2013

Exploring The Experiences Of Play Therapists Working With Children Diagnosed With Autism

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A dissertation submitted in partial fulfillment
of the requirements for the degree of

Doctor of Philosophy
in the School of Education
Counselor Education

The University of Mississippi

2013

ABSTRACT

The number of children diagnosed with autism is on the rise. More professionals are trying to learn more about autism and possible treatments. Child-centered play therapy (CCPT) is an approach that was designed to work with children dealing with all types of issues. While there is a great deal of literature on the behavioral approaches to working with children diagnosed with autism, there is limited research on the use of CCPT. The present study used a phenomenological design to explore the experiences of play therapist utilizing CCPT with children diagnosed with autism. Ten interviews were conducted with registered play therapists and registered play therapist-supervisors who utilize CCPT with children diagnosed with autism. The data collected through the interviews was organized and analyzed. Through the data analysis, three major themes and eight sub-themes emerged. Based on the 10 participants' experiences, while there can be challenges to working with children diagnosed with autism, there are benefits in the environment, the therapeutic relationship, and their role as the therapists in utilizing CCPT. These participants find the three previously mentioned aspects of CCPT meeting the needs of children diagnosed with autism. Additionally, the data shows that the involvement of parents is not only increased in comparison with the parents of other children in therapy but also necessary to the improvement and quality of life of children diagnosed with autism.

ACKNOWLEGMENTS

There are several individuals who have played a major role in helping me complete this dissertation and process. First, I would like to thank my Advisor, Dissertation Chair, Mentor, Dr. Marilyn Snow. I would not be where I am in this program and my career would out her support, encouragement, and guidance. I am thinking. All of the opportunities she has given me over the years including the role she allowed me to take in starting up the child advocacy and play therapy Institute. Although she had many projects on her plate she made the time to foster micro- and help me through the process of a doctoral program and dissertation. I cannot express enough the respect I have for her and how much I appreciate what she has done for me. I would also like to thank and my district patient committee members for their dedication, support, and guidance. Dr. Suzanne Degges-White, Dr. Susan Mossing, and Dr. Kerry Holmes set aside the time to help me produce this body of work to the best of my ability. Through my committee's dedication and support, they helped me learn about my style of writing and particular adaptations that I would have to make to overcome my struggles with dysgraphia.

I am also thankful for the time and assistance that Michelle Wallace and Kim Cressman in the school of education provided. Kim and Michelle provided their knowledge and problem-solving abilities to help me through the necessary paperwork and nuances to complete the dissertation process. In addition, I would like to thank Dr. Timothy Letzring for his continued support through providing me with a graduate assistantship and professional guidance.

I would also like to thank the participants of this study, who took the time to share their experiences and their passion for working with children diagnosed with autism. It was an honor

to get a peek into their world, as play therapists who work with a population that may seem more challenging at times. I enjoyed being able to hear their stories and their passion in the work that they do.

Finally, I would like to thank my family and friends for their continued support and encouragement. They would take the time to come see me an invite me on different endeavors even when I could not always return the favor. I will always remember how understanding and supportive they were when I could not always set aside the time that they deserved. I have a lot of making up to do along with traveling to see my friends and family. I would especially like to thank my parents, Jim and Tina Rose, who always supported me and provided me with continued encouragement to keep pushing when I did not have enough encouragement within myself. A special thank you is needed for my mom who would spend hours supporting me, encouraging me, and providing insight throughout this journey. I would also like to thank her for her willingness to help me in any way possible. I also have to thank my fiancée, Brad Overley, who supported me and reminded me to breathe and try to worry less. I am so grateful for his understanding and sacrifice as I proceeded through the journey of a doctoral program. I could always count on him to cheer me up and make me smile on the more difficult days. His ability to be carefree and his love for me encouraged me and allowed me not to always take things so seriously. My only hope that he knows how much he means to me and that I hope I can do the same for him one day.

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Chapter I: Introduction

Autism is a developmental disorder that is increasing in prevalence and an increasing number of individuals across the nation (Hess, 2009). Children diagnosed with autism struggle in social relationships, are isolated, withdrawn, and inflexible, have persistent and compulsive behaviors, and lack communication skills, and expressive and receptive languages (Layne, 2007). Research shows that early intervention is the most successful way to improve the quality of life for children with autism (Feifer, 2008; Kenny & Winick, 2000; Layne, 2007; Mastrangelo, 2009; Mittledorf, Hendricks & Landreth, 2001). Studies show some interventions currently in use incorporate a form of play (François, Powell, & Dautenhahn, 2009; Greenspan & Wieder, 2007; Hess, 2009; Lu, Petersen, Lacroix, & Rousseau, 2010, and Simeone-Russell, 2011). There have been theoretical discussions about the possible use of play therapy with children diagnosed with autism (Feifer, 2008; Layne, 2007; Mastrangelo, 2009). In addition, two published case studies addressed the success the researchers saw using child-centered play therapy (CCPT) with children with Autism Spectrum Disorder (ASD) (Kenny & Winick, 2000; Mittledorf et al., 2001). With the diagnosis of autism on the rise, more literature is being published on the topic, but there is still limited information pertaining to the use of play therapy as a viable intervention.

Defining the problem

The Center for Disease Control and Prevention (CDC; 2012) stated that one out of 88 children are diagnosed with autism. Researchers predict a continued increase in the number of children diagnosed with autism due to increased awareness and the genetic components and the impact this increase will have on the counseling profession (Hess, 2009; Layne, 2007; Simeone-

Russell, 2011). The growing number of diagnoses suggests that counselors and researchers should explore more effective interventions to use with this population. Many of the current interventions studied included play in their approach and have shown this addition to be beneficial (François et al., 2009; Greenspan & Wieder, 2007; Hess, 2009; Lu et al., 2010; Simeone-Russell, 2011). Although more interventions are incorporating play, there is limited research on the use of play therapy as an intervention with this population. The use of play therapy with autism remains primarily theoretical and most current research consists of case studies. A variety of researchers have discussed the potential use of play therapy and believe that it could be a viable approach to use with children diagnosed with autism (Feifer, 2008; Kenny & Winick, 2000; Layne, 2007; Mastrangelo, 2009; Mittledorf et al., 2001). With the lack of relevant research, there may be some hesitation among play therapists or researchers in play therapy to utilize this modality with this population (Kenny & Winick, 2000). Within the limited research, no researcher has explored the experiences of play therapists who have worked with this population. Along with a need to know the rate of success of this intervention, we must understand therapists' experiences to determine whether play therapy is a reasonable and useful intervention with children diagnosed with autism. An analysis of these experiences may educate professionals on the effectiveness of play therapy with autism and help close the gap in the literature on this therapeutic intervention.

Purpose statement

The purpose of this phenomenological study was to explore the experiences of therapists who have utilized play therapy with children diagnosed with autism. This study explored these individuals' experiences, through interviews, to gain more insight into using this approach as an intervention with the growing population diagnosed with autism. Data from the interviews were

analyzed and organized into themes and the essences of the experiences of the participants were discussed.

Research question

1. How do Registered Play Therapists or Registered Play Therapist Supervisors (RPT/S) describe their experience of utilizing child-centered play therapy with children diagnosed with autism?

Significance of the study

The increase in the number of children diagnosed with autism (CDC, 2012) signals the need for studies on children and their families. Unfortunately, researchers have contradicted each other over the years regarding the appropriate use of play therapy with children diagnosed with autism. For instances, Bromfield (1989) discussed a case history that supported the idea that play therapy can be helpful to children that are diagnosed with higher functioning autism. Guerney (2001) stated that those individuals diagnosed with severe autism and schizophrenia are unlikely to have a positive outcome when treated with CCPT. Heflin and Simpson (1998) added that play therapy and psychoanalysis were seen as having little to no value when working with individuals diagnosed with autism.

There are several recent studies that address current approaches used, including interventions that incorporate aspects of play therapy (François et al., 2009; Greenspan & Wieder, 2007; Hess, 2009; Lu et al., 2010; Simeone-Russell, 2011). These studies show a strong support for incorporating play therapy into interventions used with children diagnosed with autism. Yet, there is still a gap in the literature regarding the use of play therapy as a specific intervention. Most of the current literature addresses the theoretical framework of the potential use of play therapy (Feifer, 2008; Layne, 2007; Mastrangelo, 2009), but only a few case studies

describe the implementation of CCPT with children diagnosed with autism (Kenny & Winick, 2000; Mittledorf et al., 2001). No researcher has looked at the experiences of the therapist implementing play therapy with children diagnosed with autism.

Exploring the experiences of these play therapists can influence and educate the profession of play therapy along with those affected by autism. Learning from these individuals can teach other play therapists about the possibilities of working with children diagnosed with autism. Play therapists can learn about whether CCPT is a worthwhile approach to use with children diagnosed with autism and if so, what to prepare for when implementing. Professionals that educate families of children diagnosed with autism can also learn from the experiences of client-centered play therapists. Additionally, the experiences of child-centered play therapists working with children on the autism spectrum can direct further research in this area.

Limitations

This study was limited to registered play therapists or registered play therapist supervisors (RPT/S) who are members of the Association for Play Therapy (APT) and have worked with, or are currently working with, children diagnosed with autism. In addition, it was necessary for the RPT/S to have used CCPT as their preferred approach. The only individuals to be interviewed and included in the study were those who voluntarily responded to an inquiry sent out on the APT listserv and were willing to participate in an interview. These play therapists were invited to be interviewed about their experiences of using CCPT as an intervention for children diagnosed with autism. Interviews were conducted over the phone if location and time constraints posed an issue. This occurred when the author was unable to travel to the interviewee's location. Only the experiences of the RPT/S were analyzed, not the children or parents who received the intervention.

Delimitations

The researcher sent out a listserv inquiry including a lay summary addressing the purpose of the study through the APT listserv. An inquiry was then sent through an email database from APT to gain an adequate number of interviews from across the nation. The participants were notified of the length and purpose of the interviews, and the researcher's intention of analyzing and reporting the findings. The researcher ensured the participants that identifying information would not be used. The interviews conducted for the study were semi-structured with set questions and follow-up questions if more information was needed about a particular response. To assist in formulating the interview questions, the researcher conducted a pilot study. The pilot study interview helped the researcher select appropriate questions and also helped to ensure credibility and enhance trustworthiness of the study.

Terms and Definitions

Autism: "the presence of markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activity interests" (American Psychiatric Association, 2000, p. 70). Further explanation of autism and its characteristics are included in chapter II.

Phenomenological study: the understanding of "a small number" of individuals' lived "experiences about a phenomenon" through inquiry (Creswell, 2009, p.13). Further explanation of a phenomenological study is included in chapter III.

Play Therapy: the theoretical approach "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" (Association for Play

Therapy [APT], 2012, About play therapy). Further explanation of play therapy is included in chapter II.

Registered Play Therapist or Registered Play Therapist Supervisor: "Registered Play Therapists (RPT) and Registered Play Therapists-Supervisors (RPT-S) are state licensed or certified practitioners who have satisfied the criteria" developed by APT (2012, Credentials overview). These individuals are credentialed to provide play therapy. They are specially trained to assess and better understand children through their play.

Overview

Chapter I provided an introduction to the following study. This chapter revealed the problem of gaps in the literature pertaining to the use of play therapy as an intervention for children diagnosed with autism. In addition, chapter I addressed the purpose of the study, research questions, significance of the study, limitations and delimitations, and definitions of key terms. Chapter II provides an extensive review of the literature describing autism and its current effects on society, current research on interventions that incorporate play, and the current literature on the use of CCPT with children with ASD. In chapter III, the reader will find a thorough explanation of phenomenological research and how it will be used in this study. Chapter IV will share the results found through conducting the interviews. In the discussion, chapter V, the researcher will share how the findings are connected to the significance of the study and how it may affect the current literature and the profession and field of study. Any unexpected findings and limitations will be discussed in this chapter along with considerations for future research.

Chapter II: Literature Review

Autism is a rapidly increasing diagnosis that has an effect on many children, their families, and ultimately our society as a whole. Due to the impact of this disorder, it is important to assess potential treatment strategies. Currently, Applied Behavioral Analysis (ABA) is the most researched intervention used with autism (Campbell, 2003; Cohen, Amerine-Dickens, & Smith, 2006; Eikeseth, Smith, Jahr, & Eldevik, 2002; Lovaas, 1987; McEachin, Smith, & Lovaas, 1993; Sallows, & Graupner, 2005). In ABA, therapists analyze the behavior of clients and determine the appropriate type of behavioral approach to use. In addition to ABA, a few other techniques have been studied, including CCPT, which will be the focus of this study, FloorTime, Theraplay, sandplay, and robotic-assisted intervention. There is limited research on CCPT and its use with autism, but what little research there is has shown this method of treatment to be successful. The following chapter will explore what the research has revealed about autism, play interventions used with children diagnosed with autism, CCPT, and the use of CCPT with children diagnosed with autism. The review of the literature outlines the need for more advanced research on the experiences of utilizing play therapy with a population in such critical need of treatment.

Autism and Its Effects

Autism Spectrum Disorder (ASD) is a pervasive developmental disorder that alters the brain's structures including the cerebellum, the hippocampus, and the limbic system. The cerebellum controls movement and the hippocampus and limbic system control emotions, which

influence behavior (Hess, 2009). The corpus callosum, cerebellar vermal lobules VI-VII, and the amygdala also show abnormalities in autism spectrum disorders (Akshoomoff, 2005). White matter increases in the frontal regions of the brains of children diagnosed with autism. The increase of white matter creates a communication failure between the different regions of the brain including those areas that affect language, cognition, social, and emotional functions (Williams, 2008). The increase of white matter is due to the increased release of brain-derived neurotrophic factor (BDNF). As a brain develops through the critical periods, it takes in new information. As new information enters the brain, a synaptic connection is made to hold together "memory and learning, emotional and relational, as well as cognitive" experiences (Badenoch & Bogdan, 2012, p. 8). BDNF is released at this time to ensure the synaptic connection fires together when similar experiences occur in the future. Once BDNF is released, plasticity begins to decrease, white matter increases, and the critical period begins to close. When important or surprising experiences happen, the brain of a child with autism is unable to differentiate these experiences and releases an excessive amount of BDNF. This excessive release causes an overgrowth of white matter and the critical period to close too soon (Badenoch & Bogdan, 2012, p. 8-10). Thus, the increase in white matter constrains the child's ability for effective learning and developing.

Baron-Cohen and Belmonte (2005) termed the social brain as an area of the brain also affected by autism. The social brain is comprised of the "amygdala, orbitofrontal and medial frontal cortices, and superior temporal sulcus and gyrus" (p. 112). There is an increase in cell packing, an increased volume of neurons and cells in a specific area, in the amygdala of a brain with autism. This pattern is similar to individuals with lesions on the amygdala. In addition, magnetic resonance imaging (MRI) has found that brain's in individuals diagnosed with autism

has an increased volume of the amygdala. Studies of adults have shown an increased volume if the amygdala contributes to the amygdala having little activity when an individual has to infer emotions by viewing eyes, the whole face, or expressions from unfamiliar faces. Additional studies conducted with adults diagnosed with autism showed a lack of activity in the "left medial frontal cortex during an empathizing task in orbitofrontal cortex during recognition of mental state words, and in superior temporal sulcus during passive listening to speech sounds" (Baron-Cohen & Belmonte, 2005, p. 113). Baron-Cohen and Belmonte added that a majority of children diagnosed with autism between the ages of two and four have a brain volume that is larger than an average child's brain at that age. Research has shown that the frontal lobes contribute to most of the enlargement. The areas that are most affected by this enlargement contribute to "complex cognitive functions such as social behavior and language" (p. 117).

Studies have indicated that the vital parts of the processing network in a brain affected by autism have difficulty communicating with each other. The local regions of the brain also struggle communicating. Yet, there is an increase in local connectivity within regions, explaining why these children seem to "have strong associative learning with poor flexible thinking" (Williams, 2008, p. 14). While there may be strong connection within a region, there are decreased amounts of connectivity between regions, slowing down the processing speed of a child with autism. This lack of connectivity also increases issues in integrating new and different processing tasks and determining the best processing network for a particular task (Williams).

A young brain has plasticity, meaning that it is malleable and can be reshaped by experiences. These experiences can be both good and bad. Within the concept of plasticity, it is important to understand transfer of function. Transfer of function is the "idea that certain areas of the brain are destined to be enabled to carry out certain functions," but in some cases, those

functions may be transferred to other areas of the brain through interventions. (Siegel, 2003, p. 37). A brain of a child diagnosed with autism will have barriers that will prevent certain regions of the brain from communicating with each other and processing information successfully. A new pathway in the brain for communication and processing must be found for these children. Therefore, interventions used should focus on aiding the child to learn to transfer a function that occurs in a compromised portion of the brain to a more capable part of the brain. The brain has more plasticity during the earlier years of childhood and it begins to lessen around eight years of age. This is the reason there is a push for early intervention for children (Siegel). Providing a child with enriched experiences that help to promote the increase in typical functioning can help the brain's increase through exposure to experiences that are more positive. While a brain of a child with autism functions and processes differently, it does have plasticity, although the plasticity may be decreased even more quickly by the release of BDNF (Badenoch & Bogdan, 2012). While plasticity of the brain never completely diminishes, it is important to be aware of any early signs of autism to ensure the child receives interventions during the "window of opportunity" (p. 37).

Feifer (2008) charted six early indicators of autism and noted the regions of the brain that are affected. The first category is social orienting, whose development occurs primarily in the limbic circuitry of the brain. The average developing child should attend to others at three months. By four months, they should begin to attempt to locate human sounds in their vicinity. Children should respond to changes in eye gaze around five months. Between five and seven months of age, the average child should begin to respond to his or her name. If a child with autism does not receive interventions, the child may exhibit developmental deficiencies,

indicated by a lack of eye contact and social isolation, and demonstrate an intense interest in objects that move in predictable patterns such as spinning tops or trains.

The second category Feifer (2008) addressed was joint attention. Joint attention occurs in the interaction of the limbic system, temporal lobes, and the orbital frontal cortex of the brain. At three months, the average developing child should begin sharing eye gaze. By seven months the child should begin to draw other's attention in shared experiences. Between six and 12 months, the child should match the turning of his or her head toward an object when the mother's head turns towards it. If a child with autism does not receive early intervention, the developmental deficits that are related to this category are difficulty in learning from their environment, discerning relevant stimuli, engaging others in play, and seeking help.

Feifer's (2008) third category was emotional responsiveness. In terms of brain functioning, this category of behaviors occurs in the basal ganglia, the amygdala, the orbital frontal cortex, and the frontal lobes. The first behavior addressed in the category is social smiling, which should occur between four and eight weeks of age. As a newborn, the average developing child should be able to imitate facial expressions and should respond in a positive manner to soothing and cuddling. By eight months, the average developing child should form an attachment to their caregivers. Between the ages of nine to 12 months, the child should begin social referencing, looking for a familiar face for information. Without early intervention, individuals with autism may struggle with relating emotions to specific events. These children may lack the ability to empathize or not be able to infer how their own behavior may cause an emotional response in another individual. The individual may have difficulty in determining the level of safety of a situation based on the emotional tones of another individual as well as being unable to form secure relationships (Feifer).

Motor imitation is the fourth category of early indicators of autism. The brain regions responsible for these behaviors are the limbic system, the frontal regions, and the cerebellum interactions. By the age of one year, an average developing child should begin imitating actions such as waving; and by one to two years, the child should be able to imitate behavior in a larger context. A child with autism who does not receive appropriate early interventions may struggle with learning new behaviors through mimicking others and may struggle with generalizing new physical behaviors (Feifer, 2008).

The fifth category discussed is face processing. These behaviors manifest within the occipital and temporal lobe, the fusiform gyrus, and the temporal cortex. An average developing child demonstrates a visual preference for human faces. As a newborn, the child should recognize and begin to differentiate the mother's face. At the age of two months, a child prefers to scan eye regions. Without appropriate intervention, an individual with autism could have difficulty determining the emotions of others through facial expression and body language and also have trouble visually discriminating between strangers and familiar individuals (Feifer, 2008).

Feifer's (2008) final category is communication. The regions of the brain in which communication behaviors occur are the temporal lobes. Communication begins as babble, which for an average developing child should occur around two months of age. A child should begin to gesture by the age of 12 months. By nine to 12 months, a child should begin saying single words and by the age of 16 to 24 months, should begin to say multiple spontaneous words. A child diagnosed with autism who does not receive treatment may struggle with receptive language and expressively using language.

Autism's effect on brain development creates delays in language, social interactions, play skills, and cognitive and adaptive functioning. Autism is usually diagnosed in children around the age of two years, based on the observation of the delays listed (Layne, 2007). These impediments cause the characteristics of autism including: lack of social relationships, isolation, withdrawal, lack of communication, lack of expressive and receptive language skills, persistent and compulsive ritualistic behaviors, and extreme inflexibility in their ability to change routine. As the number of parents with children diagnosed with autism increases, greater assistance for these individuals will be needed.

Ellen Notbohm (2005), a mother of two sons diagnosed with autism, offered a glimpse of this disorder through the eyes of a child in a book entitled *Ten Things Every Child with Autism Wishes You Knew*. Her book addressed many aspects of life for a child who is diagnosed with this disorder. Notbohm noted that these children often lack self-esteem, which affects their ability to interact. She succinctly stated, "Self-esteem, that essential component of social functioning, will not flourish in an environment that sends the message: *You're not good enough just the way you are*" (Notbohm, p. 71). Efforts to enhance self-esteem are important as it can have on positive impact on a child diagnosed with autism. Notbohm mentioned a time when a para-educator told her that it is important that her sons be able to be kids and not always children with autism. As she continued to discuss her sons, she shared their success in their ability to get involved with peers and social activities, which she attributed to her constant reinforcement of their self-esteem (Notbohm, 2005). It is important for people who interact with this population to remember that children with autism are first children rather than the disorder. Daniel (2008) noted, "…always remember that children with autism have lives beyond their labels" (p. 28).

Fleischmann (2004) studied narratives written by parents of children with autism and found that many of these parents experienced similar struggles before and after their child's diagnosis. These parents experienced a number of emotions and reactions such as anger, relief, and guilt. This study indicated that parents did all they could to learn about autism and its treatment by talking to others and doing their own research of the literature. Many authors agree that quality of life improves with treatment (Feifer, 2008; Hess, 2009; Kenny & Winick, 2000; Mastrangelo, 2009; Mittledorf et al., 2001). McConachie and Robinson (2006) discussed various services such as speech and language therapist, interventions from social workers, family support, and special pre-school programs that should be provided to children with autism as recommended by the National Autism Plan for Children. They stressed the importance of the access the children and families have to the services and the amount of service they received. Ultimately, additional counselors will be needed to work with children diagnosed with autism and their families (Layne, 2007). Layne noted how important treatment is in helping children diagnosed with autism. One promising treatment to consider would be CCPT, since it is a prominent approach used with children.

Play Interventions and Autism

When considering play therapy for children diagnosed with autism, the literature provides information on predominately play-based interventions. These interventions contain aspects of CCPT. One intervention with support in the literature is the developmental, individual-difference, relationship-based (DIR) approach known as Floor Time. Greenspan and Wieder (2007) developed this approach and it combines a developmental approach with specified activities from a client-centered perspective. Floor Time includes the counselor, parents, and other caregivers in the activity. The child takes the lead and is the one to make the decision on

the play that will take place. The difference between Floor Time and play therapy is that the individual working with the child attempts to "woo" the child to allow the individual to become engaged in the child's play. In addition, Floor Time has the adult physically position himself or herself between the object that the child desires and the child. This placement is to prevent the child from avoiding interaction with the adult. The individual working with the child then challenges the child by playfully pulling away what the child wants to encourage interaction with the adult. Over the course of therapy, this form of play becomes more normal. Normal looking play for a child with autism includes the child interacting more with the individual with whom they are playing. With this normalized play the child begins to display a more elaborate, symbolic form of play showing their movement through developmental levels (Hess, 2009).

Another researched play-based therapy used as an intervention with children diagnosed with autism is Theraplay (Simeone-Russell, 2011). Theraplay incorporates aspects of play therapy to help build attachments between the child and others. This intervention uses activities to structure, engage, nurture, and challenge to create and support the growth of attachment for the child. Structured activities include those that encourage the child to follow directions. Activities that foster engagement support the building of a strong rapport between the child and the individual working with the child. Nurturing activities are activities that help the child feel secure, accepted, and cared for. When incorporating the challenging activities, the therapist provides an activity that allows the opportunity for the child to be successful. Simeone-Russell noted that children, "can learn and practice communication skills facilitated by a caring, nonjudgmental, and encouraging therapist" (p. 225). The parents or guardians of the child observe how the therapist conducts these activities, and in later sessions, join the therapist and child to facilitate the transfer of attachment between the parent or guardian and child. These

different activities create safety, security, acceptance, increased self-esteem, and self-confidence primarily because of the interaction with whom the child is working, the environment in which the activities take place, and the nature of the specific activities. The literature indicates that the use of structure, nurture, engagement, and challenge activities in Theraplay help facilitate a framework for children diagnosed with autism to reach therapeutic goals (Simeone-Russell). Simeone-Russell also proposes using Theraplay as a group intervention in kindergarten classes to build an attachment and relationship between children with autism and their classmates.

Sandplay is another intervention that has been researched as a treatment modality for the autism population. Sandplay interventions can improve the ability to be spontaneous and flexible, while increasing socialization of children diagnosed with autism and interactions with others (Lu et al., 2010). Incorporating sandplay as an intervention allows the children to express their world in a safe, symbolic way. Lu and colleagues designed a group approach to sandplay specifically for the school setting. The classroom consisted of both students diagnosed with autism and average developing students. The authors used an opening ritual, the sandplay, storytelling, and closing ritual as the semi-structured sandplay intervention. The opening ritual eased the children to transition into the therapeutic play to encourage them to share and interact with each other. Each child had a sand tray with which they worked but shared a box of figurines consisting of human and animal figures, transportation figures, marbles, feathers, and other small objects. The children also had the option to build a sand tray together. Once the children finished their sand tray, each child discussed what they had created. Following the storytelling, the group participated in the closing ritual that resembled the opening ritual and served to help the children transition back into the school atmosphere. Lu and colleagues found that sand play contributed to improvements in “developmental skills in communication, socialization, and symbolic

elaboration" (p. 63). Parker and O'Brien (2011) conducted a case study on sand play with a seven-year-old boy diagnosed with autism. Therapy lasted over the course of 12 sessions and was conducted within a school setting. The researchers found a decrease in all problem behaviors. Based on the data collected, the researchers found a decrease in the number of visits to lunch detention, the number of times he hit or bit others, the number of tantrums he had in the classroom, and the child's refusal to participate class (Parker & O'Brien).

François and colleagues (2009) conducted a long-term study on robot-assisted interventions for children diagnosed with autism. The authors worked with six children at a school in the United Kingdom. An experimenter sat in the room with a child and a robot built in the form of a dog. The experimenter used a laptop to control the dog's movements so that it reacted appropriately to the particular child's needs. The authors' approach was primarily from a child-centered perspective; the child was able to choose what and how he or she would play. The experimenter did not initiate any interaction during the session; the child initiated all interactions. Along with a child-centered approach, the authors incorporated aspects of robot-mediated therapy and education, since research has shown that robots can stimulate a wide range of behaviors in this particular population (François et al., 2009; Giannopulu & Pradel, 2010). The sessions lasted a maximum of 40 minutes and occurred once a week over a 10-week period. Each child displayed progression according to the child's developmental level of communication and social interactions. The children at a lower developmental level made less progress compared to those at a higher developmental level. Those at a higher developmental level began to interact and socially communicate with the experimenter. Francois and colleagues noted that the non-directive play therapy approach appeared to facilitate a more productive interaction from the children and enhance their progress. In a different study, Giannopulu and Pradel (2010)

investigated robotic-assisted intervention in France. In this study, the authors use a robot named GIPY-1 that was controlled by a joystick connected to a laptop. The children in the study ranged in age from seven to nine years and were at a developmental age of two to four years old. The authors looked at four different criteria: eye contact, touch, manipulation, and posture. Over the course of the study, the researchers noticed an increase in the interaction of all the children participating in the study. The duration of time spent doing each of these behaviors increased over the course of the study (Giannopulu & Pradel). Both of these studies support the fact that when children are given the opportunity, they can begin to learn how to initiate interaction.

CCPT is a prominent non-directive approach. Landreth (2002) eloquently described CCPT as:

> an encompassing philosophy for living one's life in relationships with children - not a cloak of techniques to put on upon entering the playroom, but a way of being based on a deep commitment to certain beliefs about children and their innate capacity to strive toward growth and maturity. (p. 59)

CCPT is just one approach to play therapy that is the building block for other forms of play therapy. Play therapy can help children become more flexible in their lives and interactions with others (Landreth, 2002). CCPT allows children to decide how and when interactions take place without judgment. They are able to control the situation, and communicate to the therapist in their own language (Landreth). The counselor is there to experience what the child is working through and support him or her.

Axline (2002) stated in her seminal work that play was the most natural form of self-expression which makes it an optimal way for adults and children to communicate. It is also an excellent way for children to communicate among themselves. One of the most beneficial

aspects of CCPT is its ability to help a child develop self-acceptance. The use of play therapy can aid children in having a sense of freedom and can help them to feel accepted for simply being themselves (Kenny & Winick, 2000). Children with autism develop a passion or even an obsession for a particular interest known as Circumscribed Interest (CI) (Porter, 2012). These children have difficulty interacting with others and making friends due to CI. Porter noted that a child diagnosed with autism could use CI to further their pretend play. There are four steps to the interaction that would utilize CI in this way: create a web of items associated with the CI, model new pretend play objects, add verbal interactions into the play, and provide outings and new themes to the CI (Porter). Allowing children to play out their personal interests can help children with autism feel more at ease in interacting with others as well as others' ease in interacting with them. Children diagnosed with autism make connections when an individual is willing to communicate on their level (Daniel, 2008). Mastrangelo (2009) theorized that play can lead to the education and development of children's cognitive abilities. The major component of play therapy is play, and this may offer an experience that leads to increased cognitive ability in children with autism. When these children have access to play they can begin to improve their skills of communication, sensory processing, and reciprocity (Mastrangelo).

Lawver and Blankenship (2008) published a vignette of non-directive play therapy that included a look at past studies that have shown the success play therapy has had with multiple child populations. This particular study did not address a specific population but instead looked at the use of play therapy in general. The authors summed it up, "what is often the lost language of play which brings therapy to the level of the child with in the child's own realm. Play therapy can be a viable and engaging way to approach the treatment of the younger patient," (p. 28). Due to the level of insecurity and fears in children diagnosed with autism, they may fear the use of

exploratory play. Therefore, they need an environment provided that is safe, unconditionally accepting, and supportive of their needs and interests. A non-directive approach to play therapy provides this type of environment (Daniel, 2008). Josefi and Ryan (2004) conducted a case study on the use of non-directive play therapy with a six-year-old boy diagnosed with autism. Before therapy began the boy had no verbal language and used mostly gestures and fiscal guidance to communicate. In addition, the mother reported that he had outbursts of energy and occasional tantrums. The child's mother noted that he rarely played and when he did, it was mechanical. This study was conducted over a five-month period for 16 sessions. The authors analyzed child-initiated physical contact, child-initiated play activities, child-initiated interaction with the therapist, and time spent on ritualistic behaviors. At the end of the 16 sessions, Josefi and Ryan (2004) noted that the child had increased the initiative, was more willing to do things for himself, and began to play new activities. The authors also found that the child became more accepting of rules and boundaries both in the playroom and at home. Over the course of the study, the child was also able to demonstrate an increased attachment to the therapist. Through analyzing the time spent playing, the authors noted, that the child significantly increased the amount of time spent playing and concentrating on a specific activity. The child in the study also became more vocal with the therapist. There was only a small reduction in ritualistic behaviors. Josefi and Ryan contributed the improvements of the child to the characteristics of non-directive play therapy.

Considering professionals have only recently become more educated on autism, research on multiple therapies including play therapy is limited. Most of the research on CCPT used with children diagnosed with autism is case studies. There is a body of theoretical literature that discusses the benefit of using CCPT with children diagnosed with autism (Feifer, 2008; Layne,

2007; Mastrangelo, 2009). Mastrangelo stated that children with autism need exposure to ample amounts of play to help them to begin to develop skills such as communication, taking turns, and sensory processing. Autism spectrum disorders prevent children from having the ability to initiate play. Due to this characteristic, it is vital that individuals working with this population be able to provide the environment for play. When provided an environment for play the child diagnosed with autism can begin to explore and learn to initiate play (Mastrangelo).

One study (Park, 2008) discussed an interaction between an occupational therapist and a child diagnosed with autism where the importance of play was demonstrated. The occupational therapist allowed the child to determine the types of interactions and activities. Over time, the child began to bring play from outside to the sessions. These sessions included imaginative play based off his passion for Disney movies. Again, the type of play that these children participate in should be one that allows them to decide how to play and with what to play. These children should be allowed to enjoy the play they are doing by the play being active and not always goal-oriented. Goal-oriented play is selected by the adult and directive rather than allowing the child to select play activities and make choices. This more behavioral approach does not encourage the child to make choices about play. When more of a directive approach is used, these children are no longer engaging in true play, and it is impossible to determine if the child has the capacity to play (Mastrangelo, 2009).

Layne (2007) pointed out that play therapy may influence language development. Siller and Sigman (as cited in Layne) found that caregivers who were sensitive and engaging in play with their children diagnosed with autism began to "develop superior joint attention and verbal skills" (Layne, p. 112). They also found that therapists who involved the parents with the child with the therapeutic process had a higher rate of success and saw change sooner. Porter (2012)

also noted that including parents could be beneficial to the treatment of children diagnosed with autism. Her study involved a mother's interaction with her child that showed how beneficial this interaction can be, especially when based on the child's interest (Porter).

Feifer (2008) discussed the impact that developmentally appropriate play therapy can have on the brain. If the play is at the developmental level of the child, then the therapeutic process is capable of creating the necessary connections within regions of the brain to assist the child in future learning. CCPT allows developmentally appropriate play. In practicing CCPT, the counselor has empathy for the child, experiences what the child is trying to express, and is understanding of the child, who they are, and what they are doing. These aspects of CCPT are some of the most important therapeutic characteristics, that when used can have a great impact on a child.

Ray, Sullivan, and Carlson (2012) noted several characteristics of the CCPT that could greatly improve the core problems of autism, including relationships and communication. These authors addressed how a therapist implementing CCPT provides full acceptance of the child. Ray and colleagues noted that a play therapist intently listens and tracks all things the child says which can encourage the child to want to create two-way communication with the therapist. These children finally feel as though someone cares about what they have to share. As a result of this feeling there is an increase in two-way conversation between the child and therapist and as well as others outside of session. In addition, CCPT allows the child to communicate non-verbally with the therapist and the therapist can do the same. CCPT can provide an environment that allows a child to feel safe enough to express his or her self-doubt and other emotional challenges through language (Ray et al.). This process allows the child to work through his or her emotional struggles and move beyond these issues. Ray and colleagues stressed how a child-

centered approach to play therapy does not create pressure for children to be different from whom they are, which is different from the behavioral approaches typically used with children diagnosed with autism. Ray and colleagues also stated that allowing a child to make changes of their own volition creates long-lasting changes. Fostering an internal motivation of change creates an internal reward, making the change more effective and part of the personal experience. This is important considering most days the child is treated as a child diagnosed with autism because of the constant therapies.

The few case studies in the literature have shown the impact CCPT can have on these children. Mittledorf et al. (2001) discussed three different cases in which counselors provide CCPT for children diagnosed with autism (Bromfield, 1989; Lanyado, 1987; & Lowery, 1985). In all three studies, there was progress in the child's interaction and social skills. These three children were able to start initiating verbal and nonverbal communication with the counselor. They also began to include the therapist in their play without the therapist initiating. In addition, the authors describe a specific case of a child diagnosed with autism who was a five-year-old boy referred by his father. When the child first started coming, the mother was concerned with the way he was developing. At the beginning of play therapy, the child displayed ritualistic behaviors along with a lack of awareness of objects and body in space. The therapist chose to use a child-centered approach when working with him. The therapist saw this child for a total of 18 months. Through the therapist allowing him to work at his own pace, provide him with an atmosphere that was nonjudgmental, and be open to the child's decisions, the child was able to find his own strength. The child was able to gain a sense of himself emotionally and physically as well as learn how to engage with others (Mittledorf et al., 2001).

In an additional case study, Kenny and Winick (2000) discussed the rationale for choosing a child-centered approach to play therapy. This therapeutic modality relies on nonverbal communication and nonjudgmental attitude toward the child. The authors chose this therapy because it allows children with disorders such as autism to learn about their strengths instead of focusing on their deficits, because the child initiates the play and interaction. As Kenny and Winick worked with the child in the study, they began by using play therapy and later attempted to incorporate behavioral aspects into the treatment to teach skills. What they found was that the child was more receptive and made more progress when they used CCPT alone. The child had fewer tantrums and outbursts and exhibited an overall calmer behavior. She also began to develop healthier attachments. Her teachers, physician, and mother noticed all of these changes. Kenny and Winick attributed the progress to the type of therapy that allowed the child to establish a greater sense of self-esteem.

Conclusion

There are few studies using CCPT in working with this population. Many therapists, families, and other professionals may not consider play therapy when seeking treatment because of the lack of research and studies supporting its effectiveness with children diagnosed with autism (Kenny & Winick, 2000). Layne (2007) stressed the importance and need to do more research in the area to support the use of play therapy as a best practice when working with such a growing population. Mastrangelo (2009) stated the importance of play therapy research when working with children diagnosed with autism. Aside from the few case studies, this research is lacking. Therefore researchers need to look at the effects of using CCPT as an intervention with children diagnosed with autism. The following chapter will address how the researcher will look

at the experiences of play therapists who work with children diagnosed with autism as a way to close the gap in the literature.

Chapter III: Methodology

As the number of children diagnosed with autism increases, it becomes more important that health care professionals utilize the most effective approaches for working with these children (CDC, 2012; Hess, 2009; Layne, 2007; Simeone-Russell, 2011). Many interventions that have been examined as possible approaches for working with children diagnosed with autism include play as an important component (François et al., 2009; Greenspan & Wieder, 2007; Hess, 2009; Lu, Petersen, Lacroix, & Rousseau, 2010; Simeone-Russell, 2011). Although research shows play as an important component in working with children diagnosed with autism, there are limited studies to support its efficacy (Feifer, 2008; Kenny & Winick, 2000; Mittledorf et al., 2001; Layne, 2007; Mastrangelo, 2009). Some studies indicate that some play therapists may hesitate to use this approach with children who experience pervasive developmental disorders. Phillips and Landreth (1998) found that some play therapists assume that children with autism experience a deficit in their play and cognitive abilities, which inhibits the use of play as a therapeutic choice (Kenny & Winick, 2000). There is no published research addressing the experiences of play therapists who have worked with this population. It would be beneficial to understand the experiences of play therapists who have used play therapy as a technique with children diagnosed with autism. Further understanding of their experiences may provide information to play therapists and other professionals who are involved in the treatment of children diagnosed with autism.

This study used a qualitative approach to explore the experiences of Registered Play Therapist or Registered Play Therapist Supervisors (RPT/S) who use CCPT to work with children diagnosed with autism to gain more insight and a deeper understanding of the choice to utilize play therapy. In this chapter, I will address the specifics of the type of qualitative study I conducted, the research questions that guided my study, my role as the researcher, and the method I used to collect and analyze the data.

Rationale for Qualitative Research Approach

Qualitative research explores topics where little research exists (Creswell, 2007). Midgley (2004) stated that this approach to research is beneficial for exploring the meaning and experiences of participants. Glazer and Stein (2010) noted the use of qualitative research in the field of play therapy is beneficial to understanding both the process inherent to play therapy and the special relationship between the therapist and child. Once a researcher decides to conduct a qualitative study, the next step is determining the type of qualitative study. There are multiple types of qualitative studies including the phenomenological approach.

A phenomenological study explores individual participants' experiences within a specific phenomenon in order to discover common themes, meaning, and the essence of the phenomenon. This type of qualitative research brings together individuals who have shared a common phenomenon to better understand and tell the story of their experiences and discover the phenomenon (Berndtsson, Claesson, Friberg, & Öhlén, 2007). The key to phenomenological research is that the researcher is looking at both the phenomenon itself as well as the overall essence of the experience. This provides the reader with the opportunity to more fully understand these shared experiences of the participants and gain insight into the specific phenomenon.

The purpose of this phenomenological study was to explore the experiences of RPT/S who have utilized CCPT with children diagnosed with autism. This study analyzed these individuals' responses in interviews to describe themes, meaning, and the overall essence of experiences of using CCPT with this population. As part of this study, the researcher hopes to answer the following research question.

Research Question

1. How does a Registered Play Therapist or Registered Play Therapist-Supervisor (RPT/S), using child-centered play therapy (CCPT), describe his or her experience using CCPT for children diagnosed with autism?

Researcher's Role

Initially, I must determine if a phenomenological, qualitative approach is appropriate for the research question I want to explore before starting a phenomenological study. If a phenomenological approach is appropriate, then the understanding is that I must be clear concerning the particular phenomenon I want to explore. Along with understanding the concept of conducting a qualitative study, I must recognize that I am the instrument used to collect data. In this study, I collected data through conducting individual interviews with RPT/S who utilize CCPT, and more specifically, those who use CCPT with clients diagnosed with autism. I then explored and bracketed out my personal assumptions, experiences, and beliefs before continuing. This ensures the reader and participants that I am trying to conduct this study in as pure and unbiased a manner as possible (Creswell, 2007). The topic of this study was first introduced to me in an introduction to play therapy course I was enrolled in during my master's program. As a final assignment, I was required to research the use of play therapy with a specific population. One of the choices was autism, and I was intrigued by this topic since I knew little about it. As I

began to sort through the literature, I realized that there was a limited number of resources to include in my project. This discovery had me wondering why there was not more literature, because from what I had read it seemed to meet many needs of children diagnosed with autism. After this course was over, I knew I wanted to learn more and see what our profession could learn about the use of play therapy with children diagnosed with autism. I am aware of my personal bias about the success of CCPT due to my theoretical training in CCPT.

As the researcher, I must inform the readers that since beginning this study I have begun to work with a child diagnosed with autism. I work as a graduate assistant at the Child Advocacy and Play Therapy Institute (CAPTI). As part of my work at CAPTI, I provide play therapy to children in north Mississippi. As I sit through interviews, I made myself aware of anytime I tried to allow my personal experience to be compared to what the interviewees shared with me. I reminded myself that at this moment I am the researcher and my role as a play therapist to a child diagnosed with autism should not interfere in the interviewees' own experience with this population.

In addition, I am aware that I desire to find the best approaches and interventions to improve the quality of life for children diagnosed with autism. My beliefs are that if the data shows play therapy as not being beneficial, then the public will be more informed about what will not be appropriate for this particular population. This information will allow researchers to focus solely on those approaches that are shown to be more beneficial. If the results show CCPT as a beneficial approach then the profession can be more informed to the possible use of this form of treatment.

A researcher must not enter a participant interview with preconceived notions, themes, or interpretations (Kvale, 2007). Throughout the study, I attempted to have a constant self-

awareness and awareness of my personal reactions to the information from interviewees. As I interviewed the participants, I kept an open mind to possible experiences of the interviewees. In addition to addressing any personal connections to the study, I must disclose the steps I took to gain permission from the Institutional Review Board (IRB) (Creswell, 2009). As the researcher, I followed all steps and regulations stated by the IRB. I completed all forms and training to conduct research involving human participants. As part of the IRB approval process, I ensured that I had completed all the necessary requirements to gain permission to conduct the following study. Once I gained approval from the IRB, the next step was to begin recruiting participants.

Data Collection

The researcher engaged in face-to-face and phone interviews with RPT/S. Any interviews conducted over the phone occurred only when there was a distance or significant time constraint. All of the interviews were tape-recorded in order to accurately transcribe each interview. The primary method of data collection for phenomenological studies was through interviews. It is suggested that between five and twenty-five interviews be conducted to provide a rich and thorough data set (Creswell, 2007). The actual number of interviews for this study was greatly dependent on the number of individuals that volunteered to participate in this study. The goal was to have six participants who have utilized CCPT with children diagnosed with autism to give depth to this study. There are a limited number of Registered Play Therapist or Registered RPT/S in the country and even fewer that work with this specific population in comparison to other professions. With the limitations I have set around whom I will interview and the theoretical approach they use, the number of responses I thought I might have been lower. I had 17 responses to the email sent out and of those responses, 10 interviews were successfully conducted. When deciding on whom to interview, I chose only participants that met the criteria

of having experience in the phenomenon of focus in the study (Creswell, 2007; Kvale, 2007; Wertz, 2005). I disseminated an announcement of the study that included a letter of introduction and the lay summary. The lay summary provided information related to what the study would entail, the purpose of the study, and how the study would be conducted. This announcement was electronically disseminated through the Association for Play Therapy (APT) listserv and email database to ensure the researcher was purposively sampling those actively engaged in play therapy. The participants in this study represented RPT/S across the country. Using a national listserv and email database increased the chances of obtaining a sample of RPT/S. Since the profession of play therapy is relatively young and training is limited in areas across the country, the numbers of play therapists are spread out across the country. There are few areas that multiple play therapists practice, including north Mississippi, where I reside. Recruiting participants through this medium allowed me to reach out to multiple play therapists that are outside of my work and daily interaction.

The phenomenological researcher must begin with two general questions: "What have you experienced?" and "What situations affected your experience?" The researcher may ask additional open-ended questions to provide participants the opportunity to further elaborate and elucidate their own experiences, but it is essential that they include these two questions or similarly worded questions (Creswell, 2007, p. 61).

The interview questions were a guide for my interviews. However, when new information arose during the interview, I used the opportunity to address the new data. I addressed the process and reasoning for incorporating additional questions in the discussion section the results. Flick (2009) described a semi-structured interview guide that is developed in such a way that the interviewee is perceived as the expert. Although the interviewee is the expert, the researcher has

to understand the importance of not straying from the purpose of the study (Flick). The following are the interview questions that were utilized during the scheduled interviews.

1. Are you a Registered Play Therapist or Registered Play Therapist-Supervisor who utilizes child-centered play therapy?
2. How many children diagnosed with autism have you seen, using child-centered play therapy? What were their ages? How many sessions did you work with each child?
3. How would you describe your overall experience with utilizing child-centered play therapy with this population?
4. Would you continue to use child-centered play therapy to work with children diagnosed with autism, why or why not?
5. With all we have discussed, what would you like to add (other thoughts, comments, questions)?

Data Analysis

Once the data was collected, I began the process of analyzing it. From the audiotaped interviews, I prepared a verbatim transcript from each interview. To ensure reliability, I double-checked the transcripts to ensure there were no mistakes in the transcriptions before conducting in-depth analysis (Creswell, 2009). An outside person was hired to transcribe the interviews. This individual was required to sign a statement that indicated they understood the need for confidentiality with this research. The recordings did not include identifying information to ensure there was no way to identify the participant through listening to the recording. The hiring of a transcriber assisted me with time constraints, allowing me to spend more time with deciphering codes and themes, along with unveiling the results. I then verified the transcripts to ensure their consistency with the recorded interview.

Once I verified the accuracy of the transcriptions, I analyzed each transcript and identified significant statements made by the participants. I then categorized and coded these statements. These codes helped to organize the information collected from the interviews. The codes were based on commonalities within the particular statements made by the participants. As a measure to ensure reliability, I used a colleague to cross-check the codes (Creswell, 2009). The colleague only viewed information that had all identifying information removed. Once the codes had been cross-checked I used the codes or categories to develop themes from the interviews (Creswell, 2007). To organize the data, the researcher carefully read the interview transcripts and the codes developed. This process took a few times of reading before developing concise themes (Wertz, 2005).

To ensure validity I used member-checking, which allowed each participant to respond to my analysis of his or her interview content. This was accomplished by providing each participant with a copy of the determined themes and a summary of the transcript of their interview to assess my accuracy in capturing the essence of their experience (Creswell, 2009).

Once the final themes were identified, I described the themes and what was learned from these shared experiences. I described the setting where the interviewee had experienced this particular phenomenon. I then explained personal experiences with the phenomenon at this point. Finally, I combined all of the descriptions and themes to present the essence of the participants' experiences to the readers, focusing on the commonalities. This description provided a rich and textured description of the phenomenon through details of the participants' stories and direct quotes. This detail demonstrates the validity of the findings as well as brings the reader into the study. After completing a reading of the analysis, the reader should have a better understanding of what it is like for an individual to experience this particular phenomenon (Creswell, 2007).

Summary

The phenomenological study allowed me to explore and understand the experiences of RPT/S who use CCPT with children diagnosed with autism. In this chapter, the research questions were shared along with the research methodology for seeking the answers to these questions. I discussed my role in the study, as the interviewer. I described how the data from the interviews was collected and analyzed for the study.

At the conclusion of this study, I hope to share new insights about the participants' experiences in working with this specific population. These insights can help educate the play therapy community, along with other professionals trying to help improve the quality of life for children diagnosed with autism. The following chapter will present the results from the analysis of the participants' interviews. After the results are explored, there will be a discussion of the results' impact on the profession and how the results can contribute to further research.

Chapter IV: Results

The purpose of this phenomenological study was to gain a better understanding of the use of play therapy with children diagnosed with autism. In order to eliminate the problem of multiple theoretical approaches to play therapy and the problem of level of training and experiences, the study focuses on the use of CCPT by clinicians who are Registered Play Therapists and Registered Play Therapist-Supervisors (RPT/S). The primary research question was: How do RPT and RPT-S describe their experiences utilizing CCPT with children diagnosed with autism?

This chapter presents the findings of this qualitative study as well as the obstacles in recruiting participants and the revision in the recruitment procedures. A summary of each interview is included. The chapter concludes with an exploration and description of the themes discovered.

Study revision

Participants were initially recruited using the APT research listserv. APT also offers a general listserv; however, the APT policy is for researchers only to utilize the research listserv. After the announcement to the research listserv, there were very few responses, and those were from individuals not meeting the requirements to participate. After consultation with colleagues, the researcher contacted APT to see if it was possible to obtain the email addresses of all RPT's and RPT-S's. APT provided the email addresses of all RPT's and RPT-S's through a formalized rental agreement. The email list consisted of 2,031 RPT's and RPT-S's. Once the email was distributed, 17 respondents were interested in participating in the study. All 17 were contacted

and, of those 17, 10 interviews were successfully scheduled. The number of participants was more than the researcher had originally proposed.

When the first participant was sharing her overall experience, there was a lack of depth in her description of the use of CCPT, specifically her sense of what was positive and/or negative about CCPT. In order to more clearly understand her experience, the researcher asked a follow-up question "What are the most rewarding and most challenging aspects of utilizing CCPT with children diagnosed with autism?" In the second interview, the same follow up was needed to clarify the participant's personal experience. After the first two interviews, this question was used throughout the remaining interviews.

In addition, the researcher found that the first two participants seemed to be inferring that there was specific information they would share with others, such as professionals and parents, about using CCPT with this population. In order to uncover these views by the participants, the question "What would you like others (professionals, parents, and play therapists) to know about the use of CCPT with children diagnosed with autism?" was asked. This question was also used throughout the remaining interviews.

Participant Descriptions

Nine of the 10 participants were located in the United States and one resides in Canada. Of the 10 participants, six are RPT-S and four are RPT. Table 1 shows a breakdown of the number of children seen, as well as the length of time the children were seen. The researcher chose pseudonyms to protect the anonymity of the participants. At the beginning of each interview, the researcher went over the protocol of the interview and study.

Table 1

Pseudonym	Gender	Credentials	# of Children Seen	Length of time
Amy	Female	RPT-S	30-40	6 mths
Beth	Female	RPT-S	40-50	1-2 yrs
Carly	Female	RPT	2	1 yr
Diane	Female	RPT	20	3 mths-3 yrs
Ellen	Female	RPT-S	20+	2-3 mths
Fran	Female	RPT	50-60	3 mths-6 yrs
Gail	Female	RPT	12	6 mths-2 yrs
Hannah	Female	RPT-S	5	6 mths-2 yrs
Ida	Female	RPT-S	100+	3 mths-2 yrs
Jean	Female	RPT-S	100+	1.5-2 yrs

Summary of Interviews

The following are summaries of the interviews with the 10 participants. The pseudonyms have been used to identify each participant. The descriptions and summaries do not contain any identifying information. In addition, each participant will be referred to as she or her to remove any possible identifiers. This is to ensure the privacy and confidentiality of the participants of this study.

Amy. Amy is a Registered Play Therapist-Supervisor (RPT-S) who stated that she uses non-directive techniques with children diagnosed with autism. She has worked many years in the field of play therapy; over the course of these years, she has seen numerous children diagnosed with autism. She began working with children diagnosed with autism using CCPT, but, after a few months, she became frustrated with the lack of improvement. As she shared her experiences in working with children diagnosed with autism, it became apparent that, over the course of time, she has made adaptations to her approach. She informed me:

> It evolves over time because…first I tried developing relationships with these kids, and I was just horribly frustrated because all they would do would go (sic) to the opposite end of the playroom for weeks at a time. Go over there and play by themselves, and no matter what I said to them; no matter what I did there was no engagement with me.

Amy felt that she needed to place herself in the "line of sight" of the child in order to increase the level of engagement. Over time, she began to incorporate a more prescriptive approach to working with children diagnosed with autism. Amy felt that it was overwhelming for the children to have the therapist use only the CCPT approach for a full 45 minutes. She realized she needed to use other methods during the time spent with children in the playroom. A major influence on Amy developing her particular approach was the location of her practice. She is in a more rural area with families who have time and financial restrictions. Amy explained that the CCPT concept can take an undeterminable amount of time to proceed at the child's pace, and "these parents only have twenty sessions a year and that's all they get and that's all they can afford, it can't go necessarily at the child's pace."

Amy's prescriptive approach includes activities she has the children do that enhance their verbal skills, their emotional recognition, and their social skills. However, even though Amy uses a more prescriptive approach in her work with children diagnosed with autism, she uses child-centered components. She allows the child to decide what will happen in the session. The children understand that there are different components within a 45-minute session, and they get to decide whether it is an activity she chooses or an activity they choose to begin the session. During these activities, she will use puppets or a therapy dog. Amy feels that the nondirective component to her approach is very important for empowering a child. She shared, "That they feel powerless because they are neuro a-typical in what everybody thinks is a neuro-typical world."

Amy believes that children diagnosed with autism "don't crave" the main components that CCPT offers, but they do still “need to feel that sense of empowerment." Amy not only uses CCPT language, but she also teaches this language to the children's parents.

Amy mentioned her work with parents several times throughout the interview. She feels it is very important for the improvement of the child that the parent is included in the treatment. Amy believes it is important to help the parents feel competent and confident in their interactions with their child. She feels this helps improve the relationship between the parent and the child and increases the level of harmony at home. In addition, Amy says that when parents feel competent, they become more empathetic and understanding of the child and more willing to interact with the child. She uses a hybrid approach to working with the parents. She utilizes a mix of Theraplay, Child Parent Relationship Therapy, and Filial therapy. Amy encourages parents to use CCPT language when interacting with their child. In one particular family with whom Amy works, the child likes to cook. When the child goes home, the mom asks what he wants to do, and it usually revolves around cooking. They usually cook something together and interact with each other during the process. Within the interaction, the mother communicates with the child as the therapist would in a playroom. Amy sees this type of interaction as extending the play sessions and removing the time constraints in therapy. Amy's very passionate about the work she does with these children and with these families. She reiterated several times how she feels that it is so important for her to make adjustments for her population in order to provide them with the best treatment available.

Amy discussed her challenges and rewards in working with this population. She shared how children diagnosed with autism are very repetitive in their play. This characteristic can be quite challenging for her when the child does the exact same thing for 45 minutes every time he

or she comes into the session. At the same time, Amy says it is very rewarding when that same child comes in, picks up a new toy, and begins to play a new activity. She is then able to see improvement. As Amy continued to share the rewarding aspects of working with this population, she said that one of the best and most rewarding things that happens is when she sees a parent "get it." She explained this happens when the parents are able to see the child in a whole new light and begin to reframe their expectations and goals for the child. As Amy expanded on parents' understanding and progress, she shared:

> That's our goal, to talk to parents that we're working toward understanding and being able to predict their behavior, so that you can manage their world in a way that makes them more predictable, so that it makes them more socially adaptable. That's the best that we can hope for.

Amy wanted me to know that she believed that, as I further explored this topic and what other participants had to say, that those participants who were passionate about CCPT would be able to explain and express the improvement they have seen. She adamantly believes that improvement is being made. Amy feels that due to her circumstances and location she does not have the luxury or the time to always implement a strict CCPT approach, but she does feel that the CCPT components can be very beneficial.

Beth. Beth is a RPT-S who is truly passionate about her work utilizing CCPT with children diagnosed with autism. She has worked with numerous children over the years in a private practice and is now part of a program that works with three to five-year-olds. She has worked with children who have recently been diagnosed with autism, both higher and lower functioning. Beth has seen a real benefit when utilizing CCPT with this population. She

mentioned several characteristics that CCPT provides for the children. Beth describes how CCPT provides a special space for children diagnosed with autism. She states:

> I've seen the truly child-centered play therapy. I've seen the children go exactly where they need to go to do their work especially with the high functioning children… So play therapy offers a sort of haven for them to express themselves with that unconditional acceptance that they need.

Due to the CCPT environment, Beth sees the children she works with becoming more "intrinsically motivated [to] play," and even the parents of these children are seeing their children play in a way they never saw before. In Beth's experience, one of the best reasons to continue to utilize CCPT is that it provides children diagnosed with autism the respect given by allowing them to make choices about their interactions in therapy. Also, providing these children with unconditional acceptance allows them time and space to be who they are and to do what they need to do.

Beth believes that if others understood CCPT and did not have a strong agenda about what needs to happen, children diagnosed with autism could grow, be accepted and respected, and make improvement. She feels there needs to be more research done on the use of CCPT with children diagnosed with autism. Beth explains how frustrating it can be when other professionals do not support CCPT. She stated:

> I have found it to be very helpful and productive and it's been a little frustrating because only recently there's been no support for it so there was a period of time when they said well child-centered play therapy is ineffective for children with autism.

Beth feels that it would be beneficial for parents to share their stories of the improvement their children have made through the use of CCPT. She explained this would be helpful,

“Because I have a lot of parents who support [the CCPT approach] in a way that others can hear more than they could [hear] from me.” Beth feels that if others could see the importance of entering into the child's world at the child’s level of development, others would see the improvement made without having a strong agenda of what needs to be done for children diagnosed with autism.

It is obvious that Beth feels very passionate about the relationship developed when utilizing CCPT. When using CCPT, children are given the opportunity to develop a relationship with the therapist. She described how, not only is relationship building with the therapist vital for the child, but also for the parents. Beth expressed that this lets “them truly appreciate being in a relationship with someone.” She is a believer of Landreth's “art of the relationship," and feels that if you build that relationship with the child and engage with them they will begin to “delight in it” and become more motivated. Beth sees that once this relationship is built and parents are taught to build this relationship with children diagnosed with autism, there is a decrease in the problematic behaviors. She teaches the parents of her children diagnosed with autism how to interact, track, and play with their child in a child-centered way. Beth explains that, once the parent is able to do this, “they thoroughly enjoy it and they see their child in a new way and they finally relax and accept their child for who he or she is.” She thinks that providing this type of relationship for children diagnosed with autism helps them to make improvements and trust in relationships. Beth added that the one hour per week she provides for these children is not enough, so it is important to work with parents so that they can build that same relationship and work with their children in their daily interactions at home.

Over time, Beth has learned about the use of sensory toys from the occupational therapist who works in the program where she works. She has included toys in her playroom such as a

small tent, a yoga ball, a large sand tray, and a water table. She originally incorporated the toys for her children diagnosed with autism, but she sees all of her children incorporating these toys into their play. The purpose of this addition was to have things in the room that would provide comfort and a way for children diagnosed with autism to self-regulate. When she first works with a child diagnosed with autism, many of them will go straight to one of the sensory toys until they feel comfortable with the environment. These toys especially come into play when Beth has a child who is highly avoidant. It is only with these children that she may have to make adjustments to her CCPT approach.

As Beth discussed the rewards and challenges of working with this population, she shared that the amount of time it took for a child diagnosed with autism to become engaged was challenging. She described how one little boy she worked with would come into the play therapy room, pick up the phone, and say "hello" repeatedly. He did this for several sessions, and she said that this would get a little boring. As Beth shared the story she added, “I was kind of hoping he would branch out, but it was a first step because he hadn’t spoken before that so you know, it’s great.” Even though she found herself frustrated, Beth was able to step back and see the improvement that was made. It is important for Beth to also work with children with less challenging issues. She also enjoys working occasionally with children who play at a higher developmental level. Through everything that Beth shared about her experiences in working with children diagnosed with autism, it was obvious that she found many aspects to be rewarding, especially the ability to develop a relationship with these children. She shared, “That’s the rewarding part when…the child who formally was really isolated, comes to people and engages and enjoys that.” Being able to see children diagnosed with autism enjoying and engaged in being in a relationship with others makes Beth’s work truly delightful and rewarding.

Beth describes how CCPT empowers children diagnosed with autism. She shared several stories of clients who showed her their world. One story she shared is about a boy who had a passion for construction equipment. Beth allowed him to ask her questions about different pieces of equipment. She stated that there was sheer joy in his ability and opportunity to quiz her and share with her his passion. Another story that Beth shared was about a child playing in the sand tray. He had one boy inside the house while he set up a chaotic scene outside. He told Beth that the boy inside was reading and ignoring the chaos happening on the outside. It was obvious that Beth took pride in her work with these children and enjoyed being allowed into their world.

Carly. Of all the participants, Carly has worked with the fewest number of children diagnosed with autism. Carly is a RPT and she has experience in early intervention with children diagnosed with autism, but she has only used CCPT with two children diagnosed with autism. Even though Carly has not worked with a large number of children, she is very well educated on the diagnosis, and she has learned a lot from her experience. Carly stressed to me several times that it is important that we look at children diagnosed with autism as children and not the symptoms of autism. She shared, "too often, these children are looked at as symptoms rather than their potential to reach their own personal level of growth and development." It is important to Carly that other professionals and parents understand the concept that a child diagnosed with autism is a child despite the diagnosis, and every child is different.

As Carly shared her experiences working with children diagnosed with autism, it was obvious that she really cared about these children and making sure they had a strong support system. While she uses CCPT in her approach to working with children diagnosed with autism, she does also incorporate an integrated approach. She follows the children and allows them to choose what it is that they will do. In Carly's experience, sometimes the child wants the child-

centered approach, and sometimes it is too much for them to handle, so they want an activity that will be less emotionally taxing. Carly explained:

> in children across the board in my practice is that they might be ready to do some child-centered work one day when they come in and not want the child-centered work the next time but for me to give an activity. Or they come in and this usually happens when kids start working with me of course the work right away is child-centered work. So that we can see where they are and how they're processing things but I also notice that children do the child-centered work of what's going on and then they do the relief work of ok this is emotional too much (sic) let me move to something else.

Carly believes it is important to provide children with what they need and what they want, even if that means the therapists have to go beyond the approach that they are currently using. Essentially, Carly always follows the child and allows the child to dictate what will occur in therapy. Carly shared details about her work with one boy diagnosed with autism who struggled with making transitions between the activities in his daily routine. The young boy would use the toys in the playroom to express this struggle of transitioning. As the child narrated his play, he began to work through his issues in transitioning through his communication with the toys.

In addition to her work with children diagnosed with autism, Carly works with the parents of these children. Carly feels that she can learn a lot from the children, and parents must be taught that they can also learn a lot from their children. Through the work that Carly did with one particular family, the mother was able to begin to understand her son. Carly shared, "using filial therapy in conjunction with the child-centered play therapy she was able to gain an understanding of his insight for the world. We're able …to link his insight with what was happening… to help him understand… his environment." Filial therapy has the parent join in the

play therapy session to teach parents the same approach the therapist uses. Not only does Carly help parents better understand their children, but she also helps them accept who their children are. One father with whom Carly worked had a difficult time accepting the fact that his child was not the child he had imagined having. She explained that he loved his child, but he had a hard time moving past the fact that his son was not an average, active young boy. This work with the parents can be the most difficult for Carly. She feels as though, at times, it “was like hitting a wall head on." She said this work is necessary, though, because one has to build up the level of support for children diagnosed with autism. She tries to convey and demonstrate how to integrate and focus on the child's skills, rather than on their disabilities. When she is able to build this level of parental support and sense of security for children, she sees the children able to grow in their own individual way. Carly cannot stress enough the importance of including parents in the work done with children diagnosed with autism.

As Carly talked about work with parents, she expressed, “one of the things I learned in early intervention was that unless I was prepared to take a child home to live with me my work better include the families.” She says we need to get parents to take a step back and allow their child to teach them while also empowering the parents so that they do not feel helpless. The fact that she incorporates the parents in the therapy tells the parents that they have something to contribute to the success and growth of their children.

Carly believes the most important thing a parent can be taught is empathetic listening. This skill allows the parents to take a step back and really view what it is their child is feeling and why they are behaving in a particular manner. Carly wants the parents to "make the connection between behavior and emotion.” She added that it is also important that parents

understand that this process will take time. Emotions concerning this child will "get stirred up," and the parents need to realize the child will not be a different child after one session.

For Carly, being able to enter the world of a child diagnosed with autism is a privilege and an honor. This experience is one that seems to amaze her and bring her joy. Carly described herself as an adult who gets to come down to the children's level and have them guide her through their world as they see it. Through this type of interaction, Carly is able to have mutual growth with the child. She believes that, not only does she have something to offer, but they also have something to offer her and their parents. As long as Carly follows the children's lead and listens to them, she is able to develop this type of relationship with the children.

Carly always stays up to date on the literature published on children diagnosed with autism. She always wants to learn more about the autism diagnosis and the approaches used for treatment. She feels it is important to stay informed so that she is providing information and best practices for the child and the parents. As not only therapists, but also advocates, Carly believes "it's the responsibility of every therapist to stay plugged in to information that's coming out about autism and children on the spectrum, so that we can be kept aware but… always remember that the child is not the diagnosis."

Diane. Diane is a school counselor and a RPT who has worked with numerous children diagnosed with autism. She has made strides with the use of CCPT in the school where she works. Over the years, the school personnel and support staff were hesitant about the use of the CCPT, but with her drive and determination, she has shown them how beneficial CCPT can be for their school. Diane has been able to gain grants and an additional playroom to be able to provide services for her students, and, especially because of her work with children diagnosed with autism, she has been able to make a difference in her school. The teachers and day

treatment staff not only are incorporating CCPT components into their space, but Diane has also become the initial person to whom they refer their children diagnosed with autism. Diane explained:

> …in a school setting that there's no other person other than the play therapist who has the opportunity really…to affect behavioral change in the students. I couldn't imagine, there's no other place, even in private practice, that I could affect the behavioral change that I get to here when the children pass by as just a reminder there is a safe place. When they need a place to go, this is usually the first place the teachers…will tell them to go. I'm usually the first referral and…play therapy is recommended now by our school.

It is a strong belief of Diane's that every school should have a play therapist. Her beliefs stem from the changes she has seen in her children and the enjoyment they get from it. She really sees this change in the children when they want to tell other friends in special education about play therapy, and by seeing first-hand less self-stimulatory behaviors and anger, and by hearing how it has helped from the teachers. Being able to practice in a school provides children with autism an instant safe place to go.

As part of Diane's role as a school counselor, she is required to write behavioral plans. Fulfilling this role allows Diane to take a close look at the behavioral changes in her clients. Not only does Diane see behavioral changes, but teachers will also report back that the children diagnosed with autism seem to be calmer, more "leveled out," and perform fewer self-stimulatory behaviors such as flapping or spinning. Diane believes that this is due to the residual effect from play therapy.

She has one little boy with whom she works who used to scare the other students and his teachers by making growling sounds and having his eyes roll in the back of his head. When he

comes to the play therapy room, he stops these behaviors. Diane saw him go straight for the sand tray and put himself into a calmer state. She sees him do better in school when he is able to come work on issues in the playroom. As this young boy plays in the playroom, he ceases stemming behavior, and this transitions throughout the rest of the day. Diane and his teachers notice this boy being less anxious, stopping his "scary" behaviors, and decreasing his stemming behaviors.

As a play therapist, Diane does not see too many challenges in utilizing CCPT with children diagnosed with autism. She does always have to remind herself not to place expectations on the child or their progress. Diane stressed:

> …with the children with autism I think it's highly important to be more child-centered because, not only for them, it's a way to remind you to not place expectations on them, and it's the only place in their whole life they will ever go where there are not expectations put on them. So, I think it's the only place they'll be able to relax if there's not anything else but just child-centered techniques used.

She does have one personal struggle when working with children diagnosed with autism. It can be challenging for Diane when a child diagnosed with autism does not make eye contact and fails to communicate with her. This is challenging for her because she enjoys being able to communicate with the children at her school. Even though Diane sees this as a personal challenge, she finds many things about using CCPT with children diagnosed with autism rewarding. One of the most rewarding aspects of providing CCPT for Diane is being able to see the children's "emotional state" when they come to play therapy. Diane sees the children she works with loving the opportunity to go to play therapy. She feels this opportunity adds a positive experience to their day. Due to her work being in a school, Diane gets to see the reputation of play therapy improving and others becoming more aware of its use. Since her

colleagues see children diagnosed with autism improving and becoming better students, they are able to realize and believe in the effects CCPT can have on these children. Diane takes pure joy in watching her students' problematic behaviors, such as stemming or anger, alleviate over time. Not only does she see this decrease in behavior directly from the children, but she also hears about it from the teachers and parents.

Diane attributes these improvements and her ability to see these improvements directly to the use of CCPT. One aspect of CCPT that helps Diane observe changes in the children is the level at which she has to be attuned to the child's "mood when they walk in and when they leave." Even if Diane did not have the space for a playroom, she would do everything she could to incorporate and use CCPT. According to Diane, "I would still work in a way to do play therapy for the children. I don't think we have to have anything high tech; it just needs to be a place, a neutral zone." Diane believes that CCPT provides this place for children with autism to feel comfortable to work through their stress and anxiety. Her play therapy room is the least restrictive environment for children diagnosed with autism. A least restrictive environment is needed not only for children diagnosed with autism, but also for any child who is in special education. Diane feels that the environment and atmosphere of the room helps to calm the children down. She believes:

> that play therapy helps them because if any child needs a place to go to be calm, it would be a child who has autism. It's the most humane thing to do, and we have opportunities to include them in…child-centered play therapy. I think that's what we need to do and that it would be a good thing to incorporate into so many other levels…[such as] the occupational therapists to do…some things that could be more, I guess, considered areas of play.

When incorporating CCPT, Diane must be attuned to what the child wants because she does not want to add to their play. As part of CCPT, it is the role of the therapist to follow the child and not lead them. Diane feels honored when she is invited into the play of a child diagnosed with autism, so she does not want to overstep boundaries or do anything that may cause them to not invite her into their play again. She also has to be careful not to rush the child when it is time for the session to end. If she did not stay calm in getting the children to leave, they may revert to a heightened level of emotions. Diane must be "more aware of their awareness." It is Diane's belief that if anyone needed or deserved CCPT, it would be children diagnosed with autism. She feels that CCPT is the best approach to use with these children.

Ellen. Ellen is a Registered Play Therapist-Supervisor (RPT-S) and a continuing education provider with the Association for Play Therapy (APT). With her over 30 years of experience in play therapy, Ellen has had the opportunity to work with numerous children diagnosed with autism directly and indirectly, through supervisees. Her extensive experience has allowed her to practice and learn throughout the world. Ellen has had the privilege to learn about autism and play therapy in other countries such as South Africa, Asia, and Vietnam. Through this diverse learning experience, Ellen feels it is important to understand the autism diagnosis around the world. She has found that each country and culture views autism differently, and she believes this is an area for future research.

In Ellen's personal experience of working with children diagnosed with autism, she shared, "I'm a diehard believer in the use of relationship-based therapy." Ellen has had the opportunity to study under Dr. Garry Landreth. This experience drives her underlining theoretical approach. The ability to stay true to the CCPT model is an honor for Ellen. She believes that the CCPT approach is necessary for children diagnosed with autism. Due to the

economy and her need to honor evidence-based approaches, she incorporates directive components within the CCPT approach. Ellen explained:

> We have to honor efficacy-based approaches because that's the name of your economy and ours…but, at the same time, the relationship is absolutely essential for this group. The art of the relationship, Garry's work, that title just rings so clearly to me and the cases of working with these children. Relationship is key that is their major deficit with their families, can't connect.

Ellen will begin with a purely CCPT approach. She described a child with whom she worked who was very nervous, made little eye contact, and was uncomfortable. Her initial session with this child allowed her to begin to develop a relationship with him, observe and understand him, and determine what comforted him. The second time Ellen met with this child, she made sure the room included toys and objects that would comfort him. This inclusion of items allowed the boy to stay longer in session and continue to develop a relationship with Ellen. The directive pieces Ellen includes are life books or narrative books. She described this inclusion as a book used at the beginning or end (the child chooses when) to aid in transitioning and recalling what happened in sessions. Not only does the book provide clarity, but it also provides an opportunity for the child to add something new he or she would like to do in the playroom.

> the book will lay there as they enter and if they are wish, they will open the book and look at what we did last time and make an agreement that next time we can add something new…And so the same thing can be done at the end with the book…But at the end, we say it's time for us to say goodbye for today and let's just go over to our book and just remember what we have done today or what we did last time.

Ellen finds it most rewarding and beneficial to have the opportunity to enter the "very protective" world of children diagnosed with autism. She believes that CCPT provides the space for children diagnosed with autism to work at their own speed and make decisions for themselves. Providing this type of space incorporates an "empowerment factor" for the child. Ellen described CCPT as, "very honoring of one's own need to pace themselves…[you] following is a very new experience for children who are autistic because they usually are hovered over and directed. To have this non-directive…client-centered approach is very unique." For Ellen, there is no question that CCPT is universal but especially necessary for children diagnosed with autism. Ellen feels that children diagnosed with autism have a strong relationship-based need. Therefore, she sees the use of CCPT as pivotal to remain as the "primary model" for this population.

It is important for Ellen to consider work with the family in each case she sees. Ellen works with families to educate them, "about autism, about the relationship, and about being realistic about the possibilities of change because they sometimes want you to have a magical answer." She will have families come in for the initial intake. The child will be included in the intake if there has not been trauma. Ellen believes that including children empowers them from the beginning. Once she has met with the child three times, she will set up another appointment with the parents. Ellen will encourage the child to decide what will be discussed in the parent meetings. She does this to ensure that nothing is shared that the child is not comfortable with and this continues to empower the child. These parent meetings occur every 3 to 4 sessions until therapy has concluded. In addition, at the conclusion of the work with the child, Ellen will move toward a filial approach. The inclusion of this approach with the family is to teach the family to

interact with their child the way she does. Ellen wants the parents to learn to play with their child from a child-centered approach.

In addition to including parents, Ellen feels that is important to have at least one meeting with all of the stakeholders for the child. Ellen believes that all stakeholders, especially teachers, need to "properly understand what autism is." All too often, she sees teachers and others who are not educated on autism compare children diagnosed with autism to each other. The issue with this is that, not only does she see judgments made about children diagnosed with autism as problematic, but she also sees the lack of understanding that each child is different. Ellen shared, “every child who is Asperger’s [or has] autism has a different set of needs and a very individualized treatment plan that has to take place.”

Fran. As a Registered Play Therapist (RPT), Fran has created a niche for working with children diagnosed with autism in her area. She has worked with numerous children diagnosed with autism utilizing CCPT over the past six years. Even though she sees these children as being more ambiguous and harder to read than the other children with whom she works, she is able to build a relationship with children diagnosed with autism through the use of CCPT. Once this relationship is built, the children she works with start to bring in their feelings and express themselves through their play. Fran uses CCPT because it allows her the ability to get into the child's world. She is able to make a “conscious connection" with the child diagnosed with autism. From Fran’s experience, this is a type of interaction these children usually do not get because of their difficulties with social interaction. Fran believes, “it’s the process of getting heard and getting connected that helps them kind of open up a little bit, I think.” According to Fran, CCPT provides an environment for children diagnosed with autism to not worry or stress

about another individual's agenda. In most of these children's day-to-day interactions, they are forced to “fit in." Fran describes the CCPT as a:

> space and time just for themselves. They then learn or begin to trust in themselves and develop some confidence and develop abilities they had all along but maybe were so stressed out by other things that they were not able to bring to their regular lives.

Fran feels that CCPT is so important to these children that she could not imagine not utilizing this approach. She sees that CCPT provides an important safe place for these children to cope with their day-to-day lives, and this place provides a therapist the ability to work with them, “exactly where they are at that moment."

One of the struggles Fran sees in working with children diagnosed with autism is their level of ambiguity and inability to express feelings. She sees these children being much more contained than a neuro-typical child. Fran described her work with one boy whose mother had a child who passed away after birth. The young boy she worked with understood his mom being upset and was upset himself, but he expressed to Fran that he did not understand why she was not moving on since she had already cried. This child was able to show her the lack of feelings and empathy that he had. Fran expressed how this can be difficult to work with because they do not grasp the concept of others' emotions. When discussing these challenges, Fran stressed, “[once] you meet a child on the autism spectrum, you’ve met one child on the autism spectrum because there are so many differences among this population.” She has had parents come to her confused about their child's diagnosis because of their level of affection towards them. Fran has to explain to them how there are different components to autism and different children show signs of autism in different ways.

One characteristic of autism that Fran is beginning to see more of is heightened levels of anxiety. She believes that their heightened levels of anxiety contribute to the impairments that they display. Fran explained, "the anxiety makes them shut down, and it makes them less likely to be able to talk about their feelings because they're always anxious." One of the more challenging parts for Fran when dealing with the high levels of anxiety of children diagnosed with autism is keeping the playroom the exactly the same each session. She has had children come in wondering where a specific toy was if it is misplaced. Fran believes that CCPT works well with this particular challenge because of the structure and layout of the playroom. She finds that CCPT also allows children diagnosed with autism to feel more in control and able to maintain and even reduce their level of anxiety. CCPT has the child decide how and when interactions and play take place, giving them control.

Fran has worked with one young boy whose story encompasses the work that she does using CCPT with children diagnosed with autism. She shared that this young boy would come into the play session and talk about his passion for Disney movies. He would tell her about the plot, the characters, and everything imaginable. Fran could tell right away that this young boy had never had the opportunity to tell all of these stories with one individual. All Fran would do was reflect and listen. She was able to show him that she was interested in what he had to share, and she accepted him. Later on, the mother of this boy shared with Fran that he struggled with his previous therapist because he or she would ask constant questions and never let him express himself. Through Fran allowing him to share his passion, he was able to develop a strong therapeutic relationship with her. There were times when Fran would try to find ways to use his movies to move into something different. She found this to be unsuccessful. Fran realized that she needed to drop the idea of moving into a goal-oriented therapy. She explained, "what was

much more important was just the fact that he felt connected to me. He felt like this was something; his important thing was important to me as well, and he could talk about it."

In addition to working with the child, Fran will meet with parents every four or five sessions. During these sessions, Fran allows the parents to share what is happening with the child and allow them to "vent" about their struggles with their child. This is also a time when the parents and Fran can work on problem-solving and strategizing to help the child and the parents cope with the struggles of autism. Fran expanded:

> sometimes there'll be issues that they really want some more direct help with, and more often that's the case with kids on the autism spectrum because these kids do have sometimes big problems in their day-to-day life… So the parents really want some guidance on, ok, so what do I do when he's melting down like eight times a day, you know, how can I handle the tantrum.

Along with Fran meeting with parents about things that could help at home, she keeps open communication for situations when she feels the child with whom she is working may need more than just CCPT. If Fran is working with a child who has little to no communication skills, she may refer the parents to a therapist who can provide more intensive therapy, such as ABA.

Fran wishes there was more research on the use of CCPT with children diagnosed with autism. She had many thoughts and approaches she feels would be beneficial to the research. One of the things that she hopes to work on is developing pre-and post-test analysis of the use of CCPT with children diagnosed with autism. When looking at research, Fran believes that others need to stop pushing the medical model approach with CCPT. She explained that CCPT is not a manualized treatment, and each child who comes into a playroom is different from the previous. According to Fran, it is too difficult to follow the medical model when every session you have

with children is unpredictable. She does see the importance in going beyond an anecdotal approach, and this is why she is looking into conducting pre-test and post-test on children diagnosed with autism. Fran shared a true passion in educating and finding ways to support the use of CCPT with children diagnosed with autism. What Fran shared about her personal experience in using CCPT with this population was, “they need that space and that place to be whoever they are. I think it is really valuable to them. That’s why I do it, that’s why I keep doing it.”

Gail. Gail is a RPT who has worked with several older children diagnosed with autism. These children ranged in ages from 7 to 12. Depending on the level of severity, Gail’s overall experience in using CCPT with children diagnosed with autism has been positive. Gail sees less improvement made in children who are more severe, however she believes that CCPT is a good match for children diagnosed with autism. According to Gail, CCPT allows the children to lead and make decisions for themselves. Gail explained:

> I think children with autism have levels of discomfort anyway, and when using this approach they get to gage their own comfort level and make decisions on their own, which typically I see they don’t always get the chance to do that in their environment.

She sees improvement made when they are provided this level of comfort and opportunity. In addition, Gail believes that these children find CCPT enjoyable, in part, because she finds it enjoyable. It is important that others understand the need for this level of comfort and opportunity. Gail feels that others do not always understand that children diagnosed with autism have an "inner thought process" that needs to be expressed. CCPT allows these children the opportunity to express this thought process and in turn “build their sense of self." Gail shared, “I think developing that sense of self is just as important as is (sic) the other pieces.” She sees that

children who can increase their sense of self can begin to build and improve their social interactions. Children diagnosed with autism have these positive experiences when exposed to CCPT because Gail follows their lead, which increases their comfort level with her. In addition, because of the design of CCPT, Gail is able to assist children diagnosed with autism to grow at their level and pace. Gail feels that other forms of treatment could push a child diagnosed with autism to a point of shutting down.

When Gail uses CCPT, she allows the child to come into the playroom and explore. She expanded, "typically most of the kids I work with would come in and kind of scan the room visually, and then maybe choose something to play with, like more blocks sorting type thing." Gail sees children diagnosed with autism playing with the sorting toys more than the social toys, such as the house. The children she works with will also begin by playing by themselves. She will track their behaviors and verbal statements to let them know that she is following their lead. She will do this until the child becomes more comfortable and interactive with her. Once the child diagnosed with autism becomes comfortable, Gail is invited to play activities such as shooting the basketball or having competitions. When Gail works with children who are more severe, she stays in the role of tracking behavior for a longer amount of time. Gail measures improvement by the children's acceptance, comfort levels, and the interactions between them and herself.

Gail's first child diagnosed with autism was probably her most memorable. This young boy was mostly nonverbal and had limited play skills. He had also recently lost his father, who was his primary caregiver. When he first came to the play therapy, he would take toys out, sort them, and then put them back. Gail shared:

> by the end of my work, he was verbalizing, talking and actually drawing pictures…he started interacting with others and his play became more imaginative, more typical of a non-autistic child. He would do imaginary play, he would race cars, things like that, instead of just sorting and putting things back.

Her work with this young boy lasted for about two years. She was able to see a lot of improvement in this boy, which left a lasting impression on her.

Through Gail's work with children diagnosed with autism, she also interacts with the parents. Gail believes that meeting with the parents is a positive experience for them. It provides the parents an opportunity to have someone to talk to about "the joy of their child as opposed to 'this is what we are working with' [and] 'this is what we're doing.'". She also sees this interaction as being positive because it allows a time for her to share with the families ways to play with their children at home. Gail allows the parents to share how their relationship with their child is developing instead of always focusing on the skills on which the child needs to work. She feels it is important that parents are allowed and able to enjoy their child and the improvement that is happening. Gail will usually meet with the parents briefly before each session. She will discuss with them any concerns they have or changes that have happened during the week. Gail also discusses the child's improvement and possible ways of playing with the child as well as toys they can introduce at home to help increase interactions with their child. Through her meetings with parents, Gail has received many positive comments on the changes and interactions at home.

For Gail, working with children diagnosed with autism has both rewarding and challenging aspects. Children who are "less verbal" with limited eye contact are the most challenging for Gail, because it is difficult for her to "draw from their inner thoughts." Outside of

this challenge, Gail enjoys working with a population that is so ”honest” and “straightforward” about how they see reality. Along with finding their honesty rewarding, it is exciting for Gail to watch these children become more comfortable in their interactions with others. Through CCPT, Gail believes that children diagnosed with autism learn more about themselves and their strengths than they can in other types of therapies.

Hannah. Hannah is a RPT-S who sees the benefit in using CCPT with children diagnosed with autism. Even though Hannah has only worked with a few children diagnosed with autism, she has seen improvement. Hannah believes that CCPT is the best and most effective approach to use with this population. She sees CCPT providing these children, “the freedom for them to express themselves or do whatever they need to do, which leads me to a better understanding of what they’re thinking.” With this freedom, Hannah sees the children diagnosed with autism bringing her into their world. One young girl with whom Hannah worked had a passion for television. Hannah was only able to learn this through the interaction that CCPT provides. Through CCPT the girl was able to come in and choose what she wanted do, which was draw and tell stories about different television shows she enjoyed watching. She feels that quizzing this child or asking a series of questions would have never led to the discovery of this child’s passion.

In Hannah's experience, CCPT allows her to provide a “deeper kind of relationship" with children diagnosed with autism than they typically experience. This type of relationship allows Hannah to gain information that will help the child therapeutically. Hannah believes that she would not be able to obtain this type of information from any approach but CCPT. She explained:

> I would have been directing in this way or that way, and I would have missed the things that I learned from allowing them to do what they wanted to do. That helped me, you know, make more effective responses to the things that I was to respond to.

In order for Hannah to develop this deep of a relationship where she gets helpful information, she has to connect with children on their level. Hannah describes the Peter Pan effect, wherein individuals grow up and begin to lose their ability to think as a child. CCPT provides Hannah “the only way to reconnect…with them.” Hannah believes that this type of connection and relationship allows children diagnosed with autism “to connect with their true expression of themselves." She described society as putting a lot of focus on children constantly having activities, whether at home or at school. When children diagnosed with autism come in to play therapy, they are able to leave that focus outside and turn the focus to them and what it is they need. Once Hannah is able to develop this strong connection through a therapeutic relationship, she sees children being able to behave and sit still. She also sees that they are able to understand that it is okay for them to like what they like and to be who they are. Hannah sees through her children's actions that this understanding and level of relationship is a necessity. This is seen in the increased level of comfort and safety felt by her children diagnosed with autism. Within the relationship Hannah develops with these children, the child is not judged, corrected, or directed. These components aid in the children's ability to feel comfortable and develop that deep level of relationship.

Hannah feels that others need to understand that this approach to therapy, "it’s not quick… but… it works." She expanded:

> I would like for them to understand that, with this particular disorder, you’re not going to get anything quick, there’s never going to be anything quick because they don’t respond

to quick. I mean, they actually resist quick, and so you have to know it's going to be slow. So, for them to understand that patience is the thing. That they are going to have to have patience with the process.

Hannah becomes frustrated with how others look down on play therapy because they do not understand it. According to Hannah, others believe that CCPT is a "free-for-all" play time. If it were up to her, she would do everything she could to make them understand that we provide boundaries and limitations. Hannah sees that the purpose of CCPT is to provide a space for children to communicate, since they do not communicate the way adults do. She wishes others understood that, even if they may not understand the way children think, CCPT provides a way for them to communicate and work through their issues.

Hannah believes there are challenges and rewards to using CCPT with children diagnosed with autism. She describes the challenges as typical challenges that she feels anyone would struggle with when working with children diagnosed with autism. The main challenge Hannah sees is their lack of self-control. Hannah sees that limited boundaries can allow a child diagnosed with autism to lose control, and, because of their lack of self-control, they may not be able to regain control on their own. At the same time, she sees this as being beneficial because it makes her pay closer attention to what is happening in the play session. One of the most rewarding aspects of using CCPT with children diagnosed with autism is watching them develop and participate in a relationship that they may not have otherwise. It is also rewarding for Hannah to watch the improvements made with the children with whom she works. One child with whom Hannah worked struggled with making transitions into and out of the playroom. It would take this girl a few minutes before starting therapeutic type play and she would have a hard time leaving the playroom when time was up. She described how, at the beginning, the young girl

would spend 15 to 20 minutes on a transition activity such as drawing a picture before moving into the therapeutic play. As termination neared, her transition activity shortened to only a couple of minutes. Hannah was able to see this child begin to feel safe and comfortable in the playroom. Hannah also sees improvements in the way children diagnosed with autism interact with her and others outside of the playroom. She sees children diagnosed with autism who once ignored her develop a strong therapeutic relationship with her. Hannah also notices the families' interactions with these children become less tense and more welcoming. Being able to watch this improvement makes working with children diagnosed with autism an enjoyable experience for Hannah.

As part of the rewarding experience of using CCPT with children diagnosed with autism, Hannah gets to hear from parents how their children begin to apply what they learn in the playroom at school and at home. Not only does Hannah get to hear positive stories from families, but she also has an increased interaction with the parents of children diagnosed with autism. Hannah sees families that have a desire to be proactive and become involved with their child's treatment. Hannah believes that the parents are more inquisitive of Hannah about what is happening in sessions with their child. They also want to know what they should do and how they should act with their child. Hannah also provides these parents with some tools to communicate more appropriately with their child.

Hannah strongly believes that CCPT "should be the foremost way to therapeutically work with people with autism disorders, probably even adults." The type of relationship that CCPT provides meets the most common difficulty of relating to others for children diagnosed with autism. Hannah could not imagine using any other approach with any individuals diagnosed with

autism, “no matter how old they are," because of their need for a deep and connected relationship.

Ida. Ida is a RPT-S that works from a CCPT approach no matter the diagnosis. She has worked with numerous children diagnosed with autism over the years. Ida stated:

> I believe in child-centered and I really don’t differentiate actually between diagnoses with using it…to me it’s the child that walks in my room and they happen to have an autism diagnosis, maybe among other diagnoses. I use child-centered because it works for children. And that’s what I believe.

Ida sees the ability to provide CCPT for children diagnosed with autism as “an honor, a joy, and a privilege." CCPT provides Ida a natural way of meeting children at their level. When Ida has the ability to meet children where they are, she is able to learn about and understand their world. Ida does not see any reason in not using CCPT with children diagnosed with autism. She sees it as the way to communicate with children, and she sees it working. For, Ida, “the basic principles …[are] solid, basic truths I think work with children with autism.” CCPT principles allow Ida to meet her clients where they are and provide them unconditional love and support to allow her, as the therapist, to facilitate their change. When children diagnosed with autism comes into Ida's playroom, they feel welcomed and see the playroom full of toys that Ida has carefully selected to help them express themselves. She sees the children with whom she works wanting to come to play therapy and enjoying it.

Ida’s approach using CCPT is the same with children diagnosed with autism as all the other children she sees in play therapy. When a child comes for play therapy, Ida will spend 10 to 15 minutes at the beginning or the end of a session meeting with the parents. This time is for Ida to obtain any new information and to discuss business. She then has the child spend 40 to 45

minutes in their “special playtime." As Ida conducts a play session with the child, she follows the strict Landreth model to CCPT. When working with children diagnosed with autism, Ida will provide a ten, five, and one minute warning to end the session. She provides the additional time warnings to children diagnosed with autism because of their difficulty in transitioning out of the playroom. If a child comes in with a particular issue, such as anger management, Ida will introduce the idea of a directive piece to the CCPT. She only introduces this idea after working with the child for at least one month from a CCPT approach. In addition, Ida proposes this idea to the child and does not force them to partake in a directive component. She will also have the session last longer to ensure the child receives a full 40 to 45 minutes of CCPT. In Ida’s work with children diagnosed with autism, she will also provide sibling play therapy for those who have siblings struggling with the effects of having a brother or sister diagnosed with autism.

Improvement is seen in a variety of ways for Ida. When working with children who have lower functioning autism, she looks for them to “expand their play skills in general." Ida also notices that, over time, children diagnosed with autism begin to include her in the play more times than not. In her work with higher functioning children, Ida has seen a lowering in frustration tolerance and the ability to transition more easily in and out of session. Ida shared, “I’ve worked with some real severe kids who over time expanded their interests in toys in the play room and just unfolded in these amazing ways.” These signs of improvement are truly rewarding experiences for Ida. She also finds it rewarding to be able to be present for the child and to help them through “their ride of life." Even with the rewarding experiences, there are, at times, challenges for Ida when working with children diagnosed with autism. The most challenging aspect of working with children diagnosed with autism is working with the expectation of parents of more severe children. Too many times, Ida sees these parents

generalize their children and their symptoms. It is Ida's role to educate them about the process of CCPT and explain to them that the process will take patience and time.

It is Ida's preference to include all individuals working with a child diagnosed with autism in the treatment. Ida expressed:

> I think that it works better when I don't do therapy in a vacuum, and, so, that's my preference if I can help it and…get relationships with the parents too and really have them understand what's going on and have us to compare notes and just be a team for their child.

Ida believes that, if parents do not understand the process of CCPT, then she has not done her job. It is important to Ida that they understand how "powerful" the use of CCPT is. She sees CCPT as a much more difficult approach than it appears. Just because it looks as though she is not doing something or that she is just playing, it is what she is not saying and the type of interaction that is so powerful. If a parent is highly involved and interested, she will provide filial therapy at the end of therapy. This approach allows the parents to enter into the child's play session and learn the same approaches the therapist uses. Ida finds it is "really neat when they can understand why it is that I say or don't say the things that I do as a child-centered play therapist (sic) because it's actually a very active model; you just don't necessarily know that unless you've been trained."

As a play therapist, Ida sees insurance companies, treatment plans, and other researchers trying to make play therapists quantify the change occurring in CCPT. She sometimes becomes frustrated with this as a play therapist because the principles of CCPT are not quantifiable. It is important to Ida that others see the art and magic of being a therapist working with a child from a CCPT approach. According to Ida, "part of this process is the magic of dealing with human

beings and the stories tell that more." She understands the necessity of measurements and believes in the need for assessing scientifically, but it is not always easy to measure what happens in a play therapy session. Ida is "interested in people showing the public that what we're doing matters." She believes in the CCPT approach and sees it as essential to working with all children. Because she has seen improvement and progress made within this population, Ida feels that all therapists working with children diagnosed with autism should use some component of CCPT even if it is not their preferred approach.

Jean. As a RPT-S, Jean sees CCPT as an obvious choice of treatment for children diagnosed with autism. Over the years and with the numerous children with whom Jean has worked, she has seen improvements in these children due to the components of CCPT. She does think the use of CCPT is challenging at the beginning, but, with patience, improvement can be achieved. Jean explained:

> [It is] a little bit of a challenge in the beginning in part because of their social dynamic resistance and their parallel play avenue. However, once they get used to the room and structure of the sessions and me, which usually takes, on average, probably six to ten sessions, they actually do really well with the structure and consistency that they find in the play room and that allows them to talk and work through feelings and topics and different things.

With Jean's implementation of CCPT, she sees children diagnosed with autism become more interactive and engaging with her. She typically sits on the floor and stays stationary. She will rotate herself to follow the child around the room. This allows them to feel safer and come close to her when they feel comfortable. As the children she works with feel more comfortable, they become more able to process the struggles through which they are working, and they began

to include Jean in this process. Through the use of CCPT, Jean sees children diagnosed with autism become more aware of their roles and themselves "not only in the sessions but at home." Jean will have a child who is agitated and has a high level of energy come into a playroom, but halfway through the session she sees the child become calmer and more focused on the play and themes. She sees progress with the changes in themes. Parents also report to Jean that their children remain calmer and more "re-directable" at home for longer periods. After a few months of working with a child diagnosed with autism every week, she will begin to see the child every other week because of the improvements made. Jean sees "CCPT as really calming" for children diagnosed with autism.

Jean finds CCPT to be very rewarding when working with children diagnosed with autism. She described a 10-year-old girl whom she is seeing who came into session one day and began to play her experiences at school with her peers. During this play, this young girl was making eye contact with Jean and communicating to her through the play. Jean shared, "She wouldn't be able to make eye contact with me several months ago…You could see that she was making progress by way of understanding and creating, solving her own problems in a sense." Watching children diagnosed with autism make these types of connections despite their social struggles is an exciting experience for Jean. She sees children diagnosed with autism being able to understand their world and the world around them better. According to Jean, the unconditional positive regard provided through CCPT allows for these rewarding experiences and improvements.

Since Jean utilizes CCPT, the children diagnosed with autism with whom she works are able to come into a playroom and be frustrated or have a tantrum without her getting upset. She sees that these children are not used to being allowed to express themselves however they need

in a safe way. When children with whom Jean works are able to express themselves openly and without being reprimanded, they begin to have these outbursts less frequently. Jean expressed, “a big piece of that [is] being present with them and allowing them to do what they need to do.” When she is able to track and “mirror” the emotions of a child diagnosed with autism as they play and behave in certain ways, they begin to see the connection between their behavior and their emotions and learn to use verbal expressions. Jean believes that they begin to develop their verbal expressions because:

> there’s no judgment, there’s no focus on it, it’s just is the way of the room and that will force them the ability to learn that without it being contentious or critical. They tend to use it a little bit more, I think, in their verbal language outside the room.

Providing CCPT allows children diagnosed with autism to express what they need to without judgment or criticism while Jean provides them safe boundaries.

One important aspect about the ability to provide CCPT is Jean being able to get a parent to “buy in" to its use. This happens for Jean in a couple of ways, including when a child will go home after a session and remain calm and less agitated. She will also teach the parents skills that can help them interact with their child diagnosed with autism at home. Jean does see parents of children diagnosed with autism wanting to be more active in their child's treatment. She provides Child Parent Relationship Therapy for parents to learn CCPT skills. According to Jean, parents want this training because, “they see the benefit more readily [and] the behavior they see coming out of my room they want to repeat at home.”

Even with all of the positives Jean sees in utilizing CCPT with children diagnosed with autism, there are challenges. For her, though, these challenges are not with the children, they are with other professionals and sometimes parents. She explained:

> the biggest challenge is convincing outside forces like schools or parents or medical professionals of the values of what the play therapy is doing for them [the children] because they don't see that rapid change. I see it, and the parents sometimes see it, but it's not quick enough or not fast enough for them, and that is usually the biggest challenge for me.

When Jean is able to be patient and have an "open capacity" to be with the children, they always begin to make improvements; it just happens when they are ready. Jean believes that others see children diagnosed with autism as having a lack of understanding or capacity of emotions; therefore, they have an inability or desire to have relationships. According to Jean, "everybody deserves the right to have a relationship and to have someone at least attempt to have an understanding of them." Whether or not others understand children diagnosed with autism, Jean believes that they deserve a relationship and can be provided this relationship through CCPT. Since CCPT provides a safe environment for children diagnosed with autism to develop a necessary and trusting relationship, Jean does not understand how others do not see the benefit in CCPT. Unfortunately, Jean sees other professionals who do not see the necessity of children diagnosed with autism having a relationship. The most challenging aspect of working with children diagnosed with autism is others' skepticism.

There is not a time when Jean would not use CCPT with children diagnosed with autism. She sees CCPT being one of the only places in which they can receive unconditional, positive regard. According to Jean, in schools and other therapeutic approaches, the time spent with a child diagnosed with autism is about learning a new skill, whereas, in CCPT, it is about the children and their desires and needs. Jean expressed that she believes, "CCPT allows someone to

enter into their world when we keep trying to force them to try and enter and be ok in our world."

Emerging Themes

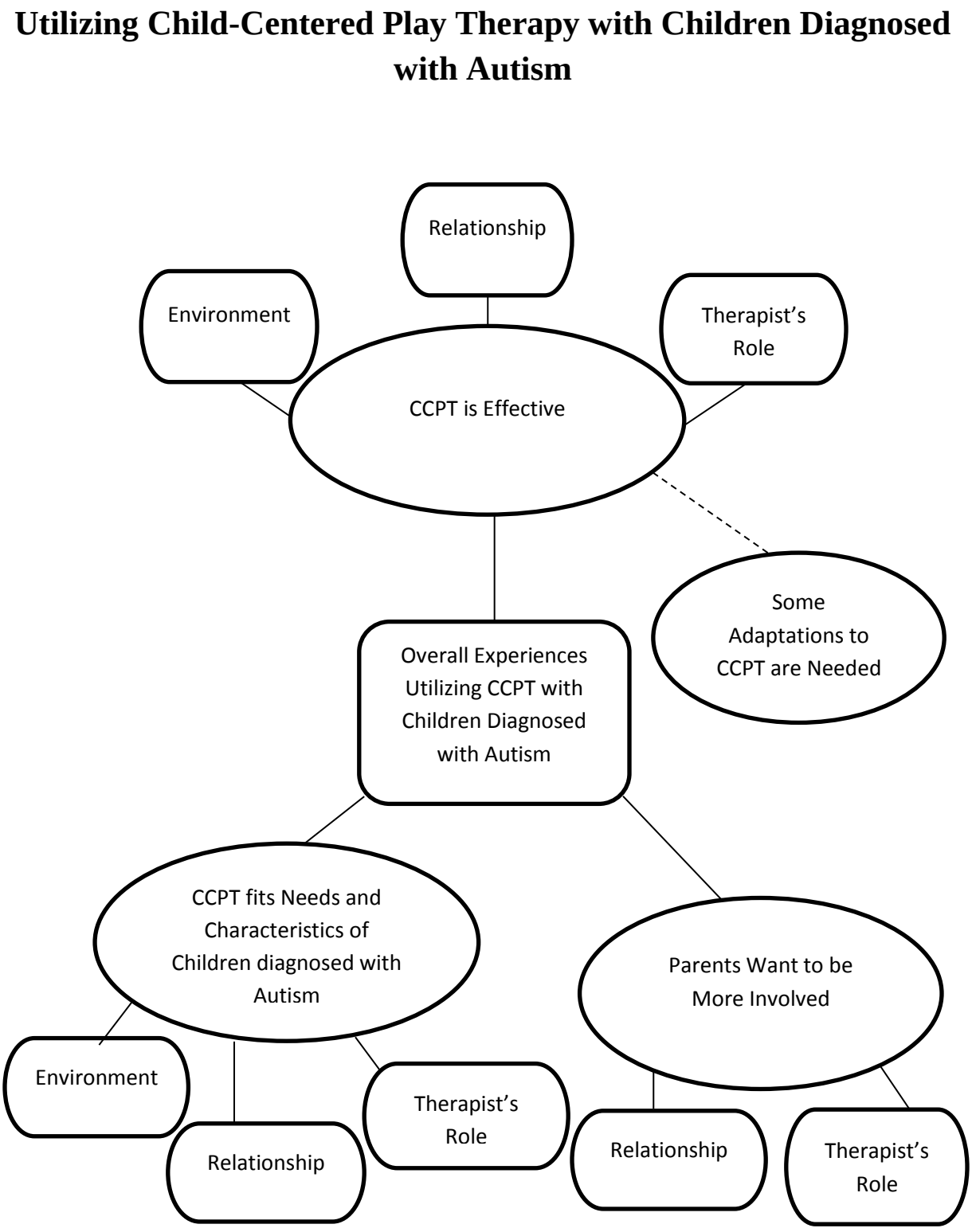
As transcripts from participant interviews were reviewed, organized, and coded, significant themes became apparent from these participants' experiences in utilizing CCPT with children diagnosed with autism. Three overarching themes emerged as common experiences in working with these children. These themes are: CCPT is effective, CCPT fits the needs and characteristics of children diagnosed with autism, and parents of children diagnosed with autism want to be more involved. The first two themes addressed components of CCPT that the participants believed contribute to the improvement of the children and why this approach is a good match for children diagnosed with autism. The third theme addresses the common experience that all of the participants encountered with the parents of children diagnosed with autism. All three of these themes encompass the overall experiences, beliefs, and views these participants have about the work they have done with children diagnosed with autism.

Using CCPT with children diagnosed with autism is not always an easy process or experience for these play therapists. Through their desire to implement the basic principles of CCPT and to understand the children diagnosed with autism, these participants have been able to take pride and joy in the effects and changes they have had with these children. These participants understood that adjustments to their approach would have to be made to have the biggest impact for change to occur. When working with children diagnosed with autism, these participants saw a need for parents' increased involvement. Whether or not they worked with parents previously, this population needed this addition to the CCPT approach. All of the

participants have a passion for the work they do with children diagnosed with autism and see the importance in utilizing CCPT with children diagnosed with autism.

Figure 1 is a diagram of the three themes and eight sub themes. Following the diagram is a detailed exploration of these themes and sub themes in relation to the participants' experiences in utilizing CCPT with children diagnosed with autism.

Figure 1. Relationship among themes and subthemes of the overall experiences and perspective of play therapist's utilizing CCPT with children diagnosed with autism.



CCPT is Effective

Many of the participants expressed how CCPT is effective for children diagnosed with autism. The main areas of improvement described by the participants were in relationships, expression of self, acceptance, and in some cases an increase in language skills. The three sub themes seen in CCPT is effective are the environment, the relationship, and the therapist's role. Several of the participants commented on how adaptions may need to be made to CCPT in some cases. These adaptions are based on the individual needs of the children and families. Figure 1 displays a minor theme in order to represent this exception.

Environment. Many of the participants shared how the CCPT environment helps children diagnosed with autism. These participants believe that the play therapy room provides the ability to create an environment that is conducive to change. Stories of specific clients with whom these participants worked were shared to emphasize the change being made.

Diane described a young boy with whom she works as "always better when he can spend more time in the play therapy room." This young boy saw the playroom as "a safe place" for him to come when he was feeling anxious. Fran shared a story about a boy who she allowed to pace back and forth through the room while sharing plots of his favorite movies. She saw that "his important thing was… he could talk about it [the movies]." Having the space to pace and talk about his passion allowed this boy to feel comfortable and begin to make changes. Gail worked with a boy who would come into the playroom, take toys out of the container and then put them back. Over time, she saw that, through allowing him the time and place to work as he needed, "he was verbalizing, talking and actually drawing pictures…and his play became more imaginative to play more typical of a non-autistic child."

With the improvement Diane has seen with the children with whom she has worked, she would always use CCPT even if she did not have the type of space she does now. She believes the important part about this space in which CCPT is providing is that the children diagnosed with autism "just need a place, a neutral zone." According to Diane, this "neutral zone" helps children diagnosed with autism because it is "a place that they could play and be calm and relax." Since Diane works in a school setting, children continuously pass by her playroom. Diane believes that their ability to see her playroom regularly allows her to make a greater impact because it is "a reminder there is a safe place" for the children diagnosed with autism to go.

In addition to CCPT providing a safe space, children diagnosed with autism are able to work at their own pace. Fran shared:

> the faith that I have in child-centered play therapy is that by giving children that space and that time just for themselves, they then learn or begin to trust in themselves and help feel competent and develop the abilities they had all along but were so stressed out by other things that they were not able to bring to their regular lives.

In Hannah's experience in working with children diagnosed with autism, she has seen that "they have made some great therapeutic improvement from just spending some time with someone" in a playroom. Ida has seen that when her more severe children diagnosed with autism were given this space and time they "expanded their interests in toys in the play room."

The environment that CCPT offers has allowed these play therapists to provide children diagnosed with autism the opportunity to change and improve. Each of these participants saw the playroom being a safe, neutral place to provide the necessary time for these children to progress at their own pace and in the way they needed.

Relationship. Secondly, the relationship a child diagnosed with autism is able to build through CCPT fosters the child's ability to be comfortable and self-empowered. The participants shared personal stories and experiences of how this relationship made an impact on the children diagnosed with autism. The participants found the relationship to be one of the most important aspects of CCPT that contribute to change and growth.

Fran describes the relationship developed in CCPT as a "process of getting heard and getting connected that helps them kind of open up a little bit." According to Fran, this level of connection happens because the child does not have to worry about another individual's agenda. She feels, instead, that they are able to interact with the therapist who is "really trying to be there with them exactly where they are at that moment." Developing a relationship with a child diagnosed with autism is one of Ida's foremost reasons for using CCPT. Ida explained, "I love meeting the kid and getting to know their world and learning what they know and being surprised."

Jean describes the relationship developed through CCPT as having unconditional positive regard. Having unconditional positive regard in relationships allow the therapist to be present with the children as they safely express themselves in whatever way they feel necessary. According to Jean, once children diagnosed with autism are able to express themselves in the way they choose, she sees a reduction in problematic behavior. When there is unconditional positive regard then there is no judgment placed on the child. Jean shared details about the relationship and interaction she has with children diagnosed with autism who struggle with verbal expression of emotions. She explained:

there's no judgment, there's no focus on it, it's just is the way of the room and that will force them the ability to learn that without it being contentious or critical, and so they tend to [be more] verbal outside the room.

Many of the participants were able to use the relationship that developed with their children diagnosed with autism to measure improvement and effectiveness. When Fran has a child diagnosed with autism begin to connect with her, she begins to hear stories from the parents about the improvements they see in their child. Gail shared that she assesses improvement of lower functioning children diagnosed with autism "by their acceptance of me being at their comfort levels. The less severe [children] I kind of measure progress more on interactions between us and those interactions." The increased levels of interactions and comfort levels indicate to Gail the effectiveness of CCPT with children diagnosed with autism. She also explained that not only does she have positive interactions with the child, but she also begins to receive positive feedback from the parents about their child's change in play and interactions at home. Hannah describes how she sees the effectiveness of the relationship developed in CCPT, "in their relationship with you, you know, you can see progress. When they come in and they may ignore you, completely, but then include you as the progress goes on."

Ellen shared a story about a child diagnosed with autism with whom she worked who began to bring maps, his passion, into sessions. As he brought in maps, he began to share more and more with her, and Ellen was able to see that an attachment had developed. Fran shared about a boy diagnosed with autism who had previously worked with a therapist who he did not like. The mother of this boy described how that therapist tried to direct him and steer him away from the things about which he would continuously talk. Fran provided this young boy with a relationship that encouraged him to share his passions. Through the relationship that Fran

fostered, this boy was able to feel connected to her and became more “eager” to share more and to come to play therapy. Anytime Fran thinks about trying something different or more directive she remembers:

> ok, this is their relationship, this is a process and this is a relationship that I think will be important to this child, this is a relationship and a place that can be healing for the child and for the family.

Through the type of relationship developed in CCPT, children diagnosed with autism are able to make improvements. Most of the participants shared their beliefs about the important role this relationship plays in these children's ability to grow and change. For these participants, the relationship is one of the contributing factors of CCPT that fosters improvement in children diagnosed with autism.

Therapist’s role. The therapist's role in CCPT is effective for children diagnosed with autism. The participants discussed how their specific types of interaction with these children supported and encouraged growth. They were able to share specific actions they did within sessions with children diagnosed with autism.

Diane stated that part of her role as a play therapist with children diagnosed with autism is “to be so attuned to their mood when they walk in and when they leave." Through her level of attunement, Diane is able to see positive improvement in children diagnosed with autism. The level of improvement Diane sees causes her to never question her continued use of CCPT. Gail also sees improvement in children diagnosed with autism through her role as the therapist. As part of her role, Gail must determine the child's developmental level and comfort. When she makes these determinations, children diagnosed with autism begin to accept her and begin to work on their issues.

In Fran's work with one specific boy diagnosed with autism, she saw her role make an impact on this child's interaction. Fran shared:

> I was just responding to what he was telling me and getting, "wow that really sounds exciting," 'it really sounds like you enjoyed that." And I could tell that he had never really (had) the opportunity to just tell all those stories to one person, or try to not re-direct him or try to say "oh you shouldn't be talking about that so much"…. I was just accepting. I was just in that mode…of the client-centered.

She was able to see this boy open up in ways he had not done before. According to Fran, if a play therapist allows children diagnosed with autism to do what they want and talk about what they want, they will begin to share more about themselves and begin the process of change. Fran sees other therapists who might take on a role that is more inquisitive and cause children diagnosed with autism to hold back. Allowing the child to be free of these restrictions is an important piece of CCPT for Fran.

Ida sees her role as a play therapist using CCPT helping children work through several ways. As part of her role, she meets children diagnosed with autism where they are developmentally. When Ida is able to be present at the developmental level of the children with whom she works, she is able to see "the skills that they do have and just helpful they can be and how fun they can be."

The experiences these participants shared show that the role they played in CCPT was effective for children diagnosed with autism. Through the participants' role in tracking, following, and supporting children diagnosed with autism, these children became more empowered and interactive. The participants identified the different aspects of their role that they believed contribute to the improvement of their children diagnosed with autism.

The following is a discussion of the second theme: CCPT fits the characteristics and needs of children diagnosed with autism. This theme illustrates how the participants' experiences and beliefs support the use of CCPT as a good match for children diagnosed with autism.

CCPT fits the Characteristics and Needs of Children Diagnosed with Autism

Environment. Many of the participants believe that the environment of CCPT supports the needs of children diagnosed with autism. They see the children with whom they work responding well to multiple aspects of the environment provided. The layout of the room, the demeanor of the room, and the boundaries of the room all shape the type of positive environment these participants see influencing children diagnosed with autism.

Diane believes it is important to be aware of the "play room layout" when working with children diagnosed with autism. Fran shared that the room needs to be the same every time a child comes for session. Fran shared, "I have kids that get very stressed out because they can't find one of their toys, you know, the toy they always play with, it's not here, it got misplaced." Keeping the environment the same provides a level of safety and calmness for children diagnosed with autism. Fran believes, "everybody that works with these kids should be working with child-centered play therapy because that's much better for them. It makes them feel much safer." Jean sees the structure and consistency of the playroom providing a safe space for children diagnosed with autism to leave their "parallel play" and begin to "talk and work through feelings and topics."

According to Diane, CCPT provides the least restrictive environment for children diagnosed with autism. A least restrictive environment enables a child to have freedom and feel more in control over situations. Fran sees a CCPT environment allow children diagnosed with autism to feel in control. According to Fran, CCPT is a "good fit" for these children because

their ability to feel in control helps them to contain their elevated levels of anxiety. Part of the reason these children feel in control is because within the CCPT environment they get to decide when and how things take place within a playroom. Gail sees that this level of control and ability to make decisions about the therapy provides a level of comfort for children diagnosed with autism. She shared, “children with autism have levels of discomfort anyway and when using this approach they get to gage their own comfort level and make decisions on their own which, typically, they don’t always get the chance to do.” Hannah called this control “freedom” because it is “the freedom for them to express themselves” and the freedom to do what they need to do. She describes how, when working with children diagnosed with autism, it is not always easy to understand what they are doing or what is happening, but allowing them this freedom to do what they need to “leads… to a better understanding of what they’re thinking." When children diagnosed with autism have freedom and control, Diane sees them asking her to join into their “play world."

For Ida, CCPT provides this space to meet children diagnosed with autism where they are developmentally. Ida believes that meeting children where they are is the perfect approach for children diagnosed with autism. According to Jean, meeting children diagnosed with autism where they are and providing them the necessary space allows them to express themselves in ways they may not have before. Jean described a girl diagnosed with autism with whom she utilized CCPT, and, through this approach, this young girl began to make eye contact and create solutions to her problems. The environment of CCPT allows the space for this child to work through her issues.

For many of the participants, the environment of the CCPT approach fits the needs of children diagnosed with autism. The environment alone can provide a safe and secure place for

children diagnosed with autism to work in a manner that fosters their needs. The participants believe that the structure, space, and overall environment provide a place unlike any other for children diagnosed with autism.

Relationship. For many of the participants in this study, CCPT provides a relationship that is necessary for children diagnosed with autism. The participants see these children not receiving the uniqueness of a CCPT relationship in their day-to-day lives. They see the uniqueness of this relationship allowing children diagnosed with autism to make strides in their outside interactions.

CCPT allows Ellen to provide a relationship where she does not push her clients in a direction that will cause stress. Ellen described a boy diagnosed with autism who was very awkward and uncomfortable in his first session. Ellen sees this as very common in the children diagnosed with autism. Through her interaction with this child, she was able to learn that maps were his "comfort zone." Once she learned what made him comfortable, Ellen allowed him to bring maps into session. The fact that Ellen began to develop this type of relationship wherein the young boy was able to incorporate what made him comfortable, helped him begin to feel more at ease and reciprocate the relationship. Ellen sees CCPT allowing children diagnosed with autism to develop a relationship with a therapist that they may not be able to if the therapist pushed the child to do things that were uncomfortable.

Fran believes that CCPT provides the "one place to come with one person who's really trying to be there with them exactly where they are at that moment" for children diagnosed with autism. With all the things these deal with in their day-to-day lives, Fran sees that providing them this relationship is of the utmost importance. Hannah considers this relationship to be a unique, "deeper kind of relationship" from any other that a child diagnosed with autism has

experienced. Hannah expressed: “That makes it [CCPT] be the perfect fit for them because that’s what they need.” Not only does Hannah believe that CCPT is a good match for children diagnosed with autism, but she also shared:

> I think this should be the foremost way to work with people with autism disorders, basically for that relationship… No matter where they are on the spectrum, no matter how old they are, that may be a way to meet that need for that population that is under used.

Hannah hears stories from parents about the impact this relationship has on their children diagnosed with autism. Parents share with Hannah that their children who were not able to develop relationships with their peers are able to transfer the relationship developed in CCPT outside the playroom.

Jean believes that there is a misunderstanding about children diagnosed with autism. She explained how individuals believe these children lack the ability to be in a relationship. Jean believes everyone deserves to have a relationship with an individual that is willing to hear and try to understand him or her. According to Jean, CCPT provides a relationship for children diagnosed with autism that can be “very powerful” to their improvement. She sees individuals overlooking this powerful component to CCPT being of benefit because of the misunderstanding of children diagnosed with autism. Using CCPT allows Jean to provide children diagnosed with autism unconditional positive regard. For Jean, the ability to provide our children diagnosed with autism “that avenue to be able to have that unconditional positive regard that is so paramount to CCPT."

The majority of the participants see the relationship developed through CCPT to be the most important component to working with children diagnosed with autism. Without this

relationship, these participants feel that children diagnosed with autism are being misunderstood and ignored. Through their experiences, the participants see that CCPT provides a unique relationship for children who needed that type of interaction and are not able to communicate it.

Therapist's role. There are many aspects of the CCPT therapist's role that support children diagnosed with autism. Several of the participants identified specific ways they worked with children diagnosed with autism to accommodate their needs. The specific CCPT techniques these participants discussed play an important role in their work with children diagnosed with autism.

Both Jean and Diane discussed how important it is that their role as a play therapist includes not having expectations or criticizing children diagnosed with autism. Diane shared that the most important thing she can do, as a play therapist, is to not place expectations on children diagnosed with autism. For Diane, using the CCPT approach forces her to stay in a role that keeps expectations out of therapy. According to Diane, "If there's not anything else but just child-centered techniques used" a play therapist will not have expectations of the child. When using CCPT, Diane allows children diagnosed with autism to come into a playroom and be who they are.

Gail and Ellen see that their role as a play therapist using CCPT allows children to share and reveal what makes them feel comfortable. Ellen will observe the play of a child diagnosed with autism and learn from them. She is able to learn about what their passion is along with their level of comfort. Being able to assess these things, Ellen is better able to provide a child diagnosed with autism what they need to make improvements. Gail will use behavior descriptions and tracking to help a child diagnosed with autism to ease into a comfortable place with her and the playroom. The fact that Gail uses this technique allows the children to progress

at their own pace and comfort level. Through this process, Gail is able to determine what that comfort level is and how better to help the child diagnosed with autism.

In addition to making children diagnosed with autism feel comfortable, it is also important to make them feel safe. A part of keeping children feeling safe is for the therapist to maintain safe boundaries and limitations. Hannah shared details about her role as a play therapist using CCPT as, "having to be kind of on guard for their minimal self-control, but at the same time be open enough for them to do [what they need], and knowing that you don't want to lose control at any point." She discussed how children diagnosed with autism can lack self-control, and therefore may need help in preventing out of control behaviors. It takes balance as a part of the therapist's role to ensure that the children are provided with enough freedom and safety.

Jean discussed several things she does as a play therapist using CCPT that fit the needs of children diagnosed with autism. One thing Jean is able to provide through CCPT is a level of equality. She does this by sitting on the floor. According to Jean, "being at their level on the floor, I find really helps autistic kids in general because they feel that parallelism of being on kind of the same playing field with you." This keeps a child diagnosed with autism from feeling as if the therapist is superior to them, which is something that is already a struggle. Children diagnosed with autism are aware that they are different from others and, for Jean, it is important to make sure that when these children come in to play therapy they feel accepted and not different. As a part of Jean's story she feels rotating around, as the child moves through the playroom is an important part of her role. For Jean, this allows the children to approach her and interact with her when they are ready.

In using CCPT, many of the participants are able to use techniques from a perspective that supports the needs and struggles of children diagnosed with autism. It is important that play

therapists can provide balance, safety, and understanding. These participants feel that by using CCPT their role as the therapist provides what these children need.

Next is the final theme, which addresses parent involvement. Within this theme the participants discusses the relationship parents have with children diagnosed with autism and the therapist. Along with this theme, there is a detailed look at the role these participants have with the parents. It looks at the participants' experiences of working with the parents of children diagnosed with autism and their increased involvement.

Parents Want to be More Involved

Relationship. The relationship between a parent and a child diagnosed with autism is a very important relationship. The relationship between the parent and the child's therapist is also important to the success of therapy. When working with children diagnosed with autism, the parent ultimately decides when therapy begins, how often it occurs, and when it ends. Therefore, it is important to develop a relationship between the parents and therapist to ensure the child continues to come to therapy. Once a child does terminate, there needs to be a strong foundational relationship between the child and parent as they continue to live with autism. Many of the participants express the importance these two relationships have on the process of therapy.

Beth described how parents describe how difficult it is to be a parent of a child diagnosed with autism. She sees many parents struggling with their child not connecting with them. According to Beth, “the hardest thing is to not have your child connect with you…. parents need help getting their child to engage with them.” This is why Beth finds it so important for parents to begin to learn how to interact with their children diagnosed with autism. Beth sees parents

struggling with how to interact with their children, so she will teach them child-centered techniques. When she teaches them these techniques, she shared:

> It's interesting to see them in child-directed play because it's really hard for them to accept that role and initially to track a child's play comment on what they're doing…. once they do make that transition for that one hour of the child's play, a week or whatever, they thoroughly enjoy it, and they see their child in a new way, and they finally relax and accept their child for who he or she is.

Beth shared a story about a parent who had never seen her child interact or play like a "typical child" until she saw her in child-centered play. Amy also has parents develop a child-centered relationship with their child diagnosed with autism. The parents focus on CCPT language and non-directive interactions. Amy is able to see that the parents are able to empower their child diagnosed with autism.

Carly believes it is important to address the relationship between a parent and a child diagnosed with autism. In her work, Carly sees that, when children terminate, the obstacles of autism do not end. According to Carly, fostering the relationship between a parent and their child provides "continued support that the child needs after therapy." Carly will use filial therapy with parents of children diagnosed with autism while using CCPT with the child. When incorporating filial therapy, Carly has the parents join in the play session to learn the same techniques she uses with their child. The filial therapy and the parent learning how to interact from a child-centered perspective allows the parent to be "able to gain an understanding of his [the child] insight for the world and to link his insight with what was happening in his environment." Gail also sees a change in perspective of the parents. In Gail's experience, there is an increase in "positive interactions, and they seem to enjoy watching their children grow." She

feels that it is a positive when a family can begin to enjoy playing together and learning from each other.

According to Ida, when she works with the child diagnosed with autism, not only does the relationship in the playroom change, but so does the child's relationship with their parents. She explained, "you affect that one person and then because of their relationship with other people it can cause change outside of the play room and with other people too." Hannah also saw this transition with children diagnosed with autism. There was a specific family in which one of the siblings was diagnosed with autism in which Hannah remembered a transition in the family's interaction and relationship. She shared:

> one particular family would have to come with all the…siblings. Not just the mom would be waiting until we finished. Well, I could kind of sense in them [the family] a less of tension, less of keeping him at a distance. They seem to be less afraid of him. You know after a period of time of some progress.

When working with the parents of children diagnosed with autism, Carly sees the importance in fostering her relationship with the parents. Carly believes it is important that the parents feel that they have a role in the therapeutic process. She shares with parents:

> I am not the expert for your child. I do not live in your home; I do not know your family; I need your level of expertise about your child. And for me, that empowers the parent to say, 'I'm not helpless, I have something to bring to the table here' and to build on the strength of that purpose.

In addition, Gail sees her relationship with parents being positive because it allows them the time to talk with an individual who is understanding about their child diagnosed with autism. She sees

parents stressed and having high levels of anxiety. Gail believes these parents need a relationship with the therapist of their child that also supports them and their concerns.

There are many aspects to the parents' relationship with their child diagnosed with autism and their child's therapist. Many of these participants feel it is important to encourage and foster a strong positive relationship between the child and their parents and the therapist and the parents. Having a supportive parental relationship encourages continued therapy and a stronger support system once therapy is terminated.

Therapist's role. For many of the participants of this study, they believe there are several roles they play. Not only are they the child's therapist, but they also feel it is their responsibility to interact with the parents and support the family system. The role they play with the parents has many levels, including supporter, educator, and the bridge for their child. In addition, the participants feel that it is important to include the parents in order for them to understand the importance of keeping their child in therapy.

Carly believes it is important to build a stronger support system and a sense of security for a child diagnosed with autism. To do this, Carly feels it is an important to help the parents understand what it is she does and what they will do with their child when using a CCPT approach. She will first teach the parents about how she and the parents allow the child to lead. Carly explained:

> I help parents to understand that this is where children will teach us. That's not to put a weight on a child, that's just to get parents to step back – you don't come in here and tell a child what to do here. Here, they are the boss.

According to Carly, when parents are included, it is her responsibility to teach them how children communicate and take in information. She shares with parents, "children's first

language is non-verbal. Regardless of what you're telling them, they're watching what's happening in their environment and that information is going in more than what's being said." Carly believes that once the parents understand how children communicate and allow them to lead then they can begin to make connections between their child's "behavior and emotions." For Carly, having a parent add this technique to their "toolbox" is a critical step in the improvement of a child diagnosed with autism. In addition, Carly believes it is important for parents to learn how to set limits with children diagnosed with autism. This technique helps a parents communicate better to their child what is appropriate and what is not appropriate.

Several of the participants feel that their role as the therapist of a child diagnosed with autism is to educate the parents on the goals for their child. Amy explains to parents how she is trying better to understand their child and their behaviors. She shares with parents, "we're working toward understanding and being able to predict their behavior, so that you can manage their world in a way that makes them more predictable…[and] more socially adaptable. That's the best that we can hope for." Fran believes it is important for her to educate the parents about what it is she is doing in CCPT. When Fran meets with parents, she discloses:

> This is child-centered and I'm not telling them or directing them or fixing them or giving them rules or anything like that. I'm just allowing them to control the session and the play and how and why I believe that's going to be helpful and how that's going to work out.

According to Fran, when she shares this information with parents of children diagnosed with autism, they are more willing to continue to bring their child to play therapy. In addition to the parents understanding the goals and process of CCPT, the participants must also address their expectations of their child and the amount of time the process takes. Ida addresses parents'

expectations to ensure that they do not generalize their child's abilities and struggles. For Ida, it is important that parents understand that their child may never be a typical child or drastically different from where they began. In addition, Ida educates parents that the process can be slow. Jean also stated, "getting them [parents] to understand what it is that you do and that if they're just patient, with time they will see these changes and things will improve. They just have to accept that it will take time."

Once parents understand these goals and processes, it is important that they are included in the process. This is not only beneficial to the parents, but also to the child diagnosed with autism. Ida stated, "helping them feel included in the process…sends a related message to the kids that their parents are on board with this too, that we're a team, that I'm working together with the important people in your world." Getting this message across is beneficial and productive in the work that Ida does with children diagnosed with autism.

There are many roles these participants play as a therapist of a child diagnosed with autism. Not only are they the child's therapist, but they are a consultant, an educator, and a supporter and encourager for the parents. Parents of children diagnosed with autism are more involved than most of these participants' other clients' parents. It is important for these participants that the parents understand what it is they do and how they can contribute to their child's improvement.

Conclusion

This chapter presented the three themes and eight sub themes that emerged from my analysis of the data collected from the interview of the 10 participants who utilized CCPT with children diagnosed with autism. The data from these participants' experiences indicate that they believe CCPT is effective, it fits the needs and characteristics of children diagnosed with autism,

and parents of this population are more involved in the process of treatment. Chapter 5 includes a discussion of these themes in relation to the literature. In addition, the limitations of this study and implications for practice and future research are addressed.

Chapter V: Discussion

The purpose of this qualitative study was to gain a better understanding of the experiences of play therapists working with children diagnosed with autism. The study focused on the use of CCPT by clinicians who are Registered Play Therapists (RPT) and Registered Play Therapist-Supervisors (RPT-S). The researcher interviewed one participant face-to-face and nine participants over the phone. Six of the participants were RPT-S and four of the participants were RPT. Nine of the participants were from across the U.S., and one participant was from Canada. The data collected from the interviews were analyzed into themes. This chapter provides an overview of the study, a discussion of the themes in relation to the literature, and implications for research and practice.

Overview of the study

This phenomenological study looked at the experience of working with children diagnosed with autism. The research question of this study dictated that those experiences of RPT and RPT-S who have utilized CCPT be examined. After conducting the interviews, a transcription and analyses of the data were conducted to reveal three themes and eight sub themes. The themes of the 10 participants' experiences were analyzed and displayed in Figure 1.

Considering the requirement for participation in the study, out of 2,031 RPT and RPT-S and with only 17 volunteers for the study, it appears that some play therapists may hesitate to use CCPT with children diagnosed with autism (Phillips & Landreth, 1998; Kenny & Winik, 2000).

The participants varied in the number of children seen diagnosed with autism. Three participants have worked with fewer than 20 children, while the other seven have worked with

over 20 and as many as 100 or more. The amount of time children diagnosed with autism were seen by these participants ranged anywhere from three months to six years, and the average amount of time was three months to two years.

Glazer and Stein (2010) stated that the use of qualitative research is beneficial to understanding the process of play therapy and the relationship between a play therapist and child. This was found to be true in the interviews and analysis of the data. This study found the participants emphasized their relationship with the child diagnosed with autism and their parents as components to the progress and improvement in the child. All 10 participants believe that CCPT has beneficial aspects for working with children diagnosed with autism. Most of the participants utilize solely CCPT, but others find it necessary to make adaptations due to location and population. The literature suggests that CCPT may be a viable approach to working with children diagnosed with autism (Feifer, 2008; Kenny & Winick, 2000; Mittledorf et al., 2001; Layne, 2007; Mastrangelo, 2009). Even the studies on other play approaches address the aspects of CCPT that play a role in the treatment of children diagnosed with autism (Francios, Pawell, & Dautenhahn, 2009; Greenspan & Weider, 2007; Hess, 2009; Lu, Petersen, Lacroix, & Rousseau, 2012; Simeone-Russell, 2011).

Discussion of the findings

The literature was reviewed based on the three major themes and eight sub themes. The themes that will be discussed are: CCPT is effective, with the subthemes of environment, relationship, and therapist's role; CCPT fits the needs and characteristics of children diagnosed with autism, with the subthemes environment, relationship, and therapist's role; and parents want to be more involved, with the subthemes relationship and therapist's role.

Table 2

Summary of Major and Sub Themes of Experiences of Utilizing CCPT with Children Diagnosed with Autism

Theme 1- CCPT is Effective
Sub Themes
Environment
Relationship
Therapist's Role

Theme 2- CCPT Fits the Needs and Characteristics of Children Diagnosed with Autism
Sub Themes
Environment
Relationship
Therapist's Role

Theme 3- Parents Want to be More Involved
Sub Themes
Relationship
Therapist's role

Note. CCPT = child-centered play therapy

Each theme will be discussed in relation to the literature, though the literature says little about the last two sub themes.

CCPT is Effective

There are three aspects of CCPT that the participants found to be effective for children diagnosed with autism. These three aspects include the environments, the relationship built in CCPT, and the therapist's role throughout therapy. Each of these aspects contributed to improvement in children diagnosed with autism. Even if CCPT was not an option, the participants believe it is important to include when possible these three aspects of CCPT.

Environment. Many of the participants believe that the environment of a playroom is conducive to change in children diagnosed with autism. Mastrangelo (2009) stated that the major component of play therapy is play, which can lead to increased cognitive ability and improvement in skills such as communication, sensory processing, and reciprocity. Josefi and Ryan (2004) conducted a case study in which they attributed the improvements of the child to the characteristics of CCPT, such as the environment of nondirective play therapy.

Ray et al. (2012) shared how CCPT can provide an environment that allows children to feel safe in expressing self-doubts and other emotional challenges. This allows children to work through their emotional issues and move forward. The participants discussed how the environment of the playroom affected the children diagnosed with autism. The children felt safe, calm, and less anxious. According to the participants, allowing the children to enter this type of environment facilitated growth and improvement. Francois et al. (2009) noted that a non-directive environment seems to facilitate productive interaction from the children diagnosed with autism and enhances their improvement.

Several of the participants saw children diagnosed with autism making improvements because they were allowed the time and space to work as they needed. One participant described the child with whom she worked as becoming more imaginative and verbal, like an average-

developed child. Hess (2009) stated that when a child diagnosed with autism begins to display normalized play, the child shows a more elaborate, symbolic form of play while moving through developmental levels. This improvement and more normal play develop because of the ability the children have to share in a safe environment what they want when they feel it is necessary. According to Daniel (2008), children diagnosed with autism need an environment that is safe, unconditionally accepting, and supportive of their needs and interests.

According to the participants, CCPT provides a "neutral zone" that is important when working with children diagnosed with autism. This neutral zone is needed whether there is an ideal setting for the playroom or not. This described environment provides a child diagnosed with autism a place to play freely that is calm and relaxing. Mastrangelo (2009) discussed that providing children diagnosed with autism an environment where they can freely play can help them begin to explore and initiate play. Within this neutral zone, children are provided this space and time to be themselves. According to one of the participants, when children are allowed this time and space, they begin to trust in themselves, feel more competent, and develop the skills they were too afraid to explore. Mastrangelo (2009) stated that, with ample exposure to play, children diagnosed with autism begin to develop skills such as communication, taking turns, and sensory processing. In Josefi and Ryan's (2004) case study, they found that a child diagnosed with autism had increased initiative, did things for himself, explored new activities, became more accepting of rules and boundaries, developed an attachment to the therapist, spent more time playing, and became more verbal due to the environment and the characteristics of a non-directive approach to play therapy.

The literature has stated that providing a supportive, safe environment such as in CCPT can increase the ability of children diagnosed with autism to change. The participants of this

study also saw the impact the environment has on children diagnosed with autism and their ability to feel safe and encouraged. The experiences of these participants indicates that the environment can determine whether or not children diagnosed with autism are willing to open up and share and begin to address their issues.

Relationship. The relationship a child diagnosed with autism is able to build through CCPT can foster the child's ability to feel at ease and become self-empowered. Through the experience of this level of a relationship, the participants were able to see the impact it had on the children. Ray, et al. (2012) noted that the relationship of CCPT could greatly improve the core problems of autism such as social interaction, flexibility, and emotional and receptive language. The participants expressed that the relationship developed with these children was one of the most important aspects of CCPT that they saw contributing to improvement in the children diagnosed with autism.

The participants discussed how the relationship that is developed through CCPT provides a child diagnosed with autism connection with an individual who will listen to the child and not impose his or her own agenda. Josefi and Ryan (2004) saw in their case study that characteristics such as a non-directive relationship contributed to the child's ability to become more vocal with the therapist. In this case study, the child began to take initiative, was more willing to do things for himself, and began to play new activities. Providing children diagnosed with autism the opportunity to share in a way through which they feel heard allows them to open up and connect with an individual. This level of connectedness and acceptance increases the ability for a two-way conversation to occur between a child and the therapist and others outside of therapy (Ray et al., 2012). One participant was able to describe how the child began to connect to her because she attempted to meet him exactly where he was and allow him to control the interaction. Daniel

(2008) shared how children diagnosed with autism are more willing to make connections with individuals who are willing to communicate at their level. When using CCPT, the therapist will use the child's language to communicate to him or her while allowing the child to control the situation and how and when the interactions take place (Landreth, 2002). For these participants, being able to develop a relationship with a child diagnosed with autism is a rewarding experience because they get to see inside the world of the child and learn about who they are and what they know. Lawver and Blankenship (2008) stated, "what is often the lost language of play…brings therapy to the level of the child with in the child's own realm. Play therapy can be a viable and engaging way to approach the treatment of the younger patient," (p. 28). In a case study conducted by Kenny and Winick (2000), play therapy was chosen as the approach used with a child diagnosed with autism because of its focus on the child's strengths and because the child could initiate interactions and play.

Several of the participants discussed how the relationship developed through CCPT provides a child diagnosed with autism unconditional positive regard. Providing unconditional positive regard allows the therapist to be present with children as they express themselves in a necessary and safe way. When therapists use this approach, they are empathetic, nonjudgmental, and accepting of the child. Children diagnosed with autism are more fearful to explore new things and practice new skills. If the therapists can be caring, supportive, and provide safety, the children are more willing to explore new play and new communication (Simeone-Russell, 2011; Lawver & Blankenship, 2008). Participants found that, when children diagnosed with autism feel safe in expressing themselves the way they choose, there is a reduction in problematic behaviors and an increase in verbal expression outside the playroom. Josefi and Ryan (2004) found through their case study that a child provided with a safe and accepting relationship became more

accepting of rules and boundaries in the playroom and at home. In addition, these authors found the child in their study become more vocal with the therapist. Mittledorf, et al. (2001) also shared how three children in the case studies they explored began to initiate communication with their respective therapists. All of the authors attributed this improvement to the characteristics that CCPT provides.

As the participants discussed the developed relationship with children diagnosed with autism, they described how this relationship was effective in their work done with these children. Several of the participants discussed how they saw improvements in the playroom and received feedback from the parents on improvements at home and school when the children begin to connect with them. A couple of case studies describe children diagnosed with autism developing an increased attachment to the therapist. Within these case studies, the children's increased attachment included their ability to initiate play and include the therapist in the play (Josefi & Ryan, 2004; Mittledorf et al., 2001). Ray, et al. (2012) described how an increased attachment between the child and therapist would begin to transfer outside of sessions. Several of the participants could visibly see the children move closer and develop a deeper relationship with them as the children's therapists and with their own families.

An aspect of providing a CCPT relationship is allowing children diagnosed with autism to bring their passion into sessions. Several of the participants described the different children's passions, such as Disney movies and maps. As these children were allowed the freedom to share with the therapist about what they wanted, the therapists were able to see them become more connected and eager to share and explore. Parker (2008) described how children diagnosed with autism develop a passion or obsession for a particular interest, which she calls circumscribed interests (CI). This CI can cause issues for the children in their interactions with others. Parker

(2008) stated that the CI can help a child diagnosed with autism in their pretend play. More times than not, children diagnosed with autism are discouraged from sharing their CI. Kenny and Winick (2000) believe that CCPT provides children diagnosed with autism a sense of freedom and acceptance for being themselves, even when that means talking about their passion for forty-five minutes. When children are able to openly share about topics in a way that makes them comfortable, then they are able to make connections with others and begin to explore new things and spend more time playing (Daniel, 2008; Josefi & Ryan, 2004).

Therapist's role. The participants in this study shared how their role as the therapist utilizing CCPT is effective for a child diagnosed with autism. They believe the type of interaction they have with the children encourages and supports the children's ability to improve. CCPT allows verbal and nonverbal communication to occur. Allowing nonverbal communication with a non-judgmental therapist makes CCPT a useful approach for children diagnosed with autism (Kenny & Winick, 2000). When allowing this type of communication, it is important to some of the therapists to stay constantly attuned to the children's mood and behaviors. According to the participants, this allows them to determine the children's level of comfort, communication, and interests. When the therapist is open to hearing from the children what they want and allowing them to work at their comfort level, the children are more apt to gain a better sense of their emotions and learn how to engage with others (Mittledorf et al., 2001). Feifer (2008) believed that if the therapist is willing to understand and experience what a child diagnosed with autism is trying to express, then the child is more likely to create more connections and increase improvement. Some of the participants see that when children diagnosed with autism are being heard, being accepted, and being approached at their comfort level they begin to work on their issues.

One participant described how her role in CCPT made an impact on the improvement of a child diagnosed with autism. She described how she stayed in the child-centered approach by accepting and not redirecting the child as he continuously shared stories about his passion. This participant saw this child being able to experience something he had never experienced before, which encouraged him to share more and begin the process of change. The literature shows that if the therapist is accepting, willing to communicate the way the child wants, and is open to the child making decisions on what he or she does and shares, the child will become more self-empowered and willing to explore and grow (Kenny & Winick, 2000; Mittledorf et al. 2001; Parker, 2008; Ray et al., 2012; Simeone-Russell, 2011). Landreth (2002) described how the role of the therapist is to allow the children to decide how and when interactions take place and communicate to the therapist in their own language. The therapist is there to experience and support the children as they explore and work through issues. Kenny and Winick (2000) chose CCPT for their case study because of its ability to help children develop self-acceptance through the sense of freedom and acceptance for being them. In creating this sense of freedom and acceptance, as was mentioned by one of the participants, the therapist listens intently, stays attuned, and tracks the child in an encouraging way (Ray et al., 2012). This same participant, along with others, sees that children diagnosed with autism will revert or hold back when a therapist takes on a more directive, inquisitive role. Parker (2008) stated that children should be allowed to enjoy the play by being active and not always goal-oriented. In Kenny and Winick's (2000) case study, they found that a child diagnosed with autism was more receptive and made more improvements through the use of CCPT than they did when therapists used a more directive behavioral approach.

Several participants saw that the children were more accepting of them and more willing to work through their issues when they interacted with children diagnosed with autism at their developmental level. One participant saw a child begin to demonstrate skills she felt he always had but was too hesitant to explore and try out. This participant attributed this exploration to the fact that she was able to be present at the developmental level of this child. Feifer (2008) believed that if the play is at the developmental level of children diagnosed with autism, they are more capable of creating more connections within regions of the brain and developing future learning. Case studies have shown that the use of CCPT and working at the children's level helps them gain a sense of their emotional and physical self, while also learning how to engage with others (Mittledorf et al., 2001). Taking on the role of a CCPT therapist showed these participants the impact their role had on children diagnosed with autism becoming more empowered and interactive.

Table 3 displays selected participant quotes of theme 1: CCPT is effective.

Table 3
Selective Examples for Theme 1: CCPT is Effective

Sub Theme	Example of Significant Statement
Environment	The faith that I have in [CCPT] is that by giving children that space and that time…, they then learn…to trust in themselves,…feel competent, and develop the abilities they had all along but were…not able to bring to their regular lives.
Relationship	In their relationship with you, you can see progress. When they come in and they may ignore you, completely, but then include you as the progress goes on This is a relationship and a place that can be healing for the child and for the

	family
Therapist's Role	I could tell that he had never really had the opportunity to just tell all those stories to one person, or try not re-direct him…. I was just accepting, I was just in that mode…of the client-centered [approach].

CCPT fits the Characteristics and Needs of Children Diagnosed with Autism

In working with children diagnosed with autism, the participants in this study see CCPT matching the needs and struggles of the children. According to the participants, the environment of CCPT, the relationship developed through CCPT, and the therapist's role in CCPT fill a void for children diagnosed with autism. The children are able to feel safe, secure, and supported, all while developing a relationship unlike most others they have experienced.

Environment. The participants see the environment as providing a safe space for children diagnosed with autism. The room layout, demeanor, and structure provide an atmosphere for the children to safely and calmly explore their emotions and issues. A few of the participants shared how it is important to make sure that all the toys are in the same place and in the room. These participants have experienced children having meltdowns due to the fact that they are unable to find a particular toy. Keeping the room the same provides safety and calmness for children diagnosed with autism. Feifer (2008) discussed how children diagnosed with autism have difficulty with joint attention. Joint attention is an individual's ability to learn from the environment, engage with others, make eye contact, and seek help and guidance from others. Children diagnosed with autism have difficulty in learning from the environment. When keeping the environment consistent, it is easier for a child with autism to adjust and overcome the difficulty in learning from that environment. In addition to children diagnosed with autism

struggling with joint attention, it is also challenging for them to be adaptive and flexible to change (Layne, 2007). This is why the participants see the children having a difficult time adjusting when the room is not consistent. Fortunately, CCPT supports structure and consistency of a playroom. While ensuring a playroom maintains its proper set up, children can begin to feel more at ease and begin to explore more flexibility in their interactions (Landreth, 2002). Social orienting is another area in which children diagnosed with autism struggle; this includes their intense interest in predictable objects (Feifer, 2008). The participants believe that, through the structure and consistency a playroom provides, children feel safe in moving from predictable objects and begin to work through their issues in less parallel play.

According to the participants, CCPT provides a least restrictive environment that allows children diagnosed with autism the freedom to have control in the playroom. Having control in the playroom allows the children to decide how and when things take place, which decreases their elevated levels of anxiety. Allowing children diagnosed with autism to make these decisions and have control supports the enhancement of their self-esteem. Notbohm (2005) stated, "Self-esteem, that essential component of social functioning, will not flourish in an environment that sends the message: *You're not good enough just the way you are*" (p. 71). Allowing the children control and decision-making reiterates to them that the therapist believes they are good enough just as they are and are capable of deciding how the therapy takes place. CCPT allows children to control the situation and the playroom while communicating in their own language to the therapist (Landreth, 2002). Through this control and ability to be who they are, children diagnosed with autism begin to have an increased level of comfort. The participants shared that children diagnosed with autism are able to gauge their own comfort level and make decisions in ways they may never have before. Daniel (2008) believes that the level of insecurity

and fear children diagnosed with autism experience prevents exploration and development; therefore, they need an environment that provides safety and comfort around their needs and interests. One participant shared how this level of control provides children diagnosed with autism the freedom to be accepted while expressing themselves in any way necessary. Kenny and Winick (2000) shared that play therapy provides a sense of freedom and acceptance for children diagnosed with autism. CCPT provides the most natural way for children to communicate and express themselves in a safe environment due to the freedom and control they have in a playroom (Axline, 1947). According to the participants, not only does this sense of freedom help a child diagnosed with autism feel safe and empowered, but it also helps the therapist better understand what the child is trying to express. According to Feifer (2008), children diagnosed with autism struggle with receptive and expressive language. CCPT allows children to feel safe in their expression of self-doubt and emotional challenges in their own language (Ray et al., 2012). The participants see that, when the children are provided this freedom and control, they feel encouraged to explore and begin to initiate play. Mastrangelo (2009) found that when children diagnosed with autism are provided an environment that encourages play and self-acceptance, they began to explore their ability in initiating play with others.

Badenoch and Bogdan (2012) explained that the way the brain of a child diagnosed with autism works greatly affects their learning and development. Some of the participants feel that it is important to work with children diagnosed with autism at their developmental level. CCPT allows a therapist to enter into therapy at the developmental level of a child. The environment of CCPT allows the child and the therapist the freedom to work at any level. The participants believe that this type of environment is why CCPT is a perfect match for children diagnosed with

autism. Daniel (2008) shared that the children are more willing to make connections and communicate with others if they are at the child's level of development. According to Lawver and Blankenship (2008), "play…brings therapy to the level of the child with in the child's own realm," (p. 28). In addition, it is important to enter therapy at the child's developmental level because children diagnosed with autism struggle with communication and are, at times, nonverbal (Feifer, 2008). One particular participant sees the environment of CCPT providing the opportunity to encourage children diagnosed with autism to begin to make eye contact and develop solutions to their issues. Feifer (2008) agreed that children diagnosed with autism may lack eye contact and have difficulty seeking help or developing problem-solving skills. The children in CCPT are provided a safe and secure environment that allows them to work from their developmental level. The structure, space, and overall environment of CCPT support and foster the needs of children diagnosed with autism in a way to which they may not be exposed in their day-to-day lives.

Relationship. According to the participants of this study, children diagnosed with autism do not always receive a unique, deep relationship with others like the relationship they get in CCPT. This relationship helps to fill a void for the children with a type of interaction they need and want but may not be able to communicate. Several of the participants feel that, at times, children diagnosed with autism are misunderstood or overlooked in the aspect of relationships. One particular participant saw the CCPT relationship allowing her not to push her clients but, instead, learn from them. She could incorporate into sessions what she learned to make the children feel more at ease and comfortable with her and the therapy process. The participants explained that, through this relationship, they could learn about the children's passions and what made them feel comfortable. Children diagnosed with autism rely on their intense interests in

predictable objects, or passions, to help them feel more at ease (Feifer, 2008; Parker, 2008). The participants could use this object as a transition tool to ease the child into therapy. The CCPT relationship allows the children to use their personal interests to help them feel more at ease in their interaction with the therapist (Parker, 2008). Due to this supportive relationship, this interaction also takes place at the child's pace. Not all therapies incorporate this child-centered approach to the relationship between the child diagnosed with autism and the therapist. The participants find that it is very important to allow the children to move at their own comfort level and not be pushed or rushed. Ray, et al. (2012) described how CCPT does not create pressure for children diagnosed with autism, which is different from the typically used behavioral approaches. When the development of a secure relationship occurs, a child diagnosed with autism can begin to develop a healthy attachment to the therapist. A relationship that is safe, secure, and accepting supports the development of an attachment. This type of relationship is found through the CCPT approach (Kenny & Winick, 2000; Simeone-Russell, 2011).

Some of the participants believe that the relationship is the most important aspect of using CCPT with children diagnosed with autism. CCPT provides the children a place where another individual is trying to develop a relationship with them at their level. The participants see the children who received this type of relationship experiencing an interaction that allows them just to be children. This is important because of all they struggle with in their day-to-day lives. When Notbohm (2005) discussed her two sons who are diagnosed with autism, she shared a story about a time when a paraeducator informed Notbohm that it is important to allow her sons just to be kids and not always the children diagnosed with autism. Providing children diagnosed with autism with this depth of relationship goes beyond what many of them have experienced. Many children have difficulty in engaging and playing with others; therefore, the development of

any level of relationship can be challenging. Children diagnosed with autism struggle with their social interactions and play skills, which can also contribute to their inability to develop secure relationships (Feifer, 2008; Layne, 2007). Having a child diagnosed with autism interact and participate in a deeper, secure relationship meets an unmet need for this population, according to several of the participants.

Children diagnosed with autism can be misunderstood due to their struggles with communication and emotional responsiveness. Several of the participants expressed their belief that the fact that children struggle in developing relationships does not mean they do not deserve the opportunity to develop relationships. One participant felt that the relationship CCPT provides could be powerful to a child diagnosed with autism. This type of relationship provides a secure level of attachment that can help children with their struggles in self-esteem and self-confidence (Simeone-Russell, 2011). Through the CCPT relationship, therapists can provide unconditional positive regard. This aspect of CCPT is paramount in developing the type of relationship children diagnosed with autism need to help them with their self-esteem and self-confidence. It is important to note that enhancing children's self-esteem can positively impact their ability to interact and function socially (Notbohm, 2005). Providing children diagnosed with autism with unconditional positive regard expresses to the children that the therapist wants to understand them and has empathy (Feifer, 2008). This type of relationship empowers children to be who they are. The CCPT relationship is one that is unique and powerful in providing for the needs of children diagnosed with autism.

Therapist's role. The therapist's role in CCPT accommodates to the needs of children diagnosed with autism. The CCPT approach forces a therapist to keep out expectations and anything criticizing. Several of the participants feel it is important not to place expectations on

the children or criticize them for who they are or for their struggles. CCPT does not pressure children diagnosed with autism to be anyone different than who they are (Ray et al., 2012). Criticizing or placing expectations upon children diagnosed with autism may only increase their struggles with self-esteem, which affects their ability to interact and flourish. It is important to enhance self-esteem and empower the children (Notbohm, 2005). When working with children diagnosed with autism, the therapist must remember that the children are simply children and not just children diagnosed with autism. Daniel (2008) shared, "children with autism have lives beyond their labels" (p.28). Some of the participants believe that, as long as the therapist uses only CCPT techniques, then he or she will be able to see the children for who they are and not place expectations on them. Landreth (2002) shared that CCPT allows children to decide how and when interactions take place in therapy. The therapist experiences what the child is working through and supports this child without judgment.

Several participants believe it is their role to keep the playroom safe and neutral to keep a child diagnosed with autism feeling comfortable due to their heightened levels of anxiety and fear of change. Lawver and Blankenship (2008) discussed that due to the level of insecurity and fears of children diagnosed with autism, they need to be provided with a safe, unconditionally accepting, and supportive environment that focuses on their needs and interests. The participants mentioned several different ways to provide a safe and comfortable space. One way to ensure comfort is by observing the play of children diagnosed with autism and learning what makes them comfortable. By observing the play, the therapist is allowing the child to determine the types of interactions and activities that take place. This leads to the child bringing in his or her outside play and passions (Parker, 2008). Learning about a children's passion (CI) allows them to feel more at ease in what could be an uncomfortable situation. Observing and learning about the

CI of a child diagnosed with autism allows the therapist to better provide what the child needs to make progress (Parker, 2008). Children diagnosed with autism can be put at ease by allowing them to progress and move at their own pace and comfort level. One participant does this through behavior descriptors and tracking. She shared that this allows the child to ease into a comfortable place with her and the playroom. Ray et al. (2012) discussed how, if a play therapist intently listens and tracks what a child says and does, the child will be encouraged to communicate with the therapist. The reason children begin to communicate is that, for the first time, children diagnosed with autism feel as though another individual cares about what they have to share. In addition, the therapist is able to determine how better to help this particular child. Aside from providing comfort, one participant feels it is her role to maintain a safe environment through boundaries and limitations. Since children diagnosed with autism have difficulty determining levels of safety about a situation based on the emotional tones of others, is important that a therapist sets clear and concise boundaries and limits (Feifer, 2008). These boundaries and limits help a child diagnosed with autism prevent out of control behaviors. For this particular participant, finding a balance is important for providing safety and enough freedom for the child to feel secure and empowered.

One of the participants discussed numerous things she does in her role as the therapist to meet the needs of children diagnosed with autism. This participant sits on the floor, which allows her to be at the level of the child. Sitting on the floor shows the child that the therapist is not superior, but, instead, is on an equal playing field. When working with children diagnosed with autism, it is important that the therapist is on the children's level and attempts to enter into their world (Lawver & Blankenship, 2008). Entering into the world of a child diagnosed with autism helps the child feel important and accepted. It is important to help children feel as though they

are equal because they see in their day-to-day lives that they are different from all those around them. Their acknowledgment of their difference can greatly affect their self-esteem and self-confidence (Daniel, 2008; Notbohm, 2005). The participant also stays stationary on the floor as she rotates to follows the child. This allows children diagnosed with autism to approach her and interact with her when they are ready to initiate the interaction. When children diagnosed with autism are provided the space and opportunity, they will begin to explore and initiate play and interaction with the therapist and others (Francios et al., 2009; Giannopulu & Pradel, 2010; Mastrangelo, 2009). Several of the participants feel that their role as a therapist in CCPT supports the needs and struggles of children diagnosed with autism. It is important to the participants that they provide this role to learn from the children so they can implement what is in the children's best interest.

Table 4 displays selected participants' quotes of theme 2: CCPT fits the needs and characteristics of children diagnosed with autism.

Table 4
Selective Examples for Theme 2: CCPT Fits the Needs and Characteristics of Children Diagnosed with Autism

Sub Theme	Example of Significant Statement
Environment	Children with autism have levels of discomfort;… when using this approach they…gage their own comfort level and make decisions on their own [Provides them] the freedom for them to express themselves
Relationship	The one place [they get] to come with one person who's really trying to be there with them exactly where they are at that moment I think this should be the foremost way

	to work with people with autism disorders, basically for that relationship… No matter where they are on the spectrum, no matter how old they are that may be a way to meet that need for that population that is under used.
Therapist's Role	Being at their level on the floor, I find really helps autistic kids in general because they feel that parallelism of being on…the same playing field with you

Parents want to be more involved

All of the participants of this study discussed the level of involvement of the parents of children diagnosed with autism. The participants saw the parents wanting to be more involved and the participants identified the need for them to be more involved than the parents of children who are not diagnosed with autism. There are approaches that are specifically developed around incorporating families into therapy, but CCPT is not one of them. These approaches to family interventions include Theraplay, Filial therapy, the Play project, and DIR/Floor Time (Bundy-Myrow, 2012; Greenspan & Weider, 2007; Simeone- Russell, 2011; Solomon, 2012; VanFleet, 2012). The literature suggested that with the increase in children diagnosed with autism, it is important that families receive services and support. This support and these services have been specified by the National Autism Plan for Children (Layne, 2007; McConachie & Robinson, 2006). According to the participants, involving parents in the work with the children fosters the development of better relationships and increases the potential for improvement.

Relationship. For many of the participants, the relationship between the parent and child diagnosed with autism and the parents and therapist are vital to the therapy process. Ultimately, the parents have control over when therapy occurs, begins, and ends. Learning about their

children diagnosed is a difficult time for parents. The participants see parents struggling with the fact that their child does not engage with them, and they do not understand their child. Parents will do all they can to learn about autism and different treatments (Fleischmann, 2004). Several of the participants will foster the development of a relationship between the parents and their children. The parents have the opportunity to learn to interact with their child diagnosed with autism from a child-centered approach. This is not always an easy task for the parents, but, once they successfully transition the type of interaction they have with their child, they begin to enjoy their child and accept him or her for who he or she is. Simeone-Russell (2011) discussed how, if parents or guardians of a child diagnosed with autism are included and learn the techniques the therapist uses, there is an increased level of acceptance, self-esteem, and self-confidence for the parents and child. Once parents are able to reframe their thoughts around their child, they begin to approach the child in a more positive way (Fleischmann, 2004). In addition, when parents begin to interact with their child using CCPT language and interactions, they are better able to communicate with their child and empower their child. Layne (2007) shared that Siller and Sigman found that when caregivers were sensitive and engaging in their child's play the child diagnosed with autism was able to improve their joint attention and verbal skills. Along with communication improvements, parents can empower their child through interacting with him or her in a child-centered way that is based on the child's interests and passion (Porter, 2012).

Several participants find the relationship between a parent and a child diagnosed with autism is important to encourage after termination. Once therapy is terminated, the child will continue to face obstacles and struggles because of the autism diagnosis. It is important that the child and family receive continued support (McConachi & Robinson, 2006), and the participants feel this is possible if the relationship is fostered and encouraged during therapy. One particular

participant incorporates filial therapy to develop a relationship between the parents and child while she uses CCPT with the child. Through the filial therapy, the parents are able to learn how to interact and use CCPT with their child, which provides them a deeper understanding of who their child is and how he or she interprets the world around him or her. Including parents in therapy is beneficial to children diagnosed with autism especially when the therapy is approached through the child's level and interests. Once they are included, the parents are able to learn more about their child and how better to help him or her (Porter, 2012). Through participation in the therapy, parents learn that the child is more than just a child diagnosed with autism (Notbohm, 2005). Their overall perspective of their child becomes more positive, leading to more enjoyable play and interactions between the parents and child. The participants see parents begin to enjoy watching their child grow and interacting with him or her. VanFleet (2012) discussed that, if parents become more in tune with their child's perspective and play, they can gain a deeper understanding of their child and shift their attitude and beliefs about children diagnosed with autism. This shift in the parents helps them interact with their child more productively, reduces their level of stress and anxiety, and fosters a better relationship within the family.

A couple of the participants explain the relationship between the parents and child improving based off the improvements in the playroom and how that transitioned to the outside world. These participants saw improvement between children diagnosed with autism and their interactions with their family members. The parents reported this improvement, and the therapist observed it in the waiting areas. The relationship that these participants built with these children transitioned into the relationships they had with their parents and family members, which created a more positive environment and interactions within the family.

In addition to the participants working on the relationship between them and the children and observing those changes through the parents, it is important for the participants to work on their relationship with the parents. One participant described how it is important that the parents feel as though they played a role in the therapeutic process. Just as the child needs to feel empowered, so do the parents. If they feel that they have something to bring to the process, then they will continue to bring their child to therapy. In addition, the parents are also struggling with their child's issues. Participants of this study feel that it is important that the parents develop a relationship with their child's therapist in order to support the parents and alleviate their concerns and high levels of anxiety and stress. Fleischmann (2004) shared that parents experience emotions such as guilt, anger, and relief all at the same time. With all that the parents are doing to help their child, they do not always have time for themselves and to find the necessary emotional support. If the relationship between the therapist and parents is encouraged, the parent can begin to feel supported and understood.

Therapist's role. When including parents in their work with children diagnosed with autism, several of the participants feel that it is their responsibility to interact with the parents and support the family system. This role of the therapist working with this population and those affected is increasing as the number of children diagnosed with autism is increasing (Layne, 2007). The participants feel that, within their role, they must support and educate the parents on who their child is and what the therapist will be doing in therapy to help their child. When the parents first learn about their child's diagnosis, not only do they need support coping with this diagnosis, but they also need further understanding of what it means and how to explain it to others (Fleischmann, 2004).

One participant believes that as part of her role in building a stronger support system and sense of security, she must help the parents understand what it is she does and what they will do when using a CCPT approach. She teaches the parents that, if they allow the child to take the lead and learn about how their child communicates, they will begin to make a stronger connection with their child. It is important that parents understand that a child's communication is not always verbal, nor do they always take in verbal communication. Play is the most natural way for children to communicate with each other and with adults; therefore, it is important for parents to be attuned to what their child's play means (Axline, 1947; VanFleet, 2012). This participant sees that, once the parents grasp the concept of how their children communicate, they are able to make connections with their child and begin to understand how their child's behavior and emotions are connected. Once the parents understand their child in this way, the parents will learn limit setting in order to communicate appropriate behaviors and keep their child safe. VanFleet (2012) shared that limits are used when behaviors are destructive or compromise safety. Having parents learn limit setting allows them to be in authority when needed.

Several of the participants feel that they must educate the parents about their goals and expectations of their child diagnosed with autism. It is important that parents understand that their child may never be drastically different from who they were when they came in or be like the other children they see at school or on the playground. Fleischmann (2004) stated that some parents will do all they can to learn about autism and its effects on their child. This is when the participants feel that it is their role to educate the parents on autism and the improvements they may see through treatment. According to some of the participants, it is important that the parents also understand that this can be a slow process that requires patience. Once the parents understand the process and the diagnosis, the participants will begin to include them in therapy.

One participant mentioned that when a parent is included in the process of therapy, the children are being assured that the people important to them care about them and are willing to help in any way possible. Including parents in the treatment of their children diagnosed with autism is beneficial in many ways, including providing the possibility of more change and improvement sooner and at a higher rate (Layne, 2007; Porter, 2012). The participants feel that when working with children diagnosed with autism, it is important to have the parents involved so they can educate the parents and reassure their children. In addition, these participants find that parents of children diagnosed with autism want to be more involved and have the desire to learn how to interact with their child.

Table 5 displays selected participant quotes of theme 3: parents want to be more involved.

Table 5
Selective Examples for Theme 3: Parents Want to be More Involved

Sub Theme	Example of Significant Statement
Relationship	The hardest thing is to not have your child connect with you…. parents need help getting their child to engage with them That empowers the parent to say, I'm not helpless I have something to bring to the table here and to build on the strength of that purpose.
Therapist's Role	Getting [parents] to understand what it is that you do and that if they're just patient with time, they will see these changes and things will improve Helping them feel included in the process…sends a related message to the kids that their parents are on board with this too

Implications for Practice

The purpose of this study was to gain more insight into the experience of using play therapy with children diagnosed with autism. The study focused on the use of CCPT by clinicians who are RPT and RPT-S. The fact that this study is a qualitative study means that it cannot be generalized across all play therapists and all children diagnosed with autism. The reader should gain a better understanding of what it is like for these specific participants to experience the phenomenon of utilizing CCPT with children diagnosed with autism (Creswell, 2007). This study was able to bring together a group of therapists who have shared experiences that can educate others (Berndtsson et al., 2007). Through the process of gathering information, experiences were revealed that were not anticipated for the study. Since this is a qualitative study, the researcher has the ability to allow changes in the direction of this study when needed (Creswell, 2007). One of the three major themes discovered through the data analysis addressed interactions with the parents. Looking at the inclusion of parents in therapy was not part of the original layout of the study. The participants of this study freely shared their experiences with parents as a part of their experience in utilizing CCPT. This area may need further research.

With researchers stating that 1 out of every 88 children are diagnosed with autism and a push for early intervention, it is important to address possible interventions (CDC, 2012; Hess, 2009; Layne, 2007; Simeone-Russell, 2011). Researchers have discussed the use of CCPT as a possible approach to use with children diagnosed with autism, but the literature is limited (Daniel, 2008; Feifer, 2008; Josefi & Ryan, 2004; Kenny & Winick, 2000; Mittledorf et al., 2001; Layne, 2007; Mastrangelo, 2009; Ray et.al, 2012). The participants of this study feel that it is important to educate others about autism, CCPT, and the effectiveness they have seen using

CCPT with children diagnosed with autism. Several participants shared how frustrating it can be when others assume that CCPT is ineffective with children diagnosed with autism, and they also expressed frustration with those professionals who do not have a clear understanding of what CCPT can offer.

Through this study, the participants were able to share the importance of a relationship developed through CCPT. Several of these participants want others to understand that the principles of CCPT, such as the human relationship, are unpredictable and difficult to measure. Since this relationship is difficult to manualize, the participants feel that others need not to push the medical model as much and need to accept outcome studies as showing the effectiveness of CCPT. Several of the participants believe that if a therapeutic agenda is not put on children diagnosed with autism and they are given the time and space, they will make the necessary progress and improvement. These participants believe this because they have seen it in their practice. This may be important in the understanding of continued use of CCPT with children diagnosed with autism.

Aspects of CCPT, such as the environment, the relationship, and the therapist's role, contribute to improvement in children diagnosed with autism and the reason these participants continue to use this approach. A CCPT environment can provide a child diagnosed with autism with safety, support, freedom, and unconditional acceptance, which all contribute to improvement in the child (Daniel, 2008; Francois et al., 2009; Mastrangelo, 2009; Ray et al., 2012). When provided with this type of environment, children are able to develop their communication skills, sensory processing skills, and emotional expression (Mastrangelo, 2009; Ray et al., 2012). The participants were able to describe the freedom and safety provided through the CCPT environment. They saw how this environment had a positive impact on the children's

ability to interact and explore. A CCPT environment can be an important part of working with children diagnosed with autism.

In addition to the environment, a CCPT relationship is seen to improve the core issues faced in autism (Ray et al., 2012). The participants of this study believe that the relationship is one of, if not *the* most, important aspects of CCPT that contributes to the improvement of children diagnosed with autism. Seeing how important the relationship was to the participants can make an impact on the way therapists and others interact with children diagnosed with autism. According to the participants, the relationship children diagnosed with autism experience in CCPT is unlike any other relationship they experienced. Through this relationship, the children feel accepted and are more willing to interact and communicate with the therapist because the therapist works with children at their level, and the children control the situation and interaction (Daniel, 2008).

The third aspect of CCPT that the participants find contributing to the improvement of children diagnosed with autism is their role as the therapist. It may be important for therapists to review their roles in working with children diagnosed with autism and the impact it may have. These participants try to understand and experience what the children are going through and what they are trying to express to those around them. In doing this, the children diagnosed with autism feel heard and accepted, allowing them to begin to work through their issues (Feifer, 2008). As part of the participants' role, they feel it is important to learn from children and engage with children at their level. Several of the participants shared that, when they are able to do this, they see the child began to explore, grow, and become more self-empowered. According to the literature, if the therapist is accepting and open to hearing from the child and allowing them to take the lead, then improvements will happen (Kenny & Winick, 2000; Mittledorf et al., 2001;

Park, 2008; Ray et al., 2012; Simeone-Russell, 2011). All of these roles could be applied to future work with children diagnosed with autism.

Involving parents in the therapeutic process was a major implication mentioned by the participants. These participants found that the parents had a desire to be involved in their child's therapeutic process. Layne (2007) stated that, with the increase in the diagnosis of children with autism, more parents need assistance and support. The parents of children diagnosed with autism need further education on the diagnosis, support with accepting and working through their child's struggles, and help in developing a relationship with their child (Fleischmann, 2004). The National Autism Plan for Children specified that various services are needed, including family support for children diagnosed with autism (McConachie & Robinson, 2006). Several of the participants believe it is their responsibility to educate and support these parents. They find this interaction to be important for several reasons. First, the participants believe it is important to foster the relationship between children diagnosed with autism and their parents. This relationship is important because, once children leave therapy, they will continue to face struggles and they will need that strong relationship and support from their parents. In addition, fostering the relationship between the child and parent can be beneficial to the progress of the treatment (Porter, 2012). Second, when parents are included in the therapy process, they are more likely to continue to bring the child to play therapy. The parents also feel empowered to help their child. Lastly, when families are included, children diagnosed with autism receive the message that those who are important to them care about them and want to help.

Another implication of the study is that adaptions to CCPT may be needed. A few of the participants mentioned adaptations that they have made or at times feel are necessary to make. One participant felt the CCPT process was challenging to apply to the families in her location.

She practices in a rural area where families may not have the money or time to bring their child to therapy for an undeterminable amount of time. The participant adapted her CCPT approach to be more prescriptive so that she could terminate therapy in a predictable amount of time, though she continues to use aspects of the CCPT approach. Another participant made adaptations to the toys in the playroom. She has had the opportunity to work closely with an occupational therapist who suggested that she incorporate sensory toys into the playroom to provide comfort and help with self-regulation. This participant not only incorporated these toys with her children diagnosed with autism, but she also uses them with the other children who come to play therapy. She sees all the children enjoying the addition of more sensory toys. If this participant has a child who is highly avoidant, she will have him or her play in a small tent or on a yoga ball to help contain him or her. The third participant who has made adaptations will include transitional activities to help a child diagnosed with autism ease in and out of session. These transitional activities typically include her having the children decide if they need to transition at the beginning or at the end of session. She has the child revisit what just happened in session or what happened in the previous session. Each of these additions to CCPT was done to adapt to these participants' specific clients. At times, therapists may need to make adaptations in order to provide the best practice they believe is possible.

Implications for Research

While listening to the 10 participants all mentioned their experiences with parents of children diagnosed with autism. It became apparent that this was an area that would need further exploration. Each participant saw more interaction with parents of children diagnosed with autism than parents of any other population with which they worked. Typically, in using CCPT, parents are not involved in the therapeutic process. It would be interesting to see the level of

involvement parents have in the treatment of children diagnosed with autism. This could be addressed in multiple ways, including the use of surveys given to parents of children diagnosed with autism, no matter what type of treatment they are receiving. In addition, one participant brought up the point that she believes it would be beneficial to ask parents about their experiences in having their child diagnosed with autism receive CCPT as a form of treatment.

Some of the participants would clarify different experiences with children diagnosed with autism who were higher functioning or lower functioning. This particular study looked at children diagnosed with autism as a whole and did not differentiate between higher and lower functioning children. Research that focused on one level of severity or the other could add more in-depth information to the literature. Asking additional, specific questions about the experience with higher functioning children and lower functioning children could do this. From another approach, research could be done on the types of approaches and interventions used on higher functioning children versus lower functioning children and if there is a difference.

At this point, with what has been discovered from these participants' experiences, it could be beneficial to conduct an outcome study. It would be important to make sure that either the same person was working with each child or that each person used the strict CCPT approach. Several measures could be used for a pre/posttest analysis. A researcher could use an instrument that is used to diagnose autism and determine if there is improvement in the listed criteria. In addition, a researcher could use more than one instrument to look at several different aspects of the child since every child diagnosed with autism is different and has different struggles.

Conclusion

The findings of this study add to the existing literature on the use of CCPT with children diagnosed with autism. These 10 participants were able to share and provide insight into their

world as a RPT and RPT-S that primarily uses CCPT. Overall, their experiences have been positive. They have seen the benefits of using this approach with children diagnosed with autism. The aspects of their role, the relationship they build with the children, and the environment provided has an impact on the improvement in the quality of life for children diagnosed with autism. This specific population is not always easy for these participants to work with. The participants faced challenges with the child, the parents, and other professionals. Through the challenges, they continue to use CCPT because they feel it is the best possible approach to use with any child.

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List of Appendices

Appendix A

Recruitment Email

To: RPT and RPT-S listed through APT email list

From: Lacy Crumrine: lrcrumri@go.olemiss.edu

Subject: Dissertation on experiences working with children diagnosed with autism

My name is Lacy Crumrine, and I am a doctoral candidate at the University of Mississippi.

My reason for reaching out to you is to request your participation in a qualitative study on the experiences of Registered Play Therapists and Registered Play Therapists-Supervisors (RPT/S) who have worked with children diagnosed with autism. The study looks at the current experience and opinions of RPT/S utilizing child-centered play therapy (CCPT) with children diagnosed autism.

A single interview will be conducted to gain insight and an overall essence of your experiences. The interview will last about an hour either over the phone or face-to-face. If you are an RPT/S that utilizes CCPT with children diagnosed with autism, I would appreciate your consideration in participating in this study. With your participation we can work together to better inform others about the experience of working with this population.

If you are interested in participating in this study, you can contact me at. I have attached a lay summary that provides an overall description of the study and your role in the study. Thank you for your time and consideration.

Lacy Crumrine
Ph.D. Candidate, Leadership and Counselor Education
The University of Mississippi

Appendix B

Lay Summary

My name is Lacy Crumrine and I am a doctoral candidate at the University of Mississippi. You have been invited to participate in an interview for a research study on the use of child-centered play therapy (CCPT) in working with children diagnosed with autism. The study looks at the current experience and opinions of working with children diagnosed autism. This research is for a qualitative dissertation study I am conducting on the experiences of Registered Play Therapist or Registered Play Therapist-Supervisors (RPT/S) that have utilized CCPT with children diagnosed with autism.

I am asking you to participate because of your involvement in play therapy and the information and perspective you can share would help me get a better idea of the experiences of those that have worked in this area of counseling. I believe that if you participate in this study you can help further research in the area of play therapy, have the opportunity to share your experiences, and increase others and my knowledge of the use of CCPT with children diagnosed with autism. There is a risk that sharing information about a topic that you may feel strongly about one way or another could provoke some emotions with which you may not be comfortable. If at any time you feel uncomfortable or wish to end the interview, please inform me. Whether or not you choose to participate or to withdraw will not affect your standing with the Department of Leadership and Counselor Education or with The University of Mississippi.

I will be the only person who knows that you will be participating in this study. I will use a non-gender specific pseudonym anytime your interview is discussed. I will want to receive your permission to record our interview, take notes of our interview, and use documents I may collect from the site where our interview will be held prior to it beginning. I want to use these methods to help me to remember everything that was discussed and the setting in which the

interview occurred. These things will be kept in a safe and secure place that only I have access to and once the research is finished I will destroy all of the items.

I will meet with you once for a one-on-one interview. The interview will last for around an hour. We will discuss your experiences utilizing CCPT with children diagnosed with autism.

During this process please remember that there are no right or wrong answers to the questions that I will be asking. I only want to know about your experiences and your thoughts around those experiences. I view you as the expert in this situation, and I am coming to you to gain more insight.

It is your decision to participate or not in this study. If once we begin this process and you decide that you no longer want to participate, that will be your decision and if you decide to stop that will not affect any future contact with The University of Mississippi.

Appendix C

Consent Form/ Release of Words

The University of Mississippi

Release of Words

As a participant in this study, I hereby authorize Lacy Crumrine, a doctoral candidate at The University of Mississippi to:

1. Conduct my interview over the phone if Lacy Crumrine is unable to come to where I am located.
2. Record my interview with Lacy Crumrine on an audio recording device.
3. Create a pseudonym of my name and any additional identifying information.
4. Reproduce the audio recording of my interview into a transcript for any purpose Lacy Crumrine and her committee deem appropriate, including direct quotes.
5. I release The University of Mississippi from any and all claims and demands arising out of or in connection with the use of the mentioned recordings including any claims of defamation, invasion of privacy, right of publicity, or copyright.

Name: _____

Address: _____

Phone: _____

Signature: _____

Appendix D

Interview Questions

Interview Questions

1. Are you a Registered Play Therapist or Registered Play Therapist-Supervisor who utilizes child-centered play therapy?
2. How many children diagnosed with autism have you seen, using child-centered play therapy? What were their ages? How many sessions did you work with each child?
3. How would you describe your overall experience with utilizing child-centered play therapy with this population?
4. Would you continue to use child-centered play therapy to work with children diagnosed with autism, why or why not?
5. With all we have discussed, what would you like to add (other thoughts, comments, questions)?

Appendix E

Member-Check Email

To: Participant

From: Lacy Crumrine:

Subject: utilizing CCPT with children diagnosed with autism- follow-up

I am writing you because I have completed all of my interviews, coded the transcripts, and developed the themes. I am attaching a summary of our interview along with a diagram of the developed themes and sub-themes. Please review over them and let me know if you agree or disagree. In addition, I will inform you that I conducted 10 interviews with very informative information. There was additional information discussed in some of the interviews that did not fit into themes but I will include in my discussion. This information includes ideas pertaining to additional research, what other professionals may need to know, and what a few of the therapists added to their playrooms to help the work done with the children.

Thank you for your time and input in this research. It has been a very enlightening experience for me. I cannot wait to share what I have learned with others. I feel what I have learned from you and the other participants will further the research in the area of utilizing CCPT with children diagnosed with autism. Thank you again for your time.

Lacy Crumrine
Ph.D. Candidate, Leadership and Counselor Education
The University of Mississippi

Vita

Lacy Crumrine
lrcrumri@go.olemiss.edu

EDUCATION

Doctorate of Philosophy in Counselor Education Expected - May 2013
The University of Mississippi, University, MS
Dissertation: My dissertation explores the experiences of Registered Play Therapists and Registered Play Therapist-Supervisors who utilize child-centered play therapy with children diagnosed with autism.
Chair: Dr. Marilyn Snow

Masters of Education in Leadership and Counselor Education May 2009
The University of Mississippi, University, MS

Bachelor of Science in Elementary Education, Minor in Psychology May 2007
Mississippi State University, Mississippi State, MS

LICENSES & CERTIFICATIONS

National Certified Counselor August 2009-present
Licensed Professional Counseling September 2012-present
Registered Play Therapist October 2012-present

COUNSELING EXPERIENCE

Graduate Assistant/Mental Health Counselor Fall 2011-present
The University of Mississippi Child Advocacy and Play Therapy Institute, University, MS
Provide play therapy for children, parent consultation and intakes, clerical work, setting up process of a new center, expert witness consultation, helping develop an Educational Specialist (Ed.S.) degree in play therapy, teach in the Ed.S. program, supervise practicum and internship students, speak at funding events

Graduate Assistant/Mental Health Counselor 2008-2011
The University of Mississippi Center for Excellence in Teaching and Learning, University, MS
Individual and group counseling with college students on academic probation, supervise practicum and internship students

Counseling Intern 2008-2010

Lafayette Lower Elementary, Lafayette Upper Elementary, Lafayette Middle School, Oxford, MS
Counseling children through play therapy, parent consultation, and teacher consultation

TEACHING AND SUPERVISION EXPERIENCE

Co-Instructor 2010-present
The University of Mississippi
Co-taught graduate level classes in Counselor Education, helping develop syllabi and lectures, delivered some lectures, worked with both online and hybrid classes, graded papers. Courses taught:

- Application of Play Therapy in the Mental Health Setting Fall 2012
- Counseling Children and Adolescents Spring 2012
- Multicultural Counseling Fall 2011
- Advanced Play Therapy Summer 2011, 2012
- Organizations, Administration, and Consultation Spring 2011
- Assessment Fall 2010
- Skills Summer 2010
- Play Therapy Summer 2010

Graduate Assistant/Teacher Assistant 2007
The University of Mississippi School of Education- Curriculum and Instruction
Assisted professor with clerical work, grading, developing examinations and lectures, and taught when needed

Teacher Intern 2007
Lawndale Elementary/ Church Street Elementary, Tupelo, MS
Assisted and taught fourth grade and second grade

Blocking Teacher Candidate 2006
Southside Elementary, West Point, MS
Assisted and taught third grade

Site Supervisor 2011-present
Child Advocacy and Play Therapy Institute
Site supervisor for master's practicum and internship student at The University of Mississippi

Site Supervisor 2011
Center of Excellence for Teaching and Learning
Site supervisor for master's internship students at The University of Mississippi

Graduate Supervisor 2010
The University of Mississippi
Doctoral student supervisor for master's practicum and internship students as part of my training

ORGANIZATIONS

Kappa Delta Pi	Spring 2007-present
Chi Sigma Iota	Spring 2008-present
President Elect (Epsilon Mu)	Spring 2008-Summer 2008
President (Epsilon Mu)	Summer 2008-Spring 2009
American Counseling Association	Spring 2008-present
Mississippi Counseling Association	Spring 2008-present
Association for Counselor Education and Supervision	Spring 2010- present
Association for Play Therapy	Spring 2010- present

AWARDS/ RECOGNITIONS

The University of Mississippi

Student of the month for the School of Education	October 2012
Who's Who Among American University Students	Spring 2013
Doctoral Student of the Year in Counselor Education	Spring 2013

CONFRENCES/ WORKSHOPS

Annual International Play Therapy Conference Fall 2012
Renaissance Hotel, Cleveland, OH

Subject: research forum, family reunification in sexual abuse cases, experiences with Autism Spectrum Disorder families of all ages, play-based interventions for children and adolescents with Autism Spectrum Disorder, play therapy with sexually acting out children, DIR/Floor Time

Mississippi Counseling Association Annual Conference Fall 2012
Beau Rivage Hotel, Biloxi, MS

Proposal accepted for *Treating the Emotional Needs of Autistic Children through Child-Centered Play Therapy*; co-presenter was Dr. Edward Franc Hudspeth

Proposal accepted for *The iPad Playroom: A Therapeutic Technique*, co-presenters were Amanda Winburn and Dr. Marilyn Snow

Annual International Play Therapy Conference Fall 2010
Galt House Hotel, Louisville, KY

Subject: autism, play therapy with autism, evidence-based research

The Play Project Fall 2009
North Mississippi Medical Center, Tupelo, MS

Subject: therapies used with children who have been diagnosed with autism

PUBLICATIONS

Snow, M., Winburn, A., Crumrine, L., Jackson, E., & Killian, T. (2012) The iPad playroom: A therapeutic technique. *Play Therapy*, 7(3), 16-19