



## Research in play therapy: A 10-year review in Taiwan

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### ABSTRACT

This study represented a 10-year review of 86 master's theses and doctoral dissertations on play therapy that had been conducted in Taiwan from 2002 to 2011. Particular attention was directed to the intention of research, the traits of participants, the characteristics of play therapy, and the research methods. Results indicated that the most frequently studied population was children and adolescents (54.6%), followed by play therapists (25.6%), parents/care-givers of children (16.3%), and teachers of children (1.2%). Findings revealed the types of research were qualitative ( $n = 59$ ; 68.6%), quantitative ( $n = 7$ ; 8.1%), and mixed methods ( $n = 20$ ; 23.3%). Results are discussed concerning implications for counselor educators and further research on play therapy.

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### 1. Introduction

Play is the primary and natural medium of communication for children (Axline, 1947; Erikson, 2000; Landreth, 2002; Piaget, 1962; Russ, 2004; Vygotsky, 1967). Play also has been recognized by the United Nations High Commission for Human Rights as a right of every child. The committee advocates that engaging in play appropriate to the child's age is key to enabling every child to fully develop his/her personality, talents, and mental and physical abilities to his/her fullest potential (United Nations Human Rights, 2006). The Association for Childhood Education International (ACEI) not only recognized the need to play for children across age groups, but also affirmed the significant role of play in children's development (Isenberg & Quisenberry, 2002).

Scholars have addressed the important relationship between play and child development. Ginsberg (2007) concluded that play is vital to child development and contributes to the cognitive, physical, social, and emotional well-being of children. The author also pointed out that play is an advantageous chance for parents to fully engage with their children. Gmitrova and Gmitrov (2004) found that child-directed pretend play was positively and significantly associated with their cognitive and affective behavior. Through symbolic play, children freely assimilate their experiences without environmental constraints and their feelings of self-worth and self-acceptance increase (Landreth, 2002; Wilson & Ryan, 2005).

In order to provide more professional and developmentally appropriate services for children and youth, all interventions for mental health in children and adolescents should follow four principles: specificity, age and developmentally appropriate approach, variability and practicability, and evaluation and assessment of effectiveness (Remschmidt & Belfer, 2005). Because children have not developed the capacities to verbally communicate as effectively as adults, play naturally provides children the ways to express their experiences and feelings, to establish relationships with others and play therapists, to represent their needs and desires, and to better understand themselves (Landreth, 2002).

Play therapy has shown to be an effective intervention for children's emotional and behavioral concerns (Bratton & Ray, 2000; Bratton, Ray, Rhine, & Jones, 2005; LeBlanc & Ritchie, 2001). Additionally, child–parent relationship therapy has provided a way for parents to cope more successfully (Guerney, 2000; Landreth & Bratton, 2006; VanFleet, 2000). In recent years, the field of play therapy has developed and expanded internationally, with trained professionals using play therapy as a primary intervention for children and adolescents. According to play therapy organizations such as the Association for Play Therapy (APT), the Association for Taiwan Play Therapy (ATPT), the Canadian Association for Child and Play Therapy (CACPT), Play Therapy International (PTI), the British Association of Play Therapists (BAPT), and Australasia Pacific Play Therapy Association (APPTA), their members are from a variety of professional backgrounds such as counselor, social worker, psychologist, psychiatrist, family therapist, or expressive art therapist.

In Taiwan, play therapy is still at a prime stage of development. The law governing licensure of professional counselors in Taiwan was enacted in 2001. The Association for Taiwan Play Therapy (ATPT) was established in December 2005. ATPT's missions include (a) providing training, education, and supervision of play therapy,

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(b) increasing public understanding and appreciation of play and play therapy, (c) publishing evidence-based research and practical studies, and (d) promotion of international exchanges and cooperation (ATPT, 2006).

As indicated in the Council for Accreditation of Counseling and Related Educational Program Standards (CACREP, 2009), counseling programs provide training and supervision in diverse core areas. Counselor educators are challenged to provide models of counseling that are consistent with current professional research and practice in order to assist counselors-in-training in developing a personal model of counseling. Furthermore, CACREP addresses the importance of research in advancing the counseling profession, the value of research and statistical methods used in conducting research, and the use of study to inform evidence-based practice, and so on. Conducting a master's thesis or doctoral dissertation facilitates the integration of research opportunities and clinical experiences to faculty members and counselors-in-training (CACREP). Urquiza (2010) indicated that training young practitioners and graduate students in the process of conducting intervention research is a way to increase the credibility of play therapy research. In addition, enhancing the body of theory, knowledge, and skills of play therapy would assist graduate-level counselor students to develop a personal model of counseling for children and adolescents. By reviewing existing theses and dissertations, we can gain understanding about the current trends in research on play therapy in counseling programs. However, such investigations of play therapy research in Taiwan are rarely found in the literature.

The purpose of the present study was to review master's theses and doctoral dissertations on play therapy in Taiwan from 2002 to 2011 to provide a detailed description and understanding of the research focus in the field of play therapy. Six main questions were of concern in the present study. They included (a) How many theses and dissertations on play therapy had been completed? (b) What were the intentions of the research? (c) What were the characteristics of the research population? (d) What were the characteristics of play therapy? (e) What were the primary research methods? and (f) What type of instruments, if any, did research utilize?

## 2. Method

### 2.1. The screening process and sample

The research team included one faculty member and two master's students in a counseling education graduate program in Taiwan. The author (faculty member) holds a doctoral counseling degree, with a specialty in play therapy and counselor education, and has experience conducting several published studies. The two third-year master's students in the counseling program received two courses in advanced research methods and three courses in the field of play therapy.

The researchers searched the following electronic data-base: *National Digital Library of Theses and Dissertations in Taiwan (NDLTD, 2010)* for studies. A variety of keywords: *play therapy, group play therapy, play therapist, filial, and play theme* were used to obtain eligible studies. The full data set yielded 92 studies completed between 2002 and 2011 in Taiwan. The author examined each study's title and abstract to determine whether or not the study met the criteria of the current study. After investigation, six studies were excluded and a total of 86 studies were selected for further examination.

These included 77 (89.5%) master's theses and 9 (10.5%) doctoral dissertations, respectively. Most of the studies were downloaded in PDF format for analysis, if available, while paper formats were gathered otherwise. Numbers of studies on play therapy in Taiwan from 2002 to 2011 are shown in Table 1.

### 2.2. Coding process

The author developed a coding sheet addressing several areas of studies for the purpose of answering the research questions. These included (a) source of study (e.g., thesis or dissertation, year of the study, and name of university), (b) intention of research, (c) participant focus (i.e., children, parents/care-givers of children, teachers of children, or play therapists), (d) participant description (e.g., age, gender, number, and institution), (e) characteristics of play therapy (e.g., theory, treatment type, number and length of play sessions, and frequency), (f) type of research (i.e., quantitative, qualitative, or mixed methods), and (g) instrument (if applicable, name of instrument was recorded). For each coding variable, the author provided an operational definition of the variable to lead the coding process.

Two raters used the initiate coding sheet and coded the same four studies independently. The initial inter-rater agreement of Cohen's (1960) coefficient of agreement was .78. The research team met to discuss variations and challenges in coding and clarify the definitions of variables. The author then revised the coding system for further coding. Again, two raters used the revised coding sheet and coded another three studies. The Cohen's coefficient of agreement was increased to .88. Based on Landis and Koch's (1977) guidelines, the inter-rater reliability was almost perfect agreement (0–.20 = slight, .21–.40 = fair, .41–.60 = moderate, .61–.80 = substantial, and .81–1.0 = almost perfect). Once inter-rater reliability was established, the raters coded the rest of the studies independently.

The research team met once per month to discuss questions regarding coding, if any, to increase concordance until the coding process was completed. Relevant data compiled from the 86 studies were coded on the coding sheets and then entered into the SPSS database. The author and a research assistant conducted a final recheck of the dataset prior to conducting the analyses for the present study.

## 3. Results

### 3.1. Research question 1: How many theses and dissertations on play therapy had been completed?

Between 2002 and 2011, there were 86 master's theses and doctoral dissertations on play therapy conducted in Taiwan. Of the 86 studies, 77 (89.5%) were master's theses and 9 (10.5%) were doctoral dissertations, respectively. Numbers of studies in each year were as follows: 2002 ( $n = 5$ ; 5.8%), 2003 ( $n = 5$ ; 5.8%), 2004 ( $n = 9$ ; 10.5%), 2005 ( $n = 10$ ; 11.6%), 2006 ( $n = 9$ ; 10.5%), 2007 ( $n = 5$ ; 5.8%), 2008 ( $n = 11$ ; 12.8%), 2009 ( $n = 15$ ; 17.4%), 2010 ( $n = 7$ ; 8.1%), and 2011 ( $n = 10$ ; 11.6%). Table 1 shows a full listing of the number of master's theses and doctoral dissertations in each year.

The 86 studies were conducted by counseling graduate students from 15 universities. Graduate students in the counseling program at the National Hsinchu University of Education ( $n = 14$ ; 16.3%) and the National Changhua University of Education ( $n = 12$ ; 14.0%) conducted the highest percentage of these studies.

**Table 1**  
Numbers of theses and dissertations on play therapy in Taiwan from 2002 to 2011.

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Total
Theses	5	5	9	9	8	5	10	12	4	10	77
Dissertations	0	0	0	1	1	0	1	3	3	0	9
Total	5	5	9	10	9	5	11	15	7	10	86

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