CHILDREN’S EXPERIENCES IN CHILD-CENTERED PLAY THERAPY: AN ARTWORK-BASED PHENOMENOLOGICAL INVESTIGATION

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Child-centered play therapy (CCPT) is an empirically endorsed approach for children facing specific clinical concerns and life circumstances alike. The majority of research to date has accrued data about clients from secondary sources, such as adult report and observation. The purpose of this study was to explore children’s perceptions of participating in CCPT by implementing a developmentally accessible interview medium, allowing children to share their experiences directly. Ten children between the ages of 4 and 7 who had completed at least eight sessions of CCPT were invited to create a drawing and respond to an interview protocol with their counselor. Data sources included the picture produced, a transcript of the interview between the child and counselor, and observation notes of the interview process. Using a phenomenological approach, three themes were identified to describe children’s awareness and experience of the intervention: expressions of relationship, experiences in the playroom, and reluctance to engage in counselor-directed activity. The first two themes reflect children’s report of the intervention and the third represents reactions to the research activity. Findings from this study support conclusions that children are aware of relationship between themselves and their counselor and recognize the uniquely unstructured features of play therapy and the playroom, which are defining components of CCPT.
ACKNOWLEDGEMENTS

I warmly recognize the people and experiences which have helped me to encounter and express myself genuinely. I appreciate my husband Joe, who walked with me through a doctoral program and global pandemic during our first years of marriage. Your unhesitating conviction in my capacity helped me to find my own sources of strength and to enjoy who I am at the end of every struggle. May we use what has happened here to bolster each other and find the courage to continue to do hard things. The members of my committee have contributed uniquely to my growth as a clinician, researcher, and person. Leslie, thank you for holding space for me to unfold in complete acceptance and sharing your gentle strength. Sarah, my model of congruence and unconditional positive self-regard, you helped me float when I thought I was drowning. Kimberly, I am grateful to you for sharing your humor, authenticity, and clinical excellence. Dee, your attunement and attentive care astound and inspire me. Thank you for wanting to see me and what I can offer. I hope to give to others what each of you have generously gifted to me.

I gratefully acknowledge the support I received from my cohort, the NF’s, whose members move me with their courage, passion, and unique contributions to our field. I thank my parents, John and Janet, for sharing a sense of adventure and sensitivity to the natural world, and John and Liz for your support and patience throughout this process. Juli, my well of wisdom and first-call friend, thank you for sharing your experience, strength, and hope – easy did it after all. I thank the counselors and clients who supported this study through their participation and willingness to share their experiences. Cara, thank you for so freely sharing your time, perspective, and expertise with this project. Finally, to Sophie, Doug, and Penny, my constant companions and faithful friends. Thank you for being by my side and at my feet.
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CHILDREN’S EXPERIENCES IN CHILD-CENTERED PLAY THERAPY: AN ARTWORK-BASED PHENOMENOLOGICAL INVESTIGATION

Introduction

Child-centered play therapy (CCPT) is a developmental and empirically supported intervention for children. Theoretical underpinnings from the person-centered approach emphasize the relationship between the therapist and child as the primary curative process and the inherent tendency toward growth active in all forms of life (Axline, 1947; Landreth, 2012; Ray, 2011; Rogers, 1951; Rogers, 1957; Rogers, 1961; Rogers, 1980). Childhood is a unique stage of development, marked by changes in the domains of motor, language, personal-social and learning behaviors (Gesell Institute, 2011) and distinct from adulthood (Landreth, 2012). Thus, children may also have unique perspectives and experiences of engaging in therapy, particularly in an intervention organized upon children’s reliance on symbolic representation.

History and Practice of CCPT

The field of play therapy has a rich history and various contributors (Landreth, 2012; Leblanc & Ritchie, 2001; Ray, 2011). CCPT is a nondirective iteration of the modality, recognized as the most frequently employed approach among practitioners (Ray, 2011). Derived from philosophy articulated by Carl Rogers (1951, 1957, 1961, 1980), it was adapted and applied to children by Virginia Axline (1947), a student and colleague of Rogers (Cochran et al., 2023; Ray, 2011; Landreth, 2012). The person-centered approach operates on a “basic trust” (Rogers, 1980, p. 117) of the organism’s capacity for self-direction, self-acceptance, maturity, and increased flexibility and acceptance of others (Rogers, 1961). This actualizing tendency forms the basis of the change and growth the organism pursues (Rogers, 1961).
Rogers (1957) presented six conditions he deemed necessary and sufficient to effectively facilitate therapeutic growth:

1. The client and therapist are in psychological contact.
2. The client is in a state of incongruence, being vulnerable or anxious.
3. The therapist is congruent in the therapeutic relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences empathic understanding for the client’s inner world and attempts to communicate such to the client.
6. The client perceives, to a minimal degree, the communication of empathic understanding and unconditional positive regard from the therapist. (p. 96).

In the presence of all six conditions, therapeutic change is inevitable (Rogers, 1957). The therapist-provided conditions of unconditional positive regard, empathic understanding, and congruence describe the therapist’s manner of engaging within the relationship (Watson, 1984; Ray, 2011) to offer an environment highly conducive to the process of actualizing (Ray, 2011) and making the relationship an exceedingly important component of the approach.

Skills and Toys and Materials in CCPT

The skill set of the CCPT therapist is composed of both non-verbal and verbal responses which communicate the therapist’s understanding, interest, and acceptance of the child. Nonverbal skills include the therapist’s use of body posturing to convey receptivity and efforts to follow the child’s lead and remain focused on the child (Ray, 2011). Ray (2011) outlined nine categories of verbal skills implemented in CCPT as tracking, reflecting content, reflecting feeling, facilitating decision making and returning responsibility, facilitating creativity and spontaneity, esteem building and encouraging, facilitating relationship, reflecting larger meaning and limit-setting.
Materials in the playroom are intentionally selected to promote therapeutic outcomes (Landreth, 2012). Included items should be evaluated based on their ability to support the objectives of CCPT and degree of consistency with the rationale for play therapy (Landreth, 2012) as well as for their therapeutic purpose, ability to support children in expressing themselves, and the capacity to build a relationship between therapist and child (Ray, 2011). Landreth (2012) described three necessary categories of toys as real-life, acting-out aggressive-release toys and creative expression and emotional release (pp. 160-165). How a child uses the available mediums is more informative than the purpose they were intended to serve and therefore toys and materials may transfer across categories based on use (Landreth, 2012; Ray, 2011).

Empirical Evidence Supporting CCPT

Multiple meta-analyses have affirmed the integrity of CCPT as an intervention for children. Leblanc and Ritchie (2001) identified a medium to large effect size of .66 for play therapy interventions based on 42 studies. The child’s sex, age, presenting problem, additional therapeutic interventions used, and whether therapy was conducted in a group or individual format did not impact play therapy outcomes. Bratton et al. (2005) conducted a meta-analysis of 94 studies, reporting a large effect size for play therapy interventions ($d=.80$). Humanistic models, such as CCPT, outperformed directive approaches with effect sizes of .93 and .73 respectively. In another meta-analysis of 52 studies conducted by Lin and Bratton (2015), CCPT was found to have a statistically significant positive effect with moderate effect size of .47. The authors endorsed CCPT as a culturally-competent intervention due to greater improvements with children of color and reported larger effect sizes for children under the age of seven, crediting use of play as a communicative modality.
Use of Artwork to Explore Children’s Experiences

Developmental aspects are considered within a holistic conceptualization of children. The use of symbols to express meaning is intrinsically linked to childhood and is cited as the rationale for the use of play therapy with young children (Ray, 2011). Children make their unmanageable experiences tolerable by way of symbolic expression during play (Landreth, 2012). Previous findings have supported artwork as a meaningful way of accurately representing children’s experience in a variety of settings. Stafstrom and Havlena (2003) asked 105 children aged 5 to 18 diagnosed with epilepsy to draw a picture of what it is like for them to have a seizure to explore their perceptions of self-concept. In a study of four to seven-year-old cancer patients in Canada, Hyslop and colleagues (2018) asked 30 children to draw an image in order to identify and assess self-reported symptoms. Drawing tasks can also be used to explore children’s expected experiences. Dockett and Perry (2002) invited 39 young children beginning school to make a drawing of their experiences and offer commentary while Zee and colleagues (2020) asked 266 children to create an image of themselves with their teacher to assess the role of social-emotional behaviors within perceptions of student-teacher relationships. The authors advocated for the use of children’s drawings to explore relationships in research in part because it allows children to represent dynamics that may be too threatening to express verbally. Together, these studies suggest that meaningful representations of experiences can be derived from images created by children.

Children’s Experiences in Therapeutic Settings

Previous authors have attempted to explore and represent the experience of therapy from a child’s perspective using unique approaches. Axline (1950) explored this issue, asking how children understood play therapy, ascribed meaning to their experiences, made sense of the
experience while they were actively participating and later reflected upon their time in therapy, and what implications could be drawn from the impressions of children whose treatment was regarded as successful. Diamond and Lev-Wiesel (2017) interviewed adults who had participated in expressive arts group therapy as children or adolescents to acquire a retroactive child perspective. The authors reported themes related to the reasons the youth were involved in therapy as children and how they responded to being a participant in the therapeutic experience. They reported participants who were younger children at the time were largely unconcerned with and unaware of the purpose for placement in the group. Carroll (2002) applied elements of a grounded theory approach to investigate children’s experiences in play therapy, referencing the modality without naming a theoretical approach. Most of the children in the study perceived their experience in play therapy as a way of having fun, which differed from the therapist’s view (Carroll, 2002) and aligned with findings from Diamond and Lev-Wiesel (2017) about the perception of young children in play therapy.

In the first known attempt to understand children’s experiences of play therapy within a school setting, Green and Christensen (2006) explored children’s perspectives of the counseling process in play therapy conducted by school counselors, reporting three themes from the analysis: therapeutic relationship, emotional expressiveness, and creative play. The authors acknowledged limitations of their work, including that the counselors involved did not adhere to a single defined approach to play therapy and applied directive interventions outside the scope of CCPT.

Purswell and Bratton (2018) adopted a quantitative method to investigate children’s experiences of the therapeutic relationship within CCPT. They developed the Relationship Inventory for Children, an instrument designed to account for children’s view of the relationship
and intended for use in process and outcome research. Three factors were identified from the analysis: positive regard, unconditional acceptance, and empathy. Green and Christensen (2006) and Purswell and Bratton (2018) both noted the difficulty of using verbal agents to decipher children’s experiences in play therapy.

Purpose of the Study

Within its 80-year history (Bratton & Ray, 2000; Ray, 2011), researchers have explored the practice, perceptions, and outcomes of play therapy. In CCPT specifically, these objectives have been gauged by data collected primarily from parents and caregivers (Blalock et al., 2018), teachers, therapists, observation, or a combination of these measures (Burgin & Ray, 2021; Robinson, 2021, Taylor & Ray, 2021). Others have explored the perceptions of play therapy among members of the general public (Hindman et al., 2022) and Nevas and Farber (2001) investigated the views parents hold about their child’s therapist and the therapeutic process.

Less focus has been placed on the process of child-centered play therapy (CCPT) as it occurs for children and what clients experience as a result of participation. Given that the relationship between the therapist and child is regarded as the basis for therapeutic outcomes (Landreth, 2012) and the “technique” of the approach (Ray, 2011, p. 297), understanding appears to be a valued aspect in the advancement of the intervention. Previous efforts to understand what transpires between therapist and child (Axline, 1950; Carroll, 2002; Diamond & Lev-Wiesel, 2017; Edwards & Parson, 2019; Green & Christensen, 2006; Purswell & Bratton, 2018) indicate interest in this topic. While these studies have informed the understanding of children’s experience, they have relied on methods that may be outside of children’s developmental grasp to gather the data from which their findings emerged.

The purpose of the current study is to solicit impressions of CCPT directly from children
participating in the intervention. As Axline expressed, “Words are inadequate and clumsy things for the child” (Axline, 1974, p. 171), supporting the notion that traditional verbal interviews are not ideally applied to work with children. This study is proposed as a developmentally appropriate means, much like the intervention itself (Landreth, 2012; Ray, 2011), of accessing and exploring the experiences of children in CCPT due to use of an artwork-based data collection from young participants. This study was focused on the research question, What are the lived experiences of young children in CCPT as expressed through their artwork?

Methods

Phenomenology is conducted as an endeavor to understand the lived experiences of a group of individuals who have had direct exposure to a given area of inquiry (Creswell & Poth, 2018; Hays & Singh, 2012). Within a counseling context, application of the approach emphasizes the client’s view of their problems and their experiences of counseling (Hays & Singh, 2012). Regarding participation in research, Spratling and colleagues (2012) concluded children can contribute to qualitative research from four years-old onward when questions are posed with developmental considerations in mind and participants are comfortable with the interviewer and environment.

Participants

This study was conducted in two counseling centers on the campus of a large public university in the southwestern United States and at a private counseling practice within the same geographic location for a total of three research sites. The private practice provided play therapy services and accepted insurance and private pay clients. The two counseling clinics functioned as resources for university students and community members to access mental health services.
provided by master’s and doctoral counseling students. All practitioners received weekly supervision in group or triadic formats, or a combination of both.

Samples within phenomenological investigations can vary between 3 and 4 individuals to 10 and 15 participants and encompass participants with direct experiences of the topic (Creswell & Poth, 2018). Ten children participated in this study and met the following inclusion criteria: (a) were between four and seven years old; (b) were a current client at one of three clinical sites; (c) had completed at least eight sessions of CCPT with a clinician who was either in the process of obtaining or had already completed a doctoral degree in counseling and identified as child-centered in theoretical orientation; (d) consent was obtained from legal guardian and assent collected from the child; (e) child spoke and understood English fluently; and (f) no reported motor or cognitive delays or impairments. Table 1 presents the demographic information on all participants. The mean age of participants was 6 years and 3 months old with a standard deviation of 1.01 years.

Table 1

**Participant Demographics**

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Site</th>
<th>Reason for Referral</th>
<th>Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruce</td>
<td>6 yr, 5 mo</td>
<td>Male</td>
<td>White</td>
<td>Clinic B</td>
<td>Attention, aggression</td>
<td>23</td>
</tr>
<tr>
<td>Henry</td>
<td>6 yr, 1 mo</td>
<td>Male</td>
<td>White</td>
<td>Clinic B</td>
<td>Anxiety</td>
<td>18</td>
</tr>
<tr>
<td>Jaylen</td>
<td>4 yr, 9 mo</td>
<td>Male</td>
<td>Black</td>
<td>Clinic B</td>
<td>Attachment</td>
<td>12</td>
</tr>
<tr>
<td>Toby</td>
<td>5 yr, 2 mo</td>
<td>Male</td>
<td>Multiracial</td>
<td>Clinic A</td>
<td>Behavioral issues, anger</td>
<td>18</td>
</tr>
<tr>
<td>Elena</td>
<td>7 yr, 10 mo</td>
<td>Female</td>
<td>White</td>
<td>Clinic B</td>
<td>Adjustment</td>
<td>20</td>
</tr>
<tr>
<td>Cole</td>
<td>5 yr, 5 mo</td>
<td>Male</td>
<td>White</td>
<td>Clinic B</td>
<td>Self-harming behaviors</td>
<td>23</td>
</tr>
</tbody>
</table>

*(table continues)*
<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Site</th>
<th>Reason for Referral</th>
<th>Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tia</td>
<td>6 yr, 9 mo</td>
<td>Female</td>
<td>White</td>
<td>Clinic B</td>
<td>Anxiety</td>
<td>30</td>
</tr>
<tr>
<td>June</td>
<td>6 yr, 11 mo</td>
<td>Female</td>
<td>Multiracial</td>
<td>Clinic A</td>
<td>Anxiety, somatic issues</td>
<td>8</td>
</tr>
<tr>
<td>Graham</td>
<td>7 yr, 6 mo</td>
<td>Male</td>
<td>White</td>
<td>Private practice</td>
<td>Anxiety, depression</td>
<td>22</td>
</tr>
<tr>
<td>Flora</td>
<td>5 yr, 8 mo</td>
<td>Female</td>
<td>White</td>
<td>Private practice</td>
<td>Anger</td>
<td>22</td>
</tr>
</tbody>
</table>

Research Team

As the primary researcher, I am a fourth-year doctoral candidate specializing in play therapy and hold a current license as a Licensed Professional Counselor-Associate. I identify as a White woman. I have completed graduate-level coursework in CCPT individual and group play therapy as well as filial therapy and qualitative research. I have experience conducting CCPT in both clinical and school-based settings, in addition to supervising and teaching its practice. My qualitative research experience includes coursework and previous experience as a coding team member for a dissertation study and an auditor for a faculty-led research project.

Other research personnel included the play therapists who facilitated drawings and conducted interview. Play therapists were six doctoral students enrolled in or having completed a series of clinical practicum courses and two full-time clinicians holding doctoral degrees in counseling. Doctoral students were in their first, second, and fourth year of the program at the time of their participation and included one male and five females. One doctoral student identified as South Asian, one identified as Latinx, and the remaining four identified as White. Both clinicians at the private practice identified as White females. Two counselors completed the task with two clients and the other six counselors engaged in the interview process with a single
client. All counselors signed a statement endorsing the philosophy of CCPT as guiding their clinical work, as described and utilized by Jayne (2013).

The research analysis coding team consisted of two coders who identified as White women and completing their first and fourth year in a counseling doctoral program. A faculty member, identifying as a White woman, with over 20 years of experience in counselor education served as the auditor. The protocol development team consisted of four experienced play therapists who held doctoral degrees in counselor education and currently worked as counselor educators. Each of the protocol development team members identified as White women. Each protocol development team member was a Licensed Professional Counselor in the state where the study was set and accredited as a Registered Play Therapist, a title managed by the Association for Play Therapy indicating specialized training and practice in the field.

Interview Protocol Development

Phenomenological interviewing is typically centered around two questions to generate textual and structural descriptions of the phenomenon: what has the participant experienced and what has influenced the experience? (Moustakas, 1994). Expectedly, however, the process may vary when working with children. Spratling et al. (2012) recommended consulting experts on children to formulate accessible interview questions, making the development of interview questions a relevant matter for committee consideration.

Freeman and Mathison (2009) described that a sense of control established in the interviewer’s favor when traditional question-and-answer practices are implemented in individual interviews. The interview for the current study therefore opened with a broad inquiry modeled from previous research (Hyslop et al., 2018) to invite children to speak freely about their creation and to support a sense of permissiveness and acceptance similar to what they
encounter in the playroom. As experienced practitioners, interviewers used verbal and non-verbal CCPT skills such as reflecting content and reflecting feeling to confirm their client’s meaning while administering the protocol and allowing the child to lead the experience. These practices are familiar to CCPT practitioners and are also aligned with suggestions by Freeman and Mathison (2009) for interviewer to provide empathy and offer the child an active role in the interview process.

Spratling et al. (2012) suggested prompts specifying a particular period or event can be effective across a variety of developmental levels. Play therapists therefore asked children to “tell about the time” or “tell a story about” the playroom or a certain aspect of it the child references (Spratling et al., 2012, p. 49). For example, if a child expressed an affinity or memory of a particular item or depicted it in their image, the counselor asked the child in the interview to “tell me about a time you used the (item).” I proposed lines of inquiry including “what is this person doing?” to assess activity and context about the figures a child might include. I believed the child’s remarks about the therapist, if present in the image, could allude to the client’s perception of the relationship. I thought further relational cues may be rendered through posing the question “how does this person feel about this person?” while pointing to figures the child has identified, asked reciprocally for all figures included and asking about the therapist’s verbal activity, (“what does this person do?”) might gather insight related to the child’s experience of the counselor. To reiterate the child’s authority within the interview proceedings, the counselor offered the open-ended question “is there anything else you want to tell me about being in playroom?” before concluding.

Prior to data collection, I piloted this procedure with a long-term play therapy client and reviewed procedures with the protocol development research team. Based on team feedback, I
modified the interview prompt and follow-up questions. The prompt for the activity was “I’m interested in what happens for kids in the playroom. I want to ask you to draw a picture of play therapy. You can tell me when you’re done” and the first interview question was “Tell me about your drawing.”

Data Sources

Data was drawn from drawings created by child participants, the transcribed interview between counselor and client about the drawing, and observational notes. After completing the drawing, the play therapist administered a brief, semi-structured interview protocol which was transcribed. As the primary researcher, I took notes during the administration to observe the interaction between the counselor and child which were analyzed as an additional source of data. Counselors completed a demographic form for participating children including the child’s age, grade (if applicable), racial or ethnic background, gender, the stated reason for seeking clinical services, and number of completed sessions. Play therapists also reported their own year in the doctoral program, gender, race, and commitment to child-centered-practice.

Procedures

First, I obtained approval from the university’s Institution Review Board to conduct this study. To recruit counselors seeing eligible clients, I visited Counseling program doctoral practicum classes to advertise the project and posted fliers at two sites. After eligible participants were identified by counselors, I trained counselors to administer the protocol and then sought consent from the clients’ parents. In eight out of ten cases, the facilitating play therapist first presented the study to the parent and asked if they would like to receive more information from the student researcher. As research personnel, clinicians operating at the private practice
collected the informed consent signatures themselves. Parents were offered a copy of the informed consent to retain in all cases.

Interviews were implemented after the child completed at least eight sessions of CCPT. The protocol included an introductory and assent statement, two prompts to explain the task to the child, and a 12-question interview script. Counselors introduced the task by saying, “I want to learn what you think of the playroom. I’d like for you to draw a picture and tell me about it. You can stop any time you want. Are you ready?.” The final segment of this statement served as the assent component. No children declined to participate at this question. Counselors then delivered an initial prompt of “Draw what happens for you in the playroom.” If the child did not understand the task as initially presented, the counselor used the follow-up prompt, “Draw yourself doing something in the playroom. You can decide what to draw” and were instructed to clarify further as needed based on their understanding of the child.

Calculating the time participants took to create their pictures posed a challenge to reporting because most children returned to add to their drawings as they discussed them with their counselor. The eight children who completed a picture of the playroom took between 1:06 and 33:28 to make their initial product, defined as what they produced from when the prompt was given to announcing they were finished before returning to make additions. Five children took less than two minutes. Children in this study spent between 1:27 and 17:23 minutes engaged in the interview process, measured from the time the counselor asked the first protocol question to the child’s response to the final inquiry.

I observed each interview, taking note of the interaction between counselor and client, apparent affect and behaviors of the child, the order in which elements were drawn, the drawing mediums selected by the child, statements or descriptions offered by the child, and any other
observations seeming relevant to the research process. and allowing participating counselors to focus fully on the child’s process instead of simultaneously attending to details of the study. After the interview, the child and counselor held their session as scheduled and the counselor received a copy of the observation notes via encrypted electronic message to review for accuracy.

**Trustworthiness**

I participated in weekly debriefing sessions with a counselor educator familiar with CCPT and phenomenological inquiry as an ongoing bracketing tool throughout the recruitment and data collection processes. I maintained a reflexivity journal (Creswell & Poth, 2018), writing after each interview and at each subsequent contact with the data for coding and thematic identification purposes. An external auditor reviewed the audit trail, consisting of the transcribed interviews, observation notes, my reflexivity journal, bracketing notes from both coders, discussion notes of each participant’s data as a discrete unit, a codebook with supporting examples, and a streamlined version containing only the descriptions of themes and subthemes, in order to support the accuracy of conclusions. Further, I sought to triangulate data from the three sources and included an additional coder on the research team (Hays & Singh, 2012).

**Data Analysis**

Three data sources were collected for this study: the drawing created by the child, transcribed responses to a brief semi-structured interview protocol about the drawing, and notes scripted by the observer of all interview sessions. Sourcing data from both visual and lingual contexts can create thicker descriptions of participants’ experience (Hays & Singh, 2012). Analysis followed a transcendental phenomenology approach set forth by Moustakas (1994). Transcendental phenomenology is distinguished from hermeneutical phenomenology by the
intention to describe experiences rather than to interpret them (Creswell & Poth, 2018). The data analysis process began with the two coders engaging in a bracketing process. The coders wrote about their perceptions, beliefs, and prior experiences with CCPT, children, and art and discussed them. Next, the coders engaged in a reduction process to seek themes and codes by independently examining the data and taking notes on outstanding features. Each participant’s data was individually reviewed as a unit comprised of the child’s drawing, transcribed interview, and observation notes. The coders independently reviewed all data sets one at a time and then met to develop initial codes and operational definitions (Hays & Singh, 2012) by first discussing the experiences each participant appeared to express and then exploring commonalities among them. A final data set served as a confirming case (Harsh, 2011) and allowed the coders to determine that the existing codebook accurately portrayed participants’ experiences as understood by the analysis proceedings. Following this process, the research coders identified patterns, organized into themes and subthemes, from the coded material to represent the shared experience of CCPT. Statements and examples were then matched to themes to provide illustrations of these categories.

Results

The themes Expressions of Relationship, Experiences in the Playroom, and Reluctance to Engage in Counselor-Directed Activity were derived from the data and together include a total of 10 subthemes. The first two themes directly reflect children’s experiences of CCPT, while the third theme illustrates a process apparent within the interviews conducted for this study. Table 2 displays themes, subthemes, and the frequency among the experiences reported by participants.

Theme 1: Expressions of Relationship

This theme reflects the importance of the established and dynamic qualities of the
relationship between child and counselor. Seven out of nine children depicted their counselors within the drawing they created. They also represented the relationship they experience with their counselor in verbal statements and behaviors during the interview, such as initiating movement to sit next to the counselor, and provided context for how they perceived their counselor’s role in the playroom. Participants made efforts to include their counselor in the drawing process by asking them to draw together or guess what was being drawn. Further, children used the time spent with their counselor outside of the playroom to share information about themselves and reported recollections from the playroom recognized by the counselor.

Subtheme 1: Representations in Images, Statements, and Actions

Children illustrated their relationship with their counselor by including them in their images. Five-year-old Cole returned to add to his drawing, announcing:

Cole: I forgot something.

Counselor: Oh, you forgot something.

Cole: I forgot you.

Children noticed similarities between their counselors and themselves and tended to physical features of their counselor. Elena, age 7, observed, “Ooh! I have brown hair. You have brown hair too so I need to color your hair brown. There we go.” When his counselor asked what he liked about his picture, four-year-old Jaylen responded, “I like playing with you” and 6-year-old Tia moved to sit next to her counselor.
Table 2

Frequency of Themes among Participants

<table>
<thead>
<tr>
<th></th>
<th>Expressions of Relationship</th>
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Subtheme 2: Counselor’s Role

Children described and enacted the counselor as an attentive person available to play, help them accomplish their objectives, and to follow the directions they gave. When asked about the counselor figure in his image, Jaylen stated, “You play with me” and Elena described a time her counselor helped her make adjustments to the playroom.

Subtheme 3: Relational Recollections

Children recounted memories of events that took place in the playroom, which counselors were able to recognize and respond to because they were shared together, although the meaning of the descriptions may not be apparent to others. Five-year-old Bruce remembered:

Bruce: And remember the time where I was crazy and watched the sword fights?
Counselor: Oh yeah, I do remember having lots of sword fights.
Bruce: Remember when I surprised you?
Counselor: Yeah, you surprised me a lot of times.

Subtheme 4: An Opportunity to Engage and Share About Self

Throughout the interview, children used the time to share about themselves and demonstrate skills and knowledge to their counselors. Six-year-old June told her counselor a joke and Cole shared about his abilities, stating, “I know how to write ‘Titanic’ all by myself.”

Theme 2: Experiences in the Playroom

Children represented their time in the playroom in images and descriptions which included reference to specific toys and materials, the child’s actions during the session, and expressions of positive affect attributed to both counselor and child as well as the playroom.
Subtheme 1: Specific Media and Features of the Playroom

Children drew and identified play materials consistent with the CCPT selection of toys. Cole named the “Army men,” “blocks” and “sand” in his description of his drawing, Henry depicted “the sandbox,” Flora, age 5, drew “bubbles,” and Elena mentioned “the paints” and “the punching thing.”

Subtheme 2: Awareness of Playroom Activity

Children demonstrated recognition of their processes and preferred activities within the playroom. June expressed one of her frequent activities:

June: And painting, painting!
Counselor: Oh, you can’t believe you almost forgot that. You love painting.
June: (adds to picture) I always make a picture.

Subtheme 3: Representations of Positive Emotions Toward Self, Counselor, and Playroom

Participants conveyed mutually positive emotions between themselves and their counselors. Henry described his counselor’s feeling about him as “happy and laughy” and his feelings about his counselor as “happy.” Elena told her counselor she wanted to live in the playroom.

Theme 3: Reluctance to Engage in Counselor-Directed Activity

Participating children expressed reluctance toward the presented task, exhibited in apparent anxiety generated by the counselor’s request to engage in a formulated manner with an expectation for them to draw. Participants also conveyed disinterest in the activity through their statements and, more often, their actions. Counselors responded by using CCPT skills to facilitate the interview process, which contributed to an environment marked by the conditions of unconditional positive regard and empathic understanding to support children’s genuine
expression. As children displayed uncertainty and frustration with the circumstances, they were met with acceptance from their counselor.

Subtheme 1: Anxiety Related to Task

Children appeared to convey apprehension about what they were asked to do and their ability to complete the task. Flora expressed, “I don’t know how to make myself sitting in a chair” and colored over the image in her drawing. June stated repeatedly, “I feel like I’m doing the STAAR test,” referencing a standardized state assessment,

Subtheme 2: Resistance to Completing Task

Children seemed to object to the counselor-initiated prompt and process. Henry devised a plan to draw his own picture and Toby left the interview room, announcing, “I don’t want to, it’s so boring.” Bruce asked, “Am I going to play now?” and six-year-old Tia engaged in imaginary play to avoid the task.

Subtheme 3: Counselor’s Use of Attitudinal Conditions and CCPT Responses to Facilitate Process and Expression

Participating counselors used CCPT-aligned responses after presenting the task to respond to and accept children’s frustration, lack of interest, and uncertainty. Seven-year-old Graham expressed he was not able to represent an object as it appeared in the playroom. However, an attuned reflection from his counselor appears to facilitate his ability to identify a resource which meets his preference:

Graham: It just needs to be gray ‘cause it is gray (returns to color in blue).

Counselor: Oh so you want it to look exactly like the kitchen in our playroom.

Graham: Yes. This is gray (colors with pencil
Discussion

This study represented an effort to explore how children experience Child-Centered Play Therapy (CCPT) and focused on obtaining data directly from child clients. To my awareness, it is the first to use a developmentally matched interview medium to study a particular therapeutic intervention with young children. Findings, consolidated into three themes and a total of ten subthemes, are examined individually and overall seem consistent with the centrality of the relationship and non-directive nature of CCPT. Implications, limitations, and possible areas of future study are included to offer a rounded discussion on the impact of this study. Findings from 10 participants were organized into three themes: Expressions of Relationship, Experiences in the Playroom, and Reluctance to Engage in Counselor-Directed Activity.

Theme Discussion

*Expressions of Relationship*

Within the themes of expressions of relationship, children appeared to convey feelings of comfort and connection with their counselors, evident by the elements they included in their drawings, how they saw their counselor’s role within the playroom, and what they decided to disclose to their counselor. Relationships were apparent in both the verbal and nonverbal messages children communicated during the interview. In seven out of nine drawings collected for this study, children spontaneously represented their counselor in the playroom. The prompt did not ask children to include their counselor in the drawing they created, and thus this was a decision children initiated independently. Of those who did not depict the counselor, one child did not include any representations of humans or concrete figures, and the other child depicted only herself. This finding contributes to the possibility that children perceive the counselor is a key component of their experiences in play therapy.
As noted, Rogers (1957) presented six conditions required within the therapeutic process to facilitate change including client and therapist are in psychological contact, client in a state of incongruence, therapist in a state of congruence, therapist experiences unconditional positive regard, therapist experiences empathic understanding, and client perceives empathic understanding and unconditional positive regard from the therapist. The first, psychological contact, defined the capacity for a relationship to occur while the remaining five explained the qualities of that relationship (Rogers, 1957). To meet this first condition, two people must be aware of each other. Rogers (1957) described this condition as the only one to operate in a binary manner, as either existing or absent, instead of on a continuum as the other five are represented. Psychological contact serves as the base for the relationship to emerge, and all six conditions are deemed necessary for clients to progress therapeutically (Rogers, 1957). The depiction of the counselor in most pictures drawn by children in the current study therefore suggested psychological contact because it indicated the child was aware of the counselor’s presence. Meeting this first criterion by illustrating both the counselor and child may have represented that clients were prepared to move forward or had already progressed within the relationally bound therapeutic process of CCPT (Landreth, 2012; Ray, 2011).

Three children included distinct details of their counselor’s appearance, which was also noted by previous authors as a feature of children’s drawings. Carroll (2002) stated children represented the clothing styles and cosmetic choices their therapists made but did not include the frequency of this finding among participants or a possible explanation while Malchiodi (1998) articulated that children tend to illustrate the features they find most significant in drawings of their therapists, which can occur unprompted. One of the children in the current study represented traditionally masculine characteristics of his counselor by depicting the counselor’s
beard and mustache. Likewise, another child commented on the common hair color between herself and her counselor. This finding could indicate that participants noticed and took heed of apparent similarities between themselves and the counselor. Shared traits may form an initial facilitative feature of relationships between children and counselors by allowing children to perceive an immediate and apparent similarity of themselves and an unfamiliar adult, although based on the scope and methodological focus of this study, I cannot make conclusions related to the significance children assigned to these qualities.

Axline (1947) dismissed the influence of therapist qualities like age, appearance, and gender and cited instead the potency of the attitudes the adult holds toward the child and the therapeutic process. In a third case, a child returned to her drawing to add detail to the counselor’s image without noting a common feature. Therefore, children acknowledging similarities between themselves and their counselors and drawing their figures to reflect the physical features of their counselor may represent the importance of the counselor to the child by creating an accurate portrayal of their appearance.

The theme of relationship has been identified by previous authors studying children’s perceptions of play therapy. Carroll (2002) commented that spending time with the therapist was a favored aspect of play therapy and eight children felt spending time with their therapists was inherently helpful, even when they were unable to articulate what specific features benefitted them. Green and Christensen (2006) reported that children’s abilities to make choices related to the playroom activity, feel understood and accepted by the counselor, and solve problems with the counselor contributed to their theme of therapeutic relationship. Axline (1950) reported former clients she interviewed recognized her when asked if they remembered her after terminating. She posed, “Do you remember me?” (Axline, 1950, p. 54) as the only question to
prompt children’s reactions to play therapy and reported that every participant provided a thorough account of their experience. These findings suggest the therapist and their ways of engaging are crucial components of children’s experiences. Distinguishing this study from the work of Carroll (2002) and Green and Christensen (2006), all participating counselors confirmed their exclusive use of CCPT, which could further demarcate this relationship as one marked by the tenets of safety, acceptance, expression, permissiveness with the child assuming an active role in making decisions and taking responsibility (Landreth, 2012). Taken with prior findings, this body of evidence suggests children are sensitive to the relationally oriented nature of CCPT.

The relationship is the foundational component of the child-centered approach, beginning with groundwork laid by Rogers (1957) which delineated the presence and nature of the relationship between client and therapist. In her presentation of principles guiding the non-directive approach to play therapy, Axline (1974) named that the therapist commits to establishing a relationship with the child first. Notably, in their respective guides to the therapeutic process, both authors acknowledged the potential of a relationship between the counselor and client before any other component that may contribute to therapeutic outcomes. Likewise, Landreth (2012) articulated the relationship itself as the primary therapeutic element, clarifying it is not a precursor to other actions a therapist might take. Given the enduring emphasis placed on relationship as the cornerstone of CCPT, subscribing practitioners are well versed in the perspectives prompting this point. However, findings from this study support that the relationship is a valued asset to participants as well.

Experiences in the Playroom

Within the theme of Experiences in the Playroom, children shared information directly related to the time they spent in the playroom. They drew and discussed the toys and materials
they used, the activities they engaged in frequently, and overall expressed positive feelings about themselves, their counselor and the playroom itself. In their drawings and descriptions, children depicted or named play items from each of the three categories of real-life toys, acting-out aggressive-release toys, and toys for creative expression and emotional release outlined by Landreth (2012), which seemed to illustrate that children rely on a broad offering of materials to express their internal experiences. Axline (1950) reported a similar finding, writing children remembered the toys available in the playroom and their activities within it. Former clients in her study recalled puppets, dolls and the doll house, “hammer and saws” (Axline, 1950, p. 58) and painting supplies without being specifically asked about materials. This finding supported an established feature of the CCPT philosophy that toys are carefully curated in order to act as a medium for expression (Landreth, 2012). Children also recalled their processes within the playroom and expressed positive emotions about their counselor, themselves, and the playroom, which could support conclusions that children attend to its features because the playroom and the relationship inherent within it are distinct from other environments they encounter.

Reluctance to Engage in Counselor-Directed Activity

Within the third identified theme of Reluctance to Engage in Counselor-Directed Activity, children communicated both anxiety and disappointment in response to their involvement in the data collection tasks. As noted, this theme is related to experiences children conveyed about participating in the interview process yet could have important implications for both research and clinical practice. After obtaining informed consent from their parents, children went with their counselor to a clinic environment arranged to conduct the interview. In the playroom, children are invited to lead proceedings from the first encounter (Landreth, 2012); however, the structured task and interview in the current study depended on the counselor’s
direction and the child’s compliant participation. Assent was collected from all participants and counselors communicated that children were free to stop the interview at their discretion. However, the interview process was markedly different from the child’s contact with the counselor and clinic in play therapy up to this point, which children seemed to perceive and respond to with hesitation.

Children’s resistance in the current study may have emerged from the stark difference between the permissive, child-led atmosphere of the playroom and the interview during which an adult ultimately controlled the task and topic. Children may have responded to the sudden structure applied to a relationship they had learned, or were learning, to expect as available to their needs for expression and exploration. The number of completed sessions varied between 8 and 30. Children with established awareness of the playroom as a permissive environment may have been frustrated by their lack of access to it and responded by stating their interest in going to the playroom, posed alternatives to the drawing task, employed distractions to avoid the presented task, and answered questions in short, redundant statements as if to move the interview along.

Additionally, children might have expressed resistance due to a perception of evaluation of their drawing ability or the picture they made. Hyslop and colleagues (2018) reported that 12 of the 30 children in their sample declined the drawing task. The authors speculated this may have been because children felt reserved or uncertain of how to represent their feelings through drawings, which seemed to be corroborated by the subtheme of anxiety related to task in the current study. Malchiodi (1998) suggested that responses to drawing seeming to convey defiance may actually be indicative of unease and doubt and that asking children to depict a single detail of their planned drawing may be a supportive means of involving children in the process.
According to Rogers (1961), external evaluation in any form is inherently threatening. One marker of a successful person-centered process, and therefore CCPT, is the client’s ability to evaluate their experiences internally instead of relying upon judgment from others. In the playroom, where children had exclusively encountered their counselor up until the time the interview was conducted, child-centered therapists focused on accepting the entirety of the child and allowing them to make decisions that shape the direction of the experience to support this process. Methodologically, the decision in this study for the counselor to conduct the interview was implemented with hopes of facilitating comfort and sharing among young participants. However, asking the counselor to assume this role may have caused a disruption within the therapeutic relationship by presenting the therapist as someone who evaluates rather than accepts the child.

Limitations

Conclusions from this study are best considered in the context of limiting factors. First, the research team qualified to conduct this study based on experience in CCPT and qualitative procedures alone and did not have expertise in art therapy despite one coder’s background in art education. Thus, the research team does not have the capacity to interpret features of the artwork as indications of the child’s experience. Notably, however, Malchiodi (1998) cautioned against reliance on a single element of an art piece to draw conclusions, seemingly indicating a preference for holistic appreciation, while Carroll (2002) hesitated to offer interpretations from a single image. Like theme work in CCPT, patterns in artwork must be established over several sessions (Freeman & Mathison, 2009; Ray, 2011). Interpretation was also not an outcome associated with the selected methodology (Creswell & Poth, 2018), which emphasized direct representation of the agreed-upon features expressed by the participants. The research team did
not attempt to interpret the artwork produced by children in this study and instead attempted to report what was evident in participants’ statements and drawings. As a CCPT therapist does not attempt to make outcomes occur or drive the child in a particular direction, the research coding team aimed to avoid preconceptions and hypotheses to permit meaning to emerge authentically from the artwork and interviews. Approaching work generated by the child from a global lens may be better suited to the tenets of phenomenology and CCPT itself.

Recognizing an additional limitation, data sources represented children’s perceptions at a single time of the therapeutic process. Collecting data at multiple points may offer a richer portrait of changes in the child’s perception or of how the relationship develops over time. Another limitation of the presented procedure is related to scheduling. Holding the interview prior to a planned play session prevented families involved from having to make a separate trip to the clinic, although the child did not have access to the entirety of the scheduled session. This limitation was bolstered by the theme of Reluctance to engage in counselor-directed activity, and particularly the subtheme of Resistance to completing task.

Clinical Implications

Findings from this study can be applied to support the therapeutic relationship as an important aspect of children’s play therapy experiences. Given the primacy of relational elements within the seminal texts of CCPT (Axline, 1947; Landreth, 2012; Ray, 2011), this conclusion revealed children receiving the intervention are also attending to a sense of connection with their counselors. Additionally, the permissive, child-led atmosphere of the playroom is intentionally curated to support the objectives of CCPT (Landreth, 2012). The resistance and apprehension children displayed when the counselor altered the means of engagement to complete the interview activity illustrates children might become accustomed to
the freedoms they are trusted with, based theoretically on the actualizing tendency active in all living organisms (Rogers, 1951).

Practitioners who identify as operating from an eclectic or blended approach may consider how their strategies are perceived by the clients they serve. In this study, children demonstrated resistance to the introduction of a directive activity after becoming familiar with the permissive environment of the playroom and child-led nature of CCPT. Children may be subject to similar frustration and confusion when they are first permitted to play at their discretion and are then directed to a particular task.

Research Implications

Researchers are encouraged to consider components of the current study. First, including an interview with the child’s counselor as a data source could provide additional context to the child’s experience. Researchers may ask counselors to reflect on the themes (Ray, 2011) of the child’s play process to garner additional understanding of participants’ use of toys and the recollections reported by children. This recommendation mirrors the methodology modeled by Weeks and Ray (2022), who included a parent interview and parent feedback session and Carroll (2002) interviewed play therapists prior to meeting with children. Secondly, results from this study support that a research team member not providing clinical services may be best equipped to deliver research protocols. Authors of previous studies employed this approach, and none reported significant interruptions to the data collection process because of the administrator’s relative unfamiliarity to the child (Carroll, 2002; Green and Christensen, 2006; Hyslop et al., 2018). Although Axline (1950) had conducted services, she held interviews well after termination. In this way, the counselor can remain a consistent and predictable figure to the child and prevent the possibility of disruptions within the relationship.
The findings from this study present several avenues to be investigated, supported, or challenged by forthcoming research. Given the essentiality of the relationship between counselor and client within these findings and the single point of data collection as a stated limitation, a future area of inquiry might be the development of relationship over time. Interested researchers may ask children to create drawings of the playroom at the beginning, estimated midpoint, and as the child approaches termination. These visuals may facilitate understandings of how the child’s perception of the counselor over time, which Malchiodi (1998) suggested drawings have the capacity to do and identify subtle shifts in the child’s understanding of self and others.

To further explore the theme of relationship, this study could be replicated with older children within the range indicated for play therapy, varying between nine and 12 years old (Cochran et al., 2023; Ray, 2011). Likewise, based on children’s apparent observation of shared traits between themselves and their counselors, this area could be further explored in relation to other identities that can be represented and understood by physical features, such as race. Additional focused study of relational dynamics based on shared identities could provide more definitive conclusions about what role, if any, similarities between counselors and clients holds in facilitating change processes.

Conclusion

Overall, the study was intended to explore how children perceive play therapy by utilizing a medium matched to their developmental processes. Children expressed awareness of their counselor as a primary element of their experience, shared the ways they interacted in the playroom and their feelings toward themselves, their counselor, and the space. Participants also communicated reactions to their involvement in the research process, which counselors responded to with integrated attitudes reflecting their beliefs about children. These findings can
be used as a basis to support relationship and the non-directive nature of CCPT as features noticed by young children served by the intervention.

References


APPENDIX A

EXTENDED LITERATURE REVIEW
In this section, I present a foundation of previous literature. I review literature related to the historical origins and current practice of Child-Centered Play Therapy (CCPT) as a developmentally attuned intervention for young children and the established research base endorsing CCPT across a variety of presenting concerns and situations children may encounter. Next, I explore literature related to the developmental characteristics of young children to highlight the usefulness of exploring their experiences through non-verbal means and their capacity to participate in adapted tasks. I use examples from the fields of medicine and education to illustrate previous efforts to apply art-related tasks to understand children’s experiences and finally, present past studies aiming to describe the process of play therapy as it occurs for children through a variety of methods.

History and Practice of CCPT

The field of play therapy has a rich history and various contributors (Johnson, 2016; Landreth, 2012; Leblanc & Ritchie, 2001; Ray, 2011). CCPT is a nondirective iteration of the modality, recognized as the most frequently employed approach among practitioners (Ray, 2011). Derived from philosophy articulated by Carl Rogers (1951, 1957, 1961, 1980), it was adapted and applied to children by Virginia Axline (1947), a student and colleague of Rogers (Cochran et al., 2023; Ray, 2011; Landreth, 2012). The person-centered approach operates on a “basic trust” (Rogers, 1980, p. 117) of the organism’s capacity for self-direction, self-acceptance, maturity, and increased flexibility and acceptance of others (Rogers, 1961). This actualizing tendency forms the basis of the change and growth the organism pursues (Rogers, 1961). According to Ray (2011), features of a thorough theoretical philosophy include how problems emerge, how change can be accomplished, and an explanation of human development. An
understanding of the theoretical tenets as originally posed is therefore inseparable from understanding the approach itself.

Rogers’ 19 Propositions

Rogers (1951) presented a position on human development in his 19 propositions, an articulation of developmental principles applied to adults and children alike (Ray, 2011). The propositions serve as a backbone of the theoretical underpinnings of the person-centered approach and therefore, CCPT.

The propositions begin with proposition 1, an understanding that an organism operates as the leading figure in a “private world of experience” (Rogers, 1951, p. 483) which no other person can understand as completely as the one experiencing it and that to each individual, forms the basis of reality (proposition 2). Rogers (1951, 1980) thus dismissed the importance of articulating a singular vision of reality. Rogers stated in the third proposition that the entirety of the organism responds to the perceptual field, indicating that change in one area influences the organism’s total functioning. The author introduced the actualizing tendency in proposition 4, defined as movement toward self-maintenance, maturity, self-responsibility, and self-control in the direction of greater socialization (Rogers, 1951). Though innate, Rogers (1951) clarified the process toward actualizing is not one of ease and can be painful to undergo. The proclivity, active in all forms of life, is directional in nature and therefore leads organisms toward growth in their own best interest (Rogers, 1980). Compromised only by the destruction of the organism itself (Rogers, 1980), this innate inclination serves as the basis for the non-directive orientation embraced in person-centered and CCPT approaches.

Rogers (1951) posed in proposition 5 that behavior is the effort to fulfill needs identified by the organism within the perceptual field, which are ultimately related to the actualizing
tendency. Needs are encountered as the organism perceives reality and are linked only to current circumstances. Next, Rogers presented emotions as related to the pursuit of needs rather than the achievement of them in proposition 6. The emotional response rendered is dictated by the degree to which the behavior taken serves continued viability and growth. The message of proposition 7 posited that behavior is best grasped in the personal context of the individual exhibiting it, which results in understanding of the attempts as meaningful. The developing organism eventually perceives a part of the perceptual field as representing self, recognizing this element as separate from the array of experience (proposition 8). A sense of self structure emerges through interactions with the environment and others and inherently include values, according to proposition 9.

Rogers (1951) explained in propositions 10 and 11 that the evaluation of experience comes from either the organism’s direct contact with it or are relayed from others, which are assumed as the individual’s own. The organism responds by symbolizing, ignoring, denying to awareness, or distorting the experiential message to maintain its self-structure (Rogers, 1951). According to proposition 12, the majority of behaviors the organism adopts are reflective of the self-structure. However, Rogers proposed an exception in proposition 13, in which he described some cases in which an incongruent behavior may emerge, though the individual does not connect with it as a representation of the self. These circumstances may be the result to a crisis or unsymbolized needs (Roger, 1951).

In proposition 14, Rogers (1951) established misalignment between experience and symbolization as the cause of felt tension within the organism. On the other hand, adjustment is explained in proposition 15 as the self-concept’s ability to accept and symbolize the totality of the organism’s experience (Rogers, 1951). When the organism is met with an experience that
counters the self-structure, it is perceived as threatening according to proposition 16. In response, the self-structure tightens, becoming unyielding to incoming data in order to maintain itself (Rogers, 1951). Yet in situations involving no threat, the organism can examine the experiences inconsistent with their current self-structure and allow it to be altered to include these denied or distorted elements, as stated in proposition 17. Through another’s acceptance, the individual can acknowledge more of their experience, and partake in “perhaps the most important learning of which the person is capable, namely the learning of self” (Rogers, 1951, p. 519).

Rogers (1951) explored in proposition 18 that when an individual is able to access a single stream of integrated experiences, they become increasingly accepting of others as separate individuals and enjoy improved interpersonal contact. As one is able to better accept themselves and their experiences, they may find it becomes easier to extend these principles to others. Finally, in proposition 19, Rogers (1951) stated that values become ongoingly evaluated and replaced as necessary instead of being rigidly upheld, as the organism depends on their own sensory experiences to make these decisions instead of those introjected.

The Conditions of Change

In earlier writings, Rogers (1951) suggested the conditions under which the process of change and learning apparent in proposition 17 was not yet understood. He later presented six conditions he deemed necessary and sufficient to effectively facilitate therapeutic growth:

1. The client and therapist are in psychological contact.
2. The client is in a state of incongruence, being vulnerable or anxious.
3. The therapist is congruent in the therapeutic relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences empathic understanding for the client’s inner world and attempts to communicate such to the client.
6. The client perceives, to a minimal degree, the communication of empathic understanding and unconditional positive regard from the therapist. (Rogers, 1957, p. 96).

In the presence of all six conditions, therapeutic change is inevitable (Rogers, 1957). The therapist-provided conditions of unconditional positive regard, empathic understanding, and congruence as often mistakenly believed to be sufficient (Wilkins, 2010). These conditions describe the therapist’s manner of engaging within the relationship (Watson, 1984; Ray, 2011) to offer an environment highly conducive to actualization (Ray, 2011), making the relationship an exceedingly important component of the approach. Jayne (2013) contributed definitions of the attitudinal conditions expressed by therapists providing CCPT. Congruence was explained as, “being aware and open to one’s moment-to-moment experience, thoughts, and feelings and expressing one’s self in a real, natural, and free-flowing way in relationship with the child” (Jayne, 2013, p. 12) and unconditional positive regard as, “valuing and accepting all aspects of the child’s experience, feelings, thoughts, behavior, and play” (Jayne, 2013, p. 12). The author offered “being open and attuned to the child’s moment-to-moment experience, intentions, perceptions, and meanings” (Jayne, 2013, p. 13) as definition of empathic understanding.

Over the course of therapy, clients become more congruent, understandings accepted as rigid facts become more flexible, and change in their manner of relating to their problems and to other people (Rogers, 1961). While therapist goal-setting conflicts with the philosophy of CCPT, children learn as a natural result of engagement with the process to respect themselves, accept and express their feelings, take responsibility for themselves, solve problems, develop self-control, accept themselves, and to make and be responsible for their choices (Landreth, 2012). These changes are facilitated by the relationship cultivated between therapist and client, allowing the child to access internal resources and more fully experience their innate capacity for self-direction, maturity, and growth.
The Eight Basic Principles

Axline (1947) proposed processes encompassing a nondirective approach, outlining the basis of contact between therapist and child (Landreth, 2012). Taken together, Axline called these “The Eight Basic Principles” (Axline, 1974, p. 73). Consistent with a person-centered approach, they place the relationship as the central focus of the therapeutic process (Ray, 2011). Axline (1947) first articulated the necessity of a relationship between therapist and child, facilitating freedom of expression and development of trust. The therapist does not corner a child into a relationship, instead issuing an invitation to the child if they choose to pursue it (Cochran et al., 2023). Next, this relationship is rooted in the therapist’s unwavering acceptance of the child. Making judgements and diagnoses are not within the scope of the therapist’s activities (Cochran et al., 2023). Instead, the therapist’s total acceptance counters the messages child may have received about parts of themselves requiring change and allows the child to develop their own trajectory toward fulfillment and growth (Axline, 1947; Cochran et al., 2023). Thirdly, Axline (1947) described the state of permissiveness cultivated by the therapist to facilitate understanding and exploration initiated by the child. Cochran et al. (2023) commented that this element permits children to discover that the therapist continues to feel warmly toward them throughout all expressions and feel safer in choosing for themselves and taking relational risks.

Axline (1947) emphasized the therapist’s awareness of the emotional states experienced by the child and ability to share these observations in the fourth principle. As a result, the feeling can be addressed therapeutically and yield insight for the child (Axline, 1947; Cochran et al., 2023). According to the fifth principle, the therapist maintains unwavering respect for the child and their ability to identify adequate solutions independently. Meaningful change is recognized as an internally initiated processed, and the therapist is therefore not tasked with providing
answers. Instead they permit the child to seek their own, developing a sense of self-responsibility (Axline, 1947; Cochran et al., 2023). Next, the therapist is entirely receptive to the child’s direction and makes no effort to control the course of therapy, trusting fully in the child (Axline, 1947). The author acknowledged in the seventh principle that the therapist allows the therapeutic activity to unfold naturally, in its own time, and without interruption. Ironically, attempting to hasten the process can result in extending the time necessary to cover therapeutic ground (Cochran et al., 2023). Finally, Axline (1947) instructed in the eighth principle that the therapist uses limits only when necessary. Limits serve the purposes of maintaining safety within the playroom and therapeutic relationship alike and supporting the child’s ability to develop and exhibit self-control (Cochran et al., 2023).

Skills in CCPT

The skill set of the CCPT therapist is composed of both non-verbal and verbal responses which, together, communicate the therapist’s understanding, interest, and acceptance of the child and represent the influence of Axline’s (1974) principles (Cochran et al., 2023; Ray, 2011). Nonverbal skills, valued equally as their verbal counterparts, include the therapist’s use of body posturing to communicate a receptive and available stance and efforts to follow the child’s lead, display interest, and remain focused on the child even as internal distractions arise (Ray, 2011). The therapist appears relaxed and at ease with the child and manages their tone to meet the affect conveyed by the child as well as their own internal experience. Further, Axline (1947) observed that tone, facial expressions, and gestures made by the therapist influence the extent to which a therapist’s acceptance of their client is apparent.

Ray (2011) outlined nine categories of verbal skills implemented in CCPT as tracking, reflecting content, reflecting feeling, facilitating decision making and returning responsibility,
facilitating creativity and spontaneity, esteem building and encouraging, facilitating relationship, reflecting larger meaning and limit-setting. Eight of these categories were featured in the research protocol Ray (2011) published offer researchers a measure for providing CCPT services. The author purposefully excluded the skill of reflecting larger meaning from the protocol due to the need for ongoing supervision and training to apply faithfully (Ray, 2011). This skill was, however, included in the Child-Centered Play Therapy – Research Integrity Checklist (CCPT-RIC; Ray et al., 2017) due to its reference in seminal CCPT texts (Landreth, 2012; Ray, 2011).

Tracking, the most fundamental of the verbal responses (Ray, 2011), encompasses the therapist’s sensory observations of the child’s activity in order to offer a sense of validation and control and communicate the therapist’s interest in them (Landreth, 2012). Tracking expresses the therapist’s presence, interest, and acceptance of the child (Cochran et al., 2023) and is differentiated from others by the exclusive emphasis on behavior instead of verbal expressions (Ray et al., 2017). Identical to the application with adult clients, reflection of content provides verification that the child’s statements have been received and understood by the therapist (Landreth, 2012; Ray, 2011) by paraphrasing or providing clarity to a child’s statements (Ray et al., 2017). As a result, children’s perceptions are affirmed, and they receive the opportunity to better understand their views of themselves (Landreth, 2012). These responses contribute to the permissive atmosphere of the playroom by encouraging the child’s lead. Reflection of feelings is defined by the therapist’s acceptance and labeling of emotions expressed by the child, supporting their ability to express and trust their own feeling and guided by the therapist’s empathy (Landreth, 2012). Reflections of this kind may also exhibit preferences, communicating what a child likes or does not like (Ray et al., 2017) and is classified as a higher-order skill because
children do not depend upon their verbal capacities to express feelings and reactions (Ray, 2011). Therefore, the therapist must be attuned to the child to recognize these communications.

Esteem-building responses give children credit for what they know and are able to do and recognize the child’s process instead of what they are able to accomplish (Landreth, 2012). Responses that facilitate decision making and return responsibility to children may be especially indicated when a child seeks direction in their activities or help with something they can accomplish independently (Ray et al., 2017), allowing the child to encounter themselves as capable. These responses also permit the child to use play media in the ways that are most helpful to their unique needs (Landreth, 2012). Therapist statements that offer support for the child’s ability to express themselves and find flexibility in being are classified as facilitating creativity and spontaneity (Ray, 2011), which Ray and colleagues (2017) suggested as appropriate responses when a child looks for information on how to use an item or how to create or refer to an object.

Relationship-oriented responses capture the processes between the therapist and child and reflect what is happening as it occurs, including reference to both individuals involved (Ray et al., 2017) while responses that reflect larger meaning make connections between what is observed and sensed by the therapist over a period of time (Ray et al., 2017) and themes evident in the child’s play (Ray, 2011). Expressed as a statement of fact, limit-setting informs the child what can or cannot be done within the playroom (Ray et al., 2017). Though used sparingly, limits help to maintain a sense of safety and consistency for the child (Ray, 2011). They follow the three-step format of recognizing the child’s feelings or relevant desires, stating the limit, and offering an alternative for the child to engage in that meets the need as initially expressed (Landreth, 2012).
Structure of the Playroom

Landreth (2012) described a playroom 12 feet by 15 feet in size as ideal. Windows, if present, must be covered to support the child’s sense of privacy and square tile floors are recommended to facilitate cleaning and replacement, if necessary. Landreth (2012) suggested neutral-colored walls and if available, video and audio recording equipment to support training of therapists and parents alike. Other features include a sink, chalkboard with tray, a mirror, shelving affixed to the playroom walls, a bathroom, and furniture including a table and chairs (Landreth, 2012). These structural considerations help to provide an environment in which the child can experience relationship with the therapist, considered the primary source of therapeutic growth in the approach (Cochran et al., 2023; Landreth, 2012; Ray, 2011).

Toys and Materials

In CCPT, materials in the playroom are intentionally selected to promote therapeutic outcomes (Landreth, 2012). Included items should be evaluated based on their ability to support the objectives of CCPT and degree of consistency with the rationale for play therapy (Landreth, 2012) as well as for their therapeutic purpose, ability to support children in expressing themselves, and the capacity to build a relationship between therapist and child (Ray, 2011). Landreth (2012) described three necessary categories of toys as real-life, acting-out aggressive-release toys and creative expression and emotional release (pp. 160-165). Real-life toys represent materials a child is likely to recognize from day-to-day activities outside the playroom and can be used to explore experiences they do not yet have words to express. Dolls, puppets, vehicles, a cash register, and chalkboard are examples (Landreth, 2012). Acting-out aggressive-release toys, paired with the use of therapeutic limit setting and the therapist’s acceptance, can support the development of self-control. Landreth (2012) presented the bop bag, toy soldiers, the alligator
puppet, unrealistic toy guns and knives as representations of this category. Sand and water are indicated as the least structured materials found in the playroom and are included in the category of creative expression and emotional release, though also the least likely to be utilized by therapists (Landreth, 2012) Recommended items complementing the third category may also include paints, brushes, newsprint, construction paper, crayons, pencils, paper, and markers (Landreth, 2012, pp. 168-169). Notably, the child’s use of a given medium is more informative the purpose it was intended to serve and therefore use of toys and materials may transfer across categories from which they were initially selected (Landreth, 2012; Ray, 2011).

Kottman and Meany-Walen (2016) presented an alternative configuration comprised of five categories. Family-nurturing toys include the dollhouse, cradle, animal families, baby clothes and bottles, kitchen items such as pots and pans, empty food containers, and appliances. Scary toys include allow children to address the objects and scenarios they are afraid of and include animals like snakes, rats, dinosaurs, insects, sharks and alligators and monsters. The bop bag, weapons, rope, shields, and handcuffs are encompassed in aggressive toys while dress-up items like masks, wands, and clothes, telephones, the puppet theatre, human and fantasy puppets are examples of pretend-fantasy toys. Expressive items may provide insights into the child’s perception of self, others, and their world (Kottman & Meany-Walen, 2016). This category can include an easel, watercolor and finger paints, crayons, markers, colored pencils, glue, feathers, clay, scissors, tape, egg cartons, pipe cleaners, beads, yarn, construction paper, magazines and other materials meant to examine relationships, illustrate perception of self, express thoughts and feelings and support creativity among other outcomes (Kottman & Meany-Walen, 2016).

Cochran et al. (2023) suggested materials for self-expression across the arenas of art, music, and dramatic enactment. They offered examples of these mediums as crayons, scissors,
tape, clay, instruments, a microphone, scarves and dress-up items, a doctor’s kit, play money, pots and pans, and telephones as encompassing these categories. The authors also indicated the value of water and sand trays, an easel, and paint supplies when available. Ray (2011) wrote that expressive mediums are utilized by children to represent both positive and negative feelings and that the majority of children will engage with these materials at some time throughout the course of therapy. In an informal, clinic-based study of 100 participants, water was found to be the most utilized material, followed by the easel and paints (Ray, 2011).

Based on Landreth’s (2012) indication of toys for creative expression and emotional release and Cochran et al. (2023) suggestion of expressive toys as necessary components of the playroom, artwork may be the result of a spontaneous inclination of a child in play therapy. These creations have been described as an “extension of the child” (Landreth, 2012, p. 310), indicating the potential power they possess to understand children and their experiences. Furthermore, dating back to some of the first texts in CCPT, Axline (1974) included a series of drawings and paintings produced by children in play therapy, indicating an interest in this expression and its meaning for children. Artwork, therefore, can be an unprompted product of CCPT as well as a tool to provide greater insight into the experience of children.

Effectiveness and Presenting Issues of CCPT

Multiple meta-analyses have affirmed the integrity of CCPT as an intervention for children. Leblanc and Ritchie (2001) identified a medium to large effect size of .66 for play therapy interventions based on analysis through hierarchical linear modeling, which they described as consistent with results for adults participating in talk therapy and services for children not centered in play. Based on 42 studies, they found parents acting in a therapeutic capacity produced effects .33 standard deviations higher than other treatments. Further, they
concluded participating in 30 to 35 sessions yielded the greatest effect size. The child’s sex, age, presenting problem, additional therapeutic interventions used, and whether therapy was conducted in a group or individual format did not impact play therapy outcomes.

In response to criticisms of the efficacy of play therapy, Ray et al. (2001) conducted a meta-analysis of 94 studies, reporting a large effect size for play therapy interventions at .73 and an even larger effect size of 1.06 for filial-based services. The authors commented these figures were higher than those in previous meta-analyses. Humanistic models, such as CCPT, outperformed directive approaches with effect sizes of .93 and .73 respectively, although both are recognized as facilitating positive outcomes for children. Similar to findings by Leblanc and Ritche (2001), outcomes for children were particularly supported by parents’ participation within the process and the number of sessions completed. They identified the optimal range as between 35 and 45, though noted that CCPT still appears to be effective when provided in shorter durations. The authors found no significant differences among studies conducted with clinical and recruited samples, individual and group modalities, and the age or gender of participants (Ray et al., 2001). A meta-analysis of 93 studies found a large treatment effect, concluding that children receiving play therapy services performed .80 standard deviations above scores of children in a control condition (Bratton et al., 2005). The scholars found stronger effects for humanistic approaches, such as CCPT, when compared to non-humanistic approaches (Bratton et al., 2005), which is also supported by conclusions from Ray et al. (2005).

In another meta-analysis of 52 studies conducted by Lin and Bratton (2015), CCPT was found to have a moderate effect size of .47. The authors endorsed CCPT as a culturally-competent intervention due to greater improvements in groups identified as “Non-Caucasian” (p. 54) and reported larger effect sizes for children under the age of seven, crediting use of play as a
communicative modality. The authors summarized CCPT as an effective response to a span of presenting concerns, though granted special consideration of the applicability to the areas of behavioral concerns, self-concept, and stress within the relationship between adult and child (Lin & Bratton, 2015). Ray and colleagues (2015) conducted a meta-analyses of 23 CCPT studies set in elementary schools. They identified small to medium effect sizes ranging between .21 and .38 in the areas of internalizing, externalizing, total problems, self-efficacy, academic achievement, and other behaviors, concluding CCPT is an effective treatment strategy for children.

Pester and colleagues (2019) completed a meta-analysis exploring outcomes of CCPT in single-case research design. Based on 11 studies, the research team determined CCPT produced moderate effects in internalizing and externalizing symptoms as well as deficits in social skills when compared to groups receiving no intervention, though they did not find that CCPT supported self-regulation symptoms. They concluded CCPT was comparably effective with both boys and girls and for children between the ages of 3 and 10. The majority of data was collected from studies outside of clinical settings and therefore may be most accurately applied to school-based interventions. Varying from other perspectives reporting longer treatment durations (Leblanc & Ritchie, 2001; Bratton & Ray, 2000), the authors suggested effective interventions could occur in as little as eight sessions.

CCPT has been noted for its ability to effectively respond to a breadth of issues including behavior concerns, abuse, trauma, difficulties related to attachment, and concerns that may arise over the course of development (Cochran et al., 2023). Accordingly, additional studies have explored the impact of CCPT on specific areas of concern. In a literature review conducted by Bratton and Ray (2000), use of CCPT was especially endorsed for presenting issues related to self-concept, behavioral and emotional adjustment, intelligence, and anxiety concerns. They
presented the optimal range of services as between 35 and 40 sessions, with a diminishing effect apparent in treatment lengths approaching and surpassing this range and posed whether the ideal number of sessions of CCPT varies as a function of the presenting concern as an area of further research (Bratton & Ray, 2000). CCPT is currently recognized as supported by promising research evidence by the California Evidence-Based Clearinghouse for Child Welfare in the areas of anxiety, disruptive behavior and domestic/intimate partner violence (https://www.cebc4cw.org/).

Conclusions by Robinson (2021) supported CCPT as an effective intervention for socio-emotional outcomes for preschool children enrolled in a Head Start program. 23 children formed the sample, falling between the ages of three and five years old. Young children randomly assigned to receive 16 sessions of CCPT, provided twice a week over an eight-week period, demonstrated statistically significant improvement in empathy and responsibility as well as a large treatment effect on total social and emotional competence when compared to peers in a waitlist condition. Results indicted children receiving CCPT yielded a moderate effect size in levels of openness and a large effect size in levels of curiosity. Sustained attention and quality of attention yielded small effect sizes (Robinson, 2021). Taylor and Ray (2021) also explored social-emotional competencies in the first known randomized controlled trial to explore the outcomes for African American children exhibiting behavioral problems in CCPT. Their sample was comprised of a total of 37 children between the ages of five and ten. The authors determined from both teacher and parent report that the intervention aided children’s development of social-emotional competencies. Data collected from parents of participating students revealed a statistically significant interaction and a medium to large effect size, while teachers’ data indicated a medium effect size but not statistical significance. In post hoc analyses subscales,
children in the CCPT condition were found to have higher means in every category when compared to children in the waitlist control (Taylor & Ray, 2021). Parents’ ratings were statistically significant for the empathy subscale and teacher’s scores were statistically significant within the responsibility subscale of the measure used. Effects ranging between medium and large in size were reported by parents in the areas of self-regulation/responsibility, social competence, and empathy as well as social competence and responsibility according to teachers.

Burgin and Ray (2022) found CCPT alleviated depression symptomology both as observed by members of the research team and reported by parents for school-aged children from five to nine years old. Based on results of a randomized controlled study of 71 children, those receiving bi-weekly play therapy sessions at a school site demonstrated statistically significant improvement in depressive symptoms and overall behavior problems. The authors suggested CCPT may act as a preventative intervention for children experiencing depressive symptoms from facing mental health concerns in adulthood. CCPT has also been deemed as an effective response to impulsivity and inattention (Kram, 2021). The study’s sample was formed by 34 children from five to eight years old, split equally by random assignment to the intervention and control group with 17 members each. Data was collected through teacher report as well as observation by members of the research team, finding statistically and practically significant outcomes from both sources. Stulmaker (2014) studied CCPT as an intervention for children between six and eight years old experiencing anxiety using a randomized controlled design. 25 children in the intervention group completed an average of 15 individual sessions, while 28 children participated in an active control condition. Participants were administered an anxiety assessment tool and at pre- and post-test and teachers completed a report measure. Statistical and
practical significance in results indicated children receiving CCPT demonstrated overall levels of anxiety and worry. Contrastingly, levels of anxiety and worry of children in the control condition increased. CCPT was thus presented as a supported intervention for children exhibiting anxiety and worry and inhibits symptom deterioration. Findings from these studies collectively support CCPT as an effective treatment across a variety of presenting concerns that may prompt a parent or caregiver to seek play therapy services on behalf of a child.

CCPT is a responsive intervention for children meeting criteria for specific diagnoses and those facing obstacles expected within the course of development alike (Ray, 2011). Beyond specifically-targeted concerns, CCPT has also been endorsed as an effective intervention for academic outcomes in children not exhibiting concerns related to their academic performance (Blanco et al., 2017). 23 first-grade students received 26 sessions of CCPT over the course of one school year, demonstrating that long-term CCPT delivered within a school setting continued to increase academic performance. The authors noticed, though, that areas may be impacted differently, and that growth emerged at varying points in the assessment process (Blanco et al., 2017). These results suggest that outcomes may be affected by the point at which data is collected and that CCPT may have properties as both a healing and enhancing intervention.

Research also supports use of CCPT with children facing life circumstances such as homelessness (Baggerly & Jenkins, 2009) and the academic achievement of children living in poverty (Tucker, 2020). Children experiencing homelessness who participated in CCPT demonstrated statistically significant increases in a developmental domain and statistically significant decreases in a diagnostic domain. These findings, based on teacher report before and after the intervention, carried small to medium effect sizes. The authors suggested CCPT may support learning outcomes for homeless children, though note as limitations the inconsistency of
providers as potentially impacting therapeutic relationship and the absence of a control group (Baggerly & Jenkins, 2009). According to conclusions from Tucker (2020), CCPT also benefitted academic outcomes of children experiencing poverty compared to those in a control condition. Assessment scores derived from 55 children between ages four and seven years old receiving the intervention were statistically significant and had a medium effect size. The author reported 40% of children within the treatment group exhibited improvement in scores that shifted them into a higher category of achievement (Tucker, 2020).

From a qualitative perspective, Jayne (2013) applied a grounded theory approach to explore how congruence, unconditional positive regard, and empathic understanding were communicated by the therapist and experienced by children in CCPT. Jayne (2013) asked counselors providing the services on which conclusions were based to sign an agreement endorsing their belief in the underlying principles of CCPT posed by Carl Rogers (1957) and Virginia Axline (1947). In addition to providing definitions of these attitudinal conditions which provide a foundation for exploring what children experience from their counselors, Jayne (2013) made observations about the implementation of these measures. During congruent periods, responses made by therapists reflected their natural manner of engaging, while times that the therapist felt less aware of internal experiences resulted in responses that seemed delayed or reflected an unnatural tone. Nonverbal communication was also impacted and evidenced by an apparent tension in body movements during incongruent phases. Therapists were especially invested in communicating unconditional positive regard when children, “expressed negative feelings, struggled to accomplish tasks, made mistakes, or broke limits” (Jayne, 2013, p. 13). The third attitudinal condition, empathic understanding, was experienced in greater quantities when therapists felt connected to the child’s meaning of play or behaviors and had obtained a sense of
their developmental history and home lives. This construct was most readily expressed through therapists’ ability to parallel the facial expressions, movements, and vocal qualities exhibited by children. The author also reported results related to unconditional positive self regard, finding that when therapists felt able to accept the entirety of their own experience, they were better able to receive relational challenges posed by the child and noticed for themselves the points at which they may have missed a communication from the child. Overall, Jayne (2013) concluded unconditional positive regard, empathic understanding, and congruence are integral and interdependent to one another. These findings support that the conditions the therapist assumes responsibility for providing within CCPT through both verbal and nonverbal measures may impact the experience of participating children.

Qualitative analysis has offered a depth of understanding of the process of CCPT as it occurs and establishing efficacy is an important element to justify the ongoing investigation of a particular intervention. However, while children participating in CCPT may present a conglomerate of concerns, it is the person of the child, not these external conditions, that remain the therapist’s focus (Landreth, 2012). The researchers in these studies have used observational and assessment-based methods to explore the impact of the intervention upon participating children as well as collecting data from other sources. Aptly configuring children’s input into the research base of CCPT requires recognition of the developmental abilities that would both facilitate and limit their ability to participate.

Developmental Characteristics of Children Ages 4-7

Developmental aspects are considered within a holistic conceptualization of children. CCPT is a recommended intervention for children between the ages of three and ten years old (Ray, 2011), while others have suggested it may serve children up to age twelve (Cochran et al.,
Given that it is a developmentally attuned and child-focused intervention, the unique properties and states of young childhood are explored through the work of Jean Piaget (1951) and Arnold Gesell. Following the sensorimotor stage, ending at about age two, the developing child becomes equipped to embody objects and experiences through use of other representations (Piaget and Inhelder, 2000). The ability to apply symbols is observed in five stages advancing in complexity from deferred imitation, symbolic play, drawing, mental image, and verbal evocation (Piaget & Inhelder, 2000, pp. 53-54). Particularly, symbolic play incorporates a child’s ability to apply elements of pretend into their activities and may exhibit a childhood adaptation of adult’s experience of internal dialogue. Representations through drawing typically emerge between ages two and two and a half years old; a midway point, “It is like symbolic play in its functional pleasure and autotelism, and like the mental image in its effort at imitating the real” (Piaget & Inhelder, 2000, p. 63). The use of symbols to express meaning is cited as the rationale for the use of play therapy with young children (Ray, 2011). Although largely beyond the child’s conscious understanding, children make their unmanageable experiences tolerable by way of symbolic expression during play, resulting in increased coping capacity (Landreth, 2012).

Years four to seven in childhood development span Gesell’s expected periods of both equilibrium and disequilibrium, fluctuating even within the same chronological year (Gesell Institute, 2011). Stages of equilibrium are marked by a sense of calmness, confidence, and cohesion with environment, while disequilibrium represents an increased sense of anxiety and explosiveness. According to Gesell’s maturational-developmental theory, development can be conceptualized as occurring within a spiral shape, with each loop representing completion of a cycle bearing six stages with unique features: Smooth, Break-Up, Sorting Out, Inwardizing, Expansion and Neurotic (Gesell Institute, 2011, p. 16). Gesell’s development schedules
addressed the realms of motor, adaptive, language and personal-social behavior (Gesell Institute, 2011). Due to the distinctive characteristics of each stage, prominent features are reviewed below.

At four, children are in a state of expansion (Gesell Institute, 2011). The production of the neurotransmitter acetylcholine accounts for increased capacity for long-term memory (Kagan & Herschkowitz, 2005). Children of this age begin to produce drawings and paintings with greater detail and use the whole arm to create them (Gesell Institute, 2011). They represent human figures in a circular, “tadpole-like way” (Balch, 2016, p. 59) with limbs extending from the shape. They draw human forms with simple body parts like the head, arms, legs and core and fine-motor abilities include tracing, drawing and scribbling (Sprenger, 2008). Four-year-olds are noted for their tendency to tell stories and voracious vocal engagement (Sprenger, 2008) as well as asking many questions with limited interest if the response is a long explanation (Gesell Institute, 2011). They are excited by novelty (Gesell Institute, 2011) and have short attention spans (Balch, 2016). At four-and-a-half, children enter a period of disequilibrium, exhibiting both increased unpredictability and on-task behavior when interested as well as use of the forearm while drawing (Gesell Institute, 2011). Four-year-olds are more likely to recognize drawn facial expressions representing happiness than those illustrating fear, anger, or sadness (Visser et al., 2008).

Five-year-olds have completed the fourth cycle and are beginning the fifth in a period of smooth equilibrium (Gesell Institute, 2011). Children of this age have developed dominance in one hand, which they tend to use with more frequency, and may answer with one-word responses (Gesell Institute, 2011), though they enjoy conversation (Sprenger, 2008). Five-year-olds may respond to a desire to please and to perform tasks correctly as well as seek approval from adults
and are also aware that words correspond to ideas and objects (Gesell Institute, 2011). In the fifth year, children may adopt a literal approach to understanding their environment (Gesell Institute, 2011; Sprenger, 2008). According to Sprenger (2008), children typically possess a vocabulary of at least 2,000 words and speak in sentences of seven words or more. Like the previous chronological year, children at five-and-a-half may exhibit characteristics of disequilibrium including fluctuating mood between opposite states, defiance, and insecurity (Gesell Institute, 2011). Children may also struggle to remain still and exhibit a tendency to complain, and commonly reverse letters and numbers (Gesell Institute, 2011).

Findings from VanderBorght and Jaswa (2009) suggested that children at both four and five years old distinguish between sources based on the knowledge they perceived them to possess. Young children preferred to seek answers from peers for information about toys, while they consult adults when they perceive the information to be aligned with an older individual’s knowledge base (i.e. nutrition), concluding that preschool-aged children sometimes value the perceived expertise of other children based on the content of the question (VanderBorgth & Jaswa, 2009).

At six, children have acquired a vocabulary consisting of 10,000 to 13,000 words and are increasingly able to tell detailed stories (Sprenger, 2008). The disequilibrium of five-and-a-half peaks at this age and children are often observed as enthusiastic and curious (Gesell Institute, 2011) as well as sensitive and insecure (Jayne, 2016). Six-year-old children move quickly, are beginning to differentiate between left and right, and crave new experiences (Gesell Institute, 2011). Writing is often large, and the child may use their entire arm to create strokes with a typical attention span lasting for 20-30 minutes (Jayne, 2016). During assessment, children may seek approval and require support to continue, though may focus on finishing quickly instead of
carefully (Gesell Institute, 2011). The six-and-a-half-year-old counterpart is calmer and slower and takes pleasure in giving explanations and completing tasks (Gesell Institute, 2011). A six-year-old often writes entirely in capital lettering and a six-and-a-half-year-old uses both capital and lower-case letters (Jayne, 2016). Six-year-olds readily initiate tasks, but may or may not complete them (Sprenger, 2008).

Seven-year olds, signifying the first period lasting for 12 months in duration, are characterized by a retreat from their external environment, attending instead to their internal processes (Gesell Institute, 2011). They may appear sad without apparent cause (Stulmaker, 2016) and are contemplative and prone to worry (Gesell Institute, 2011). Improved coordination allows children to take greater enjoyment in writing and drawing (Sprenger, 2008; Stulmaker, 2016), which may be interrupted by perfectionistic tendencies (Stulmaker, 2016). During assessment, seven-year-olds require time for completion and can exhibit perfectionistic behaviors such as frequent erasing or erasing with such fervency, they pass through the paper (Gesell Institute, 2011).

Children pass through a range of expected experiences throughout the developmental process and pacing will vary individually (Gesell Institute, 2011). Age may therefore influence children’s interactions with external environments and their representations of these experiences. Between four and seven years old, children are particularly primed to represent their experiences symbolically and develop rapidly in their ability to express themselves and communicate with others. Attending to developmental components is an important antecedent to understanding children.

Use of Artwork to Explore Children’s Experiences

Accurately capturing the experiences of children can be affected by developmental
capacities and drawing may be one way of exploring perceptions through a maturational medium. Previous findings have supported artwork as a meaningful way of accurately representing children’s experience in a variety of settings. Stafstrom and Havlena (2003) asked 105 children aged 5 to 18 diagnosed with epilepsy to draw a picture of what it is like for them to have a seizure to explore their perceptions of self-concept. They presented the participating children with a sheet of standard sized paper and a pencil with an eraser, later including colored pencils as well. They reported most children engaged after an initial prompt was provided, although some requested additional clarification. The authors did not time the task nor did they encourage or inhibit additional context from the child through either verbal or written means. They reported that most children finished their images in a matter of minutes but did not provide additional information related to the time of completion. Teenagers were more likely to draw stick figures than younger children, which the authors suggested may be attributed to disinterest or dislike of the method or insecurity related to their abilities (Stafstrom & Havlena, 2003). Another explanation may be that younger children pay more heed to their images because they are responsive to their primary modes of communication. Stafstrom and Havlena (2003), a seizure specialist and an art therapist, collaborated to interpret the images, concluding that the products represented the type of seizure the children tended to undergo. Children represented their body parts affected, somatic properties such as shaking, staring, and drooling, and states of consciousness throughout their seizures. This finding may indicate that children can accurately communicate lived experiences through drawings. The authors also found that drawings frequently included a helper as both humans and animals and sometimes yielded information not routinely gathered through conventional clinical means, possibly implying that children represent significant figures and sources of support within their pictures and further validating drawing as
an informative measure for children (Stafstrom & Havlena, 2003).

In a study of four to seven-year-old cancer patients in Canada, Hyslop and colleagues (2018) asked 30 children to draw an image to reduce anxiety among participants and facilitate the interview process. Their purpose was to develop a version of a self-report instrument specifically geared for use with children younger than eight years old. Children were either actively receiving treatment or had completed their course of therapeutics and researchers collected demographic data directly from maintained records and participants themselves. They obtained informed consent from relevant adults and presented assent to children by stressing that their participation was not required, their perspectives were important, and that they cannot give correct or incorrect responses (Hyslop et al., 2018). The interviews were conducted by the same researcher while another member of the research team observed live in the room to take field notes, which were reviewed by the interviewer at the conclusion to support consensus (Hyslop et al., 2018). The interviewer had access to a puppet to create a bond with the child and paper and coloring supplies were available to participants. They found that most children completed drawings in one to two minutes and reported the longest duration as five minutes. Children were asked, “tell me about your drawing” when they were done (Hyslop et al., 2018, p. 57) and the drawing was not a necessary component of continuing the interview. Out of the 30 children in their study, 18 produced a drawing in response to a given prompt. The researchers hypothesized that the 12 participants choosing not to draw may have felt timid or uncertain of how to respond (Hyslop et al., 2018), supporting the necessity of clarity and comfort for children while drawing in research-related tasks.

The research team used descriptive methods to analyze the data. Three authors reviewed the drawings within the context of recognizing symptoms and aimed to accept the renderings
exactly as they appeared in order to avoid projection of meaning. According to the authors, “Documented symptoms and other words used during the probing of the drawing, by the interviewer, were listed and then sorted into themes” (Hyslop et al., 2018, p. 57). The researchers concluded that children’s drawings were an asset to understanding how participants described their condition. They reported themes of “physical symptoms,” “psychosocial symptoms,” and “setting” (Hyslop et al., 2018, p. 58), indicating that young children reflect bodily features of their experience, emotional response and pertinent locations. 13 children represented the first theme including representations gastrointestinal distress, pain, hunger, and other somatic symptoms. Emotional representations were dominated by sadness with no other states expressed. The authors reported three children initially drew a smiling face and changed it to frown instead. Five children represented a specific location, four of which were at the hospital and the majority of these children depicted themselves in bed. At times, children offered responses that were not aligned with the task. Two children depicted scenes of a pleasant experiences. The authors explained two children created a series of lines and scribbles which could not be identified as part of their experience with prompting by the interviewer (Hyslop et al., 2018).

Studies conducted by Hyslop et al. (2018) and Stafstrom (2003) used drawings to communicate the perceptions of minors facing medical conditions. Drawing tasks can also be used to explore children’s expected experiences. Dockett and Perry (2002) invited 39 young children beginning school to make a drawing of their experiences and offer commentary. Children were between four and a half and six years old. Participants received a sheet of paper and pencils, and the task was facilitated by their own teacher. According to the derived themes, children most frequently expressed how they felt about school and events that occurred there.
Additional themes were getting used to routines and procedures and one reference to the physical aesthetic of the classroom. The authors used another category for drawings that did not include a verbal explanation from the child or were not relevant to school experience. They concluded that while participants attended the same school and shared teachers, community, and educational experiences, their reactions and perceptions varied. Further, the authors noted with caution that children did not express negative emotion within their school experiences, which they suggested as a possible impact of having teachers administer the task. They reported that images of teachers were included in six drawings, indicating to the authors that teachers were unquestionably tied to the children’s experience of school.

Also within the realm of education, Zee and colleagues (2020) asked 266 children to create an image of themselves with their teacher to assess the role of social-emotional behaviors within perception of student-teacher relationships. The authors advocated for the use of children’s drawings to explore relationships in research in part because it allows children to represent dynamics that may be too threatening to express verbally. Children were recruited from elementary schools in the Netherlands and were between ages eight and thirteen years old. Children had access to a variety of drawing tools including colored pencils, felt pens, and a sheet of white paper. Unprompted, many added features such as speech and thought bubbles to their images. An assistant was present at the time of the administration to respond to questions and remind children to include their teachers in the illustration. The researchers did not set a time limit and reported most children completed the task in 10 to 15 minutes, with some taking up to 30 minutes. Data collection occurred at a midpoint in the school year based on the belief that relationships between teachers and students may not be established at the initial onset of the academic year (Zee et al., 2020)
Drawings were coded by trained members of the research team not in attendance when they were produced in the areas of “closeness, conflict, dependency and overall adjustment” (Zee et al., 2020, p. 644) for inclusion in a sequence of multivariate hierarchical linear models. The researchers used detail in clothing and physical appearance, color, movement, facial expression, posturing, and characters engaging together as evidence of children’s perceptions of closeness with their teachers. Contrarily, facial expressions indicating anger, variation in figure size, distorted body parts, unexpected inclusions like sharp teeth, cannons, and swear words reflected conflict within the relationship (Zee et al., 2020). In regard to dependency within the relationship, the researchers reported the features of exaggerated body parts, absence of color, barriers, distance between parties, overstated size discrepancies between teacher and student, superimposed forms, and figures occupying a single corner of the paper as characteristic of this domain. With data from teacher report, the authors determined children represented externalizing and prosocial behavior more than internalizing behaviors and that girls were more likely to indicate a sense of closeness with their teachers than boys. Girls also demonstrated lower levels of conflict and dependency in their drawings. Further, the researchers reported participants representing diverse identities appear to display less emotional commitment and more unexpected symbology in their drawings, which may be attributed to feelings about themselves and their membership in a minority group (Zee et al., 2020). Together, these studies suggest that meaningful representations of relationship can be derived from images created by children.

The Process of Creating Art for Children

Previous authors have reported the tactics used to introduce drawing tasks to children as simple statements. This is an important consideration in supporting the trustworthiness of qualitative conclusions by avoiding the researcher’s influence on the work produced by children.
and ensuring children understand the request presented to them. Prompts such as, “draw a picture of your family” (Malchiodi, 1998, p. 164) and asking children to create a drawing of their favorite people have been used to explore children’s perceptions of their family (Malchiodi, 1998). While administrating the seizure drawing task, Stafstrom (2003) asked participants to “draw a picture of what it is like to have a seizure” (p. 44). They reported they did not provide additional instructions unless specifically solicited by the child in an attempt to limit external influence. Hyslop and colleagues (2018) asked children to represent themselves at a time when they were “feeling bad or not good” (Hyslop et al., 2018, p. 57) and subsequently asked participants to describe their creations by the prompt, “tell me about your drawing” (Hyslop et al., 2018, p. 57). However, they noted that the first prompt included two separate thoughts as a limitation of their work, speculating it may have been confusing to young children. To explore children’s views of relationships with their teachers, researchers presented their drawing task through the statement, “draw a picture of yourself and your teacher in the classroom” (Zee et al., 2020, p. 644) and issued no additional instructions. Zee and colleagues (2020) reported that less than 1% of participants did not complete a drawing. In most cases across these studies, children engaged with the task, generating support for the notion that children do not require elaborate explanations or excessive prompting to create an art product, though the wording should be carefully considered.

Special consideration may be given to the conditions under which children drawn and their processes in creating images. Malchiodi (1998) proposed that children produce drawings based on memory, imagination, or real life, noting that expressions from memory may require prompting from the facilitator. The author endorsed the role of the relationship between child and facilitator in creating artwork, citing the example of increasingly detailed and expressive
qualities in three administrations of a drawing task over an hour of contact (Malchiodi, 1998). Accordingly, the adult accompanying the child throughout a drawing task should be familiar to them in order to facilitate safety and permissiveness within the drawing experience. Otherwise, the facilitator risks the omission of details because the child is not comfortable with the adult. Further, the statements made by children can be valued as the adult attempts to understand the creation (Malchiodi, 1998). In an unstructured drawing period occurring alongside peers, children made verbal responses related to their works in most cases (Coates & Coates, 2006). Careful attention is therefore warranted as children create drawings in order to gain a more complete understanding of the representation.

Malchiodi’s Stages of Artwork Development

Artwork is better understood within the developmental context of the child who created it (Malchiodi, 1998). Like Gesell’s cycles and stages of development (Gesell Institute, 2011), Malchiodi (1998) described this process as expected for most children. In fact, inquiring about a feature of an art piece appearing developmentally inconsistent is one way to process what a child has created (Malchiodi, 1998). Between three and four years old, children become increasingly invested in telling stories about their artwork, though the identities of their features may vary. For example, what a child describes as a flower may become a dog in a subsequent report and is a feature of typical development during this second stage, termed “Basic Forms” (Malchiodi, 1998, p. 74).

The next stage, “Human Forms and Beginning Schemata” (Malchiodi, 1998, p. 81) is marked by the emerging representation of basic human figures. The authors wrote that both stages II and III align approximately with Piaget’s preoperational stage in which children use symbolic expressions prior to their application of verbal language. As children approach the end
of this stage, they begin to add more details including “toes and fingers, teeth, eyebrows, hairs, and ears” (Malchiodi, 1998, p.84) to their representations of people. Children do not typically produce unsolicited drawings of their family, though this stage is an exception. Between ages four and six, children are often interested in human forms and represent significant figures freely in their drawings (Malchiodi, 1998). Children can often describe more features than they represent in their drawings, highlighting the value of discussing drawings with them.

The fourth stage, termed “Development of a Visual Schema” (Malchiodi, 1998, p.85), occurs roughly between the age of six and nine and represents a drastic upturn in artistic ability (Malchiodi, 1998). At this point, humans are drawn with a distinct head and torso instead of the ambiguous tadpole shape of the previous stage and children use a baseline to anchor their work (Malchiodi, 1998). The author explained that at this age, children may exaggerate the size of certain figures in order to illustrate importance. Stage five, or realism, often emerges between the ages nine and twelve and is characterized by the young artist’s emphasis on making their pieces representative of the real world. Children at this stage may be averse to drawing images of their family, perceiving that they cannot represent them accurately. Concern with making images look realistic can emerge before this time at age six or seven (Malchiodi,1998), a distinct departure from the “..quite charming, free of rules or conventions, and often, to the adult eye, beautifully colored” (Malchiodi, 1998, p. 88) style apparent at earlier stages. Therefore, children within or approaching this stage may produce images as they realistically appear and not necessarily as they are experienced.

Ethical Consideration in Children’s Artwork

Use of artwork requires consideration of the ethical implications for the young participants, including issues related to confidentiality, ownership, safety, and storage of items.
produced (Malchiodi, 1998). Professional counselors are guided in their ethical adherence by the American Counseling Association (2014) Code of Ethics, which does not statedly outline best practices for the handling of children’s artwork. However, the confidentiality of record and documents related to the counseling process is assured by section B.6.d, which could be applied to include children’s pictures. Counselor’s commitment to permitting access to maintained documents when requested by clients (ACA, 2014) provides a basis for making artistic creations available to children. Twigg (2011) studied the production and display of children’s artwork, concluding in part that artwork is both a reflective and social process for children and that they have limited choice in the ultimate display and handling of their work. Children in the study reported that even when they wished otherwise, they anticipated their products to be displayed. Further, Twigg (2011) shared that children expressed reluctance to share their artwork with others when they are displeased with the product. Similarly, Coates and Coates (2006) consider to whom the product belongs. They described making photocopies and scanned copies of artistic work available to participating children while retaining the original (Coates & Coates, 2006). These findings call researchers and those who work closely with young children to consider the meaning of the product to the artist, how they wish for it to be processed, and to respond sensitively to these features.

Children’s Experiences in Therapeutic Settings

Previous authors have attempted to explore and represent the experience of therapy from a child’s perspective using unique approaches. Due to the limited number of related studies, each is explained in greater detail, beginning with the author credited with adapting person-centered principles to work with children. Axline (1950) explored this issue, asking how children understood play therapy, ascribed meaning to their experiences, made sense of the experience
while they were actively participating and later reflected upon their time in therapy, and what
implications could be drawn from the impressions of children whose treatment was regarded as
efficacious by relevant adults in subsequent studies. 30 records were determined to represent
successful play therapy processes and 22 of the involved children were able to be contacted for
participation. The author sent handwritten requests by mail to former clients who could not be
approached in person, asking them to reply with a time to meet for an interview, respond with a
written statement of their recollection, or an acknowledgement that they did not remember
anything from the therapeutic period. In the in-person interviews, the therapist who had worked
with the child stated only, “Do you remember me?” (Axline, 1950, p. 54) in an attempt to garner
the child’s feedback. One participant, 12 at the time of services and 17 when interviewed, stated,
“I don’t think I’ll ever forget it. It was a real turning point in my life – although for the life of me
I can’t figure out why” (Axline, 1950, p. 57), indicating that while play therapy may offer a
significant experience for participants, they may struggle to express it in concrete terms or
identity specific elements that contributed to the encounter.

Axline (1950) also used statements made in segments from recorded sessions, occurring
unprompted to illustrate children’s awareness of themselves and their behaviors naturally
became evident to them over the course of therapy as well as responses from members of a group
receiving support for their reading ability. Five years after the intervention, children in the
reading group reported remembering specific materials and activities. Four children who also
participated in individual play therapy after school cited feelings about themselves and their
capacities as the element they remembered most clearly. Axline (1950) varied her efforts to
answer the questions she posed and included two case studies of individual clients, aged twelve
and fourteen at the time they met. The author concluded that participating children recalled their
experience in play therapy and experienced growing self-awareness. Axline wondered how outcomes might vary in different approaches to play therapy as well as with children whose treatment was not considered successful. She emphasized the current work as a means of exploring the therapeutic process and means of conducting therapy more effectively.

Diamond and Lev-Wiesel (2017) interviewed adults who had participated in expressive arts group therapy as children or adolescents in Israel to acquire a retroactive child perspective. Their sample (n=20) included an even split of females and males who had experienced the intervention, described as long-term and nondirective, for at least one year and were between 18 and 38 at the time of the interview. The authors indicated that 11 participants were under 12 years old at the time of their participation and nine were above the age of 12. They did not include additional details related to age of participants, though of included quotes, the youngest was from a participant who was nine years old at the time of services. The authors reported themes related to the reasons the youth were involved in therapy as children and how they responded to being a participant in the therapeutic experience. They reported participants who were younger children at the time were largely unconcerned with and unaware of the purpose for placement in the group, while the reason for their participation gained in importance as participants approached adolescence. Adults who participated as younger children reported no concern for the goals of therapy or their reasons for being there and instead perceived it, “as a place of play and fun” (Diamond & Lev-Wiesel, 2017). This finding contrasted with those of older children who found the reasons for their involvement to be an important consideration, and participants both agreed and disagreed with the rationale. The authors reported several participants struggled to conceptualize and integrate their participation in therapy, evidenced by subthemes that reflected not sharing their involvement with others or referencing it as another
social engagement such as “art class” (Diamond and Lev-Wiesel, 2017, p. 159). One participant, nine at the time of his involvement, reported he did not know he was attending a therapy group and felt this element positively contributed to his experience. The authors reported hardly any participants shared they were unable to cope with their involvement, though one participant, aged 14 at the time of services, attributed it to their decision to terminate. The authors also observed the value of play within the experience of their participants, summarizing, “this study points to children’s profound capacity to plunge fully into activities of play and fun as central in eliciting their implicit motivation to engage in therapy” (Diamond & Lev-Wiesel, 2017, p. 162), an acknowledgement of the developmental appropriateness of play-based interventions for children. The authors noted the lack of objectivity related to their reports of adults who had participated in therapy as minors, though also highlighted the uncommonness of the lens they attempted to offer.

Carroll (2002) applied elements of a grounded theory approach to investigate children’s experiences in play therapy, referencing the modality without naming a theoretically-bound approach. The author interviewed minors between the ages of 9 and 14 identified by play therapists as well as providers in the United Kingdom. Carroll (2002) reported that the children’s input ultimately took precedent over the adult’s contributions and noted a possible selection bias based on the nature of recruitment, concluding that that sample could not be deemed representative. Carroll (2002) also reported attempts to recruit a diverse sample, though was unable to obtain permission for participation of the children identified as contributing to this aim. The author recruited a sample of 18 and included 14 in the study. The author interviewed therapists first and observed that all of them reviewed documentation prior to the meeting while children relied entirely upon their experience. Carroll (2002) conducted the interviews and
included pens, paper, figurines, and a hat in the interviews with children, stating in explanation, “I invited children to draw their therapists, but am reluctant to make firm conclusions from single drawings” (Carroll, 2002, p. 179). The author did not provide further elaboration on children’s use of these materials or what may have been produced, though shared a clinical-based observation that drawing helps children organize their thoughts and represent themselves with increased clarity.

The author explored their findings in five areas: introduction to play therapy, relationship between child and therapist, therapeutic processes, children’s likes and dislikes, and termination of play therapy. Data from the first theme indicated five children reported they did not know why they had been involved in therapy, while others referenced their behavior or specific incidents as the catalyst of their therapeutic support. Carroll (2002) indicated children worried therapy would be dull and that they would be expected to speak. The author asked children how they would describe therapy to another child nervous about attending and reported that children described the process as fun and helpful to them. Summarizing the second theme of relationship between the child and therapist, Carroll stated children were invested in the relationship, felt warmly toward their therapists, and noted characteristics of their therapists they felt were especially facilitative. According to the theme, children enjoyed receiving items from their therapists, including snacks and gifted materials, and appreciated access to the materials within the play space. Children affirmed the confidentiality they received in therapy and two mentioned advocacy roles the therapist assumed on their behalf. Children also reported characteristics of their therapist with qualities including kindness and a calm demeanor, as well as aesthetic attributes such as clothing style and makeup. This finding is similar to a report by Malchiodi (1998) that children may represent specific physical attributes of the therapist. In the latter
author’s case, eyeglasses were included in many renderings of herself (Malchiodi, 1998). 

Children who described their therapists as helpful struggled to identify specific features leading to this description, though two mentioned the ease with which they were able to communicate and the therapist’s role in managing feelings of anger.

The third theme, therapeutic process, highlighted efforts by the therapists to structure the session, which children observed and reported accurately (Carroll, 2002). Five children reported struggling with ending the session and all participants noted the choices available to them, which were honored by the therapist. One participant whose age did not appear to be included reported that the strategies provided by the therapist were not effective, though was able to develop an appropriate response and attributed this outcome to both play therapy and their own capacities. Therapists’ use of structured techniques was mirrored by the children’s recollections and generally deemed as additive to their process. Four children referenced using their play to explore a problem and five referenced play and emotional expression, including a child attributing the emotional connections made to their own efforts. Nine referred to their play as a source of enjoyment without acknowledging an accompanying therapeutic process, which Carroll (2002) observed as the area of greatest inconsistency between therapist and child report.

Most of the children in the study perceived their experience in play therapy as a way of having fun, which differed from the therapist’s view (Carroll, 2002) and aligns with findings from Diamond and Lev-Wiesel (2017) about the perception of young children in play therapy. Carroll (2002) provided examples of behaviors deemed significant by the therapist but categorized as simply playing by the child and the therapists’ use of board games to promote skill development, which children did not acknowledge as important to their experience.
The theme of children’s likes and dislikes reflected that eight children expressed that meeting with the therapist was supportive on its own, though could not articulate specific features of the relationship of highest importance. Carroll (2002) reported two participants referenced their ability to express feelings freely and four named particular activities, including talking when they had a sense of control of the conversation. The fifth and final theme of termination included that children feeling a greater degree of control of the process seemed to better understand the meaning of the conclusion of therapeutic work. Expressed feelings varied at termination including pride and sadness, and five children specifically recalled certain activities associated with the termination session (Carroll, 2002). In closing, the author reported their own reflection on clinical processes as a result of the study. Carroll (2002) also observed that the materials present in the interview setting promoted play, though did not elaborate on these activities during the interviews. Carroll (2002) stated that children in the study appeared to use verbal measures as an important mode of processing and relied on play as a outlet for fun, itself a therapeutic advantage.

The authors of both studies attempted to explore how children viewed and understood their participation in therapeutic processes, though participants in Carroll’s (2002) study were no younger than nine years of age. Diamond and Lev-Wiesel’s (2017) may have encompassed younger participants but were not referenced in sample characteristics. Additionally, while the group setting was described as nondirective and conducted by two therapists trained in expressive arts modalities, a theoretical orientation was not disclosed or described (Diamond & Lev-Wiesel, 2017). Carroll (2002) studied children participating in individual therapy, though did not declare a specific approach and whether all children received the same intervention. Of note, both studies included international samples. Findings could vary or be corroborated by the
experiences of younger children in the United States participating in a theoretically-specified intervention.

In the first known attempt to understand children’s experiences of play therapy within a school setting, Green and Christensen (2006) explored children’s perspectives of the counseling process in play therapy conducted by school counselors. The authors reported participants completed between 5 and 35 sessions with one of two school counselors “leaning toward” (Green & Christensen, 2006, p. 69) CCPT in their work. However, the descriptions given by school counselors varied from CCPT based on the direction provided. Regarding recruitment, participating counselors made the first contact with families because of the existing relationships with them. The sample was composed of 7 elementary school students between the chronological ages of 6 and 11 and grade levels of first through fourth. The authors collected data through three rounds of semi-structured interviews, observations made by the principal researcher about the interview process as well as the school environment, demeanor and shifts in non-verbal activity as participants spoke, and document reviews of items related to the school counselor’s training and background in play therapy. They reported that if a child did not appear to understand the question posed to them, or if they stated that they did not, the question was rephrased to make it developmentally responsive. The authors also provided materials like those used in play therapy sessions with the school counselor throughout the interviews to support children’s verbal expression, though did not elaborate what the items were or how they were used.

Green and Christensen (2006) reported three themes from the analysis: therapeutic relationship, emotional expressiveness, and creative play. Therapeutic relationship encompassed the connection between therapist and child, and included the subtheme freedom to choose, in which children noticed the liberties afforded to them in the playroom and the ability to structure
their time between verbal dialogue and play. One quoted participant shared that they preferred choosing the activity over the counselor making the selection. The authors also concluded children in their sample most preferred a combination of sharing verbally, which they deemed helpful in expressing challenging feelings, and playful interactions, which they considered a source of fun. Additional subthemes were empathy and acceptance, capturing the children’s experience of being understood by their counselor, and collaborative problem-solving, reflecting that children saw themselves as involved in identifying answers to their troubles. The authors cited the counselors’ use of “traditional verbal interventions, probing questions, and exploration of alternatives” (Green & Christensen, 2006, p. 75) as aiding this process, according to the children interviewed.

The theme of emotional expressiveness was represented by three subthemes. The first two, safety and fun, allowed children to explore their emotional states during therapeutic contact. Participants also commented on the outcomes they perceived as a result of their participation in therapy in the third subtheme of the process of change. Children reported examples that they were able to make better choices, experienced less anxiety, adjusted thought processes, and gained self-confidence, self-esteem, and empathy. In the final theme of creative play, children reported use of sand, dramatic play, and the creation of artwork as core creative processes to them in play therapy. These activities helped children express feelings they may not be able to access with words, to experience the satisfaction of self-directed play, and aided in problem-solving. According to the authors, the children in the sample reported sand and artwork and drawings as their preferred playroom medium within this category (Green & Christensen, 2006).

The authors acknowledged limitations of their work, including the limited experience the play therapy providers had accrued in the modality. They noted this feature, however, as an
intentional choice to reflect the reality of school-based settings. Further, the counselors involved did not adhere to a single defined approach to play therapy and applied directive interventions outside the scope of CCPT. This element caused difficulty in determining the approach to play therapy the children’s experiences represent, reducing the capacity to replicate the design. The authors reported using a “method of verbal inquiry to investigate a non-verbal modality of therapy” (Green & Christensen, 2006, p. 81). They recognized the verbal emphasis as contrasting with the guiding principle of CCPT that play acts a primary means of communication for children, though justified it as the most explicit means of exploring how children experience the therapeutic process. In closing implications, the authors encouraged play therapists to review writings on non-directive approaches based on children’s preference for the ability to select their own activities, indicating alignment with these modalities.

Purswell and Bratton (2018) adopted a quantitative method to investigate children’s experiences of the therapeutic relationship within CCPT. They developed the Relationship Inventory for Children, an instrument designed to account for children’s view of the relationship and intended for use in process and outcome research. The four-stage development process culminated in an exploratory factor analysis based on responses from 100 children and took into account feedback from 11 adult experts in the field and 33 children participating in CCPT collected in previous stages. The authors limited participation to ages six and above, noting the potential difficulties of engaging younger children in a verbally based response process. The scholars used a drawing activity to build rapport with children and prompt their recollection of the therapists in the first phase of their process. They asked children to use provided crayons and an outline of a human face to create an image of the individual facilitating the therapeutic process. Other materials such as telephones, paper, and puppets were made available to both
children and the administrator throughout the assessment process (Purswell & Bratton, 2018), though the authors did not elaborate on how these items were used by participants.

Three factors identified were identified from the analysis: Positive Regard, Unconditional Acceptance, and Empathy. These findings are related to Rogers (1957) therapeutic conditions, with the first two representing unconditional positive regard and the third reflecting empathy (Purswell & Bratton, 2018). Congruence was excluded based on commentary from the adult experts that questions related to the construct would not be comprehended, which was confirmed during administration. Children struggled to verbally express the difference between being understood by another and understanding another person and what they believed an adult was thinking. The authors called for caution in applying the results of the measure, observing that the child’s view of the therapeutic relationship may shift over the course of therapy. They noted as limitations the challenge of “assessing abstract concepts with children who think in concrete terms” (Purswell & Bratton, 2018, p. 97) and problems with securing a normally distributed sample, which they attributed to children’s likelihood of evaluating counselors and group leaders positively.

Edwards and Parson (2019) applied secondary analysis to interview data from a prior study about how play therapists understood children’s rights (n = 6). They produced four vignettes based on therapists’ report to explore what children experienced in play therapy. The stories did not reflect a singular approach to play therapy, nor was theoretical adherence collected in the initial interviews to protect the identity of the practitioners involved. These writings were designed to capture children’s perceptions, though were sourced from adults’ descriptions and interpreted from the perspective of adults experienced in working with children. The authors reviewed interview transcripts, first highlighting relevant portions and then
generating memos to arrive at what they deemed the child’s experience. Then, they used a two-column format, pairing interview text next to the researcher’s response to the prompt, “what does the child need?” (Edwards and Parson, 2019, p. 78).

From this analysis, they concluded children required safety, choice, a child-centered approach, and support in responding to challenging situations in therapy. They provided additional remarks in an included graphic, establishing “safety” as contact with a trusted adult and encompassing cultural and physical forms. “Choice,” they suggested, included honoring children’s decisions such as whether to participate in therapy and consent to contact family members. It was not apparent that the third theme, “a child centered approach,” referenced a particular iteration of play therapy (i.e. CCPT) and included entries like that the child be both heard and understood, be informed about decisions affecting them, that behaviors be tolerated in play therapy even if they were not pleasing to the adult, and specific implications for children in foster care. Lastly, “help to manage difficult experiences” referenced responding to momentous life events such as the loss of a parent, an environment to express feelings about significant figures, and that play therapy should still be pursued when family members are difficult to work with. The vignettes, titled “thinking, feeling, and hurting,” “playing through chaos,” “navigating birth, death, loss” and “making a scary mess” (Edwards & Parsons, 2019, pp. 80-82) were derived using data from this analysis and were written by the first author from the perspective of a child. The authors accounted for the inability to access information about the children from which the vignettes are drawn as a limitation, as well as additional context published in the previous study but omitted in the current work.

Conclusion

CCPT is based in the philosophy of person-centered engagement and has been
established as an empirically endorsed intervention for an ensemble of presenting concerns. The intervention is developmentally focused because of the use of play as a primary communicative means and honors the capacity of the child to be self-directive within a permissive and accepting therapeutic relationship. An explanation of the circumstances leading to favorable outcomes for children who create them through their own capacity for actualization contributes to existing literature because the relationship between therapist and child is the central focus of the approach.

The authors of two previous studies examining children’s therapeutic experiences mentioned the difficulty of using verbal agents to decipher children’s experiences (Green & Christensen, 2006; Purswell & Bratton, 2018). Some interventions studied have been described as nondirective (Diamond & Lev-Wiesel, 2017) and based on CCPT principles (Green & Christensen, 2006) and other have bypassed theoretical practice (Carroll, 2002; Edwards & Parson, 2019). Axline (1950) and Purswell and Bratton (2018) explored CCPT specifically, though primarily through verbal interactions. Thus, lacking is a study of a theoretically specified play therapy modality employing methods of symbolic representation other than spoken language.

Green and Christensen (2006) noted at the time of their study that only three prior works had been guided by a similar goal of understanding children’s views of therapy, referencing Axline (1950), Carroll (2002) and Ceglowski (1997). Based on this review, the number of available studies has at least doubled, indicating a growing interest in this marker of therapeutic outcomes. With a valuable basis for further exploration, I intend to respond to by utilizing a developmentally appropriate interview technique that does not depend on extensive verbal responses and is matched to the developmental level of the participants involved.
Phenomenology is conducted as an endeavor to understand the lived experiences of a group of individuals who have had direct exposure to a given area of inquiry (Creswell & Poth, 2018; Hays & Singh, 2012). Within a counseling context, application of the approach emphasizes the client’s view of their problems and their experiences of counseling (Hays & Singh, 2012). Creswell and Poth (2018) reported the completion of interviews as a typical component of a phenomenological approach, though noted the design can include other forms of data like written works and observations. Interview-based approaches are not commonly applied to work with children. In review of 400 studies involving children, 18 included interviews with children and 13 specified phenomenology as the guiding framework (Spratling et al., 2012), which may be due to methodological and ethical complications presented by working with children. However, the authors concluded children can contribute to qualitative research from four years old onward when questions are posed with developmental considerations in mind and participants are comfortable with the interviewer and environment (Spratling et al., 2012).

Phenomenology was especially suited to the purpose of this study to give “voice” (Hays and Singh, 2012, p. 148) to participants who have historically been understood from the perspectives of relevant adults including parents, service providers and teachers. Engagement in this study was based on a drawing task, as children’s use of symbolic expression is developmentally appropriate and fundamentally aligned with the rationale for play therapy. The perspective rendered emerged primarily from children’s communications through and about the pictures they created and explored the phenomenon of CCPT as it is experienced by the children it is implemented to serve. Hutchinson (2004) observed similarities between phenomenological inquiry and the person-centered approach on which CCPT is based, writing:

The phenomenological stance, which is also the stance for the provision of the therapist conditions in person-centered counselling, invites us to approach ‘truth’ with humility,
encourages tolerance of ‘not knowing,’ honours subjectivity and intersubjectivity, and allows for the emergency of ‘truths’ from the ‘betweenness’ of people and their ‘beingness’ with one another. (Hutchinson, 2004, p. 218)

Phenomenology and a person-centered approach seemingly share a commitment to understanding experiences from the participant’s perspective, tolerating ambiguity, and welcoming the nuanced differences in understanding. The methodological design acknowledges both the experience and capability of young children participating in play therapy.

Research Question
The question under investigation was, “What are the lived experiences of young children in CCPT as expressed through their artwork?”

Operational Definitions

• **Child-centered play therapy:** Defined as a dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe 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, for optimal growth and development. (Landreth, 2012, p. 11)

• **Artwork:** A product created by participants using available materials

Researcher Reflexivity
I am a fourth-year doctoral candidate specializing in play therapy and hold a current license as a Licensed Professional Counselor-Associate. I identify as a White woman. I have completed graduate-level coursework in CCPT individual and group play therapy as well as filial therapy and qualitative research. I have experience conducting CCPT in both clinical and school-based settings, in addition to supervising and teaching its practice. My qualitative research
experience includes coursework and previous experience as a coding team member for a dissertation study and an auditor for a faculty-led research project.

I acknowledge assumptions regarding the efficacy of CCPT, believing it to be an effective and developmentally appropriate intervention for young children and further believe the relationship between counselor and client to be an essential foundation of the approach. I believe in the guiding philosophy of a person-centered orientation, endorsing that individuals across the lifespan are equipped with an inherent and indestructible drive toward optimal functioning and operate from this perspective in my own professional relationships. I believe children are able to represent their experiences and may respond more robustly to a drawing task than to a verbal interview. Further, I view artwork as an adequate means of portraying children’s experiences. Finally, I believe members of the coding team, practitioners trained in CCPT and qualitative methods, were equipped to identify key aspects of based on the provided drawings attuned to the child’s intended meaning. These convictions could have influenced my interaction and understanding of the data even with careful attending.

Data Sources

Data was drawn from drawings created by child participants, the transcribed interview between counselor and client about the drawing, and observational notes of the interview. After completing the drawing, the counselor administered a brief, semi-structured interview protocol based on previous literature and formulated with committee participation, which I subsequently transcribed. I took notes during the administration to observe the interaction between the providing counselor and child were analyzed as an additional source of data. In addition, counselors completed a demographic form for participating children including the child’s age, grade (if applicable), racial or ethnic background, gender, the stated reason for seeking clinical
services, and number of completed sessions. Counselors also reported their own year in the
doctoral program, gender, race, and commitment to child-centered-practice.

Context

This study was conducted in two counseling centers on the campus of a large public
university in the southwestern United States and at a private counseling practice within the same
geographic location for a total of three research sites. The private practice provided play therapy
services, accepted insurance and private play clients, and served a primarily white population.
The two counseling clinics functioned as resources for university students and community
members to access mental health services provided by master’s and doctoral counseling students.
All practitioners received weekly supervision in group or triadic formats, or a combination of
both. The clinics follow the university’s schedule for seasonal semester breaks and offer sliding
scale rates. Between 40 and 50 counselors-in-training served approximately 150 to 200 clients
per semester in Clinic A. The majority (70%) of clients were adult students enrolled at the
university, while the remaining 30% were members of the local community. An estimated 20%
of clients served were children. For Clinic B, approximately 15 doctoral student counselors and 4
master’s level counselors saw 150 clients weekly. Most clients represented community members
and university students comprised about 30% of the client base. Children receiving play therapy
services constituted between 50% and 60% of the client base.

All counselors who participated in the current study identified as facilitating play therapy
from a CCPT approach. Aligned with Ray’s (2011) CCPT treatment manual, counselors use
verbal and non-verbal responses to communicate their understanding and acceptance of the child
to foster an optimal environment for actualization including tracking, reflections of feeling and
content, returning responsibility, and limit-setting. Play sessions took place in playrooms
representing structure recommended by Landreth (2012) regarding set-up and available toys allowing for creative and emotional expression. Providers involved in this study declared their practice of CCPT through a signed endorsement as a foundation for fidelity on the demographic form they completed on their client’s behalf.

Participants

Ten participants were recruited from a clinical sample of children receiving CCPT services from three sites. Samples within phenomenological investigations can vary between 3 and 4 individuals to 10 and 15 participants and encompass participants with direct experiences of the topic (Creswell & Poth, 2018). This sample is approximately aligned with prior studies interviewing children about therapeutic experiences, such as Green and Christensen (2006) who interviewed seven children and Carroll (2002) reporting 14 participants, although these studies were described by the authors as emerging from a grounded theory approach.

Child participants met the following inclusion criteria to participate in this study: (a) were between four and seven years old; (b) were a current client at one of three clinical sites; (c) had completed at least eight sessions of CCPT with a clinician who was either in the process of obtaining or had already completed a doctoral degree in counseling and identified as child-centered in theoretical orientation; (e) consent was obtained from legal guardian and assent collected from the child; (f) child spoke and understood English fluently; and (g) no reported motor or cognitive delays or impairments that may interfere with participation in the research protocol. Due to the broad and effective application of CCPT established in the preceding literature review, the presenting concern or reason for seeking counseling was not specified as a determining factor for eligibility though is reported as a demographic characteristic.
The sample included 10 children, six males and four females, ranging in age from four years and nine months old to seven years and ten months old. The mean age of participants was 6 years and 3 months old with a standard deviation of 1.01 years. Seven children were identified as White, two as Multiracial, and one as Black. Participant demographics, as reported by the counselor serving each child, are summarized in Table B1. The category Site indicates which of the three research locations the participant was receiving services from. Reason for referral describes the child’s initial presenting concern or rationale for seeking clinical services and included issues related to anxiety, depression, attention, adjustment, and aggression toward self and others. Counselors indicated emotional regulation as an area of clinical attention as well. Sessions refers to the number of CCPT sessions the child had completed with the current counselor at the time of the interview and ranged between 8 and 30 with a mean of 19.6 and standard deviation of 6.15.

Table B1

*Participant Demographics*

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Site</th>
<th>Reason for Referral</th>
<th>Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruce</td>
<td>6 yr, 5 mo</td>
<td>Male</td>
<td>White</td>
<td>Clinic B</td>
<td>Attention, aggression</td>
<td>23</td>
</tr>
<tr>
<td>Henry</td>
<td>6 yr, 1 mo</td>
<td>Male</td>
<td>White</td>
<td>Clinic B</td>
<td>Anxiety</td>
<td>18</td>
</tr>
<tr>
<td>Jaylen</td>
<td>4 yr, 9 mo</td>
<td>Male</td>
<td>Black</td>
<td>Clinic B</td>
<td>Attachment</td>
<td>12</td>
</tr>
<tr>
<td>Toby</td>
<td>5 yr, 2 mo</td>
<td>Male</td>
<td>Multiracial</td>
<td>Clinic A</td>
<td>Behavioral issues, anger</td>
<td>18</td>
</tr>
<tr>
<td>Elena</td>
<td>7 yr, 10 mo</td>
<td>Female</td>
<td>White</td>
<td>Clinic B</td>
<td>Adjustment</td>
<td>20</td>
</tr>
<tr>
<td>Cole</td>
<td>5 yr, 5 mo</td>
<td>Male</td>
<td>White</td>
<td>Clinic B</td>
<td>Self-harming behaviors</td>
<td>23</td>
</tr>
<tr>
<td>Tia</td>
<td>6 yr, 9 mo</td>
<td>Female</td>
<td>White</td>
<td>Clinic B</td>
<td>Anxiety</td>
<td>30</td>
</tr>
</tbody>
</table>

*(table continues)*
<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Site</th>
<th>Reason for Referral</th>
<th>Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>6 yr, 11 mo</td>
<td>Female</td>
<td>Multiracial</td>
<td>Clinic A</td>
<td>Anxiety, somatic issues</td>
<td>8</td>
</tr>
<tr>
<td>Graham</td>
<td>7 yr, 6 mo</td>
<td>Male</td>
<td>White</td>
<td>Private practice</td>
<td>Anxiety, depression</td>
<td>22</td>
</tr>
<tr>
<td>Flora</td>
<td>5 yr, 8 mo</td>
<td>Female</td>
<td>White</td>
<td>Private practice</td>
<td>Anger</td>
<td>22</td>
</tr>
</tbody>
</table>

Research Team

Participating Counselors

The study included six doctoral students enrolled in or having completed a series of clinical practicum courses and two full-time clinicians holding doctoral degrees in counseling, independent licensure as Licensed Professional Counselors in the state where the research was conducted, and credentialed as Registered Play Therapists.

Table B2

Counselor Demographics

<table>
<thead>
<tr>
<th>Year in doctoral program</th>
<th>Gender</th>
<th>Race</th>
<th>Child-centered practice</th>
</tr>
</thead>
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<tr>
<td>Second</td>
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<td>White</td>
<td>Yes</td>
</tr>
<tr>
<td>Second</td>
<td>Female</td>
<td>South Asian</td>
<td>Yes</td>
</tr>
<tr>
<td>Second</td>
<td>Female</td>
<td>White</td>
<td>Yes</td>
</tr>
<tr>
<td>First</td>
<td>Female</td>
<td>Latinx</td>
<td>Yes</td>
</tr>
<tr>
<td>Fourth</td>
<td>Female</td>
<td>White</td>
<td>Yes</td>
</tr>
<tr>
<td>First</td>
<td>Female</td>
<td>White</td>
<td>Yes</td>
</tr>
<tr>
<td>Completed (PhD)</td>
<td>Female</td>
<td>White</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Doctoral students were in their first, second, and fourth year of the program at the time of their participation and included one male and five females. One doctoral student identified as
South Asian, one identified as Latinx, and the remaining four identified as White. Both clinicians at the private practice identified as White females. Two counselors completed the task with two clients and the other six counselors engaged in the interview process with a single client. All volunteers signed a statement endorsing the philosophy of CCPT as guiding their clinical work, indicating that they were both sufficiently trained in the approach and practice from an established conviction in its efficacy as described and utilized by Jayne (2013). Counselor demographics, as reported by the providers, are reported in Table B2.

Coding Team

The coding team consisted of myself as the primary researcher and one other doctoral student. The doctoral student coder was a first-year doctoral student in a counselor education program. She identified as a White woman. Her background consisted of certification as an art teacher, multiple formal courses in CCPT, one year experience as a CCPT therapist, and previous experience as a coding team member. As the primary researcher, none of my play clients were involved as study participants. However, one client of the doctoral student coder was included in the study. A faculty member with over 20 years of experience in counselor education served as the auditor to support trustworthiness of the findings.

Interview Protocol Development Team

The protocol development team consisted of four experienced play therapists who held doctoral degrees in counselor education and currently worked as counselor educators. One member was the current director of Clinic A and two others had previously worked as directors of Clinic B. Each team member was a Licensed Professional Counselor in the state where the study was set and accredited as a Registered Play Therapist, a title managed by the Association for Play Therapy indicating specialized training and practice in the field. Three members also
held the credential of Registered Play Therapist-Supervisor, indicating an ability to supervise others in the practice of play therapy.

### Interview Protocol Development

Phenomenological interviewing is typically centered around two questions to generate textual and structural descriptions of the phenomenon: what has the participant experienced and what has influenced the experience? (Moustakas, 1994). Expectedly, however, the process may vary when working with children. Spratling et al. (2012) recommended consulting experts on children to formulate accessible interview questions, making the development of interview questions a relevant matter for committee consideration. An interview protocol by Weeks and Ray (2022) included 10 questions developed through contributions of an expert panel. Participants between 6 and 10 years old spent between 5 and 20 minutes completing it, providing a broad estimate of the time that might be required to complete this portion, although the mean age of study participants in Weeks and Ray’s (2022) study 8.3 years old, which was higher than the sample of this study. Since the maximum age for participation is seven years, interviews were expected to take a shorter span of time.

Freeman and Mathison (2009) described that a sense of control established in the interviewer’s favor when traditional question-and-answer practices are implemented in individual interviews. The interview therefore opened with a broad inquiry modeled from previous research (Hyslop et al., 2018) to invite children to speak freely about their creation and to support a sense of permissiveness and acceptance similar to what they encounter in the playroom. As experienced practitioners, interviewers used verbal and non-verbal CCPT skills such as reflecting content and reflecting feeling to confirm their client’s meaning while administering the protocol and allowing the child to lead the experience. These practices are
familiar to CCPT practitioners and are also aligned with suggestions by Freeman and Mathison (2009) for interviewer to provide empathy and offer the child an active role in the interview process.

Spratling et al. (2012) suggested prompts specifying a particular period or event can be effective across a variety of developmental levels. Counselors therefore asked children to “tell about the time” or “tell a story about” the playroom or a certain aspect of it the child references (Spratling et al., 2012, p. 49). For example, if a child expressed an affinity or memory of a particular item or depicted it in their image, the counselor asked the child in the interview to “tell me about a time you used the (item).” I proposed lines of inquiry including “what is this person doing?” to assess activity and context about the figures a child might include. I believed the child’s remarks about the therapist, if present in the image, could allude to the client’s perception of the relationship. I thought further relational cues may be rendered through posing the question “how does this person feel about this person?” while pointing to figures the child has identified, asked reciprocally for all figures included and asking about the therapist’s verbal activity, (“what does this person do?”) might gather insight related to the child’s experience of the counselor. To reiterate the child’s authority within the interview proceedings, the counselor offered the open-ended question “is there anything else you want to tell me about being in playroom?” before concluding.

Prior to data collection, I piloted this procedure with a long-term play therapy client of my own, who represented both of us as well as specific playroom media such as the sandbox, dollhouse, blocks, puppet theatre, kitchen, easel, aggressive animals, and dress-up hats in their image. My client spent an apparently longer period completing the drawing than engaged in the interview process. I used the prompt, “I want to ask you to draw a picture of play therapy,”
which I have altered to avoid specific reference to a therapeutic process. According to Carroll (2002) and Diamond and Lev-Wiesel (2017), young children may experience play therapy as simply a source of enjoyment and therefore referencing therapy may not be an accurate representation of their experience.

I reviewed all previous literature and the pilot interview with the protocol development team. Revisions to the interview protocol were made based on consultation with the team. The entire interview protocol is included as Appendix H.

Procedures

Entering and Exiting the Field

Sites were selected based on adherence to CCPT protocol and playroom design. Play therapy is provided as the default intervention for young children at all three sites and practitioners practicing from an alternative theoretical perspective were not included in the study. As a former clinician and current doctoral candidate, I have familiarity with the procedures and personnel at both university sites which helped me operate within these settings. However, I was not an active practitioner at either location at the time the research was conducted, which supported my role as a removed researcher instead of active participant within the field. Clinic directors, assistant directors, and parents of participants are pertinent gatekeepers in obtaining access to the sites and participants. Additionally, counselors’ participation is a critical element of the design because these volunteers will be responsible for making initial contact with participants and eventually conducting the interview process. I maintained awareness of operations at both clinics, including initiating contact with doctoral-level practitioners regarding their child caseloads, and approximate number of sessions completed and visiting doctoral-level
practicum classes to announce the study. As Hays and Singh (2012) presented, individuals may occupy more than one role.

Hays and Singh (2012) posed four areas to attend to prior to concluding engagement at a site. They encouraged researchers to consider their ethical engagement at the site, recognizing that ethical issues initially accounted for may vary over the course of conducting a study. The authors encouraged researchers to make attempts to recover from these possible errors before leaving the site. Researchers are also tasked with considering the relationship between researcher and participants, which was minimal in this study because the counselor was the primary contact point. I had no direct contact with any of the children involved. Thirdly, researchers should provide their results to the sites they have collected data from and consult key figures to determine how they might be best delivered to optimize its application and finally, researchers are encouraged to reflect on their own role of the researcher and reactions to ending this phase of the study (Hays & Singh, 2012).

Ethical Considerations

Ethical issues are possible in research with children. Young children often do not self-select to participate in therapy and are instead attending based on a decision made by an affiliated adult. Therefore, even participation in CCPT, a precursor to inclusion, may not be a process to which the child has granted assent. Seminal texts address the processes and roles for including parents and caregivers, though do not outline methods of encouraging the child’s involvement. Freeman and Mathison (2009) advanced open communication as an essential element of research with children. Children should be advised of what to expect within research proceedings and of their ongoing voluntary participation within the project. Informed consent is often viewed as a two-step process for research with children (Freeman & Mathison, 2009).
After obtaining consent from the child’s legal authority, ethical researchers generally also collect assent from child participants. Studies involving children also require consideration of reciprocity, or what children can gain as a result of their participation and may be assessed at either an individual or communal level. (Freeman & Mathison, 2009). CCPT is a relational approach (Landreth, 2012; Ray, 2011). By participating, children may have secured a higher quality of services for themselves because of the time spent interacting with their counselor, who may then be better able to respond to their unique expressions and needs. Results generated may further a collective understanding of CCPT, which could improve the quality of services provided to other children as well.

Recruitment

Prior to beginning recruitment, I obtained approval from the University of North Texas’ Institution Review Board to conduct this study (Appendix E). To recruit counselors seeing eligible clients, I visited doctoral practicum classes to announce and answer questions about the project. I followed up by email with students who indicated they may have qualifying clients and received an inquiry from a counselor about participating as a result. I posted fliers approved by the clinic directors at both clinics, providing parents and caregivers with an avenue to contact me directly. I did not advertise the study at the private practice and instead relied on direct recruitment efforts by the participating counselors. At the university sites, I posted a version of the flier intended to attract parents’ attention in client-facing spaces such as the waiting area and at the front desk and another version geared toward counselors in common areas like break rooms. The primary distinction between these iterations was use of the statement “your child” or “your client.” I trained counselors to deliver the drawing task and interview and met with each individually or provided detailed written instructions prior to the administration.
After eligible participants were identified by counselors, I sought obtained consent from their parents. In eight out of ten cases, the facilitating counselor first presented the study to parents of eligible children and asked if they would like to receive more information from the student researcher. This initial invitation occurred as a private contact between the counselor and parent in order to reduce undue influence of my presence and accounted for the fact that counselors had existing rapport with children and families, an important element in working with children in a research capacity (Freeman & Mathison, 2009; Spratling et al., 2012). All of the parents approached agreed to meet with me, and I read a recruiting statement aligned with requirements issued by the Institutional Review Board before presenting the informed consent document. As research personnel, clinicians operating at the private practice collected the informed consent signatures themselves. Parents were offered a copy of the informed consent to retain in all cases.

Interview Process

Interviews were implemented after the child completed at least eight sessions of CCPT at the designated site. Individual interviews are indicated for matters that may be sensitive or personal (Freeman & Mathison, 2009). Due to the confidential nature of a therapeutic experience, participants were interviewed individually and by the counselor who facilitated the process, tending to the importance of relationship within interviewing. I provided an interview protocol developed with the protocol development team during the planning of this project. The protocol included an introductory and assent statement, two prompts to explain the task to the child, and a 12-question interview script. Counselors were permitted to use the printed protocol during administration.
In nine of ten cases, the interview occurred at the onset of a scheduled session. One counselor held the interview after a play session in order for the client to meet the eight-session minimum required for participation. All interviews were audio and video recorded by equipment available at the research sites. Each participant’s counselor conducted the interview in a clinic room with sufficient privacy and separated from the playroom where they usually met with the child to minimize distractions and allow the counselor to assume the role of interviewer. The interview site included a table, chair, and a variety of organized art materials. Children were provided with crayons, markers, a pencil with eraser, and one sheet of 12 x 18” white paper. To support consistency across interviews, all participants had access to the same materials (Freeman & Mathison, 2009).

Counselors introduced the task with the statement, “I want to learn what you think of the playroom. I’d like for you to draw a picture and tell me about it. You can stop any time you want. Are you ready?.” The final segment of this statement served as the assent component. No children declined to participate at this question. Counselors then delivered an initial prompt of “Draw what happens for you in the playroom.” If the child did not understand the task as initially presented, the counselor used the follow-up prompt, “Draw yourself doing something in the playroom. You can decide what to draw” and were instructed to clarify further as needed based on their understanding of the child.

Counselors were not required to enforce time boundaries (for example, “you have five minutes left to make your drawing”) except in two cases when the interview exceeded the time available for the session. Based on findings from previous studies, these drawings were expected to take as little as one to two minutes (Hyslop et al., 2018) and as long as 30 minutes (Zee et al., 2020). Zee and colleagues (2020) reported that most children took between 10 and 15 minutes to
complete their drawings, and their participants ranged from ages to 8 to 13. Developmentally, children of this age fall into the stage of realism, in which making images look lifelike becomes a prominent concern for youth from about 9 to 12 (Malchiodi, 1998). Although it is possible to appear before this age, younger children may not exhibit this intentionality in their work which could result in shorter periods of completion.

Calculating the time participants took to create their pictures posed a challenge to reporting because most children returned to add to their drawings as they discussed them with their counselor. One child did not make a drawing and another’s artwork was not related to the prompt. Additionally, one child first created an image of a playroom at their home and the counselor asked them to make a second picture of the playroom at the research site. The eight children who completed a picture of the playroom took between 1:06 and 33:28 to make their initial product, defined as what they produced from when the prompt was given to announcing they were finished before returning to make additions. This range is roughly consistent by those reported by previous researchers (Hyslop et al., 2018; Zee et al., 2020). Five children took less than two minutes.

I observed each interview from behind a one-way mirror or through recording equipment, providing an additional source of context for the drawings to be understood. I took note of the interaction between counselor and client, apparent affect and behaviors of the child, the order in which elements were drawn, the drawing mediums selected by the child, statements or descriptions offered by the child, and any other observations seeming relevant to the research process, and allowing participating counselors to focus fully on the child’s process instead of simultaneously attending to details of the study. When the child finished their drawing, the counselor initiated the semi-structured interview protocol (Appendix H). Children in this study
spent between 1:27 and 17:23 minutes engaged in the interview process, measured from the time the counselor asked the first protocol question to the child’s response to the final inquiry. After the interview, the child and counselor returned to the playroom and held their session as scheduled.

I sent the observation notes in an encrypted email to each administering counselor to review following the interview, and two responded with clarifying comments which were integrated into the record. I then transcribed the interviews using the recordings to reference during data analysis.

Trustworthiness

Measures of trustworthiness allow readers to determine whether the presented conclusions can be deemed credible (Levitt, 2020). I participated in weekly debriefing sessions with a member of the dissertation committee familiar with CCPT and phenomenological inquiry as an ongoing bracketing tool throughout the recruitment and data collection processes. I maintained a reflexivity journal (Creswell & Poth, 2018), writing after each interview and at each subsequent contact with the data for coding and thematic identification purposes. An external auditor reviewed the audit trail, consisting of the transcribed interviews, observation notes, my reflexivity journal, bracketing notes from both coders, discussion notes of each participant’s data as a discrete unit, a codebook with supporting examples, and a streamlined version containing only the descriptions of themes and subthemes, in order to support the accuracy of conclusions. Further, I sought to triangulate data from the three sources and included an additional coder on the research team (Hays & Singh, 2012). Similar to procedures implemented by Hyslop and colleagues (2018), I asked the participating counselors to review my notes from the interview to support a shared understanding of the transpired events.
Data Analysis

Obtaining multiple sources of data provides a way of capturing information that may not be apparent in another form (Freeman & Mathison, 2009). Three data sources were collected for this study: the drawing created by the child, transcribed responses to a brief semi-structured interview protocol about the drawing, and notes scripted by the observer of all interview sessions. I observed each interview to the process as it occurred in real time. Each interview was also audio and video-recorded through clinic recording technology as outlined within the informed consent document, and I used these recording to transcribe them.

Sourcing data from both visual and lingual contexts can create thicker descriptions of participants’ experience (Hays & Singh, 2012). Using images when members of the research team were not present to see them drawn or when additional commentary is not included is largely discouraged by research communities serving children (Freeman & Mathison, 2009). The participant’s meaning is a crucial component in understanding what is presented in images. For this reason, artwork was considered alongside the transcribed interview between counselor and client and the notes taken by an observer to provide context to the images. Freeman and Mathison (2009) provided a framework from which to understand drawings. They suggest three areas of focus as the subject matter, image creation, and the audience viewing the image (Freeman & Mathison, 2009, p. 161). In accordance with the transcendental design, coders focused on the arenas requiring lower inference. For example, in the first area of subject matter, a literal reading answers “what are the physical features of the image? Who or what is portrayed? What is the setting?” while a psychological reading conceptualizes, “what are the intended states of mind and being?” (Freeman & Mathison, 2009, p. 161). In the next category, image creation, a technical reading examines features of the image, and an editorial reading detects “values and
knowledge” represented by the child (Freeman & Mathison, 2009, p. 161). The third section based on the audience may be of most value as a measure of ongoing bracketing. Coders may therefore reflect on their own reaction to the image to support that conclusions emerge from the participants’ experience.

Analysis followed a transcendental phenomenology approach set forth by Moustakas (1994). Transcendental phenomenology is distinguished from hermeneutical phenomenology by the intention to describe experiences rather than to interpret them (Creswell & Poth, 2018). The data analysis process began with the two coders engaging in a bracketing process. The coders wrote about their perceptions, beliefs, and prior experiences with CCPT, children, and art through a stream of consciousness approach and discussed them together. The intention of bracketing is to promote the team’s ability to experience the data in a state provided purely by the participant and removed from the researcher’s own understanding, with recognition that this outcome is rarely completely achieved (Moustakas, 1994). Coders were not assumed to be capable of completely separating from their previously formed perceptions and experiences prior to handling the accrued data, though made efforts to manage the influence of these factors.

Next, the coders engaged in a reduction process to seek themes and codes by independently examining the data and taking notes on outstanding features. Each participant’s data was individually reviewed as a unit comprised of the child’s drawing, transcribed interview, and observation notes. Themes help to develop textural descriptions, which describe what the participants experienced, and structural descriptions, which explain “the context or setting that influenced how the participants experienced the phenomenon” (Creswell & Poth, 2018, p. 215) from the data. The coders independently reviewed all data sets one at a time and then met to develop initial codes and operational definitions (Hays & Singh, 2012) by first discussing the
experiences each participant appeared to express and then exploring commonalities among them. The data sources were analyzed through consensus coding procedures aligned with recommendations from Hays and Singh (2012) to begin with individual coding prior to collaborative review. Discrepancies in understanding were discussed until consensus was reached. A final data set served as a confirming case (Harsh, 2011) and allowed the coders to determine that the existing codebook accurately portrayed participants’ experiences as understood by the analysis proceedings. Following this process, the research coders identified patterns, organized into themes and subthemes, from the coded material to represent the shared experience of CCPT. Statements and examples were then matched to themes to provide illustrations of these categories.
APPENDIX C

UNABRIDGED RESULTS
The themes Expressions of Relationship, Experiences in the Playroom, and Reluctance to Engage in Counselor-Directed Activity were derived from the data. The first, Expressions of Relationship, is composed of the four subthemes (a) representations in images, statements, and actions, (b) counselor’s role, (c) relational recollections, and (d) an opportunity to engage and share about self. The second theme, Experiences in the Playroom, is comprised of three subthemes including (a) specific media and features of the playroom, (b) awareness of playroom activity, and (c) representations of positive emotions toward self, counselor, and playroom. Finally, the theme Reluctance to Engage in Counselor-Directed Activity contains the subthemes (a) anxiety related to task, (b) resistance to completing task, and (c) counselor’s use of attitudinal conditions and CCPT responses to facilitate process and expression. The first two themes directly reflect children’s experiences of CCPT, while the third theme illustrates a process apparent within the interviews conducted for this study. Table C1 displays the frequency of themes among the experiences reported by participants. I describe each theme, accompanying subthemes, and offer examples encapsulating each using quotes from interview transcripts.

Theme 1: Expressions of Relationship

This theme reflects the importance of the established and dynamic qualities of the relationship between child and counselor. Seven out of nine children depicted their counselors within the drawing they created based on a prompt that did not include instructions to represent the counselor and three depicted their counselor with accurate physical features. They also represented the relationship they experience with their counselor in verbal statements and behaviors during the interview, such as initiating movement to sit next to the counselor, and provided context for how they perceived their counselor’s role in the playroom.
**Table C1**

*Frequency of Themes among Participants*

<table>
<thead>
<tr>
<th></th>
<th>Expressions of Relationship</th>
<th>Experiences in the Playroom</th>
<th>Reluctance to Engage in Counselor-Directed Activity</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Representations in images, statements and actions</td>
<td>Specific media and features of the playroom</td>
<td>Anxiety related to task</td>
</tr>
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<td></td>
<td>Counselor’s role</td>
<td>Awareness of playroom activity</td>
<td>Resistance to completing task</td>
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<td></td>
<td>Relational recollections</td>
<td>Representations of positive emotions toward self, counselor, and playroom</td>
<td>Counselor’s use of attitudinal conditions and CCPT responses to facilitate process and expression</td>
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<td></td>
<td>An opportunity to engage and share about self</td>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Expressions</th>
<th>Experiences</th>
<th>Reluctance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruce</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Henry</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Jaylen</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Toby</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Elena</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cole</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Tia</td>
<td>X</td>
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</tr>
<tr>
<td>June</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Graham</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Flora</td>
<td></td>
<td>X</td>
<td>X</td>
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</tbody>
</table>
Participants made efforts to include their counselor in the drawing process by asking them to draw together or guess what was being drawn. Further, children used the time spent with their counselor outside of the playroom to share information about themselves and reported recollections from the playroom which were recognized by the counselor.

Subtheme 1: Representations in Images, Statements, and Actions

Children illustrated their relationship with their counselor by including them in their images. Six-year-old June described her drawing to her counselor in this dialogue:

Counselor: What can you tell me about your drawing?
June: So there’s a bunch of me’s ‘cause I’m moving fast.
Counselor: You’re moving very fast, so all of those are you.
June: (points) But this is you.
Counselor: And that’s me.

Six-year-old Henry informed his counselor of his intention to include her by saying:

Henry: I’m gonna draw you here.
Counselor: That’s me?
Henry: (nods) Yeah.
Counselor: Okay.

And five-year-old Cole returned to add to his drawing, announcing:

Cole: I forgot something.
Counselor: Oh, you forgot something.
Cole: I forgot you.

Children noticed similarities between their counselors and themselves and tended to physical features of their counselor. Elena, age 7, observed, “Ooh! I have brown hair. You have
brown hair too so I need to color your hair brown. There we go” and five-year-old Bruce demonstrated his attention to portraying his counselor accurately, exhibited in this example:

Bruce: That’s a person with a mustache.
Counselor: Okay.
Bruce: And it’s you.
Counselor: Oh, it’s me with a mustache?
Bruce: A little beard.

Participants made relational statements and actions while engaged in the interview. When his counselor asked what he liked about his picture, four-year-old Jaylen responded, “I like playing with you” and while describing his drawing, he offered this comment:

Counselor: Mm so dad spider and a baby spider. (points) Dad spider, baby spider, you, me.
Jaylen: We a family.
Counselor: Like a family?
Jaylen: Yeah.
Counselor: Mm.

Tia, age 6, and Jaylen both requested or initiated movement to be physically closer to their counselor:

Tia: (slides under table) Phew (sits next to counselor).
Counselor: Hi there, you made it all the way over.
Jaylen: I want to sit by you.
Counselor: Oh (nods and complies).

While five-year-old Toby did not create an image, he demonstrated the presence of a relationship by complying with his counselor’s request even when it directly countered his own
wishes, as illustrated in this example:

Counselor: Oh those lights aren’t for turning off, Toby. Lights are for staying on and we don’t have a flashlight in here.

Toby: Okay, we can just get the flashlight from our room (opens door).

Counselor: Oh but Toby we’ll get the flashlight when we’re done.

Toby: Fine.

Children also attempted to include their counselor in the drawing process. Henry made the following suggestion:

Henry: But I thought we could cut the paper so we could both have a paper.

Counselor: Oh, you want me to draw too. I’ll just draw on the back of this (indicates interview protocol).

Two children issued direct invitations for the counselor’s participation. Tia asked her counselor, “Hi (counselor’s name), I just found my colors. Can you draw with me?” and Jaylen offered his counselor an opportunity to draw, saying, “Okay, so now it’s your turn.” Seven-year-old Graham engaged his counselor by asking her to guess what he was creating. At one time, the counselor recognized the item represented:

Graham: What is this?

Counselor: That’s something that you’re drawing in the playroom.

Graham: (points) What is this?

Counselor: Oh, I think, I think I know.

Graham: (smiles) What is it?

Counselor: Pizza?

Graham: Yes.
Subtheme 2: Counselor’s Role

Children described and enacted the counselor as an attentive person available to play, help them accomplish their objectives, and to follow the directions they gave. When asked about the counselor figure in his image, Jaylen stated, “You play with me.” Elena described a time her counselor helped her make adjustments to the playroom:

Elena: Ooh, I remember when you kept helping me with the sandbox (laughs).
Counselor: Oh, yup. Helped you push the sandbox across the floor?
Elena: Yup.
June reflected the attention she experienced from her counselor while describing the figures in her drawing:

Counselor: Oh, my head is moving around and I’m saying “oh my.”
June: Or just looking at me.
Counselor: Looking at you ‘cause you’re running around and around and around.

Counselors also demonstrated their availability to the child and willingness to follow their directions. Tia initiated a game during the interview and her counselor sought guidance from Tia to ensure her engagement aligned with the child’s process:

Counselor: (whispers) What do I do?
Tia: (points) Just do the X.
Counselor: (inaudible)
Tia: Your turn!
Counselor: (whispers) What do I do?
Tia: (points) Just do this. Yup, just do the X. You lose!
Subtheme 3: Relational Recollections

Children recounted memories of events that took place in the playroom, which counselors were able to recognize and respond to because they were shared together, although the meaning of the descriptions may not be apparent to others. Elena recalled with her counselor:

Elena: Remember when they changed the stuff?

Counselor: Oh.

Elena: And then I made a plan with the paint.

Counselor: I do remember that.

Elena: That’s one of them (laughs).

Counselor: Oh, you made a whole plan.

Elena: Yeah, to change the log.

Counselor: (nods) Mhmm.

Elena: Like the little hammer nail thing.

Counselor: Yeah, you had a whole plan to change the color of the log.

Elena and her counselor also recollected a situation requiring her to wash her hands:

Elena: Oh I remember one time I used the, remember that orange stuff that you used to have? When I put it on my hands and then I had to –

Counselor: I remember that, it got all over your hands. You remembered having to wash it off.

Bruce, Henry, and June also remembered moments which seemed to make sense to the counselor, as seen in the following examples:

Bruce: And remember the time where I was crazy and watched the sword fights?

Counselor: Oh yeah, I do remember having lots of sword fights.

Bruce: Remember when I surprised you?

Counselor: Yeah, you surprised me a lot of times.
Henry: I’m drawing the thing we did yesterday.

Counselor: Oh, okay, the thing we did yesterday.

June: Well the thing that it is, is, drumroll please.

Counselor: I’ll do a drumroll (taps rhythm on table).

June: Running around you.

Counselor: (chuckles) Running around me.

Subtheme 4: An Opportunity to Engage and Share About Self

Throughout the interview, children used the time to share about themselves and demonstrate skills and knowledge to their counselors with the same permissiveness of the playroom. June told her counselor a joke and showed that she could create a particular shape, while Elena discussed her food preferences with her counselor:

Elena: I actually never ate fish, I know I don’t like it.

Counselor: You already just know.

Elena: I tasted like this big a piece (shows with hands). Ew.

Cole told his counselor about an accident that occurred outside of the clinic premises and shared about his abilities, stating, “I know how to write ‘Titanic’ all by myself” and:

Cole: The sun. When it’s night-night, um, that’s when the sun, that’s when the earth is backing away from the sun.

Counselor: Okay.

Cole: and when it’s daytime, it goes toward the sun.

Counselor: Oh you’ve been learning about suns-

Cole: And I know some math. One plus one equals two.

Counselor: Ooh, you know lots of things.
Cole: And five plus five equals ten. So I know a lot of math too.

Graham shared about his accomplishments, resulting in an upcoming special treat.

Graham: I’m actually getting pizza today.

Counselor: Uh huh.

Graham: ‘Cause I got –

Counselor: Oh.

Graham: At school, I got a punch card and I got punches.

Counselor: So you got enough punches to get pizza.

Graham also asked if his counselor recognized a significant sports figure, which allowed him to share about a pair of shoes he owned.

Graham: Do you know who Michael Jordan is?

Counselor: I do know.

Graham: I have, I have Jordans.

Theme 2: Experiences in the Playroom

Children represented their time in the playroom in images and descriptions which included reference to specific toys and materials, the child’s actions during the session, and expressions of positive affect attributed to both counselor and child as well as the playroom.

Subtheme 1: Specific Media and Features of the Playroom

Children drew and identified play materials consistent with the CCPT selection of toys. Cole named the “Army men,” “blocks” and “sand” in his description of his drawing, Henry depicted “the sandbox,” Flora, age 5, drew “bubbles,” and Elena mentioned “the paints” and “the punching thing.” June included “cars” as well as personal items she brought with her into the playroom, and in her words, “my earphones” as well as socks and shoes. Bruce drew a stress
toy, shaped roughly in the form of a human, with facial features that express outward when pressure is applied. He described and demonstrated the item:

Bruce: This one, one of those little, those things with those blue eyes. And then, brown. Do you know what I’m drawing? (places hands to face, then turns back of hands to cheeks)

Counselor: You can tell me about what you’re drawing. Oh, I know which one you’re talking about, you squeeze and then its eyes pop out?

Bruce: And sometimes, and if I squeeze it kind of hard its nose.

In addition, participants recalled specific features of the room. June remembered “the trunk” (presumably where dress up items are stored), Elena remembered “the sink” and “the door,” and Jaylen represented “the timer of the clock that we had.” Elena included wheels on the counselor’s chair and June also remembered particular details, exhibited in this example:

June: Back to sketching. Oh, there’s holes in the back.

Counselor: You remembered that chair.

Subtheme 2: Awareness of Playroom Activity

Children demonstrated recognition of their processes and preferred activities within the playroom. Cole explained:

Cole: Ah, (points) so first we walk down the hallway, (points to picture) we open that door and we go in here –

Counselor: Mhmm.

Cole: And then I just ask for Army men or something else.

Cole: And I never play with the kitchen so I (inaudible) play with something.

June and Elena each expressed frequent activities, seen in these examples:

June: And painting, painting!

Counselor: Oh, you can’t believe you almost forgot that. You love painting.

June: (adds to picture) I always make a picture.
Counselor: Alright, let’s see, what do you do in the room?

Elena: Mostly always play with Teddy (laughs).

Counselor: Alright.

Elena: And make pies for him, and play breakfast and go to the store and paint and draw.

Subtheme 3: Representations of Positive Emotions Toward Self, Counselor, and Playroom

Children reflected positive views of themselves, their counselor, and the playroom itself in their drawings and descriptions. While drawing a picture of himself, Graham explained his process:

Graham: I can just draw a big circle.

Counselor: Okay.

Graham: And draw some eyes and nose.

Counselor: Okay, so that’s your eyes and your nose.

Graham: And then I draw a smile.

Counselor: And a smile.

Participants conveyed mutually positive emotions between themselves and their counselors. Henry described his counselor’s feeling about him as “happy and laughy” and his feelings about his counselor as “happy.” Elena described her feelings toward her counselor as “nice” and added, “and happy,” and described her counselor’s feelings about her as, “silly, happy, and cool.” Jaylen had the following exchange with his counselor about their respective feelings about special playtime:

Counselor: ...(points) what does this person say inside the special playtime?


Counselor: I like it in here. I like this time. What about this person, what does this person say in special playtime?
Jaylen: You?

Counselor: Mhmm.

Jaylen: It says I don’t like this.

Counselor: I say I don’t like it? Mm.

Jaylen: Actually, you do.

Counselor: Oh, you were just kidding. I do like it.

Elena expressed the significance of the playroom with a wish to stay within the space.

She responded to her counselor’s final interview question like this:

Counselor: And my last question, is there anything else you want to tell me about being in the playroom?

Elena: I want to stay there.

Counselor: (laughs)

Elena: I want to live there.

Counselor: You’d like to just live in the playroom.

Cole also expressed positive feelings about the playroom based on his ability to play. He told his counselor, “Um because I get, because I love um playing” when she asked what he like about his picture.

Theme 3: Reluctance to Engage in Counselor-Directed Activity

Participating children expressed reluctance toward the presented task, exhibited in apparent anxiety generated by the counselor’s request to engage in a formulated manner with an expectation for them to draw. Participants also conveyed disinterest in the activity through their statements and, more often, their actions. Counselors responded by using CCPT skills to facilitate the interview process, which contributed to an environment marked by the conditions of unconditional positive regard and empathic understanding to support children’s genuine
expression. As children displayed uncertainty and frustration with the circumstances, they were met with acceptance from their counselor.

Subtheme 1: Anxiety Related to Task

Children appeared to convey apprehension about what they were asked to do and sought clarification about the parameters of the task, seen in this exchange between Henry and his counselor:

Henry: But I don’t know what you mean about what you said.
Counselor: Oh, you don’t get it. So you know our special playroom?
Henry: Yeah.
Counselor: So draw yourself doing something in our special playroom. Or draw something about our special playroom.
Henry: So you’re saying I can do what about it?
Counselor: Mhmm
Henry: ‘Kay.
Elena restated the request for her counselor to confirm by saying, “So I have to draw a picture of me in the playroom,” indicating she was also uncertain of the task as it was initially presented. Further, children made statements indicating they did not feel they had the drawing ability to create what they imagined or were dissatisfied with the quality of their work. Flora expressed, “I don’t know how to make myself sitting in a chair” and colored over the image in her drawing. Bruce explained as he drew a squeeze toy, “I couldn’t, I didn’t have enough room for its body because um, I don’t know how to draw its body” and shared his judgment on what he had drawn, stating, “Actually it’s not good. Is there any red?.” Graham expressed doubts about his work as he asked his counselor if she knew what he was drawing and shared, “It’s something
that I really like. I don’t really think that’s good.” Graham also initially declined to illustrate
himself based on perceived drawing ability, evident in this dialogue with his counselor:

  Counselor: Mhmm, I see. Can you draw yourself doing something in the playroom?
  Graham: No.
  Counselor: No?
  Graham: I guess I can, I don’t know how to draw my body.

Children also seemed to experience pressure about the task and communicated a need to
represent the playroom entirely and accurately. As if to set expectations for her work, June
explained to her counselor:

  June: I’m just sketching.
  Counselor: You just want to sketch ‘cause you feel rushed. You can, you can
  June: I’m just sketching, so.
  Counselor: Okay, okay.

  June further conveyed, “I feel like I’m doing the STAAR test,” referencing a
standardized state assessment, and reiterated this sentiment four times over the course of the
interview. She wondered if she needed to revisit the playroom in order to depict it accurately,
whispering to her counselor, “What is right next to this? I think I’ll need to go back.” Elena also
appeared to experience pressure to complete her drawing with lifelike accuracy by including
each element of the playroom. She told her counselor:

  Elena: So I’m gonna draw everything in the playroom.
  Counselor: Everything. You already have an idea of what you want to draw.
  Elena: This is hard.
Elena wondered how to draw certain features and conveyed the difficulty she was facing, stating, “How do I make that? Everything I draw in my room is so complicated” and following a sigh, “This is a lot to draw. The shelf in blue and then I have to draw, that, that, that, and that, and that and then done.”

Subtheme 2: Resistance to Completing Task

Children in the study seemed to object to the counselor-initiated prompt and process. Henry expressed disappointment at the given task and devised a plan to accomplish both the counselor’s request and his own direction:

Henry: I wanted to draw my own thing.

Counselor: Oh you wanted to…

Henry: (interrupts counselor) Wait, I have an idea. Maybe I can draw one thing on what I like in the playroom and then I can draw my own things.

Counselor: Okay, well Henry so in here we’re for drawing what we think about our playroom but when we get to our playroom, you can choose to draw whatever you want.

Henry: No like after this page is full, I’m gonna go on the back of the page and color my own.

Counselor: Oh. You have a really cool idea, buddy. But buddy, this paper’s for drawing our special playroom on.

Henry: But on the back I want to draw my own picture.

Flora asked her counselor, “Can I draw whatever I want?”

Jaylen presented an alternate way to engage with his counselor:

Jaylen: I have an idea

Counselor: What’s your idea?

Jaylen: You can’t look at my paper and I can’t look at your paper.

Counselor: Oh.

Jaylen: So I’m gonna draw something and you can’t look at it. Okay, now give me paper.
One participant engaged in imaginative play involving the counselor’s participation throughout the interview. Tia created play scenes in response to her counselor’s directives:

Counselor: Okay. So draw what happens for you in the playroom

Tia: Uh oh! It looks like Sita is in the race.

Later in the interview, Tia introduced a different story line. When her counselor tried to redirect her to the task, Tia diverted from it again.

Tia: Hm, I have an idea. What about I drew this now. (Counselor’s name), you be the passenger and I’ll be the teacher, okay?

Counselor: Tia, it seems like you really wanna start playing a little bit, but I have some questions about your drawing. (Tia writes at whiteboard) And you drew it up there.

Tia: (Counselor’s name), may I ask you a question?

Counselor: You have a question for me?

Tia: The crown is made of cardboard.

Counselor: Mmm.

Other children answered questions in short, repetitive responses, declining to elaborate, as illustrated in the following examples from interviews with Graham and Flora.

Counselor: Tell me a story about you in the playroom.

Graham: (rapidly) Um, once upon a time I was in the playroom, the end.

Counselor: That was a fun time in the playroom, the end.

Graham: Yeah.

Counselor: Alright. Can you tell me a bigger story?

Graham: Once upon a time I was in the playroom, the end.

Counselor: That, the end. Tell me a bigger story.

Graham: (stands from table, giggles) Once upon a time I was in the playroom, the end.

Counselor: Ah, okay. So it’s the same, you’re telling me the same story.
Counselor: You like the bubbles? Tell me about a time you used the bubbles?

Flora: (continues to color) I don’t know.

Counselor: You don’t know of a time you used the bubbles?

Flora: (shakes head)

Counselor: And so (points) what does this person say?

Flora: I don’t know.

Toby left the interview room to avoid the task. The following exchange between Toby and his counselor conveys his displeasure:

Counselor: So would you like to draw a picture for me? And then once you finish we can go to the playroom?

Toby: I don’t want to, it’s so boring (opens door).

Counselor: Oh, this is so boring to you.

Toby: It’s like the boringest thing in the, my universe (leaves room).

Counselor: Oh, you’re leaving. (to self) And he’s gone (stands to follow).

Children also inquired about going to the playroom and used distractions to avoid the presented activity. Bruce asked, “Am I going to play now?” and Flora stated, “I want to go in the playroom.” Children found ways of creating distractions through toys, materials provided for the task, and the novel environment of the interview room. Jaylen expressed interest in a basket of toys, telling his counselor, “Ooh, these are cool. First, let’s play with these” and asked to use the whiteboard and markers in the room where the interview occurred while Tia formulated an art project rooted in imaginary play using items in the room, as demonstrated in the following segment:

Tia: And we can use this paper. And we can fold this tissue. Now we need to use the color (draws on tissue with marker). See, the blood is coming here!

Counselor: Oh.
Tia: It changes to colors! Like the rainbow! And yellow color. Wow, the color is changing to rainbow!

Toby also seemed to find distractions within the room, as illustrated in this example:

Counselor: Toby, this room is for this activity.

Toby: But (exclaims, points to hanging folder on back of door) what, where did that come from? Did that come from our room? I think that did.

Subtheme 3: Counselor’s Use of Attitudinal Conditions and CCPT Responses to Facilitate Process and Expression

Participating counselors used CCPT-aligned responses after presenting the task to respond to and accept children’s frustration, lack of interest, and uncertainty. Bruce drew a red X over the figure he identified as the counselor, covered him in excrement, added dog ears to the figure, and added flames to set him on fire. The counselor responded with reflections of content and feelings to convey that he accepted the child’s feelings of anger and aggression, even when they were directed toward him as the following two examples indicate:

Counselor: So how do you feel about me in the playroom?

Bruce: Laughing because he gets, you get hurt all the time.

Counselor: Oh, you think it’s silly when I get hurt in the playroom.

Counselor: Alright so are you ready to go to the playroom?

Bruce: (stands) Yes Mr. Poo Head.

Counselor. Oh, you’re ready. I’m Mr. Poo Head.

When limits were used, they were not in response to the child completing the task. For example, Bruce’s counselor used limit-setting language when the child asked to draw on the tables, Jaylen’s counselor provided choices about leaving the interview room at the end of the task, and Toby’s counselor set a limit about lights staying on in the interview room. Counselors
reflected the child’s process, regardless of whether it was related to the interview, as evidenced in the exchange between Tia and her counselor:

Tia: Princess, won’t you join me, horse? Says-

Counselor: Oh.

Tia: The unicorn.

Counselor: So you want to drink tea together.

Further, counselor’s use of CCPT skills facilitated children’s awareness of their own capacity. For example, when Elena was frustrated by the lack of an available color, her counselor responded with reflections of feeling and encouragement until she independently identified a solution she was satisfied with. Elena’s process with her counselor is demonstrated in these three segments:

Elena: Red and orange, red and orange make yellow. Wait, no, no, no, no, that’s not right.

Counselor: You’re still trying to figure out what makes peach.

Elena: I seriously cannot figure out how to make peach!

Counselor: A tough color to make.

Elena: Yes.

Counselor: It’s a challenging color.

Elena: Make peach please.

Counselor: You really want peach

Elena: (draws in breath) That little bit is peach.

Counselor: Oh, little bit.

Elena: Ooh, maybe I could use both at the same time.

Counselor: Oh, you could do two colors.
Elena: (holds both markers in one hand and draws)

Counselor: You’re trying.

Elena: Okay, now they’re mixed up.

Counselor: Oh.

Elena: That’s okay, maybe…it’s not working!

Counselor: You’re determined to try to get it.

Elena: (picks up another crayon) Um, I know how to make peach.

Counselor: Oh.

Elena: It’s brown and orange.

Counselor: You figured it out.

Elena: (mixing colors on top of paper, whispers) Oh, come on. (louder) Peach!

Counselor: Oh, you’re happy with that one. You think you got it.

Elena: (with hand in air) Yay! Finally!

In the last example, Graham expresses he is not able to represent an object as it appears in the playroom. However, an attuned reflection from his counselor appears to facilitate his ability to identify a resource which meets his preference:

Graham: It just needs to be gray ‘cause it is gray (returns to color in blue).

Counselor: Oh so you want it to look exactly like the kitchen in our playroom.

Graham: Yes. This is gray (colors with pencil).
APPENDIX D

EXTENDED DISCUSSION
This study represented an effort to explore how children experience Child-Centered Play Therapy (CCPT) and focused on obtaining data directly from child clients. To my awareness, it is the first to use a developmentally matched interview medium to study a particular therapeutic intervention with young children. Findings, consolidated into three themes and a total of ten subthemes, are examined individually and overall seem consistent with the centrality of the relationship and non-directive nature of CCPT. Implications, limitations, and possible areas of future study are included to offer a rounded discussion on the impact of this study.

Findings from 10 participants were organized into three themes: Expressions of Relationship, Experiences in the Playroom, and Reluctance to Engage in Counselor-Directed Activity. The first theme, Expressions of Relationship, reflected the ways children communicated feelings of closeness with their counselor by including them in their drawings and making statements and gestures of emotional intimacy, describing their perceptions of their counselors, recounting experiences in the playroom shared with their counselor, and freely sharing about themselves. This theme encompassed the subthemes Representations in images, statements, and actions, Counselor’s role, Relational recollections, and An opportunity to engage and share about self. Within the second theme, Experiences in the Playroom, children described their uses of certain toys and materials (Specific media and features of the playroom), shared about how they spent their time in the playroom (Awareness of playroom activity), and proclaimed positive feelings (Representations of positive emotions toward self, counselor, and playroom). The third theme, Reluctance to Engage in Counselor-Directed Activity encompassed the reactions children had about partaking in the research process. While all children had the opportunity to provide assent, their responses spanned the subthemes Anxiety related to task and Resistance to completing task. Counselors responded to the apprehension and frustration children
expressed with empathetic statements recognizing the child’s feelings and concerns, illustrated by the subtheme, Counselor’s’s use of attitudinal conditions and CCPT responses to facilitate process and expression.

Expressions of Relationship

Within the themes of Expressions of Relationship, children appeared to convey feelings of comfort and connection with their counselors, evident by the elements they included in their drawings, how they saw their counselor’s role within the playroom, and what they decided to disclose to their counselor. Relationships were apparent in both the verbal and nonverbal messages children communicated during the interview. In seven out of nine drawings collected for this study, children spontaneously represented their counselor in the playroom. The prompt did not ask children to include their counselor in the drawing they created, and thus this was a decision children initiated independently. Of those who did not depict the counselor, one child did not include any representations of humans or concrete figures, and the other child depicted only herself. This finding contributes to the possibility that children perceive the counselor is a key component of their experiences in play therapy.

Rogers (1957) presented six conditions required within the therapeutic process to facilitate change including:

1. The client and therapist are in psychological contact.
2. The client is in a state of incongruence, being vulnerable or anxious.
3. The therapist is congruent in the therapeutic relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences empathic understanding for the client’s inner world and attempts to communicate such to the client.
6. The client perceives, to a minimal degree, the communication of empathic understanding and unconditional positive regard from the therapist. (Rogers, 1957, p.96).

The first, psychological contact, defined the capacity for a relationship to occur while the remaining five explained the qualities of that relationship (Rogers, 1957). To meet this first condition, two people must only be aware of each other. Rogers (1957) described this condition as the only one to operate in a binary manner, as either existing or absent, instead of on a continuum as the other five are represented. Psychological contact serves as the base for the relationship to emerge, and all six conditions are deemed necessary for clients to progress therapeutically (Rogers, 1957). The depiction of the counselor in most pictures drawn by children in the current study therefore suggested psychological contact because it indicated the child was aware of the counselor’s presence. Meeting this first criterion by illustrating both the counselor and child may have represented that clients were prepared to move forward or had already progressed within the relationally bound therapeutic process of CCPT (Landreth, 2012; Ray, 2011).

Three children included distinct details of their counselor’s appearance, which was also noted by previous authors as a feature of children’s drawings. Carroll (2002) stated children represented the clothing styles and cosmetic choices their therapists made, but did not include the frequency of this finding among participants or a possible explanation while Malchiodi (1998) articulated that children tend to illustrate the features they find most significant in drawings of their therapists, which can occur unprompted. One of the children in the current study represented traditionally masculine characteristics of his counselor by depicting the counselor’s beard and mustache. Likewise, another child commented on the common hair color between herself and her counselor. This finding could indicate that participants noticed and took heed of apparent similarities between themselves and the counselor. Shared traits may form an initial
facilitative feature of relationships between children and counselors by allowing children to perceive an immediate and apparent similarity of themselves and an unfamiliar adult, although based on the scope and methodological focus of this study, I cannot make conclusions related to the significance children assigned to these qualities.

Axline (1947) dismissed the influence of therapist qualities like age, appearance, and gender and cited instead the potency of the attitudes the adult holds toward the child and the therapeutic process. In a third case, a child returned to her drawing to add detail to the counselor’s image without noting a common feature. Therefore, children acknowledging similarities between themselves and their counselors and drawing their figures to reflect the physical features of their counselor may represent the importance of the counselor to the child by creating an accurate portrayal of their appearance.

Children dynamically demonstrated their relationship with their counselors during the interview process. Children’s use of relational cues, such as moving closer to their counselor, inviting counselors into play, making statements including both themselves and the counselor, and telling the counselor information about their activities and preferences outside the playroom suggested the connection between them was soundly established by contacts in the playroom prior to the interview. The theme of relationship has been identified by previous authors studying children’s perceptions of play therapy. Carroll (2002) commented that spending time with the therapist was a favored aspect of play therapy and eight children felt spending time with their therapists was inherently helpful, even when they were unable to articulate what specific features benefitted them. Green and Christensen (2006) reported that children’s abilities to make choices related to the playroom activity, feel understood and accepted by the counselor, and solve problems with the counselor contributed to their theme of therapeutic relationship. Axline (1950)
reported former clients she interviewed recognized her when asked if they remembered her after terminating. She posed, “Do you remember me?” (Axline, 1950, p. 54) as the only question to prompt children’s reactions to play therapy and reported that every participant provided a thorough account of their experience. These findings suggest the therapist and their ways of engaging are crucial components of children’s experiences. Distinguishing this study from the work of Carroll (2002) and Green and Christensen (2006), all participating counselors confirmed their exclusive use of CCPT, which could further demarcate this relationship as one marked by the tenets of safety, acceptance, expression, permissiveness with the child assuming an active role in making decisions and taking responsibility (Landreth, 2012). Taken with prior findings, this body of evidence suggests children are sensitive to the relationally oriented nature of CCPT.

In this study, the subthemes of counselor’s role, relational recollections, and an opportunity to engage and share about self join together to illustrate the unique relationship available for children to use as they address their needs within the therapeutic environment. Children in this study portrayed their counselors as supportive counterparts who are interested in them and available to engage in the ways they choose, describing them as people who play with, watch, and help them. These reports are consistent with the ways Axline (1947) described expectations of the therapist, suggesting counselors in this study were familiar with and consistent to the child-centered approach. Moreover, these perspectives seemed to be perceived by the children, indicating children may be aware of distinguishing factors of the playroom and the relationship with their counselor.

The relationship is the foundational component of the child-centered approach, beginning with groundwork laid by Rogers (1957) which delineated the presence and nature of the relationship between client and therapist. In her presentation of principles guiding the non-
directive approach to play therapy, Axline (1974) named that the therapist commits to establishing a relationship with the child first. Notably, in their respective guides to the therapeutic process, both authors acknowledged the potential of a relationship between the counselor and client before any other component that may contribute to therapeutic outcomes. Likewise, Landreth (2012) articulated the relationship itself as the primary therapeutic element, clarifying it is not a precursor to other actions a therapist might take. Given the enduring emphasis placed on relationship as the cornerstone of CCPT, subscribing practitioners are well versed in the perspectives prompting this point. However, findings from this study support that the relationship is a valued asset to participants as well.

Experiences in the Playroom

Within the theme of Experiences in the Playroom, children shared information directly related to the time they spent in the playroom. They drew and discussed the toys and materials they used, the activities they engaged in frequently, and overall expressed positive feelings about themselves, their counselor and the playroom itself. In their drawings and descriptions, children depicted or named play items from each of the three categories of real-life toys, acting-out aggressive-release toys, and toys for creative expression and emotional release outlined by Landreth (2012), which seemed to illustrate that children rely on a broad offering of materials to express their internal experiences. Axline (1950) reported a similar finding, writing children remembered the toys available in the playroom and their activities within it. Former clients in the study recalled puppets, dolls and the doll house, “hammer and saws” (Axline, 1950, p. 58) and painting supplies without being specifically asked about materials. This finding supported an established feature of the CCPT philosophy that toys are carefully curated in order to act as a medium for expression (Landreth, 2012).
Children also recalled their processes within the playroom and expressed positive emotions about their counselor, themselves, and the playroom, which could support conclusions that children attend to its features because the playroom and the relationship inherent within it are distinct from other environments they encounter. Further, children’s report of positive feelings is consistent with Ray’s (2011) description of the process of play therapy, adapted from Rogers (1942) conceptualization of change and totaling 12 stages. Although stages do not occur in a strictly linear fashion, the fifth step conveys that children exhibit positive emotions through their play behaviors, verbal expressions, or engagement with the counselor (Ray, 2011; Rogers, 1942). This feature indicates children in the study were aligned with expected characteristics of the change process.

Reluctance to Engage in Counselor-Directed Activity

Within the third identified theme of Reluctance to Engage in Counselor-Directed Activity, children communicated both anxiety and disappointment in response to their involvement in the data collection tasks. As noted, this theme is related to experiences children conveyed about participating in the interview process yet could have important implications for both research and clinical practice. After obtaining informed consent from their parents, children went with their counselor to a clinic environment arranged to conduct the interview. In the playroom, children are invited to lead proceedings from the first encounter (Landreth, 2012); however, the structured task and interview in the current study depended on the counselor’s direction and the child’s compliant participation. Assent was collected from all participants and counselors communicated that children were free to stop the interview at their discretion. However, the interview process was markedly different from the child’s contact with the
counselor and clinic in play therapy up to this point, which children seemed to perceive and respond to with hesitation.

In researching young children within the same age range of the current study, Hyslop and colleagues (2018) asked children to draw a picture of their experience with cancer treatments. The authors reported that two children created pictures unrelated to the prompt, which could contribute to understanding of this subtheme. They suggested one plausible explanation as children wanting to have fun during the drawing process. Children’s resistance in the current study may also have emerged from the stark difference between the permissive, child-led atmosphere of the playroom and the interview during which an adult ultimately controlled the task and topic. Children may have responded to the sudden structure applied to a relationship they had learned, or were learning, to expect as available to their needs for expression and exploration. The number of completed sessions varied between 8 and 30. Children with established awareness of the playroom as a permissive environment may have been frustrated by their lack of access to it and responded by stating their interest in going to the playroom, posed alternatives to the drawing task, employed distractions to avoid the presented task, and answered questions in short, redundant statements as if to move the interview along.

Additionally, children might have expressed resistance due to a perception of evaluation of their drawing ability or the product they produced. Hyslop and colleagues (2018) reported that 12 of the 30 children in their sample declined the drawing task. The authors speculated this may have been because children felt reserved or uncertain of how to represent their feelings through drawings, which seemed to be corroborated by the subtheme of anxiety related to task in the current study. Malchiodi (1998) suggested that responses to drawing seeming to convey defiance may actually be indicative of unease and doubt and that asking children to depict a single detail
of their planned drawing may be a supportive means of involving children in the process. In this study, the size of the paper, 12 x 18,” and open-ended inquiry may have contributed to exhibited anxiety as Malchiodi (1998) described that a broad prompt and large piece of paper can be overwhelming to a child. This aspect appears especially relevant in considering the experiences of participants who seemed focused on representing each feature of the playroom, perhaps responding to a need to account for the availability of the provided paper.

The theme of task reluctance contrasted with Carroll’s (2002) observation that children appeared to enjoy the interview process. Two factors might aid in considering the discrepancy. Carroll (2002) conducted interviews within participants’ homes, implying they were not held at the onset of a scheduled play session. The interview therefore, assumedly, did not interrupt the child’s access to the playroom and was a discrete contact separated from “the child’s hour” (Landreth, 2012, p. 175). Secondly, Carroll (2002) commented that children may have responded in the observed ways as a pleasing response to the researcher and therefore the therapist. Given the permissiveness for self-directed activity and emotional expression granted to children in CCPT, participants may not have been subjected to a need to tend to the counselor’s feelings and instead engaged authentically, such as one participant’s remarks that the task was boring. Indeed, Rogers (1961) explained that as clients progress through a person-centered process, they become less concerned with the satisfaction of others and focus instead upon direction determined individually.

According to Rogers (1961), external evaluation in any form is inherently threatening. One marker of a successful person-centered process, and therefore CCPT, is the client’s ability to evaluate their experiences internally instead of relying upon judgment from others. In the playroom, where children had exclusively encountered their counselor up until the time the
interview was conducted, child-centered therapists focus on accepting the entirety of the child and allowing them to make decisions that shape the direction of the experience to support this process. Methodologically, the decision in this study for the counselor to conduct the interview was implemented with hopes of facilitating comfort and sharing among young participants. However, asking the counselor to assume this role may have caused a disruption within the therapeutic relationship by presenting the therapist as someone who evaluates rather than accepts the child.

Counselors exhibited attitudes and verbal responses consistent with CCPT philosophy during the interview proceedings, indicated by the subtheme Counselor’s use of attitudinal conditions and CCPT responses to facilitate process and expression and representing internal integration of these beliefs. Instead of assuming the set of skills and ways of engaging exclusively during contact with children during play sessions, counselors met their clients with trust in their internal direction in spaces not defined by the parameters of the playroom, which helped children hone their own capacities. For example, one child became frustrated by the lack of an available color she wanted to complete her drawing. The counselor did not attempt to interfere or take action to locate a crayon, choosing instead to remain present with the participant as the child developed a combination of colors that would meet the need. While this response would be expected within the playroom in order to provide children the opportunity to be responsible for themselves (Landreth, 2012), the counselor allowed this process to resolve at the child’s pace even in a novel setting orchestrated to support a specific outcome. The commitment to the child’s internal process is indicative of a deep trust in their capacity for actualization, or internal, innate movement toward maturity and optimal functioning (Rogers, 1951).
Axline (1947) asserted the attitudes of the play therapist cannot be adopted at will and must be present within the person of the therapist. Counselor’s enactment of therapeutic processes outside of the playroom may be particularly apparent because of the signed statements of theoretical adherence they provided. A willingness to declare adherence to CCPT may illustrate a certainty of the principles of the philosophy and therefore acceptance and application of their verity both within and outside of the playroom. Further, the impact of this integration is supported theoretically because of Rogers (1957) proclamation that meaningful growth is imminent in any situation where the six conditions he described are present. An individual does not need to be within a designated therapeutic environment to offer or receive them. If counselors, as suggested, had integrated their beliefs about children originating from CCPT, they could feasibly facilitate client growth outside of the playroom too.

Limitations

Conclusions from this study are best considered in the context of limiting factors. First, the research team qualified to conduct this study based on experience in CCPT and qualitative procedures alone and did not have expertise in art therapy despite one coder’s background in art education. Thus, the research team does not have the capacity to interpret features of the artwork as indications of the child’s experience. Notably, however, Malchiodi (1998) cautioned against reliance on a single element of an art piece to draw conclusions, seemingly indicating a preference for holistic appreciation, while Carroll (2002) hesitated to offer interpretations from a single image. Like theme work in CCPT, patterns in artwork must be established over several sessions (Freeman & Mathison, 2009; Ray, 2011). Interpretation was also not an outcome associated with the selected methodology (Creswell & Poth, 2018), which emphasized direct representation of the agreed-upon features expressed by the participants. The research team did
not attempt to interpret the artwork produced by children in this study and instead attempted to report what was evident in participants’ statements and drawings. As a CCPT therapist does not attempt to make outcomes occur or drive the child in a particular direction, the research coding team aimed to avoid preconceptions and hypotheses to permit meaning to emerge authentically from the artwork and interviews. Approaching work generated by the child from a global lens may be better suited to the tenets of phenomenology and CCPT itself.

Recognizing an additional limitation, data sources represented children’s perceptions at a single time of the therapeutic process. Collecting data at multiple points may offer a richer portrait of changes in the child’s perception or of how the relationship develops over time. Yet prior findings have suggested CCPT demonstrates maximum effects between 35 and 45 sessions (Ray et al., 2001) and in as little as eight sessions (Pester et al., 2019). These findings provide a platform to suggest that assessing data between 8 and 30 sessions was a reasonable estimate of a time at which therapeutic processes are underway and that the child and counselor have had adequate time to establish a trusting relationship.

Another limitation of the presented procedure is related to scheduling. Holding the interview prior to a planned play session prevents families involved from having to make a separate trip to the clinic, although the child did not have access to the entirety of the scheduled session. This limitation was bolstered by the theme of Reluctance to engage in counselor-directed activity, and particularly the subtheme of Resistance to completing task. Although generalizability is not an expected outcome of qualitative endeavors, these findings cannot be applied with confidence to understanding of children’s experience of CCPT who did not meet qualifying criteria, such as those above the age of seven. Findings reflect only the experiences of children receiving CCPT. Other established play therapy approaches include Cognitive-
Behavioral, Adlerian, Gestalt, and Jungian (Ray, 2011) and could be explored through similar inquiry. However, since CCPT is the most utilized modality (Ray, 2011), it may be appropriate to begin from this base.

Implications

In this section, I aim to provide a context in which the findings of this study can serve the purposes of both clinical and research-based endeavors. Within research capacities, I offer areas of future study that may be relevant given the conclusions and topics of further inquiry presented by this study.

Clinical Implications

Findings from this study can be applied to support the therapeutic relationship as an important aspect of children’s play therapy experiences. Given the primacy of relational elements within the seminal texts of CCPT (Axline, 1947; Landreth, 2012; Ray, 2011), this conclusion revealed children receiving the intervention are also attending to a sense of connection with their counselors. Additionally, the permissive, child-led atmosphere of the playroom is intentionally curated to support the objectives of CCPT (Landreth, 2012). The resistance and apprehension children displayed when the counselor altered the means of engagement to complete the interview activity illustrates children might become accustomed to the freedoms they are trusted with, based theoretically on the actualizing tendency active in all living organisms (Rogers, 1951).

Practitioners who identify as operating from an eclectic or blended approach may consider how their strategies are perceived by the clients they serve. In this study, children demonstrated resistance to the introduction of a directive activity after becoming familiar with the permissive environment of the playroom and child-led nature of CCPT. Children may be
subject to similar frustration and confusion when they are first permitted to play at their
discretion and are then directed to a particular task. Based on the recollection of specific play
media, play therapists are also encouraged to review their toy and materials with particular
attention toward multicultural element in order for children of diverse intersectional identities
can access the metaphorical words to express and process their experiences. Chung et al. (2022)
explored the multicultural applicability of the 69 play items recommended by Landreth (2012),
reporting consensus on 49 items as appropriate for inclusion within a multicultural playroom and
suggested assessing play media by evaluating the item’s ability to foster a sense of cultural
inclusion and identity.

Research Implications

Researchers are encouraged to consider several components of the current study. First,
including an interview with the child’s counselor as a data source could provide additional
context to the child’s experience. Researchers may ask counselors to reflect on the themes (Ray,
2011) of the child’s play process to garner additional understanding of participants’ use of toys
and the recollections reported by children. This recommendation mirrors the methodology
modeled by Weeks and Ray (2022), who included a parent interview and parent feedback session
and Carroll (2002) interviewed play therapists prior to meeting with children. Secondly, results
from this study support that a research team member not providing clinical services may be best
equipped to deliver research protocols. Authors of previous studies employed this approach, and
none reported significant interruptions to the data collection process because of the
administrator’s relative unfamiliarity to the child (Carroll, 2002; Green and Christensen, 2006;
Hyslop et al., 2018). Although Axline (1950) had conducted services, she held interviews well
after termination. In this way, the counselor can remain a consistent and predictable figure to the
child and prevent the possibility of disruptions within the relationship. Finally, conclusions support the notion that young children can participate meaningfully in research, as presented by Spratling (2012). Researchers should continue to seek developmentally appropriate means of including children when their purposes and questions are intended to address the experiences of young people. Finally, based on the apprehension and resistance children conveyed about participating in this research, they may be more comfortable if they know in advance that their next visit may seem different, and they will be asked to draw a picture. Additionally, conducting the interview in the playroom may reduce anxiety stemming from the unfamiliar environment of a prepared interview space.

The findings from this study present several avenues to be investigated, supported, or challenged by forthcoming research. Given the essentiality of the relationship between counselor and client within these findings and the single point of data collection as a stated limitation, a future area of inquiry might be the development of relationship over time. Interested researchers may ask children to create drawings of the playroom at the beginning, estimated midpoint, and as the child approaches termination. These visuals may facilitate understandings of how the child’s perception of the counselor over time, which Malchiodi (1998) suggested drawings have the capacity to do and identify subtle shifts in the child’s understanding of self and others.

To further explore the theme of relationship, findings from this study could be compared to similar undertakings conducted in school settings and with counselors in other stages of their professional development, such as in practicum and as recent graduates, to determine features of a universal experience of CCPT or if children’s experiences are influenced by characteristics of the counselor. This study could also be replicated with older children within the range indicated for play therapy, varying between nine and 12 years old (Cochran et al., 2023; Ray, 2011).
Likewise, based on children’s apparent observation of shared traits between themselves and their counselors, this area could be further explored in relation to other identities that can be represented and understood by physical features, such as race. Additional focused study of this could provide more definitive conclusions about what role, if any, similarities between counselors and clients holds in facilitating change processes.

Conclusion

This discussion was designed to provide a frame of reference based in previous literature and suggestions for useful application of these findings. Overall, the study was intended to explore how children perceive play therapy by utilizing a medium matched to their developmental processes. Children expressed awareness of their counselor as a primary element of their experience, shared the ways they interacted in the playroom and their feelings toward themselves, their counselor, and the space. Participants also communicated reactions to their involvement in the research process, which counselors responded to with integrated attitudes reflecting their beliefs about children. These findings can be used as a basis to support relationship and the non-directive nature of CCPT as features noticed by young children served by the intervention.
APPENDIX E

IRB APPROVAL
April 3, 2023

PI: Deanne Ray
Study Title: An Artwork-Based Phenomenological Investigation of Children’s Experiences in Child-Centered Play Therapy (CCPT)
IRB # IRB-23-55

Dear Dr. Deanne Ray:

As permitted by federal law and regulations governing the use of human subjects in research projects (45 CFR 46), the UNT Institutional Review Board has reviewed your proposed project titled “An Artwork-Based Phenomenological Investigation of Children’s Experiences in Child-Centered Play Therapy (CCPT).” The submitted protocol is hereby approved for the use of human subjects in this study.

Your informed consent document can be found in the Study Details section under the Attachments tab in Cayuse IRB. Please store them in a secure location and use the approved copy for your study subjects.

Any and all changes to an approved research study must be submitted for review and approval prior to implementing the change(s) into the research study.

Please contact the Office of Research Integrity and Compliance at 940-565-4643, if you wish to make changes or need additional information.

Note: Please do not reply to this email. Please direct all questions to untirb@unt.edu

Sincerely,

Gabe Ignatow, Ph.D.
Professor
Chair, Institutional Review Board
APPENDIX F

CLINIC RECRUITMENT FLIER
University of North Texas
Department of Counseling
is conducting a research study on

AN ARTWORK-BASED PHENOMENOLOGICAL INVESTIGATION OF CHILDREN’S EXPERIENCE IN CHILD-CENTERED PLAY THERAPY (CCPT)

At the Counseling and Human Development Center (CHDC) and the Child and Family Resource Center (CFRC) to understand how children experience play therapy

Your client may be eligible to participate in a drawing task and interview if they:

☑️ Are between 4 and 7 years old
☑️ Have completed at least 12 sessions of CCPT at the CHDC or CFRC
☑️ Speak and understand English

Total participation is expected to take less than 30 minutes. No compensation is offered for this study.
Primary Investigator: Dee Ray, Dee.Ray@unt.edu

FOR MORE INFORMATION, PLEASE CONTACT CAROL QUINN AT CAROLQUINN@MY.UNT.EDU
APPENDIX G

INFORMED CONSENT
Informed Consent for Parents with Minor Children

TITLE OF RESEARCH STUDY: An Artwork-Based Phenomenological Investigation of Children’s Experiences in Child-Centered Play Therapy (IRB-23-55)

RESEARCH TEAM: Carol Quinn, University of North Texas Department of Counseling and Higher Education, (940) 565-2910, CarolQuinn@unt.edu. This project is part of a student study being conducted under the supervision of Dr. Dee Ray, University of North Texas Department of Counseling and Higher Education, (940) 565-2063. Your child’s counselor will also be involved in the administration of the research task.

Dee Ray, the Principal Investigator for this study, and Carol Quinn, the Student Investigator for this study, have worked in the facilities where research activity is occurring and have a working relationship with the staff at these facilities. Your decision to participate in this study will not affect any current or future treatment that you are receiving.

Your child is being asked to participate in a research study. Taking part in this study is voluntary. The investigators will explain the study to you and will answer any questions you might have. It is your choice whether or not you allow your child to take part in this study. If you agree to have your child participate, and then choose to withdraw your child from the study, that is your right, and your decision will not be held against you.

Your child is being asked to take part in a research study about their views of play therapy.

Participation in this research study involves your child completing a drawing task with their counselor and responding to up to 12 interview questions about the image. Together, both tasks are expected to take less than 30 minutes to complete. More details will be provided in the next section.

You might want to participate in this study if you want to support knowledge of children’s experiences in play therapy. However, you might not want to participate in this study if you do not want your child to participate in the interview process.

You may choose to participate in this research study if you have a child between the ages of 4 and 7 years old who is a current client of the Counseling and Human Development Center or the Child and Family Resource Center and has completed between 16 and 25 sessions of play therapy.

The reasonable foreseeable risks or discomforts to your child if you choose to allow him/her to take part are: the potential for loss of confidentiality and discomfort in responding to interview questions.
questions which you can compare to the possible benefit of a greater understanding of your child, which could aid your child's counselor. Your child will not receive compensation for participation.

**DETAILED INFORMATION ABOUT THIS RESEARCH STUDY:** The following is more detailed information about this study, in addition to the information listed above.

**PURPOSE OF THE STUDY:** The purpose of this study is to explore how your child experiences play therapy. This study will answer the question: What are the lived experiences of young children in Child-Centered Play Therapy (CCPT) as expressed through their artwork?

**TIME COMMITMENT:** The total time commitment will be approximately 30 minutes. Your child will participate in a drawing task and follow up interview about their work.

**STUDY PROCEDURES:** Allowing your child to participate in this research study will include this list of actions that we will ask you and your child to consider before engaging in the research:

1. Please read carefully the parental informed consent and child assent, and be sure to contact the research team with any questions or concerns you may have.

2. If you grant permission for your child’s participation, the student researcher will review maintained clinic files to collect demographic information (age, grade, gender, racial/ethnic background, reason for seeking services, and the number of completed sessions) about your child. Your child's name will not be included and a fictional name will be given.

3. Your child and your counselor will go to a room at the clinic other than the playroom. Their counselor will ask them to draw a picture of the playroom.

4. When they are done, their counselor will ask them about their drawing using an interview script.

5. Your child and their counselor will go to the playroom and hold their session as scheduled.

This study will take place at the clinic where your child is seen as a client. You and your child's participation is completely voluntary and your decision will not interfere with your child's play therapy. You may discontinue participation at any time.

**AUDIO/VIDEO/PHOTOGRAPHY:**

- I agree to have my child video and audio recorded during the research study.

- I agree that the video and audio recording can be used in publications or presentations.

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Consent for Parents with Minor Children
Version: January 2019

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University of North Texas
IRB-23-55
Approved on 4-3-2023

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☐ I do not agree that the video and audio recording can be used in publications or presentations.

☐ I do not agree to have my child video and audio recorded during the research study.

You may not participate in the study if you do not agree to be video and audio recorded. The recordings will be kept with other electronic data in a secure UNT OneDrive account for the duration of the study.

POSSIBLE BENEFITS: While this research may be of no direct benefit to your child, by spending time together outside of the setting where they usually meet, children may further develop the relationship with their counselor, which is an important part of treatment in the child-centered approach. Counselors may benefit from additional information about your child, which may help them to better understand your child's needs and expressions in the playroom. Further, findings from this study could help those who practice and research play therapy understand the process as it happens for children instead of relying on report from outside sources.

POSSIBLE RISKS/DISCOMFORTS: Your child might experience discomfort while responding to interview questions if they feel self-conscious about their drawing ability or if they perceive they are being evaluated by the interviewer during this research study. The interview will be conducted by your child's counselor, an adult with whom they have repeated contacts. All interview questions have been formed by a panel of experts in child development to make sure they are developmentally appropriate. Remember that you and your child have the right to withdraw from any study procedures at any time without penalty, and may do so by informing the research team.

If you experience excessive discomfort when completing the research activity, you may choose to stop participating at any time without penalty. The researchers will try to prevent any problem that could happen, but the study may involve risks to the participant, which are currently unforeseeable. UNT does not provide medical services, or financial assistance for emotional distress or injuries that might happen from participating in this research. If you need to discuss your discomfort further, please contact a mental health provider, or you may contact the researcher who will refer you to appropriate services. If your need is urgent, helpful resources include the Denton County MHMR 24-hour crisis hotline at (940) 387-5555 or the 988 Suicide and Crisis Lifeline.

Participating in research may involve a loss of privacy and the potential for a breach in confidentiality. Study data will be physically and electronically secured by the research team. As with any use of electronic means to store data, there is a risk of breach of data security.

Participating in this research study may involve increased risk of exposure to COVID-19 due to in-person interactions with the research team. The study team will follow local regulations and institutional policies, including using personal protective equipment (masks) and social distancing guidelines while those regulations and policies are in effect. If you have any questions or concerns, please discuss them with your research team.
COMPENSATION: No compensation will be offered for participation in this study. There are no alternative activities offered for this study.

CONFIDENTIALITY: Efforts will be made by the research team to keep your child’s personal information private, including research study records and medical records, and disclosure will be limited to people who have a need to review this information. All paper and electronic data collected from this study will be stored in a secure location on the UNT campus and/or a secure UNT server for at least three (3) years past the end of this research in a locked cabinet at the Center for Play Therapy of the Counseling Program at the University of North Texas. Research records will be labeled with a code and the master key linking names with codes will be maintained in a separate and secure location. Your child’s participation in this study is anonymous, and the information you provide cannot be linked to their identity.

The results of this study may be published and/or presented without naming you as a participant. The data collected about your child for this study may be used for future research studies that are not described in this consent form. If that occurs, an IRB would first evaluate the use of any information that is identifiable to you, and confidentiality protection would be maintained. The drawing task and interview with your child will be video recorded and your child’s expressive art from the interview will be stored with other data collected.

At the end of this study, the videos or pictures of the art may possibly be shown in professional presentations/publications for educational purposes. Identifying information will not be revealed when video recordings or art are shown. Although we will not use identifying information when video recordings are shown in educational settings, your child’s face can be seen which means we cannot guarantee confidentiality. Pseudonyms that have no sound similarity to your child’s name will be selected in place of your child’s name. You may choose to withdraw your consent at any time and your child’s video recordings and art will not be used.

While absolute confidentiality cannot be guaranteed, the research team will make every effort to protect the confidentiality of your records, as described here and to the extent permitted by law. In addition to the research team, the following entities may have access to your records, but only on a need-to-know basis: the U.S. Department of Health and Human Services, the FDA (federal regulating agencies), the reviewing IRB, and sponsors of the study.

CONTACT INFORMATION FOR QUESTIONS ABOUT THE STUDY: If you have any questions about the study you may contact Carol Quinn, (940) 565-2910 or Dr. Dee Ray, (940) 565-2063. Any questions you have regarding your rights as a research subject, or complaints about the research may be directed to the Office of Research Integrity and Compliance at 940-565-4643, or by email at untirb@unt.edu.

CONSENT:

- Your signature below indicates that you have read, or have had read to you all of the above.
- You confirm that you have been told the possible benefits, risks, and/or discomforts of the study.
• You understand that your child does not have to take part in this study, and your refusal to allow participation, or your decision to withdraw will involve no penalty or loss of rights or benefits.
• You understand your child’s rights as a research participant and you voluntarily consent to allow your child to participate in this study; you also understand that the study personnel may choose to stop your child’s participation at any time.
• By signing, you are not waiving any of [you and] your child’s legal rights.

Please sign below if you are at least 18 years of age and voluntarily agree to participate in this study.

SIGNATURE OF PARTICIPANT OR GUARDIAN

DATE

*If you agree to participate, please provide a signed copy of this form to the researcher team. They will provide you with a copy to keep for your records.
Informed Consent for Parents with Minor Children

ASSENT FOR CHILD PARTICIPATION – Ages 12 and Under

My name is Carol Quinn.

I am doing a research study, and would like to ask you to be a part of my study. Research studies help us to learn and test new ideas. I am going to give you a paper to read that will tell you all about our research study. You can ask us questions at any time.

We want to include you in this research study because we are trying to learn more about how you feel about the playroom. You can decide if you want to be part of this research study. I will tell you more to help you to decide.

If you say yes to be included in this study, your counselor will ask you to make a picture and then ask you questions about it.

You may not have all the time you usually have in the playroom with your counselor for one time and you might feel shy about making a picture and talking about it. You will get to spend time with your counselor in a different place and they will get to know you better.

Please talk with your parents about your choice. We will also check with them to see if it is okay for you to take part in this study. Even if your parents say yes, you can still at any time decide not to take part.

If you decide not to be in this study, you do not have to. Being in this study is up to you and no one will be mad or upset even if you choose later not to continue and stop before you are finished. That is okay.

You can ask me questions that you have about the study now. If you have a question later that you did not ask now, you or your parents can call or email me, or you can ask me when I see you next time.

Your counselor will tell you about the study and then ask: Are you ready? If you say “yes” then you agree to be in this study.
**Introduction/Assent statement**

I want to learn what you think of the playroom. I’d like for you to draw a picture and tell me about it. You can stop any time you want. Are you ready?

**Prompt**

Initial: Draw what happens for you in the playroom.

Follow-up: Draw yourself doing something in the playroom. You can decide what to draw.

Clarify further if needed.

**Interview Script**

1. Tell me about your drawing.
2. What do you like about your picture?
3. (If child mentions a specific toy or material) Tell me about a time you used the _____.
4. (If there are human figures present) Tell me about this person?
5. (If there are human figures present) What are they doing?
6. (If the child identifies one figure as themselves) What does this person say?
7. (If the child identifies one figure as themselves) What does this person do?
8. (If the child identifies one figure as the counselor) What does this person say?
9. (If the child identifies one figure as the counselor) What does this person do?
10. (If there are more than one figures) How does this person (point) feel about this person (point)? (Ask reciprocally for all figures involved).
11. Tell me a story about your drawing.
12. Is there anything else you want to tell me about being in the playroom?
COMPREHENSIVE REFERENCE LIST


Levitt, H. M. (2020). *Reporting qualitative research in psychology: How to meet APA style journal article reporting standards.* APA.


