COMBINING PLAY THERAPY WITH BEHAVIOR MODIFICATION IN CHILD COUNSELING

By

Sara J. Lisec

A Research Paper

Submitted in Partial Fulfillment of the
Requirements for the Master of Science Degree
With a major in

Mental Health Counseling

Approved: 2 Semester Credits

Gary Rockwood, Ph.D

Gary Rockwood, Ph.D
Investigative Advisor

The Graduate College
University of Wisconsin-Stout
August, 2004

The Graduate College
University of Wisconsin Stout
Menomonie, WI 54751

ABSTRACT

Lisec	Sara	J
(Writer) (Last name)	**(First)**	**(Middle Initial)**

Combining Play Therapy with Behavior Modification in Child Counseling
(Title)

Mental Health Counseling	Gary Rockwood, Ph.D	August, 2004	38
(Graduate Major)	**(Research Advisor)**	**(Month/Year)**	**(No. of Pages)**

American Psychological Association (APA) Publication Manual 5th Edition
(Name of Style Manual Used in This Study)

The purpose of this study was to identify how child therapists perceive and utilize both behavior modification and play therapy. Sixty surveys were sent to child therapists in Wisconsin. These surveys had six questions that asked participants to rank their beliefs in behavior modification and play therapy on a Likert scale. In addition, there were six questions, also ranked on a Likert scale, which asked participants how often they used elements of play therapy and behavior modification. Paired sample t-test and Pearson's product-moment correlation coefficient analyses were conducted to analyze the data.

For child therapists, there was no significant difference in their belief in behavior modification over play therapy, or play therapy over behavior modification. In addition, there was no significant difference in the utilization of either of the therapies. Also, child therapists that believed in the benefits of one of the therapies were highly likely to use it in their practice. However, they were not likely to believe in or utilize the other.

A limitation to this study is that the results are not generizable to anywhere except Wisconsin. In the future, therapists in other parts of the country could be surveyed, to expand the reliability.

I would like to thank the following people for helping me on my thesis:

Gary Rockwood, Amy Gillette, Denise Zirkle Brouillard, and Chris Ness.

I would like to thank the following for their support:

Michael Skwara, Stephanie Hurovitz, Tom and Pat Lisec, and all of my friends!

Table of Contents

Page

Abstract.....ii

List of Tables.....viii

Chapter 1- Introduction.....1

Statement of the Problem.....4

Research Questions.....4

Definition of Terms.....4

Assumptions and Limitations.....5

Chapter 2- Review of Literature.....6

Play Therapy.....6

Basic Principles of Play Therapy.....6

Play Therapy and Interpreting Feelings.....7

Alter Egos.....7

Symbolic Drawings.....8

Symbolic Play.....9

Effectiveness and Limitations of Play Therapy.....10

Behavior Modification.....11

Overview of Behavior Modification.....11

Implementation of Behavior Modification.....12

Rewards.....12

Token Economy.....13

Punishments.....14

Modeling.....16

Effectiveness and Limitations of Behavior Modification.....16

Rewards.....16

Punishments.....18

Combining Play Therapy with Behavior Modification.....19

Cognitive Behavior Play Therapy.....19

Behavior Modification Expediating Play Therapy.....19

Rewards and Consequences in Play Therapy.....20

Modeling in Play Therapy.....20

Summary.....20

Chapter 3- Methodology.....21

Introduction.....21

Subject Selection and Data.....21

Instrumentation.....21

Data Collection.....22

Data Analysis.....22

Limitations.....23

Chapter 4- Results.....24

Introduction.....24

Demographic Information.....24

Table 1: Paired samples t-test comparing child therapists' beliefs in play therapy and beliefs in behavior modification.....24

Table 2: Paired samples t-test comparing child therapists' application of play therapy and application of behavior modification.....25

Table 3: Correlation coefficients comparing child therapist' belief and utilization of play therapy with belief and utilization of behavior modification.....27

Table 4 Correlation coefficients comparing belief in and utilization of play therapy, and belief in and utilization of behavior modification.....28

Summary.....28

Chapter 5- Summary, Conclusions, and Recommendations.....29

Summary.....29

Conclusions.....31

Recommendations.....32

Therapeutic Recommendations.....33

Recommendations for Further Study.....33

References.....35

Tables

Page

Table 1: Paired samples t-test comparing child therapists' beliefs in play therapy and beliefs in behavior modification.....24

Table 2: Paired samples t-test comparing child therapists' application of play therapy and application of behavior modification.....25

Table 3: Correlation coefficients comparing child therapist' belief and utilization of play therapy with belief and utilization of behavior modification.....27

Table 4 Correlation coefficients comparing belief in and utilization of play therapy, and belief in and utilization of behavior modification.....28

Chapter One

Introduction

Introduction

Play therapy and behavior modification are two methods that people in the helping profession may use to help children with behavioral or emotional troubles. Although counselors may identify themselves as either play therapists or behavior modification therapists, the two styles may overlap. Exploring the intertwining of these therapies may broaden perspectives of child therapists. Thus, therapists may realize they are not restricted to one method of therapy; and may expand their horizon in helping children. In addition, this study may encourage further research on combining therapies.

Behavior modification and play therapists both intend to help children. Both types of therapies hold that warmth is a crucial ingredient for child therapy. In addition, both types of therapies hold that children should be respected and treated as individuals. Although play therapy and behavior modification may naturally intertwine, they may also negate shortcomings of each other. Behavior modification may undermine children's feelings, and being influenced by play therapy might ease this limitation. Play therapy does not incorporate a set agenda, which may leave those involved with uncertainty about outcomes. Perhaps an inspiration from behavior modification would provide more structure for those engaging in play therapy.

Play therapists and behavior modification therapists seem to hold equivalent beliefs about warmth and compassion. After conducting research in classrooms in America, Applestein (1998) asserted that genuine warmth and care are essential to implementing a behavior modification program. When a caregiver sincerely displays

warmth, children may gain a sense of security that adults can be trusted. Similarly, Axline (1947) stated that establishing a warm, friendly environment for children is fundamental to play therapy. Another suggestion for therapists to convey warmth is joining children in play, and following the scenarios they establish.

Although behavior modification therapists and play therapists implement it differently, they all tend to believe that children should be regarded as unique individuals. Kamps (2002) asserted that caregivers should design a behavior program according to the developmental needs of their clients. Young children may respond more favorable to rewards such as candy and toys. However, older children may be insulted by such prizes, but be receptive to privileges. In addition, children with developmental delays may need a simpler plan than children who are cognitively advanced.

In congruence with behavior modification's notion of adhering to children as individuals, Axline (1947) asserted that children in play therapy should be completely accepted. Thus, clients are not expected to live up to expectations set by other children. The acceptance process in play therapy includes refraining from judging children as "bad" due to their inappropriate behavior. In addition, therapists should not act in a disapproving manner when children seem resistant to therapy or choose not to play with a particular toy. For both therapies, acceptance facilitates the helping process for individual children.

Behavior modification programs have a systematic plan of rules, rewards, and possibly punishments (Gale Encyclopedia, 1998). A reward or reinforcement is a consequence a caregiver implements in order to increase behavior. A positive reinforcement is the presentation of a pleasant stimulus. Negative reinforcement is the

removal of a displeasing stimulus. On the other hand, a punishment is designed to decrease a behavior. A positive punishment is the giving of something a person does not enjoy. Negative punishment is the removal of a stimulus a person finds comfortable. Consequences and rewards are administered according to children's behavior.

Contrary to behavior modification, play therapy sessions include rules only about refraining from harm to self, others, and property (Axline, 1947). There is no specific agenda for behavior outcomes. Insurance companies and managed care may refrain from financially supporting children in play therapy for its lack of agenda. Perhaps play therapists could benefit from borrowing concepts from behavior modification to establish a program from desired treatment goals that would indicate the therapy has been successful. In addition, a structured list of goals may encourage insurance companies to support play therapy as a means for treating a child with behavior or emotional problems.

Although systematic behavior modification programs can be productive towards behavior change, having a rigid focus on behavior may undermine children's emotions (Kohn, 1993). Play therapists tend to be strong advocates of reflecting and processing children's feelings. Singer (1993) stated that children present their feelings in behavior. She suggested the therapist interpret feelings. Suppose a child is crying as he or she walks into a play therapy room. A therapist could respond by saying, "I see that you are upset." By acknowledging feelings, therapists are validating children and possibly helping them become more comfortable with the therapy process (Axline, 1947). If behavior modification utilized the notion of working with feelings, children may be more receptive to their therapy programs.

Statement of the Problem

Behavior modification and play therapy are both methods of helping children and may intertwine. The purpose of this study was to identify how child therapists perceive and utilize both therapies. Surveys were either mailed or delivered in person. This was conducted in Wisconsin during summer of 2003.

Research Questions

There are seven research questions this study will attempt to answer. They are:

1. How do child therapists view play therapy and behavior modification?
2. To what extent do child therapists incorporate both behavior modification and play therapy into their practice?
3. Are child therapists who use one therapy likely to use the other?
4. Are child therapists who find one therapy beneficial likely to find the other beneficial?
5. Are child therapists who believe in the benefits of play therapy likely to use behavior modification?
6. Are child therapists who believe in the benefits of behavior modification likely to use play therapy?
7. How likely are child therapists to incorporate what they believe into their practice?

Definition of terms

There are four terms that need defining in this study. These are:

Behavior modification: a systematic, intentional method of guiding behavior. Reinforcement and punishment are either combined or used alone in a behavior modification program (Bruno, 2000).

Children: People of traditional preschool or elementary age.

Operant Conditioning: A behaviorism construct regarding decreasing behaviors with punishments and increasing them with rewards.

Play therapy: "a process of using play symbols to establish connecting dialogue between a child and therapist, between the child's conscious and unconscious experience" (Koplow, 1996, p.75).

Assumptions and Limitations

It is assumed that the therapists who are surveyed and interviewed will respond honestly. However, a limitation to this study could be misleading answers. Subjects may misunderstand the questions, which would result in distorted answers. In addition, the participants may sway their responses in an attempt to provide answers they believe the researcher is seeking. In addition, it is assumed that the therapists surveyed are competent and do not engage in malpractice. However, answers from incompetent therapists would limit the accuracy of the results. Finally, since only therapists in Wisconsin are being surveyed, results may not be applied to the general populations.

Chapter Two

Literature Review

Introduction

Although play therapy and behavior modification are separate therapies, it may be possible to implement aspects of both simultaneously. An overview of play therapy and behavior modification independent of each other will be provided. In addition, interactions of the two will be discussed.

Play Therapy

Basic Principles of Play Therapy.

Axline (1947) asserted that there are eight basic principles a play therapist should use for guidance. Axline's first principle was to establish a warm, friendly relationship with clients. The second principle was to unconditionally accept children. Axline stated in her third principle that children must have a feeling of permissiveness in the play therapy setting. Axline's fourth principle declared that therapists must recognize clients' feelings. Axline indicated in her fifth basic principle that deep respect for the child's ability to solve his or her own problems was crucial to play therapy. Axline adhered to guideline six which suggested that the therapist does not attempt to direct the child. Relating closely to being nondirective, Axline's seventh principle suggested refraining from hurrying therapy (Axline, 1947). While the former seven principles focused on permissiveness and non-directiveness, Axline's eighth principle implied the need for limitations. Axline suggested that limitations be only set for safety or to remind children of the reality of their responsibility. Although her work is not recent, Axline is commonly referred to in contemporary play therapy literature.

In addition to Axline's principles, play therapy is generally regarded as a method of alleviating anxiety and distress in children through play materials. Children may use play as a means for working through emotions. It is believed that children may act out their feelings during their play (Webb, 1991). Symbolic play will be covered in more detail later in this chapter.

Play Therapy and Interpreting Feelings

Alter egos.

As previously stated, play therapy is defined as, "a process of using play symbols to establish connecting dialogue between a child and therapist, between the child's conscious and unconscious experience" (Koplow, 1996, p75). Koplow believed children might experience trouble consciously understanding their own feelings. She recommended that teachers and therapists allow each child to have a stuffed animal to serve as an alter ego. Children might project their emotions onto the animal, which gives teachers and therapists opportunity to observe children's feelings. Treatment is then applied accordingly (Koplow, 1996).

Because Singer (1993) agreed with Koplow that children might have trouble channeling their feelings through words, Singer also allowed the children to interact with an alter ego. She supplied them with a doll she referred to as "Buddy." She interpreted the interactions the children had with the doll. Similar to the special animal, Buddy might serve as an alter ego. For example, a child could say that Buddy feels angry when his brother gets a lot of attention. This would indicate to Singer that this child might be experiencing sibling rivalry. By understanding children's symbolism, she was able to help them through their struggles more effectively than without such insight.

Symbolic drawing.

Singer used a structured method of using art to understand children. She asked her patients to draw self-portraits throughout the therapy process, and used the pictures to gauge the child's sense of self. Singer offered an example of a victim of sexual abuse who drew his first self-portrait without a body. She believed this symbolized his discomfort with the concept of his body. After several sessions of play therapy, the child's self-portrait included a body. Thus, Singer felt the therapy was beneficial in helping him become more comfortable with his body (Singer, 1993).

Gil (1998) concurred that having children draw a self-portrait was a worthwhile therapeutic technique. She would ask her clients to draw a picture of themselves and try to include their whole body. Following, Gil would then ask children to explain their drawings. This would serve as an assessment for the children's self-perception. However, further analysis of the drawings and the children's explanations might provide insight into their unconscious view-of-self.

In addition to drawing bodies, children may be asked draw their feelings about families during play therapy. Gil (1998) utilized a technique called "Kinetic Family Drawing," where children were asked to draw their family engaging in an activity. The results were intended to inform the therapist how children view their families and familial relations.

Another method for assessing children's perception of their family was to have them draw a fish family. Asking a child to draw a fish family might alleviate anxiety ignited by a direct request of asking a child to draw their own family. Theoretically, children would symbolically portray their own families through the fish. A common

theme included a hierarchy of family members by difference in fish sizes. Sharks and sea monsters might also be symbolic; possibly representing child abuse (D.S. Zirkle, personal communication, March 27, 2003).

Symbolic play.

In addition to artwork and dolls, children may use symbols in other forms. Koplow's room was equipped with a "dress-up" corner for dramatic arts. Children often donned various costumes in attempt to explore different roles and feelings. Koplow provided an example of a child who pretended to be a police officer. This child lived in a neighborhood where he heard frequent sirens and often saw officers arrest people. Koplow believed he was trying to make sense out of the situation by acting it out through play (Koplow, 1996).

Play therapy may also be beneficial for children who have experienced trauma or disaster. Children may symbolically recreate the experience with toys in an attempt to come to terms with their feelings. This might help them verbalize their thoughts which would facilitate the healing process (Yih-Jiun & Sink, 2002). A dollhouse with family member figurines is a common toy used for this purpose (Webb, 1991).

Puppets may also be used to recreate events or working through feelings (Webb, 1991). Playrooms may include family puppets that consists of adults and children. Clients may enact feelings about their family situation with these puppets. Animal puppets may also be useful for symbolic play. The assortment of animals may include docile ones such as rabbits and cows, as well as aggressive beasts such as tigers or bears. This permits children to express an array of emotions and scenarios.

Effectiveness and Limitations of Play Therapy

Play therapy was implemented for an eight-year boy who engaged in self-harming behavior such as stabbing himself with a pencil. In addition, this child would not use appropriate restroom facilities because he believed they contained cameras. He would spend his play therapy time exploring the room for cameras. He would also build towers and tip them over. He found this satisfying. After 13 sessions, his self-harm had been greatly reduced. In addition, he was becoming increasingly more comfortable using restroom facilities (Cuddy-Casey, 1997).

Axline conducted play therapy with a young boy named Dibs (1964). Dibs began play therapy with poor social skills and underused verbal abilities. However, as play therapy progressed, Dibs displayed age-appropriate language and behavior. Axline implemented her eight principles (1947), and appeared to genuinely care about her patient. Thus, play therapy seemed to be effective.

Another case study regarding inappropriate social behavior was conducted by Webb (1991). The client's inappropriate behavior included expressing fear that his mother would leave him and his parents' divorce was his fault. The treatment goals for this child were helping him realize his mother would not abandon him and the divorce was not his fault. This child seemed to work through his feelings using dollhouse figurines. His expression of anxiety diminished during play therapy. Following play therapy, this child did not appear to feel anxiety or guilt.

Although play therapy may be effective, there are cautions a play therapist must take. Having a plethora of toys may over-stimulate a child and hinder the therapeutic

experience (Webb, 1991). Thus, play therapists may need to be careful in material selection and avoid an abundance of toys.

Play therapy seems to have strengths and limitations for helping children. Likewise, behavior modification is another method of therapy to be explored. Following is a discussion of behavior modification as it relates to children.

Behavior Modification

Overview of Behavior Modification

Behavior modification derives from the psychological concept of operant conditioning (Gale Encyclopedia, 1998). Behavior modification plans are systematic, intentional methods of guiding children's behavior. Reinforcement and punishment are either combined or used alone in a behavior modification program. The purpose of behavior modification plans for children is to encourage them to learn about the rewards and punishments of their actions, in hope to increase independence and self-discipline (Bruno, 2000).

A reward or reinforcement is a consequence a caregiver implements in order to increase behavior. A positive reinforcement is the presentation of a pleasant stimulus. An example is giving a child a sticker for homework completion. Negative reinforcement is the removal of a displeasing stimulus. This could include absolving a child of chores for behaving appropriately (Lefrancois, 2000).

On the other hand, a punishment is designed to decrease a behavior. A positive punishment is the giving of something a person does not enjoy. An example is applying a spanking for misbehavior. Negative punishment is the removal of a stimulus a person

finds comfortable. This would include denying a child television rights for improper behavior (Lefrancois, 2000).

Kamps (2002) asserted that caregivers should design a behavior program according to the developmental needs of the children. Explanation of behavior plans should be kept at a level that is congruent with a child's cognitive abilities. Also, rewards need to be specific to the desires of children. For example, young children may respond favorably to rewards such as candy. However, older children may be insulted by such a prize and may require reinforcers such as money or privileges (Lefrancois, 2000).

Braaten (2000) believed the most important factor when designing a behavior modification program was to remember that kids are individuals who can learn. Children with development delays may be confused by an elaborate list of rules, but they are still beings who can learn. It is crucial that the person who implements the behavior modification plan adapt to meet the needs of these children. For example, a child with severe mental retardation may need more explanation and guidance in the behavior modification program.

Implementation of Behavior Modification

Rewards.

After conducting research in classrooms in America, Applestein (1998) stated that positive reinforcement is more effective than negative reinforcement, as it does not involve any form of negative stimulus. Applestein believed that a predictable system of rewards provide children with stability. In addition, genuine warmth and care are essential to implementing a behavior modification program. When a caregiver sincerely

follows through on a plan, children may gain a sense of security that adults can be trusted.

Praise can be used in conjunction with warmth as a form of reinforcement. The child may benefit from feedback, and would likely be inclined to engage in the appropriate behavior. Praise also provides children attention for behaving appropriately, thus reducing the likelihood they will misbehave to obtain attention. Praise may increase children's self-confidence. Hearing they can succeed might help children agree that they can succeed (Applestein, 1998).

Token Economy.

Lefrancois (2000) gave concrete advice for creating a token economy. A token economy is a behavior plan that provides children with points to purchase larger incentives. The first step of this program was to define the target behavior. Rewards should be discussed and agreed upon by both the child and the caregiver. This empowered the child and modeled cooperation. As previously stated, Lefrancois suggested that the best possible rewards ought to fit the child's interest. In addition, the rewards should be healthy and wholesome. A point system should then be established.

Following the defining stage, a behavior chart should be constructed, with a menu of more valuable reinforcements to be purchased. The amount of points to be earned, coupled with the price of the reinforcements should be established. The final step of a token economy system is to set aside time to discuss whether the child earned points (Lefrancois, 2000).

Applestein (1998) suggested initially rewarding any small step in the right direction. This process is known as shaping, and starts the child on the proper path

towards behaving appropriately. In addition, it might prevent the child from being overwhelmed by a task. On the other hand, Krumboltz and Krumboltz (1995) suggested that after the child has begun to show improvement in the token economy, a longer period displaying the appropriate behavior should occur before a point is awarded. Theoretically, the child will eventually be inclined to engage in the behavior without reinforcement.

While a chart might work for a token economy, older children might benefit from documenting their own behavior. The children would reward themselves with a point when they engaged in the appropriate action. This monitoring system may reinforce both the behavior and self-reliance (Winkleman, 1977). Friedberg (2002) concurred that self-monitoring tasks are beneficial, adding that they may encourage intellectual development.

The token economy often provides instant gratification, as well as encourages excitement for more substantial prizes. A behavior chart or log often helps children feel proud of their accomplishments (Lefrancois, 2000). In addition to gratification and pride, Applestein added that a token economy might provide children with money management practice (1998).

Punishments.

As previously stated, a punishment is intended to reduce behavior. There are three main types of punishment: time-outs, response cost, and corporal. Time-outs involve removing children from the situation and placing them where they will not be reinforced. Response costs are the opposite of a token economy; instead of gaining, the children lose a positive stimulus. Both of these are negative punishment, or the removal of pleasant stimuli (Lefrancois, 2000).

On the other hand, corporal punishment is positive punishment, or giving a displeasing stimulus. Corporal punishment is the infliction of physical pain in an attempt to decrease behavior. Advocates of this type of punishment would most likely assert that the pain should not be severe. Corporal punishment is no longer popularly suggested in modern behavior modification literature (Lefrancois, 2000).

Algozzine (2002) asserted that punishment programs are appropriate. Children might gain a sense of stability from a consistently applied punishment program. If adults keep their word on implementing a consequence, children might realize that adults can be trusted. Immediately after misbehavior, the punishment should be verbally stated. The punishment should then be implemented. To increase communication between adults and children, it is beneficial to discuss the behavior after the punishment is completed. During this disciplinary process, the punishment giver should speak in a mild, rationale manner to prevent the child from becoming intimidated. Algozzine concurred that time-out and response cost are the most appropriate forms of punishment, as these types do not inflict physical pain.

Instructors in assertiveness training Canter and Canter (1992) suggested that discipline should also be assertive. They stated that assertive discipline reinforces parents' authority, and encourages respect. Canter and Canter also favored response cost and time-out punishment procedures. While not being physically or psychologically harmful, consequences should be something a child does not like. In addition, the consequences should only be given when the child has misbehaved. Canter and Canter believed that this is an appropriate method of discipline because it encourages children to follow the rules.

As an alternative to traditional punishments, Dreikurs and Grey (1968) co-authored a book on logical consequences. A logical consequence is one that is related to the misbehavior. They are unlike the previously mentioned traditional punishments because they do not exert control. Instead, logical consequences are intended to be constructive and educational. Children and caregivers should discuss rules and logical consequences. For example, a child and caregiver could agree that if a child neglects homework to watch television, he or she will be forbidden to watch television. If the homework neglecting occurs, the caregiver will discuss the behavior and the consequence in a calm manner.

Modeling.

Modeling, another key aspect of behaviorism, entails a child or adult demonstrating appropriate behaviors. In a group therapy setting, children who behave properly can model for others. Good peer modeling can greatly influence students to engage in acceptable behaviors (Kamps, 2002). Although children may benefit from peer modeling, it is crucial that the caregiver displays proper behavior. Modeling positive behavior creates a warm climate. Modeling can be used as vicarious reinforcement; a child will see others being rewarded for appropriate behaviors (Algozzine, 2002).

Effectiveness and Limitations of Behavior Modification

Rewards.

Kohn (1993) speculated that while punishment and rewards seem to be opposites, they might be two sides of the same coin. While he acknowledged that people who implement reward systems are well intentioned, they may be causing harm. Kohn believed that children who are rewarded might feel manipulated rather than helped. In

addition, he feared that children might focus on rewards rather than actual learning of appropriate behavior. He relayed an example of children who were promised pizza for reading books. The children may have focused more on pizza, and the joy of reading was overshadowed. Flynn's assertions were congruent, believing that a system of rewards minimizes children's feelings (Flynn, 1994). He asserted that a child should be treated with respect and understanding, rather than being given tangible rewards.

Lepper and Green (1975) conducted an experiment to test how children responded to rewards. Two groups of children were removed from their classrooms and told to solve geometric puzzles. One group was told they could play with fun toys if they first played with the puzzles. The other group was told they were to play with the puzzles for their personal amusement. When placed back in the classroom, the children who were not promised toys were more likely to voluntarily gravitate towards the puzzles. Lepper and Green concluded that the promise of a reward made the puzzles seem like work, and thus, less appealing. This finding coincides with the mentioned concepts of rewards interfering with intrinsic appreciation of task completion.

Kohn (1993) asserted that praise is also a detrimental segment of behavior modification. Children may feel patronized and demeaned by praise. In addition, they might feel compelled to live up to the praise, and become anxious. Finally, children may become frightened of not receiving praise and refrain from risk-taking. Instead of praise, Kohn suggested providing specific feedback on a child's accomplishment. Rather than stating "Good job!" to a child who behaves appropriate, try saying, "I see that you are sharing your toys today." Although an acknowledgement, this is not praise as it is not

judgmental. Consequently, the child will feel acknowledged without the setbacks of praise.

In environments such as therapy groups, families, and classrooms, a child receiving specific rewards might ignite jealously in kids who are not on such reinforcement programs. Kohn provided an example of a teacher who promised the child who completed the most math problems would win the title of "Genius of the Week". The children who were not given this title might resent the genius child. Thus, rewards can be harmful to peer relations (Kohn, 1993).

A reward system may be especially inappropriate for self-critical children. A behavior chart may frustrate them if it is not completely full. Lack of stars and points may provoke guilt in children with high standards. This guilt may lead to decreased attempts to behave properly. Thus, it might be beneficial to concentrate more on building confidence with these children than on modifying their behavior (Manassis, 2001).

Punishment.

Punishments may encourage children to focus on "not getting caught," rather than behaving properly (Lefrancois, 2000). Punishment may teach a child to avoid receiving a punishment rather than to behave properly. From punishment, a child may acquire a technique known as avoidance learning. Avoidance learning is the attempt to not encounter unpleasant situations. Lefrancois claimed that this would not teach a child intrinsic benefits of behaving appropriately.

Kohn (1993) believed that punishment would rupture a relationship. He believed punishments provoked resentment towards adults. Power struggles tend to occur with punishment, which counteracts the goal of teaching the appropriate behaviors (1993).

Children are likely to associate negative feels toward the punisher, not the behavior that yielded the punishment. Similarly, children might be encouraged to be hostile towards peers when punished. When children are faced with punishment, a situation they dislike, they may turn these feelings outward (Whipple & Richey, 1997).

Combining Play Therapy and Behavior Modification

Although behavior modification and play therapy may be intertwined; discussion of behavior modification combined with play therapy is not abundant in the literature. However, there is some material on cognitive-behavioral therapy being implemented with play therapy. In addition, there are resources regarding play therapy that include elements of behavior modification.

Cognitive-Behavioral Play Therapy

Cognitive-behavioral therapy can be used in conjunction with play therapy. This combination is referred to as cognitive-behavioral play therapy or CBPT. CBPT was designed for children typically between age 2 ½ and 6. A key premise inspired by traditional cognitive-behavioral therapy is to be sensitive to the developmental needs of children (Knell, 1998).

A concept from play therapy that is incorporated in CBPT is opportunity for symbolic play. However, the behavioral intervention of modeling is also utilized. Children are provided a stuffed animal or doll and asked to have it demonstrate the appropriate behavior (Knell, 1998).

Behavior Modification Expediting Play Therapy

Knell (2000) believed that elements of behavior modification might expedite play therapy by providing structure. This hastening is advantageous, as managed care and

insurance companies tend to favor treatments plans that are brief and organized. McNeil, Bahl, and Herschell, (2000) concurred with Knell that behavior modification may shorten the number of play therapy sessions with structure and a concrete agenda.

Rewards and Consequences in Play Therapy

Knell suggested incorporating positive reinforcement into play therapy. She advised that the therapist have children keep a self-compliment book to record their own appropriate behavior. This self-affirmation is intended to serve as a reinforcement for proper behavior. In addition, McNeil, Bahl and Herschell (2000) agreed that positive reinforcement is appropriate in play therapy. They believed that other reinforcers such as token economies might also be beneficial for play therapy clients.

Yih-Jiun and Sink (2002) conducted a play therapy study. However, they incorporated a consequence, which is an element of behavior modification. A subject was told if he continued to misuse sand, his current therapy session would be ended. This consequence was implemented. This appeared to increase clients' level of appropriate use of sand.

McNeil, Bahl, and Herschell (2000) also advocated the use of consequences in play therapy. They felt that this increased structure and made the treatment goals more lucid to clients. The suggested consequence was ignoring negative behavior and informing clients that they will not be played with until they behave.

Modeling in Play Therapy

Knell (2000) advocated the use of puppets for modeling purposes. Both the therapist and the child could model appropriate behavior with the puppets. McNeil, Bahl, and Herschell (2000) also suggested that therapists incorporate modeling into play

therapy. The modeling was intended to decrease disruptive behavior by teaching children expected behaviors.

White (2000) conducted play therapy sessions with a child who refused to eat enough food. He used modeling by setting up a "tea party" with dolls in the play therapy room. The dolls were placed around the table with milk in doll-sized cups and small cookies on doll-sized plates. The child was instructed to sit at the table with the dolls. During the first session, the therapist pretended to feed the dolls. This was used to show that people eat while sitting around a table. The child was invited to eat and drink as she pleased. After a few sessions, the child was eating the cookies and drinking milk. Eventually, she was able to transfer this behavior to her home setting. Thus, modeling appeared to be effective in the play therapy setting.

Summary

Both play therapy and behavior modification have their strengths and weaknesses. Perhaps by combining the two, they will negate each other's shortcomings. The purpose of the following study is to see if child therapists combine the them, and to gauge therapists' feelings about the two therapies.

Chapter Three

Methodology

Introduction

The following section will describe the study of combining behavior modification and play therapy. A description of the subjects will be provided. The instrumentation will be presented. In addition, the data collection procedure and how the data was analyzed will be explained. Finally, limitations to this study will be discussed.

Subject selection and description

Subjects selected for this study consisted of 17 people in Wisconsin who identity themselves as child therapists. They were selected by referrals from UW-Stout professors and an Internet searching for child treatment facilities in Wisconsin. Potential locations for subjects were called, and permission to send the surveyed was requested and granted.

Instrumentation

The researcher for this study developed a survey asking subjects to rank on a five-point scale their belief and utilization of 3 aspects of both play therapy and behavior modification. The play therapy items were based on criteria proposed by Axline (1947). These are toys, feeling interpretation, and art. The behavior modification items on the survey were inspired by Lefrancois (2000). These items are rewards, consequences, and token economies.

As this is a new survey, there has been no opportunity to ensure reliability. Although no measures of validity have been run, this survey intends to measure child therapist's opinions and utilization of various aspects of play therapy and behavior modification.

Data Collection

Surveys were mailed by US Postal Services to the subjects during the summer semester of 2003. The subjects were provided a self-addressed envelope to return the survey. Also enclosed was a letter of explanation and gratitude. This letter also requested the surveys be returned within two weeks. A follow-up letter was sent to subjects who had not replied within two weeks. After another week, non-respondents were disregarded.

Data Analysis

All appropriate descriptive statistics were run on the data. A paired samples t-test was performed to determine whether a significant difference exists between child therapists' beliefs in the beneficial level of play therapy versus their belief in the beneficial level of behavior modification. A paired samples t-test was performed to determine whether a significant difference exists between child therapists' utilization of play therapy versus their utilization of behavior modification. A Pearson's product-moment correlation coefficient was calculated to assess the relationship between items on the survey ranking use of play therapy and items ranking use of behavior modification. A Pearson's product-moment correlation coefficient was calculated to assess the relationship between items on the survey ranking belief in the benefit of play therapy and items ranking belief in the benefit of behavior modification. A Pearson's product-moment correlation coefficient was calculated for the following comparisons: child therapists' belief in play therapy and utilization of behavior modification, child therapists' belief in behavior modification and utilization of play therapy, the relationship between belief in

and utilization of play therapy and the relationship between belief in and utilization of behavior modification.

Limitations

One limitation of the instrument is that it has never been administered prior to this study. Therefore no measures of validity or reliability have been run. Only therapists in Wisconsin were being surveyed, therefore any results should be used with caution when deriving conclusions about therapists in other states. Many child therapists in Wisconsin may be of the dominant US culture. Therefore, results may not apply to other cultures and should be inferred cautiously.

Chapter Four

Results

Introduction

This chapter will include the results of this study, which investigated beliefs and utilization of behavior modification and play therapy amongst child therapists in Wisconsin. First, there will be an overview of the demographic information.

Demographic Information

There were 60 child therapists who were initially contacted by mail to complete the survey during the summer semester of 2003. Of the 19 surveys returned, 2 were incomplete. This constitutes a return rate of 28%, yielding 17 usable surveys. Thus, there were 17 subjects.

R1. How do child therapists view play therapy and behavior modification?

Table 1
Paired Samples t-test Comparing Child Therapists Beliefs in Play Therapy and Beliefs in Behavior Modification.

Variable	M	SD	df	t	p
Beliefs in Play Therapy	4.137	.635	16	1.267	.233
Beliefs in Behavior Modification	4.392	.475			

A paired samples t-test was performed to determine whether a significant difference exists between child therapists' beliefs in the beneficial level of play therapy versus their belief in the beneficial level of behavior modification. On a five-point Likert scale, the mean score of the belief in the beneficial level of behavior modification was 4.392. The belief in the beneficial level of play therapy averaged 4.137. Thus, it can be

concluded that the participants generally found both therapies to be beneficial. However, data analysis failed to reveal a significant difference between the child therapists' belief in play therapy and behavior modification t=1.267, p=.223 (see Table 1). As a result, it can not be assumed that child therapists have any difference in their level of belief in the two therapeutic modalities.

R2: To what extent do child therapists incorporate both behavior modification and play therapy into their practice?

Table 2
Paired Samples t-test Comparing Child Therapists Application of Play Therapy and Application of Behavior Modification

Variable	M	SD	df	t	p
Utilization of Play Therapy	3.610	.958	16	.569	.577
Utilization of Behavior Modification	3.667	.601			

A paired samples t-test was performed to determine whether a significant difference exists between child therapists' utilization of play therapy versus their utilization of behavior modification. On a five-point Likert scale, the mean score of the implementation of behavior modification was 3.667. The mean of play therapy utilization was 3.610. Thus, it seems both therapies are used moderately. However, data analysis failed to reveal a significant difference between the child therapists' utilization of play therapy and behavior modification t=.569, p=.577 (see Table 2). As a result, it can not be assumed that child therapists have any difference in the amount they use the two therapeutic approaches.

R3: Are child therapists who use one therapy likely to use the other?

A Pearson's product-moment correlation coefficient was calculated to assess the relationship between items on the survey ranking use of play therapy and items ranking use of behavior modification. Data analysis failed to reveal a significant correlation between the two variables, $r = -.012$, $p = .923$ (see Table 3). This indicates a low likelihood that therapists who use one therapy will use the other.

R4: Are child therapists who find one therapy beneficial likely to find the other beneficial?

A Pearson's product-moment correlation coefficient was calculated to assess the relationship between items on the survey ranking belief in the benefit of play therapy and items ranking belief in the benefit of behavior modification. Data analysis failed to reveal a significant correlation between the two variables, $r = -.097$, $p = .710$ (see Table 3). This indicates a low likelihood that therapists who believe in the benefits of one therapy will believe in the benefits of the other.

R5: Are child therapists who believe in the benefits of play therapy likely to use behavior modification?

A Pearson's product-moment correlation coefficient was calculated comparing child therapists' belief in play therapy and utilization of behavior modification. The results yielded a correlation of .236, which is not significant, $p=.361$ (see Table 3). This

indicates a low likelihood that therapists who believe in the benefits of play therapy will utilize behavior modification.

R6: Are child therapists who believe in the benefits of behavior modification likely to use play therapy?

A Pearson's product-moment correlation coefficient was calculated comparing child therapists' belief in behavior modification and utilization of play therapy. The results yielded a correlation of -.284, which is not significant, p=.270 (see Table 3). As a result, it can not be concluded that child therapists who believe in behavior modification will utilize play therapy.

Table 3
Correlation Coefficients Comparing Child Therapist' Belief and Utilization of Play Therapy with Belief and Utilization of Behavior Modification.

Variable	Belief in play therapy	Utilization of Play therapy
Belief in Behavior Modification	r= -.097 p= .710	r= -.284 p= .270
Utilization of Behavior Modification	r= -.236 p= .361	r= -.012 p= .923

R7 How likely are child therapists to incorporate what they believe into their practice?

Pearson's product-moment correlation coefficients were found to determine the relationship between belief in and utilization of play therapy and the relationship between belief in and utilization of behavior modification. The correlation coefficient for

believing in and utilizing play therapy was r =.786, p<.001; the correlation coefficient for believing in and utilizing behavior modification was r =.511, p=.036 (see Table 4). This indicates that the child therapists surveyed who believe in play therapy are likely to use it in their practice. Likewise, this significant finding indicates that the child therapists surveyed who believe in behavior modification are likely to incorporate it into their practice.

Table 4
Correlation Coefficients Comparing Belief in and Utilization of Play Therapy, and Belief in and Utilization of Behavior modification

Variable	Belief in Play Therapy	Belief in Behavior Modification
Utilization of Play Therapy	r=.786* p=.000	
Utilization of Behavior Modification		r=.511** p=.036

* Significant at p<.001
** Significant at p<.05

Summary

For child therapists, there is no significant difference in their belief in behavior modification over play therapy, nor play therapy over behavior modification. In addition, there is no significant difference in the utilization of both therapies. Also, child therapists that believe in the benefits of one of the therapies are highly likely to use it in their practice. However, they are not likely to believe in or utilize the other.

A summary of behavior modification and play therapy will be provided in Chapter 5. In addition, therapeutic recommendations will be discussed.

Chapter Five

Summary, Conclusions, and Recommendations

This chapter provides an overview of the current study involving child therapists' views and utilization of play therapy and behavior modification. Conclusions that were derived will be presented. Finally, a discussion of recommendations for therapeutic implications and further research will be provided.

Summary

This study focuses on behavior modification, play therapy, and therapist's feelings and use of these therapies. Following, there will be a brief recapitulation of each therapy. A synopsis of the study will then be provided.

Axline (1947) asserted that there are certain principles of play therapy. She believed in providing a warm therapeutic environment for children to play. Axline suggested limitations only be set for safety or to remind children of the reality of their responsibility. It was through play that she felt children would work through emotional and behavioral problems. Although her work is not recent, Axline is commonly referred to in contemporary play therapy literature.

While play therapy may provide a warm environment to nurture children's feelings, there are possible setbacks. These include not incorporating a set agenda, which may leave those involved with uncertainty about outcomes. In addition, insurance companies may refrain from supporting a program without a specific plan for treatment.

Behavior modification derives from the psychological concept of operant conditioning (Gale Encyclopedia, 1998). Behavior modification plans are systematic, intentional methods of guiding children's behavior. Reinforcement and punishment are

either combined or used alone in a behavior modification program. The purpose of behavior modification plans for children is to encourage them to learn about the rewards and punishments of their actions, in hopes of increasing independence and self-discipline (Bruno, 2000).

Discussion of behavior modification combined with play therapy was not abundant in the literature. However, there was some material on cognitive-behavioral therapy being implemented with play therapy. In addition, there were resources regarding play therapy that included elements of behavior modification.

The purpose of this study was to identify how child therapists perceive and utilize both therapies. Surveys were mailed to child therapists in Wisconsin that inquired about their feelings and use of behavior modification and play therapy. The results of data analysis indicated that child therapists in the sample tend to hold both therapies in high regard. In addition, there was no significant difference in the utilization of both therapies. Also, child therapists that believed in the benefits of one of the therapies were highly likely to use it in their practice. However, they were not likely to believe in or utilize the other.

Conclusions

The literature review yielded a plethora of information about behavior modification. While there were a few perceived setbacks to behavior modification, a lot of literature focused on its benefits. Thus, it is not surprising that the results of the present study indicated that child therapists in the sample tend to view behavior modification as beneficial. Also, child therapists surveyed seemed to indicate that they utilize behavior modification. This is congruent with the notion that behavior modification is beneficial

for child therapy. The literature reviewed seemed to generally depict play therapy in a favorable light. Thus, it is also not surprising that therapists surveyed responded that they utilize play therapy and find it beneficial.

The reviewed literature indicates that behavior modification and play therapy are both used by child therapists. While there is a surplus of literature on each therapy separately, there was not much information about using one in conjunction with the other therapy. This study expands upon the minimal amount of literature concerned with combining the two therapies. Since there is not an abundance of literature on the combination, it can be concluded that most people in the field of psychology do not associate the two therapies. Thus, it is not surprising that there were no significant correlations found between use or feelings between behavior modification and play therapy.

Another reason as to why the two therapies were not highly correlated could be due to therapists' personal preference. Therapists who value structure may prefer behavior modification, and find play therapy too non-directive. In contrast, therapists who have a more Rogerian outlook may feel that play therapy is more beneficial because it allows more non-directive freedom than does behavior modification.

Recommendations

Therapeutic Recommendations.

Since the literature indicates that there are shortcoming to both behavior modification and play therapy, the other therapy may serve to fill in these gaps. However, this study indicates that much research on this notion has not been conducted. Following, there will be speculation regarding how each therapy can facilitate the other.

Behavior modification might undermine children's feelings, and being influenced by play therapy could ease this limitation. The reviewed literature indicated that behavior modification may interfere with a child's intrinsic motivation. However, the freedom of selecting with which toys to play (as inspired by play therapy) may provide relief from this setback.

Play therapy does not incorporate a set agenda, which may leave those involved with uncertainty about outcomes. Perhaps an inspiration from behavior modification may facilitate more structure. This structure might also be more pleasing to managed care and insurance companies. Thus, more children would be eligible for financial assistance in their treatment plans.

Recommendations for Further Study.

While this study focused on child therapists, behavior modification for children has many classroom connotations. Perhaps further research could be conducted to incorporate behavior modification into a clinical setting. This would provide information to mental health therapists.

Contemporary literature on combining play therapy and behavior modification is scarce. Also, the dearth of literature that was collected was based on case studies. Perhaps this study can serve as an indication that further scientific research on combining play therapy and behavior modification is necessary.

The limitations of this study could be alleviated in a future study. Perhaps therapists in other parts of the country could be surveyed, to expand the generalizability of the results. Also, surveys could have been sent electronically to provide more convenience for the subjects. This would hopefully result in more completed responses.

Another possible shortcoming of this study is that the survey may have included vague terminology. A future study could define the terms on the top of the survey page. To remedy the problem of subjects answering in attempt to please the researcher, measures could be taken to ensure a higher level or anonymity. This could include not coding envelopes in mailing or having a research assistant be in charge of mailing, but not analyzing the data.

REFERENCES

Algozzine, B. (2002). Building effective prevention practice. In B. Algozzine & P.Kay *Preventing problem behaviors* (pp.220-234). Thousand Oaks, CA: Corwin Press.

Applestein, C.D. (1998). *No such thing as a bad kid.* Weston, MA: Gifford's Published Resources.

Axline (1947). *Play therapy.* New York, NY: Ballantine Books.

Axline (1964). *Dibs in search of self.* New York, NY: Ballantine Books.

Bruno, B. (2000). *Issues in education.* Retrieved: October 25, 2002 from www.teachers.net

Canter, L., & Canter, M.(1992*). Lee Canter's assertive discipline: Positive management for today's classroom*. Santa Monica, CA: Lee Canter & Associates.

Cuddy-Casey, M. (1997). A case study using child-centered play therapy approach to treat enuresis and encopresis. *Elementary School Guidance and Counseling, 31,* 220-226.

Dr. Sheldon Braaten Research Press (Producer), Braaten, S. (Writer). (2000) The challenging kid [Motion picture]. Champaign, IL: Sheldon Braaten

Dreikurs, R. & Grey, L. (1968). *Logical consequences: A new approach to discipline.* New York, NY: Hawthorne.

Fall, M. (1999). A play therapy intervention and its relationship to self-efficacy and l learning. *Professional school counseling, 2,* 194-105.

Flynn, J.R. (1994). Giving g a fair chance: How to define intelligence, survive falsification, and resist behaviorism. *Psychological Inquiry 5*, 202-203.

Friedberg, R.D. (2002, April). How to do cognitive therapy with young children [Electronic version]. *The Brown University Child and Adolescence Behavior Letter*, 1-4.

Gale Encyclopedia, Gale Encyclopedia of Childhood and Adolescents. (n.d.). *Behavior modification.* Retrieved October 25, 2002 from: http://www.findarticles.com

Gil, E. (1998) *Essentials of play therapy with abused children.* New York, NY: The Guilford Press.

Kamps, D.M. (2002). Preventing problems by improving behavior. In B. Algozzinne & P. Kay (Eds), *Preventing problem behaviors* (pp. 11-34). Thousand Oaks, CA: Corwin Press.

Knell, S.M. (2000). Cognitive-behavioral play therapy for childhood fears and phobias. In H.G. Hudson & Schaefer, C.E., *Short-term play therapy for children* (3-26). New York, New York: Guilford Press.

Knell, S.M. (1998). Cognitive-behavioral play therapy. *Journal of Clinical Child Psychology, 27*, 38-33.

Kohn, A. (1993). *Punished by rewards.* Boston, MA: Houghton Mifflin Company.

Koplow, L. (1996). *Unsmiling Faces.* New York, NY: Teachers College

Krumboltz, J. & Krumboltz, H. (1995, June). *Principles for using behavior modification.* Retrieved October 25, 2002 from: Http://chiron.valdosta.edu/whuitt/col/behsys/behmod.html

Leblanc, M. & Ritchie, M. (2001). A meta-analysis of play therapy outcomes. *Counseling*

psychology quarterly, 2, 149-163.

Lefrancois, G.R. (2000). *Psychology for teaching.* Belmont,CA: Wadsworth/Thomson Learning.

Lepper, M.R., & Green, D. (1975). Turning play into work: Effects of adult surveillance and extrinsic rewards on children's intrinsic motivation. *Journal of Personality and Social Psychology, 31,* 479-486.

Manassis, K. (2001). Adapting positive reinforcement systems to suit child temperament. [Electronic version] *Journal of American Academy of Child and Adolescent Psychiatrity,* 1-6.

McNeil, C.B., Bahl, A., & Herschell A.D. (2000) Involving and empowering parents in short-term play therapy for disruptive children. In H.G. Hudson & Schaefer, C.E., *Short-term play therapy for children* (228-255). New York, New York: Guilford Press.

Singer, D.G. (1993). *Playing for their lives.* New York, NY: Macmillan, Inc.

Webb, N.B. (1991). *Play therapy with children in crisis.* New York, NY: The Guilford Press.

Whipple, E.E., & Richey, C.A. (1997). Crossing the line from physical discipline to child abuse: How much is too much? *Child Abuse and Neglect, 21,* 337-375.

White, J.G. (2000). Behavioral learning theory applied to play therapy as an intervention with a withdrawn, non-eating child. In H.G. Hudson & Schaefer, C.E., *Short-term play therapy for children* (267-269). New York, New York: Guilford Press.

Winkleman, H. (1977). *Behavior modification.* West Nyack, NY: Parker Publishing Company.

Yih-Jiun, S., & Sink, C.A. (2002). Helping elementary-age children cope with disasters. *Professional School Counseling, 5*, 322-331.