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SCHREYER HONORS COLLEGE

DEPARTMENT OF RECREATION, PARK AND TOURISM MANAGEMENT

THE BENEFITS OF PLAY FOR CHILDREN WITH ILLNESSES:  
A PRACTITIONER'S PERSPECTIVE

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Spring 2010

A thesis  
submitted in partial fulfillment  
of the requirements  
for a baccalaureate degree  
in Recreation, Park and Tourism Management  
with honors in Recreation, Park and Tourism Management.

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## **ABSTRACT**

Play is more than a leisure activity. It is often thought of as a child's "work" which provides them with a sense of meaning. In this study of the benefits of the therapeutic use of play for children with illnesses and disabling conditions, 10 practitioners in the fields of child life and therapeutic recreation participated. The participating practitioners completed a series of interview questions. The questions focused on practitioners' view of the short-term and long-term beneficial outcomes of play. The results showed significant, positive outcomes of using play as an intervention. Overall, it was concluded that therapeutic play inherently benefits children in a clinical setting.

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## ACKNOWLEDGEMENTS

This thesis would not have been possible without the help and support of several people. Two women in particular deserve my gratitude and acknowledgement. First, I would like to recognize my honors advisor, Dr. Deborah Kerstetter, for her inspiration and guidance in selecting a thesis topic. I'd also like to thank her for her continued support throughout the writing process.

Next, I would like to give a special acknowledgement to my honors supervisor, Dr. Linda Caldwell, without whom the completion of this thesis would not have been possible. Throughout my college career, she has provided me with a tremendous amount of insight and direction. She has always been supportive and someone I consider a confidant.

I would also like to thank the professionals who graciously agreed to participate in my research project. Their in-depth responses afforded me a clearer picture of the role that play has in a therapeutic setting.

Finally, thank you to all of my family and friends for their encouragement and interest in my success. Most especially, my mother, whose proofreading of every essay I've ever written has gotten me to where I am. I am forever grateful to each of you – thank you!

## INTRODUCTION

According to Jean Piaget, a Swiss child psychologist, play is described as “child’s work” (in Kearney, 2008). Psychologist Susan Linn, in an interview with *USA TODAY*’s Nanci Hellmich (2008), said “It’s in play that [children] get to initiate action instead of just constantly reacting. It’s a safe haven for honest self-expression. Children often play about what they are working on... Others, with more challenging lives, may play about illness, death, loss or abuse (p. D. 6).” Play has numerous benefits for children, such as developing imagination and emotional support as well as improving socialization skills. This thesis will address the benefits of play for children in a clinical setting. First I will explain the key components of therapeutic recreation (TR) and how play incorporates into TR. Then I will describe how play is beneficial to children and especially children with illnesses. After explaining the basis for my thesis, I will analyze the collected data and report my findings pertaining to a practitioner’s view on the benefits of play for children with illnesses.

Play is a key element of recreation for both children and adults because it is founded in socialization, interaction, and imagination. The National Parks and Recreation Association (NRPA) “believes that (parks and) recreation enhances human potential by providing facilities, services and programs that meet the emotional, social and physical needs of communities and promotes individual and community wellness that enhances the quality of life for all citizens” (2007). Correspondingly, the American Academy of Pediatrics states that play “allows children to use their creativity while developing their imagination, dexterity, and physical, cognitive, and emotional strength” (in Ginsburg,

2007, p. 183). Thus, the main focus in recreation and play is enhancing individual wellness by different means in order to improve quality of life.

The American with Disabilities Act (ADA) defines a person with a disability as an individual with a physical or mental impairment that substantially limits one or more major life activities (Disability and Business Technical Assistance Center, 2007). More than 50 million Americans are reported as having a disability, about 4 million of these are children aged 6 to 14 (U.S. Census Bureau, 2007). In order to better serve the population of Americans with disabling conditions, services exist called therapeutic recreation (TR). The American Therapeutic Recreation Association (ATRA, 2008, p.1) defines TR as:

The provision of Treatment Services and the provision of Recreation Services to persons with illnesses or disabling conditions. The primary purposes of Treatment Services, which are often referred to as Recreational Therapy, are to restore, remediate or rehabilitate in order to improve functioning and independence as well as reduce or eliminate the effects of illness or disability. The primary purposes of Recreational Services are to provide recreation resources and opportunities in order to improve health and well being.

As stated in the definition of therapeutic recreation, these services are used to enhance functioning and freedom through recreational activities. Most recreational therapists go through a certification process with the intention of becoming a Certified Therapeutic Recreation Specialist (CTRS). Certified specialists work in a variety of settings in order to re-establish community socialization, improve health and independence, increase quality of life, as well as minimize the effects of disabling

conditions.

A core component of recreational therapy that promotes functioning and socialization is therapeutic play, which unifies the ideas of play and recreation as they pertain to people with disabling conditions. According to the Child Life Council, therapeutic play “refers to specialized activities that are developmentally supportive and facilitate the emotional well-being of a pediatric patient” (Koller, 2008, p. 3). With this additional support, a child with a disability or illness is able to use self-expression to convey his or her emotions, thoughts, or fears. Therapeutic play can be used by a range of professionals which include, but are not limited to, recreational therapists, child life specialists, counselors, psychologists, and occupational therapists. Although this service is available in a multitude of contexts, the fundamental value in each is using play to cope, understand, develop and achieve.

Rynders and Schleien’s (1990) study of social play and children with autism showed:

carefully structured integrated activities involving higher levels of social play elicited a significantly higher frequency of appropriate play behavior in school-age learners with autism... Their proportionately greater frequency of appropriate behavior in higher levels of social play should lead to important, ever widening, and more inclusive programming possibilities for children and youth with autism in the future. (p. 327)

This study addresses the importance of social play for children with and without disabling conditions.

## Purpose

The purpose of this study is to examine a practitioner's perspective about the benefits of play for children with illnesses, while gaining an understanding of how play methods enhance quality of life. Answers to my research questions will help the reader understand the various methods of play therapy, how play is used formally, the short and long-term outcomes associated with play that aid in normal development, as well as how professionals use play as a mode of therapy

## Research Questions

1. What are the various formal methods of therapeutic play?
2. How is play used formally in a clinical setting?
3. What are the short-term outcomes associated with play?
4. What are the long-term outcomes associated with play?
5. How do the short-term and long-term outcomes aid a child in normal development?
6. How and why do professionals incorporate play into their careers?



## LITERATURE REVIEW

### Play

According to Merriam-Webster's Collegiate Dictionary (2005), play is defined as a recreational activity, especially the spontaneous activity of children (Mish, 2005). The National Institute for Play elaborates on the definition by stating that play is "a state of being that is intensely pleasurable. It energizes and enlivens us" (2008). There are also several ways in which play is manifested, such as imagination, symbolism, socialization, and creation. An example of imaginative play could be a young child having a "tea party" with her stuffed animals. The imaginative factors are the animals talking, the invisible tea and toast, and the castle where this party takes place. Although this is just one example, children take part in all forms of play to better enhance their lives.

### Benefits of Play for Children

In the January 2007 issue of *Pediatrics Journal*, Dr. Kenneth Ginsburg discusses the importance and necessity of play: "play allows children to use their creativity while developing their imagination, dexterity, and physical, cognitive, and emotional strength" (p. 183). The simplistic use of play allows children the freedom to learn and achieve on their own while improving their skills of socializing and regulation. In the fantasy world of play, children escape from reality to a world with justified rules and whimsical uses of every day items, like the tea party with stuffed animals. Dr. Stuart Brown and Christopher Vaughan (2009), co-authors of *Play: How it Shapes the Brain, Opens the Imagination, and Invigorates the Soul*, state that "one major theory is that play is simply

practice for skills needed in the future” (p. 31). With each form of play, a child benefits in a different way. It is important to review each aspect of play, while focusing on the benefits for children.

One of the common types of play is imaginative or make-believe. Co-authors of the book *Imagination and Play in the Electronic Age*, Singer and Singer (2005), refer to make-believe play as symbolic play. They present play criteria, which coincide with those proposed by Frein (1981). The conditions for symbolic play include: activities being performed without the necessary materials, treating an inanimate object as animate, and/or substituting a gesture or object for another (Singer & Singer, 2005). An example of symbolic play is a child turning his mother’s couch cushions into a fort for the tiger (himself) to hide in. Children using symbolic play learn the social skills of cooperating, taking turns, and sharing (Singer & Singer, 2005, p. 36). Singer and Singer believe that these skills of socialization are most important because they develop into leadership qualities which manifest themselves in later years. “For humans, creating such simulations of life may be play’s most valuable benefit... we can learn lessons and skills without being directly at risk” (Brown & Vaughn, 2009, p. 34).

In addition to socialization skills, Spiegel (2008) suggests that symbolic play aids in the development of a cognitive skill called executive function. The main element of executive function is a child’s aptitude for self-regulation. Self-regulation refers to one’s ability to control his/her behaviors, impulses, and emotions while exhibiting self-discipline (Spiegel, 2008). When a child creates the standards in which play is taking place, he learns to follow his own rules, therefore resulting in better compliance of another’s rules.

Symbolic play is a foundation for multiple types of play. It stems into another large area considered social play. Social play involves interaction among children especially during make-believe play. Ginsburg (2007) states,

Play allows children to create and explore a world they can master, conquering their fears while practicing adult roles, sometimes in conjunction with other children... Undirected play allows children to learn how to work in groups, to share, to negotiate, to resolve conflicts, and to learn self-advocacy skills. (p. 183)

Children engaged in undirected social play learn the basics of communicating with others, how to resolve conflicts amongst themselves, and how to share without direction. Independently learning these skills at a young age prepares children for social interactions later in life.

The social interactions gained from social play help transition children into rough and tumble play, which also has multiple benefits. Rough and tumble play consists of one person, possibly a parent, performing an action to invoke a response from another person, such as a child. This could be as simple as ticking a child or as entailed as playing Red Rover (Reed, 2007). According to Dr. Tom Reed, Vice President of the *International Play Association for the United States of America*, friendship is a key element in successful rough and tumble play because trust is a critical component. When rough and tumble players are asked why it is they can tackle one another without a fight, they are likely to indicate that they are friends and that is how they play (Reed, 2007). “To the visual-kinesthetic learner, and particularly males, this is the way in which active learning takes place as well as preparing them for their place in the 21<sup>st</sup> century” (Reed, 2007, p. 17). Rough and tumble play benefits children by aiding them in building trust,

establishing relationships and learning conflict resolution.

There are overlapping themes throughout the different types of play that benefit children. Commonalities among the different forms include expansion of creativity and social interactions, acquisition of conflict resolution skills, and independency. All of these benefits are rooted in child development. The fundamental advantage that a child obtains during play is the freedom to grow and learn within his/her own circumstances.

#### Play as an Intervention for Children with Disabilities or Illnesses

The various forms of play offer a broad spectrum of benefits for children which allows development in his/her own environment. This is especially true for children who have a disability or illness through a form of play intervention called therapeutic play. Therapeutic play consists of specific activities that assist in developmental and emotional support and well-being (Koller, 2008, p. 3). Through this support, children with disabling conditions are able to use play as a form of self-expression and coping. Therapeutic play focuses on maintaining “normal development” while helping children understand and respond to difficult medical situations (Koller, 2008, p. 3).

Based on the needs of the child’s development and disabling condition, different forms of therapeutic play are used. These can include puppet play, doll play, and creative or expressive arts (Koller, 2008, p. 4). An example of doll play is using a doll with removable hair to help a child understand the effects of radiation on his/her body. Playing with such a doll makes the child feel more comfortable about upcoming procedures and changes. “During therapeutic play children are encouraged to ask questions to clarify misconceptions and express feelings related to their fears and concerns... Therapeutic

play acts as a vehicle for eliciting information from children...” (Koller, 2008, p. 4).

Generally, therapeutic play uses at least one of the following methods: 1) the encouragement of emotional expression, 2) instructional play to educate children about medical procedures, and 3) physiologically enhancing play (Koller, 2008). Emotional expression and instructional play are often encouraged due to their valuable outcomes. Emotional expression helps children identify their fears and work through them with play. Studies indicate that children who were given the opportunity to participate in therapeutic play cooperated better with medical procedures and “were more willing to return to the hospital for further treatment” (Koller, 2008, p. 4). Using therapeutic play as an intervention for children with disabling conditions demonstrates profound outcomes that greatly benefit the child, much like play does.

Rynders and Schleien (1990) conducted a study of 17 participants, ranging in age from 5 to 12, about the effects of social play on children with autism. “Findings in this study show that carefully structured integrated activities involving higher levels of social play elicited a significantly higher frequency of appropriate play behavior” (Rynders & Schleien, 1990, p. 327). This is similar to Koller’s discussion of instructional play because the researchers used a form of *structured* play to obtain results. Although Rynders and Schleien’s study took place in a different setting than Koller discussed, it has the same foundation of using instructional play to see the value of play in social interactions and behaviors. While the forms and contexts of play vary, each has an impact on children with and without disabling conditions.

## **PROCEDURES**

### **Sample and Data Collection**

Prior to contacting practitioners, approval of the research study was required by The Pennsylvania State University's Institutional Review Board (IRB). The IRB approved the study, the research questions, as well as the corresponding forms. The letter of approval is in Appendix A.

Child life specialists and recreational therapists from various regions of the country comprised the study population. The names and contact information of potential participants were obtained through the Internet, the National Council for Therapeutic Recreation Certification (NCTRC), Child Life Council directories, and hospital websites. A total of 50 potential participants were identified.

Data were collected via phone calls and e-mail. Twenty individuals were asked to complete a questionnaire (see Appendix C). They were also provided with an implied consent form (see Appendix B).

### **Study Instruments**

The questionnaire consisted of nine questions pertaining to respondents' careers and how play is integrated into their work on a daily basis. The questions were broken up into two categories: basic questions and interview questions. The interview questions required more of an in-depth response than the basic questions.

## RESULTS

The 10 participants in this study were professionals in the fields of child life specialization and therapeutic recreation. Four child life specialists, three recreational therapists, and three dually certified child life & recreational therapists were interviewed. The participants were from various facilities, mainly children's hospitals, in Missouri, New York, Pennsylvania, Illinois, Ohio, California, and New Jersey. Because participants were promised confidentiality, they will be referred to as practitioner 1 and so on.

### Basic Questions

Practitioners were asked to describe a typical work day, if play is used as a therapeutic technique, examples of when play is used, and short-term benefits of play. Every practitioner used play formally as a technique and some of the different methods used included: free/normalization play, introductory play, medical play, creative play, distraction/diversion play, and processing play. Examples of each type of play used by the respondents will be discussed first, and then answers to the specific interview questions will be described.

Free play allows the child to dictate the session. The child is in control of what is played with and where he/she plays. This could also be referred to as normalization play. Practitioner 5 defined normalization play as “developmentally appropriate activities set up in order to ensure that the patient has opportunities for normal development that would occur outside of the hospital.” It is important to let children have some sense of control in a situation where everything is decided for them. A hospitalized child is taken out of his/her normal environment therefore, this type of play allows for a variation of the

environment to be brought to him/her.

Only one practitioner specifically used the term “introductory play” but nearly all practitioners alluded to this form of play. Practitioner 5 said that introductory play is “used when meeting patients or reestablishing a therapeutic relationship.” It is important for the clinician to establish rapport with the patient so that he/she feels safe and trusts the practitioner.

Medical play was the most commonly reported formal method of play. This form is used to prepare patients for what is to come. Practitioners used real or play equipment to help a patient understand and process a certain medical procedure. This is a form of education for the patient because it informs of a new healthcare procedure. Practitioner 4 explained that, “medical play is a non-threatening way to prepare a patient for an upcoming test/procedure or teach about new diagnosis.” This form of play helps eliminate some of the fear and anxiety associated with medical procedures.

Practitioner 2 mentioned creative play, which helps the patient communicate their feelings with others. It is an essential form of self expression for a child. This can be done through drawings, paintings, dramatizations, and more. Practitioners 4, 5 and 7 described distraction play which is done during a procedure or test to keep the patient’s mind off of what is occurring. By focusing on an item or toy that the patient likes, he/she is likely to be less concerned with the procedure.

Processing play was also mentioned by practitioners. Practitioner 5, for example, described this as “play following a medical procedure, used to determine how the patient is coping and what things might need to be clarified or further explained.” Like all of the other forms of play, it aids the patient in understanding what has taken place.



## Interview Questions

*Question 1: What do you believe to be the most powerful short-term outcomes of therapeutic play? In addition, which do you feel are the most important long-term outcomes?*

The short-term outcomes of therapeutic play are an immediate result of the intervention. The most common short-term outcomes mentioned by respondents included relaxation/decreased anxiety, and trust/relationship building. Practitioners 1, 2 and 3 stated that a sense of relaxation and/or a decrease in feelings of anxiety and distress are the most powerful short-term benefits of play. Playing is a familiar activity for children. When in an unknown and perhaps “scary” environment, having the familiarity of play aids the child in relaxing and feeling at ease.

Practitioners 4, 5, and 6 indicated that a major short-term outcome of play is establishing trust and developing a relationship with the clinician. Practitioner 5 stated “Through the use of play therapy, I gain the trust and respect of my patients which makes the rest of my job so much easier.” Many practitioners also used the term “non-threatening” in reference to play. Since play is viewed as non-threatening by children, it allows the patient to feel more comfortable and trusting of the clinician during tests and procedures.

Other responses included socialization, expression, and communication. Two practitioners (i.e. 2 and 9) mentioned the word *mastery* as an immediate outcome of play. By mastery, the practitioners meant having control and choices. Practitioner 9 said, “He/she [the patient] chooses what happens to who, etc.” This allows for a child to feel a sense of control in a place where he/she has limited choices. Children are experts in the

field of play which is why they have the power and control in this situation.

Long-term outcomes are typically seen one year after an intervention. In the case of play as an intervention, the main outcome is associated with coping/dealing with everyday stress and self-expression. In the long run, these outcomes go together.

Practitioners 3, 4, 5 and 9 described how using play in the clinical setting will benefit the patient in the future. These four practitioners believed that a major asset of playing is developing coping skills that transfer over into one's everyday life. Practitioner 5 explained "...my patients build a base line for coping and begin to develop their own strategies, which they can use to deal with hospitalization or other stressful events in life." This result suggests that having an understanding of coping mechanisms will give the patient the knowledge for better self-expression.

Another long-term outcome mentioned was leisure skills, which is an important aspect of recreational therapy. Practitioners 8 and 10 discussed how using therapeutic play will aid the patient in developing healthy leisure skills. Practitioner 10, for example, said the client will "learn new leisure skills which includes play opportunities at a level that pt [the patient] will be able to continue once discharged." Practitioner 8 touched on the same topic by saying "in the long term play develops into adults having a healthy leisure lifestyle." In unfortunate circumstances such as a child being hospitalized, it is important to help the child gain something from the overall experience, such as leisure and coping skills.

*Question 2: In Dr. Donna Koller's article, she states that therapeutic play focuses on maintaining "normal development." Will you please describe how play helps children*

*“develop normally?”*

Practitioner 5 said it best by saying that it is “essential to provide children with play opportunities while in hospital in order to ensure that they have every opportunity to grow and learn as they would at home.” When a child is hospitalized, he/she is taken out of his normal environment; therefore, the clinicians at the hospital try to provide as much normalcy as possible. The practitioners believed that play helps children “develop normally” by assisting the child in processing information and learning about the world.

Therapeutic play allows the child to understand and learn at his/her own rate, which is essential in healing. Practitioner 2 elaborated: “play helps children understand the world at their own pace and using their own skill level. Each level or stage builds on the previous one, so mastery of one leads to the next.” Practitioner 10 stated that “Children who lack play opportunities when young miss out on so much when an adult.” When a child is unable to play, he/she misses out on mastering different skill levels which is fundamental in carrying those skills to adulthood. Playing in childhood is commonly a form of role-playing which helps develop skills for later in life. Practitioner 9 explained that “all the time children use imaginary play... they are rehearsing for skills in real life.” It is evident from these responses that skills acquired in childhood are essential in developing normally throughout the remainder of life.

*Question 3: Dr. Stuart Brown and Christopher Vaughan state: “the opposite of play is depression.” Could you please elaborate on how this may be true?*

Practitioner 5 reinforced the fact that “every child has periods throughout the day when they are not playing, this definitely does not mean that every child is depressed.”

With this in mind, we must consider the fine line between depression and lack of play. Most practitioners preferred to use the term “withdrawn” as opposed to depression due to the severity of that word. All respondents agreed that children who do not want to play may be withdrawn or feeling symptoms of depression.

Practitioner 7 discussed how “play, leisure and recreation help increase hormones and chemicals that make us feel good and happy. When one does not participate... it can cause them to become depressed.” This response deals with the chemical side of depression, whereas other clinicians refer to the mental aspect. Practitioner 2 talked about how “play is a normal outlet for children and when they aren’t able to or allowed to play, then their normal outlets are stifled... children can (and I’ve seen them do this) become depressed. This is a hazard when a child is critically ill...” We see how the lack of play negatively impacts a child in more than one way. The reduction of a pleasurable activity in a child’s life appears to be directly related to symptoms of depression.

While practitioner 2 said lack of play is a “hazard,” practitioners 6 and 9 clarified how it is dangerous when a child becomes withdrawn. Practitioner 6 stated that “it is very concerning when children demonstrate no interest in play. Just as adults “cocoon” when they are depressed and avoid work, responsibilities, etc. children may do the same with play.” Practitioner 9 elaborated by suggesting that “patients who physically could play, yet choose not to are children a child life specialist would observe closely... observing for how long does a child not want to play...”

Although it may be unwarranted to say that the opposite of play is depression based on the perspective of the practitioners, there is a strong indication that the correlation between decreased play and increased withdrawal alludes to signs of

depression. It is important for clinicians to pay close attention to a child's willingness to play since play is theoretically "child's work."

*Question 4: Brown & Vaughan also discussed incorporating a play attitude into one's profession. How does playing help you perform/deal with the stresses of your career?*

This study has looked at how play benefits children, but it is important that the clinicians obtain the benefits of play as well. People in the fields of child life and recreation therapy go into such professions not only because they see the core value in play but also because they like to play.

Practitioner 8 said, "when you engage in recreation in your personal life you tend to have a brighter outlook and handle stressors better." Each interviewed practitioner agreed that play is helpful in dealing with stress in the workplace. There are numerous benefits for a professional who engages in playful activity. Not only does it relieve stress, but it also aids in creativity, creates excitement, and establishes rapport with patients. Practitioner 4 felt that "pediatric patients are better to establish a relationship with me when I introduce myself as someone who likes to play because play is non-threatening."

Practitioner 1 believed that play allows for a better performance within one's career by relieving stress and permitting spontaneity. A clinician may also perform better in this field because playing reminds a professional what it is like to be a child, as stated by practitioner 3. Another positive aspect of performance is in the words of practitioner 9, "I am a kinesthetic learner and process more effectively when I can touch, play and experience something." This demonstrates that there are many forms of playing in a professional aspect, but each allows for the clinician to enhance his/her performance.

*Question 5: How do children typically respond to play therapy? Are there times where a child is more or less responsive to play? Are there times where using play therapy is more or less appropriate?*

All the practitioners indicated that children respond positively and naturally to play as a therapy technique. There is a difference between play therapy and therapeutic play. The responses received pertain to therapeutic play. Children may respond well to therapeutic play because it is a form of distraction which helps them keep their mind off their treatment. Children also seem to respond better when provided with choices and age appropriate materials. Practitioner 4 explained that “children may gain a sense of control during play due to the elements of choice and the opportunity to direct play sessions.” On the same note, practitioner 2 stated, “Children virtually always want to play and it is up to us to adjust the activity so that the child can do so.” When given the correct means, children are very responsive to therapeutic play.

There are definitely times where a child is more apt to play. Practitioner 5 noted, “There is a time and place for play therapy. Play therapy, when forced is no longer play therapy.” This is a very significant element to using play therapeutically. The child has to show a desire to engage in play activities so that play can be beneficial. Practitioner 1 agreed that “In order for play to be effective, I feel you must always let the child lead the way and give you the clues that they are ready.” In this situation, a child is being forced to go through uncomfortable procedures and tests, something which he/she has no control over. With play, the clinicians allow the child to feel that sense of control and choice making. Practitioner 3 said that “Forcing something on them [the patients] that isn’t

supposed to be hard or stressful will only cause more stress.” This outcome would be the exact opposite of what the clinicians are aiming to achieve with the patients.

Another, often overlooked, obstacle to engaging in play may be the parents/guardians. Practitioner 4 pointed out that “sometimes parents/caregivers may be a barrier to play because they won’t give permission, stating that the patient needs to rest in order to get better – in this situation education about the importance of play is essential.” In this case, play/leisure education is more appropriate than play techniques. This is where using play may get complicated because the clinician could be right or wrong. Practitioner 7 explained that “if participation in play or recreation is going to cause a decrease in medical status or safety it is not appropriate.” The same practitioner continued: “But in most situations we can modify play to allow for a safe and appropriate environment.” This demonstrates that complications may arise, but it is up to the clinician to be willing to make modifications. Play, therefore, is most appropriate when the child is willing to engage and be responsive.

## CONCLUSIONS

This study's key objectives were to understand the various methods of play therapy, how play is used formally, the short and long-term outcomes associated with play that aid in normal development, as well as how professionals use play. Based on the detailed responses to the research questions, conclusions have been drawn using the collected data.

### Summary Conclusions

“I was taught that if you wanted to know how a hospitalized child was coping, watch his/her play for 20 min and a child will tell you everything you need to know” (Practitioner 9). Based on the data collected in this study, this statement deems true. The findings of this study demonstrate numerous benefits to using play as a formal technique in a clinical setting.

Although it is difficult to make significant conclusions based on the comments of 10 participants, it is important to note the wide range of agency locations. The practitioners are spread across the country but have many similarities in clinical methods. This study examined the several forms of play used by practitioners with the common goal of making the patient feel more comfortable. Each practitioner used play formally as a technique to help the child understand, communicate, and cope. These methods of play can be structured with staff facilitation or less structured with child or peer direction. Most importantly, the type of play used focuses on the child's individual needs so that the child may improve.

Both the short-term and long-term outcomes of therapeutic play increase the patient's quality of life. This may be considered the greatest contribution of play. In the



immediate sense, patients learn how to cope with and develop coping skills for his/her current situation. This carries over to the future because the skills obtained at this time present the patient with lasting skills for coping with difficult circumstances. Acquiring this knowledge and skill set will positively affect the client's life now and in the future.

The instant and continuing benefits of play interventions aid the child in developing "normally" both in and out of a clinical setting. By using therapeutic play, a child is able to achieve the same milestones that peers are accomplishing in a different environment. These milestones and triumphs allow for normal progression in areas other than the child's health. For example, a child may be hospitalized but still learning to read at the same pace as his/her peers. This enables the child to feel the maximum amount of normalcy in an unusual environment.

It also appears that a child displays health improvements by demonstrating a desire to play. A child's lack of interest in play is very concerning to the clinician. The practitioner gauges how well a client is progressing by his/her desire to play. This is another indication of how play is favorable in a clinical setting.

Using play in a professional setting not only is beneficial to the client but it is also advantageous to the practitioner. Much like the patients, it helps the clinicians in dealing with stress. The practitioners use therapeutic play because they believe in the power of playing. They have had a first-hand look at the positive outcomes which may be why they incorporate such methods into their interventions. Being playful as a professional allows for creativity splurges and relationship building. The most significant outcome for practitioners is the enhancement of one's performance. Decreasing one's own stress aids in minimizing that of the clients and co-workers.

Although some may be hesitant to permit play activities while hospitalized, I feel that therapeutic play provides children with a tremendous number of improvements. Play is what children know and do. Without play, children will become withdrawn and more likely to regress. The findings of this study demonstrate that play is beneficial to people of all ages and health statuses. Children, parents, and practitioners all use play as a form of understanding and coping. Play fundamentally enhances a person's quality of life.

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## **Appendix A: IRB Letter of Approval**

Hi Melissa,

The Office for Research Protections (ORP) has reviewed the eSubmission application for your research involving human participants and determined it to be exempt from IRB review. You may begin your research. This study qualifies under the following category:

**Category 2:** Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observations of public behavior unless: (i) information obtained is recorded in such a manner that human participants can be identified, directly or through identifiers linked to the participants; **and** (ii) any disclosure of the human participants' responses outside the research could reasonably place the participants at risk of criminal or civil liability or be damaging to the participants' financial standing, employability, or reputation. [45 CFR 46.101(b)(2)]

**PLEASE NOTE THE FOLLOWING:**

- The principal investigator is responsible for determining and adhering to additional requirements established by any outside sponsors/funding sources.
- **Record Keeping**
  - o The principal investigator is expected to maintain the original signed informed consent forms, if applicable, along with the research records for at least three (3) years after termination of the study.
  - o This correspondence will also be available to you in PRAMS at [www.prams.psu.edu](http://www.prams.psu.edu).
- **Consent and Recruitment Document(s)**
  - o The exempt consent form(s) will no longer be stamped with the approval/expiration dates.
  - o The consent and recruitment documents in PRAMS labeled as APPROVED 12-23-09 are the ones you are expected to use in the conduct of your research.
- **Follow-Up**
  - o The Office for Research Protections will contact you in three (3) years to inquire if this study will be on-going.
  - o If the study is completed within the three year period, the principal investigator may complete and submit a **Project Close-Out Report:** <http://www.research.psu.edu/orp/areas/humans/applications/index.asp#other>
- **Revisions/Modifications**
  - o Any changes or modifications to the study must be submitted through the eSubmission application for this protocol in PRAMS ([www.prams.psu.edu](http://www.prams.psu.edu)).

Please do not hesitate to contact me if you have any questions or concerns.

Thank you,

**Laura Sabolchick Young**

The Pennsylvania State University | Office for Research Protections | The 330 Building,  
Suite 205 | University Park, PA 16802

Direct Line: (814) 863-1459 | Main Line: (814) 865-1775 | Fax: (814) 863-8699 |

[www.research.psu.edu/orp](http://www.research.psu.edu/orp)

## **Appendix B: Consent Form**





**Informed Consent Form for Social Science Research**  
The Pennsylvania State University

**Title of Project:** **The Benefits of Play for Children with Illnesses:  
A Practitioner’s Perspective**

**Principal Investigator:** Melissa Lennox, Schreyer Honors College Student  
407 Alice Street  
Olyphant, PA 18447  
(570)-446-1025; MLennox0218@gmail.com

**Other Investigator(s):** Linda Caldwell, Ph.D.  
801 Donald H. Ford Building  
University Park, PA 16802  
(814) 863-8983; [lindac@psu.edu](mailto:lindac@psu.edu)

1. **Purpose of the Study:** The purpose of this study is to examine a practitioner’s perspective about the benefits of play for children with illnesses, while gaining an understanding of how play methods enhance one’s quality of life. My research questions will help the reader to understand the various methods of play therapy, how play is used formally, the short and long-term outcomes associated with play that aids in normal development, as well as how professionals use play.
2. **Procedures to be followed:** You may be asked to do the following:
  - You will be asked to answer open-ended interview questions one time between January 2010 and February 2010 that will take about 30-40 minutes. You will be asked to describe your work environment, your job duties, and how your agency uses “play” as a form of therapy. The questionnaire will also ask your opinion about the benefits of play, how you think play helps children with illnesses, and how you feel the children respond to using play.
3. **Discomforts and Risks:** There are no risks or discomforts in participating in this research beyond those experienced in everyday life.
4. **Duration/Time:** The survey will take approximately 30 minutes to complete the series of questions.
5. **Statement of Confidentiality:** Your participation in this research is confidential. The data will be stored and secured in a (*locked/password protected*) computer file. In the event of any publication or presentation resulting from this research, no personally identifiable information will be disclosed.

Your confidentiality will be kept to the degree permitted by the technology being used. No guarantees can be made regarding the interception of data sent via the Internet by any third parties.

6. **Right to Ask Questions:** Please contact Melissa Lennox at (570)-446-1025 with

questions, complaints or concerns about this research study. If you have any questions, concerns, problems about your rights as a research participant or would like to offer input, please contact Penn State University's Office for Research Protections (ORP) at (814) 865-1775. The ORP cannot answer questions about research procedures. All questions about research procedures can only be answered by the principal investigator.

Please keep a copy of this consent form for your records.

7. **Voluntary Participation:** Your decision to be in this research is voluntary. You can stop at any time. You do not have to answer any questions you do not want to answer.

Completion of the interview implies your consent to participate in this research. Please print off this form and keep for your records.

## **Appendix C: Interview Questions**

Melissa Lennox  
Data Collection Materials  
The Benefits of Play: A Practitioner's Perspective

Basic Questions:

- Could you please briefly describe a typical work day for you?
- Does your department use play formally as a technique?
- Please provide examples of when play is used and the different methods used.
- Could you please share some of the short-term benefits that you believe play provides?

Interview Questions:

1. What do you believe to be the most powerful short-term outcomes of play therapy? In addition, which do you feel are the most important long-term outcomes?
2. In Dr. Donna Koller's article, she states that therapeutic play focuses on maintaining "normal development." Will you please describe how play helps children "develop normally?"
3. Dr. Stuart Brown and Christopher Vaughan state: "the opposite of play is depression." Could you please elaborate on how this may be true?
4. Brown & Vaughan also discussed incorporating a play attitude into one's profession. How does playing help you perform/deal with the stresses of your career?
5. How do children typically respond to play therapy? Are there times where a child is more or less responsive to play? Are there times where using play therapy is more or less appropriate?

## **Appendix D: Academic Vita**

## Academic Vita of Melissa K. Lennox

### Permanent Address:

407 Alice Street  
Olyphant, PA 18447  
(570)-446-1025  
MLennox0218@gmail.com

Education: *Bachelor of Science with Honors in Recreation, Park and Tourism Management, Therapeutic Recreation Option*  
The Pennsylvania State University, University Park, PA 16802  
Anticipated Graduation, May 2010.

*Schreyer Honors College, The Pennsylvania State University*  
Thesis Title: The Benefits of Play for Children with Illnesses: A Practitioner's Perspective  
Thesis Supervisor: Dr. Linda Caldwell

### Related Experience:

January 11, 2010 – April 1, 2010  
Recreation Therapy Student Intern  
Assisted therapist in assessing, planning, implementing and evaluating residents. Experienced interdisciplinary team meetings, documentation goal development, and aquatic therapy sessions in an intermediate care facility for mental retardation (ICF-MR).  
Supervisor: Therese Irving, CTRS

### Grants Received:

The Mills Family Scholarship, Fall (2009) through Spring (2010)

### Awards/Honors:

Outstanding Therapeutic Recreation Student, Spring (2010)  
College of Health and Human Development Alumni Recognition for Student Excellence Award, Spring (2010)  
College of Health & Human Development Student Service Award, Spring (2009)  
Dean's List, Fall (2006) through Fall (2009)  
New York Times Civic Engagement Speaking Contest, Spring (2008)

### Memberships:

American Therapeutic Recreation Association  
The Golden Key International Honour Society  
The Honor Society of Phi Kappa Phi  
National Society of College Scholars

Community Service Involvement:

Fall 2008 – Fall 2009

Student Coordinator (August – December 2009)

Organized and implemented recreational activities for adults with and without disabilities in a college setting.

Late Night LifeLink PSU, University Park, PA

Fall 2008 – Fall 2009

Volunteer and Organization Sponsor

Responsible for recruiting volunteers and donors for local blood drives.

American Red Cross, University Park, PA

Fall 2007 – Spring 2009

Volunteer and Independent Dancer

Participated in fundraising efforts for the Four Diamonds Fund at Hershey Medical Center. Completed a forty-six hour dance marathon.

Penn State Dance Marathon (THON), University Park, PA

Skills:

Proficient in Spanish

Conversant in American Sign Language