary.

In your rating of the following goals on the Inventory of Play Therapy Curriculum, we would like you to assume that the students have taken the following prerequisites: Counseling Theories, Human Growth and Development, and Assessment.

All information will be treated in a confidential manner. No individual responses will be released. All data will be pooled for analysis. Results of the data will be furnished to you upon request. Your completion of this questionnaire and return of it to us will serve as an indication of your informed consent to participate.

The following inventory has been revised from the *Inventory of Behavioral Objectives: Group Counseling* developed by G. M. Gazda and J. S. Lechowicz . (Lechowicz, J. S. (1973). *Group counseling instruction: A model based on behavioral objectives developed by the Delphi Technique*. Unpublished doctoral dissertation, University of Georgia, Athens.)

Inventory for Play Therapy Curriculum

Goal A

Modern play therapy theories can be differentiated by the following characteristics:

- A) Theoretical rationale for change
- B) Purpose in using play
- C) Interpretation of play
- D) Goals and objectives of play therapy
- E) Role of the play therapist
- F) Kind and degree of structure in play therapy
- G) Significance of the relationship in play therapy
- H) Media and setting for play therapy

	Essentially Valuable	Very Valuable	Relatively Valuable	Slightly Valuable	Not Valuable	COMMENTS
The student is to contrast each of the following theories and theorists by listing the above characteristics of each theory.						
1. Terry Kottman: Adlerian play therapy	☐	☐	☐	☐	☐	
2. Virginia Axline: Child-Centered play therapy	☐	☐	☐	☐	☐	
3. Garry Landreth: Child-Centered play therapy	☐	☐	☐	☐	☐	
4. Louise Guerney: Child-Centered play therapy	☐	☐	☐	☐	☐	
5. Susan Knell: Cognitive-Behavioral play therapy	☐	☐	☐	☐	☐	
6. Viola Brody: Developmental play therapy	☐	☐	☐	☐	☐	
7. Steve Harvey: Dynamic Family play therapy	☐	☐	☐	☐	☐	
8. Kevin O'Connor: Ecosystemic play therapy	☐	☐	☐	☐	☐	
9. Jamshid A. Marvasti: Eriksonian play therapy	☐	☐	☐	☐	☐	
10. Violet Oaklander: Gestalt play therapy	☐	☐	☐	☐	☐	
11. John Allan: Jungian play therapy	☐	☐	☐	☐	☐	
12. Charles Schaefer: Prescriptive/Eclectic play therapy	☐	☐	☐	☐	☐	

	Essentially Valuable	Very Valuable	Relatively Valuable	Slightly Valuable	Not Valuable	COMMENTS
13. Anna Freud: Psychoanalytic play therapy	☐	☐	☐	☐	☐	
14. Melanie Klein: Psychoanalytic play therapy	☐	☐	☐	☐	☐	
15. Clark Moustakas: Relationship play therapy	☐	☐	☐	☐	☐	
16. David Levy: Release play therapy	☐	☐	☐	☐	☐	
17. Shlomo Ariel: Strategic Family play therapy	☐	☐	☐	☐	☐	
18. Gove Hambidge: Structured play therapy	☐	☐	☐	☐	☐	
19. Ann Jernberg: Theraplay	☐	☐	☐	☐	☐	
20. After the student has mastered the above theories, the student is to develop their own “theoretical position paper” (in writing) to explain behavioral change through play therapy based on the 8 criteria (A through H) under Goal A.	☐	☐	☐	☐	☐	
Please add any theorists or theories you think should be in this section:						
b.	☐	☐	☐	☐	☐	
c.	☐	☐	☐	☐	☐	
d.	☐	☐	☐	☐	☐	

Goal B

The student is to define the following terms specific to play therapy.

21. Play therapy	☐	☐	☐	☐	☐	
22. Group play therapy	☐	☐	☐	☐	☐	
23. Activity group therapy	☐	☐	☐	☐	☐	
24. Filial therapy	☐	☐	☐	☐	☐	
25. Family play therapy	☐	☐	☐	☐	☐	

	Essentially Valuable	Very Valuable	Relatively Valuable	Slightly Valuable	Not Valuable	COMMENTS
26. Structured doll play	☐	☐	☐	☐	☐	
27. Mutual story telling	☐	☐	☐	☐	☐	
28. Symbolic play	☐	☐	☐	☐	☐	
29. Themes in play therapy	☐	☐	☐	☐	☐	
30. Limit setting	☐	☐	☐	☐	☐	
31. Tracking	☐	☐	☐	☐	☐	
Please add any terms you think should be in this section:						
a.	☐	☐	☐	☐	☐	
b.	☐	☐	☐	☐	☐	
c.	☐	☐	☐	☐	☐	

The student is to identify the following organizations.

32. Association for Play Therapy	☐	☐	☐	☐	☐	
33. Center for Play Therapy	☐	☐	☐	☐	☐	
Please add any organizations you think should be on this list:						
a.	☐	☐	☐	☐	☐	
b.	☐	☐	☐	☐	☐	
c.	☐	☐	☐	☐	☐	

Goal C

The Student is to identify the following authors according to their major contribution to the field of play therapy.

34. John Allan	☐	☐	☐	☐	☐	
35. Frederick Allen	☐	☐	☐	☐	☐	
36. Fanny Amster	☐	☐	☐	☐	☐	
37. Shlomo Ariel	☐	☐	☐	☐	☐	

	Essentially Valuable	Very Valuable	Relatively Valuable	Slightly Valuable	Not Valuable	COMMENTS
38. Virginia Axline	☐	☐	☐	☐	☐	
39. Ray Bixler	☐	☐	☐	☐	☐	
40. Sue Bratton	☐	☐	☐	☐	☐	
41. Viola Brody	☐	☐	☐	☐	☐	
42. Lois Carey	☐	☐	☐	☐	☐	
43. Linda Chapman	☐	☐	☐	☐	☐	
44. Joseph Corrado	☐	☐	☐	☐	☐	
45. Erik Erikson	☐	☐	☐	☐	☐	
46. Anna Freud	☐	☐	☐	☐	☐	
47. Diane Frey	☐	☐	☐	☐	☐	
48. Eliana Gil	☐	☐	☐	☐	☐	
49. Haim Ginott	☐	☐	☐	☐	☐	
50. Bernard Guerney	☐	☐	☐	☐	☐	
51. Louise Guerney	☐	☐	☐	☐	☐	
52. Gove Hambidge	☐	☐	☐	☐	☐	
53. Steve Harvey	☐	☐	☐	☐	☐	
54. Mary Haworth	☐	☐	☐	☐	☐	
55. Joop Helendoorn	☐	☐	☐	☐	☐	
56. Linda Homeyer	☐	☐	☐	☐	☐	
57. Hermiene Hug-Hellmuth	☐	☐	☐	☐	☐	
58. Lydia Jackson	☐	☐	☐	☐	☐	
59. Beverly James	☐	☐	☐	☐	☐	
60. O'Dessie Oliver James	☐	☐	☐	☐	☐	
61. Anne Jernberg	☐	☐	☐	☐	☐	
62. Heidi Kaduson	☐	☐	☐	☐	☐	
63. Melanie Klein	☐	☐	☐	☐	☐	
64. Susan Knell	☐	☐	☐	☐	☐	

	Essentially Valuable	Very Valuable	Relatively Valuable	Slightly Valuable	Not Valuable	COMMENTS
65. Terry Kottman	☐	☐	☐	☐	☐	
66. Garry Landreth	☐	☐	☐	☐	☐	
67. David Levy	☐	☐	☐	☐	☐	
68. Margaret Lowenfeld	☐	☐	☐	☐	☐	
69. Jamshid A. Marvasti	☐	☐	☐	☐	☐	
70. Clark Moustakas	☐	☐	☐	☐	☐	
71. Byron Norton	☐	☐	☐	☐	☐	
72. Violet Oaklander	☐	☐	☐	☐	☐	
73. Charles Schaefer	☐	☐	☐	☐	☐	
74. Mortimer Schiffer	☐	☐	☐	☐	☐	
75. Sam R. Slavson	☐	☐	☐	☐	☐	
76. Daniel Sweeney	☐	☐	☐	☐	☐	
77. Jessie Taft	☐	☐	☐	☐	☐	
78. Lenore Terr	☐	☐	☐	☐	☐	
79. Adolf Woltman	☐	☐	☐	☐	☐	
80. Anneliese Ude-Pestel	☐	☐	☐	☐	☐	
81. Rise Van Fleet	☐	☐	☐	☐	☐	
82. Nancy Webb	☐	☐	☐	☐	☐	
83. JoAnna White	☐	☐	☐	☐	☐	
84. Adolf Woltman	☐	☐	☐	☐	☐	
Please add any names of individuals you think should be on this list:						
a.	☐	☐	☐	☐	☐	
b.	☐	☐	☐	☐	☐	
c.	☐	☐	☐	☐	☐	

	Essentially Valuable	Very Valuable	Relatively Valuable	Slightly Valuable	Not Valuable	COMMENTS
Goal D						
The student will have training in and will demonstrate his/her ability in the following Methods/Skills:						
Play Therapy Skills	☐	☐	☐	☐	☐	
85. Parent consultations	☐	☐	☐	☐	☐	
86. Teacher consultations	☐	☐	☐	☐	☐	
87. Client termination or transfer	☐	☐	☐	☐	☐	
88. Reflection of feelings	☐	☐	☐	☐	☐	
89. Reflection of content	☐	☐	☐	☐	☐	
90. Identifying themes in play sessions	☐	☐	☐	☐	☐	
91. Relating themes to the child in play sessions	☐	☐	☐	☐	☐	
92. Tracking behavior	☐	☐	☐	☐	☐	
93. Esteem building responses	☐	☐	☐	☐	☐	
94. Interpretation	☐	☐	☐	☐	☐	
95. Reinforcement responses	☐	☐	☐	☐	☐	
96. Responses that facilitate creativity and spontaneity	☐	☐	☐	☐	☐	
97. Responses that facilitate decision making and returning responsibility	☐	☐	☐	☐	☐	
98. Selection of age-appropriate toys/media	☐	☐	☐	☐	☐	
99. Tolerant of noise and messiness	☐	☐	☐	☐	☐	
100. Succinct responses	☐	☐	☐	☐	☐	
101. Responses that convey understanding to the child	☐	☐	☐	☐	☐	
102. Conceptualization of client as defined by theoretical orientation of choice.	☐	☐	☐	☐	☐	
103. Limit Setting	☐	☐	☐	☐	☐	
104. Stages of play therapy	☐	☐	☐	☐	☐	
105. Structuring activities and direction of play session	☐	☐	☐	☐	☐	
106. Identify the variables to be considered in placing children in play therapy	☐	☐	☐	☐	☐	

	Essentially Valuable	Very Valuable	Relatively Valuable	Slightly Valuable	Not Valuable	COMMENTS
Please add any training in this area you think should be on this list:						
a.	☐	☐	☐	☐	☐	
b.	☐	☐	☐	☐	☐	
c.	☐	☐	☐	☐	☐	

Goal E

Students should have training in the following areas:

107. Knowledge of the code of ethics appropriate for the students' professional field (counseling, social work, psychology, and/or medical) as they apply to play therapy	☐	☐	☐	☐	☐	
108. Knowledge of the developmental stages of children as they apply to play therapy	☐	☐	☐	☐	☐	
109. History of play therapy	☐	☐	☐	☐	☐	
Please add additional areas of knowledge you think should be in this section:						
a.	☐	☐	☐	☐	☐	
b.	☐	☐	☐	☐	☐	
c.	☐	☐	☐	☐	☐	

	Essentially Valuable	Very Valuable	Relatively Valuable	Slightly Valuable	Not Valuable	COMMENTS
Goal F						
Students should have advanced training in the following special Settings and populations:						
110. Multicultural populations	☐	☐	☐	☐	☐	
111. Sexually abused children	☐	☐	☐	☐	☐	
112. Traumatized children	☐	☐	☐	☐	☐	
113. Autistic children	☐	☐	☐	☐	☐	
114. Aggressive children	☐	☐	☐	☐	☐	
115. Selective mute children	☐	☐	☐	☐	☐	
116. Emotionally disturbed children	☐	☐	☐	☐	☐	
117. Play therapy in hospital settings	☐	☐	☐	☐	☐	
118. Play therapy in elementary schools	☐	☐	☐	☐	☐	
119. Play therapy in agency settings	☐	☐	☐	☐	☐	
Please add additional training you think should be on this list:						
a.	☐	☐	☐	☐	☐	
b.	☐	☐	☐	☐	☐	
c.	☐	☐	☐	☐	☐	

Goal G

Students should put into practice their knowledge of play therapy and the student should have practicum experience in each of the following areas:

Play Therapy	☐	☐	☐	☐	☐	
120. Facilitate a minimum of 14 individual play therapy sessions	☐	☐	☐	☐	☐	
121. Observe 10 play therapy sessions and provide written and oral feedback using a rating scale	☐	☐	☐	☐	☐	
122. Receive on-going feedback from their supervisor of their play therapy sessions	☐	☐	☐	☐	☐	

	Essentially Valuable	Very Valuable	Relatively Valuable	Slightly Valuable	Not Valuable	COMMENTS
123. Receive supervision on each of their play therapy sessions by way of a two-way mirror or through video taped sessions	☐	☐	☐	☐	☐	
124. Process each play therapy sessions in supervision	☐	☐	☐	☐	☐	
125. Demonstrate ability to respond appropriately to a passive child in a play therapy session	☐	☐	☐	☐	☐	
126. Demonstrate ability to respond appropriately to an aggressive/acting out child in a play therapy session	☐	☐	☐	☐	☐	
127. Demonstrate an understanding of the stages of growth with a play therapy client	☐	☐	☐	☐	☐	
Please add additional practicum experience you think belongs in this section:						
a.	☐	☐	☐	☐	☐	
b.	☐	☐	☐	☐	☐	
c.	☐	☐	☐	☐	☐	

Goal H

In addition to a play therapy course and a practicum, it is recommended that a student have advanced training in and demonstrate his/her ability in the following methods/skills.

Filial Therapy Skills						
128. Group leadership and process skills	☐	☐	☐	☐	☐	
129. Keeping group members on task	☐	☐	☐	☐	☐	
130. Supervising parents' special play times	☐	☐	☐	☐	☐	
131. Selection of group members	☐	☐	☐	☐	☐	
132. Structuring content of training sessions	☐	☐	☐	☐	☐	
133. Evaluation of effectiveness	☐	☐	☐	☐	☐	
134. Outline the variable to be considered in composing a filial therapy group	☐	☐	☐	☐	☐	

	Essentially Valuable	Very Valuable	Relatively Valuable	Slightly Valuable	Not Valuable	COMMENTS
135. Teaching basic child-centered play therapy skills: reflective listening, recognizing and responding to children's feelings, limit setting, and self-esteem building responses	☐	☐	☐	☐	☐	
136. Structuring parents' at-home play sessions	☐	☐	☐	☐	☐	
137. Selecting toys for parent at-home play sessions	☐	☐	☐	☐	☐	
138. Demonstration of play sessions for parents to observe	☐	☐	☐	☐	☐	
Please add additional skills you think are necessary:						
a.	☐	☐	☐	☐	☐	
b.	☐	☐	☐	☐	☐	
c.	☐	☐	☐	☐	☐	
Group Play Therapy Skills:						
139. Appropriate focus on the relationship between 2 or more children	☐	☐	☐	☐	☐	
140. Responses that facilitate cooperation and problem solving between 2 or more children	☐	☐	☐	☐	☐	
141. Responses that facilitate connections between children	☐	☐	☐	☐	☐	
142. Appropriate activities are used by therapist	☐	☐	☐	☐	☐	
143. Balance responses to several children	☐	☐	☐	☐	☐	
144. Identify the variables to be considered in composing group members in group play therapy	☐	☐	☐	☐	☐	
Please add any training in this area you think should be on this list:						
a.	☐	☐	☐	☐	☐	
b.	☐	☐	☐	☐	☐	
c.	☐	☐	☐	☐	☐	

	Essentially Valuable	Very Valuable	Relatively Valuable	Slightly Valuable	Not Valuable	COMMENTS
Goal I						
In addition to a play therapy course and a practicum, it is recommended that a student have advanced practicum experiences in the following areas.						
Filial Therapy Practicum						
145. Lead a filial group for a minimum of 10 sessions	☐	☐	☐	☐	☐	
146. Demonstrate group therapy skills within a filial group	☐	☐	☐	☐	☐	
147. Demonstrate leadership skills while leading a filial therapy group	☐	☐	☐	☐	☐	
148. Demonstrate the ability to work with a domineering adult filial group member	☐	☐	☐	☐	☐	
149. Demonstrate the ability to work with a passive adult filial group member	☐	☐	☐	☐	☐	
150. Receive supervision on five filial therapy sessions by way of two-way mirror or through video-taped sessions	☐	☐	☐	☐	☐	
151. Receive supervision on helping parents' structure special play times with their children.	☐	☐	☐	☐	☐	
152. Submit a written critique/process analysis of 3 video-taped sessions of filial therapy	☐	☐	☐	☐	☐	
153. Obtain anonymous feedback from filial group parents using a rating scale	☐	☐	☐	☐	☐	
154. Demonstrate the appropriate play materials to be used by the parents in their special play sessions	☐	☐	☐	☐	☐	
Please add additional practicum experience you think belongs in this section:						
a.	☐	☐	☐	☐	☐	
b.	☐	☐	☐	☐	☐	
c.	☐	☐	☐	☐	☐	

	Essentially Valuable	Very Valuable	Relatively Valuable	Slightly Valuable	Not Valuable	COMMENTS
Group/Activity Therapy Practicum						
155. Lead a minimum of 10 group play therapy sessions	☐	☐	☐	☐	☐	
156. Observe 10 group sessions and provide written and oral feedback using a rating scale	☐	☐	☐	☐	☐	
157. Receive on-going feedback from their supervisor of their group therapy session	☐	☐	☐	☐	☐	
158. Receive supervision on their group therapy sessions by way of a two-way mirror or through video taped sessions	☐	☐	☐	☐	☐	
159. Process group therapy sessions in supervision	☐	☐	☐	☐	☐	
160. Demonstrate their ability to involve a passive child in a group therapy session	☐	☐	☐	☐	☐	
161. Demonstrate their ability to work with an aggressive/acting out child in a group therapy session	☐	☐	☐	☐	☐	
162. Demonstrate their understanding of the stages of growth in group therapy	☐	☐	☐	☐	☐	
Please add additional practicum experience you think belongs in this section:						
a.	☐	☐	☐	☐	☐	
b.	☐	☐	☐	☐	☐	
c.	☐	☐	☐	☐	☐	

APPENDIX B
QUESTIONNAIRE I COVER LETTER

Center for Play Therapy
University of North Texas
P.O. Box 311337
Denton, TX 76203-1337

Dear Counselor Educator:

Since play therapy has become increasingly popular in the field of mental health, it is imperative that play therapists receive the appropriate training to work with children. Our objective is to help promote play therapy training by researching the application of play therapy theory and skills that experts believe to be essential in training play therapists. We are asking you to help determine the behavioral and practicum objectives that you, as an expert, believe to be essential in the training of play therapists.

Enclosed is an inventory of behavioral objectives related to play therapy, which have been gleaned from the play therapy literature and interviews with selected professors who teach play therapy. We would appreciate your taking a 15-20 minutes to rate the importance of the items on the enclosed inventory. Your input in this project is important to us. The respondents to the questionnaire will have their name placed in a random drawing for a DVD player. The winner will be notified in December 2002.

This letter has been reviewed and approved by the Committee for the Protection of Human Subjects (940) 565-3940 at the University of North Texas. All information will be treated in a confidential manner. No individual responses will be released. All data will be pooled for analysis. Results of the data will be furnished to you upon request. *Your completion of this questionnaire and return of it to us will serve as an indication of your informed consent to participate.* Should you have any questions you may contact us at (940) 565-3864. Thank you for your participation.

Sincerely,

Kimberly Joiner
Assistant Director of the Center for Play Therapy

Garry Landreth
Regents Professor
Director of the Center for Play Therapy

APPENDIX C

TABLE 1-11: RESULTS OF EXPERTS' RATINGS ON QUESTIONNAIRE I

Table 1. Mean Scores of Experts on Goal A

Goal A: Theories of play therapy Mean	Mean	Std. Dev.
1. Terry Kottman: Adlerian	2.08	1.16
2. Virginia Axline: Child-Centered	1.25	0.45
3. Garry Landreth: Child-Centered	1.25	0.45
4. Louis Guerney: Child-Centered	1.81	0.87
5. Susan Knell: Cognitive-behavioral	1.58	0.79
6. Viola Brody: Developmental	2.58	1.08
7. Steve Harvey: Dynamic	3.81	1.17
8. Kevin O'Conner: Ecosystemic	2.17	0.84
9. Jamshid A. Marvasti: Eriksonian	3.81	1.25
10. Violet Oaklander: Gestalt	2.17	1.19
11. John Allan: Jungian	1.92	1.00
12. Charles Shaefer: Prescriptive/Eclectic	1.83	1.03
13. Anna Frued: Psychoanalytic	2.67	1.37
14. Melanie Klein: Psychoanalytic	2.67	1.50
15. Clark Moustakas: Relationship	2.33	1.15
16. David Levy: Release	2.58	1.44
17. Shlomo Ariel: Strategic Family	3.64	1.29
18. Gove Hambidge: Structured	2.82	1.40
19. Ann Jernberg: Theraplay	2.50	1.17
20. Once student has mastered the above theories, the student is to develop their own "theoretical position paper"	2.25	1.39

Table 2. Mean Scores of Experts on Goal B

Goal B: Terms specific to play therapy	Mean	Std. Dev.
21.play therapy	1.08	0.29
22.group play therapy	1.17	0.39
23.activity group therapy	1.50	0.80
24.filial therapy	1.08	0.29
25.family play therapy	1.50	0.80
26.structured doll play	2.58	1.38
27.mutual story telling	2.58	1.38
28.symbolic play	1.33	0.65
29.themes in play therapy	1.17	0.58
30.limit setting	1.17	0.39
31.tracking	1.25	0.62
Organizations		
32.Association for Play Therapy	1.00	0.00
33.The Center for Play Therapy	2.00	1.18

Table 3. Mean Scores of Experts on Goal C

Goal C: Authors in the field of play therapy	Mean	Std. Dev.
34.John Allan	1.82	0.87
35.Frederick Allen	2.91	1.64
36.Fanny Amster	4.20	0.92
37.Shlomo Ariel	3.81	1.17
38.Virginia Axline	1.00	0.00
39.Ray Bixler	2.45	1.63
40.Sue Bratton	2.81	0.98
41.Viola Brody	2.41	1.51
42.Loïs Carey	3.27	1.01
43.Linda Chapman	4.18	0.87
44.Joseph Corrado	4.60	0.52
45.Erik Erikson	2.58	1.31
46.Anna Freud	1.75	1.06
47.Diane Frey	4.09	0.83
48.Eliana Gil	1.75	0.87
49.Haim Ginott	1.67	0.98
50.Bernard Guerney	2.09	1.51
51.Louise Guerney	1.50	1.00
52.Gove Hambidge	2.81	1.47
53.Steve Harvey	4.27	0.90
54.Mary Haworth	3.75	1.29
55.Joop Helendoorn	4.27	0.79
56.Linda Homeyer	2.92	1.16
57.Hermiene Hug-Hellmuth	2.91	1.51
58.Lydia Jackson	4.70	0.67
59.Beverly James	2.75	0.97
60.O'Dessie Oliver James	4.20	0.79
61.Anne Jernberg	2.08	1.16
62.Heidi Kaduson	3.08	1.00
63.Melanie Klein	2.17	1.47
64.Susan Knell	2.08	1.16
65.Terry Kottman	1.92	1.16
66.Garry Landreth	1.00	0.00
67.David Levy	2.08	1.16
68.Margaret Lowenfeld	1.92	1.08
69.Jamshid A. Marvasti	4.09	1.04
70.Clark Moustakas	2.00	1.35
71.Byron Norton	3.58	1.31
72.Violet Oaklander	1.75	0.97

Table 3 continues on to the next page

Table 3. Mean Scores of Experts on Goal C (*table cont'd*)

73.Charles Schaefer	1.50	0.80
74.Mortimer Schiffer	3.18	1.66
75.Sam R. Slavson	2.64	1.36
76.Daniel Sweeney	3.18	1.08
77.Jessie Taft	3.90	1.37
78.Lenore Terr	2.36	0.92
79.Adolf Woltman	4.44	0.53
80.Anneliese Ude-Pestel	4.40	0.84
81.Rise Van Fleet	2.67	1.15
82.Nancy Boyd Webb	3.00	1.21
83.JoAnna White	3.40	1.08

Table 4. Mean Scores of Experts on Goal D

Goal D: Play Therapy Methods/Skills	Mean	Std. Dev.
85.Parent consultations	1.25	0.45
86.Teacher consultations	1.42	0.51
87.Client termination or transfer	1.08	0.29
88.Reflection of feelings	1.08	0.29
89.Reflection of content	1.08	0.29
90.Identifying themes in play sessions	1.42	0.67
91.Relating themes to the child in play sessions	1.40	0.97
92.Tracking behavior	1.67	0.39
93.Esteem building responses	1.58	0.90
94.Interpretation	2.00	1.04
95.Reinforcement responses	2.50	1.44
96.Responses that facilitate creativity and spontaneity	1.42	0.51
97.Responses that facilitate decision making and returning responsibility	1.17	0.39
98.Selection of age-appropriate toys	1.33	0.65
99.Tolerant of noise and messiness	1.50	0.67
100.Succinct responses	1.58	0.90
101.Responses that convey understanding to the child	1.17	0.39
102.Conceptualization of client as identified theoretical orientation of choice.	1.75	1.29
103.Limit Setting	1.25	0.62
104.Stages of play therapy	1.67	0.78
105.Structuring activities and direction of play sessions	2.67	1.56
106.Identify the variables to be considered in placing children in play therapy	1.25	0.45

Table 5. Mean Scores of Experts on Goal E

Goal E: Student should have training in the following	Mean	Std. Dev.
107.Knowledge of the code of ethics	1.17	0.57
108.Knowledge of the developmental stages of children	1.25	0.62
109.History of play therapy	1.75	0.75

Table 6. Mean Scores of Experts on Goal F

Goal F: Students should have advanced training in	Mean	Std.Dev.
110.Multicultural populations	1.67	0.99
111.Sexually abused children	1.67	0.65
112.Traumatized children	1.50	0.67
113.Autistic children	2.25	0.75
114.Aggressive children	1.50	0.67
115.Selective mute children	2.33	0.98
116.Emotionally disturbed children	1.33	0.49
117.Play therapy in hospital settings	2.42	0.67
118.Play therapy in elementary schools	1.92	0.67
119.Play therapy in agency setting	1.83	0.94

Table 7. Mean Scores of Experts on Goal G

Goal G: Practicum experience	Mean	Std. Dev.
Play therapy		
120.Facilitate a minimum of 14 individual play therapy sessions	1.17	0.39
121.Observe 10 play therapy sessions	1.83	0.83
122.Receive on-going feedback and supervision session.	1.25	0.62
123.Receive on-going feedback and supervision session by way of 2-way mirror and video-taped session	1.25	0.45
124.Process sessions in supervision	1.33	0.65
125.Demonstrate ability to respond to a passive child	1.42	0.51
126.Demonstrate ability to respond to an aggressive child	1.25	0.45
127.Demonstrate an understanding of the stages of growth	1.33	0.49

Table 8. Mean Scores of Experts on Goal H

Goal H	Mean	Std. Dev.
Filial Therapy Skills		
128.Group leadership and process skills	1.83	1.11
129.Keeping group members on task	2.08	1.08
130.Supervising parents' special play times	1.58	1.00
131.Selection of group members	2.08	0.90
132.Structuring content of training sessions	1.83	1.03
133.Evaluation of effectiveness	1.92	1.08
134.Outline the variable to be considered in composing a filial therapy group	2.27	1.01
135.Teaching basic child-centered play therapy skills	1.67	1.07
136.Structuring parents' at-home play sessions	1.83	0.94
137.Selecting toys for parent at-home sessions	2.00	0.85
138.Demonstration of play sessions for parent observation	1.67	0.98

Table 9. Mean Scores of Experts on Goal H: Group Play Therapy Skills

Group Play Therapy Skills	Mean	Std. Dev.
139.Appropriate focus on relationship of 2 or more children	1.50	0.67
140.Responses that facilitate cooperation and problem solving between 2 or more children	1.50	0.67
141.Responses that facilitate connections between children	1.58	0.67
142.Appropriate activities are used by therapist	1.75	0.75
143.Balance responses to several children	1.75	0.87
144.Identify variable to be considered in composing a group	1.45	0.69

Table 10. Mean Scores of Experts on Goal I: Filial Therapy

Goal I: Advanced Practicum Skills	Mean	Std. Dev.
Filial Therapy Practicum		
145. Lead a filial group for 10 sessions	2.18	1.47
146. Demonstrate group therapy skills within a filial group	2.27	1.42
147. Demonstrate leadership skills	2.18	1.47
148. Demonstrate ability to work with domineering adult	2.45	1.29
149. Demonstrate ability to work with a passive adult	2.45	1.29
150. Receive supervision on 5 filial sessions by 2-way mirror	2.27	1.42
151. Receive supervision on parent feedback of play session	2.27	1.35
152. Submit a written critique of 3 filial sessions	2.27	1.42
153. Obtain anonymous feedback from group members	2.55	1.51
154. Demonstrate the appropriate play materials to be used by the parents	2.27	1.19

Table 11. Mean Scores of Experts on Goal I: Group/Activity Therapy

Group/Activity Therapy Practicum	Mean	Std. Dev.
155. Lead a minimum of 10 session	1.81	0.98
156. Observe 10 group sessions and provide feedback	1.91	1.14
157. Receive on-going feedback	1.45	0.52
158. Receive supervision by two-way mirror	1.55	0.52
159. Process group session in supervision	1.36	0.50
160. Demonstrate their ability to involve passive child in session	1.91	0.70
161. Demonstrate ability to work with aggressive child in session	1.73	0.65
162. Demonstrate understanding of stages of group	1.82	0.75

APPENDIX D

TABLE 12: ITEMS DELETED FROM QUESTIONNAIRE I BY THE EXPERTS

Table 12. Deletions from Questionnaire I

Goal A

- 7. Steve Harvey: Dynamic Family play therapy
- 9. Jamshid A. Marvasti: Eriksonian play therapy
- 17. Shlomo Ariel: Strategic Family play therapy

Goal C

- 35. Frederick Allen
- 36. Fanny Amster
- 37. Shlomo Ariel
- 42. Lois Carey
- 43. Linda Chapman
- 44. Joseph Corrado
- 47. Diane Frey
- 53. Steve Harvey
- 54. Mary Haworth
- 55. Joop Helendoorn
- 58. Lydia Jackson
- 60. O'Dessie Oliver James
- 62. Heidi Kaduson
- 69. Jamshid A. Marvasti
- 71. Byron Norton
- 74. Mortimer Schiffer
- 76. Daniel Sweeney
- 77. Jessie Taft
- 79. Adolf Woltman
- 80. Anneliese Ude-Pestel
- 82. Nancy Boyd Webb
- 83. JoAnna White
- 84. Adolf Woltman

APPENDIX E

TABLE 13: OBJECTIVES ADDED BY EXPERTS TO QUESTIONNAIRE I

Table 13: Objectives added by experts to
Questionnaire I

Goal A

1. Eliana Gil: Family Play Therapy*
2. Michael Nyustral: Adlerian
3. Nancy Boyd Webb: Trauma-based play therapy

Goal B

4. Theraplay
5. Therapeutic play
6. Play assessment
7. State Play Therapy Organizations*
8. Encouragement
9. Core conditions of helping

Goal C

10. Kevin O'Conner*
11. Dee Ray
12. Dora Kalf
13. Carol Norton
14. JP Lilly
15. Phyllis Booth
16. Sandi Landaman
17. Byron Norton
18. Donald Winnicott

Goal D

19. Emotional processing
20. Role playing/whisper technique
21. Teaching emotional regulation/social skills
22. Using child's metaphor
23. Meta communications
24. Using story telling/designing metaphors
25. Ability to make modifications to therapy in
accordance with the child's developmentally
appropriate level
26. Ability to engage child in problem solving at
developmentally appropriate level
27. Trauma re-enactment at a child's pace

Goal E

28. Case notes*
29. Managed care
30. Psychotropic medication for children

- 31. Knowledge of other mental health professionals who may be involved with the child or family
- 32. Play therapy research
- 33. Psychotherapy with children
- 34. Legal issues
- 35. Family therapy
- 36. APT's recommended standards of practice
- 37. APT's paper of touch
- 38. Theories of play

Goal F

- 39. ODD
- 40. ADHD
- 41. Adjustment disorders
- 42. Medical problems

Goal G

- 43. Communicate play therapy in regular lingo
- 44. Give appropriate feedback to other interns

* objectives added more than once by experts

APPENDIX F
QUESTIONNAIRE II

Inventory of Play Therapy Objectives

Name: _____

University: _____

Address: _____

Experience in the area of play therapy and/or practicum:
(Please check the following boxes).

I am presently teaching a play therapy course(s) in a university:	☐	I have taught a university course in this area within the last 5 years	☐	I have published in this area within the last 10 years:	☐
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Other play therapy experiences:

We are asking you to help determine the behavioral and practicum objectives that you, as an expert, believe to be essential in an **introductory play therapy course and practicum experience**. The attached scale contains a list of play therapy objectives for an **introduction to play therapy course and practicum**. Your opinions and rankings of these objectives will be used to develop an “ideal” play therapy course and practicum experience for training play therapists and recommended advanced training.

The inventory of play therapy objectives is separated into 9 main goals of play therapy training. We would like you to respond accordingly: 1) Rate each objective as you view it in a play therapy training program. 2) Add comments and opinions that you think are lacking from the play therapy inventory. 3) Write additional objectives at the end of each goal as you determine necessary.

In your rating of the following goals on the Inventory of Play Therapy Curriculum, we would like you to assume that the students have taken the following prerequisites: Counseling Theories, Human Growth and Development, and Assessment.

All information will be treated in a confidential manner. No individual responses will be released. All data will be pooled for analysis. Results of the data will be furnished to you upon request. Your completion of this questionnaire and return of it to us will serve as an indication of your informed consent to participate.

The following inventory has been revised from the Inventory of Behavioral Objectives: Group Counseling developed by G. M. Gazda and J. S. Lechowicz . (Lechowicz, J. S. (1973). Group counseling instruction: A model based on behavioral objectives developed by the Delphi Technique. Unpublished doctoral dissertation, University of Georgia, Athens.)

Inventory for Play Therapy Curriculum

Goal A

In an introductory play therapy course the student is to define the
Following terms specific to play therapy.

	Essential	Valuable	Somewhat Valuable	Not Valuable	
1. Play therapy	☐	☐	☐	☐	
2. Group play therapy	☐	☐	☐	☐	
3. Activity group therapy	☐	☐	☐	☐	
4. Filial therapy	☐	☐	☐	☐	
5. Family play therapy	☐	☐	☐	☐	
6. Structured doll play	☐	☐	☐	☐	
7. Mutual story telling	☐	☐	☐	☐	
8. Symbolic play	☐	☐	☐	☐	
9. Themes in play therapy	☐	☐	☐	☐	
10. Limit setting	☐	☐	☐	☐	
11. Tracking	☐	☐	☐	☐	
Please add any terms you think should be in this section:					
a.	☐	☐	☐	☐	
b.	☐	☐	☐	☐	
c.	☐	☐	☐	☐	

The student is to identify the following organizations.

	Essential	Valuable	Somewhat Valuable	Not Valuable	
12. Association for Play Therapy	☐	☐	☐	☐	
13. Center for Play Therapy	☐	☐	☐	☐	
14. State Association for Play Therapy	☐	☐	☐	☐	
Please add any organizations you think should be on this list:					
a. State Organizations	☐	☐	☐	☐	
b.	☐	☐	☐	☐	
c.	☐	☐	☐	☐	

Goal B

Modern play therapy theories can be differentiated by the following characteristics: theoretical rationale for change, purpose in using play therapy, interpretation of play, goals and objectives of play therapy, role of the play therapist, kind and degree of structure in play therapy, significance of the relationship in play therapy, and media and setting for play therapy.

In an **introductory play therapy** course the student is to contrast each of the following theories and theorists by listing the above characteristics of each theory.

Essential
Valuable
Somewhat Valuable
Not Valuable

15. Adlerian play therapy: Terry Kottman	☐	☐	☐	☐	
16. Child-Centered play therapy: Virginia Axline, Louise Guerney, Garry Landreth	☐	☐	☐	☐	
17. Cognitive-Behavioral play therapy: Susan Knell	☐	☐	☐	☐	
18. Developmental play therapy: Viola Brody	☐	☐	☐	☐	
19. Ecosystemic play therapy: Kevin O'Conner	☐	☐	☐	☐	
20. Family play therapy: Eliana Gil	☐	☐	☐	☐	
21. Gestalt play therapy: Violet Oaklander	☐	☐	☐	☐	
22. Jungian play therapy: John Allan	☐	☐	☐	☐	

	Essential	Valuable	Somewhat Valuable	Not Valuable	
23. Prescriptive/Eclectic play therapy: Charles Schaefer	☐	☐	☐	☐	
24. Psychoanalytic play therapy: Anna Freud, Melanie Klein	☐	☐	☐	☐	
25. Relationship play therapy: Clark Moustakas	☐	☐	☐	☐	
26. Release/Structured play therapy: Gove Hambidge, David Levy	☐	☐	☐	☐	
27. Theraplay: Ann Jernberg	☐	☐	☐	☐	
28. After the student has mastered the above theories, the student is to develop their own “theoretical position paper” (in writing) to explain behavioral change through play therapy based on the 8 criteria (A through H) under Goal A.	☐	☐	☐	☐	
Please add any theorists or theories you think should be in this section:					
a.	☐	☐	☐	☐	
b.	☐	☐	☐	☐	
c.	☐	☐	☐	☐	

Goal C

In an introductory play therapy course the student is to identify the following authors according to their major contribution to the field of play therapy.

29. John Allan	☐	☐	☐	☐	
30. Virginia Axline	☐	☐	☐	☐	
31. Ray Bixler	☐	☐	☐	☐	
32. Sue Bratton	☐	☐	☐	☐	
33. Viola Brody	☐	☐	☐	☐	
34. Erik Erikson	☐	☐	☐	☐	
35. Anna Freud	☐	☐	☐	☐	
36. Eliana Gil	☐	☐	☐	☐	
37. Haim Ginott	☐	☐	☐	☐	
38. Bernard Guerney	☐	☐	☐	☐	

	Essential	Valuable	Somewhat Valuable	Not Valuable	
39. Louise Guerney	☐	☐	☐	☐	
40. Gove Hambidge	☐	☐	☐	☐	
41. Linda Homeyer	☐	☐	☐	☐	
42. Hermiene Hug-Hellmuth	☐	☐	☐	☐	
43. Beverly James	☐	☐	☐	☐	
44. Anne Jernberg	☐	☐	☐	☐	
45. Melanie Klein	☐	☐	☐	☐	
46. Susan Knell	☐	☐	☐	☐	
47. Terry Kottman	☐	☐	☐	☐	
48. Garry Landreth	☐	☐	☐	☐	
49. David Levy	☐	☐	☐	☐	
50. Margaret Lowenfeld	☐	☐	☐	☐	
51. Clark Moustakas	☐	☐	☐	☐	
52. Violet Oaklander	☐	☐	☐	☐	
53. Kevin O'Conner	☐	☐	☐	☐	
54. Charles Schaefer	☐	☐	☐	☐	
55. Sam R. Slavson	☐	☐	☐	☐	
56. Lenore Terr	☐	☐	☐	☐	
57. Rise Van Fleet	☐	☐	☐	☐	
Please add any names of individuals you think should be on this list:					
a.	☐	☐	☐	☐	
b.	☐	☐	☐	☐	
c.	☐	☐	☐	☐	

Goal D

In an introductory play therapy **class the student will have training in**
and will demonstrate ability in the following methods/skills:

	Essential	Valuable	Somewhat Valuable	Not Valuable	
Play Therapy Skills					
58. Parent consultations	☐	☐	☐	☐	
59. Teacher consultations	☐	☐	☐	☐	
60. Client termination or transfer	☐	☐	☐	☐	
61. Reflection of feelings	☐	☐	☐	☐	
62. Reflection of content	☐	☐	☐	☐	
63. Identifying themes in play sessions	☐	☐	☐	☐	
64. Relating themes to the child in play sessions	☐	☐	☐	☐	
65. Tracking behavior	☐	☐	☐	☐	
66. Esteem building responses	☐	☐	☐	☐	
67. Interpretation	☐	☐	☐	☐	
68. Reinforcement responses	☐	☐	☐	☐	
69. Responses that facilitate creativity and spontaneity	☐	☐	☐	☐	
70. Responses that facilitate decision making and returning responsibility	☐	☐	☐	☐	
71. Selection of age-appropriate toys/media	☐	☐	☐	☐	
72. Tolerant of noise and messiness	☐	☐	☐	☐	
73. Succinct responses	☐	☐	☐	☐	
74. Responses that convey understanding to the child	☐	☐	☐	☐	
75. Conceptualization of client as defined by theoretical orientation of choice.	☐	☐	☐	☐	
76. Limit Setting	☐	☐	☐	☐	
77. Stages of play therapy	☐	☐	☐	☐	
78. Structuring activities and direction of play session	☐	☐	☐	☐	
79. Identify the variables to be considered in placing children in play therapy	☐	☐	☐	☐	

	Essential	Valuable	Somewhat Valuable	Not Valuable	
Please add any training in this area you think should be on this list:					
a.	☐	☐	☐	☐	
b.	☐	☐	☐	☐	
c.	☐	☐	☐	☐	

Goal E

Students should have training in the following areas:

80. Knowledge of the code of ethics appropriate for the students' professional field (counseling, social work, psychology, and/or medical) as they apply to play therapy	☐	☐	☐	☐	
81. Knowledge of the developmental stages of children as they apply to play therapy	☐	☐	☐	☐	
82. History of play therapy	☐	☐	☐	☐	
83. Case notes	☐	☐	☐	☐	
Please add additional areas of knowledge you think should be in this section:					
a.	☐	☐	☐	☐	
b.	☐	☐	☐	☐	
c.	☐	☐	☐	☐	

Goal F

Students should put into practice their knowledge of play therapy and the student should have practicum experience in each of the following areas:

	Essential	Valuable	Somewhat Valuable	Not Valuable	
Play Therapy					
84. Facilitate a minimum of 14 individual play therapy sessions	☐	☐	☐	☐	
85. Observe 10 play therapy sessions and provide written and oral feedback using a rating scale	☐	☐	☐	☐	
86. Receive on-going feedback from their supervisor of their play therapy sessions	☐	☐	☐	☐	
87. Receive supervision on each of their play therapy sessions by way of a two-way mirror or through video taped sessions	☐	☐	☐	☐	
88. Process each play therapy sessions in supervision	☐	☐	☐	☐	
89. Demonstrate ability to respond appropriately to a passive child in a play therapy session	☐	☐	☐	☐	
90. Demonstrate ability to respond appropriately to an aggressive/acting out child in a play therapy session	☐	☐	☐	☐	
91. Demonstrate an understanding of the stages of growth with a play therapy client	☐	☐	☐	☐	
Please add additional practicum experience you think belongs in this section:	☐	☐	☐	☐	
a.	☐	☐	☐	☐	
b.	☐	☐	☐	☐	
c.	☐	☐	☐	☐	

The following objectives apply to **ADVANCED** training in play therapy:
In addition to an introductory play therapy course and a practicum, it is recommended that a student have advanced training in and demonstrate his/her ability in the following methods/skills.

Goal G

Students should have advanced training in the following special settings and populations:

	Essential	Valuable	Somewhat Valuable	Not Valuable	
92. Multicultural populations	☐	☐	☐	☐	
93. Sexually abused children	☐	☐	☐	☐	
94. Traumatized children	☐	☐	☐	☐	
95. Autistic children	☐	☐	☐	☐	
96. Aggressive children	☐	☐	☐	☐	
97. Selective mute children	☐	☐	☐	☐	
98. Emotionally disturbed children	☐	☐	☐	☐	
99. Play therapy in hospital settings	☐	☐	☐	☐	
100. Play therapy in elementary schools	☐	☐	☐	☐	
101. Play therapy in agency settings	☐	☐	☐	☐	
Please add additional training you think should be on this list:					
a.	☐	☐	☐	☐	
b.	☐	☐	☐	☐	
c.	☐	☐	☐	☐	

Goal H

In addition to an introductory play therapy course and a practicum, it is recommended that a student have **ADVANCED** play therapy training in and demonstrate his/her ability in the following methods/skills.

Filial Therapy Skills					
102. Group leadership and process skills	☐	☐	☐	☐	
103. Keeping group members on task	☐	☐	☐	☐	
104. Supervising parents' special play times	☐	☐	☐	☐	
105. Selection of group members	☐	☐	☐	☐	

	Essential	Valuable	Somewhat Valuable	Not Valuable	
106. Structuring content of training sessions	☐	☐	☐	☐	
107. Evaluation of effectiveness	☐	☐	☐	☐	
108. Outline the variables to be considered in composing a filial therapy group	☐	☐	☐	☐	
109. Teaching basic child-centered play therapy skills: reflective listening, recognizing and responding to children's feelings, limit setting, and self-esteem building responses	☐	☐	☐	☐	
110. Structuring parents' at-home play sessions	☐	☐	☐	☐	
111. Selecting toys for parent at-home play sessions	☐	☐	☐	☐	
112. Demonstration of play sessions for parents to observe	☐	☐	☐	☐	
Please add additional skills you think are necessary:					
a.	☐	☐	☐	☐	
b.	☐	☐	☐	☐	
c.	☐	☐	☐	☐	
Group Play Therapy Skills:					
113. Appropriate focus on the relationship between 2 or more children	☐	☐	☐	☐	
114. Responses that facilitate cooperation and problem solving between 2 or more children	☐	☐	☐	☐	
115. Responses that facilitate connections between children	☐	☐	☐	☐	
116. Appropriate activities are used by therapist	☐	☐	☐	☐	
117. Balance responses to several children	☐	☐	☐	☐	
118. Identify the variables to be considered in composing group members in group play therapy	☐	☐	☐	☐	
Please add any training in this area you think should be on this list:					
a.	☐	☐	☐	☐	
b.	☐	☐	☐	☐	
c.	☐	☐	☐	☐	

Goal I

In addition to an introductory play therapy course and a practicum, it is recommended that a student have advanced practicum experiences in the following areas.

	Essential	Valuable	Somewhat Valuable	Not Valuable	
Filial Therapy Practicum					
119. Lead a filial group for a minimum of 10 sessions	☐	☐	☐	☐	
120. Demonstrate group therapy skills within a filial group	☐	☐	☐	☐	
121. Demonstrate leadership skills while leading a filial therapy group	☐	☐	☐	☐	
122. Demonstrate the ability to work with a domineering adult filial group member	☐	☐	☐	☐	
123. Demonstrate the ability to work with a passive adult filial group member	☐	☐	☐	☐	
124. Receive supervision on five filial therapy sessions by way of two-way mirror or through video-taped sessions	☐	☐	☐	☐	
125. Receive supervision on helping parents' structure special play times with their children.	☐	☐	☐	☐	
126. Submit a written critique/process analysis of 3 video-taped sessions of filial therapy	☐	☐	☐	☐	
127. Obtain anonymous feedback from filial group parents using a rating scale	☐	☐	☐	☐	
128. Demonstrate the appropriate play materials to be used by the parents in their special play sessions	☐	☐	☐	☐	
Please add additional practicum experience you think belongs in this section:					
a.	☐	☐	☐	☐	
b.	☐	☐	☐	☐	
c.	☐	☐	☐	☐	

	Essential	Valuable	Somewhat Valuable	Not Valuable	
Group/Activity Therapy Practicum					
129. Lead a minimum of 10 group play therapy sessions	☐	☐	☐	☐	
130. Observe 10 group sessions and provide written and oral feedback using a rating scale	☐	☐	☐	☐	
131. Receive on-going feedback from their supervisor of their group therapy session	☐	☐	☐	☐	
132. Receive supervision on their group therapy sessions by way of a two-way mirror or through video taped sessions	☐	☐	☐	☐	
133. Process group therapy sessions in supervision	☐	☐	☐	☐	
134. Demonstrate their ability to involve a passive child in a group therapy session	☐	☐	☐	☐	
135. Demonstrate their ability to work with an aggressive/acting out child in a group therapy session	☐	☐	☐	☐	
136. Demonstrate their understanding of the stages of growth in group therapy	☐	☐	☐	☐	
Please add additional practicum experience you think belongs in this section:					
a.	☐	☐	☐	☐	
b.	☐	☐	☐	☐	
c.	☐	☐	☐	☐	

APPENDIX G

COVER LETTER TO PROFESSORS FOR QUESTIONNAIRE II

Center for Play Therapy
University of North Texas
P.O. Box 311337
Denton, TX 76203-1337

Dear Counselor Educator:

Since play therapy has become increasingly popular in the field of mental health, it is imperative that play therapists receive the appropriate training to work with children. Our objective is to help promote play therapy training by researching the application of play therapy theory and skills that experts believe to be essential in training play therapists. We are asking you to help determine the behavioral and practicum objectives that you, as an expert, believe to be essential in the training of play therapists.

Enclosed is an inventory of behavioral objectives related to play therapy, which have been gleaned from the play therapy literature and interviews with selected professors who teach play therapy. We would appreciate your taking a 15-20 minutes to rate the importance of the items on the enclosed inventory. Your input in this project is important to us. The respondents to the questionnaire will have their name placed in a random drawing for a DVD player. The winner will be notified in December 2002.

This letter has been reviewed and approved by the Committee for the Protection of Human Subjects (940) 565-3940 at the University of North Texas. All information will be treated in a confidential manner. No individual responses will be released. All data will be pooled for analysis. Results of the data will be furnished to you upon request. *Your completion of this questionnaire and return of it to us will serve as an indication of your informed consent to participate.* Should you have any questions you may contact us at (940) 565-3864. Thank you for your participation.

Sincerely,

Kimberly Joiner
Assistant Director of the Center for Play Therapy

Garry Landreth
Regents Professor
Director of the Center for Play Therapy

APPENDIX H

REMINDER LETTER TO THE PROFESSORS

January 9, 2003

Center for Play Therapy
University of North Texas
P.O. Box 311337
Denton, TX 76203-1337

Dear Counselor Educator:

You recently received a questionnaire: "Inventory of Play Therapy Objectives". We are very interested in your opinions and responses to the behavioral and practicum objectives that you, as an expert, believe to be essential in an **introductory play therapy course and practicum experience**. We hope to receive your responses by January 20, 2003. If you have already sent your questionnaire, please disregard this reminder. Thank you for your time.

Sincerely,

Kimberly Joiner
Assistant Director of the Center for Play Therapy

Garry Landreth
Regents Professor
Director of the Center for Play Therapy

APPENDIX I

REMINDER E-MAIL LETTER TO THE PROFESSORS

January 27, 2003

Dear Professor of Play Therapy:

In December 2002, we sent you the *Inventor for Play Therapy Curriculum*. The results of this survey have the potential to significantly shape and perhaps to some extent standardize the training of play therapists in university graduate programs when the professors of play therapy find out what content and experiences are considered by other professors to be essential. **Therefore, we need your help! Please make a contribution to the field of play therapy by completing and returning the survey to us no later than February 3, 2002.** You are one of only 180 professors who teach a graduate course in play therapy in the United States. Your response will make a difference.

If you did not receive the survey, please phone us at 940-565-3864 or e-mail at kjoiner@coefs.coe.unt.edu

Thank you so much for helping with this important project.

Sincerely,

Kimberly Joiner

Garry Landreth

APPENDIX J

TABLES 14-24: RESULTS OF PROFESSORS RATINGS ON
QUESTIONNAIRE II

Table 14: Results of Professors' Opinions on Goal A

Goal A: Terms specific to play therapy	Mean	Std. Dev.
1.play therapy	1.02	0.14
2.group play therapy	1.66	0.63
3.activity group therapy	2.21	0.87
4.filial therapy	1.54	0.65
5.family play therapy	1.90	0.80
6.structured doll play	2.48	0.97
7.mutual story telling	2.21	0.97
8.symbolic play	1.49	0.79
9.themes in play therapy	1.34	0.66
10.limit setting	1.08	0.27
11.tracking	1.24	0.48
Organizations		
12.Association for Play Therapy	1.42	0.64
13.The Center for Play Therapy	2.14	0.87
14.State Associations for Play Therapy	1.84	0.85

Table 15. Results of Professors' Opinions on Goal B

Goal B: Theories of play therapy Mean	Mean	Std. Dev.
15.Adlerian	1.69	0.80
16.Child-Centered	1.12	0.39
17.Cognitive-behavioral	1.94	0.87
18.Developmental	2.20	0.93
19.Ecosystemic	2.14	0.97
20.Family	2.10	0.84
21.Gestalt	2.00	0.81
22.Jungian	2.12	0.80
23.Prescriptive/Eclectic	2.37	0.78
24.Psychoanalytic	2.27	0.86
25.Relationship	1.98	0.80
26.Release/Structured	2.51	0.82
27.Theraplay	2.55	0.80
28.Once student has mastered the above theories, the student is to develop their own "theoretical position paper"	2.19	0.99

Table 16. Results of Professors' Opinions on Goal C

Goal C: Authors in the field of play therapy	Mean	Std. Dev.
29.John Allan	2.14	0.82
30.Virginia Axline	1.12	0.33
31.Ray Bixler	2.74	0.94
32.Sue Bratton	2.61	0.87
33.Viola Brody	2.27	0.92
34.Erik Erikson	1.92	0.99
35.Anna Freud	1.69	0.85
36.Eliana Gil	1.90	0.80
37.Haim Ginott	1.88	0.90
38.Bernard Guerney	1.84	0.79
39.Louise Guerney	1.61	0.70
40.Gove Hambidge	2.63	0.95
41.Linda Homeyer	2.87	0.72
42.Hermiene Hug-Hellmuth	2.51	0.95
43.Beverly James	2.70	0.78
44.Anne Jernberg	2.38	0.90
45.Melanie Klein	1.79	0.92
46.Susan Knell	2.13	0.87
47.Terry Kottman	1.77	0.81
48.Garry Landreth	1.31	0.68
49.David Levy	2.30	1.02
50.Margaret Lowenfeld	2.18	0.88
51.Clark Moustakas	1.75	0.81
52.Violet Oaklander	1.90	0.81
53.Kevin O'Connor	1.92	0.89
54.Charles Schaefer	1.94	0.89
55.Sam R. Slavson	2.63	0.88
56.Lenore Terr	2.68	0.81
57.Rise Van Fleet	2.29	0.87

Table 17. Results of Professors' Opinions on Goal D

Goal D: Play Therapy Methods/Skills	Mean	Std. Dev.
58.Parent consultations	1.50	0.74
59.Teacher consultations	1.59	0.67
60.Client termination or transfer	1.26	0.60
61.Reflection of feelings	1.04	0.20
62.Reflection of content	1.14	0.53
63.Identifying themes in play sessions	1.22	0.59
64.Relating themes to the child in play sessions	1.51	0.77
65.Tracking behavior	1.25	0.60
66.Esteem building responses	1.60	0.90
67.Interpretation	2.25	0.98
68.Reinforcement responses	2.04	0.97
69.Responses that facilitate creativity and spontaneity	1.53	0.71
70.Responses that facilitate decision making and returning responsibility	1.36	0.60
71.Selection of age-appropriate toys	1.16	0.47
72.Tolerant of noise and messiness	1.40	0.67
73.Succinct responses	1.44	0.67
74.Responses that convey understanding to the child	1.08	0.28
75.Conceptualization of client as identified theoretical orientation of choice.	1.50	0.65
76.Limit Setting	1.14	0.50
77.Stages of play therapy	1.31	0.55
78.Structuring activities and direction of play sessions	2.12	1.00
79.Identify the variables to be considered in placing children in play therapy	1.31	0.55

Table 18. Results of Professors' Opinions on Goal E

Goal E: Student should have training in the following	Mean	Std. Dev.
80.Knowledge of the code of ethics	1.08	0.34
81.Knowledge of the developmental stages of children	1.06	0.24
82.History of play therapy	1.51	0.68
83.Case notes	1.63	0.70

Table 19. Results of Professors' Opinions on Goal F

Goal F: Practicum experience	Mean	Std. Dev.
Play therapy		
84.Facilitate a minimum of 14 individual play therapy sessions	1.66	0.82
85.Observe 10 play therapy sessions	1.73	0.81
86.Receive on-going feedback and supervision session.	1.14	0.41
87.Receive on-going feedback and supervision session by way of 2-way mirror and video-taped session	1.40	0.67
88.Process sessions in supervision	1.54	0.61
89.Demonstrate ability to respond to a passive child	1.28	0.45
90.Demonstrate ability to respond to an aggressive child	1.22	0.42
91.Demonstrate an understanding of the stages of growth	1.34	0.59

Table 20. Results of Professors' Opinions on Goal G

Goal G: Students should have advanced training in	Mean	Std.Dev.
92.Multicultural populations	1.33	0.52
93.Sexually abused children	1.34	0.48
94.Traumatized children	1.36	0.48
95.Autistic children	1.88	0.69
96.Aggressive children	1.22	0.42
97.Selective mute children	1.90	0.68
98.Emotionally disturbed children	1.33	0.47
99.Play therapy in hospital settings	2.10	0.74
100.Play therapy in elementary schools	1.60	0.70
101.Play therapy in agency setting	1.63	0.70

Table 21. Results of Professors' Opinions on Goal H

Goal H	Mean	Std. Dev.
Filial Therapy Skills		
102.Group leadership and process skills	1.43	0.68
103.Keeping group members on task	1.59	0.74
104.Supervising parents' special play times	1.49	0.68
105.Selection of group members	1.49	0.58
106.Structuring content of training sessions	1.51	0.58
107.Evaluation of effectiveness	1.41	0.57
108.Outline the variable to be considered in composing a filial therapy group	1.72	0.62
109.Teaching basic child-centered play therapy skills	1.24	0.48
110.Structuring parents' at-home play sessions	1.50	0.58
111.Selecting toys for parent at-home sessions	1.59	0.64
112.Demonstration of play sessions for parent observation	1.22	0.42

Table 22. Results of Professors' Opinions on Goal H: Group Play Therapy

Group Play Therapy Skills	Mean	Std. Dev.
113.Appropriate focus on relationship of 2 or more children	1.19	0.40
114.Responses that facilitate cooperation and problem solving between 2 or more children	1.27	0.49
115.Responses that facilitate connections between children	1.25	0.44
116.Appropriate activities are used by therapist	1.49	0.72
117.Balance responses to several children	1.36	0.53
118.Identify variable to be considered in composing a group	1.29	0.46

Table 23. Results of Professors' Opinions on Goal I: Filial Therapy

Goal I: Advanced Practicum Skills	Mean	Std. Dev.
Filial Therapy Practicum		
119. Lead a filial group for 10 sessions	1.67	0.69
120. Demonstrate group therapy skills within a filial group	1.50	0.65
121. Demonstrate leadership skills	1.52	0.71
122. Demonstrate ability to work with domineering adult	1.65	0.64
123. Demonstrate ability to work with a passive adult	1.65	0.64
124. Receive supervision on 5 filial sessions by 2-way mirror	1.58	0.68
125. Receive supervision on parent feedback of play session	1.58	0.68
126. Submit a written critique of 3 filial sessions	1.90	0.75
127. Obtain anonymous feedback from group members	1.92	0.79
128. Demonstrate the appropriate play materials to be used by the parents	1.58	0.68

Table 24. Results of Professors' of Goal I: Group/Activity Therapy

Group/Activity Therapy Practicum	Mean	Std. Dev.
129. Lead a minimum of 10 session	1.43	0.54
130. Observe 10 group sessions and provide feedback	1.67	0.63
131. Receive on-going feedback	1.35	0.53
132. Receive supervision by two-way mirror	1.52	0.62
133. Process group session in supervision	1.40	0.64
134. Demonstrate their ability to involve passive child in session	1.54	0.54
135. Demonstrate ability to work with aggressive child in session	1.50	0.55
136. Demonstrate understanding of stages of group	1.46	0.54

APPENDIX K

TABLE 25: OBJECTIVES ADDED BY PROFESSORS TO
QUESTIONNAIRE II

Table 25: Objectives added by Professors_____

Goal A

1. Expressing empathy
2. Structuring
3. Role-play*2
4. Reflection of feeling and content*
5. Enlarging meaning
6. Play therapy process and stages
7. Termination
8. Responding skills*3
9. Nonverbal cues that indicate feelings
10. Returning responsibility to child*
11. A view of children
12. Definition of play therapy
13. Toys used in play therapy*2
14. Playroom descriptions
15. Activity therapy
16. Sand play/tray therapy
17. Kindertherapy
18. Tolerance for ambiguity
19. Age appropriate language
20. Counselor word count
21. Developmental factors
22. Symbolic meaning of toys
23. Therapeutic responses
24. Directing and leading behavior
25. Parent communication
26. Self knowledge
27. Reflective listening
28. Ethical considerations
29. Directive vs. non-directive play therapy
30. Interpretation

Organizations:

1. National Institute for Relationship Enhancement*3
2. Association for the Development of the Person-Centered Approach
3. Sandtray Association
4. ACA*5
5. State counseling associations*2
6. AMCHA, ASCA, AAMFT
7. IBECPT
8. Registered play therapist, registered play therapy supervisors
9. The Play Therapy Institute at Mt. Saint Mary College
10. PTI

Goal B

1. Sandplay therapy-Lowenfeld*2
2. Experiential- Byron and Carol Norton
3. Parent-Child Interactive Therapy
4. filial therapy- Bernard and Louise Guerney
5. C.H. Patterson
6. J. Piaget

Goal C

1. Byron and Carol Norton
2. Byron Norton
3. Narrative therapists- Epston, Freeman, and Lobovitz
4. Experiential Family Therapists- Satir, Whitaker, Keith
5. Bates on play in therapy
6. Dee Ray
7. C.H. Patterson
8. J. Piaget
9. Carl Rogers influence on Axline
10. Dora Kaeff
11. Daniel Siegle
12. John Bowlby

Goal D

1. Explaining play therapy to others
2. Research/literature specific to play
3. Understanding nonverbal cues
4. Understanding child development
5. Use of encouragement vs. praise
6. Dealing with the child's questions
7. How to begin and end a child's session
8. Determining therapeutic progress
9. Tolerance for ambiguity
10. Cognitive dissonance
11. Delay of gratification-watch supervisor counsel
12. Room set-up and toy selection
13. Documentation and note taking
14. Self-awareness and goal setting of skills
15. Directive vs. non-directive

Goal E

1. Knowledge of APT's practice guidelines
2. Legal issues related to play therapy
3. Explaining play therapy to others: children, parents, teachers, other mental health professionals, and general public
4. Construction of case notes
5. Family systems theory

Goal F

Play therapy

1. Writing session notes*2
2. Parent consultations
3. Conceptualize client via theory*2
4. Demonstrate ability to collaborate with other adults
5. Receive group supervision with other students by observing sessions over practicum experience
6. Write up 2 sessions word for word
7. Present a case study to class
8. Ability to take feedback, learn and demonstrate understanding via application

Goal G

1. Preadolescents
2. Attachment disorders
3. Developmentally delayed children
4. Courtroom situations and implications for play therapy
5. Outpatient settings
6. Inpatient/residential settings
7. Preschool special education setting
8. Withdrawn children

Goal H

Filial therapy

1. Legal and ethical documentation for court mandates
2. Building group cohesiveness
3. Consultation about parenting issues
4. Balancing discussions vs. didactic components
5. Describing the importance of play developmentally to parents and professionals
6. Allowing parents to sit in first session
7. Basic knowledge of parenting skills/discipline

Group play therapy skills

1. Structured and non-structured groups
2. Play in psycho-educational groups
3. Patience
4. Limit setting

Group play therapy:

1. Conflict resolution
2. Legal and ethical implications specific to group work with children
3. Managing conflict between children

Goal I

Filial Therapy

1. Watch supervisor lead groups
2. Focus groups with parents

Group/Activity Therapy Practicum

1. Awareness of legal and ethical issues in group play therapy
 2. Appropriate use of activities
 3. Activity therapy
 4. Observe supervisor counsel child 3 times
 5. Family play therapy
-

*the objectives were written as an addition more than once

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