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## African-American Parents' Perceptions of Play, Counseling, and Play Therapy

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AFRICAN-AMERICAN PARENTS' PERCEPTIONS OF  
PLAY, COUNSELING, AND PLAY THERAPY

A Dissertation

Submitted to the Graduate Faculty of the  
University of New Orleans  
in partial fulfillment of the  
requirements for the degree of

Doctor of Philosophy  
in  
The Counselor Education Program

by

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August 2006

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## **DEDICATION**

This dissertation is dedicated to  
Jeremy Daniel Austin.  
My love for you will never end.

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## ABSTRACT

The purpose of this phenomenological study was to learn about African American parents' perceptions of play, counseling, and play therapy. Research interviews conducted with eight African American parents with elementary school aged children offered insight regarding parents' thoughts and experiences. This study explored the question, "What are African American parents' perceptions of play therapy?" In particular, this study explored questions that pertained to African American parents' (a) thoughts about counseling, (b) beliefs about the purpose of play, and (c) perceptions about play as a therapeutic agent in counseling.

Analysis of African American parents' perceptions of play, counseling, and play therapy revealed information about two main themes: (a) value of play, and (b) receptivity to counseling. Parents identified *developmental learning* and the *release of energy* as two of the main values surrounding play. Parents also indicated that their receptivity to counseling was directly related to specific *facilitative factors* as well as the lack thereof or *impediments to counseling*.

Ideally, this study will add to the body of research regarding play therapy as well as research regarding multicultural counseling. Both fields have very few previous studies addressing these issues. This study provides practitioners with insight regarding potential clients' perceptions of counseling and play therapy, and may inform clinical work with diverse populations as well as best practices for play therapists.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **Overview**

As a counselor interested in working with children, adolescents, and families, I have often wondered about parents' thoughts regarding the use of play as a therapeutic intervention. From the time I was an undergraduate student composing a research proposal for a social psychology course, I have had a keen interest in African American children. Despite having very little familiarity with the process of academic research, I identified a research interest in the non-verbal behavior of African American children based on class discussions I had engaged in during a Black psychology course. Growing up as an African American student in predominately white schools, I recognized that there were subtle differences among families from varying cultural backgrounds.

As an African American woman who is a counselor working primarily with children and adolescents, it seems my relationship to the topic is very evident. Still I think the "real" reasons for my curiosity are not quite as obvious as one might presume. For as long as I have been a counselor (perhaps even longer), I have been confronted with the reality of African American perceptions of therapeutic interventions. I was reminded frequently that counseling was not the norm in the African American community. Repeatedly I heard "black folks don't go to counselors, they go to church." Still I saw references to counseling in many popular magazines and on television shows geared toward a predominately African American audience. While it seemed that more African Americans were accepting counseling, the evidence of continued stigmatization of counseling was omnipresent.

Knowing that many African Americans are indeed seeking counseling and related services I wonder why there continues to be shame and secrecy surrounding this issue. *Do African Americans only pursue counseling as a “last resort” when nothing else works, or do they simply prefer other types of support? Are there other obvious differences in counseling seeking behaviors of African Americans when compared to those in the dominant culture? What are the causes of these differences? Can it be clearly attributed to race and ethnicity or do issues of class and socio-economic status play a significant role?*

I have later become more aware of the stigmatization of seeking counseling for children. There is a very clear assumption that a “good” parent can handle whatever issues arise. In addition, adults who do not have a clear understanding of what play therapy is or how it works seem to believe they are paying for specialized baby-sitting services. Some would even call it a waste of money, since children can play at home or at school. Parents sometimes find it hard to distinguish playing in this different context, therefore the Association for Play Therapy clarifies the difference in a brochure (Appendix F) created for clients and parents stating “...play therapy differs from regular play in that the therapist helps children systematically address and resolve their own problems.”

After I became interested in play therapy and sought continuing education regarding counseling techniques for children and adolescents, I began to wonder about play therapy with African American children. As I learned techniques for handling parents’ resistance, I also started to wonder how adults’ resistance to play therapy and African Americans’ cultural resistance to counseling in general influenced the views of African American parents.

I started wondering how the combination of being adult and being African American influences the way individuals perceive Play Therapy as a therapeutic intervention. I would like

to see a greater attention given to African Americans in counseling literature, since there have been indications that there are cultural differences that affect the counseling process. It has also been surprising to notice the lack of focus on parents' roles in the process of therapy with children and adolescents in counseling research.

This account of my personal journey is provided as the foundation that serves as the motivation for this study. The following sections include a rationale for this study and a summary of relevant research surrounding play therapy, parents, and African Americans' perceptions of counseling and play therapy. A conceptual framework for the exploration is also provided, followed by definitions of key terms as they pertain to this study. Finally, an explanation of the research methodology is provided.

### Conceptual Framework

Miles and Huberman (1994) described a conceptual framework as an explanation of the topic to be studied, the main ideas about the purpose, and the significance of the ideas about the purpose. Despite the fact that there have been recent texts published (viz. Gil & Drewes, 2005) addressing multicultural issues in play therapy literature, there has been limited empirical research addressing these issues (Ritter & Chang, 2002). There is an obvious lack of current knowledge specific to African American parents' perceptions.

Based on this dearth of information currently available, this study addressed African American parents' perceptions of play therapy. This study was conceptually founded on the basis of multicultural counseling ideology (American Counseling Association, 1991) and the principles of play therapy (Landreth, 2002). As an integral component of the conceptual framework, details about the rationale for conducting this study will be presented in the section that follows.



### *Rationale for the Study*

In compiling background data, I was unable to find a great deal of literature specific to parents' perceptions of play therapy. This is especially surprising, given literature and research that reports that parents and primary caregivers play an integral part in the efficacy of play therapy and counseling with children and adolescents (Axline, 1993; Kottman, 2001; Timberlake & Cutler, 2001). The lack of literature regarding parents' perceptions of play therapy may be attributed to the relatively new literature that supports the efficacy of play therapy and the ever-evolving acceptance of play therapy as a counseling modality (Reddy, Files-Hall, & Schaefer, 2005).

Yet another reason for the deficient amount of literature specific to parents' perceptions of play therapy may be a lack of understanding on the part of parents. Despite efforts by the Association for Play Therapy, parents still seem to lack information about the importance of play in counseling with children. Unless skilled and qualified clinicians take the time to explain what play therapy is, and how such techniques will be employed with their children, parents may simply not know or understand what play therapy is and how it can be implemented in counseling with children, adolescents, and families. For this investigation, play therapy was referred to as an approach to counseling children and adolescents in which the counselor uses toys, games, art, creative/expressive arts techniques, storytelling, and other forms of play to communicate with clients (Association for Play Therapy, 2005; Kottman, 2001; Landreth, 2002; Sweeney, 2001).

Over the past decade, the demand for clinicians who use play therapy has increased drastically (Kottman, 2001). It is often said that children communicate most freely and effectively through play (Kottman; Landreth, 2001, 2002), and anyone who has had occasion to

interact with children under twelve might agree that they are less able to verbalize thoughts and feelings than older children and adults. Due to this difference in communicative ability children and therapists may have less productive interactions when they attempt to replicate adult models of talk therapy. In *Counseling Children* (2000) Thompson and Rudolph listed the following primary goals for play therapy: (a) establishing rapport with children; (b) helping counselors understand children and their interactions and relationships; (c) helping children reveal feelings they have not been able to verbalize; (d) constructively acting out feelings of anxiety, tension, or hostility; (e) teaching socialization skills; and (f) providing an environment in which children can test limits, gain insight about their own behavior and motivation, explore alternatives, and learn about consequences.

Due to play therapy's recent acceptance as an "official" modality of treatment (Kottman, 2001), and not just a method by which a counselor sidetracks the client during talk therapy, there are great varieties in the execution of play therapy. Sweeney (2001) addressed this specific issue, urging readers to remember that the presence of toys in a counseling session does not make the treatment "play therapy." For this reason, it was important for me to define what is meant by "play therapy" clearly with the families I utilized for research. For this reason, I used the brochure "Why Play Therapy" distributed by the Association for Play Therapy, Inc. (see Appendix F), according to the APT website (2005) this brochure is intended for "the general public, especially parents and clients," and was an ideal way of providing uniform information to all participants. Furthermore, there was an attempt to ensure that at least one participant solicited from a counseling setting had a counselor who received training in play therapy and had a history of effective counseling with children. According to Kottman (2001), an effective play therapist possesses the following attributes:

(a) like children and treat them with kindness and respect, (b) have a sense of humor and be willing to laugh at himself or herself, (c) be playful and fun-loving, (d) be self-confident and not dependent on the positive regard of others for a sense of self-worth, (e) be open and honest, (f) be flexible and able to deal with a certain level of ambiguity, (g) be accepting of others' perceptions of reality without feeling threatened or judgmental, (h) be willing to use play and metaphors to communicate, (i) be comfortable with children and have experience interacting with them, (j) be able to firmly and kindly set limits and maintain personal boundaries, and (k) be self-aware and open to taking interpersonal risks and exploring his or her on personal issues (pp. 12-13).

It does not benefit parents' understanding of play therapy if they have a counselor who clearly demonstrates each of the attributes listed above but is unable to convey what the process entails. As important as the therapists' definition of play therapy is how well they can explain the play therapy process to confused and concerned parents. Parents' perceptions of play therapy, not unlike individual adult clients' perceptions of counseling, are colored by a great deal of factors contributing to the overall experience (Crane, 2001). The therapist's ability to explain play therapy and to engage the parents is certainly of utmost importance. Other important factors that might contribute to parents' perceptions of play therapy might pertain to the family's socioeconomic status and the perceived "worth" of counseling. Parents' educational level, the circumstances that caused the parent to seek counseling, and whether or not participation is voluntary might also affect thoughts on the process. Whether previous counseling included individual, couples, family, or play therapy, previous experiences with counseling may influence parents' perceptions regarding the therapeutic process in general. Finally, parents' thoughts about play and the value of play for children may have a direct impact on what they think about

the therapeutic use of play. It may also factor into their buy in of play therapy's ability to help children achieve Thompson and Rudolph's (2000) goals for counseling children outlined above.

Parents may feel powerless or question their parenting abilities when they have to seek outside help (Vernon & Clemente, 2005). This powerlessness may come across as anger or resentment for the children, other family members, the counselors, or the referring agencies (e.g. schools, court systems) in counseling relationships (Timberlake & Cutler, 2001). I think that when children are in crisis, so are their parents, and I have observed this phenomenon in my clinical experiences. Children are very perceptive and their affect is often influenced by their parents' verbal and non-verbal cues (Timberlake & Cutler, 2001). For this reason, understanding parents' perceptions is essential, because if parents are skeptical or concerned about counseling, then children may share such skepticism and concern. On the contrary, if parents are excited about and open to the process, then children are likely more engaged (Carmichael, 2006). Overall, it is safe to assume that most parents truly want what is best for their children, and are willing to cooperate with the play therapist (Crane, 2001; Wachtel, 1994). Shale (2004) concluded that though parents recognized the developmental value of play therapy and perceived it as helpful; they were unclear about *what* play therapy was. In order to help parents understand play therapy she suggested "awareness campaigns" for the community she serves. In these awareness campaigns, she simply intended to conduct parent education groups about the process of play therapy and the situations that might benefit from play therapy interventions.

While there is a lack of research on parents' perceptions of play therapy the scarcity of research in the literature specific to African American children and their parents is even more apparent. As an African American woman living and working in a city that is historically predominantly African American, I am particularly interested in this understudied population. I

recognize that many factors that influence parents' decisions regarding counseling (e.g. socioeconomic status, previous experiences, and issue that lead parents to seek counseling). Historically, African Americans as a whole have been more hesitant to seek services even with the consideration of these factors (U.S. Department of Health and Human Services, 2001). The unique mental health needs of African American children and their families are sometimes overlooked (Rainey & Nowak, 2005), and steps should be taken to minimize this occurrence. Regardless of past trends, the growing numbers of minorities in the United States will inevitably result in more minorities seeking mental health services; hence, it is important to comprehend these groups' experiences with counseling and their perceptions about the process (Wilson, 2005). Glover (2001) insinuated that African American parents might diverge from the dominant culture when it comes to expectations for children and their interaction with adults. This may be one of many contributing factors to miscommunications in counseling.

African Americans often explain a duality of existence (Glover, 2001; Wilson, 2005) as they strive to assimilate with the dominant culture while maintaining a connection with their racial-cultural identity. Research indicating that African Americans are sometimes mistrusting of counselors or have cultural biases towards receiving counseling services is not consistent (Bethea-Whitfield, 2005). Not unlike the general population, counseling is often stigmatized in African American communities (Dixon & Vaz, 2005). The history of African Americans in our country may be one of the reasons the cultural values persevere in the face of adversity (Glover). Individuals are directed to find answers for themselves or to utilize other resources and supports (e.g. church and family; Bethea-Whitfield; Dixon & Vaz; & Harley, 2005). A negative effect of these factors is the possibility that counseling only becomes an option when the situation becomes extreme – resulting in increased frustration for these parents. Counselors need to be

aware of this potential frustration so that the parents' needs can be addressed in order to provide the most effective services to children. As play therapy becomes more widely accepted more African American parents will seek services. An understanding of this particular group's thoughts will be beneficial to counselors as they endeavor to offer the most culturally sensitive counseling experience possible to the clients they serve.

#### Research Question

This study explored the question, "What are African American parents' perceptions of play therapy?" In particular, this study explored questions that pertained to: (a) What are African American parents' thoughts about counseling? (b) What do African American parents believe about the purpose of play? (c) What are African American parents' perceptions about play as a therapeutic agent in counseling?

#### Definition of Terms

The following definitions were derived from a combination of resources, including professional counseling literature and my own experiences.

##### *Parents*

The "adaptability of family roles" (Wright & Fernander, 2005, p. 23) in the African American community makes it logical to define "parent" clearly. For the purposes of my research, the child or children's primary caregivers and legal guardians were considered parents.

##### *Play Therapy*

The Association for Play Therapy (APT, 2005) defined play therapy as "The systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development." For this investigation, play therapy was referred to

as an approach to counseling children and adolescents in which the counselor uses toys, games, art, creative/expressive arts techniques, storytelling, and other forms of play to communicate with clients (Association for Play Therapy, 2005; Kottman, 2001; Landreth, 2002; Sweeney, 2001).

### *African American*

African Americans included any individuals that self identified as African American or Black.

### *Counseling*

Counseling includes any psychotherapeutic intervention or guidance solicited from a counselor, social worker, psychologist, or psychiatrist regardless of the setting in which these services are provided (e.g., school, community agency, hospital, private practice, etc.)

### *Therapeutic Agent*

Technique exhibiting the ability to create therapeutic change.

### *Types of Schools*

Parents were asked if their children attended public, private, parochial, charter, or home schools. For this study schools were defined, according to the American Heritage Dictionary (2000) as follows:

#### *Public School*

An elementary or secondary school in the United States supported by public funds and providing free education for children of a community or district.

#### *Private School*

A secondary or elementary school run and supported by private individuals or a corporation rather than by a government or public agency.

### *Parochial School*

A primary or secondary school supported by a religious organization.

### *Charter School*

A public school operated independently of the local school board, often with a curriculum and educational philosophy different from the other schools in the system.

### *Home School*

A school operated outside established educational institutions, especially in a home.

## Overview of Methodology

Given my desire to explore parents' perceptions, it seemed logical to utilize empirical qualitative research methodology, specifically phenomenology (Creswell, 1998). My research design consisted of audiotaped semi-structured individual interviews with eight parents. Each of these interviews was scheduled to last no longer than 90 minutes. All of the raw data obtained, via these interviews were transcribed, analyzed, and interpreted in a manner consistent with phenomenological research methods (Creswell; Gay & Airasian, 2003; Glesne, 1999).

I also constructed a demographic survey in order to help understand other contributing factors (see Appendix E). Participants for this study were African American parents of elementary school age children (ages 4-12), and participant profiles were used to assist the reader in developing a "snapshot" of each participant and his or her worldview.

In order to identify and recruit participants I used my professional affiliations in the Greater New Orleans area. Due to a change in the dynamics of New Orleans and Southeastern Louisiana in the months following Hurricane Katrina I faced extreme difficulty identifying African American parents with elementary school aged children. Many children and families remained displaced for months following the storm due to housing shortages and a delayed re-



opening of many schools in the New Orleans area. I contacted various counseling agencies where services were provided for students and learned that either the agency was not yet fully functioning or that there was a noted decrease in the number of African American clients and referrals the counselors were seeing and receiving. I attempted to identify parents via multiple methods including schools, private practitioners, and community agencies where Registered Play Therapists are providing services to children. In order to include parents who may have had less experience with play therapy, I asked professional and personal contacts to initiate connections with individuals who met my participant criteria.

#### Summary

The purpose of this chapter was to provide a conceptual framework as the foundation of this research. I have presented literature which points to the need for research regarding African American parents' perceptions of play therapy.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter includes a review of relevant literature that begins with an overview of counseling with children and adolescents focusing on details regarding play therapy. An in depth look at parents' roles in child development and cultural differences in parenting is followed by a summary of literature on the African American experience with relation to counseling.

#### Counseling Children and Adolescents

In the 2000 conference on children's mental health, the U.S. Surgeon General reported that 10% of children and adolescents may have diagnosable mental health problems (U.S. Public Health Service, 2000). Based on a US Census Report from July 2004 there were an estimated 36.4 million children in the United States between the ages of 5 and 13. These numbers indicate that over 3.5 million children have mental health concerns. The surgeon general also indicated that children's mental health needs were primarily and that this problem had existed for at least 20 years (U.S. Public Health Service, 2000). These statistics indicate a continued need for counselors who are committed to doing work with children and adolescents.

#### *Definition of Play Therapy*

Play therapy is the increasingly accepted modality of providing counseling services for children and adolescents. With the understanding that play is the "language" of children (Kottman, 2001; Landreth, 2002) and toys are in effect their most efficient "words" (Landreth, 2002) play therapy seems a logical choice. Play therapy uses specific methods and techniques geared toward the developmental level of children and adolescents. The Association for Play

Therapy (APT, 2005) defines play therapy as "The systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development." Kottman (2001) defined play therapy as "an approach to counseling young children in which the counselor uses toys, art supplies, games and other media to communicate with clients..."(p. 4). The founder of the Center offers yet another definition of play therapy for Play Therapy at the University of North Texas. Garry Landreth (2002) said "play therapy is defined as a dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe 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" (p. 16). This last definition indicated that in order for play therapy to take place, the counselor must have specific training in play therapy. This is important because many mental health practitioners incorrectly refer to any counseling with children as play therapy (Sweeney, 2001).

### *History of Play Therapy*

The importance of play in the lives of children is far from a novel concept; Plato is quoted saying, "It is the essential nature of man to play." The earliest mention of play as a psychological intervention in professional literature is Sigmund Freud's treatment of Hans. Freud did not meet with Hans directly, but had the child's father to describe his play. Freud then provided interpretations based on these descriptions and Hans's father then interacted according to Freud's suggestions (Kottman, 2001; Bromfield, 2003). Following Freud's work with Hans, psychoanalysts, Hermine Hug-Hellmuth, Melanie Klein and Anna Freud (Landreth, 2002;

Kottman, 2001; Bromfield, 2003) all worked directly with children and used play in their analyses in the early 1900s.

Subsequent to psychoanalytic play therapy was, release or structured play therapy introduced by David Levy in the 1930s and expanded by Gove Hambridge in the mid-1950s (Landreth, 2002; Kottman, 2001). Parallel to the development of psychology, there was a shift in the direction of play therapy away from psychodynamic ideals. The work of philosopher, Otto Rank, provided the foundation for relationship play therapy. Rank suggested a de-emphasis on past events and stressed the importance of the “here and now.” He introduced the notion of the counselor-client relationship as a primary agent for change. Jesse Taft, Frederick Allen, and C. Moustakas all employed Rank’s philosophies in their work with children (Kottman; Landreth). Virginia Axline (1993) combined the concepts introduced in relationship play therapy with the ideas of Carl Rogers’s client-centered therapy and developed non-directive (client-centered) play therapy. Garry Landreth later expanded upon Axline’s work and added his own ideas generating what is now called child-centered play therapy (Kottman; Sweeney & Landreth, 2003). In the 1960s, Bernard and Louise Guerney adapted Axline’s ideas to create a method of play therapy parents could facilitate with their own children and created filial play therapy (Kottman; Landreth; Guerney, 2003). Another play therapy method designed specifically to address parent-child issues is Theraplay (Kottman; Munns, 2003), wherein counselors attempt to duplicate the intricacies of parent-child interactions with children. During these interactions, a separate counselor works with the parents with the eventual goal of integrating them into therapeutic interactions with the children. Similarly, developmental play therapy, attempts to remediate attachment issues in order to encourage developmental progress (Kottman, 2001).

Guidance and counseling programs' appearance in elementary schools, in the 1960s, led to an increase in play therapy's use and acceptance with a greater variety of children (Landreth, 2002). In addition to play therapy in schools, there are recent trends to use play therapy with more diverse populations, including adolescents, adults, and senior citizens (APT, 2004). Play therapy is also being utilized to enhance family therapy (Gil, 2003; Landreth, 2002), to serve clients in group counseling (Sweeney, 2003; Landreth, 2002), and to ease the fright of hospitalization (Landreth, 2002).

In addition to the counseling theories that emerge in this brief historical look at play therapy most other prominent counseling theories have been addressed by play therapists. These other theories include but are not limited to cognitive-behavioral play therapy, Gestalt play therapy, Jungian play therapy, and Adlerian play therapy. Integrative models of counseling such as ecosystemic play therapy, and thematic play therapy (based on object relations theory and cognitive therapy) have also emerged (Kottman, 2001). Third party payer's time limits, lack of resources in schools requiring a higher counselor student ratio, and parents' potentially limited funds for counseling have lead to the development of time-limited, brief, or solution focused models of play therapy as well.

Respondents to Kranz, Kottman and Lund's (1998) survey identified themselves theoretically as follows: client-centered (36%), eclectic (23%), cognitive-behavioral (6%), psychodynamic (5%), and other (30%).

### *Play Therapy Techniques and Media*

Regardless of the model or theory that is the basis for play therapy practice, the field has somewhat standardized guidelines regarding the tools of play therapy. Landreth (2002) suggested that toys and play materials used in play therapy should (a) facilitate a wide range of

creative and emotional expression, (b) engage the children's interests, (c) encourage verbal and nonverbal exploration and expression, (d) provide mastery experiences in which children experience success, and (e) be safe and sturdy for children to use. Landreth (2002) quipped that "toys and materials should be selected, not collected" (p. 133). He further declared that children use toys and play media to (a) establish a positive relationship with the counselor, (b) express a wide range of feelings, (c) explore real life experiences, (d) test limits and explore reality, and finally to (e) develop positive self-image, self-understanding, and self-control (pp. 134-138). Media such as arts, sand, music, dance, and theater allow for symbolic expression in play. These techniques can be used in nondirective and directive play therapy and have broad application across a variety of theoretical orientations.

Under Samuel Gladding's leadership, the entire field of counseling was encouraged to explore expressive and creative arts approaches in counseling. Creative art in play therapy encompasses a great span of activities. Art activities can be as simple as drawing or coloring a picture on a piece of notebook paper or as complex as creating a mural on a wall. Creative art is not limited to drawing and painting however, individuals uncomfortable with free creation of images can be encouraged to create collages using pictures cut from a magazine or other materials found in the playroom. Creative/Expressive arts would also include the use of music, dance and movement. Using these techniques, clients are encouraged to express themselves by choice of music, symbolic movement, creation of a musical piece, or a combination of any of these things. Finally, clients could use drama to express themselves, whether it took the form of the client creating a puppet show, creating a skit or psychodrama, or doing a simple role play with the counselor, drama therapy is clearly an option in play therapy.

Sand and water are probably the most widely used unstructured medium for children's play (Landreth, 2002). Sand is such a prominent medium for play therapy that there is a separate certification for therapists who specialize in "Sandplay." Sand provides a safe way for children to address pertinent issues; this is facilitated by the distance provided when creating "make-believe" stories in the sand. The tactile effects of the sand are also soothing for clients who may simply choose to play with the sand without the use of miniatures, or toys specifically for the sandtray. Beans, rice, dirt, water and even paperclips have all been effectively used to simulate the therapeutic properties of sand.

Most children and counselors are both familiar with children's books and there are many books written specifically to enhance the therapeutic process. Many books not marketed for use in counseling, however, teach lessons and address childhood issues that may be pertinent in counseling. In addition to the counselor reading books during the session, he or she can assign books for parents to read at home or encourage children to create their own stories.

In their 1998 survey, Kranz, Kottman and Lund asked respondents to rank most and least valueable play therapy techniques. The following techniques were identified as being helpful in play therapy: (a) use of art, (b) client-centered techniques, (c) sand tray, (d) puppets, (e) dolls and dollhouse, (f) sand play, (g) story telling, and (h) games. Similarly they asked play therapists to list toys they found useful, respondents noted the following: (a) art work, (b) puppets, (c) doll house and furnishings, (d) sand tray, (e) clay and play dough, (f) variety of dolls, (g) sand, (h) different kinds of balls, (i) guns, and (j) Bobo dolls in that order.

The most popular toys used in play therapy include, dolls, real-life toys, and games (both therapeutic and traditional). These are the toys children are most familiar with, and they are the toys most widely available to counselors working with children and adolescents. According to

Landreth (2002), real life toys can provide an outlet for the most direct expression of feelings. The child may use a doll family, dollhouse, puppets and other real life toys to represent family members or important others in the client's life. Similarly, real-life toys such as vehicles and cash registers can be used to help the children distance themselves until they are ready to reveal their feelings to the counselor. Regardless of the media the play therapist chooses, the optimal goal is a positive relationship between the counselor and the child. If children feel like the playroom is a safe environment, they will utilize *whatever* media is present to accomplish their therapeutic goals when they are ready.

#### *Association for Play Therapy (APT)*

The Association for Play Therapy (2005) was established in 1982 to provide a forum for professionals who used play interventions with children. Co-founders Charles Schaefer and Kevin O'Connor were joined by Garry Landreth, Louise Guerney, and John Allan as they endeavored to promote the value of play, play therapy, and credentialed play therapists through research, training, and credentialing. The fledgling association hosted its first conference in 1984; this association now sponsors a conference each year in October in a different region of the United States or Canada. In order to expand the promotion of play therapy and to facilitate the dissemination of play therapy research the *International Journal of Play Therapy* was introduced in 1992. During the same year, APT initiated a professional credentialing program. The program requires licensed mental health professionals who practice play therapy to meet a rigorous list of criteria including a traditional masters or doctoral mental health degree, professional licensure, 150 hours of play therapy instruction and 500 hours of supervised play therapy experience. Continuing education is subsequently required to maintain these credentials.



Credentialed play therapists are working internationally in play therapy research and publishing, as presenters at professional conferences and symposiums, as counseling professionals in schools, public agencies, and private practices, and as expert witnesses in family courts. Play therapy education and training is available at colleges, universities, conferences and workshops; distance-learning courses are also available.

Today this international society benefits nearly 5,000 member psychologists, social workers, counselors, marriage and family therapists, and other mental health professionals throughout the United States and 25 other nations. The organization has increased tenfold since having just 450 members 1988; this rapid growth is a testament to the development and acceptance of play therapy in counseling children and adolescents. An increasing number of parents, health care providers and third party payers regard play therapy as an effective mode of treatment.

#### Parents' Role in Child Development and Play Therapy Process

The role of the parent is central in play therapy and child development (Bradley, Johnson, Rawls, & Dodson-Sims, 2005; Steinberg, 2005; Trotman, 2001; & Yan, 1999). Phillips and Landreth (1998) found that involvement of parents/family in treatment was second only to the relationship between the child and the therapist in determining success in play therapy. The decision to seek counseling is rarely done without ample consideration. Once the decision to visit a counselor has been made, most parents want to identify the problem or issue and have it “fixed” (Timberlake & Cutler, 2001). Unfortunately, the presenting issues are not as synonymous to the common cold as one might hope. It is not as simple as getting a shot, taking medicine, or drinking adequate liquids. This association with the much more familiar experience of visiting a physician may affect expectations about involvement in the process. Some parents

take a “hands off” approach and do not wish to participate in the therapeutic process, while others are actively and enthusiastically involved. Timberlake and Cutler (2001) identified four basic premises of parent work and play therapy as follow:

1. Parents are central figures in their children’s lives
2. Parents’ overall psychosocial functioning is one key to the quality of their parenting
3. Children’s difficulties do not occur in an ecological vacuum
4. It is the parent/child relationship that will either facilitate or hinder the child’s growth and change in therapy (p. 99)

In addition to being uncertain about expectations, parents may feel anxiety or guilt about the decision to seek therapy. Counselors and other professionals working with children and families must be aware of possible discomfort and acknowledge the parents’ decision to seek assistance. Fear of stigmatization by peers may be a concern, or parents may criticize their own parenting skills and inability to handle certain issues or protect their children from traumatic events. At times, the parent may benefit from his or her own counseling. These and similar issues should be addressed by the counselor as necessary.

### *Cultural Differences in Parenting*

It is estimated that within the next 25 years the number of minority children will exceed the number of majority children in the United States (Hinman, 2003). If this is true, professionals who work with children and their parents must attempt to develop and understanding of various cultures and the role of parents and children in these cultures.

#### *European-American*

Drewes (2005a) reported that Middle-SES European-American mothers favor authoritative parenting with an emphasis on independence. Innate ability is favored in the culture

that fosters autonomy, individual achievement and self-actualization. Mothers' interactions with their children are purposefully regulated to foster assertiveness and individuality. Fathers in this culture have historically spent more time playing with boys than with girls. Themes in pretend play with this group reflect individualism and narratives are most likely to emphasize children's positive and distinct characteristics. All of these views of parenting and play have been normalized in American culture simply because they are the actions and beliefs of the dominant group. Since European-Americans represent the largest ethnic group demographically in the United States it is not surprising that they have been studied so extensively. To some extent, each of the groups below have acculturated to the dominant group ideals and standards. The longer a family has been in the United States the more likely their attitudes or behaviors reflect that of European-Americans at least partially. For this reason, it is important to regard each family individually regardless of cultural background while being aware of the history and trends of behavior that *might* be expected or anticipated.

#### *African American*

According to Drewes (2005a), when socio-economic factors are constant, African American fathers play a more active role in childcare and household tasks than their European-American counterparts. Male caregivers seem to assume a role of monitoring and teaching personal safety to children. Keeping children safe in dangerous neighborhoods sometimes necessitates parents' restrictions on neighborhood activities or freedoms such as bike riding may be more limited. Reportedly, African American mothers have been observed (Drewes, 2005a) keeping their children close and providing vigilant supervision at home, at school, or in the neighborhood. In addition to teaching practical safety skills (e.g. not sitting by windows), parents in these neighborhoods teach survival skills (e.g. how to respond to police officers and

authority figures to minimize risks), limit exposure to violence in the media (i.e. television, video games, music, etc), and participate in community activism along with their children. Contrary to some schools' conflict resolution programs or zero tolerance policies, African American children are often taught to fight back if another child is bullying or somehow instigating violence. The supervision and protection intended to keep children safe is sometimes contradictory to the social development of these same children.

Low SES mothers reportedly spend more time playing with their infants than their Middle SES counterparts, but middle SES children are more apt to initiate play with a parent. It is possible that unmentioned factors such as employment are responsible for these kinds of differences. Drewes (2005b) and Glover (2001) noted that African Americans sometimes use disciplinary methods that are viewed as overly harsh by the dominant culture in an attempt to teach children acceptable behavior, obedience and respect. This form of discipline may serve to mitigate shame, consistent with the community's belief that the actions of each individual (especially if that individual is a child) reflect on the group (especially the child's parents or guardians) as a whole. Besides biological parents, elders, particularly matriarchs of the family typically play an integral role in child rearing in African American families (Glover, 2001).

### *Hispanic*

There is a great deal of variability among Hispanic groups, as well as within each group (Drewes, 2005a). The father in Hispanic families often falls into one of two categories, dominating or disengaged (Hopkins, Huici, & Bermudez, 2005). In the first dynamic, the male in the family controls most events, in the second the fathers distance is likely the result of a perception that the issues are best left to the women in the family. Overall, family closeness is higher for Hispanic or Latin American families than for European-American or mixed-ethnicity

families. Hispanic parents, especially mothers expect to have close relationships with their children. Behaviors that enhance family bonds are valued and encouraged in Hispanic families (Glover, 2001).

*Mexican-American.* There are disparate reports of Mexican-American parenting styles. Some studies indicate that families are characterized by permissiveness while others designate values that are more traditional and authoritative structures in child rearing in Mexican-American families (Drewes, 2005a). These families have described themselves as “warm, nurturing, and affectionate within a patriarchal, authoritarian family structure with its traditional extraordinary respect for males and the elderly.” Mexican-American mothers offer frequent praise and encourage initiative in their children by using limited directives.

*Argentine.* Child rearing values in this culture tend to stress obedience, reward and punishment. Mothers seem to promote interactions that cultivate mutual dependence between herself and the child. Argentine mothers offer more verbal praise to their toddlers than their American counterparts, and they engage in more play with their children, both symbolically and socially. Drewes (2005a) cited research indicating more positive affect in mother-child dyads between Argentine mothers and their children. These mothers are described as being “reflective, self-critical, and fearful of committing child-rearing mistakes” (p. 52).

*Mexican.* Mayan parents are heavily engaged in work, adult activities are prioritized in this culture. Social contact is abundant in this culture, but social interaction is minimal. Quiet and efficient work is valued, and Americans may interpret the silence accompanied by lack of interaction as social withdrawal. The Maya believe development is innate; hence, they give little direction to children. Children as a result must figure things out by observation of adults. Parents in general do not support play, as it is thought to be in direct conflict with work.

Hispanic individuals do not traditionally hold the concept of therapy in high regard, and according to Hopkins, Huici, and Bermudez (2005) it is usually considered an option for women rather than men. Many Hispanic fathers may be hesitant about counseling due to stereotypes that therapy is only for “crazy” people. In instances where the counselor is female mistrust may be increased as the Hispanic family hierarchy is threatened due to the counselor’s position of power. Because of calling the father’s authority into question, the counselor’s suggestions may face resistance and “machismo” from Hispanic fathers. Counseling interventions that focus solely on the child are often most well received. Hispanic families may be opposed to those that attempt to incorporate the parents or other adults in the family. Although families may show wariness to counseling in the beginning, family loyalty and respect for authority (the counselor) typically motivates cooperation and eventually collaboration with the counseling process. Mexican-American families may prefer more directive counseling approaches, since they are culturally inclined to defer to authority figures (Drewes, 2005b).

### *Asian*

Similar to Hispanic culture, Asian culture is diverse and far from homogenous. There are over 40 groups different Asian groups currently living in the United States (Drewes, 2005a), and each of these groups reflects distinctive cultural traits. Asian Americans’ sense of ethnic identity and respect for elders transcends these group differences (Drewes, 2005b). Parents expect their children to repress individuality in favor of family honor and obedience to parental demands.

*Chinese.* Middle-SES Chinese mothers encourage imaginative play with their young children and believe it is important to early development. Value given to this type of play leads to it being initiated with higher frequency by Chinese mothers than their European-American counterparts. Drewes (2005a) indicated heavily didactic pretend play interactions between these

mothers and their children, during the interactions mothers are said to have encouraged maturity, attentiveness, and obedience. Pretend play was used to model appropriate behavior and socially acceptable conduct. East Asians', particularly Chinese, value of formal education may contribute to parental pressure to achieve in school (Kao, 2005).

*Indian.* Drewes (2005a) identified three distinct roles adults in India play in interactions with children: (a) instructive, telling children what to do; (b) restrictive, cautioning and protecting them from something harmful; or (c) participative, playing with the children. The most frequently observed role was restrictive (p. 44).

*Japanese.* While American mothers focus on stimulating and exploring behaviors, Japanese mothers emphasize soothing behaviors. In contrast to the American mothers' promotion of independence, Japanese mothers tend to encourage interdependence. Discipline practices encourage empathy as opposed to more Westernized acceptance of aggression. Western mothers are also said to be less responsive than Japanese mothers. Similar to Chinese culture, mothers encourage interpersonal interaction in pretend-play rather than focusing on more functional types of play. Mothers and fathers are heavily involved in physical work, but chores are rarely assigned to children under the age of five who are allowed to play freely.

*Korean.* A comparison of Korean and European-American mothers indicates significant differences. Cultural child rearing practices lead to Korean parents' frequent selection of food or drink to soothe their children. Perceiving that children require adult guidance, Korean parents interrupt play more frequently than European-American parents who teach more independence. Korean mothers play with their children more than twice as long on weekdays, but there is less variance in mother and father playtime during the weekend.

*Filipino.* Parents in the Philippines stay nearby their children to give constant supervision. Mothers are typically busy, but they keep their children occupied with work and organized group games.

Japanese-American clients may have feelings of shame and failure as parents when seeking counseling for their children. Cambodian-American and Vietnamese parents may feel obliged to “repay a debt” to the counselor in exchange for counseling services. Asian parents may feel more at ease with counseling services if counselors convey their credibility and expertise in the field. (Drewes, 2005b).

#### *Native American/Indigenous*

In many tribes, it is common for children to exhibit closeness with extended family and to show widespread respect for elders, calling many “grandmother” or “grandfather” (Glover, 2001). Permissive parenting styles are the norm, and independence and freedom of choice are valued (Drewes, 2005b; Glover, 2001). Apache parents rarely correct their children in public settings (Drewes, 2005a; Glover, 2001), and a harsh look is often enough to stop misbehavior. Punishment is rare in most Native-American sub-cultures, children are instead taught to consider the effects of their behaviors on others (Drewes, 2005b). Although it is said that relational ties are strongest with the mother, discipline is often handled by an older sibling or other family member (Drewes, 2005a). Each of these groups and their parenting styles was presented to demonstrate the differences and similarities that exist among various cultures.

#### *African Americans and Counseling*

The multicultural issue of greatest importance to me as a researcher is the potential role of racial identity on parents’ perceptions of play therapy. I recognize that many factors influence the decision to seek therapy. I think however that it would be helpful to contribute research



specific to African Americans in a field where there is very little. Regardless of past trends, the growing numbers of minorities in the United States inevitably results in more minorities seeking mental health services; hence, it is important to comprehend these groups' experiences with counseling and their perceptions about the process (Wilson, 2005). The unique mental health needs of African American children and their families are sometimes overlooked (Rainey & Nowak, 2005). Glover (2001) insinuated that African American parents may diverge from the dominant culture when it comes to expectations for children and their interaction with adults.

African Americans often explain a duality of existence (Glover, 2001; Lipford Sanders, 2002; Wilson, 2005) as they strive to assimilate with the dominant culture while maintaining a connection with their racial-cultural identity. Research indicating that African Americans are sometimes mistrusting of counseling or have cultural biases towards receiving therapy is not consistent (Bethea-Whitfield, 2005). Not unlike the general population, therapy is often stigmatized in African American communities (Dixon & Vaz, 2005). The history of African Americans in our country may be one of the reasons the culture values perseverance in the face of adversity (Glover, 2001). Individuals are directed to find answers for themselves or to utilize other resources and supports (e.g. church and family; Bethea-Whitfield, 2005; Dixon & Vaz, 2005; Harley, 2005). A negative effect of these factors is the possibility that therapy only becomes an option when the situation becomes extreme – resulting in increased frustration for these parents. A secondary issue of interest is the more global impact of adults' thoughts about the value of play and how these values effect perceptions of play therapy; do they believe the intervention is worthwhile?

Cultural differences in the African American community may result in inaccurate reports being made by well meaning officials in child welfare systems. Bradley (2002) reported an

elevated incidence of child physical abuse reports in African American communities nationwide. She questioned whether this is a function of African Americans' prominent use of corporal punishment or simply a matter of child welfare workers not understanding families that are "culturally different" from those used to create the guidelines and definitions of abuse. She further stated "...many African American parents are still being measured by westernized perspectives in child rearing" (p. 30). Situations like these may lead to mistrust in the child welfare system, which translates to fear of counseling for those who cannot differentiate between child welfare workers and counselors or social workers doing play therapy.

All parents have the responsibility of socialization for their children. For African American parents this includes teaching children to live in a world where race and racial identity play a significant role. The separate impacts of culture/racial identity and parental involvement on a child are clear. I have endeavored to learn more about the intersection of these two powerful influences.

### Summary

This chapter provided an overview play therapy and explored the relevant literature concerning parental influences in play therapy, cultural issues in play therapy, and the experiences of African Americans in counseling and mental health settings. Play therapy was defined and a brief overview of its history was given. Next theories, intervention, techniques and various media used in play therapy were introduced and discussed. Finally, an introduction to the Association for Play Therapy was given and the requirements for obtaining licensure as a registered play therapist were presented.

Literature regarding the experiences of African Americans, especially literature relevant to counseling was discussed in order to make an argument for the importance of studying this

particular group. The absence of research studies in this chapter is reflective of its dearth in the current play therapy and African American counseling literature.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **Introduction**

As I sought information to inform this study, I found a lack of literature specific to parents' perceptions of counseling, and none related to their perceptions of play therapy. This is especially surprising given literature and research that supports the fact that parents and primary caregivers play an integral part in the efficacy of play therapy and counseling with children and adolescents (Axline, 1993; Kottman, 2001; Timberlake & Cutler, 2001). The lack of literature regarding parents' perceptions of play therapy may be attributed to the relatively new literature that supports the efficacy of play therapy and the ever-evolving acceptance of play therapy as a counseling modality (Reddy, Files-Hall, & Schaefer, 2005). Exceptions to this absence in the literature include multiple studies on parents' perceptions contributing to the body of Filial Therapy research (Bavin –Hoffman, Jennings, & Landreth, 1996; Lee & Landreth, 2003; Solis, Meyers, & Varjas, 2004; Foley, Higdon, & White; 2006). This specific examination of parents' perceptions is most likely due to the nature of Filial Therapy, a method of psychotherapy for children that utilizes the parents as the facilitators of play therapy with their own children (Kottman, 2001; Landreth, 2002; Guerney, 2003).

Yet another reason for the lack of literature specific to parents' perceptions of play therapy may be a lack of understanding on the part of parents. Unless skilled and qualified clinicians take the time to explain what play therapy is and how it works, parents may simply not know or understand what play therapy is and how it can be implemented in counseling with children, adolescents, and families.

## Rationale for Using Qualitative Methodology

The decision regarding which methodology to employ is dictated by the researcher's question. Qualitative investigations usually focus on under-researched topics. Psychological research's focus on the experience of White, middle-class men is well documented, and the results of those studies have historically been generalized to the population at large (Merchant & Dupuy, 1996). It is also widely known that these generalizations are not always accurate for marginalized groups. In a study focusing on the perceptions of African Americans' perceptions, qualitative methodology seems the only logical choice.

The concept of using qualitative research in the social sciences is not new. It can be difficult to gain insight regarding individuals' experiences if only quantitative methods are employed, since the intricacies of personal experience are often lost in numerical data. As a form of research that focuses on description rather than explanation and that relies on the participants' worldviews, the qualitative research method is an ideal choice for counselors who have received training to consider the world from others' perspectives. Merchant and Dupuy (1996) have recommended the use of qualitative research methodology for the examination of multicultural issues, citing quantitative research paradigms basis on Eurocentric worldviews which is not consistent with other cultures' belief systems. According to Jackson and Meadows (1991), the European conceptual system

emphasizes a material ontology, with the highest value (axiology) placed on the acquisition of objects. External knowledge is assumed to be the basis of all knowledge (epistemology), and one knows through counting and measuring. The logic of this conceptual system is dichotomous (either-or), and the process is technology (all sets are repeatable and reproducible). The consequences of this conceptual system is an identity

and self-worth that is based on external criteria (e.g., how one looks, what one owns, prestige, and status symbols). (p. 75)

Similarly, Merchant and Dupuy have asserted that qualitative methodology aligns with African worldviews and may be more appropriate for research exploring non-European cultures, including the subcultures in America. According to Jackson and Meadows (1991), the African conceptual system

Emphasizes both a spiritual and material ontology with the highest value (axiology) on interpersonal relationships between women and men. Self knowledge is assumed to be the basis of all knowledge (epistemology), one known through symbolic imagery and rhythm. Therefore, the primary emphasis of the counseling pair should be building the relationship and recognizing the importance of the knowledge that the client has within himself or herself. The logic of this conceptual system is *diunital* (union of opposites), and the process is *ntuology* (all sets are interrelated through human and spiritual networks). The consequence of this conceptual system is an identity and self-worth that is intrinsic. (p. 75)

Qualitative research has been embraced by various disciplines, including education, sociology, family therapy, and family studies. More importantly qualitative research has proven appropriate for the fields of counseling and psychology (Merchant, 1997; Merchant & Dupuy, 1996). For this reason, qualitative methodology was used for the analysis of parents' perceptions of play therapy.

### *Phenomenology*

Phenomenography is an area of research which focuses on identifying and describing the qualitatively different ways in which people understand phenomena in the world around them.

A phenomenological study explores the experience of an activity or concept from the perspective of the participants (Gay & Airaisian, 2003; Creswell, 1998, Merchant, 1997). The perspectives of Edmund Husserl (1859-1938), a German mathematician, are considered the genesis of this tradition. Other early significant contributors include Heidegger, Sartre, and Merleau-Ponty. Phenomenology has been important in the social and human sciences, being used for research in education, nursing and the health sciences, psychology, and sociology (Creswell, 1998). I believe it is particularly relevant for research in counseling and counselor education, and because I am interested in studying the African American parents' perceptions regarding play therapy, I decided to utilize phenomenological methods.

#### Research Question

This study explored the question, "What are African American parents' perceptions of play therapy?" More specific questions include the following: (a) What are African American parents' thoughts about counseling? (b) What do African American parents believe about the purpose of play? (c) What are African American parents' perceptions about play as a therapeutic agent in counseling?

According to Gay and Airasian (2003), a qualitative approach is most appropriate when the researcher wishes to gain insights about phenomena of interest, particularly if such insights are not possible using alternate types of research. Creswell (1998) said that qualitative research is a "complex, holistic picture" (pg. 15). Furthermore, Creswell illuminated that qualitative research is typically focused more intently on fewer cases and more variables. Qualitative research is interactive (Merchant & Dupuy, 1996) and relies on the relationship between the researcher and the participants. The qualitative researcher invites the participants' feedback, acknowledging their "expertise...regarding their own experiences." (p.540). This process is not

unlike counseling, as the researcher gains the participants' trust, uses active listening skills, seeks clarification, and finds themes to deepen understanding of the material presented.

Green (2005) listed the following three criteria referenced by Miles and Huberman for determining the applicability of qualitative methods:

...Miles and Huberman suggested that qualitative research is applicable to study participants' unique experiences of phenomena when the methods are (a) commensurate with the nature of the research problem; (b) utilized to uncover unique understanding of unstudied phenomena; and (c) correspond to the researcher's proclivities. (p. 48)

Merchant (1997) indicated the usefulness of qualitative methodology in the field of counseling. The skills and training common to counselor training programs are especially applicable in this process of inquiry. Both counselors and qualitative researchers must be aware of cues given by the client or participant, and both seek to empower the individual offering information.

African American families are certainly an understudied sample, especially in counseling and play therapy literature. Recently, it has become more common for African American adults to seek counseling services for themselves and their children. Research specific to this population is essential, as researchers will be able to offer implications that will enable practitioners to provide culturally sensitive services and will increase awareness of special concerns or differences that may exist.

### *Role of the Researcher*

Researchers play a critical role in qualitative research and they serve as the primary instruments for data collection and analysis (Merchant, 1997; Miles & Huberman, 1994). The researcher should be open to self-disclosure of biased values and beliefs. Further, the researcher



should validate the significance of participants' experiences by listening and attempting to understand the concept from the participants' perspective.

Merchant (1997) argued that counselor training is preparation for qualitative research. The characteristics identified as being synonymous for good counselors and good researchers include (a) awareness of one's own world view, (b) ability to enter the client's/research participant's worldview, (c) acknowledgment of polydimensionality, the contextual and nonlinear nature of human experience, (d) use of narratives and stories, (e) tolerance for ambiguity, (f) focus on process, and content, and finally (g) empowerment as a goal. (p. 12-14)

### *Researcher Subjectivity*

I think my role as an African American woman has as much potential to be a strength as well as a weakness in my study. I was careful not to make assumptions that I "understood" certain things based solely on my common racial background. In addition to guarding against participants' "over identification" with the researcher (Hinds, 2005), I also tried to be aware of assumptions that participants may have had concerning my experiences and background. I understood that if they believed I was "one of them," participants may have given me answers they thought I wanted to hear. I attempted to address these issues simply by addressing them just as I would in a counseling session with an individual who "looks like me."

I maintained an awareness of my role as a researcher, as opposed to a counselor, though my counseling skills definitely enhanced my empathy and comfort with collecting data. As a student, I have often witnessed others doing what they think will earn me a better grade in an effort to "help me out," rather than divulging true opinions about a topic or a subject. It was impossible for me to leave who I am out of the research experience, so I determined the best

approach was to embrace and understand who I am, and I tried to use my awareness to limit the clouding of outcomes found.

Unfortunately controlling for all of the variables that might possibly influence perceptions would have eliminated my research pool. Therefore, further research needs to be done to ascertain the many factors contributing to parents' perceptions. I can foresee future research regarding various ethnic-cultural groups' perceptions of play therapy as well as studies comparing these various cultures with the dominant culture in America. Exploring the variance in perception based on the setting for play therapy would also be interesting to me; comparing perceptions of parents whose children are treated in schools, mental health agencies, and private practice. Along those same lines, it might be worthwhile to study volunteer vs. mandated counseling, and to compare free, pay, and insurance payee counseling. Outside of previous experience with counseling, I think the biggest factors that have an impact on the perceptions of counseling are education and socio-economic levels. It would be valuable to research differences among educational and socio-economic groups.

The two biggest limitations were possibly my influence on participants as an African American researcher, and the unavoidable bias of only interviewing African American parents who had the ability to return to southeastern Louisiana following the devastation of Hurricane Katrina. As an African American counselor who uses play therapy, I am aware that I may have some preconceived notions and biases. I believe most parents genuinely want what is best for their children. I believe that counseling is worthwhile, and further I believe that play therapy is a valid and appropriate method of intervention. I believe that perceptions of play therapy are based on previous experiences. I believe that there are cultural differences regarding the perceived validity of counseling. I believe that it is the play therapist's responsibility to inform,

educate, and include parents. I believe there are many variables that attribute to perceptions about counseling. I believe parents' thoughts, behaviors and worldview impact children. I am often not sure why I believe what I do. Most of my beliefs are supported in the literature, but I suppose my familiarity with the literature contributes to my subjectivity as a researcher. I went into this study expecting that at least some parents would see play therapy as "fancy, high priced babysitting." I think parents who have paid to see a play therapist report possibly falsely positive attitudes about play therapy and counseling. I worry that parents may be cautious about participating in research about their children and may view the need for counseling as a weakness. A symptom of this view might be parents withholding information that they fear will paint them in a less than positive light. I expected that some African American parents would be in favor of seeking religious guidance rather than counseling. Finally, I thought that there would be a pervasive notion of counseling being either for "White" people, for "crazy" people, or both. All research was done using best practices for qualitative research in order to minimize the impact of these biases. As I continue my research in this area, I learn that perceptions are difficult to predict. As stated previously I believe African Americans in general may think differently about counseling, but I think the sample represented parents who were open minded about counseling.

### Research Plan

In order to explore African American parents' perceptions of play therapy, phenomenological procedures were employed. Before beginning my research, I had the approval of both the University of New Orleans Institutional Research Board (IRB) (see Appendix A for Human Subjects approval form) and the members of my dissertation committee. After the necessary approvals were granted, I began the process of selecting potential research participants.

### *Purposeful Sampling*

Sampling in qualitative research differs, both in purpose and in method, from quantitative research. In quantitative research, the researcher utilizes probability sampling in order to generalize about the broader population from which the sample was drawn. To accomplish this purpose, researchers select random samples that represent the population from which they are drawn (Newsome, Hays, & Christensen, 2008). In contrast, qualitative researchers typically do not engage in probability sampling; instead, they select purposive samples (Creswell, 1998) so that the research question can be explored most effectively. In phenomenological research, “criterion” sampling assures that all participants have experienced a similar phenomenon, in this case parenting an elementary school-aged child.

### *Participants*

Target participants in this research were African American parents of elementary school age children (ages 4-12). The study involved a minority population and this typically warrants special considerations to protect the interests of the population. It was necessary to select Black/African American participants in order to explore the specific concerns of this population regarding children and counseling (specifically play therapy). The definition of “parent” for the study included parents, guardians and other primary care givers.

### *Gaining Entry*

In order to identify and recruit participants I used my professional affiliations in the Greater New Orleans area. Due to a change in the dynamics of New Orleans and Southeastern Louisiana in the months following Hurricane Katrina I faced extreme difficulty identifying African American parents with elementary school aged children. Many children and families remained displaced for months following the storm due to housing shortages and a delayed re-

opening of many schools in the New Orleans area. I contacted various counseling agencies where services were provided for students and learned that either the agency was not yet fully functioning or that there was a noted decrease in the number of African American clients and referrals the counselors were seeing and receiving. I attempted to identify parents via multiple methods including schools, private practitioners, and community agencies where Registered Play Therapists are providing services to children. In order to include parents who may have had less experience with play therapy, I asked professional and personal contacts to initiate connections with individuals who met my participant criteria. Three counseling agencies and two school counselors were given letters to use as a guideline when sharing information with potential volunteers. All parents who expressed interest in participating in the research study were given an additional letter that explained the nature and purpose of the research study. (see Appendixes A and B for letters). After potential participants had reviewed this information a mutually agreed upon time and meeting place were discussed if they decided to continue.

#### *Measures to Ensure Protection of Minority Population*

The study was designed intentionally, to be conducted in a respectful and minimally coercive fashion. The research was conducted under direct supervision and with continued consultation with more experienced researchers. In addition to the research, being conducted in a manner that was both respectful and minimally coercive, other protections were made. This research was conducted in a manner consistent with the Multicultural or Cross-Cultural Competencies and Standards set forth by the American Counseling Association (ACA, 1991). I made every attempt to examine the issues with sensitivity and fortified these attempts with frequent consultation and debriefing. I consulted with committee members with specialty areas in multicultural counseling issues, and I engaged peer debriefers. Peer debriefers were solicited

from a group of other doctoral students in counselor education at the University of New Orleans who were also aware of multicultural competencies and standards.

### *Measures to Ensure Participant Confidentiality*

Prior to collection of data, each participant was required to sign a consent form (see Appendix D) agreeing to participate in the study and attesting to his or her comprehension of the process. At this time, the researcher also explained the confidentiality agreement explaining the right to confidentiality as well as the limits associated with confidentiality in this type of research study. Participants were informed of potential discomfort that may have arisen because of discussing counseling, their children and other personal matters. Finally, each participant was assured the right to leave the study at anytime without consequence. Before the first interview, all parents were given the brochure “Why Play Therapy” distributed by the Association for Play Therapy, Inc., specifically for parents and clients in play therapy. The researcher reviewed the information provided in this brochure with each participant to standardize information given about play therapy at the time of the face-to-face interview. Participants were given an opportunity to dispute, clarify or correct misunderstandings during follow-up phone calls after the interview.

### *Data Collection Procedures*

The typical method of data collection for phenomenological research according to Creswell (1998) is long interviews with no more than 10 participants who have experienced the phenomenon in question. Since the study explored African American parents’ perceptions of play therapy in counseling, specific participants were selected based on selective sampling procedures and asked if they would be willing to take part in this investigation. The research design included audiotaped semi-structured individual interviews with eight parents. Each

interview lasted no longer than 90 minutes. Three participants were available for follow up interviews; these were used as an additional verification procedure. In this study, interviews were audio taped and transcribed. Following transcription, the tapes were destroyed. Data from transcribed interviews were differentiated into meaning units and analyzed and all identifying information was stored in a secure manner for a minimum of five years.

### Data Analysis

Data analysis was performed consistent with the standards of phenomenology as outlined by Creswell (1998) in the following six steps [in italics]:

*1. Researchers begin with a full description of their own experience of the phenomenon.*

I explored my own perceptions of play therapy and the foundations of these perceptions. As stated previously it is impossible for my own experiences to be extracted from my perceptions. My work as a counselor using play therapy with children and my exposure to the literature, workshops, and conferences in play therapy cloud my perceptions. Further having taught play therapy and having explained the process to many parents and guardians have helped me to develop a clearer understanding of what I think play therapy entails. I have many core beliefs about counseling and play therapy and they are listed in detail under the heading “Researcher Subjectivity.” Looking back, I am aware of the development of my own understanding of play therapy. During my time as a masters’ intern and in the year immediately following the completion of a degree in Rehabilitation Counseling, I had had limited exposure to the notion of play therapy and no training in the method. However working almost exclusively with children and adolescents play seemed the “natural” choice and an appropriate medium for counseling. During that time, I now

recognize that toys and games were essentially used as a distracter while I would attempt to utilize the “talk therapy” methods I had been taught in school. Eventually frustrated with this approach I enrolled in play therapy workshops and learned more about the history of play therapy, specific techniques, and evidence based approaches to working with children and adolescents. During these same years and in the time that has lapsed since, I have often been met with curiosity when I share that I use play therapy in my work with children. This lack of understanding about play therapy came not only from parents of the children I worked with but also from other counselors and professionals in social service occupations. As a counselor, I often hear statements such as, “so you work with crazy kids,” or “those kids don’t need counseling they just need a whipping.” I have also been asked more than once whether I thought parents were just getting counseling to attain financial gains, or to get a “crazy” check for their children. These comments have come primarily from other African Americans and seem to reflect an attitude that counseling is only for crazy children or that it is somehow not worthwhile or is a hoax on the part of the parents. I have also heard religious leaders and members of Black churches espouse the notion that if we would pray more there would be no need for counseling and depression (and other mental illnesses) would perhaps cease to be problems for the community. I think that my positive attitude towards play is at least partially attributed to growing up in a household where play was normalized behavior for children and adults. We learned early on that family as well as individual play had value. My parents provided many toys for my younger sister and I, and they encouraged imagination and creativity via make-believe play and artistic expression.



2. *Researcher then finds statements (in the interviews) about how individuals are experiencing the topic, lists these significant statements (**horizontalization** of the data) and treats each statement as having equal worth, and works to develop a list of nonrepetitive, nonoverlapping statements. Each of the interview transcriptions received this treatment, and I took steps (e.g. triangulation and feedback from the research team) to increase the validity of conclusions made during this step.*
3. *These statements are then grouped into “meaning units,” which are then listed and finally described in written units or narratives known as **textured description** of the experience – what happened – including verbatim examples. Direct quotations from the transcripts were identified and dissected for meaning. These units were then described to convey the analysis of their meanings.*
4. *Researchers then reflect on their own description and use **imaginative variation or structural description**, seeking all possible meanings and divergent perspectives, varying the frames of reference about the phenomenon, and constructing a description of how the phenomenon was experienced. My personal reflection was compared and contrasted to research participants’ perceptions. I endeavored to view these reflections from many angles to generate an exhaustive description of African American parents’ perceptions of play, counseling, and play therapy.*
5. *Researchers then construct an overall description of the meaning and the **essence** of the experience. I attempted to give value and meaning to my own and participants’ perceptions of play therapy based on the conclusions drawn in the previous four steps.*

6. *This process will be followed first for the researcher's account of the experience and then for that of each participant.* Steps 1-5 was completed for the researcher and then again for each of the participants.(pp. 147-150)

All of the information assembled via the methods listed above was then compiled to create a uniform narrative. Conclusions drawn at this point serve as a foundation for future research concerning the experience of African American parents and their specific perceptions of play therapy.

#### Verification Procedures

The soundness of qualitative research is evaluated by its trustworthiness as opposed to the numerically derived scores of reliability and validity used to evaluate quantitative research. Lincoln and Guba (1985) included four criteria to represent trustworthiness of qualitative research: credibility, transferability, dependability, and confirmability.

*Credibility* involves demonstrating the believability of the results and the sensibility of the conclusions. This is determined by asking the following questions; (a) Do conclusions of this research make sense? (b) Do conclusions adequately describe research participants? and (c) Do conclusions represent the phenomena of interest in an authentic way? (Lincoln & Guba, 1985; Miles & Huberman, 1994). These questions were utilized as I drew conclusions based on multiple interviews. I also used member checks and triangulated the data to enhance credibility (Glesne, 1999). Triangulation, which involves comparing multiple methods of data collection, was utilized and observations during interviews were compared with the verbal data as well as consultation with experts in the field of play therapy during data collection and analysis. Member checks involved the presentation of initial conclusions to select participants during

follow-up interviews to make sure conclusions are an accurate reflection of participants' perceptions and to verify that emergent themes are consistent with their perspectives.

*Transferability* involves the degree that results could be generalized to other contexts or settings (Gay & Airasian, 2000). However, many naturalists believe that transferability in qualitative research is very different from the concepts of external validity or generalizability (Lincoln & Guba, 1985). Thus the charge for a qualitative researcher is to "provide only the thick description necessary to enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility" (Lincoln & Guba, p. 316). Therefore, qualitative researchers are encouraged to provide as many details and the widest range of information possible for inclusion in their interpretations of data and final reports of findings (Newsome et al., 2008). Descriptions of contexts, processes, perspectives, participants, and findings were included to enhance the transferability of findings.

*Dependability* involves the consistency of the results over time and across researchers (Lincoln & Guba, 1985; Miles & Huberman, 1994). I consulted with a peer debriefer and experts in multicultural counseling, play therapy, and qualitative research to review the analysis and to determine consistency of conclusions. I also provided a detailed account of the methods employed in order to facilitate replication of the process.

*Confirmability* assumes that the findings of the study were reflective of the participants' perspectives and not my personal biases and researcher subjectivity (Lincoln & Guba, 1985). In terms of researcher bias, Creswell (1998) encourages researchers to clarify their position and any biases or assumptions that might have an impact on the inquiry from the outset of the study. I have listed my biases and assumptions previously in this chapter and continued to explore these issues throughout the research process and as they are brought to my attention by peer debriefers

and expert consultants. I used a reflective journal to record my thoughts, feelings, ideas, perceptions, and hypotheses about the topic throughout the process. In accordance with phenomenological inquiry, I examined my own perceptions in conjunction with those of the research participants.

### Summary

This chapter presented a research agenda in accordance with qualitative research methodology. Using this research plan African American parents' perceptions of play therapy were explored. A rationale for utilizing qualitative methodology was offered and phenomenological procedures were described as the specific approach that is most appropriate for the research question. Finally, verification procedures were reviewed as a method of increasing the trustworthiness of the findings.

## CHAPTER FOUR

### FINDINGS AND INTERPRETATIONS

#### Introduction

The purpose of this chapter is to present the thoughts and experiences of African American parents regarding counseling, play, and play therapy. Findings presented in this chapter reflect my interpretations of parents' experiences as shared in individual interviews. This chapter begins with the profiles of the eight African American parents who assisted me by sharing their perceptions.

#### Participant Profiles

Participant profiles were created to provide a detailed description of each member who agreed to participate in this study. These profiles were compiled from information provided by participants in response to the demographic survey that was utilized at the beginning of interviews (Appendix E) and from additional information gained both verbally and non-verbally throughout the duration of each interview. To protect participants' confidentiality and anonymity, participants were asked to select a pseudonym preceding the interview and all personally identifying information was omitted. A group profile is presented to provide an overall picture of who took part in this investigation.

#### *Group Profile*

Eight African American parents between 24 and 49 years old who had children between the ages of 4 and 12 chose to participate in this study. Seven participants were mothers, one was a father, and one was a mother and a grandmother of children who were within the designated age range. Participants' educational experiences varied; two participants had earned masters' degrees, one had a bachelor's degree, two had some college experience, two had finished high

Table 1

*Participant Demographics*

<b>Participant</b>	<b>Pseudonym</b>	<b>Age Gender</b>	<b>Marital Status</b>	<b>Educational Level Occupation [co-parent info]</b>	<b>Number of Children</b>	<b>Children's Age Gender</b>	<b>Type of school children attend</b>	<b>Have children had previous counseling?</b>
1	Tweety Byrd	35 F	Married	M.Ed. College Professor (Doctoral Student) [Masters degree, Administrator]	2	9 M 11 F	Public	Y
2	Patrice	32 F	Divorced	M.S. Unemployed (Counseling Degree) [Some college, Head Chef]	2	5 F 11 F	Public (Parochial before Hurricane Katrina)	Y
3	Mr. Jack	49 M	Married	Some High School Pastor, Bus Driver [College, LPN]	3	12 F 16 M 18 M	Public	N
4	Mrs. Brown	45 F	Married	B.S. Nurse [Some college, Policeman]	1	7 F	Public	Y
5	Shawanda Wilson	36 F	Married	Some College Administrative Assistant [Some college, small business owner]	2	12 F 14 M	Charter (Public before Hurricane Katrina)	N
6	Kimberly	28 F	Single	Some College (current student); Administrative Assistant [high school, self- employed]	1	5F	Parochial	N
7	Mary	24 F	Single	High School, SAHM [no information given]	3	1 F 4 M 6 M	Charter (Public before Hurricane Katrina)	Y
8	Marion	48 F	Married	High School, Nurse Assistant [High School, Carpenter]	3 (2 grandsons)	10 F 11 M (grandson) 12 M (grandson)	Parochial Public Public	Y

school, and one left school in the eleventh grade. Two of the parents were currently enrolled in school, one was in a doctoral degree program and one was a sophomore in undergraduate school. Two participants had one child who resided in their households. Three participants had two children and the other three participants had three children who resided in their homes. Five of the parents had previous experience with their children in counseling, but only two of these parents' children had specifically engaged in play therapy. All of the participants resided in southeastern Louisiana. Prior to Hurricane Katrina, six of the participants resided in the Greater New Orleans area. One of these families remained displaced in Baton Rouge at the time of this research. In addition to this group profile, individual profiles were also constructed to reveal more in-depth information about each participant.

### *Individual Profiles*

This section is intended to introduce each of the eight participants individually as well as share their personal experiences. As often as possible I attempted to use the participants' words in an attempt to convey their meaning rather than my own, and to help the reader attain a clearer understanding of each parent and his or her unique perceptions. At times, it was necessary to edit participants' statements to correct grammar or otherwise make the document more readable. In instances where editing was necessary, I attempted to preserve the essence of the participants' original thoughts.

#### *Participant #1: Tweety Byrd*

Tweety Byrd was a 35-year-old mother of two children, a 9-year-old son and an 11-year-old daughter. She was an instructor at a local university and was simultaneously working toward a doctoral degree. Tweety suggested that we meet at a local park to conduct our individual interview, so the interview was completed on a bench outside of a museum on a bright and

breezy day. A very busy, woman, Tweety arrived late for the interview, but was very open and forthcoming with information. She had previously sought counseling for her children when she decided to remarry. Counseling sessions were attended as a family, Tweety explains that she thought the children were too young (3 and 5 years old) to receive counseling without a parent. Since that time, the possibility of art therapy for her son was explored and her daughter had recently requested counseling services. Tweety spoke at length about the barriers she faced when seeking a play therapist or an art therapist for her son, including arguments with the insurance company and difficulty finding a qualified professional. She said,

...when we attempted to find a play therapist for him, there weren't any play therapists we could find at that time. ...the health insurance kept saying, "Let's just look for a counselor or social worker, we're calling the providers on the list, and we're going to ask them if they know about play therapy." No one had what we were looking for, and we [eventually] let it go.

When asked to reflect on her perceptions of the definition of play, Tweety

described play in the following way, "my playtime was really structured, I was in some type of activity and now I find myself just going to the park with the kids for no reason and saying let's just hang outside." For this reason, Tweety noted that she tries to provide opportunities for free play with her children. However, she also noted several examples of structured "playtime," which included extra-curricular involvements for her children as well as structured family playtime.

#### *Participant #2: Patrice*

Patrice was 32 years old and had two daughters, ages 5 and 11. We met at her mother's home in Baton Rouge for the individual interview. Patrice was a recent graduate of a counseling



program and was excited to participate in this study despite self-proclaimed limited knowledge about play therapy. Patrice was recently divorced and unemployed since Hurricane Katrina. She and her two daughters lived with her mother and Patrice was actively seeking work as a counselor. Patrice noted that her daughters and other students from New Orleans had received group counseling at the schools they were attending post-Katrina so that students would have an opportunity to share feelings and experiences regarding the hurricane. Despite the fact that Patrice was glad that her children were getting some assistance, she doubted the usefulness of this intervention stating...

They had counseling, but it was in a group setting, so it wasn't one on one. It was, "How do y'all feel about living in Baton Rouge" <mimicking students responses> "I like it!" "I hate it." "I want to go back home." "This school is fun." ...I don't know if it was lack of resources or lack of time to do one on one counseling. [However,] when I tried to talk to the counselor ...she just said..."here are the numbers you can call."

Patrice also reported that she sought individual counseling and evaluation for one of her daughters who had been diagnosed with ADHD. Other than puzzles used in the psychological evaluation, Patrice was unaware of the utilization of specific play therapy techniques in the counseling that her daughters had received. When Patrice spoke about play in general, she noted the differences between children's play today and during her youth. For example, Patrice expressed fear for their safety and says outside play must be strictly monitored, but the girls were allowed to "run amuck" during inside play. Patrice laughingly commented...

...play now is a lot different from when I was little, because there is no way I'd let my daughters just go run across the street to the park to play without me watching, or without me being there. My grandmother used to just let us run, and go outside while she'd be in

the house cooking dinner, washing clothes, watching her soaps, and it would be no problem. Now I think that I'm too overprotective. My children's play is supervised by me, to a certain extent, more than my play was as a child. Now, while they're inside, they can do whatever, they can run amuck in the house but outside play, I watch. Unless they're playing right outside in the gated fence, I don't like them outside at all.

For this reason, Patrice attempts to provide structured activities for her children to pursue outside hobbies, such as gardening, and she watches them intently as they ride bikes or skate in the neighborhood.

*Participant #3: Mr. Jack*

Mr. Jack was 49 years old and had three children, only his 12-year-old daughter was within the age range for this study. I drove to an elementary school one and a half hours outside of New Orleans to meet with Mr. Jack. Despite having made prior arrangements to use the school counselor's office, I arrived to find that it was being used for LEAP testing due to a last minute emergency. Consequently, I was placed in the school concession stand with no windows to wait for my third participant's arrival. Mr. Jack seemed unconcerned with our unimpressive surroundings and was more than willing to answer my questions, as long as I could "make it quick" because, he "had somewhere else to be in 30 minutes". Despite our less than desirable interview location and the new time pressure that had been introduced, I decided to make the best of things and did a quick interview, making sure to get Mr. Jack's answers, however abbreviated, to each of the questions in my interview protocol. Mr. Jack provided the sole male voice for this study and his perspective seemed to offer a different viewpoint given his role as a father, school bus driver, and a pastor of a small church. Mr. Jack described his own troubled youth and noted substance abuse issues as the primary reason to seek counseling. When probed

about his responses, he added that counseling might be useful for single parent families. Mr. Jack did not reflect much on his own children's play, which might have been because at 12 years old, his youngest daughter was on the upper end of my research range. None of Mr. Jack's children had previously received counseling, but he was open to the notion. When asked if he would be okay with his own children seeing a play therapist, he said,

Oh, yes, oh yes indeed. *Anything* to better them. You know in society and this world we are living in [there is] so much to offer that's negative. So [I am in favor of] anything that's positive to help them stay focused and keep their minds focused in the right direction.

Mr. Jack said he believed African Americans in general might be more likely to seek the services of professional counselors if they were educated about the purpose of counseling and made more aware of the availability and usefulness of these services.

I believe most parents do want their kids to do better. So if there's a problem and [parents] know what is available, maybe they would try it. ... [there are] a lot of things people just don't know. I hear people say, "well, I don't know what to do with my kids; I can't do nothing with them." Somebody has to offer them something, you know...

*Participant #4: Mrs. Brown*

Mrs. Brown, a 45-year-old mother of one daughter, age 7, forgot about our first scheduled interview and did not arrive at the public library, which was located about one and a half hours outside of New Orleans, to meet me. The interview was rescheduled and I met with Mrs. Brown at her home one week later. The interview was completed in her kitchen where we were surrounded by her daughter's artwork. Mrs. Brown was my only participant who had voluntarily sought the services of a play therapist prior to our interview. Her experiences in play

therapy were positive. Regarding her daughter's experience she said, "...evidently she enjoyed [going to see a play therapist] 'cause she would really look forward to it and I think it helped her a lot, and I *know* she enjoyed it." She reported that she would definitely seek similar help in the future if circumstances warranted counseling and added, "I think that a child who does not seek play therapy as a [form of] counseling when needed, is put at a disadvantage."

Mrs. Brown, a Jehovah's Witness, pointed out the absence of religion on my demographic questionnaire and explained that her religious beliefs were a major factor in decisions for her daughter and their family. Mrs. Brown's daughter was "touched inappropriately" by another student at her school and her behavior following this event led Mrs. Brown to seek counseling. Mrs. Brown was referred to a local play therapist by Children's Hospital and traveled to New Orleans for play therapy. For Mrs. Brown's daughter, playtime is routine ... "I try to let her play everyday of the week."

When discussing her own play as a child, Mrs. Brown became very animated and expressed how much she *loved* to play outside. She says her daughter enjoys playing with her Gameboy, but she encourages as much outside and physically active play as possible. Mrs. Brown attributes this to her religious beliefs, stating, "God didn't make this earth for us to stay inside and look at a screen, you know?" I also think that Mrs. Brown's work as a nurse contributed to her beliefs about active rather than sedentary play for the physical and emotional wellbeing of her daughter.

Toward the end of the interview, Mrs. Brown noted her beliefs about the value of the "fun aspect of play" and expressed her distaste for parents who forced their children to participate in many extra-curricular activities or competitive sports.

I think the parents or society puts so much pressure on them [children], ... Where they always have to go to this or that practice, or dance practice, or piano, or ...and it's [the practice] is not considered fun to them [these children]...it puts a lot of pressure on them [children]. I think play is something that they [children] should be able to do and not have to go to all that [practice]. They [children] should be able to go outside, ride their bikes, jump rope, climb trees, swing, and do that kind of stuff.

Mrs. Brown's opinions regarding the usefulness of unstructured play were also reflected in the way she handled extra-curricular activities with her daughter...

...we've tried different things like gymnastics for her and she didn't like it. She said, "Mama, I don't like that." It wasn't fun for her, so we don't do it. We tried dance she didn't like it, it wasn't fun for her, and I want her to have fun. ...she has an art class, which she absolutely loves, and I think that's because she's able to express herself with her art and that's the only extra-curricular activity that she does.

*Participant #5: Shawanda Wilson*

Shawanda Wilson was 36 years old and had two children, a 12-year-old daughter and a 16-year-old son. I met with Shawanda Wilson in an upstairs bedroom of her home, which had been gutted due to the flooding that followed Hurricane Katrina. Similar to Mr. Jack, Shawanda's youngest child was on the upper end of the age range of children whose parents participated in this study. Regardless, Shawanda described her daughter as being in a transitional stage where she enjoyed dolls as much as talking on the phone and gossiping with girlfriends. This is contradictory to Mr. Jack's daughter who "parked her dolls." Shawanda and her two children seemed to engage in quite a bit of family playtime.

Due to Hurricane Katrina, life for the Wilson family had changed dramatically. In addition to living in only the upstairs of their flood damaged home, Shawanda no longer worked outside of the home and the children attended different schools. Shawanda was an administrative assistant, but was currently spending all of her time coordinating the rebuilding of her home. Her children had made new friends at school, but were still adjusting to the loss of old friends and the new surroundings and quietness of their neighborhood. Since opportunities to play with neighborhood peers had decreased significantly, Shawanda reported that she was doing her best to make them “comfortable” as they all tried to adjust.

When asked *why* children play, Shawanda said, “I think [children] play to let out a lot of energy. ...they are cooped up in the house and they can’t get around, run around, and let out some of that energy, that steam. ...[play] is a stress reliever in other words.”

Though her children had never received counseling, Shawanda noted that prior to going to an anger management workshop, she thought counseling was for “crazy people” and not really something that Black people did. However, once she attended the workshop, she learned otherwise. Shawanda seemed very open to play therapy,

I don’t see anything wrong with counseling. As long as it benefits the child. ... Some kids have a tough time expressing themselves and they can’t go to their parents and talk to their parents about what’s bothering them. So if counseling will help, why not?

*Participant #6: Kimberly*

Kimberly was a 28-year-old mother of one 5-year-old daughter. We met at her home while her daughter was working on homework in an adjoining room. Kimberly was a single mother and a sophomore in college who also worked as an administrative assistant on a college campus. Kimberly reported that she did not play much as a child, and her daughter was similar.

However, Kimberly did note that her daughter has “opened up” and gotten less shy since the Hurricane and she attributed this to her daughter’s ability to adapt to a new school and to being displaced.

Neither Kimberly nor her daughter had previous experience with counseling, but Kimberly said she was open to counseling if the situation warranted it. Kimberly echoed the sentiment of another participant by noted that most African American’s might consider counseling as something reserved for “crazy people,” but she said that she had changed her mind after becoming friends with a counselor. In fact, Kimberly supported participants’ comments that counseling might be more accepted if the African American community was more educated about what counseling entailed and how to attain such services.

*Participant #7: Mary*

Mary was a 24-year-old mother of three young children, two sons aged 6 and 4 and a 1-year-old daughter. We met in the school counselor’s playroom at a local charter school. Our interview was scheduled immediately following Mary’s first meeting with the school counselor to discuss Filial Therapy for herself and her kindergarten son. Mary was very candid during the interview and seemed happy to have someone to listen to her thoughts. She spent a great deal of time discussing the frustrations of being a single parent with three children. Mary had previously received counseling and medication for post-partum depression but noted that this experience was not helpful for her. Mary did admit that it may have been because she stopped taking the medication and only attended one or two sessions. Nevertheless, Mary commented that she was willing to try counseling for her son who had been diagnosed with ADHD and who had an increase in school misbehavior since the hurricane.

Mary seemed distressed and frequently mentioned that her best friend was still displaced because of the hurricane and that she missed the added support. When asked about her own childhood play, Mary stated that she loved Barbie dolls. Regarding her sons, Mary noted that they “fight more than anything” and she was unsure of their favorite play activities. During the interview I was able to empathize with Mary’s frustration as her daughter, who was present for the interview, cried inconsolably for several minutes to the extent that the school counselor came to the room to check on us.

*Participant #8: Marion*

Marion was 48 years old and had one daughter, age 10, in the age range for this study. Marion was also the primary caretaker for two grandsons, ages 12 and 11. Marion and I met at her trailer just on the outskirts of the city, while her daughter played quietly in the same room. Marion had been referred to me through a local mental health rehab agency where her two grandsons were receiving counseling services. Marion stated that she thinks that counseling was a good idea for her grandsons because it might “help with depression.” Similar to other participants, Marion expressed that African Americans might be reluctant about the process of counseling. According to Marion, African Americans’ reservations might pertain to a lack of “openness” and not wanting to talk to strangers. Except for video games, Marion did not believe there were many differences in childhood play today compared to when she was a child.

Data Collection and Analysis Procedures

Data collection consisted of the transcripts of eight face-to-face interviews with African American parents who agreed to participate in this investigation as well as my own thoughts, observations, and reflections as recorded in a research journal maintained throughout the data collection and analysis process. The interviews were semi-structured and utilized the questions



identified in the interview protocol (see Appendix F) to explore participants' perceptions of play, counseling, and play therapy. Each of these interviews was scheduled at a time that was mutually agreeable for the participant and the researcher and conducted in a manner consistent with the guidelines set forth in the research proposal. Each of the eight interviews lasted less than 90 minutes, was audio taped, and later transcribed for the sake of data analysis. Impressions noted in my research journal served as a secondary form of data collection. These notes helped me recall immediate impressions of each participant, reactions to each interview, and my initial impressions regarding each interview. The data collected via these methods was analyzed in a manner consistent with phenomenological research (Creswell, 1998). I first read transcripts and identified notable statements or "meaning units." Next, these statements were grouped into clusters and I attempted to assign meaning to each individual cluster. Three participants were available for a second interview, and information gathered during this round was used to assist in data analysis, and to establish the trustworthiness of my findings. Based on data analysis of participants' responses, my findings emerged.

## Results of Data Analysis

### *Parents' Perceptions of Play*

In this section, parents' perceptions of play are presented. Participants' responses indicated certain similarities among group members, including thoughts about generational differences, school stress, age and gender disparities in play behavior, and value of play.

Tweety Byrd recognized the purpose of play as multifaceted,  
...it's a way to reconnect...play is a way to look at things from a different perspective, to enjoy yourself, to have a good time...it's healthy to have some play in your life, and I wish I could play everyday.

Playing everyday was something that many participants seemed to associate with their own childhoods, but there was an overwhelming sense that parents do not feel that the experience is the same for their own children. Tweety Byrd, quoted above, is a noted exception. She described more structured play during her own childhood and restrictions on outdoor play. She reflected,

Pretty much my grandmother supervised after school, and segregated play was always most convenient for her. Girls played with girls, and boys played with boys. None of us actually played outside much...I just always wanted to play outside ,, more or less because it was forbidden.

Participants shared with me stories of their own play during childhood and early adolescence, and compared and contrasted their experiences with those of their children (see Table 2 and 3). Parents described many diverse activities as “play.” For example, some parents characterized “talking on the phone” as play. Whereas other parents described bowling and other more active sports activities as play. Table 2 was constructed to illustrate the diversity among parents’ descriptions of their own play when they were children. Similarly, Table 3 represents how parents describe their children’s play.

Most parents reported that today’s children play differently from previous generations and many attributed this to technology. Many parents noted that their children play video games and noted that older children use the cell phone as a modern “toy.” For example, Mr. Jack spoke fondly about making up games or having fun with ordinary objects, specifically he mentioned, “rolling a tire.” However, when Mr. Jack referred to his own children, the children in his church, and the students on the school bus he drives, he quipped, “They’re not as creative as we were...

Table 2

*Parents' descriptions of their own play as children*

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- I didn't get a chance to/want to play outside a lot (1-A, 6-A)
- my playtime was really structured (1-A)
- I never played any type of sports or athletics, at all, although I attempted them regularly (1-A)
- participated in swimming and was on the swim team (1-A)
- went to the zoo (1-A)
- went to the museum (1-A)
- Imaginary playmates (2-A)
- Played school (2-A, 6-A)
- Played outside (2-A,3-A,4-A,5-A,8-A)
  - At park (2-A)
- Drawing/Doodling (2-A)
- Talking on the phone (2-A)
- Marbles (3-A, 8-A)
- Hide-N-Seek (3-A)
- Hoola Hoop (8-A)
- Hopscotch (8-A)
- Jumping Rope (4-A,8-A)
- Skipping (4-A)
- Running (4-A)
- Football, Basketball, Softball (5-A); Baseball (8-A)
- Board Games (6-A)
- Dolls (6-A,7-A,8-A)
- Easy Bake Oven (6-A)
- Play with family members (e.g., siblings, cousins) (all)

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*Note.* (#-X) # represents participant number and X represents interview number

Table 3  
*Parents' descriptions of their children's play activities*

---

• Bowling (1-A)	• Marbles (8-A)
• Card games (Memory) (6-A)	• Playing outside (4-A, 5-A, 7-A)
• Climbing trees (4-A)	○ At park (5-A)
• Computer (5-A)	• Playing with Dolls/Stuffed Animals/Action
• Crocheting (2-A)	Figures (3-A, 5-A, 6-A, 8-A)
• Dancing (2-A, 6-A)	• Reading (4-A)
• Darts (5-A)	• Riding bikes/scooters (1-A, 2-A, 4-A)
• Drawing/Painting/Coloring (1-A, 2-A, 6-A)	• Roller skating / rollerblading (1-A, 2-A, 4-A, 5-A)
• Dress up (6-A)	• Running/Racing (1-A, 4-A, 5-A, 7-A)
• Family play (1-A, 2-A, 4-A, 5-A)	• Played School (6-A)
• Frisbee (1-A)	• Shopping (1-A, 3-A)
• Gardening (2-A)	• Sports (1-A, 8-A)
• going to the park (1-A, 5-A)	○ Basketball
• Hand Games (6-A)	○ Rugby
• Hide-N-Seek (6-A)	○ Soccer
• Hoola-Hoop (2-A, 8-A)	• Swinging (4-A, 5-A)
• Hop Scotch (5-A)	• Talking on the phone/cell phones (1-A, 3-A, 5-A)
• Imaginary Playmates (8-A)	
• Jacks (5-A)	• Tic-Tac-Toe (4-A, 8-A)
• Jump Rope (8-A)	• Trucks (6-A, 7-A)
• Karaoke/Singing (2-A, 6-A)	• Video Games (3-A, 4-A, 5-A, 7-A, 8-A)
• Listen to music (5-A)	• Watching movies (1-A, 2-A, 5-A)
• Make Believe (8-A)	• Watching Cartoons/Television (6-A)
• Make-Up (3-A)	• Writing (1-A)

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*Note.* (#-X) # represents participant number and X represents interview number

Technology has [changed things,] kids. mostly like videos, even cell phones. Everything's mostly electronic."

### *Purpose of Play*

Parents were asked to share their thoughts regarding the purpose and value of play for children. Most parents identified play primarily as a type of communication and as a method of "release," or a way for children to expend physical and emotional energy. Parents also reflected on how children learn through play and how play changes as children progress through developmental stages. All of the parents viewed play as positive and many were reflective of the changes that had occurred during the passing of time between generations.

When reflecting on their childhood experiences, parents specifically illuminated outside play as an important part of their free time. Either they *loved* playing outside or outside play was restricted and hence they *longed* for playing outside. Mr. Jack said, "...it's totally different, most of their games are inside, they don't have to be outside. We mostly [played] outside." Tweety's children might disagree, as would Mrs. Brown's 7-year-old daughter.

My daughter *loves* outside. She is not one who loves Barbie dolls, even though she'll play with them if other little girls come over. My daughter loves the outside, riding her bike, skating, swinging, climbing trees, running, and just being outside period.

Patrice also noted that her children do not play outside as frequently as she did, but she attributed the difference to safety concerns rather than generational shifts.

### *Explanation for differences between parents' and children's play*

In addition to noting differences due to technological advances and outdoor vs. indoor play, parents also offered explanations about why their own childhood play was so different from that of their children. For example, Marion commented, "Kids nowadays are bus[ier] than we

were.” Many participants echoed this sentiment. In fact, Patrice said, “...there’s a lot of stress on little people, they need [play] time to just relax and not think about what [they] have to do.” Mrs. Brown’s comments mirrored the sentiments of other participants as well as a potential solution when she said,

... [playing] played a big part in my life because we were able to play more than the children today. I think that because we were able to play more we didn’t have as much pressure as the children have today....I think when they’re playing, they forget about troubles. It’s almost like their little safe place.

### *School Stress*

According to parents, school appeared to be the source of “stress” experienced by older children (ages 10-12). For example, Mr. Jack, whose daughter was 12 years old, said, “I think they [children] should have a little time for relaxation. To take a break from school and give them something different to do.” Patrice also indicated that children’s’ worries pertained to school as she compared her play with that of her child. “...I think that play now lets [children] really be kids again. Be the kids we were because when we played outside we didn’t have to worry about things like, ‘Did I fail my fractions test?’ We didn’t care.”

Perhaps it was the fact that my interviews occurred simultaneously with school-wide testing, but Shawanda also mentioned play as an outlet for students’ stress about school, “...it’s just a way to not think about tests in schools....”

### *Influence of Age and Gender*

Participants’ responses regarding their own children’s play behaviors also varied depending on age and gender. Participants who had pre-adolescent daughters mentioned activities commonly associated with this stage such as shopping, talking on the phone, and

listening to music. Not surprisingly, these parents also mentioned the transitions their daughters were undergoing, and most noticed a decreased interest in toys. Tweety Byrd offered the following example, "...Right now my daughter is into clothes. She likes to write and [she also enjoys] talking on the phone!"

According to parents' comments, living with a preteen is not always easy. In fact, Patrice even considered counseling to deal with emerging rebellion. Both Patrice and Tweety Byrd commented on the struggle for independence that their daughters were experiencing. Patrice said, "She's becoming a teenager and she thinks she can do whatever she wants," and Tweety noted, "...there are new nuances daily!" Such nuances and shifts in toy and play preferences were not unique to Tweety's experiences with her 11-year-old daughter. In fact, parents' responses illustrated that not all pre-teens have similar preferences. Mr. Jack and Shawanda Wilson noted that their 12-year-old daughters have different attitudes toward their dolls despite their common age. Mr. Jack says his daughter, "parked her dolls." He continued, explaining that, "She's not into dolls any more. She's mostly into purses and make-up. I guess she's growing up, She's putting away a lot of stuff she used to play with." In contrast Shawanda said, "[My daughter] still plays with dolls. She asks for dolls for her birthday...and as long as she's asking for them, I'm going to buy them!" Despite the differences in doll preferences, Shawanda also recognized her daughter's typical pre-teenage habits,

...my daughter has friends around the corner, and they'll come around here and they'll sit on the deck, and they'll listen to music, they'll come upstairs in her room and look at pictures of the [young male] celebrities. They'll talk about silly stuff on the phone.

Yet another participant noted the developmental shift in play for her pre-teen grandson. Marion said, "...the older one, he doesn't really play too much. I guess because he's getting to

be a teenager.” Marion and the other parents of children at developmental crossroads might have been more accurate had they simply said that play is different though not non-existent for pre-adolescents, since they were able to identify multiple playful activities their children engaged in regularly.

Parents of younger children also identified developmental dynamics within the process of play. Furthermore, many parents supported the contention that play offers a vehicle for developmental growth. Both Patrice and Kimberly, mothers of 5-year-old daughters, recognized the educational or exploratory value of play. Kimberly contemplated the benefits of play, “I think playing and doing different things helps a child explore and grow within herself.” Regarding the purpose of play Kimberly had the following thoughts,

It helps develop their [children’s] minds and broaden their horizons to different things. A lot of times I think that playing helps them to learn school work. ...with her homework, or different things, ...she’s learning how to spell a lot of different words now and I try to sing a song with the spelling words or make it fun. But at the same time it’s learning.... I also think playing helps ...children become more comfortable with other kids and their surroundings.

In a remarkably similar comment Patrice said,

[The ideal world of a 5-year-old should be] exploring, learning how to do stuff without having it so structured. I find kids learn a lot better if you allow them to explore on their own, or you make it fun for them. Instead of saying, “Okay, you have to learn these words so everyday you go home and memorize them.” ...make up a song with the words or make a little puzzle with the words. Something hands on. I think 5-year-olds should just be playing and having fun as they explore on their own. ...they’re just coming to that



era where they have to learn how to read and write, but make it fun for them. I think everything at that point should still be play.

Having moved beyond the stage of parenting a kindergarten student, Mrs. Brown was more reflective of the natural transitions of play behavior and said,

I think play eventually turns more to competition than play. You know when they get older and realize that it's important to win. Whereas, when they are toddlers, all they want to do is just play.

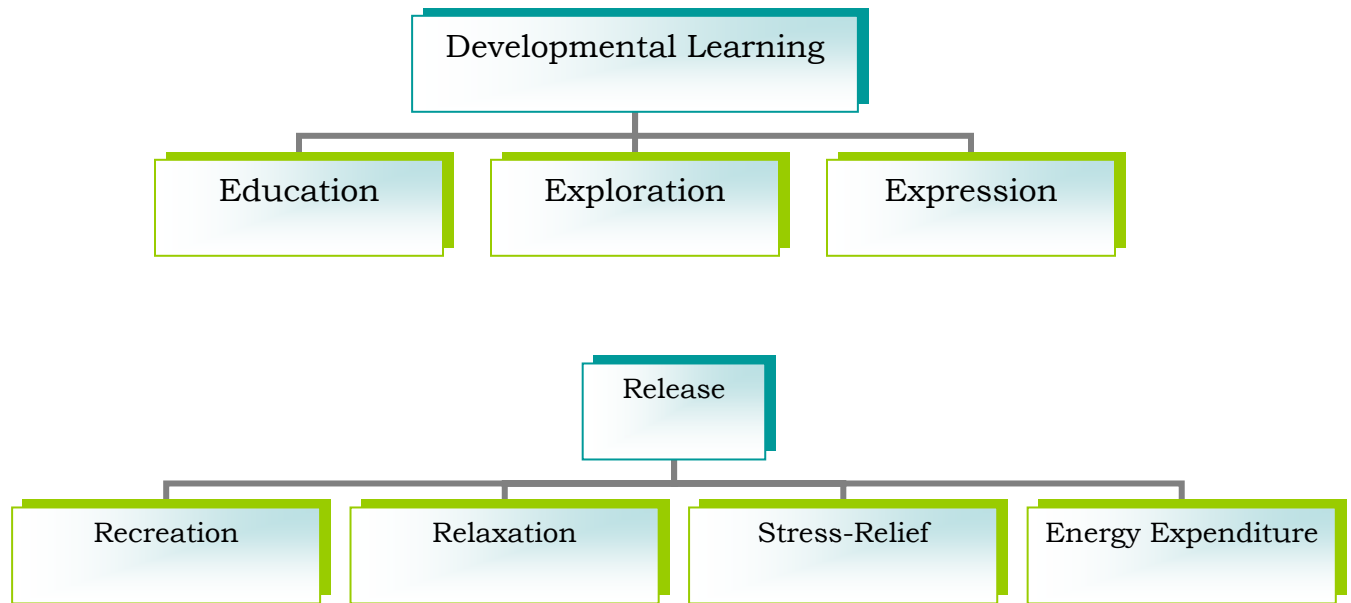
Even after children become interested in competition, play is still typically thought of pleurably. Parents used the word "fun" frequently and offered many other descriptors that equated play with amusement and recreation. Participants Patrice and Mrs. Brown agreed with Marion who said, "It's just fun for them," when asked *why* she thought children played. Parents seem to welcome release as a side effect of this fun. Mrs. Brown said, "...play...lets children... get off that burst of energy" which would likely be the goal of a parent who, as Shawanda suggested uses play "just to keep them out of his or her hair."

### *Summary*

I think Mrs. Brown summed up the overarching perception of play when she stated, "I think playing is a very essential part of childhood...if children are not allowed to play, they definitely will develop much differently from children who are allowed to play... [because] that's what children do. They love to play." Each of the themes (see Figure 1) parents presented regarding play is seemingly essential to the healthy development of each of us as human beings. As do most of the things necessary for human development, play changes across the lifespan. Though it is seemingly transient, one could argue that it is ideally perpetual. Despite the differences in play for toddlers, elementary school-aged children, pre-adolescents, high-school

students, and adults, Mrs. Brown had the right idea when she thought about her daughter’s future and said, “I would hope that she would not stop playing.”

*Figure 1.* Themes regarding parents’ perceptions of play



### *Parents’ Perceptions of Counseling*

In addition to sharing their general thoughts about play, each of the parents listed issues they had previously sought or considered counseling for themselves or their children (see Table 4) as well as issues they felt warranted counseling (see Table 5). I thought these charts showed remarkable similarities in the issues parents thought justified seeking counseling or play therapy. Not surprisingly, all of the participants who lived in the Greater New Orleans area mentioned dealing with the aftermath of hurricanes as a counseling issue.

Table 4

*Reasons Counseling was sought (or considered)...*

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- Family issues
  - Parent getting remarried (1-A)
  - Divorce (2-A)
  - Death in family (2-A)
  - Absentee parent (8-A)
- Trouble making friends (1-A)
- Child makes a request (1-A)
- Hurricane Katrina (1-A, 2-A, 2-B)
- ADHD (2-A, 7-A, 2-B)
- Grades (2-A, 8-A, 2-B)
- “Inappropriate touch” (4-A)
- Anger Management (5-A)
- School Behavior Problems (7-A, 8-A)
- Depression (7-A)
- Referral from pediatrician
- Pre-Adolescence (transition) (2-B)

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*Note.* (#-X) # represents participant number and X represents interview number

Table 5

*Issues that warrant counseling*

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- Hurricane related issues (1-A, 2-A, 5-A, 6-A, 7-A, 8-A)
- Loss of family members (2-A, 4-A, 8-A)
- PTSD (2-A, 5-A)
- Parenting skills (2-A, 3-A)
- Behavioral problems (2-A, 3-A, 6-A, 7-A)
- Drugs/Alcohol/Substance Abuse (3-A)
- School issues (1-A, 7-A) - Grades (3-A)
- Divorce/Separation/Single Parents (3-A, 4-A, 5-A)
- Child Abuse (3-A, 4-A, 7-A, 8-A)
  - Physical Abuse
  - Sexual Abuse
- Domestic Violence (3-A)
- Suicidal (5-A)
- Marital Problems (6-A, 7-A)
- Emotional Problems (6-A, 7-A, 8-A)
  - Anger issues
  - Depression
- “Everyday life issues” (6-A, 8-A) and “just to have someone to talk to” (7-A)
- Work Problems (6-A)
- Social Problems (6-A, 8-A)
- ADHD (6-A)
- Family Issues (7-A, 8-A)
- Stress (7-A)
- Rape (8-A)

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*Note.* (#-X) # represents participant number and X represents interview number

Participants' responses to probes regarding their overall perceptions of counseling revealed a diverse list of views. Participants shared factors that facilitate the pursuit of counseling, as well as those that might impede the pursuit of counseling. Notably Tweety, Patrice, Mrs. Brown, and Marion, whose children had received counseling, each stated that counseling was positive or important. It was difficult to discern, however whether their favorable opinions were the cause or the result of previous experiences. Tweety, Patrice, Mrs. Brown, Shawanda, and Mary shared that they had had counseling themselves. Of this group only Mary reported that the experience was negative.

### *Definition of Counseling*

When participants were asked about their perceptions of counseling, they were also asked to offer their perceptions of what counseling entails. Kimberly defined counseling simply as, "something that you may have because you're having problems or you're going through something. ...or just talking about something that you need help with, [in order] to solve your issues that you may be dealing with at the time." Patrice had a broader understanding of what counseling might entail, and described it as it might relate to clients across the lifespan.

I think [what counseling entails] depends upon what age group is being counseled. I think with children it may be more of a way to get to see what they're thinking about and how they come to conclusions. Whereas with adolescents I think [counseling] may be more related to problem solving, geriatrics, or how to cope through the rest of life.

### *Reluctance about Counseling*

It seems that regardless of familiarity with counseling, parents acknowledged the fear of judgment associated with allowing their children to see a counselor. While parents thought that they might be perceived as "crazy" if they sought personal counseling, there was a sense of

failure associated with seeking counseling for their children. Patrice, who did seek counseling for her 11-year-old daughter, suggested that if parents “couldn’t fix it and sought outside help...they would be afraid that they weren’t doing their job right.” She added

[Having your children seek counseling] was a sign of failure, so it kind of became a hush-hush thing. ... didn’t want to embarrass your Mama and your Daddy.... with something that they couldn’t solve on their own. Therefore, I think it kind of stems from way back when, when you didn’t see counselors. And then again in the Black community, now that we have more Black counselors, a lot of Black people didn’t want to go to White people and tell them their problems...[they figured] “what does that White doctor know about being Black...”

As a counselor I believe that parents are experts on their children, but I do not think that expertise nullifies the need for occasional consultation. Unfortunately thoughts of parental failure continue to affect parents’ choices about whether or not to seek counseling. This notion was exemplified by Tweety who overheard a college student say, “My mother would kill me if she knew I was going to counseling.”

Some parents thought the fear was more closely related to parents being blamed and considered the source of their children’s’ problems. Shawanda pointed out, “Well, some need family therapy...they can’t see the kids’ problems for their own problems...a lot of times kids are going through what they’re going through because of the parents’ lack of parental guidance...”

Another factor that participants viewed as a hindrance to the pursuit of counseling was general concern about confidentiality. Marion suggested that, “Some people just don’t want to

open up and share their feelings with other people; they just don't want anybody to know their business.” This fear spans many developmental stages, from Tweety's 11-year-old daughter who specifically requested counseling outside of the school system because, “...everyone is aware of who her parents are...,” to one of Tweety's students who she thought was opposed to counseling because, “...they probably would feel that there's no way anyone could be confidential with their information.” This was one of the many reasons Mary felt uncomfortable with her previous counseling experiences. Mary said counseling did not work for her because,

... you have to be comfortable enough to be able to open up to a stranger, somebody you don't even know. Telling them stuff that you wouldn't normally tell somebody, ...that's something I don't do. I only talk to my Mama and my best friend.... It's kind of hard to open up to somebody that you don't know anything about, and not knowing if they're going to share that information. I'm very, very private and I don't like to talk to too many people about stuff. ... You've got to keep certain things to yourself ....

The reality of Mary's situation, however was that she was not keeping things to herself, she was sharing her concerns with her mother and her best friend. Thus, Mary's concern appears to be more about trusting a counselor or stranger as opposed to her family and friends.

#### *Communication Enhanced by Counseling*

While talking about their perceptions of play, parents frequently mentioned that play is the mode of communication or expression for children. Similarly, communication was mentioned as they contemplated counseling. Despite concerns regarding the potential breach of confidentiality, participants believed counseling could definitely enhance communication. Even Mary, who shared her own mistrust of counseling, thought counseling could be beneficial for children. She pondered the notion and said, “It might make them better, being comfortable

enough to talk with someone and tell them what's going on." Patrice shared that her decisions about counseling depended on the individual who offered counseling services. In fact, Patrice noted that she might feel less inclined to talk to a counselor who possessed "poor bedside manners." According to Mary, her ideal counselor would be,

Somebody who I felt I could talk to, somebody who was not all technical talk. I know the technical talk, but if [the counselor] can sit there and say it in layman's terms to somebody else, I think that's a great help, because you can translate your thoughts to someone else. That means you're a personable person. That means you're out to help that person, because you took the time to break it down so someone else could understand even without having a PhD or a Masters degree in counseling.

As a pastor, Mr. Jack thought that he ministered to members of his congregation by "counseling" to them. He noted, "I...think sometimes counseling can work, and sometimes it doesn't, but the most important thing is that sometimes people need a listening ear."

### *Influence of Religion on Counseling*

Religious beliefs, or lack thereof, are an issue for all counselors regardless of their clients' cultural background. However, religion seemed to be prevalent for all parents who indicated that they had sought counselors who had beliefs that were consistent with their personal beliefs. Of the counseling he provides, Mr. Jack said, "...most of my counseling that I do comes from biblical principles." Still, he acknowledged, "I'm a strong believer in prayer, but sometimes you know, you have to try other things." Despite being "very religious," Mrs. Brown does not feel that she needs to seek counseling within her church. Counseling needed to complement her religious beliefs



...because of my religious beliefs I really have to be very careful [about] the counseling that I seek or that I would seek for my daughter, because I wouldn't want anything to interfere with what I'm teaching her about Bible principles. ...the type [of counseling] I sought for my daughter was a wonderful thing. Like I said it would, it helped her. So if something came up in her life where she needed it, I would definitely do it again. So I think counseling is a good thing...

Patrice contemplated the reasons individuals might avoid counseling and said...

I think [people are sometimes afraid to go to counseling because] they're worried about digging up something that they didn't realize was there. Or that they really do have problems. I mean everybody has problems...if you live here in America you're going to have a problem with something. I think most people are afraid of [discovering the truth. They think] "I know I have a problem with this...or what if I really have a problem with this, and what if I really experienced this." Most people don't like to experience pain and they don't like to dig deep into issues. I find with most people, just in general talking not even with counseling them, they've been hurt to a certain degree, they either tend to react two ways, one they get mad at the world, or two they take it all in so they get depressed and lonely. I think most people are afraid that they will become that depressed and lonely person if they start digging in too deep about how they feel about certain things. So they just kind of leave it alone, they're afraid of confronting whatever issues they may have...

### *Summary*

Based upon the information that I gleaned, it seems that the most salient issue for parents seeking counseling is doing what is best for their children. Parents who spoke favorably about counseling indicated that they would be most likely to seek counseling if they were better

educated about the process and if they had access to appropriate resources. Parents also said they were less concerned with the counselor's racial or ethnic background than being able to "relate." Tweety Byrd and Patrice both said they would seek a counselor who had previous positive experiences and a background working with other African Americans. According to Tweety, "...reputation of the counselor means more [than race or gender]. Has the counselor had... [positive] experience[s] with diverse issues, and diverse families?" Though Patrice said she was open to counselors from diverse backgrounds, she added that when making a decision about counseling for her children she would feel most comfortable...

...if it's a counselor who looks like them, or a counselor who will relate to them. I would go to a Hispanic counselor, or a woman, or a Black counselor before I would sit in front of a White male. For my kids, I would look for somebody whom I feel I could relate to... Whom I could talk to, whom my kids would find personable ... not one of those counselors who greets you at the door with the white jacket on, in the glasses, and looks untouchable.

So it seemed that reputation was a more important factor than culture for African American parents looking for a counselor, but race is not completely insignificant. Once parents made a decision to pursue counseling, it seemed they were unsure where to locate such services for their children. The most common places where parents got referrals for counseling included school, church, employer, insurance, family, and friends. A strong need for support from family, friends, and the community was conveyed by participants. This leads me to believe that perceived cultural stigma is possibly the biggest barrier African American parents face when deciding whether to pursue counseling. Despite reporting predominately positive perceptions about counseling, parents agreed that counseling was still a source of shame for many African

Americans. Although I interpret these cultural perceptions as a factors that impede the pursuit of counseling for African American parents, it is discussed separately to highlight its significance.

### *Parents' Cultural Perceptions*

It struck me as important throughout the interviews to hear parents share what they thought “other African Americans” thought about each of my questions. Although the participants almost invariable had positive thoughts and experiences, most of them thought that African Americans in general would have disparaging views about play, counseling, and play therapy. Even if they valued play, parents seemed to think other African American parents might not, and many of them spoke of the stigmatization of counseling in the African American community and the sense of failure that might accompany seeking play therapy or counseling for children. Participants identified many sources of these stigmas including the media, church, and older, presumably more conservative relatives.

### *Factors Influencing Parents' Perceptions*

*Socio-Economic.* Parents insightfully suggested that race and ethnicity were not the only factors that contributed to whether or not a parent, or any individual, was open to play therapy. There were multiple references to socio-economic status or “class” as an equal contributor to perceptions. As Patrice pointed out, a parent would be unable to access counseling if he or she was unemployed or if there was no insurance to cover services from providers without sliding fee scales. Finances seemed to also have an impact on parents' views of “play.” Mrs. Brown said,

“...I think African Americans think that their children should get [to] play. I think because a lot of African Americans are not of the socio-economic status where they can

put their children in a lot of extra-curricular activities, then play is the only thing that their children can do.”

*Stigma against counseling.* Some parents saw resistance to play therapy as an extension to the stigmatization of counseling in general. Shawanda Wilson said,

I don’t think [other Black] people think [counseling or play therapy is] important....they don’t like the term counseling. Counseling just sounds like crazy. So even, bringing the play into it...and I’ve heard, “If I’m going to pay all this money to have them play with dolls, they could’ve stayed at home.”

This was not the only instance of participants suggesting that other African Americans equated counseling with “crazy.” Shawanda admits that she at one time agreed that counseling and crazy went hand-in-hand. She said, “A lot of African Americans think counseling is for crazy people who don’t have it all upstairs.” Tweety had a similar response when she said that she thought the perception was, “only crazy people go to counseling.” Patrice and Kimberly echoed this same notion. Patrice added...

Um, I think most Black people don’t go to counseling because there’s a stereotype in the Black community with going to counseling... so-and-so is in counseling, well this person’s crazy, we’re going to leave them the hell alone.... So people, if they do go, they don’t let it be known that they’re in counseling, because, people tend to look at you differently.... People tend to think, “I [have to] watch what I say and do around him ‘cause he’s crazy, so a lot of people don’t go to counseling or seek help when they actually need it for fear of that stereotype of being a crazy person and having to go to the hospital. It’s a secret or a taboo, or people are more afraid of what other people think or that they might be rejected.

Mr. Jack implied that not all counseling is justified and suggested that some parents are out for financial gain, or trying to qualify for a “crazy check.” This belief contributes to parents’ disbelief in counseling’s necessity. Some think that if a parent is in control, counseling is uncalled for. Mr. Jack and Patrice both recounted tales of African Americans who believed that too many children were seeing counselors when all that was needed was “a good whipping.”

Several participants simply believed that most African Americans did not view counseling as an option. Patrice stated emphatically, that “Black people don’t go to counseling,” and Mrs. Brown thought about her own upbringing and said,

I think, um, ethnic background and upbringing and religion plays a huge role in whether African Americans will seek counseling. I really do. I know as a child, I don’t think my Dad would’ve ever [taken] me to counseling. I think [he] just would’ve said, “We don’t need that we pray to God...talk to your pastor, or talk to your grandparents or something like that but you don’t need a counselor.” .... he figured that was for other people....

*Lack of awareness.* Mrs. Brown, Mr. Jack, Kimberly, and Patrice all said that they thought African Americans would seek counseling if they were more aware, not only of the existence of programs, but of the purpose. Kimberly said,

I think if [African Americans] were more educated as to what counseling really is, I think that our younger generation would be a lot better, as far as their behaviors, school, and grades. If parents were educated, they’d detect the problems within their child, then maybe they would seek help on the professional level.

*Negative influence in media.* Patrice suggested that notions of counseling have been colored by popular reality and talk shows on television and there is little awareness of what is real. She said,

...lack of education on what counseling actually is [prevents some African Americans from seeking services], [some still believe the] type of stereotypes back to the Freud days with you laying on a couch and somebody telling you what you can and cannot do. ...what I can do to fix my life and I'll be out the door. It doesn't work that way....it's not like Dr. Phil and Starting Over...

As a result of these television shows, counseling is not taken seriously. As Patrice said, "So I think overall counseling can be seen as a joke...that's where the crazy people go, that's not something that the average person needs and I think that's exactly what the average person needs..." Patrice also noted other media influences on African Americans' perceptions...

In TV shows, and movies, and talk shows, comedians, it's always an extreme with counseling. It's either the person is suicidal or homicidal. ...the counseling shows or you see the comedians cracking jokes, like I watched Martin Lawrence, Runteldat, he was going through some things and ...Martin's gone crazy...so it's seen as a joke that he needed help. You know they took it and ran with it rather than saying, okay this is an average person going through some of the things that you may be going through that needs help. So the media has put, and I believe this wholeheartedly, a twist on everything that it's either the worst extreme or it's laughable...So they haven't helped the situation for people to actually seek counseling.

Tweety also noted the negative influence of media on peoples' perceptions of counseling, ...from a race perspective in cinema, when you're looking at who gets counseling or when do they get counseling, it's always counseling in a crisis, or after a crisis. It's never shown as a preventive way to live, or a healthy way to live ... it's you go to counseling when something [bad] happens...Somebody dies rather than [showing that if] you want

to stay well mentally and spiritually, you [should] just have ongoing counseling and I would say even as an American culture, that's how people respond... "Oh, you're not feeling well? Okay, let's try some counseling." Rather than "So, you're feeling fine? Oh good! Well what makes you well, you know, or how do you maintain a healthy lifestyle, or have you ever considered a counselor?"

Tweety identified counseling as a source of wellness. Similar to Tweety and Patrice, I believe that if African Americans understood that individuals do not necessarily have to be "sick" or "crazy" to see a counselor, it would alleviate some of the stigma associated with counseling.

### *Parents' Perceptions of Play Therapy*

Participants were asked to share what they thought play therapy was in their own words. This question was purposely placed near to end of the initial interview in order to allow parents the chance to reflect first on their own play experiences as a child and their individual views about counseling. I also hoped that there would be less *parroting* the information from the play therapy brochure if participants had as much time as possible to reflect prior to giving their own thoughts.

#### *Participant #1: Tweety Byrd*

When asked to describe play therapy in her own words, Tweety Byrd said, "It's a way for kids to communicate what's going on in their own manner... it's a different way people can communicate how they're feeling, how they're doing." Speaking of play therapy intervention, Tweety Byrd said, "I wish we had it in every school..." she further commented on the possibility of having services accessible to young people and encouraging them to advocate for themselves and seek counseling services.

I would be inclined and interested in getting people at a very young age a counselor and knowledge about play therapy so that they could access counseling by themselves. In some situations, it takes a while to get parents to act and that doesn't always work in the best interest of children. ...it can be powerful for kids if they can know what play therapy is and access it on their own. ...however it is adults in the community who decide how they're going to get access themselves...to me that's pretty important.... [Play therapy should be available] through schools, through churches... unfortunately more young people are experiencing sexual abuse, and their parents are having to manage, ...and I think we have to let young people know through the library, through girl scouts, boy scouts, all of the ways they can access [play therapy] and be well. I think if [children] know about play therapy and had access to commercials and ad spots that tell them what they can do, that would be a good way to reach out to young people.

*Participant #2: Patrice*

When asked to describe play therapy in her own words, Patrice said, I think play therapy is a way of communicating through objectives for the kids, [For example], offering a puzzle and seeing the way children think while [the counselor] is talking to them and [observing] how they would work under certain situations. I think [counselors] have the specific techniques [they use for] play therapy, and maybe specific objects.

After contemplating the matter thoroughly, Patrice espoused the use of play therapy with adult clients, and speculated that getting in touch with playfulness would improve adults' relationships with children.



I'd like to see play therapy with adults, because I don't think adults play enough. I think once they get to a certain age [people in general] are all business. Kids relate better to some adults that I've seen that are playful. They have a better relationship. I know, I [was] silly with the kids that I worked with [during my counseling internship], and if something was going on they [were] more [apt] to talk to me than some of the other adults who didn't play with them. I think if adults would have some kind of play therapy where they could just get in touch with reality on a kid's level, kids would respect them better. I think some adults need play in their lives 'cause they take things a little too seriously. ...play is a lot of fun.

*Participant #3: Mr. Jack*

When asked to discuss play therapy in his own words, Mr. Jack, shared his thoughts about the role of the play therapist, saying

I think [the play therapist] should teach [child clients] to interact with other kids and [give children] a space to release problems they're going through.

...basically ... if you're dealing with toys or whatever, you can get on their level, instead of making it complicated for [kids].

At a later interview, Mr. Jack followed up by adding that using play therapy was, "like an attention getter, [used so] [children] can focus. ... you're keeping it simple so you can really get down into [whatever is bothering children]."

*Participant #4: Mrs. Brown*

Having experienced play therapy recently, Mrs. Brown paused before saying, "I think play therapy is a way of allowing a child to express her emotions without words." Furthermore, Mrs. Brown described her perceptions regarding the value of using play therapy in counseling.

I think [play therapy] is very important, because sometimes we, parents, may not be able to see [the problem clearly]. I did not understand why my daughter was having such a hard time talking about [being touched inappropriately by her peer]. Through play I thought that she would better be able to express herself and be able to show something that maybe I didn't understand. Maybe she would be able to express it through play, because...play...lets children... release things that they keep bottled up inside.

*Participant #5: Shawanda Wilson*

When asked to describe play therapy, Shawanda explained how she thought play could be used as a distraction to make young clients more comfortable. She used her own daughter as an example.

I would describe play therapy as a way of [expression]. ...there are some kids who just won't talk, and [counselors] have to get them [children] to loosen up. ... [Counselors] may bring out puppets, or dolls, or whatever it is that they like. My daughter loves dolls. So you [the counselor] could just have her act out different things. If she likes the dolls, she'll forget about you [the counselor] because she's playing. And while she's in the midst of playing you [the counselor] could ask questions because she's loosened up now. You [The counselors] could probably get her [my daughter] to talk without knowing that she's really opening up...

*Participant #6: Kimberly*

When asked to describe play therapy in her own words, Kimberly offered the following thoughts,

...just hearing the word "play therapy," I would guess it's basically [a technique that] helps the child to overcome certain issues that they may be having, whether it's on a

positive or negative aspect. If the parents or whomever is not able to fix the problem, then I think play therapy is the way for a counselor or someone else to try to get to the bottom of the problem. ...by using certain games and playing ...it is a way to figure out what the problem is, why the problem is [happening], and what the child is going through.

*Participant #7: Mary*

Mary, had just completed an introductory Filial Therapy session, and since we were in the playroom, her thoughts seemed more reflective of toys than some of the other participants whom I had heard previously interviewed. Mary reflected on having seen play therapy used on television with children who had been sexually abused, and when I asked about other situations that might warrant play therapy she said,

... [counselors] might use [play therapy] for family therapy, or something like that. I [do not] know about it, just what I've seen watching TV. It's not something I personally experienced. ... [abuse is] just a little bit of what I know they use it for. I mean, not only for bad stuff, but it could be for other things. Maybe school, maybe they're acting out in school, maybe they're going through problems at home. Play therapy can be used for all types of things. Different situations and different things people go through.

Looking around the playroom, Mary imagined what the experience might be for a student visiting the school counselor

...if I was a child and I walked in here the first thing that would hit me is like, "ooh, play time." You know they have all these toys and so much to do. To me it would be fun. To just walk in here sit down and play. It's a good thing. I don't think it's bad, it's a good thing. I guess that toys are helpful for the counselor. It might get the kids to open up more and make them [kids] comfortable. ...Counselors know that children like toys, they

like to play. So, maybe, while they're sitting down playing, [play therapists] can play with them [children] and try to talk to them and make them feel comfortable. I think this is probably the best thing for a child. ... I think my kids would tell you [the counselor] all kinds of stuff that doesn't even have to do with [the presenting problem]...this is good. ...at schools they have counseling and things to help you, which is good. That's real good, but I didn't know that they have this kind of stuff [referring to playroom].

That's really good.

*Participant #8: Marion*

While Marion said that she would seek counseling for herself if she thought she needed it, she had no comment regarding the use of play in counseling or play therapy in general. When asked to describe play therapy in her own words, Marion was unsure, saying "Um, I don't know. I guess play therapy is...[when] they [children and counselors] play games and stuff like that."

Summary

In this chapter, I chronicled my findings and interpretations from my encounters with eight African American parents. At the beginning of the chapter, these parents were profiled as a group so that readers could clearly see the similarities and differences among them. Next, each participant was introduced individually and his or her perceptions of play therapy were offered. Then I offered an interpretation of the data that emerged throughout the interview process. I shared my interpretations of parents' perceptions of play and counseling and provided an in depth look at their cultural perceptions of counseling as well as their perceptions regarding what might impede the pursuit of counseling.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

The purpose of this phenomenological study was to learn about African American parents' perceptions of play, counseling, and play therapy. Research interviews conducted with eight African American parents with elementary school aged children offered insight regarding parents' thoughts and experiences. This study explored the question, "What are African American parents' perceptions of play therapy?" In particular, this study explored questions that pertained to African American parents' (a) thoughts about counseling, (b) beliefs about the purpose of play, and (c) perceptions about play as a therapeutic agent in counseling.

Analysis of African American parents' perceptions of play, counseling, and play therapy revealed information about two main themes: (a) value of play and (b) receptivity to counseling. Parents identified *developmental learning* and the *release of energy* as two of the main values surrounding play. Parents also indicated that their receptivity to counseling was directly related to specific *facilitative factors* as well as the lack thereof or *impediments to counseling*. This final chapter includes a summary of the findings of this investigation followed by a discussion of the limitations and methods used to address these limitations. Sections that address implications for future research, clinical practice, counselor education, supervision and professional training are then presented. Finally, I offer my personal reflections about how this research has influenced me professionally and personally.

#### Summary of Findings

Based on the information participants shared with me during interviews, it seems that the African American participants in this study were open to play therapy if the right conditions

existed. These conditions include an awareness of play therapy intervention, knowledge of where to find a qualified professional to provide services, and perceived family, community, or social support. Regarding the research question, “What are African American parent’s perceptions of play therapy?” I learned that the eight participants in this study believed the following:

1. Parents view play as a means for how children communicate, (i.e. “play therapy is the language of children”).
2. Who the parent is (socially, religiously, educationally, financially, etc.) directly has an impact on his or her view of play therapy.
3. Opinions or perceptions of play therapy are directly related to perceptions of the therapist’s competence.

Overall participants in this study reported favorable views of play, counseling, and play therapy. However, the majority of parents interviewed assumed that *other* African Americans would not be as accepting of counseling in general.

Themes from participants’ narratives revealed that parents enjoyed playtime as children. Many not only continued to encourage play for their own children, they made valiant attempts to incorporate play into their adult lives as well. Parents identified play as an activity that is not only essential to healthy human development, but as something that is transient (i.e., changes with growth and development) and ideally perpetual (i.e., lasts throughout the lifespan). This finding is consistent with Timberlake and Cutler’s (2001) assertion that “play is fundamental for the healthy development of children. It really is not only desirable, but also a basic necessity.”

In order to draw this conclusion I followed Creswell’s (1998) steps for analyzing data in phenomenological research. After horizontalization, or examination, of specific statements from

transcripts of participant interviews, I grouped statements into meaning units. *Education, exploration, and expression* were the three meaning units that comprised the clustered theme known as *developmental learning*. *Recreation, relaxation, stress-relief, and energy expenditure* made up the other clustered theme, *release*.

Parents talked about counseling exhaustively and identified factors that facilitated as well as hindered individuals seeking counseling. Specific factors that facilitated or encouraged African American parents to pursue counseling pertained to how reliable the referral source was as well as the perceived support parents experienced from their family, community, and society in general. Parents also noted that the need for increased awareness of resources (i.e., education and access). Contrarily, factors that impede or hinder parents from pursuing counseling included: (a) negative past experience, (b) fears of being judged as a “failure” as a parent, (c) worries about the counselor’s ability to maintain confidentiality, (d) negative or inaccurate media portrayals of counseling and those who seek counseling, and (e) cultural perceptions of counseling. Overall parents seemed in favor of play therapy and counseling for their children as long as the impeding issues were addressed. This finding is consistent with the literature which contends that most parents truly want what is best for their children, and are willing to cooperate with the play therapist (Crane, 2001; Wachtel, 1994). Shale (2004) concluded that though parents recognized the developmental value of play therapy and perceived it as helpful; they were unclear about *what* play therapy was.

A final theme, cultural perceptions, emerged as a continuous theme that African American discussed at length and that was directly related to their perception’s about counseling, in general. Parents unanimously remarked that counseling was NOT the norm neither in their communities nor in their peer groups. They were aware of the stigma associated with counseling

and said people would either think their “child was crazy” or make derogatory statements and assumptions about the parents’ character and parenting skills. In fact, most parents feared that others would assume that they were “bad parents”, that they had “lost control” or that the parent(s) *faked* the child’s diagnosis in order to receive financial benefits or a “crazy check.” Sanders (2002) suggested that counselors take extra steps to ensure that they are meeting the needs of African American clients, and taking these participants reflections into account would be an excellent first step.

### Limitations

#### *Participants*

As with any investigation, there were some limitations associated with this study. While qualitative tenants support the use of a limited number of participants (Creswell, 1998), it should still be noted that the generalizability of results is more difficult as only eight parents chose to participate in this investigation. The sample included only one male and only one grandparent. This lack of diversity in the African American participants who were interviewed was a possible drawback. Because participants had different life experiences and differing levels of exposure to the phenomenon being studied, play therapy, their perceptions varied to some degree. An additional limitation was the lack of standardization regarding participants’ previous counseling experiences. If all of the participants had received previous counseling experience with a registered play therapist, a certain amount of similarity of experience could have been assumed. Despite such limitations, data analysis revealed commonalities that provided the foundation for the themes that emerged at the conclusion of this investigation.



### *Residual Effects of Hurricane Katrina*

Following Hurricane Katrina, the City of New Orleans and surrounding areas experienced a decrease in population. The number of families with children who remained displaced was heightened by schools that were damaged and slow to re-open. As a result, there was an extreme decrease in the number of African American parents available for this investigation through either local schools or local counseling agencies. In addition to the issues regarding returning to school, the area experienced a housing shortage and a cost of living increase that temporarily put families with lower incomes at a disadvantage, thus biasing my sample to participants who had the means to return to the city.

### *Interview Process*

The study was also limited in that participants were interviewed in a variety of settings (school closets, coffee shops, their homes, a park, etc...). Because of my decision to interview parents personally, scheduling was a concern, and children were present for three of my interviews. It is possible that these parents felt less free to express themselves candidly or felt rushed to get “back to parenting.” Therefore, it was difficult to control all aspects of the environment and interview process. These things may have led to some apprehension or may have encouraged parents to give brief answers. Additionally, parents were all from the same geographical area, thus limiting the generalizability of results to African American parents who reside in different geographical locations.

Other limitations included the unavailability of participants for follow-up interviews or phone calls. While initial interviews offered ample information for data analysis, only three parents were able to participate beyond the initial interview. Thus the opportunity for additional data collection was limited. The three parents who chose to participate in a follow-up phone

interview confirmed findings from data analysis and enhanced emergent themes. Therefore follow-up interviews with these three parents served as “member checks” or a means to verify my interpretations of data (Glesne, 1999).

Researcher related limitations existed as well. My inexperience conducting qualitative research was a limitation. Increased prior experience would have possibly improved my questioning strategies and might have provided more potency in my analysis. A final limitation, which exists in all research, was my own subjectivity. As an African American female who grew up in the same geographic location where parents involved in this study reside, I had similar experiences and possessed a level of sensitivity that might have been detrimental and or beneficial to my ability to relate to participants. While my race and “familiarity” with the geographic location might have positively influenced parents to be more open and candid throughout the interview process, these factors might have also inhibited my ability to as objective as I would have hoped.

#### Methods to Address Trustworthiness of Findings

As stated in Chapter Three, the soundness of qualitative research is evaluated by its trustworthiness as opposed to the numerically derived scores of reliability and validity used to evaluate quantitative research. Lincoln and Guba (1985) included four criteria to represent trustworthiness of qualitative research: credibility, transferability, dependability, and confirmability.

*Credibility* involves demonstrating the believability of the results and the sensibility of the conclusions. I used member checks with the three participants who granted me a second interview and triangulated the data from verbal and non-verbal feedback during the interview

with notes in my research journal to enhance credibility (Glesne, 1999). Consultation with my chair and methodologist also served to improve the credibility of my findings.

*Transferability* involves the degree that results could be generalized to other contexts or settings (Gay & Airasian, 2000). Descriptions of contexts, processes, perspectives, participants, and findings were included to enhance the transferability of findings.

*Dependability* involves the consistency of the results over time and across researchers (Lincoln & Guba, 1985; Miles & Huberman, 1994). In addition to using peer reviewers, I provided a detailed account of the methods employed in order to facilitate replication of the process.

*Confirmability* assumes that the findings of the study were reflective of the participants' perspectives and not my personal biases and researcher subjectivity (Lincoln & Guba, 1985). In order to address the issues of confirmability, I attempted to bracket my own subjectivity in the beginning and used a reflective research journal to record my thoughts, feelings, ideas, perceptions, and hypotheses about the topic throughout the process. Likewise, I used semi-structured interviews and reporting data using the participants' words as a means to confirm and preserve the meaning that was intended by each participant.

### Implications

Prior to this study, few had examined African American parents' beliefs about counseling or play therapy. This preliminary study is intended to provide an initial, somewhat imperfect, yet wide-ranging view of African American parents' attitudes regarding play, counseling, and play therapy. Findings related to this investigation apply to many facets of play therapy, counseling, and counselor education. The following section includes a description of specific implications as they apply to play therapy, counseling, counselor education, and clinical supervision.

### *Implications for Clinical Practice*

Counselors and play therapists working with African American parents should maintain an awareness of the client's need to trust that the clinician is qualified and has experience working with African American children and families. This reassurance may be more necessary if the clinician does not resemble the client phenotypically. Clinicians should discuss previous experiences with the parents of child clients and explain the practice of play therapy to help parents understand. Before a play therapist begins work with an African American child he or she should take time to explain what is done, offer a tour of the play room if possible, and utilize resources (e.g., brochures, videos, books, website) from the Association for Play Therapy to enhance parents' introduction to play therapy.

Participant interviews also indicated that African American parents seek referrals from schoolteachers, school counselors, church leaders, and medical professionals. A clinician attempting to attract clients would likely benefit from networking with individuals in these areas and educating them about play therapy to increase the possibility of appropriate referral. Clinicians might also provide brochures or information sessions for parents at parenting groups, school meetings, or other events where parents congregate.

Finally, the results of this study need not be constrained for use with only African American parents, *all* parents should be given a thorough explanation of the process regardless of race or ethnicity. Furthermore clinicians who work with adults can utilize some of the insights regarding African American adults thoughts about counseling to inform their practice.

### *Implications for Counselor Education, Supervision, and Professional Training*

Counselor educators and supervisors provide guidance for students and beginning counselors. The findings of this research study could improve coursework by infusing

multicultural awareness, and culturally specific techniques throughout training. Especially in play therapy courses or training programs information about working with parents would be useful in addition to helping students and supervisees to achieve multicultural competence.

As specified for clinicians, counselor educators and supervisors could also utilize this information to inform counseling with minority populations regardless of the techniques used. Likewise, the results can be interpreted for use with all parents regardless of race and ethnicity.

Professional training specific to work with special populations, especially African American clients and children would benefit from highlighting the factors that effect African Americans' receptivity to counseling. Focusing on this issue would serve as a reminder for attendees to address these issues with potential clients. In turn, this might reduce counseling drop-out rates.

An estimated 93% of all play therapists are Caucasian and approximately 70% are between 30 and 49 years old (Kranz, Kottman, & Lund, 1998). Given participants' comments about seeking a therapist they can relate to, recruitment of more diverse practitioners would be in the best interest of children and the profession. As educators and gate-keepers for the profession, counselor education programs should make concerted efforts to recruit and train students with varied demographics.

### *Implications for Future Research*

One of the findings indicated that many factors contributed to parents' perceptions of play therapy. While the scope of this investigation addressed some of those factors, further research could focus on ascertaining the many factors contributing to parents' perceptions. I can foresee future research regarding various ethnic-cultural groups' perceptions of play therapy as well as studies comparing these various cultures with the dominant culture in America. It would

also behoove our profession to continue exploring the influence of the specific setting where parents' seek play therapy and counseling. For example, future research could focus on the comparison between parents' perceptions when their children are treated in schools, mental health agencies, and private practices. Furthermore, it might be worthwhile to study volunteer vs. mandated counseling, and to compare characteristics like type of payment for counseling (free, pay, and insurance). Outside of previous experience with counseling, I think the biggest factors that have an impact on the perceptions of counseling are education and socio-economic levels. Consequently, it might be valuable to research differences among educational and socio-economic groups. I think the perceptions of fathers could be explored in greater detail, and perhaps future researchers could interview couples simultaneously to determine similarities within households.

Based upon the outcomes of my data analysis and parents' understanding of developmental aspects of play it would be interesting to study the perceptions of early childhood and elementary educators regarding play therapy as well as those of school counselors who may or may not employ play therapy techniques in their work with students. Counseling students and counselor educators' perceptions would be equally interesting. Quantitative methodology could be utilized to compare students and professors at universities with play therapy programs to students and professors in counseling programs with no play therapy emphasis area.

#### *Use of Quantitative Research*

Other suggestions for future quantitative research would be comparison of racial minority groups to members of the dominant culture. Studies of clinicians understanding of facilitative and impeding factors would also benefit from a quantitative research design.

Since qualitative research findings can provide the foundation for quantitative studies that test the hypotheses that result from qualitative studies, additional quantitative studies that could be conducted based on the findings of this research project might include (a) a survey research project to determine the perceptions of African Americans regarding counseling in general and play therapy in particular; (b) a study to determine whether, after being educated about play therapy, African Americans would be more favorable to sending their children for play therapy services; (c) a survey research project to determine whether African American perceive counseling to be more stigmatizing than other groups in our society; and (d) an experimental design study in which African American children would be assigned to play therapy services or traditional talk counseling services and children and parents would afterwards be asked their perceptions of the value of those services.

#### Personal Reflections

The completion of this research is personally significant. As I stated at the start of this dissertation I have long questioned how African American parents feel about play therapy and it was a privilege to get the opportunity to hear the stories of the eight parents who chose to participant in this study. At the start of this research study, I was concerned about sampling bias in favor of parents who had willingly sought play therapy. An unexpected side effect of the less than ideal circumstances presented by the aftermath of Hurricane Katrina was parents with more diverse experiences of play therapy. I was definitely surprised as the participants shared, one after another, that they were okay with counseling, but other African Americans were not. I reflected back on my own biases and assumptions and realized I too have been led to believe that African Americans in general do not value counseling, and that parents in general do not understand or value play therapy. However, there seems to be little evidence to back up these

beliefs. It all strikes me as an elaborate game of telephone and the message has gotten very confused over time.

I believe I have grown as a researcher over the course of this study. As a novice researcher, I believe my ability to find meaning units and develop clustered themes was limited. I think that having undergone this process I would be better able to design a study and create a protocol for semi-structured interviews in the future. In general, I feel more comfortable performing qualitative data analysis than I did before.

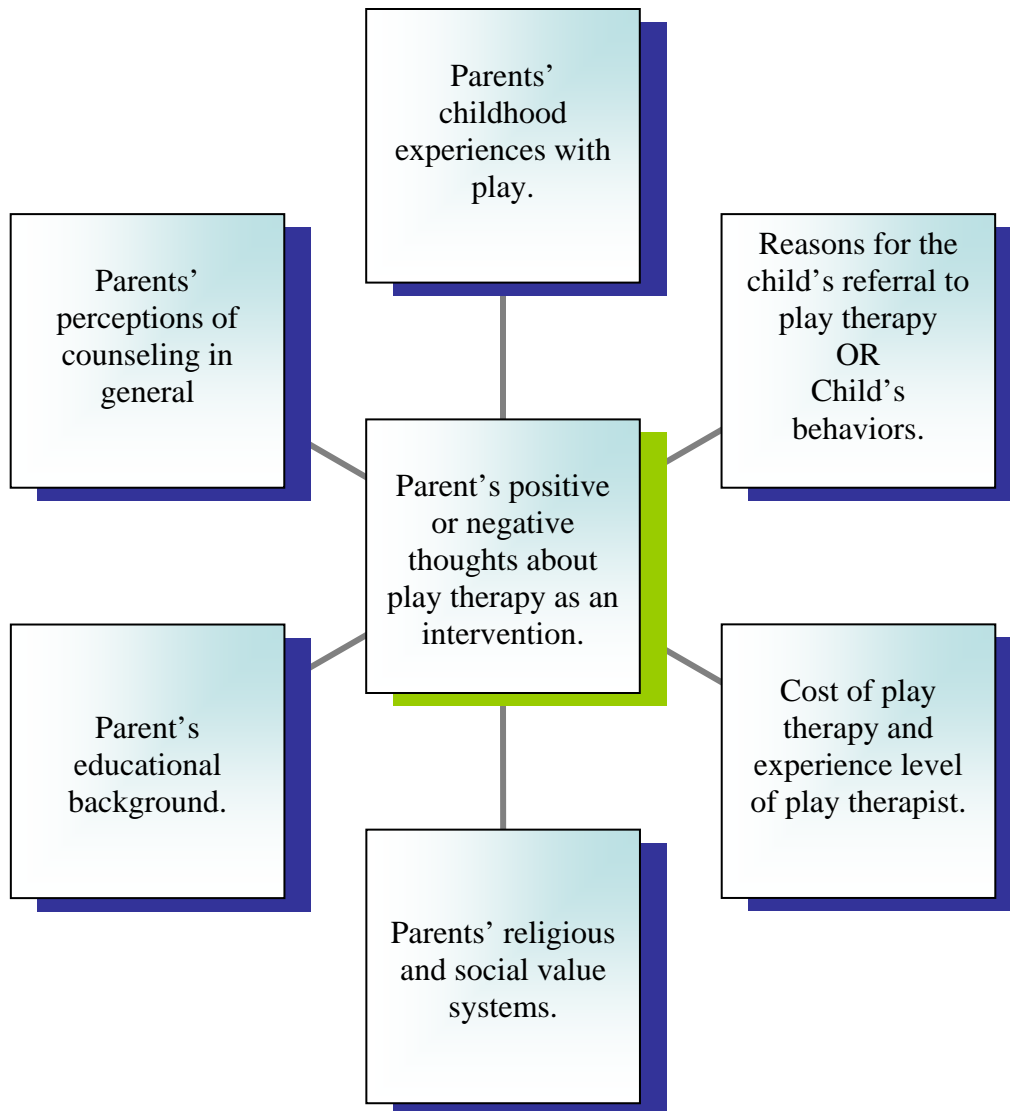
I am more aware now than ever before that perception is truly conditional and dependant on various factors, most important of which is our experiences. Participants who had actually experienced the phenomenon, meaning parents and or their children had been exposed to play therapy or counseling, were more positive about play therapy and more certain about its usefulness (See Figure 2).

Despite the challenges of working with parents instead of researchers or clinicians, I honestly believe that this first hand perspective was invaluable. I was excited to learn that Tweety Byrd not only pursued play therapy for her own daughter after learning more about the intervention in our initial interview, she also shared the information with two other parents, one of whom, according to Tweety's report, is now actively seeing a local play therapist. To know that the information I shared has possibly contributed to the wellness of two children is quite encouraging!

Play therapy is growing as an intervention as practitioners become more aware of specific play techniques. I expect that it will continue to flourish as more research is done to support the empirical validity of play therapy interventions. One of my participants pointed out the need for commercials or ad spots informing the public about play therapy. Ironically, such a



Figure 2. Potential causes for parents' perceptions of play therapy.



commercial exists, though I have not seen in broadcasted on our local stations. I agree that the concept of play therapy is not one that can be intuitively understood. Even counseling students in their initial play therapy training courses are filled with questions, they expect that it will be fun, but they are unable to conceptualize how toys can be integrated into the therapeutic process.

Throughout the past decade, the Association for Play Therapy has attempted to address such confusion by educating the general public. In fact, they have produced a commercial that can be purchased by anyone interested in play therapy. In fact, they eloquently captured much of what the African American parents who participated in the study say about the value of play. Consequently, I would like to conclude my dissertation with a transcription of the Association for Play Therapy's commercial entitled "Why Play Therapy?" I think this commercial summarizes the value of play therapy concisely, and would be a useful tool if shown at the beginning of the counseling relationship or during initial play therapy classes and workshops. I would have loved to show it to the parents participating in my research. In fact I acquired the DVD of this commercial at the start of my data collection, but was unable to show it during interviews due to technology limitations. As with most television ads the pictures that accompany this commercial truly enhance the message. Still I believe the message can stand alone in its brevity, as it answers the question, "Why Play Therapy?"

*Your childhood memories. A favorite pet. A sandy village. Your best friend.*

*For centuries, researchers have observed these activities and asked the obvious questions. Why do we play, and what makes this behavior so natural? Today we understand the many benefits of playful behavior and we recognize the curative powers inherent in play.*

*For years, mental health professionals have used these curative powers within a form of counseling called play therapy. Because open and free communication are inherent in play, a wide range of social, emotional, behavioral and other developmental issues, can be addressed.*

*Licensed mental health professionals who use this treatment modality are often referred to as play therapists. Becoming acutely aware of a clients feelings and behaviors they use toys along with activities to help clients communicate through reenactment, fantasy and experimentation.*

*Clients are most often children who are not yet able to fully communicate with words, but play therapy can also help adolescents, adults and seniors, especially those who have difficulty expressing themselves through language.*

*In 1992 the Association for Play Therapy, or APT, initiated a professional credentialing program. The program requires licensed mental health professionals who practice play therapy to meet a rigorous list of criteria including a traditional masters or doctoral mental health degree, professional licensure, 150 hours of play therapy instruction and 500 hours of supervised play therapy experience. Continuing education is subsequently required to maintain these credentials.*

*Play therapy education and training is available at colleges, universities, conferences and workshops; distance-learning courses are also available. Today, play therapy is regarded by parents, health care providers and third party payers as an effective treatment modality and utilized by literally thousands of licensed mental health professionals in more than 25 countries. Credentialed play therapists are working internationally in play therapy research and publishing, as presenters at professional conferences and symposiums as counseling professionals in schools, public agencies, and private practices and as expert witnesses in family courts.*

*To learn more about the value of play, play therapy or to locate credentialed play therapists, visit our website or call us. We welcome your interest.*

*[www.a4pt.org](http://www.a4pt.org) retrieved January 25, 2006*

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## **APPENDIX A**

### Human Subjects Approval

**University Committee for the Protection  
of Human Subjects in Research  
University of New Orleans**

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*Campus Correspondence*

Dr. Teresa Christensen  
Kristy Brumfield  
ED 348

2/7/2006

RE: African American parents' perception of play therapy

IRB#: 01nov05

I have reviewed and approved your clarifications to your proposal. Please be sure to send me copies of your letters of support before actually initiating the project at your targeted recruitment sites. You may scan and submit these letters of support by email to [lscarama@uno.edu](mailto:lscarama@uno.edu). Your research and procedures are compliant with the University of New Orleans and federal guidelines.

Please remember that approval is only valid for one year from the approval date. Any changes to the procedures or protocols must be reviewed and approved by the IRB prior to implementation.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you are required to inform the IRB as soon as possible after the event.

Best of luck with your project!  
Sincerely,

Laura Scaramella, Ph.D.  
Chair, University Committee for the Protection of Human Subjects in Research

University Committee for the Protection  
of Human Subjects in Research  
University of New Orleans

Form Number: 01nov05

*(please refer to this number in all future correspondence concerning this protocol)*

Principal Investigator: Teresa Christensen Title: Associate Professor

Department: Psychology College: Science

Project Title: African-American parents' perceptions of play therapy

Dates of Proposed Project Period From 10/25/05 to ~~12/31/05~~ 10/24/06

Approval Status:

☐ Full Board Review

☒ Approved Date: 2-7-06

☐ Expedite

☒ Deferred Date: 10-21-05

☐ Exempt

☐ Disapproved Date:

☐ Project requires review more than annually. Review every \_\_\_\_\_ months.

*\*approval is for 1 year from approval date only and may be renewed yearly.*

1<sup>st</sup> continuation Signature of IRB Chair

Date:

2<sup>nd</sup> continuation Signature of IRB Chair

Date:

3<sup>rd</sup> continuation Signature of IRB Chair

Date:

4<sup>th</sup> continuation Signature of IRB Chair

Date:

Committee Signatures:



Laura Scaramella, Ph.D. (Chair)

Pamela Jenkins, Ph.D.

Anthony Kontos, Ph.D. (Associate chair)

Richard B. Speaker, Ph.D.

Gary Talarchek, Ph.D.

Kari Walsh

Kathleen Whalen, LSW

L. Allen Witt, Ph.D.

## **APPENDIX B**

Letter from Therapist to Client

Dear Client,

A doctoral student at the University of New Orleans who is researching African American parents' perceptions of play therapy has contacted me. She and her supervisor have experience with play therapy and are looking for African American parents of elementary school age children to participate in individual interviews that will focus on parents' beliefs about their children's play, their beliefs about counseling, and play therapy as an intervention.

You can get more detailed information about the study from a letter I have included from the student researcher, Kristy Brumfield, and her supervisor Dr. Teresa Christensen. If you are interested in participating, it will be your responsibility to contact Ms. Brumfield since I am unable to relay such information per our confidentiality agreement. If you are unable to contact Ms. Brumfield, you can sign a release of information permitting me, the counselor, to contact her on your behalf. The researchers are counselors protect your right to confidentiality. None of the information you share with her will be told to me, though I may have access to the results, which will not include your name or other identifying information.

Whether you choose to participate in this research or not, will not have an impact on the counseling services you and your child are currently receiving.

Thank you,

Therapist X

## **APPENDIX C**

### **Potential Research Participant Letter**



Dear Potential Research Participant,

I am a doctoral candidate in the Department of Counselor Education at the University of New Orleans. I am requesting your assistance in helping me conduct my dissertation research that pertains to African American parents' perceptions of play therapy. Despite the important role parents have in the lives of their children, research has not investigated parents' thoughts about counseling. Therefore, I hope to interview African American parents who have children between the ages of four and twelve to learn more about what they think about counseling, children's play, and play therapy. This information will be used to develop a theoretical conceptualization and provide information that will help play therapists and counselors who work with African American children and families to provide better services.

In order to contact potential participants for this research, I contacted several registered play therapists who work with children and parents in your area. You were referred as someone who met criteria (an African American primary care giver who has children between four and twelve) for participation in this investigation. Therefore, I am contacting you to inquire about your availability and desire to participate in this research. Should you choose to take part in this investigation, I am requesting that you participate in three individual interviews that will last no longer than 90 minutes. Each of the interviews will be scheduled at a time and location that is convenient for you and me. In each of the interviews I will remind you of topics you and I have discussed previously and you will be given the opportunity to clarify or correct misunderstandings. In the final interview, I will present the findings of this research and will ask that you share your impressions about such findings. Your participation in this project is entirely voluntary and confidentiality will be maintained at all times.

I sincerely hope that you will choose to take part in this study and look forward to hearing from you, should you decide to participate. You can contact me at (504)250-4178. You may also contact my supervisor, Teresa Christensen, the principal investigator. She can be reached by telephone at (504) 280-7434.

Please contact me at any time should you have any questions or concerns regarding this study. Thank you very much for your time and consideration.

Respectfully,

Kristy Brumfield  
Doctoral Candidate  
University of New Orleans  
Home: (504) 393-2477 / Cell: (504) 250-4178  
E-Mail: brumfiek@bellsouth.net

## **APPENDIX D**

### **Consent Form**





## CONSENT FORM

1. **Title of Research Study**

African American Parents' Perceptions of Play Therapy

2. **Project Personnel**

Primary Researcher: Kristy Brumfield, Department of Educational Leadership, Counseling and Foundations, ED 348, University of New Orleans, New Orleans, Louisiana 70148. Telephone: (504)250-4178. Email: brumfiek@bellsouth.net

Principal Investigator: This research project is under the supervision of Dr. Teresa Christensen, Associate Professor, Department of Educational Leadership, Counseling, and Foundations, ED 348, University of New Orleans, New Orleans, Louisiana 70148.

Telephone: (504)280-7434. Email: tchrste@uno.edu

3. **Purpose of this research**

The purpose of this study is to learn about African American parents' perceptions of play therapy.

4. **Procedures for this research**

African American parents of children aged four to twelve will participate in interviews about their thoughts/feelings regarding children's play, counseling, and the intervention of play therapy. Each parent will complete three rounds of individual interviews that will last no longer than 90 minutes. These interviews will be recorded and transcribed for research purposes, and destroyed at the completion of the study.

5. **Potential Risks or Discomforts**

Risks related to this project include possible discomfort for parents as a direct result of disclosing information about their children and themselves, including their opinions and/or experiences with counseling. I will be attentive to possible discomfort and will remind participants of their right to stop participating in this research at any time, without any form of negative consequence.

6. **Potential Benefits to you or others**

In addition to the opportunity to share your personal thoughts on play therapy and the value of children playing, your participation may have a broader impact on the field of counseling and play therapy. Results of this study may effect how effectively counselors work with parents, children and families. In particular it may contribute to a more multiculturally sensitive environment for African Americans. At the completion of this investigation, reports about findings will be made available to participants by request only.

7. **Alternative Procedures**

Participation is voluntary and individuals may withdraw consent and terminate participation at anytime without consequence.

8. **Protection of Confidentiality**

Participants' names and identifying information will be kept confidential at all times. Pseudonyms will be given to research participants at the beginning of this study and will be used to identify participants throughout the duration of this investigation. Signed consent forms, audiotapes, transcripts and other materials related to this project will be maintained in a secure and confidential manner by the primary researcher for a minimum of five years.

**9. Signatures and Consent to Participate**

I have been informed of all procedures, possible benefits, and potential risks involved in this investigation. By signing this form, I hereby give my permission of participation in this study. If you have any questions about your rights as a participant in this research project, please contact Dr. Laura Scaramella, the chair of the Institutional Review Board at the University of New Orleans, at 504-416-7099.

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Printed Name of Participant

---

Signature of Participant

---

Date

---

Signature of Project Director

---

Date

## **APPENDIX E**

### Demographics Inventory

## DEMOGRAPHICS INVENTORY

1. Gender: ☐Male ☐Female

2. Age: \_\_\_\_\_

3. Ethnic/Racial Background (check as many as apply):

\_\_\_\_\_ African American

\_\_\_\_\_ Arab-American

\_\_\_\_\_ Asian-American

\_\_\_\_\_ Caucasian

\_\_\_\_\_ Other, please specify \_\_\_\_\_

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Native American

\_\_\_\_\_ Biracial/Multiracial

\_\_\_\_\_ Pacific Islander

4. Mother's educational level/ occupation \_\_\_\_\_

5. Father's educational level/occupation \_\_\_\_\_

6. Marital Status \_\_\_\_\_

7. Number of children in household \_\_\_\_\_

8. Age(s) of child(ren) \_\_\_\_\_

9. Type of school child(ren) attend

☐Public ☐Private ☐Parochial ☐Charter ☐Home ☐Other

10. Grade(s) in current school year? \_\_\_\_\_

11. Previous counseling experience (for children NOT parents) ☐ Yes ☐ No

If yes, please answer the following questions

12. Primary reason for seeking counseling \_\_\_\_\_

13. To your knowledge where play techniques used? ☐ Yes ☐ No

14. Type/location of therapy (check all that apply)

☐ School ☐ Agency ☐ Private Practice ☐ Mandated ☐ Voluntary

☐ Other \_\_\_\_\_

Feel free to add any additional information during the interview or on the back of this page.

## **APPENDIX F**

“Why Play Therapy” Brochure

Families play an important role in children's healing processes. The interaction between children's problems and their families is always complex. Sometimes children develop problems as a way of dealing with something wrong in the family. Other times the entire family becomes distressed because the child's problems are so disruptive. In all cases, children and families heal faster when they work together. The play therapist will make some decisions about how and when to involve some or all members of the family in the Play Therapy. At a minimum, the therapist will want to communicate regularly with the child's caretakers to develop a plan to resolve problems as they are identified and to monitor the progress of the treatment. Other actions might include involving **a)** the parents or caretakers directly in the treatment in what is called Filial Play Therapy and, **b)** the whole family in Family Play Therapy. Whatever the involvement, family members can be an important part of the child's healing.

The practice of Play Therapy requires specialized training and experience. A play therapist is, first, a trained mental health professional with at least a Master's Degree in Psychology, Social Work, Counseling, or a related field. Where it is available, play therapists should also hold a license consistent with their mental health degree. With advanced, specialized training, experience and supervision, mental health professionals may also become Registered Play Therapists (RPT) or Registered Play Therapist-Supervisors (RPT-S).

[illegible]



# play is fun, creative and critical to healthy development



## Why Play?

In recent years a growing number of noted psychologists and psychiatrists have observed that play is as important to human happiness and well-being as love and work. Some of the greatest thinkers of all time, including Aristotle and Plato, have reflected on why play is so fundamental in our lives. The following are some of the many benefits of play that have been described by play theorists.

Play is a fun, enjoyable activity that elevates our spirits and brightens our outlook on life. It expands self-expression, self-knowledge, and self-actualization. Play relieves feelings of stress and boredom, connects us to people in a positive way, stimulates creative thinking and exploration, regulates our emotions, and boosts our ego. In addition, play allows us to practice—in a safe environment—skills and roles needed for survival. Learning and development are best fostered through play.

## Why Play in Therapy?

Therapists use the curative powers inherent in play in many ways. They may employ the language of play to help children express what is troubling them when they cannot say their thoughts and feelings in words. Through play, therapists may teach children more adaptive behaviors when there are emotional or social skills deficits. The positive relationship that develops between therapist and child during play sessions may provide a corrective emotional experience or serve to release the natural healing resources that lie within the child. Play may also be used to promote cognitive development and provide insight about inner conflicts or dysfunctional thinking.

## What is Play Therapy?

Play Therapy refers to a large number of treatment methods, all of which make use of one or more of the natural benefits of play. All Play Therapy differs from regular play in that the therapist helps children systematically address and resolve their own problems. Since play is fun, it makes it easier for children to confront what is bothering them. Play allows them a safe psychological distance from their problems and allows them to express their true thoughts and feelings in ways best suited to their development level. Once children have expressed and addressed their problems through play, the therapist will be better able to help them find solutions to their problems in life.

## How does Play Therapy work?

Children are brought into Play Therapy to safely address and resolve their problems. Often, by the time children arrive for therapy, they have used up all of their own options for solving their problems and simply do not know what else to do. By this time, children may be acting out at home, with friends, and at school. Play Therapy allows trained play therapists to assess and understand children's play and to use it in assisting the child in coping with difficult emotions and in finding solutions to their problems. By safely confronting their problems in the protected Play Therapy environment, children find creative solutions. Play Therapy allows children to change the way they think about, feel toward, and resolve their problems. Even the most troubling problems can be confronted in Play Therapy and lasting resolutions can be discovered, rehearsed,

## Who benefits from Play Therapy?

While play is a natural process for children, play and Play Therapy can be helpful to people of all ages with a variety of presenting concerns.

## How will Play Therapy benefit my child?

Children benefit from Play Therapy in many ways. Research supports the effectiveness of Play Therapy with children experiencing a wide variety of social, emotional, behavioral, and learning problems, including: post-traumatic stress, conduct disorder, aggression, anxiety/fearfulness, depression, ADHD, impulsivity, low self-concept, reading difficulties, and social withdrawal. Play Therapy has been used successfully with children whose problems are related to life stressors, such as divorce, death, relocation, hospitalization, chronic illness, physical/sexual abuse, domestic violence, and natural disasters.

### Play Therapy can help children and others to:

- ▶ Take responsibility for their behavior and replace inappropriate behavior with more successful behavior;
- ▶ Develop new and creative solutions to their problems;
- ▶ Develop respect and acceptance of themselves and others;
- ▶ Learn to experience and express emotion and to be empathic with respect to the thoughts and feelings of others;
- ▶ And learn new social skills.

Research suggests that it takes an average of twenty Play Therapy visits to resolve the problems of the typical child coming to treatment. Of course

## **APPENDIX G**

### Interview Protocol



## African American Parents' Perceptions of Play, Counseling and Play Therapy

### SAMPLE QUESTIONS for INTERVIEW PROTOCOL

1. What are your thoughts about counseling?
2. What are your thoughts about play (value, purpose, etc)?
3. Based on your experiences and what you read in the brochure how would you describe play therapy?
4. What are your thoughts about the use of play when counseling children (Play Therapy)?

NOTE: All follow-up interviews will follow this method of questioning. Probing questions will be used throughout the interview(s) to investigate participant perceptions and to fully describe their perceptions and experiences in their own words.

## **APPENDIX H**

### **Sample Follow-Up Letter**

*Date*

Dear \_\_\_\_\_,

I just wanted to write a quick note to thank you again for agreeing to participate in my dissertation research study, and to schedule our second (and last) face-to-face interview.

It seems that in the time that has lapsed since our initial interview (\_\_\_\_\_) the contact information I had for you has been changed or disconnected. Your thoughts and perceptions on play therapy are very valuable to me, and I hope that we can meet at some time during the week of June 12<sup>th</sup>, or as soon as it is convenient for you to do so. Please call me as soon as possible at (504) 250-4178 to let me know your preference.

I look forward to hearing from you and wish to say thank you in advance for your prompt attention to this matter. I know that your schedule may be busier since it's summer and school is out, but I do hope that we can find a mutually convenient time to meet. Just as a reminder, you can choose to end your participation in this study at anytime. If you wish to do so, please call me to let me know.

Sincerely,

Kristy Brumfield

## **VITA**

Kristy Alaine Brumfield is a lifelong resident of New Orleans, Louisiana. In 2000, she earned a Bachelor of Science degree in Psychology and Exercise & Sports Sciences from Newcomb College at Tulane University. She earned a Master of Health Sciences in Rehabilitation Counseling from the school of Allied Health Professions at Louisiana State University Health Sciences Center in New Orleans.

Kristy's professional affiliations include the American Counseling Association, Association for Counselor Education and Supervision, and Association for Play Therapy. Her memberships in each of these organizations include involvement on the national, regional and local levels. Kristy has given presentations at conferences for each of these organizations on topics such as play therapy with special populations, issues in counselor education, ethical and legal issues, and rehabilitation counseling.