ATTACHMENT STYLE, CULTURAL HUMILITY AND YEARS IN THE PROFESSION AS RELATED TO ATTITUDES ALIGNED WITH CHILD-CENTERED PLAY THERAPY

by

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ABSTRACT

IVANA STOILOVIC. Exploring Factors Impacting Attitudes Aligned with Child-Centered Play Therapy Among Play Therapists. (Under the direction of DR. HANK HARRIS)

The demographics of children in the United States are rapidly changing (US Census Bureau, 2020). Play therapists working with diverse children carry the responsibility of embracing and providing services that demonstrate their respect for their client's cultural differences. Researchers have documented the importance of attachment style (Bruck et al., 2006: Degan et al., 2016; Mikulincer et al., 2013), cultural humility (Hook et al, 2013; Owens et al., 2014; Chase & Post, 2020; Zhu, 2021) and years in the field of play therapy, but there is limited research on the impact of these concepts as related to attitudes aligned with child-centered play therapy. This study aimed to address the existing gap in current literature. As child-centered play therapy is increasingly acknowledged and used as a theoretically grounded and evidence-based intervention that recognized the relationship between the play therapists and children as the primary healing factor, it is imperative to better understand these concepts and their influences on play therapists. Therefore, the purpose of this study was to explore the relationship between attachment style, cultural humility and years in the profession to attitudes aligned with child-centered play therapy. A multiple regression was used to examine the impact of attachment style, cultural humility and years in the profession on play therapists (N=207). Results indicated that attachment style and cultural humility contribute significantly to attitudes aligned with child-centered play therapy, accounting for 9.6 % of the variance. Implications, limitations, and recommendations for future research are discussed.

DEDICATION

The completion of this degree could not have been possible without the unconditional love, support, encouragement and keen interest from my family. During this process, your love and care have been a constant source of strength and motivation. Thank you for being my light.

Jenais, families are not always born to each other. Sometimes, they are scattered far and wide, separated by years and miles. But inevitably, we find our way into each other's lives because we are kindred. Thank you.

I would like to express the deepest appreciation to my committee chair, Dr. Harris, for the continuous support during my doctoral studies and my research. Thank you, Dr. Harris, for teaching me the importance of perseverance. Besides my advisor, I would like to thank my dissertation committee: Dr. Post, Dr. Foxx, Dr. Cox, Dr. Opiola, and Dr. Putman for their insightful comments and hard questions.

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CHAPTER I: INTRODUCTION

Play is a fun, enjoyable activity, that expands self-expression, self-actualization, growth and creativity. Schaefer (1993) argued that play is as important to human happiness and well-being, as is love. Universally, children express themselves more fully through self-initiated, spontaneous play which has no expected result (Landreth, 2012). Especially for children below the age of 10-11, play is a medium of exchange and communication because developmentally they lack semantic fluency. For children, "playing out" their experiences, thoughts and feelings, is the most natural and self-healing process in which they can engage.

Consequently, play therapy is to children as counseling is to adults. Play therapy is a structured, theoretically based approach to working with children that builds on the communicative and learning process of children (Landreth, 2002; O'Connor & Schaefer, 1983). Play therapists strategically utilize play therapy to help children express themselves when their verbal ability to state their thoughts and feelings has not matured yet (Landreth, 2002). Play therapy is the treatment of choice in mental health, schools, agencies, hospitals, and with children at different developmental ages (Carmichael, 2006; Gil & Drewes, 2004).

Among many approaches used in play therapy, the most commonly used approach by play therapists is child centered play therapy (CCPT). Philips and Landreth (1995) conducted a national survey of play therapy and reported that 25% of play therapists that responded to the survey identify as child-centered play therapists. Child centered play therapy is theoretically grounded in the person-centered work of Carl Rogers (1951). In CCPT, children are viewed as individuals with the innate ability to move forward achieving self-actualization and building on their resilience. Bringing together and complementing the works of Rogers (1951) and Axline (1947), Landreth (2012) expanded the theory of CCPT by providing a structural and empirical

approach to the theory (Ray, 2019). The importance of the relationship between the play therapists and children is the key factor leading to change in children's lives.

Child-centered play therapy is a developmentally responsive, play-based mental health intervention for young children aged 3-10 who are experiencing social, emotional, behavioral and relational difficulties (Landreth, 2012; Ray, 2011). CCPT is well-supported by almost 80 years of research on its effectiveness and is recognized by formal agencies such as California Evidence -Based Clearinghouse for Child Welfare; APA Division 53 Society of Clinical Child and Adolescent Psychology) as an evidence-based treatment (Ray, 2019; California Evidence-Based Clearinghouse for Welfare, 2019). In a meta-analysis of 52 CCPT controlled outcome research studies, Lin and Bratton (2015) reported that children who received CCPT showed statistically significant improvement outcomes across a wide range of presenting issues with highest effects in the following areas: behavioral problems, self-esteem, and caregiver-child relationship difficulties. More specifically, CCPT outcome research has resulted in positive findings for children who have experienced a variety of traumatic event, including refugee trauma (Schottelkrob et al., 2012), domestic violence (Kot et al., 1998), and natural disasters (Shen, 2002). In addition, the research provides historical evidence that CCPT is effective in building of positive relationships, social skills, and self-regulation making CCPT a suitable intervention for working with children from diverse backgrounds (Ray et al., 2021). Play therapists are trained mental health professionals including mental health counselors, school counselors, social workers, psychologists and marriage and family therapists who have completed additional training in play therapy.

While the population of the United States is diversifying, the demographics of play therapists are not diverse. Currently there are limited studies addressing play therapists' race, and

Association for Play Therapy (APT) cannot provide any data about the members demographics. However, some of research reports that that play therapists are predominantly White (Abrams et al., 2006; Penn and Post, 2012). Abrams et al., (2006) examined the relationship between racial groups of play therapists who were members of APT in terms of work place (salary), professional issues (practice issues), and supervision (amount charged). The findings of the study indicated differences between Caucasian and racial/ethnic minorities. More specifically, 8% (n=69) of the respondents indicated an ethnicity other than Caucasian. Among racial/ethnic minority respondents 41% (n=27) identified as Latino/Latina; 26% (n=17) as Asian/Pacific Islander; 14% (n=10) as American Indian/Alaskan Native; 7% (n=5) as African American and 12% (n=8) as "other" racial/ethnic group.

In their study using APT members as their participants, Penn and Post (2012) reported that respondents were primarily White females (88%) with master's degrees whose mean age was in their mid-forties. Though the demographics of play therapists are not well documented, the demographics in the United States are rapidly changing. Children make up 22% of the U.S. population under age 18 (U.S. Census, 2020). Approximately 19% of the American population is Hispanic/Latino, 12% Black/African Americans, 6% Asian and 6% belong to other racial and/or cultural backgrounds (U.S. Census, 2020). Given the current statistics, researchers have projected that by 2050, 39% of children aged 0-17 will be White; 31% Hispanic; 14% Black; 7% Asian; and 9% will be all other races (US Census Bureau, 2020). Given the changing demographics in the United States, the demographics of the play therapists, and the fact that CCPT is the predominant approach to play therapy that is used, it is imperative to explore different variables which possibly contribute to the play therapist's attitudes that align with child centered play therapy framework of working with children.

Play therapists seek to provide an environment in which children are free to direct their play at a pace they need. This trusting process is communicated to children through the attunement of adults in their lives. Attunement is the reactiveness people have to others. It is the process by which we form relationships. According to Whelan and Stuart (2014), attunement is the primary ingredient for the development of secure attachment. The concept of attachment was introduced by Bowlby (1969) and supported and further researched by Ainsworth (1989). It describes an emotional bond that infants first experience with their primary caregivers (Rogers et al., 2019). According to Bowlby (1977), attachment behavior is "any form of behavior that results in a person attaining or retaining proximity to some other differentiated and preferred individual, who is usually conceived as stronger and/or wiser" (Rogers et al., 2019, p. 203). Mikulincer et. al (2013) reported that clients' sense of security is crucial for facilitating therapeutic work. Forming a strong alliance with the therapist though safety, comfort, encouragement and unconditional positive regard allows clients to work through their anxieties and difficulties in life which is the goal of CCPT (Landreth, 2012). Communication, connectedness and relationship are crucial elements in CCPT. By observing and respectfully interacting with children, CCPT therapists communicate authenticity, genuineness and acceptance (Landreth, 2012). At this time, there is no research examining the relationship between attachment style and CCPT.

This way of being with clients, through humbleness, openness and acceptance, is the essence of cultural humility (Hook, 2013). Hook proposed that this is particularly true when working with clients whose beliefs, values, and worldviews are different from our own. According to Owen et al. (2016) cultural humility increases positive therapeutic outcomes in counseling relationships. Their study indicated that counselors with high levels of cultural

humility develop safe, trusting rapport with clients by adopting awareness and consequently strengthening the working alliance. There is only one study (Chase & Post, 2021) examining cultural humility among play therapists. While the values of cultural humility are clearly theoretically aligned with the values of CCPT, there are no studies examining the relationship between cultural humility and attitudes aligned with CCPT.

Furthermore, there are no studies exploring the relationship between amount of clinical experience, or years in the field, and alignment with attitudes aligned with child centered play therapy among students and professionals in the field. Several studies have focused on play therapy and the importance of multicultural competencies (Davis, & Pereira, 2014; Gil & Pfeifer, 2016; Penn & Post, 2012; Youssef & Ener, 2014) and social justice advocacy (Ceballos et al., 2012). In addition, though attachment quality and cultural humility have similar core values as CCPT, there are no studies investigating potential differences among the professional's status of play therapists. It is presumed that most play therapists are aligned with a CCPT theory base and that all believe we must begin our work with children with establishing a relationship with them, it is important to understand the factors which are related to alignment with child-centered values, such as attachment style, cultural humility, and years spend in the field in the play therapy.

Significance of the study

With rapidly changing demographic of children in the United States, play therapists working with diverse children carry the responsibility of embracing and providing services that demonstrate their respect for their clients' cultural differences. Researchers have documented the importance of attachment style, cultural humility and years in the field of play therapy but there is limited research on the impact of these concepts as related to attitudes aligned with child

centered play therapy. As CCPT play therapy is increasingly acknowledged and used as a theoretically-grounded and evidence-based intervention that recognizes the relationship between the play therapists and children as the primary healing factor, it is imperative to better understand these concepts and their influence on play therapists. This study will aim to address the existing gap in the literature. The results of this study may be helpful to mental health clinicians, social workers, school counselors, and students who work with children. Counselor educators and supervisors who supervise and teach play therapy may also benefit from the outcome of this study to better serve their students, as well as raise awareness levels regarding the importance of attachment and cultural humility while working with children. The major credentialing body of counselor education, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2020) may benefit from this study by improving minimal standards which have been established for counseling children in a clinical setting. Finally, the APT could benefit from the findings of this study by including the importance of attachment styles and cultural humility in their training sessions for the professionals in play therapy and helping play therapists conceptualize their clients and their work through a multicultural lens.

Purpose of the Study

The purpose of this study is to explore the relationship between attachment style, cultural humility and years in the profession are related to attitudes aligned with child centered play therapy among play therapists.

Assumptions

The assumptions made in the study will be:

- Participants will complete all surveys and scales voluntarily.
- Participants will answer all surveys and scales truthfully.

- The sample is representative of the population.
- The instruments used are valid and reliable.

Limitations

The following are limitations that are outside the researcher's control:

- This study will be correlational; therefore, causal inference will not be made.
- An online survey will be used; therefore, participants who will not have access to computer/internet will be limited from participating in the study.
- Social desirability bias is a limitation in this study. Social desirability is the likelihood of participants in the study to respond to survey questions in a way they believe could be viewed as positive by others (Walzenbach, 2019).

Delimitations

The following are delimitations that the researcher can control:

- A purposive, convenience, homogeneous sampling will be used to select participants from APT and current students in one MA program that provides play therapy instruction.
- The researcher will recruit participants online through social media posts and invite members of play therapy-related Facebook groups.
- All participants will meet the following criteria: self-identify as professional play therapists or graduate students at UNCC who have completed or are currently enrolled in the Introduction to Play therapy course.
- Professional play therapists are defined as professional counselors, social workers, psychologists, or school counselors with at least a master's degree.
- All answers will be obtained through online self-report survey.

Internal Validity

Internal validity is measured by the changes in the dependent variable as a result of effects of the independent variables (Johnson & Christensen, 2004). This non-experimental survey research study will use instruments that are valid, reliable and used in previous studies. Another threat to internal validity is the social desirability that is related to self-report biases (Johnson & Christensen, 2004). This will be addressed by anonymity and confidentiality of participation.

External Validity

External validity in quantitative research refers to the ability to generalize study's results to the population (Johnson & Christensen, 2004). Several factors can obstruct researchers' capacity to generalize findings. In this study, the researcher will use a convenience sample of play therapists to respond to the survey questions. The researcher will generalize the results only to other play therapists who are members of APT and people who are in social media groups and related to play therapy.

Operational Definitions

Attitudes Aligned with Child-Centered Play Therapy

Child-centered play therapy is an approach/mindset grounded in humanism and in the primacy of the relationship that emphasizes that children are capable of their own self-actualization and healing (Ray, 2019). In this study, attitudes aligned with child centered play therapy approach will be measured by participants' total score on the Play Therapy Attitude-Knowledge-Skills Survey (Landreth & Kao, 1997).

Attachment

Attachment is defined as a developmental theory of interpersonal relationships (Bucci et al., 2016). Bowlby (2008), linked the therapeutic relationship to an attachment theory relationship where therapists provide a safe space for clients to explore themselves and grow. In this study, attachment will be operationally defined as participants' dominant attachment style (close, dependent, anxious) on the Revised Adult Attachment Scale-Close Relationship Scale (Collins, 1996).

Cultural Humility

Cultural humility is a lifelong process, and conceptually aligned with person-centered therapy's core condition, where therapists work from a perspective of humbleness demonstrating a less controlling and authoritative style when working with clients (Gonzales et al., 2020). In this study, cultural humility will be measured by participants' total scores on the Multidimensional Cultural Humility Scale (Gonzales et al., 2020).

Years in The Profession of Play Therapy

In this study, years in the profession will be determined by the self-report of participants on the Demographics Questionnaire. Years in the profession of play therapy is operationally defined as the years in the field of play therapy. If they are graduate students, it is defined as having completed or are currently enrolled in an Introduction to Play Therapy course. Years in the profession of graduate students will be scored a zero.

Summary

Play therapy is one of the fastest growing professions helping adults mental health and children. This chapter introduced the variables of attitudes aligned with child centered play therapy, attachment style, cultural humility, and years in the field as a professional in play

therapy. In addition, the purpose of the study was presented, followed by the assumptions, delimitations, limitations and threats to validity, and operational definitions of the variables.

Organization

This dissertation proposal will consist of three chapters. The first chapter presented a rationale and overview of factors which may contribute play therapists' attitudes aligned with child centered play therapy followed by the purpose of the study, the significance of the research problem, assumptions, delimitations and operational definitions. The second chapter will be an overview of the literature outlining current research on attitudes aligned with child centered play therapy, attachment styles, cultural humility, and years in the profession. The third chapter will outline the methodology used in the study including the participants, instruments, design, procedures, data collection process and data analysis.

CHAPTER II: LITERATURE REVIEW

The purpose of this study is to explore the relationship between attachment style, cultural humility and years in the profession are related to attitudes aligned with child-centered play therapy (CCPT) among play therapists. This chapter will review relevant literature to establish the need for this research study. The literature review will begin with a discussion of the theoretical framework-person-centered philosophy in counseling, followed by person centered/child-centered play therapy and the population of interest, play therapists. Child-centered play therapy section will explore CCPT and cultural differences, CCPT in schools, impact of intensive CCPT training, child-parent relationship training (CPRT) and child-teacher relationship training (CTRT). The next section will provide an overview of the outcome variable, attitudes aligned with child centered play therapy. The following section will focus on how the predictor variables, attachment style, cultural humility and years in the profession are related to attitudes aligned with child centered play therapy. The final section will present a summary of the chapter and the conclusions drawn from the review of the literature.

Theoretical Framework

Person-Centered Philosophy

The philosophy of relational humanism originated in the 1940 by Carl Rogers and was grounded in phenomenological and existential theories of human development. Person-centered therapy is an approach to helping individuals and groups in conflict (Corsini & Wedding, 2000) which is optimally achieved through a relationship characterized by genuineness, nonjudgmental caring and empathy. The person-centered approach to counseling has been tested over decades across different fields evaluating teachers and students, administrators and staff, facilitators and

participants in cross-cultural groups as well as psychotherapists and clients (Corsini & Wedding, 2000; Ray, 2019).

The foundation of Roger's approach (1980) is an actualizing tendency which is present in every living organism. Rogers described this actualizing force as part of formative tendency, observable in the movement toward greater order, complexity and interrelatedness noticed in most living organisms, but especially in humans. Although self-actualization is an innate force, always present, external factors interact with clients and affect their ability to access it and engage in its fulfillment (Swan & Ceballos, 2020). Given that the self-actualizing force is an internal drive, it is self-defined by clients and it must be understood from their cultural background. Clients who come from collectivistic cultures, define self-actualization through solidarity and seeking interdependence to achieve well-being. For clients who come from more individualistic cultural backgrounds, self-actualization may be defined through purposeful independence from others.

According to person-centered philosophy clients always and inherently possess the capacity to grow to their full potential of becoming more congruent (Tolan, 2012). From infancy, humans develop a need for a positive regard from relationships in their environment and a desire to be valued and accepted (Rogers, 1980). The more positive regard experienced from significant people in the environment, the more conditions of worth and self-values are ascribed (Swan & Ceballos, 2020). Consequently, clients develop conditions of worth based on the relationship between their self-concept and constant interplay with the external experiences (Rogers, 1980). Current social issues such as racism, oppression, and discrimination conceptually and practically influence individual's development of self-concept by fostering internalized oppressions (Cooper et al., 2013). These internalized oppressions, which directly influence clients' conditions of

worth, may take different forms. Examples of conditions of worth influenced by internalized oppressions may be: “I need to be white to be accepted” or “In order to be respected as an equal human, I need to be straight” (Cornelius-White, 2016).

It can be concluded that, person-centered philosophy is an interpersonal theory from which clients’ problems are conceptualized as relational (Swan & Ceballos, 2020). The relationship developed between clients and therapists is of utmost importance to the process of change. Establishing a therapeutic relationship where power is shared between clients and therapists, yet clients remain experts of their experiences and choices, allows clients to have full control and responsibility for the nature and direction of the therapeutic relationship (Goodman et al., 2004). Foundations of person-centered counseling relationships are based on trust, empathy, unconditional positive regard and a predictable and safe social environment. It is in this relationship that therapists do not attempt to define clients’ experiences. Rather, person-centered therapists believe that clients will gain their own self-understanding and reach self-actualization through the relationship developed during the process of therapy.

According to Joseph (2021) counselors are intentional in creating a relationship based on empathy, unconditional and congruent social environment. Counselors aim to establish relationships in which clients are able to safely move towards experiencing congruence between their internal self-concept and external lived experiences. Thus, person-centered counselors create relational experiences with clients characterized by genuine interactions, where their attitudes toward clients are valued over interventions used with the clients (Glauser & Bozarth, 2001).

The importance of intentionality and attunement with clients is particularly important when working with children (Ray, 2019). Early relationships in childhood years influence the

developing self-concept through messages of acceptance and worth. The communication between adult and children, where children feel accepted and nurtured, leads to self-acceptance which is a core element of humanism and child-centered play therapy (CCPT).

Child-Centered Play Therapy

Child-centered play therapy is rooted in the person-centered philosophy and is a developmentally responsive therapeutic approach which trusts that children will take the play experience where it needs to go (Landreth, 2012; Ray, 2011). It believes that children can engage and can be trusted to follow their own self-actualizing tendencies moving toward self-enhancement. According to Davis and Pereira (2014), CCPT is a creative extension of Rogerian client-centered therapy. Complementary to person-centered theory, a children's construct of self is a continuous process which develops through reciprocity between the children's' innate self-actualizing tendency and their perceptions of interactions with the environment (Ray, 2011). Children evaluate their self-worth and understands their behaviors, emotions and thoughts holistically as a result of an ongoing experience and in combination with their constant interaction with the world.

Play, which is a universal language for children, is viewed as an expression of the children's world and the therapist aims to understand that subjective experience. Play is the means by which the child communicates in the play therapy relationship and works through difficulties and challenges. Therefore, it can be said that the primary power of play in CCPT is the use of play as the common language between children and play therapists (Ray, 2011). Play is not applied, required or expected or imposed by the therapists, rather it serves as an expressive tool for children to communicate their inner world. Within the relationship created between children and play therapist, children engage in self-expression, building attachment and empathy

with others, problem solving and regulating emotions and behaviors. According to Glover (2001) it is exactly this accepting and respectful relationship that makes child-centered play therapy a very suitable intervention for children who are of different culture and background.

Historically, play therapy emerged during the early 18th century. Philosopher Rousseau promoted the importance of observing and leaning about children through their play. He emphasized the idea that children are not miniature adults (Rousseau 1762/1930, as cited in Landreth, 2012). Over the years, Virginia Axline (1947, as cited in Landreth, 2012)) expanded Rogers's person-centered therapy to children by using play therapy to give them the ability to express themselves freely. This relationship was clarified by Axline (1947) in her Eight Basic Principles, distinguishing child-centered play therapy from other play therapy approaches (Davis & Pereira, 2014). The eight tenets Axline (1947, as cited in Landreth, 2012) formulated distinguish child-centered play therapy from other approaches to play therapy. The eight principles are the following:

1) Therapists must develop a warm, friendly relationship with children, in which good rapport is established as soon as possible.
2) Therapists accept children exactly as they are.
3) Therapists establish a feeling of permissiveness in the relationship so that children feel free to express their feelings completely.
4) Therapists are alert to recognize the feelings children are expressing and reflect those back to them in such a manner that children gain insight into their behavior.
5) Therapists maintain a deep respect for children's ability to solve their own problems if given an opportunity to do so. The responsibility to make choices and to institute change in children.

6) Therapists do not attempt to direct children's actions or conversations in any manner. Children lead the way, therapists follow.
7) Therapists do not attempt to hurry the therapy along. It is a gradual process and is recognized as such by therapists.
8) Therapists establish only those limitations that are necessary to anchor the therapy to the world of reality and to make children aware of their responsibilities in their relationships.

According to Landreth (2012), creation of this trusting, growth promoting environment, where children can express safely and explore their feelings, thoughts and behaviors, lies in the hands of the play therapists. Play therapists exhibit this by maintaining deep respect for the person of the child, believing in their ability to solve their own problems. Therapists remain nondirective throughout the relationship establishing safety, empathy, trust and communicating to children: I am here, I care, I hear you, I understand. Relating to children in this way, play therapists communicate "be with" attitude (Landreth, 2012). It is because of this relationship that children feel acknowledged, empowered, trusted and safe.

The working relationship, which is the key to change, is accomplished with the use of basic skills in CCPT. Specific types of responses which are used within CCPT are tracking ("You are doing that"), reflecting feelings ("You are feeling happy"), reflecting content ("You got hurt in school"), facilitating decision making "In here, you can decide"), facilitating responsibility ("That can be whatever you want it to be"), esteem building ("You did it"), limit setting and choice giving. These responses demonstrate the therapist's belief, acceptance and understanding of children (Ray, 2011).

CCPT and Cultural Differences

In this section of the literature review cultural differences and its relevance to child-centered play therapy is presented. Because play therapists work with children from diverse backgrounds and cultures, it is important to review the literature that explores factors which potentially contribute to that relationship in the playroom. More specifically, the literature examining the impact of CCPT with marginalized children (Post et al., 2019), followed by person-centered conceptualization of multiculturalism and social justice in counseling (Swan & Ceballos, 2020) will be described.

In addition to providing children a voice through play, CCPT can leads them to opportunities to express feelings, behaviors, coping strategies and exploration of cultural identities. Numerous scholars (Landreth et al., 2009; Penn & Post, 2012) emphasized the need to understand children's perception of reality and reactions to that reality. They further state that this can be achieved through the nonjudgmental acceptance of children and their various backgrounds. Children's cultural heritage can be expressed through ethnically diverse dolls, puppets, dress up clothing, miniatures, pretend foods, art supplies. Providing diverse materials in the play room gives children the opportunity to tell their story through their own perception, expressing themselves in a safe, accepted manner, yet in a manner which is familiar and accepting of their own culture.

Post et al. (2019) conducted a systematic literature review that examined the impact of CCPT conducted with marginalized children. The literature was reviewed considering the results of the studies, the outcome variables used, the identification of who completed the assessment about the children and the ethnicity of the play therapist who conducted the intervention. The findings demonstrated that CCPT is effective approach to working with marginalized children.

The review indicated that CCPT is an intervention that can help children at-risk with regard to their externalized behavior, self-esteem, and academic achievement.

The review also indicated that the ethnicity of the play therapists who conducted the intervention was not usually reported; however, when it was reported most of the therapists were White. According to Ratts et al. (2016) this is an important and essential element to consider when working with diverse populations. When a counselor is White and the children are minority group members or economically disadvantaged counselors hold social power and privilege. This requires CCPT play therapists to be self-aware of their own cultural values and biases in order to understand how their own culture, power, privilege, and oppression can impact the working relationship in the playroom.

Swan and Ceballos (2020) complement these findings in their systematic literature review of person-centered conceptualization of multiculturalism and social justice in counseling. They argue that "given that the self-actualizing force is viewed as an internal drive to fulfillment, this process is self-defined by the client and thus it is must be understood from the clients' cultural background" (p.6). Therefore, children who belong to a collectivistic culture, self-actualize in a different way when compared to children belonging to more individualist cultures. Living in harmony with others and being interdependent with others may be more valued than individualism. Swan and Ceballos (2020) emphasize the multicultural component of children's lives and the need to explore such while looking at their self-actualizing tendencies and conditions of worth.

The tenets of CCPT allow for incorporation of cultural diversity and multicultural awareness in play therapy. At the same time, becoming a culturally responsive play therapist is a lifelong process which includes commitment and self-awareness. It is of vital importance to

incorporate multicultural issues and work from a position of humbleness when working with all children, because being attuned with children and showing unconditional positive regard is what supports change in play therapy.

Play Therapy Attitude, Knowledge and Skills

The child-centered play therapy is the most popular approach to play therapy and has a strong most research base. Working with children in a professional setting requires special knowledge, skills, and beliefs about children (Landreth, 2002). According to Moustakas (1958), the first step in play therapy training is teaching play therapists the principles and the philosophy of play therapy. In child-centered play therapy, the child-therapist relationship plays a vital role. It "is the deciding factor in the success or failure of the therapy" (Axline, 1947, p.74, cited in Kagan & Landreth, 2009). Therefore, the development of both relationship-building skills and attitudes aligned with child-centered theoretical base by therapists are crucial responsibilities. Research has focused on the impact of learning the relationship building skills in child-centered play therapy; however, child-centered play therapy training also involves holding certain beliefs about children and trusting in their ability to be self-directed. The attitudes child-centered play therapists hold are important. To this end, Kao and Landreth (1997) developed an assessment of play therapists' attitudes about child-centered play therapy., the Play Therapy Attitude, Knowledge and Skills Survey (PTKASS).

While investigating the effects of child-centered play therapy training on graduate students majoring in child counseling, Kao and Landreth (1997) developed the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS) to gain an understanding of the process of child-centered play therapy (CCPT) training and explore the effect of CCPT training on counselor trainees. The original PTAKSS is an 88-item based, self-administered written test based on a

Likert scale ranging from 5 (high agreement or ability) to 1 (low agreement or ability). The initial assessment had following areas (a) attitudes and beliefs toward children, (b) improving play therapy knowledge, (c) improving confidence in applying play therapy skills, (d) reducing dominance tendencies, reducing intellectual efficiency in trainees; however, the data analysis indicated that there were three scales: attitudes, knowledge and skills. In the study the experimental group consisted of 37 graduate students and a control group of 29 students who were enrolled in 15-week semester in an Introduction to Play Therapy course in a university in the United States. Participants had no previous play therapy training or experience. Kao and Landreth, reported that the experimental group scored significantly higher on the PTAKSS as compared to the control group. The study compared counselor trainees who were in a CCPT training and a control group who did not receive the training. Since it's development, PTKASS has been modified by researchers into a shorter version consisting of 54 questions.

The experimental student group scored significantly higher mean total, attitude, knowledge and skill scores on the PTAKSS posttest than did the control group of students. The F ratios for the main effects were significant to the <.0001 level for all areas, indicating significant increases in the experimental group participants' positive attitude toward children, play therapy knowledge, and confidence in applying play therapy skills. In addition, the results yielded high internal consistency coefficient (Cronbach's alpha) of .98 for the Total Scale, .73 for the Attitude Scale, .94 for the Knowledge Scale and .99 for the Skill Scale. Since this initial study, researchers have used the PTAKSS to determine the effect of various types of play therapy training on trainees' beliefs about children and self-efficacy related to play therapy knowledge and skills demonstration (Lindo et al., 2012).

Both versions of PTKASS have been the most commonly used instruments in CCPT research examining attitudes aligned with child-centered values. Most of the research studies cited in the next sections used the PTKASS assessment.

Child-Centered Play Therapy in Schools

In this section of the literature review research on child-centered play therapy in schools will be introduced. More specifically, play therapy practices in elementary schools (Ray et al., 2005), barriers school counselors face while using play therapy (Ebraihm et al.,2012) and how a two-day long intensive play therapy training impacts school counselors' perspective and abilities regarding child-centered will be presented (Maddox II et al., (2022).

Research indicates that public schools are the primary providers of mental health services for school-aged children in the United States (Foster et al., 2005; Rones and Hoagwood, 2000). According to the American School Counselor Association (ASCA) National Model (2019) a comprehensive counseling program which is applied in schools addresses areas of academic development, personal/social development and career development (Maddox II et al., 2022). This means that school counselors work to help all students gain the skills necessary to cope with a multitude of stressors and help them function at an optimal level in their everyday lives. However, due to high caseloads (ASCA, 2019) school counselors often find themselves searching for ways to address the mental health needs of their students in an effective manner (Bratton, 2010; Pereira & Smith-Adcock, 2013). According to Blanco and Ray (2011) approximately 20% of students within schools require mental health services and they get the help they need.

Furthermore, school counselors often do not feel prepared to properly address the mental health needs of the students (Ray et al., 2005). In their research study, assessing the play therapy

practices of elementary school counselors. Ray et al. found that approximately 67% (n=300) of the elementary school counselors participating in the study reported having no prior training in play therapy. When asked about possible limitations to providing play therapy to students in schools, 63% of participants reported lack of training. At the same time, school counselors with more training in play therapy reported higher frequencies of providing play therapy to students in schools.

Ebrahim et al. (2012) found similar results in their research study assessing the barriers school counselors face regarding play therapy. Though school counselors report finding play therapy a useful tool with students, they reported barriers to its implementation, such as lack of training, unsupportive school administration, lack of resources and insufficient space. More than half (56%) of participants in the study reported "that they do not feel adequately trained to use play therapy" (p.206). These findings demonstrate that to meet the mental health needs of students in schools, school counselors' training in CCPT modality may need to increase.
More recently, using the PTAKSS, Maddox II et al., (2022) examined the impact of attending a two-day long intensive play therapy training on school counselors' perspectives and abilities regarding child-centered play therapy. The results indicated statistically significant differences among participants' pre, mid and posttest PTKASS total scores. Participants emphasized the importance of the micro-practicum experience with play therapy workshop. Statements such as "I thought it was very valuable" and "hands-on piece was just incredibly helpful….it made a big difference…." (Maddox II et al., 2022, p13) highlight the value and meaning of micro-practicum experience within child-centered play therapy workshop (Maddox II et al., 2022, p13).

In conclusion, many professionals in the field do not believe that they have not had proper training in play therapy, though they are using the skills or are expected to use the skills,

while working with children. It can also be said that short term trainings which include the experiential part of practicing skills provide a valuable source of knowledge, skills and attitudes in play therapy.

Impact of Intensive Child-Centered Play Therapy Trainings

Creating effective, specialized trainings for working with children is crucial to the development of play therapists. Many practicing play therapists have not been formally trained in play therapy while in graduate schools. In order to compensate for the lack of knowledge, attitudes and skills in play therapy many professional play therapists attend workshops, and trainings. Many of the research studies document the effectiveness of short-term trainings in child-centered play therapy using original PTAKSS or shorter version, to evaluate the outcome of those trainings. Play therapy trainings enable play therapists to become better mental health professionals for children while at the same time ensuring the play therapists' professional and personal growth (Kagan & Landreth, 2009; Lindo et al., 2012; Muro et al., 2015).

In their study Kegan and Landreth (2009) tried to determine the effects of short-term child-centered play therapy trainings with school counselors and teachers in Israel. Israel is one of the smallest countries in the Middle East, which constantly faces war and terrorism. Consequently, children in Israel are exposed to prolonged threats and terrorism which causes them anxiety and fear. Very few professionals in schools and agencies in Israel are trained to utilize play therapy methods of treatment to help children and families. In an effort to educate and train professionals in Israel in child-centered play therapy, this study was designed to determine the effects of child-centered play therapy on school counselors and teachers in (a) improving positive attitudes and beliefs toward children, (b) to improve child-centered play therapy knowledge and (c) to improve confidence in applying child-centered play therapy skills.

The results of the study revealed that short-term child-centered play therapy training had a positive effect in increasing teachers' and counselors'' knowledge of child-centered play therapy. Participants in the short-term play therapy training group showed a statistically significant positive increase (p=.03) in play therapy knowledge as indicated by PTKASS Knowledge Subscale. It is important to note that Attitude and Skills Scales did not show statistically significant results. This study also demonstrated the positive effect of short-term child-centered play therapy training, and although there were no statistically significant positive changes in participants' perceived ability to use the skills after the training, several participants indicated they profited from the training experience. Many of them asking to participate in the second course to be offered in the future.

A similar study was conducted at a large suburban university in the southern United States where graduate students enrolled in a 15-week introductory play course were invited to participate in the research (Lindo et al., 2012). A total of 13 graduate counseling students chose to participate in the study which sought to examine the impact of child-centered play therapy training on graduate counseling students' attitudes, knowledge and skills. The researcher conducted a paired-sample t tests to evaluate the impact of the introductory play therapy course on students' scores on the PTAKSS. The results revealed that there was a statistically significant increase in scores on all three scales from pretest to post-test. Qualitative data revealed that during interviews, 38% of the students (n=5) noted that the class was challenging, and 15% (=2) stated that they would have liked more supervised practice play session to further master their play therapy skills. However, 100% of the participants (n=13) expressed positive views regarding the introductory play therapy class content, structure and effectiveness.

In their study using 13 graduate students, Muro et al., (2015) studied the impact of child-centered play therapy training and in vivo experiences on graduate students' play therapy attitudes, knowledge and skills. The results indicated that there was a statistically significant difference in PTAKSS scores across the preintervention, postintervention and follow up, $x^2(2, N=13=22.62, p<.001)$. Analysis of the median values showed an increase in total scores from preintervention (MD=3.52) to postintervention (MD=3.97) to follow up (MD=4.26). The results for the pretest to posttest analysis indicated a statistically significant increase in the total score on the PTAKSS (z=-2.98, p=.003), with a large effect size (r=.88). The analysis for the change from posttest to follow-up indicated a statistically significant increase (z=-2.62, p=.009) with a large effect size (r=.73).

This body of research shows that short term training/workshops in play therapy are a beneficial and effective source of training to professionals who did not have adequate training in play therapy during their formal education. Statistical analyses of PTAKSS scores reported improved positive attitudes and beliefs toward children, which reflects positive changes in attitudes related to child-centered play therapy.

Child-Parent Relationship Training (CPRT)

Most studies examining the impact of CPRT have focused on the effectiveness by evaluating the changed behavior in children and the effectiveness of skills used (Bratton et al., 2016, Landreth & Bratton, 2020; Perryman et al.,2017). In this section the literature review will present how child-parent relationship training is related to attitudes, knowledge, attitudes and skills regarding CCPT. Specialized trainings for working and relating to children are necessary for play therapists as well as for parents. It is the attitudes which are aligned with child-centered play therapy that make a difference in the play room as well as at home.

Lindo et al. (2016) study examined the experiences and perceptions and the degree to which CPRT training influenced graduate students' understanding and of attitudes, knowledge and skills aligned with child-centered play therapy. In addition, the researchers used the PTAKSS which provided the subjective experiences of participants and complemented the objective data of the survey. The researchers conducted paired-sample t-test to evaluate the impact of CPRT training course on students' scores on the PTAKSS before and after the 15-week course of Introduction to Play Therapy Based on the results there was a statistically significant increase in total scores before (M=4.139; SD=.292) and after (M=4.347; SD=.343) the CPRT class. There was a statistically significant difference on the before (M=3.931, SD=.405) and after CPRT course (M=4.196, SD=.379) scores on the knowledge subscale. Also, skills subscale scores before (M=4.041, SD=3.323) and after (M=4.393; SD=.374) showed statistical significance of results. The attitude subscale scores before (M=4.408, SD=.277) and after (M=4.422, SD=.411) was not statistically significant after the CPRT class. The lack of significance could be explained by the fact that CPRT focuses on knowledge and skills regarding working with parents as opposed to focusing directly on students' beliefs and interaction patterns.

The analysis of the individual interviews with the participants revealed that the students perceived CPRT training course as contributing to their overall understanding of children, which was directly related to their attitudes aligned with child-centered play therapy. The emerging themes revealed improved understanding of children's abilities, needs and communication styles. Furthermore, one of the emerging themes of the study found that student's perceived CPRT therapy training as being impactful on their personal relationships with significant others, and

family members, which seems to indicate that the CPRT course could potentially enhance empathy and impact attitudes aligned with child-centered play therapy outside of playroom.

The findings of the study, support that student who participated in the course gained a more in-depths understanding of working with parents, increased their play therapy knowledge and skills, and enhanced their generalization of skills in their personal life. The results of this study are encouraging in supporting the positive outcome of child-centered play therapy and CPRT courses can have on future counselors seeking to work with young children and their caregivers. Most importantly, this study indicates the urgency to further investigate attitudes aligned with child-centered play therapy which are considered a catalyst for behavior change.

It is critical to understand the factors which contribute to attitudes aligned with child-centered play therapy. Previously mentioned findings indicate that there a gap in the literature regarding play therapists' attitudes and which factors contribute to attitudes aligned with child-centered play therapy. The current study will attempt to fill that void by examining how personal factors relate to play therapists' attitudes, knowledge, and skills related to CCPT.

Child-Teacher Relationship Training (CTRT)

Child-teacher relationship training is another adaptation of child-centered play therapy that utilizes the preexisting salient relationship between children and their teachers as the therapeutic agent of change (Landreth, 2002). Researchers have explored the impact of CTRT training among teachers and their aids in Head start schools (Morrison & Bratton, 2010), the impact of CTRT among teachers and students. In addition, there are several studies that utilized the PTKASS for teachers and assessed how CTRT training was related to attitudes aligned with child-teacher relationship training (Post et al. 2004; Post et al., 2020; Post et al., 2022).

While two studies examining the impact of CTRT training were referred to as kinder training for teachers (Hess & Post, 2005; Post et al., 2004;), they both were based on Bratton and Landreth's (2002) 10-week child-parent relationship therapy model. In the first study (Post et al., 2004), the participants were teachers who worked with at -risk children and the children with whom they had individual sessions. Assessments included teachers' ability to demonstrate empathic skills in play sessions and in their classrooms and changes in children's behavioral issues. The results revealed that the teachers in the experimental group were statistically significant from those in the control group with regard to their ability to demonstrate the skills of child-centered play therapy both in individual sessions and in their classrooms; additionally, participating children's behaviors also changed.

A follow up study by Hess and Post (2005) aimed to determine whether the group of teachers who had previously received child-centered kinder training maintained the skills and empathic responses in their classrooms one year after the original training. The participating teachers were matched with a control group of untrained teachers. The results showed complementary results to the original study, confirming the statistical difference between trained and untrained teachers $t(14)=-10.53$, $p<.001$) in individual play sessions; however, there was no difference between the trained and untrained teachers ability to demonstrate the skills in their classrooms.

Morrison and Bratton (2010) conducted a preliminary investigation of the effectiveness of training Head start teachers and aides in CTRT as an early mental health intervention. A total of 24 teachers/aides and 52 children participated in the study, and the results revealed that the interventions were effective. More specifically, children in the experimental group showed the greatest improvement, with six out of nine children demonstrating a decrease in problem

behavior by 15 or more points, including one child whose score improved by 26 points on the Child Behavior Checklist. Approximately, two-thirds (69%) of the 26 children who participated in the CTRT intervention group moved toward healthier functioning in the areas of Externalizing or Internalizing problems.

The effects of CTRT effectiveness on children with clinical behavior problems was also explored by Morrison Bennett and Bratton (2011) in their study of 24 teachers and aides. They discovered that children whose teachers or aides participated in the CTRT training made statistically significant improvement in both their externalizing and total behavior problems. Helker and Ray (2009) conducted a similar study where they evaluated the effectiveness of CTRT on 24 classroom teachers and their aids over time and how that impacts students. The results showed there was a statistically significant difference in pretest scores on CTRT between the experimental group (M=6.33; SD=5.07) and the active control group (M=2.83; SD=2.48). Furthermore, the study revealed that that teachers maintained and utilized their skills at a 10-week follow up after intervention.

While the above-mentioned studies reported on the outcome of the CTRT training and their effectiveness, several CTRT studies have also explored attitudes aligned with child-centered theory while working with teachers. Post et al. (2020) conducted a phenomenological pilot study exploring the experiences of four kindergarten teacher who participated in child-teacher relationship training working. The teachers worked in a school where a high percentage of children in the school lived in poverty and had been exposed to trauma. The qualitative analysis identified 5 themes regarding their lived experiences during CTRT: training, skills, developing relationships, obstacles/challenges and commitment. Teachers reported noticing changes in their students' expression when they used CTRT approach in classrooms. Furthermore, the teachers

reported that the training helped them build stronger relationships with these vulnerable students. The results of these studies indicate that CTRT is a viable treatment method for children in school settings. It can be inferred from the studies cited that CTRT is an efficient model to be used on improving children's behavioral problems, social and emotional difficulties as well.

Considering lack of training teachers receive on effective ways to support the emotional needs of children, Post et al. (2020) examined the impact of child-teacher relationship training on teachers' professional quality of life, social justice attitudes, attitudes aligned with the values of CTRT, attitudes about trauma-informed care and ability to demonstrate CTRT skills in classroom. The participants were 46 general education teachers in two Title I elementary schools in the rural area of the southeast. Among the assessments used, the researchers used an adaptation of PTKASS called Teacher Attitude, Knowledge, Skill Survey (PTKASS) consisting of 54 items. In this study, teachers from two similar schools participated. Teacher in one school received CTRT training, and the teachers from the other school were the control group. The results indicated that CTRT interventions had a significant impact on teachers. There was a statistically significant interaction with regard to teachers' attitudes aligned with CTRT training (TAKSS), $F(1,44)=14.45$, $p<.01$. Furthermore, teachers in the intervention school increased from pretest ($M=3.40$, $SD=.21$) to a posttest ($M=3.49$; $SD=.21$). These findings suggest that teachers in the intervention school were more likely to increase their attitudes aligned with CTRT training values when compared to teachers in the control-group school.

A similar study was conducted Post et al. (2022) in an elementary school identified by the Public School Forum of North Carolinas as a "high poverty school,". The study used the same outcome variable and instruments including PTKASS; however, teachers were only trained in small groups and in their classrooms when compared to the previously mentioned study, which

also used playroom setting (Post et al., 2020). The results indicated that CTRT intervention significantly impacted teachers' knowledge scale on the assessment in the intervention groups showing a difference from pre intervention (M=3.35; SD=.65 and post intervention (M=4.04; SD=.54) compared to teachers in the control group pre intervention (M=3.12; SD=.77) and post intervention (M=3.21; SD=.61). There was also statistical significance regarding teachers' skill scale on the assessment in the intervention group pre intervention (M=2.95; SD=1.10) and post intervention (M=4.20; SD=.56) when compared to teachers in the control group pre intervention (M=2.60; SD=1.03) and post intervention (M=2.90; SD=.65). However, teacher's attitudes aligned with CTRT were not significantly impacted by the intervention. It can be inferred from both studies by Post et al. (2020, 2022) that CTRT interventions impacted teachers' knowledge and skills related to child-centered values of CTRT toward children. Though attitudes scale was not significant, the significance values in other two scales indicated a strong impact of CTRT training on teachers' perceptions relating to children using a different mind-set, CCPT mindset. Similar research is needed in the field of play therapy to cover the existing gap in the literature, by exploring how trainings/workshops/courses in child-centered play therapy impact play therapists' attitudes aligned with CCPT theory.

Based on the review of literature, it appears that child-centered play theory is an impactful way of relating to children and that this training impacted their attitudes, knowledge and skills about relating to children. The PTKASS has been consistently used through research and has shown changes in attitudes, knowledge and skills aligned with CCPT indicating a greater confidence when applying the new skills. CCPT training impacts individuals' ability to gain insight into their personal feelings, thoughts and behavior, all of which impact play therapists' attitudes of acceptance and care toward their child client. Generally, the field needs more

research on the attitudes related to CCPT, because most studies focus impact of interventions. This study aims to address that gap in the literature by exploring the importance of attitudes aligned with child-centered play therapy.

Attachment Theory

In this section of the literature review attachment theory and its relevance to child-centered play therapy is presented. Because play therapists build strong relationships with children it is important to evaluate the literature that explores factors which potentially contribute to that relationship. More specifically, attachment theory will be introduced followed by research regarding attachment styles and adult relationships, attachment styles and mental health professionals and the supervisory relationship.

Theory

In this section of the literature review attachment theory will be presented as it was conceptualized by Bowlby (1969). The developmental stages of attachment and their respective development will be introduced followed by Mary Ainsworth's contributions to the attachment theory. Her assessment technique called The Strange Situation Classification will be described and different types of attachment styles, secure, avoidant, anxious, will be discussed.

One of the most influential theoretical frameworks in contemporary development and clinical psychology is John Bowlby and Mary Ainsworth's attachment theory (Donald et al, 2015, Lindo et al, 2012). Attachment theory is based on an evolutionary theory proposing that human infants attach to their caregivers, because they come into the world wired for relationships and moment to moment interactions which enhance their survival. From birth, infants are equipped with attachment behaviors like smiling, vocalizing, looking, and crying that attract the attention of others. According to the same theory, humans are also equipped with a

complementary caregiving system which is sensitive and responsive to those very signals infants omit and share with the caregivers.

Bowlby (1973) supported the evolutionary theory and considered the attachment system as the most essential to survival and well-being in early life. When a child seeks the attention of the caregiver and the attention is reciprocated, the child learns to rely upon the caregiver as a secure base from which she/he may begin to safely explore the unknown world. According to Bowlby, infants' relationships with their parents begin as a set of innate signals that call for parents' attention. The development of the attachment bond starts with the use of newborns' signals and continues being supported by new emotional and cognitive capacities as children develop. The development of attachment takes place in four phases (1) the pre-attachment phase (birth to 6 weeks), (b) the "attachment in the making" phase (6 weeks to 6-8months), (3) the phase of "clear-cut" attachment (6-8 months to 18months -2 years) and (4) formation of a reciprocal relationship (18 months -2 years and on). According to Bowlby (1982), during these four phases children construct an enduring affectional tie to the caregiver that allows them to use the attachment figure as a secure base across time and distance. This very process becomes a vital part of children's personalities and serves as an internal working model (IWM), also referred to as a set of expectations about the availability of attachment figures.

Consequently, sensitive caregiving leads to secure attachment in children and stimulates them to develop internal working models of their caregivers as trustworthy and supportive, as well as appreciate themselves as worthy of the caregivers' support within a nurturing and safe relationship. At the same time, insensitive caregiving leads to an insecure attachment and to an establishment of internal working models of caregivers as unavailable and untrustworthy of themselves and their caregivers' support (Berlin et al., 2000 as cited in Cassidy & Shaver, 2008).

Mary Ainsworth (1989) studied these attachment behaviors in a laboratory experiment referred as the Strange Situation. Ainsworth believed that if the development of attachment has gone well, infants and toddlers should use their parents as a secure base from which they explore unfamiliar situations. Ainsworth devised an assessment technique called the Strange Situation Classification (SSC) to investigate how attachment might vary between children. She conducted controlled observations, recording the reactions of children and mothers (caregivers), who were introduced to a stage room with toys. Children's behaviors were observed during a set of eight pre-determined episodes (1) mother, child and experimenter, (2) mother and child alone, (3) a stranger joins the mother and child, (4) mother leaves the child and stranger alone, (5) mother returns and stranger leaves, (6) mother leaves; child left completely alone, (7) stranger returns, (8) mother returns and stranger leaves. Based on her observations, Ainsworth categorized various attachment behaviors as secure, anxious-resistant, avoidant-attachment styles (Rindt-Hoffman et al., 2019) According to Ainsworth, a secure attachment style is one in where children, despite their distress due to separation from the caregivers, actively seeks comfort and reassurance from the caregivers upon their return. An anxious-resistant attachment style is characterized by difficulties being soothed when reunited with the caregivers. Avoidant attachment style is characterized by indifference children exhibit regardless of caregivers' presence.

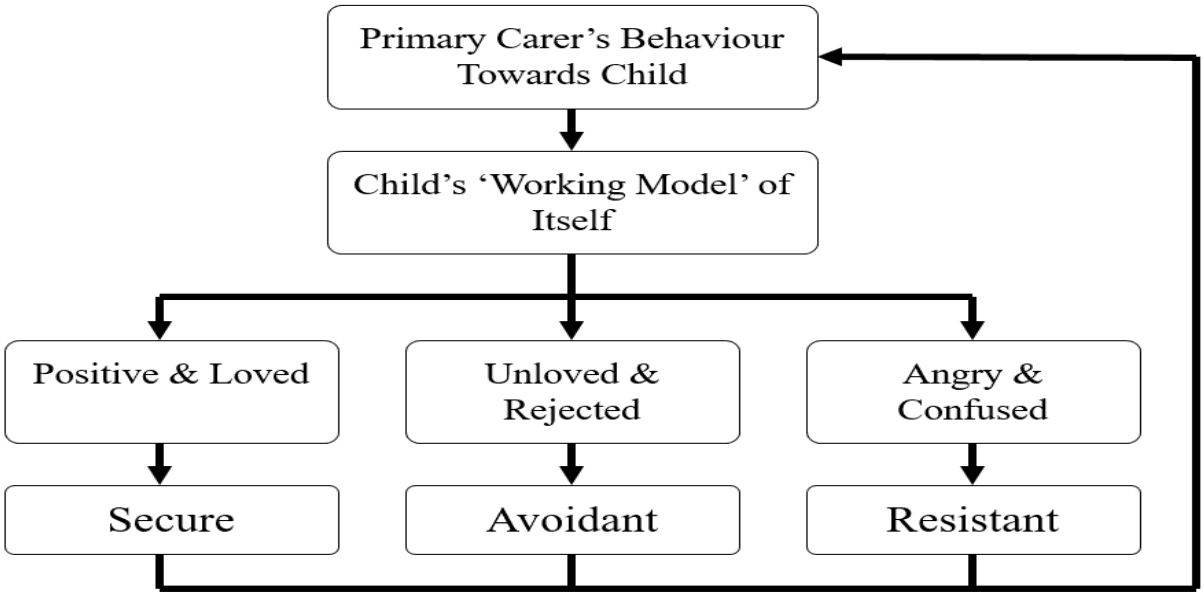

Figure 1. John Bowlby's (1988) internal working model

These patterns of attachment depend on mothers'/caregivers' responsiveness, attunement and ability to respond to children's feelings. Furthermore, Ainsworth (1978) identified caregivers' attunement or sensitivity as the primary ingredient for the development of secure attachment patterns in childhood.

Over the years, attachment theory's predictions of causal links between early attachment and other relationships have urged multiple investigations of these associations, such as early attachment and childhood friends, early attachment and sibling relationships, early attachment and peer influence. Thomson (2009) concluded that "attachment security cannot generally be presumed to be temporarily consistent "(p.56). It is now widely accepted among attachment scholars that individuals are capable of holding multiple attachment styles in different relationships. On the basis of these ideas, and evidence that will be presented below, it can be said that attachment style patterns are activated during life in personal as well as in professional settings.

Attachment Styles and Adult Relationships

The attachment system is active throughout life and is manifested in thoughts, emotions and behaviors related to interactions with significant others (Bowlby, 1988). It is clear from the literature that attachment style patterns are activated during life in personal as well as in professional settings. Recently, researchers have begun to examine associations between the attachment style and prosocial feelings and behaviors such as volunteering and caregiving. The importance of attachment styles has been well documented among cancer caregivers and family members (Kim et al., 2008), among undergraduate students living and studying in the United States as well as in Israel (Mikulincer et al., 2005) and among volunteers (Gillath, et al., 2005).

In their study of adult attachment and psychological well-being in cancer caregivers, Kim et al. (2008) demonstrated that attachment security predicted responses to partners in need. A total of 896 close family members participated in the study, and the results showed that when the caregivers provided care, the majority of care was emotional (92%), or tangible supports (91.8%), where approximately half of them provided medical (58.1%) and instrumental support (41.1%). Individuals with a secure base were likely to attend to others' needs and provide adequate help and care.

A study by Mikulincer et al. (2005) explored how attachment security was related to compassion and helping and revealed similar results in five experiments in two countries (Israel and the United States). In these five experiments, they examined effects of three independent variables: (secure attachment, emotional reactions, and level of compassion) on the dependent variable, willingness to help a distressed woman. The findings indicated that participants with secure attachments were more willing to help the young woman in distress.

Gillath et al. (2005) conducted 2 studies in 3 different countries (Israel, the Netherlands and the United States) to determine whether the two dimensions of attachment insecurity were related to real-world altruistic volunteering. Volunteerism has been defined as a long-term, planned prosocial behavior, especially intended to help strangers such as teaching, reading to poor children, running errands for homebound elderly people regularly donating blood. The results indicated that insecurely attached participants engaged in volunteering activities for self-centered reasons, while securely attached participants engaged out of care, concern and understanding for others.

The studies mentioned indicate that secure attachment is the basis of responding to requests for help and provide support in times of adversity, which is a similar process developed during the course of play therapy. It can be concluded that attachment security is associated with empathy, humane values and willingness to care for others as well as cognitive openness.

Attachment Styles and Mental Health Professionals

Literature suggests that the personal qualities of therapists account for 5-8% of the variance in psychotherapy outcome (Barkham et al., 2017). Although the underlying factors of therapists' personal qualities remain largely unexamined in the literature, evidence suggests that therapists' attachment styles interact with other factors to affect the therapeutic outcome. Bowlby (1988) linked the therapeutic relationship to an attachment relationship where therapists act as an attachment figure by creating a secure base for distressed clients, providing them with time, space and safety to explore themselves and their interpersonal environment. Of particular relevance to the therapeutic relationship is the fact that individuals who have secure attachment styles tend to communicate about their inner experiences in a clear and open manner, whereas those with anxious or avoidant attachment do not (Bretherton & Munholland, 2008).

Researchers have explored attachment among licensed mental health professionals (Rindt-Hoffman et al. 2019), clinical psychologists (Leiper & Casares, 2000), and therapists. Among therapists, the impact of attachment on the working alliance (Degan et al., 2016), and how therapists' personal attachment style is activated during therapy (Black et al., 2005; Bucci et al. 2016; Suess et al. 2015) have been examined.

Rindt-Hoffman et al. (2019) investigated the relationship among attachment style, spirituality and the expression of compassionate love by licensed mental health professionals. The researchers defined compassionate love as "feelings, cognitions, and behaviors that are focused on caring, concern, tenderness, and an orientation toward supporting, healing, and understanding the other(s), particularly when the other(s) is (are) perceived to be suffering or in need" (Sprecher & Fehr, 2005, p.630). The participants consisted of 156 (47 male, 109 female) mental health professionals who completed an online survey. To test the hypothesis that expression of compassionate love for a specific other would be predicted by attachment and spirituality, a multiple regression was conducted and the results showed that the model was significant $F(2,155) = 8.84$, $p < 0.001$. Results also indicated that secure attachment style and spirituality significantly predicted the expression of compassionate love for close others $F(2,155) = 4.20$, $p < 0.05$.

Lepier and Casares (2000) explored the relationship between early and current attachment styles of 196 clinical psychologists from nine UK clinical training courses and how they are relevant to their clinical practice and the quality of the working relationship. They found that the majority (69%) of the psychologists described themselves as securely attached, next largest were avoidant (18.4%) and the smallest ambivalent (9.2%) with five non responses (2.6%). The insecure group experienced more difficulty than the secure group in the ability to

form secure working relationships with clients. Furthermore, 93% of the psychologists reported having personal attachment figures. The relationship between children and play therapists is considered optimal when based on safety, which is grounded in the ability of the play therapists to attach with children who may not have secure attachment relationships. Such relationships are influenced by counselors' biases, authenticity, genuineness and personal characteristics, where personal attachment style may be a contributory factor.

Working alliance has been shown to be important in influencing the outcome of therapy. Degan et al. (2016) conducted a systematic literature review that examined the extent to which therapists should consider their own attachment experiences in therapeutic alliances and outcomes. The review consisted of eleven studies and the analysis revealed that seven of the studies investigated showed that therapists' secure attachment was related to a strong working alliance. Out of the 11 reviewed studies, two (Bruck et al., 2006; Schauenburg et al., 2010) measured the relationship between therapists' attachment security and counseling outcome with psychiatric patients. They recruited 46 patients from the Beth Israel Medical Center Psychiatry Outpatient Service and documented that therapists' secure attachment style had better therapy outcome results. Schauenburg et al (2010) found that therapists with higher attachment security had better working alliances with patients who reported greater interpersonal problems. Together, Bruck et al (2006) and Schauenburg et al (2010) suggest that more securely attached therapists are better able to adapt their behavior in the counseling room in order to appropriately fit the needs of more severely impaired clients.

Similarly, Black et al. (2005) found that therapists' attachment is activated in the therapeutic setting. In their study Black et al (2005) surveyed 491 psychotherapists and explored the extent to which self-reported attachment styles of therapists were associated with reported

general working alliance quality. The results revealed positive correlations between attachment and general working alliance quality ($r=.441$, $p<.001$). Therapists' capacity to form relationships is important when forming a therapeutic alliance, and attachment style was found to be considered as one of the essential elements of those alliances.

Bucci et al. (2016) examined the relationship between the client and therapist attachment styles and working alliance among therapist-client dyads in routine National Health Service mental health service in the United Kingdom. The results showed that there was a statistically significant difference between clients and therapists' ratings of their working alliance (Horvath & Greenberg, 1989), such that therapists scored higher levels of secure attachment ($M=5.28$; $SD=1.32$) than the client sample ($M=3.50$; $SD=1.93$). It was interesting, also, that they found that therapists with insecure attachment styles were found to negatively correlate with the working alliance from the clients' perspective ($r=-0.63$, $p=0.016$). The study also examined the relationship between clients' clinical symptoms of depression and anxiety on attachment and working alliance. The findings indicated that among clients, level of depression was negatively correlated with secure attachment ($r=-0.37$, $p=-0.044$), and similarly, among clients, level of anxiety was negatively correlated with secure attachment ($r=-0.46$, $p=0.010$). Research also showed that client's clinical symptoms, depression and anxiety, were statistically negatively correlated with their perceptions of their working alliance with their counselors.

The attachment background of professionals in the field of counseling was explored by Suess et al. (2015) in their study of 161 professionals in Germany carrying out Steps Toward Effective, Enjoyable Parenting (STEEP). The results indicated that most of the participants showed an insecure attachment style (76%). The results indicated that there was no significant relationship between professionals' attachment style and STEEP intervention outcome.

In conclusion, this body of work shows that therapists' attachment style is related to the working alliance and the outcome of the therapeutic process. While these studies explored the attachment style of therapists working with variety of populations, there was no research that included the attachment style of play therapists. Further research is needed to explore factors which influence play therapists' attitudes aligned with child-centered play therapy. Preparation of child-centered play therapists involves personal commitment of play therapists to operate from a place of openness to internal process and experiences (Ray, 2019) where awareness of one's personal attachment style may be a constructive vehicle for attitudes about "being with the child.". Since child-centered play therapists believe that children thrive in relationships where they feel understood and their needs are met though appropriate responsiveness, consequently play therapists are responsible to establish and preserve that very relationship by reflecting on their ability to securely attach. This research will attempt to shed some light on how play therapists' attachment style is related to their attitudes about child-centered play therapy.

The Supervisory Relationships: An Attachment Perspective

Clearly the literature cited above demonstrates that attachment style has implications for the counseling process. It is also important in counseling supervision. A high-quality relationship is crucial to effective counseling supervision (Bernard & Goodyear, 2009), because supervision is a primary relationship in which trainees develop therapeutic skills (Holloway, 1995) and professional identity (Ronnestad & Skovholt, 2003). In child-centered play therapy the relationship is the key where children feel free to direct therapy where they need to go. Play therapy supervision is a first step where play therapists learn to form genuine, authentic relationships while relating and learning from their supervisors. Researchers have explored how personal attachment styles in supervisory relationships among supervisees and supervisors affect

the supervisory alliance (Andriopoulou & Prowse, 2020 Bennet et al., 2008) and how supervisees' attachment styles influence the supervisory relationship (Bennet & Sacks, 2006; Gunn & Pistole, 2012 Renfro-Michel & Sheperis, 2009).

Based on Bowlby's (1977) attachment theory scholars have developed an attachment perspective of the supervision relationship (Gunn & Pistole, 2012; Rogers et al., 2019). Gunn and Pistole (2012) showed that, the supervisory relationships are reminiscent of child-caregivers relationship dynamics, where the supervisees' attachment bond and the supervisors' caregiving bond are complementary to each other in the supervisory relationship. Furthermore, the supervisees' quality of attachment motivates them to maintain proximity, stay close to the supervisor or work more independently under supervision. (Fitch et al., 2010; Gunn & Pistole, 2012). The authors argue that these conditions can be easily affected by stress, anxiety, learning difficulties, and too much separation from the supervisors (e.g., holidays) resulting in disrupting supervisees sense of attachment system and sense of security. Supervisees with insecure attachment tend to seek reassurance and support from their supervisors to a greater extent than supervisees with secure attachment seek such support. On the other hand, caregiving roles and the quality of attachment motivate supervisors to be proximal and accessible when needed to provide attachment "safe-haven" (p.229), secure base, and professional guidance (Gunn & Pistole, 2012).

The importance of the quality of supervisory relationship was also reviewed in a conceptual article by Andriopoulou and Prowse (2020). Although other aspects of the supervisory relationship were identified as important, such as research experience of supervisors, it was primarily the supervisors' interpersonal characteristics that determined the perception of quality in supervision. More specifically, Foster et al. (2007) recruited supervisor-supervisee

dyads from different professional backgrounds to examine the effects of the quality of the supervisory relationship on the supervisees' professional development. The findings indicated that supervisors whose attachment styles were significantly correlated with supervisees' general attachment style showed higher supervisees' professional development and that those supervisees who reported secure attachment relationships with their supervisors rated their overall professional development more positively when compared to insecure supervisees.

Complementary to those findings, supervisees' general attachment style has been found to influence a number of important supervisory outcomes. Several studies (Bennett et al., 2008; Renfro-Michel & Sheperis, 2009) have shown that supervisees with insecure attachment styles evaluated the supervisory working alliance more negatively when compared to securely attached supervisees. These findings have been confirmed in a more recent study by McKibben and Webber, (2017) which revealed that individuals who reported anxious or avoidant attachment to their supervisors had a poorer perception of the supervisory relationship.

A study by Bennett and Saks (2006) complemented the above-mentioned findings by documenting how individual differences in the quality of supervisees' attachment impacts the quality of the working alliance with supervisors. Thus, anxious, avoidant, and secure attachment patterns reflect motivation, behavior, and belief differences that may explain a supervisees' approach to supervision. This study documented that trainees with highly anxious attachment styles have a need to be more frequently in touch with their supervisors, and overly reliant on their supervisors' feedback. Anxiously attached supervisees do not seem to believe in their own abilities and skills. The same study, indicated that avoidantly attached trainees may struggle relating to their supervisors, by being late to meetings or seeming resistant during supervision. Avoidantly attached supervisees prioritize their own opinions and do not collaborate on

tasks/goals during supervision (Gunn & Pistole, 2012). Consistent with this view, supervisees' insecure attachment is related to low supervisees' professional development (Foster et al., 2007). Contrary to supervisees with insecure attachment styles, securely attached supervisees are open to new information, tolerate ambiguity and work collaboratively on tasks/goals (Bennett & Saks, 2006; Foster et al., 2007). Furthermore, securely attached supervisees are able to focus on the feedback received regarding their skills, knowledge and attitudes. They are not preoccupied trying to relate to their supervisors, but rather how to grow from the supervisory relationship. This indicates that higher attachment security is linked to more effective cognitive, relational, and emotional functioning of supervisees (Gunn & Pistole, 2012).

Attachment theory and past research can provide a conceptual framework for studying and understanding the dynamics of the supervisory relationship. It is important to note that there were no studies examining the supervisory relationship among supervisors and play therapists. However, play therapy supervision is a necessary part of becoming a Register Play Therapist (APT, 2013b) and a minimum of 500 hours of clinical supervised hours are needed for becoming a Registered Play Therapy Supervisor. For that reason, it is imperative to explore quantitatively and qualitatively the supervisory relationship in play therapy. Furthermore, Ray (2011) recommended that the child-centered play therapy supervisors should maintain congruence, show unconditional positive regard for supervisees, express empathy for supervisee, and model the relationship needed for a child-centered play therapy session. Landreth (2012) recommended that the most important focus of supervision should be the person of the play therapist and the secondary focus are the skills. Despite the importance of supervision in child-centered play therapy, most of what has been written is conceptual and include recommendations regarding skills in play therapy. Researchers have explored attachment in counseling relationships and in

supervisory relationships, but there is a gap in the exploration of how attachment style is related to play therapists' attitudes aligned with their knowledge, attitudes and skills.

This section has examined the literature regarding attachment and how it is related to a wide variety of personal and professional relationships, such as helping professions, mental health, and supervisory relationships. It can be concluded that secure attachment styles are positively related to strong working relationships. The purpose of this study is to fill the gap in the existing literature regarding how attachment styles are related to play therapists' attitudes to align with child-centered play therapy.

Cultural Humility

In this section of the literature review cultural humility and its relevance to child-centered play therapy is presented. Given the drastically changing demographics in the United States play therapists are called to be more responsive to the increase in diversity of the growing population of children. To support diverse children and support play therapists in offering responsive services through child-centered play therapy it is imperative to understand how multiple factors influence attitudes aligned with child-centered play therapy. In the sections below, the theory of cultural humility will be introduced followed by research regarding cultural humility with helping professions (Keselman & Awais, 2018; ; Kako & Klingbeil, 2019 Lund & Lee, 2015;) and cultural humility with mental health professionals (Davis et al., 2016; Hook et al, 2013; Owen et al., 2014).

Cultural Humility Theory

Keeping in mind cultural diversity, scholars have brought to the forefront of health care practice and counseling practice the importance of culturally relevant concepts (Danso, 2018; Ratts et al., 2015). The increasing diversity within the United States, has created a need for a

theoretical framework that comprehends and embraces diversity in counseling. In the counseling practice, the multicultural counseling competencies (MCC) model by Sue et al., (1992) has been the most influential framework for multicultural counseling and has been endorsed by professional counseling organizations (American Counseling Association, 2014; Council for Accreditation of Counseling and Related Educational Programs-CACREP, 2016). The MCC model appears in the counseling and counselor education literature and refers to counselors' self-awareness of their own cultural identities and backgrounds, knowledge about working with diverse populations, and skills used with culturally diverse clients. Despite its popularity and with the development and incorporation of social justice into practice in counseling, MCC has been critiqued for its focus on race and ethnicity and lacking "a strive for social justice to eliminate oppression" (Fisher-Borne et al., 2015, p.170). Further criticism implies that the focus of MCC on competencies may lead to performative behaviors or impression management, rather than genuine and authentic relationships in the counseling. More specifically, MCC implies that there is an end result to competencies, which implies stagnation to cultural learning and growth. Thus, over the years, scholars have called for a shift in theoretical framework to more adequately reflect the evolving understanding of cultures and better facilitate cross-cultural interactions (Hook et al., 2017). Cultural humility has been introduced to the counseling field as a therapeutic stance to promote positive outcomes in counseling, by focusing on the counselors' way of being with the client (Owen, 2013; Owen et al., 2011).

More specifically, cultural humility was first introduced by Trevalon and Murray-Garcia (1998) as a life -long process of self-evaluation and self-reflection. They promoted the idea that health care practitioners need to remain tentative about applying cultural knowledge they have acquired as a vital part of stopping the power imbalance in the therapeutic setting. Hook et al.

(2013) defined cultural humility as “the ability to maintain an interpersonal stance that is other-oriented in relation to aspects of cultural-identity that are most important to the client” (p.354). Mosher et al. (2017) conceptualized cultural humility as a virtue that shapes one’s way of being across the lifespan. More recently, scholars have documented that the core components of the definition of cultural humility consists of interpersonal and intrapersonal aspects. The intrapersonal components of the concept, involve being aware of limitations of individuals’ cultural worldview and individuals’ ability to comprehend others’ cultural backgrounds and experiences. The interpersonal stance of cultural humility involves an openness to critical self-examination while working with others and understanding their cultural backgrounds without assumptions, but rather with respect and humbleness (Foronda et al., 2016; Hook et a., 2013).

Cultural Humility among Helping Professionals

Over the past decade, there has been growing empirical evidence supporting the role of cultural humility in art therapy (Keselman & Awais, 2018), teachers in training (Lund & Lee, 2015), nursing students (Kako & Klingbeil, 2019) and hospital employees (Hook et al., 2016). The results from these studies support the need for increased awareness in cultural humility and its application among professionals.

Keselman and Awais (2018) investigated used a semi-structured interview to investigate how six medical art therapists integrate cultural humility into medical art therapy. Participants were asked to define culture, the evolution of that definition and their personal understanding of CH. The researchers identified themes: (a) awareness of self in relation to others, (b) collaborative relationship with patients, and (c) consideration of art therapy within larger systems. The participants defined cultural humility as the ability to acknowledge power

imbalances. Overall, the results showed the need for future research in the area of art therapy and cultural humility.

Lund and Lee (2015) explored the experiences of ten teachers-in-training who participated in in a community-initiated service-learning project serving immigrant children. A social justice model guided the initiative to raise critical awareness on power and privilege while countering deficit-model thinking. The researchers provided a service-learning placement (SLP) with community placement options which included after-school/life-skills programs, tutoring programs, mentoring programs, recreation programs and child-minding programs. Each service teacher was "matched" with a community mentor and was introduced to immigrant families who wished to enroll children in public education. The researchers compared different themes from initial-placement interview and post-placement interviews and reported the following themes: (a) justice-based service-learning can enhance pre-service teachers' ability to self-reflect critically and to identify and appreciate strengths of children and youth of immigrant families, (b) justice based service-learning can foster cultural humility and greater self-awareness in pre-service teachers through building positive relationships with children of diverse backgrounds and (c) professional education for cultural humility needs to be anticipate and accommodate people with different motivations for being involved, unique life experiences and a range of understanding diversity. Based on the themes reported, the researchers concluded that using cultural humility in teacher education, particularly service-learning strengthens, their ability to relate to immigrant children.

To explore how cultural safety could be created, Kako and Klinbeli (2021) conducted a study analyzing students' journal entries and their reflections regarding how cultural humility helped them relate and interact to people in Kenya. They explored the short-term effects of

cultural humility among 21 nursing and health profession students on a short-term interprofessional study abroad in Kenya. With greater diversity in patient population the skills of cultural humility are necessary for culturally safe care. Culturally unsafe care can have long term detrimental impacts on patients' health and treatment outcome. The themes gathered from journal entries and presented were acknowledging the pain of oppression, experiencing a place of not knowing and engaging in acts of humility with people in Kenya. Based on the themes they have documented in the study, the researchers concluded that a short study-abroad program can encourage cultural humility among nursing and health profession students. The researchers concluded that because the students came from a place of not knowing, they were able to experientially expand their role as a nurse in a different country. Working from a culturally humble place is critical in providing culturally safe place for diverse populations and improving their treatment outcome.

Hook et al. (2016) explored 2011 hospital employees' perceptions of organizational cultural humility and hospital safety culture. Most of the participants in the study were nurses, technicians, and clerical staff (78.6%). The results documented those higher perceptions of organizational cultural humility related to higher levels of general perceived hospital safety. Furthermore, the results showed that cultural humility positively predicted perceptions of safety, non-punitive response to error, handoffs and transitions, and organizational learning. It was a first study to explore cultural humility in a hospital setting.

The above-mentioned studies showed the importance of cultural humility in a variety of fields. It should be noted that majority of the studies used qualitative methodology. Most importantly, researchers have demonstrated the importance of cultural humility, and there is a need to explore the topic among health and educational professionals.

Cultural Humility among Mental Health Professionals

Several studies have explored cultural humility in mental health settings (Cook et al., 2020; Davis et al., 2014; Gonzalez et al., 2020; Hook et al., 2013; Owen et al., 2018). Most of these studies explored how the concept of cultural humility impacted clients and their perspectives. Cultural humility had been explored among college students (Hook et al, 2013), therapy clients (Owen et al., 2014), counseling relationships (Davis et al., 2016), play therapists (Chase, 2021), and among counselor educators (Zhu, 2021). In an attempt to further the research and literature on cultural humility Gonzalez et al. (2020) developed a scale to measure counselors' self-report on cultural humility.

In an attempt to validate the Cultural Humility Scale, Hook et al. (2013) conducted four studies. The pilot study included 117 college students and examined how clients perceive cultural humility as an important part of a therapist. The study explored students' cultural background and therapists' characteristics related to a "hypothetical" therapy scenario. The results revealed that participants who rated their therapist higher in cultural humility reported a higher likelihood of developing positive relationships with their therapists and reported a higher likelihood of continuing therapy. Using these findings and trying to develop a client-rated measure of cultural humility, Hook et al. (2013) conducted Study 1. The study included 472 college students who rated the severity of their presenting issues, working alliance with their therapists and the aspects of their cultural background that was most significant to their identity. Researchers found that participants who rated their therapists higher in cultural humility reported a higher likelihood of developing a positive relationship with a therapist and a higher likelihood of continuing therapy with the therapist.

Hook's second study focused on duplicating and developing findings from Study 1. The researchers surveyed 134 adults, predominantly White (70.1%), who were currently in therapy to examine if the scales' factor structure would be similar to Study 1. Hierarchal regression was used to examine the relationship between cultural humility and working alliance, controlling for multicultural counseling competencies, and the results found that clients' perception of a therapists' cultural humility was positively related to high-quality alliances with their therapist.

In the final study, Hook et al. (2013) replicated and expanded findings from previous studies on cultural humility by adding elements of client improvement in therapy and intentionally seeking a more diverse sample. In this study, researchers surveyed 120 adults who self-identified as Black and were currently attending therapy. In the previous studies, cultural humility was regarded as a relational variable. In this study, researcher assumed that cultural humility would be positively related to improvement in psychotherapy and mediated by working alliance. Researchers used a hierarchical regression and found that cultural humility, the predictor variable, indirectly affected improvement in therapy, the criterion variable, through working alliance, the mediator variable. In conclusion, the researchers created and validated a measure of therapist's' cultural humility. They also found that higher cultural humility was associated with lower occurrences of racial microaggressions in a counseling setting.

Research by Owen et al. (2014) sought to further confirm results from Hook et al. (2013) by exploring 45 self-identified religious and spiritual participants on their perceptions' regarding their therapists' cultural humility. The study explored the extent to which clients' religious commitment moderated the association between their perceptions of their therapists' cultural humility and therapy outcome. Researchers found perceptions of cultural humility were positively associated with therapy outcomes, and this effect was moderated by clients' religious

commitment. The relationship between perceived cultural humility and outcomes were positive for clients with higher religious commitment. These findings encourage mental health professionals to consider clients' religious and spiritual commitment and cultural humility when working with clients.

A study by Davis et al. (2016) explored how microaggressions impact counseling outcomes. The participants were 128 racial/ethnic minority individuals who had been in counseling during the past year. Participants in the study were randomly assigned to either a general offense that was connected to their identity or microaggression condition involving an issue in counseling. Researchers measured single items associated with the context of microaggression, negative emotions due to the disturbance in the relationship working alliance, perceived improvement in counseling and perceived cultural humility using path analysis. The results showed that both conditions evoked microaggressions to a similar level. Perceptions of cultural humility mediated the relationship between negative emotion due to rupture and counseling outcome.

Chase and Post, (2021) is the only study examining cultural humility among play therapists. The purpose of the study was to examine how adverse childhood experiences, attitudes related to trauma-informed care, and cultural humility were related to social justice advocacy attitudes. Participants were 409 mental health professionals who practiced play therapy and the results indicated that attitudes related to trauma-informed care and cultural humility contributed significantly to the prediction of social justice advocacy attitudes.

Gonzalez et al. (2020) developed and tested a Multidimensional Cultural Humility Scale (MCHS) on practicing counselors to measure counselors' cultural humility based on five factors of cultural humility model as proposed by Foronda et al. (2016). Participants in the study were

861 practicing counselors. They completed the Multidimensional Cultural Humility Scale (MCHS), Situational Self-Awareness Scale (SASS), and the Marlowe-Crowne Social Desirability Scale-Short Form. Researchers completed an exploratory factor analysis with 430 participants who completed the MCHS and found a model with five factors which accounted for 63% of the variance. The five factors were labeled based on Foronda et al. (2016) openness, self-awareness, ego-less, self-reflection and critique, and supportive interactions. The authors explored the relationship between MCHS and the SSAS scale and the results revealed that all five factors of the scale were positively correlated with SSAS scale. MCHS scale has proven to be a reliable and valid measurement offering counselors a method to assess their cultural humility. Furthermore, findings from the scale have provided valuable information for improvement in counselors' level of cultural humility via supervision.

Zhu et al. (2021) conducted a study using grounded-theory methodology and explored perceptions of 14 experienced counselor educators on how cultural humility is a lifelong learning process. To that end, they explored how cultural humility is perceived during professional encounters (counseling, teaching and supervision) within the field of counseling and counselor education. The qualitative analysis of data revealed that there was a constant interaction between the process of learning and developing cultural humility. Furthermore, the themes that emerged from the study were that cultural humility as a way of being describing it as a "type of presence," "code of humanness," and "essence" (p.80). Participants emphasized that cultural humility was not presenting oneself in a posturing manner, such as suppressing ones' opinion, being "nice," but rather it involves bringing ones' authentic self, although flawed and imperfect, into cultural encounter with clients.

It can be concluded from this body of research that cultural humility is a new concept in the counseling profession, and there is clear evidence to support that cultural humility positively is related to therapeutic processes and outcomes. It can also be said that multicultural issues in counseling, as well as cultural competencies, were not addressed in the field of counseling prior to Sue et al. (1992). Furthermore, there is no literature regarding how counselors' cultural humility has impacted their attitudes regarding counseling. It is imperative to better understand how cultural humility contributes to child-centered play therapists' attitudes aligned with CCPT, as the primary goal of working with children lies in their 'way of being" with the child. Being present, genuine and authentic in including this variable is to explore how cultural humility contributes to play therapists' attitudes aligned with child-centered play therapy.

Years in the Profession

This current study will explore how attachment style, cultural humility and years in the profession, which is the third independent variable, are related to attitudes aligned with child-centered play therapy among play therapists. The following section explores current research related to the duration in the field of play therapy.

Impact of Years in the Profession of Helping Professions

In this section of the literature review duration in the field of helping professions will be introduced. More specifically, research has shown that professionals who work with individuals that are experiencing life difficulties get emotionally and physically affected. Burn out, compassion fatigue and meaning of life has been examined in nurses (Aslan et al., 2021; Fukumori et al., 2020) and in the mental health profession among counselors (Canfield, 2005; McCormack et al., 2018; Chen et al. 2019).

Aslan et al. (2021) conducted a study examining the correlation between work-related stress and meaning of life in association with compassion fatigue of nurses, as well as to determine the factors that affect compassion fatigue. The participants consisted of 366 nurses working at the university hospital in the east of Turkey. The researchers used a number of inventories such as Introductory Information form, Work-Related Strain Inventory, and Life Attitude Profile. The results showed the correlation between compassion fatigue and attitude to life profile was negative ($r=-.542$, $p=0.000$), while the correlation between work-related stress and compassion fatigue was positive ($r=.204$; $p=0.000$). Lastly, there was a positive correlation between age/duration of work in the profession and compassion fatigue and that the difference between them was statistically significant ($p<0.05$). The researchers concluded that duration in the profession affected compassion fatigue and compassion fatigue increases as the working time increases.

Using a similar participant group of nurses, Fukumori et al. (2020) investigated 30 Japanese nurses, with at least two years of experience in cancer care and history of compassion fatigue. The researchers used semi-structured interviews to explore compassion fatigue and vicarious trauma experienced with cancer patients. The researchers documented that mean years of nursing experiences with cancer patients was 11 years and that was one on the themes frequently mentioned with compassion fatigue. The study also documented themes associated with compassion fatigue such as difficulty in patient treatment, bad news from doctors, worsening of physical condition, and emotional conflict with patients' family.

In this section of the literature review years in the profession of mental health professionals will be reviewed. More specifically, research has shown that mental health professionals who work with individuals that are experiencing life difficulties and trauma get

emotionally and physically affected. The following section will explore personal and professional lives of therapists coping with secondary trauma (Carnfield, 2005), burnout among applied psychologists (McCormack et al., 2018) and burnout syndrome in licensed mental health counselors and mental health counselor interns (Baldwin et al., 2011).

Canfield (2005) conducted a literature review on how trauma therapy influenced the personal and professional lives of therapists as they cope with secondary trauma stress associated with treating trauma. They documented that the empirical studies have largely focused on the incidence and symptoms of vicarious trauma among crisis workers and therapists. Empirical research mainly used quantitative methods, self-assessment scale and professional counselors as participants. Few studies used qualitative methods, including smaller samples and investigating personal histories of counselors and the impact of vicarious/secondary trauma on their lives. This review of the literature reveled that there is a need for adaptive coping strategies which could reduce the negative effects trauma treatment has on counselors.

McCormack et al. (2018) conducted a meta-analysis of 24 studies examining burnout among applied psychologists. The purpose of the study was focused on the emotional exhaustion of psychologists as a result of heavy workload, lack of support and psychologists' age. Burnout research originated in the caring professions," however there is plenty of research focused on how job demands, resources and personal characteristics affect burnout among practitioner psychologists. This review involved searches of key databases (Web of Knowledge, Scopus and Google Scholar) for articles published prior to January, 2017 in English language. The systematic review cited the most commonly documented factor of burnout by applied psychologists' emotional exhaustion (34.5% of papers reviewed). Additional common themes related to burn out were job and personal characteristics, and available resources.

Baldwin et al. (2011) conducted a study exploring how burnout syndrome affects professionals grouped by their professional identity as Licensed Mental Health Counselors or Registered Mental Health Counselor Interns. The key factor which differentiated these professionals in the field of counseling was the amount of time spent in the profession in the state of Florida. More specifically, one of the questions the researchers examined was: are there differences in the degree of burnout reported by Licensed Mental Health Counselors with 3 years or less experience post-licensure as compared to Licensed Mental Health Counselors with 3 or more years of experience? The results from the research question addressed in the study indicated that there was no statistical significance between Licensed Mental Health Counselors with 3 years or less experience when compared Licensed Mental Health Counselors with 3 or more years of experiences in the degree of burnout reported on the subscales of Emotional Exhaustion, Depersonalization and Personal Accomplishment. The researchers concluded that burnout, and compassion fatigue are common among counselors, but further research is needed to evaluate how years in the profession was related to those variables.

It can be concluded from the above-mentioned studies that numerous factors including years in the profession contribute to professionals' performance level, compassion fatigue and burnout. There is research documenting how such factors affect counselors, but there is no research on the impact of the number of years in the profession among play therapists. This study will use this variable to explore how years spent in the profession of play therapy are related to attitudes aligned with child-centered play therapy.

Summary

This literature review showed that there are a few empirical studies that explore factors impacting play therapist's attitudes aligned with child-centered play therapy. Furthermore, there

is limited research on how specific factors, such as attachment style, cultural humility and years in the profession influence play therapists' attitudes aligned with CCPT. As no other researchers have explored the relationship among these variables, this study adds to the literature regarding factors related to attitudes aligned with CCPT which may impact educational training programs and counselor education as well as play therapy continuing education.

CHAPTER III: METHODOLOGY

Introduction

The purpose of this study was to explore the relationship between attachment style, cultural humility and years in the profession are related to attitudes aligned with child centered play therapy amongst play therapists. In this chapter, the methodology for the study is described in six sections. The sections include participants, procedures, instruments, research design, purpose of the study, research questions, data analysis and summary.

Participants

Participants consisted of a purposive sample of 200 mental health professionals and graduate UNCC students that identified as play therapists, completed a Play Therapy course, or currently enrolled in a Play Therapy course. Inclusion criteria for the participants included (a) professional counselors, school counselors, social workers, psychologists, and marriage and family therapists with at least a master's degree who are practicing play therapy with children or (b) individuals that were conducting, teaching, or supervising research about play therapy, and (c) current UNCC students that had competed or were currently enrolled in the Introduction to Play Therapy course (CSLG 7142). The researcher stated the inclusion criteria at the beginning of the recruitment email, which allowed participants to verify if they were qualified to participate in the study. The inclusion criteria were additionally included on the Demographics Questionnaire.

Procedures

The researcher obtained Institutional Review Board (IRB) approval at the University of North Carolina at Charlotte to conduct survey research with human subjects before collecting the data. Prior to recruiting participants, a small-scale pilot study was conducted to ensure that all

procedures, including the Qualtrics Survey, operated effectively. Qualtrics Survey tutorials were followed to maximize the efficiency and presentation of the survey. The participants discussed the process with the researcher regarding clarity and the time required for completion. Next, the researcher recruited participants by sending emails to prospective participants from the Association for Play Therapy (APT), Department of Counseling, and the UNCC Multicultural Center for Play Therapy. The researcher also used convenience sampling to recruit participants online through social media posts and members of play therapy-related Facebook groups.

Participants received an introductory letter (as shown in Appendix E) that explained the purpose of the study and requested their participation. Participants read an informed consent that fully explained the purpose of the research, and benefits of participating in the study. When they clicked the link and agree that they read and understood the informed consent, participants then had access to the survey in Qualtrics. All instruments were then merged into one survey on multiple pages using Qualtrics. The estimated time needed to complete the survey was 20 minutes. The researcher sent participation requests on two different occasions.

Once the participants completed the assessments, the researcher downloaded the survey from Qualtrics into a Microsoft Excel spreadsheet and then uploaded the data into Statistical Package for the Social Sciences (SPSS) software. Additionally, the researcher stored digital data in the Dropbox drive of the primary researcher, in compliance with university Level 2 data storage guidelines.

Instrumentation

Demographic Questionnaire

The self-reported demographic questionnaire (as shown in Appendix A) included questions about participants' age, gender, race, number of play therapy classes taken, years of experience, and professional degree.

Revised Adult Attachment Scale-Close Relationship Version (RAAS-CRV; Collins, 1996)

The Revised Adult Attachment Scale-Close Relationship Version (as shown in Appendix B) scale measured how one generally feels in important close relationships in their lives (Collins, 1996). It was designed based on the Adult Attachment Questionnaire (Hazan & Shaver, 1987) and was revised to consider advancements in the research. It has been re-worded to consider individuals' close relationships rather than just romantic relationships. The scale consists of 18 items on a 5-point Likert-type scale (1=not at all characteristic of me; 5=very characteristic of me). The assessment has three subscales: The Close Subscale assessed the extent to which a person in comfortable with closeness and intimacy. A sample item from a close subscale is "I find it relatively easy to get close to people". The Dependent Subscale measured the extent to which individuals felt they could depend on others to be available when needed. A sample item from a Dependent Subscale is "I find people never there when I need them". The Anxiety Subscale assessed the extent to which individuals are worried about being rejected or unloved. A sample item from an Anxiety Subscale included "I want to get close to people, but I worry about being hurt" (Collins, 1996). The researcher used the dominant score in this study. The RAAS-CRV predecessors (AAS and Revised AAS) have robust psychometric support and is one of the most utilized self-report instruments to measure attachment (Ravits et al., 2010). Furthermore, Shaver et al., (2000) revealed that AAs subscales had internal consistency reliability (a =.71 to

.81) and strong evidence for its discriminate and divergent validity. Similarly, Collins (1996) and Ravis et al., (2010) study indicated Cronbach's alpha ranges from .78-.85.

Multidimensional Cultural Humility Scale (MCHS; Gonzalez et al., 2020)

The Multidimensional Cultural Humility Scale (as shown in Appendix C) measured interpersonal dimension of humility in regard to cultural backgrounds and experiences of others (Gonzales et al., 2020). The scale consisted of 15 items on a 6-point Likert-type scale (1=strongly disagree; 6=strongly agree). Although there are five subscales: (a) Openness, (b) Self-awareness, (c) Ego-less, (d) Supportive interaction and (e) Self-reflection and critique, the total score was used for the purpose of this study. "I am comfortable asking my clients questions about their cultural experience" is a sample item from the questionnaire and the Cronbach's alpha ranges from .59-.78. There was no evidence for test-retest reliability found in the literature (Gonzalez et al., 2020).

The Play Therapy Knowledge, Attitudes and Skills Survey (PTKASS; Kao & Landreth, 1997)

The original PTAKSS (as shown in Appendix D) was developed to determine the effects of child-centered play therapy training on play therapy trainees. The purpose was to measure the beliefs or attitudes, the perception of understanding information and the level of confidence of abilities that play therapists may have about children (Kao & Landreth, 1997). The assessment was developed using 104 Counselor Education graduate students specializing in child counseling. The results yielded internal consistency coefficient (Cronbach's alpha) of .98 for the Total Scale, .73 for the Attitude Scale, .94 for the Knowledge Scale and .99 for the Skill Scale. According to Lindo et al. (2012), high internal consistency reliability and good split-half reliability has been established for the PTAKSS. Numerous studies discovered that scores

improved when students or trainees attended a training or class in child-centered play therapy (Lindo et al, 2012; Carnes-Holt & Weatherford, 2013; Muro et al, 2015). Kao and Landreth (1997) developed criterion validity through correlation the scores on the PTAKSS with the number of play therapy courses taken. The correlation coefficient between PTAKSS scale scores and classes in play therapy taken were .70 for the Total Scale, .34 for the Attitude Scale, .71 for the Knowledge Scale and .68 for the Skills Scale.

The Play Therapy Attitude-Knowledge-Skills Survey is a self-administered 54-item written assessment using a 5-point Likert-scale (1=low agreement or ability; 5= high agreement or ability). The PTAKKS was developed to evaluate the attitudes, knowledge, and skills of play therapy trainees. The Attitude Subscale refers to essential belief and interaction patterns that trainees were expected to learn from child-centered play therapy training. A sample item from the subscale included "I enjoy being child-like sometimes he Knowledge Subscale refers to the information learned from attending child-centered play therapy training. "Most children are able to express their feelings, frustrations, and personal problems through verbal expression is an example from the Knowledge Subscale. The Skills Subscale addressed the trainees' self-confidence in applying child-centered play therapy skills. "How would you rate your ability to conduct a play therapy session with a child?" is a sample item from the Skills Subscale.

Years in the Profession

Regarding the Demographics Questionnaire, the items included participant's professional identification (are mental health counselors, school counselors, social workers, psychologists or marriage and family therapists), if they were currently practicing play therapists or had been in the past, if they had ever supervised, taught, or conducted research in play therapy, the number of

years they had worked in the profession of play therapy if they were enrolled in graduate school and had completed or were currently enrolled in an Introduction to Play Therapy course.

Research Design

This study used a non-experimental research design to explore the relationship between a set of variables (Balkin & Kleist, 2017). A standard multiple regression was used to determine how the predictor variables, attachment style, cultural humility and years spent in the profession were related to the outcome variable of attitudes aligned with child centered play therapy.

Purpose of the Study

The purpose of this study was to explore the relationship between attachment style, cultural humility and years in the profession are related to attitudes aligned with child-centered play therapy among play therapists.

Data Analysis

Screening Data

All data was screened for missing data and outliers before running analysis using IBM SPSS Statistical software version 28.0.0. Missing data could potentially result in a loss of power or result in potential bias due to a systemic difference between the observed and missing values. The researcher used pairwise deletion for data missing if it is less than 5% of the data. Multiple regression analysis assumed no outliers because they may have had the potential to affect the estimates. The data were checked for outliers and upon discovery removed. Collinearity among the predictors was checked and if two variables were found to be highly correlated, the variable was removed and model revised.

Before running the standard multiple regression analysis, the researcher screened the data. The purpose of the screening was to pinpoint possible issues with the data, such as incomplete entries, outliers, normality, homoscedasticity, linearity and collinearity.

Descriptive Statistics

The researcher utilized descriptive statistics to describe the participants. Specific descriptors included age, gender, race, professional degree and years in the profession of play therapy as well as if they had completed or were currently enrolled in Introduction to Play Therapy course (CSLG 7142). Descriptive analysis presented frequencies and percentages for categorical variables and the means, standard deviations, and central tendency measures for continuous variables.

Standard Multiple Regression

In this study, a multiple regression analysis was used to determine if the independent variables, attachment style, cultural humility and professional status, were related to attitudes aligned with child centered play therapy. The researcher used a multiple regression analysis because there are multiple variables and a single outcome variable. Regression is a "statistical technique for finding the best-fitting straight line for a set of data" (Gravetter & Walnau, 2007, p.551). Multiple regression was used to evaluate the strength of the relationship between three independent variables and the dependent variable.

Summary

This chapter described the methodology, which included participants, data collection procedures, and instrumentation. Additionally, the research questions and data analysis were described to explain the process by which the predictor variables were examined for the predictive relationship to the outcome variable, attitudes aligned with child-centered play

therapy. Finally, data analysis was described to explain the process by which attachment, cultural humility and years in the profession are related to attitudes aligned with child-centered values.

CHAPTER IV: RESULTS

The purpose of this study was to explore the relationship between attachment style, cultural humility and years in the profession related to attitudes aligned with child centered play therapy among play therapists. This chapter presents findings by discussing the description of participants in the first section, followed by the discussion on reliability of the instruments. The following section includes information Pearson correlations, and data screening. The last section presents the results of the major analysis followed by the summary of the chapter.

Description of Participants

This study used convenience and snowball sampling to recruit therapists who practice play therapy in the United States through the Association for Play Therapy (APT), play-therapy related Facebook groups and UNCC students. Because of the sampling method, the researcher does not know how many individuals received the invitation to participate in the study. A total of 245 participants responded and a total of 207 participants completed the survey. All participants signed the consent form and were eligible to be included in this study.

Demographic data was collected to describe the population. Frequencies and percentages of the demographic variables are provided in Table 1. As shown in Table 1, and as aligned with previous research, the majority of participants identified as White (87.9%; n=192), female (95.7%; n=198). Other demographic data included participant's degree including 58% of counselors, 25% social workers, 10% family therapists and 6% psychologists. Of interest to the study, 72% of participants (n=148) have completed a course in Multicultural Play Therapy

Table 1: *Demographic Information, Totals, and Percentages (Categorical Variables)*

Demographic Characteristics of Participants at Baseline	n	Percent
Gender		
Male	6	2.9%
Female	198	95.7%
Non-binary	3	1.4%
Race		
White	192	87.9%
Black or African American	9	4.3%
Native American or Alaska Native	1	0.5%
Biracial or Multicultural	6	2.9%
Other	8	2.9%
MA Degree Obtained		
Counseling	120	58%
Social Work	51	25%
Family Therapy	21	10%
Psychology	12	6%
Multicultural Course in PT	148	72%
Current UNCC Student	20	10%

Other demographic information was collected and displayed in Table 2. As reported by previous research, the mean age of participants was 46 and ranged from 23 to 77. Of interest to the study, the number of years in the field ranged from 0 to 50, with a mean of 46.1 and standard deviation 13.2.

Table 2: *Participant's Demographic Information at Baseline (Continuous Variables)*

	Mean	SD
Years in the field	11.64	9.96
Age	46.1	13.2

Reliability of Instruments

The Revised Adult Attachment Scale-Close Relationship Version (RAASCR) was used to measure attachment styles. This scale consists of 18 items, on a 5-point Likert-type scale, and a total score will be used as a predictor variable in the regression analysis. There are three subscales; Close, Depend and Anxiety and each scale is composed of six items. Higher scores show more positive/close attachment styles. The total mean score was 56.93 with a standard deviation of 5.58, and Cronbach's α.360 (see Table 3).

The Multidimensional Cultural Humility Scale (MCHS) was used to measure cultural humility. The scale consists of 15 items, on a 6-point Likert scale and 5 subscales: Openness, Self-awareness, Ego-less, supportive interactions, and Self-reflection and Critique. The scale's total score will be used in the regression analysis as a predictor variable. The total score for all subscales combined is the participant's total level of cultural humility. Higher scores indicate more cultural humility. The total mean score was 74.52, with a standard deviation of 7.21, and Cronbach's α .772.

The Play Therapy Attitude-Knowledge-Skill Survey was used to measure attitudes aligned with child-centered play therapy. This scale consists of 54 items on a 6-point scale, and three subscales: attitudes, knowledge and skills. The scale's total score is used in the regression analysis. Higher scores indicate more positive attitudes aligned with child-centered play therapy. The mean score was 216.71, with standard deviation of 12.12 and Cronbach's α .813. The alpha

Number of items, means, and standard deviations for The Revised Adult Attachment Scale-Close Relationship Version, Multidimensional Cultural Humility Scale, and The Play Therapy Attitude-Knowledge-Skills Survey and their respective subscales are displayed in Table 3. Detailed analysis of each survey's item are shown in Appendix G.

Table 3: *Cronbach's alpha, number of items, means and standard deviations*.

Instrument	Cronbach's α	Items	M	SD
RAASCR	.360	18	56.93	5.58
Close	.744	6	23.14	3.96
Depend	.820	6	20.41	4.61
Anxiety	.922	6	13.37	5.82
MCHC	.772	15	74.52	7.21
Open	.757	3	16.41	1.67
Self	.751	3	15.26	2.30
Egoless	.850	3	14.11	2.93
Supportive	-.302	3	12.79	2.10
Reflection	.659	3	15.95	1.60
PTKASS	.813	54	216.71	12.12

Screening Data

Before running the standard multiple regression analysis, the data were screened for missing values, and assessed for outliers. Participants with incomplete surveys, missing more than 15% of total responses, were dropped from the analysis, this led to a total of 207 participants in the study who have completed the survey. The data were missing and Little's MCAR test suggested that data could be treated as missing completely at random. Finally, the assumption of normality is met as the normal probability plot of standardized residuals showed that all points were in a line (Appendix H)

Demographic Data

The data analysis revealed that the participants in this study were mostly White (88%), females (95.7%) with average age 46.1Participants in this study were mainly APT members (90.3%) and UNC Charlotte students (9.7%) currently enrolled or have completed the Introduction to Play Therapy course. The participants consisted of counselors (58.0%), social workers (24.6%), family therapists (10.1%), and psychologists (6.3%).

Participant's attachment style was measured by a total score on Revised Adult Attachment Scale. Data was also explored using scores on subscales: Close, Depend and Anxiety. Participant's total scores ranged from 39 to 70. More specifically, participant's scores on Close subscale ranged from 13 to 30, with a mean of 23.15, (SD=3.96). The participant's scores on the Depend subscale ranged from 8 to 30, with a mean of 20.41 (SD=4.61 and for the Anxiety subscale, the scores ranged from 6 to 30, with a mean of 13.37 (SD=5.82). According to the authors of the scale, Collins and Read (1990), a higher score indicates higher emotional states on each subscale.

Participant's cultural humility was measured by the total score, and its subscales on the Multidimensional Cultural Humility Scale. Participant's scores ranged from 43 to 89 and had a mean of 74.52, (SD=7.21). The scores on Open subscale ranged from 10 to 18, mean of 16.40, (SD=1.66); Self-Awareness subscale scores ranged from 6 to 18, with mean of 15.25, (SD=2.31); Egoless subscale scores ranged from 3 to 18, with mean of 4.11, (SD=2.93). Additionally, the Supportive subscale scores ranged from 7 to 18 and the mean was 12.79, (SD=2.10). Finally, the Self-Reflection subscale ranged from 6 to18, mean was 15.94, (SD=1.60).

Multiple Regression Analysis

A multiple regression using SPSS was conducted to examine how attachment style, cultural humility and years in the profession predict attitudes aligned with child-centered play therapy. After running multiple regression, data was tested for normality (Appendix H). The assumption of normality is met as the normal probability plot of standardized residuals showed that all points were in a line (Appendix H)

The standard residuals indicate no violation of normality or linearity for this model when compared to the normal distribution using a normal probability plot. As far as homogeneity of variance, homoscedasticity was used. It can be seen based on the scatter plot diagram (Appendix I) that there are no patterns in the data, and therefore there is no homoscedasticity, satisfying the assumption of homogeneity of variance. Furthermore, A Pearson coefficient was conducted to examine the correlation of predictor variables (RAASCR, MCHS and Years in the Profession) and outcome variable, PTKASS. Correlations table can be seen in Appendix J.

The results of multiple regression revealed that the model was significant with some predictor of attitudes aligned with child-centered play therapy. More specifically, the results

revealed significance (R^2=.096, F(3,202)=7.16, p<0.01) with attachment and multicultural humility as independent variables. The unstandardized regression coefficient, intercept and the standardized regression coefficient are reported in Table 5.

Table 5: *Standard Multiple Regression Analyses Measuring the Relationship Between Predictor and Outcome Variable*

Variable	B	SE	β	R^2	*p*-value
				.096	
RAASCR	.299	.150	.086		.048
MCHS	.322	.114	.191		.005
Years in profession	.110	.112	.910		.324

Note: * Indicates significance at $p < .05$ level.
** Indicates significance at $p < .01$ level.

The variance accounted for (R^2) equaled .096 which was significantly different from zero (F(7.16)= p<.01). Because the F statistic is significant it can be concluded that the variables are related to and predict the outcome variable. The R^2 value of .0.96 indicates that (9.6) of the variance in the outcome was accounted for by the predictor variables. Although the model is significant, the low R^2 suggests that other factors unincluded in the model may contribute to much of the variance.

The model revealed two significant predictors of the dependent variable, PTKASS. The independent variables which are a significant predictor of the dependent variable are: Total RAASCR score, Total MCHS score. The two total scales were significant predictors of the dependent variable. With every one unit increase in RAASCR, the dependent variable, PTKASS

is increased by .131 units ($p<0.05$). Similarly, with every one unit increase in MCHS the dependent variable PTKASS increased by. 220 units ($p<0.05$).

Summary

The aim of this study was to explore the relationship between attachment style, cultural humility, and years in the profession in relation to attitudes aligned with child-centered play therapy among play therapists. The analysis used 207 participants. The instruments were found to be reliable, making adequate inferences about participants. The majority of the participants were White (87.9%) females (95.7%). The standard multiple regression analysis revealed that attachment style and cultural humility had a statistically significant relationship in predicting attitudes aligned with child-centered play therapy.

CHAPTER V: DISCUSSION

The purpose of the study was to explore the relationship between attachment style, cultural humility and years in the profession are related to attitudes aligned with child-centered play therapy among play therapists. This chapter will provide an overview of the study, a discussion, conclusions, contributions of the study, limitations of the study, implications of the findings, recommendations for future research, and concluding remarks.

Overview of the Study

Over the past few decades, the racial and ethnic diversity of the population in the United States has increased (United Staes Census Bureau, 2020). More specifically, from 2000 to 2017, the percentage of school-aged children in the United States from other racial and ethnic groups increased. Hispanic children experienced the largest growth by increasing from 16% to 25 %, followed by Asians expanding from 3% to 5%, and finally multiracial children, from 2% to 4% (United States Census Bureau, 2020). While the population of the United States continues to diversify, the demographic racial make-up play therapists has not changed over time (Abrams, 2006; Chase & Post, 2020; Elmadani & Post, 2023; Penn & Post, 2012).

One of the primary goals of child-centered play therapists is to provide an environment in which children are free to direct their play at a pace they need as part of the therapeutic process. However only a limited amount of research has explored factors impacting play therapists' attitudes aligned with child-centered play therapy (Chase & Post, 2020; Elmadani & Post,2023). With rapidly changing demographics of children in the United States, play therapists are responsible for embracing and providing services that demonstrate their respect for clients' cultural differences. Researchers have documented the importance of personal attachment style, cultural humility and years in the field of counseling (Bruck et al., 2006: Degan et al., 2016;

Hook et al, 2013; Mikulincer et al., 2013; Owens et al., 2014; Chase & Post, 2020; Zhu, 2021), yet this information appears to be nonexistent in the field of play therapy. In order to help fill the void, this study attempted to add to the play therapy literature by examining how attachment style, cultural humility and years in the profession are related to attitudes aligned with child-centered play therapy. This is the first study to explore the relationship between attachment style and child-centered play therapy.

The results of this study are based on 207 play therapists that completed surveys regarding personal attachment style, and cultural humility. Demographic information including years in the field of play therapy, gender, race, age, theoretical approach used to work with children, number of multicultural classes taken, and degrees completed was also collected. This study also provides 1) insights for mental health professionals, social workers, school counselors, and students who work with children, 2) information for play therapy educators to create responsive continuing education opportunities for professionals as well as incorporating this into coursework for play therapy students, and 3) implications for the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2020) who have minimal standards established for counseling children in clinical settings. The American Play Therapy (APT) may likely benefit from the findings of this study by incorporating the significance of attachment styles and cultural humility in future training sessions for the professionals in play therapy.

Discussion and Conclusions

The discussion section of the study presents interpretation of the findings, and the conclusion. In addition, implications for future research are also offered.

The findings in this study are consistent with the previous research studies that documented lack of diversity among play therapists (Ceballos et al., 2012; Elmadani & Post,

2023; Parikh et al., 2013). The researcher in this study attempted to increase diversity by using several different recruitment methods, such as APT mailing list, UNCC current and graduate students, and play therapy-related Facebook groups. Unfortunately, these different approaches did not increase the diversity of participants, thus making it similar to previous research studies (Chase and Post, 2020).

The findings additionally revealed that participants had high cultural humility attitudes. Participants in this study had similar results, compared to previous research (Chase & Post, 2020) while using the same measuring instrument. Overall, this evidence shows that awareness of own cultural humility may affect play therapists' attitudes aligned with child-centered play therapy.

Participants' attitudes aligned with child-centered play therapy was measured by a total score on the Play Therapy Knowledge-Skill-Attitude Survey. Participants scores ranged from 185 to 250, with a mean score of 216.74, (SD=12.12). According to the authors of the scale, Kao and Landreth (1997), a higher score indicates higher knowledge, attitudes and skills aligned with child-centered play therapy.

Pearson Correlations

A Pearson correlation was conducted using attachment style, cultural humility including their subscales, and years in the profession related to attitudes aligned with child-centered play therapy. The results showed small and significant correlations between variables (Appendix J).

Multiple Regression

The regression findings indicated that only two independent variables, attachment style and cultural humility, were significant predictors of the dependent variable attitudes aligned with child-centered play therapy. The third variable, years in the profession, did not contribute

significantly to attitudes aligned with child-centered play therapy. A possible explanation could be that over the years, introductory courses, practicum and internship classes as well as trainings and workshops have improved their content to better equip and impact play therapists with knowledge, skills and attitudes in child-centered play therapy. Although the model is significant, the low R^2 suggests that other factors may have contributed to much of the variance in the model. The fact that there is no previous research exploring the relationship between attachment style and attitudes aligned with child-centered play therapy does not allow for any comparison of data found. However, these findings are aligned with previous research suggesting that therapist's attachment is activated in the therapeutic setting (Black et al., 2005). The results of this study, add to the non-existing play therapy literature exploring different factors contributing to play therapist's attitudes aligned with child-centered play therapy.

Contributions of the Study

The findings from this study make numerous contributions to the play therapy literature. For example, this is the first study to examine attachment style and years in the profession of play therapy as related to attitudes aligned with child-centered play therapy among play therapists. While there are multiple studies that have explored cultural humility in the field of counseling (Gonzalez, 2020; Hook et al., 2016; Owen et al., 2014;Zhu et al., 2021) only a few have investigated cultural humility amongst play therapists (Chase & Post, 2020). This study also offers evidence regarding the relationship between cultural humility and attitudes aligned with child centered play therapy. Though participants' years in the field did not show to be statistically significant in relation to attitudes in the field of play therapy, researchers are encouraged to interpret this finding with caution.

Implications of the Findings

This research contributes to the play therapy literature by adding an empirical study on factors related to attitudes aligned with child-centered play therapy. The researcher explored three variables that included attachment style, cultural humility, and years in the profession. It was hypothesized that these variables were related to attitudes aligned with child-centered play therapy. The regression analysis revealed that the findings from this study have several implications for play therapists, counselor education programs, continuing education training programs, and play therapy organizations. The findings suggest that play therapists need to intentionally seek activities, workshops, and training opportunities that contribute to becoming more competent and aware about their attachment style and cultural humility.

The statistically significant relationship between cultural humility and attitudes aligns with child-centered play therapy. The results from a training perspective, imply the need for counselor educators to intentionally implement programs that incorporate cultural humility which may be accomplished through personal awareness activities, simulation exercises, class discussions, case studies, service learning, and by participating in real life activities with diverse populations. Counselor educators may also want to intentional focus on field projects where play therapy trainees immerse themselves in underprivileged environments, poor neighborhoods, different language and generally experiencing lack of privilege. Additionally, counselor education programs are encouraged to recruit prospective students from diverse backgrounds to create a more diversified pool of play therapists compared to the current one, with predominantly white play therapists (Chase & Post, 2020).

The findings from this study indicated that attachment styles contributed to attitudes aligned with child-centered play therapy. Given the importance of the quality of the working

relationship with children, counselor educator programs are encouraged to incorporate personal awareness and education of the importance of attachment on the working alliance. Perhaps, counselor educator programs could focus more deeply on attachment theory, the importance of relationships and attunement, and the fact that attachment is a lifelong process which is not static and can be improved. It may be constructive to provide students with an attachment self-assessment, similar to the one used in this study, to assess students' attachment style. Such an ongoing assessment could help students become more aware of their own current attachment style and become more motivated to improve their attachment style which will possibly be reflected in their attitudes aligned with child-centered play therapy. Over the years, research has documented that therapists' attachment style is related to the working alliance and the outcome of the therapeutic process with variety of populations (Black et al., Bucci et al., 2016; 2015; Degan et al., 2016; Schaunburg et al., 2010). Since child-centered play therapists believe that children thrive in relationships where they feel understood and their needs are met, reflecting on play therapists own attachment style and ability to form secure relationships may be beneficial to play therapy outcomes.

Furthermore, this study offers notable implications for APT and CACREP policies. Given the increasing diversity of population in the United States ((US Census Bureau, 2020) these organizations need to prioritize the importance of cultural humility. They may accomplish this by offering a variety of funds to universities funding grants for research, training, workshops and experiential learning activities. Also, APT is encouraged to intentionally promote workshops on cultural humility during their yearly conferences. Overall, this study has notable implications for play therapists, counselor education programs, and play therapy organizations.

Limitations of the study

Though researchers need to consider the implications of the study, several limitations must be acknowledged that include, lack of diversity among the sample, social desirability, data collection extraneous stressors and generalizability of the study. Although the survey was sent to APT members, UNCC Multicultural Play Therapy Center mailing list, play therapy Facebook groups, there was a lack of diversity in terms of gender and race, consistent with previous research (Ceballos et al., 2012). The sample included 96% females, 3% males and 1.5% non-binary and 88% White participants, which indicates that this study is missing the experience of males and other ethnic groups. Furthermore, most of the participants in this study were active members of Association for Play Therapy (90%), which demonstrated lack of variety of participants from UNC Charlotte and play therapy affiliated groups. Social desirability is also a limitation in this study because the data was collected through self-report; participants may have provided answers that they perceived as socially acceptable, instead of their true opinions.

Another important limitation to this study is the choice of instrument measuring play therapy skills. Play Therapy Knowledge, Attitudes and Skills Survey has been particularly designed to measure knowledge, attitudes and skills in child-centered play therapy students. This study included participants who had different theoretical skills in their practice. Consequently, the instrument may have not captured the knowledge, skill and attitudes of participants as intended to by the researcher.

The final limitation of this study was the response rate. Though the survey was sent to 2.500 members of APT, UNCC Multicultural Play Therapy Center mailing list, play therapy Facebook groups, only 265 play therapists responded and while the survey only required 15-20

minutes to complete, this might have been too long for some participants. Though the study had some limitations, the results provide the basis for future research studies.

Recommendations for Future Research

This study provides a foundation and raises questions for future research on factors related to attitudes aligned with child-centered play therapy. More research is needed to expand this critical factor of cultural humility because of the increasingly diversity of children in the United States. More quantitative research is needed to explore the relationship between cultural humility and attitudes aligned with child-centered play therapy. Qualitative research may also allow deep understanding of play therapist's perceptions and understandings of the concept and how it relates to their work with diverse populations.

Future studies could focus on exploring the attitudes of play therapists that are not affiliated with any play therapy organizations. Exploring the views of school counselors that who work with diverse children daily is one example demonstrating how this could be accomplished. Additionally, research could explore how school counselors perceive, apply, and incorporate cultural humility in their professional lives. It may also be helpful to investigate how play therapist's educational, professional, and personal experiences impact development of cultural humility.

In summary, this was the first study to explore how attachment styles are related to attitudes aligned with child-centered play therapy. It might be helpful to examine the same topic using a different assessment tool. Also, a qualitative study would be beneficial to better understand personal attachment styles in close relationships.

Concluding Remarks

The increasing diversity of children in the United States calls researchers to understand factors impacting play therapists' attitudes aligned with child-centered play therapy. Research on cultural humility among play therapists is relatively recent (Chase and Post, 2020) and there have been no previous examining how attachment styles and years in the profession are related to attitudes aligned with child-centered play therapy. This study attempted to address this critical gap in the literature by exploring cultural humility, attachment style, and years in the profession among play therapists as predictors of attitudes aligned with child-centered play therapy. The findings revealed that attitudes aligned with child-centered play therapy were statistically significantly as predicted by play therapist's cultural humility and attachment style. Years in the profession were not a statistically significant predictor of the attitudes aligned with child-centered play therapy. These findings offer an empirical base for future research and exploration.

Play therapists and play therapy educators are encouraged to engage in professional development to improve their level of awareness regarding cultural humility and attachment. Activities, workshops, lectures, and training that play therapists pursue and participate in may contribute to their attitudes aligned with child-centered play therapy. The results of this study indicated that play therapists and play therapy educators with higher levels of cultural humility and stronger attachment styles held more positive attitudes aligned with child-centered play therapy. This also highlights the importance of counselor education programs to prepare play therapists to demonstrate high levels of cultural humility while serving diverse children.

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APPENDIX A: REVISED ADULT ATTACHMENT SCALE

The following questions concern how you ***generally*** feel in ***important close relationships in your life***. Think about your past and present relationships with people who have been especially important to you, such as family members, romantic partners, and close friends. Respond to each statement in terms of how you ***generally*** feel in these relationships. Please use the scale below by placing a number between 1 and 5 in the space provided to the right of each statement.

1----------2----------3----------4----------5
Not at all characteristic of me — **Very characteristic of me**

1) I find it relatively easy to get close to people.

_____

2) I find it difficult to allow myself to depend on others.

_____

3) I often worry that other people don't really love me. _____

4) I find that others are reluctant to get as close as I would like.

_____

5) I am comfortable depending on others.

_____

6) I <u>don't</u> worry about people getting too close to me. _____

7) I find that people are never there when you need them.

_____

8) I am somewhat <u>un</u>comfortable being close to others. _____

9) I often worry that other people won't want to stay with me. _____

10) When I show my feelings for others, I'm afraid they will not feel the

_____

same about me.

11) I often wonder whether other people really care about me. _____

12) I am comfortable developing close relationships with others.

_____

13) I am <u>un</u>comfortable when anyone gets too emotionally close to me. _____

14) I know that people will be there when I need them. _____

15) I want to get close to people, but I worry about being hurt. _____

16) I find it difficult to trust others completely. _____

17) People often want me to be emotionally closer than I feel comfortable being. _____

18) I am not sure that I can always depend on people to be there when I need them. _____

Source. Collins, N. L. (1996). Working models of attachment: Implications for explanation, emotion, and behavior. *Journal of Personality and Social Psychology, 71*, 810-832.
Permissions. The author has given written permission to use this scale through email.
Scoring Protocol. The researcher will use the predominant score in this study. Recoding items: 8, 13, 17, 2 ,7,16, 18 into 8R, 13R,17R,2R7R,16R, 18R.The following items compute close attachment style: 1,6,8R, 12,13R,17R. The following items compute dependent attachment style: 2R, 5,7R,14, 16R, 18R. The following items compute anxiety attachment style: 3,4,9,10,11,15)

APPENDIX B: MULTIDIMENSIONAL CULTURAL HUMILITY SCALE

Multidimensional Cultural Humility Scale

Instructions: Please take a moment and read each of the following statements. Then, rate the level of agreement for which each statement best reflects your work with clients from diverse cultural backgrounds.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

Openness							
1. I am comfortable asking my clients questions about their cultural experience. (1)	1	2	3	4	5	6	
2. I seek to learn more about my clients' cultural background. (2)	1	2	3	4	5	6	
3. I believe that learning about my clients' cultural background will allow me to better help my clients. (4)	1	2	3	4	5	6	
Self-Awareness							
4. I seek feedback from my supervisors when working with diverse clients. (11)	1	2	3	4	5	6	
5. I incorporate feedback I receive from colleagues and supervisors when I am faced with problems regarding cultural interactions with clients. (13)	1	2	3	4	5	6	
6. I am known by colleagues to seek consultation when working with diverse clients. (14)	1	2	3	4	5	6	
Ego-less							
7. I ask my clients about their cultural perspective on topics discussed in session. (12)	1	2	3	4	5	6	
8. I ask my clients to describe the problem based on their cultural background. (27)	1	2	3	4	5	6	
9. I ask my clients how they cope with problems in their culture. (28)	1	2	3	4	5	6	
Supportive Interactions							
10. I wait for others to ask about my biases for me to discuss them. (Reversed coded) (42)	1	2	3	4	5	6	
11. I do not necessarily need to resolve cultural conflicts with my client in counseling. (Reverse coded) (43)	1	2	3	4	5	6	
12. I believe the resolution of cultural conflict in counseling is the clients' responsibility. (Reverse coded) (44)	1	2	3	4	5	6	
Self-Reflection and Critique							
13. I enjoy learning from my weaknesses.(49)	1	2	3	4	5	6	
14. I value feedback that improves my clinical skills. (50)	1	2	3	4	5	6	
15. I evaluate my biases. (52)	1	2	3	4	5	6	

Source. Gonzalez, E., Sperandio, K., Mullen, P., & Tuazon, V. (2020). Development and Initial Testing of the Multidimensional Cultural Humility Scale. *Measurement and Evaluation in Counseling and Development*, 1–16. https://doi.org/10.1080/07481756.2020.1745648

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APPENDIX C: PLAY THERAPY ATTITUDE-KNOWLEDGE-SKILLS SURVEY

This survey is designed to provide information regarding the attitude, knowledge and skills on learning about child-centered play therapy. There are no right or wrong answers.

On the following statements, please indicate your response with to each statement using the rating scale below:

	Never	**Seldom**	**Some times**	**Often**	**Very Often**
1. I enjoy being child-like sometimes.	1	2	3	4	5
2. I am accepting of the child part of myself.	1	2	3	4	5
3. I enter new relationships with children with confidence and relaxation.	1	2	3	4	5
4. I am a warm and friendly person to children.	1	2	3	4	5
5. I usually provide too many answers to children.	1	2	3	4	5
6. I have a high tolerance for ambiguity.	1	2	3	4	5
7. I am vulnerable and make mistakes at times.	1	2	3	4	5
8. I know myself and accept myself as who I am.	1	2	3	4	5
9. I have a sense that children trust me.	1	2	3	4	5
10. I appreciate my childhood.	1	2	3	4	5

On the following statements, please indicate your agreement or disagreement with each statement.

	Strongly Disagree	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**
11. Children's behavior is usually unpredictable.	1	2	3	4	5
12. The underlying motivation of children's behavior can be understood.	1	2	3	4	5
13. Children are basically miniature adults.	1	2	3	4	5
14. Children are irresponsible.	1	2	3	4	5
15. Children possess a tremendous capacity to overcome obstacles and circumstances in their lives.	1	2	3	4	5
16. Children's behavior is usually explainable.	1	2	3	4	5
17. Since children are in the process of developing, they do not usually experience the depth of emotional pain adults are capable of experiencing.	1	2	3	4	5

18. Children are capable of positive self-direction if given the opportunity to do so.	1	2	3	4	5
19. How things seem to children is more important than what has actually happened.	1	2	3	4	5
20. Children's behavior needs to be molded and directed for optimal growth and adjustment.	1	2	3	4	5
21. Children's behavior is usually understandable.	1	2	3	4	5
22. Children can be helped to grow and mature faster.	1	2	3	4	5
23. Children usually need considerable structure and direction since they are still learning and developing.	1	2	3	4	5
24. Children are capable of figuring things out.	1	2	3	4	5
25. Children are resourceful.	1	2	3	4	5
26. Children are unkind.	1	2	3	4	5
27. Children tend to make the right decision.	1	2	3	4	5
28. Children need a capable adult to point them in the right direction.	1	2	3	4	5
29. Children think before they act.	1	2	3	4	5
30. Children are capable of insight into their own behaviors.	1	2	3	4	5
31. Children are unfeeling.	1	2	3	4	5
32. Children can be trusted.	1	2	3	4	5
33. Children will outgrow most of their problems.	1	2	3	4	5
34. Most children are able to express their feelings, frustrations, and personal problems through	1	2	3	4	5
35. Adjusted and maladjusted children express similar types of negative attitudes.	1	2	3	4	5
36. Most children need direction from a counselor to work out solutions to their own problems in a counseling relationship.	1	2	3	4	5
37. Typically, an adult must intervene physically or directly to stop most children's aggressive and/or destructive behavior.	1	2	3	4	5

38. Children communicate in much the same way as adults.	1	2	3	4	5
39. Adult counselors and play therapists use similar techniques.	1	2	3	4	5
40. Children's natural medium of communication is play and activity.	1	2	3	4	5
41. How the therapist feels about the child is more important than what the therapist knows about the child.	1	2	3	4	5
42. Children do not have emotional disturbance problems. They just lack education and training.	1	2	3	4	5

Please respond to the following questions using the scale below.

	None	**Very Limited**	**Limited**	**Good**	**Very good**
43. In general, how would you rate your knowledge of play therapy as an approach for counseling with children?	1	2	3	4	5
44. How would you rate your understanding of the reasons for selecting and excluding toys and materials in play therapy?	1	2	3	4	5
45. How would you rate your awareness of your own feelings when you are relating to children?	1	2	3	4	5
46. In general, how would you rate your knowledge of how children communicate?	1	2	3	4	5
47. In general, how would you rate your knowledge of identifying areas where limits should be set.	1	2	3	4	5

At the present time, how would you rate your own understanding of the following terms:

	None	**Very Limited**	**Limited**	**Good**	**Very good**
48. "Play theme"	1	2	3	4	5
49. "Tracking"	1	2	3	4	5
50. "Returning responsibility"	1	2	3	4	5
51. "Therapeutic limit setting"	1	2	3	4	5
52. "Choice giving"	1	2	3	4	5
53. "Play materials"	1	2	3	4	5
54. "Play therapy"	1	2	3	4	5

Source. Kao, S., & Landreth, G. L. (1997). Evaluating the impact of child-centered play therapy training. *International Journal of Play Therapy*, *6*(2), 1-20. https://doi-org/10.1037/h0089405.

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APPENDIX D: DEMOGRAPHICS QUESTIONNAIRE

1. **Do you identify as a play therapist?**
    a. Yes
    b. No
2. **How many years have you been practicing play therapy**?.....(Fill in the blank)
3. **How many graduate classes have you completed in play therapy**?.....(Fill in the blank)
4. **What is your theoretical orientation in play therapy**?.....(Fill in the blank)
5. **Have you taken a course in Multicultural Issues in Play Therapy**?
    a. Yes
    b. No
6. **Have you taken or are you currently enrolled in Introduction to Play Therapy course at UNCC?**
    a. Yes
    b. No
7. **Have you graduated with your MA from one of the following fields?**
    a. Counseling
    b. Social work
    c. Family therapy
    d. Psychology

8. **What is the highest degree you have obtained?**
    a. Master's degree
    b. Doctoral degree
    c. Post-doctoral degree
    d. Other
9. **Have you taken a graduate level course in Play Therapy?**
    a. Yes
    b. No
10. **If you answered "yes", did it have a child-centered focus?**
    a. Yes
    b. No
11. **Are you a member of any professional organization**?
    a. Yes
    b. No
12. **If yes, please specify which organizations**?.....(Fill in the blank)
13. **How did you learn about this survey**?.....(Fill in the blank)
14. **What is your age**?.....(Fill in the blank)
15. **With what gender to you identify?**
    a. Male
    b. Female
    c. Transgender
    d. Non-binary
    e. Other

16. How would you describe your race?

a. White

b. Black or African American

c. Asian

d. Native American or Alaska Native

e. Native Hawaiian or Pacific Islander

f. Middle Eastern/Arab American

g. Biracial or Multicultural

h. Other/Unknown

APPENDIX E: INFORMED CONSENT FORM

Department of Counseling
9201 University City Boulevard, Charlotte, NC 28223-0001

Consent to be Part of a Research Study

An Exploration of Factors Impacting Attitudes Aligned with Child-Centered Play Therapy

Principal Investigator: Ivana Stoilovic, Doctoral Candidate, UNC Charlotte
Faculty Advisor: Dr. Harris. Professor, Interim Chair-Department of Educational Leadership, Professor-Department of Counseling UNC Charlotte

You are invited to participate in a research study. Participation in this research study is voluntary. The information provided is to help you decide whether or not to participate. If you have any questions, please ask.

Important Information You Need to Know:

- The purpose of this study is to investigate factors impacting attitudes aligned with child-centered play therapy.
- You will be asked to take an online survey.
- If you choose to participate it will require 15-20 minutes of your time.
- You will receive no direct benefits from participating in this study. However, your participation will contribute to the play therapy field. Implications from this study will inform training, education, and research. Your participation will help researchers to understand more about attachment, cultural humility, years in the profession and attitudes aligned with child-centered play therapy.
- If you choose not to participate, you may quit the survey at any time without explanation.

Please read this form and ask any questions you may have before you decide whether to participate in this research study.

Why are we doing this study?
The purpose of this study is to explore how attachment, cultural humility and years in the profession are related to attitudes aligned with child-centered play therapy among play therapists and UNCC students.
Why are you being asked to be in this research study?
You are being asked to be in this study because you are a professional counselor, social worker,

psychologist, family therapist or school counselor with at least a master's degree and have had some training in play therapy. You are a UNCC student who has been enrolled or is currently taking Introduction to Play Therapy course.

What will happen if I take part in this study?
If you choose to participate in this study, you will be asked to complete a 103-item survey (attachment scale, cultural humility scale and play therapy knowledge, attitude, skills survey), and 10 questions about yourself (race, age, etc.). Your time commitment will be about 20minutes.

What are the benefits of this study?
While there is no direct benefit to the participants in this study, their responses will contribute to the body of knowledge about social justice advocacy attitudes. This study will provide important and necessary information for researchers about factors impacting attitudes aligned with child-centered play therapy which can inform training and continuing education for school counselors, mental health counselors, psychologists, and social workers who practice play therapy. This information can also inform the training needed in comprehensive counselor education and play therapy programs. Additionally, the study will provide important and necessary information to counselor education programs that will inform the training of future school counselors and mental health counselors working with children.

What risks might I experience?
This study has no foreseeable risks. Questions and statements may increase/decrease awareness of attachment styles, cultural humility and knowledge, attitudes and skill aligned with CCPT.

How will my information be protected?
We plan to publish the results of this study. To protect your privacy, we will not include any information that could identify you. Your participation and responses to the assessment in this study are completely confidential. The survey does not ask for any identifying information about you and cannot be linked back to you in any way. All electronic data will only be stored in the digital data in the Dropbox drive of the primary researcher, in compliance with university Level 2 data storage guidelines.

How will my information be used after the study is over?
After this study is complete, unidentifiable study data may be shared with other researchers for use in other studies without asking for your consent again or as may be needed as part of publishing our results. The data we share will NOT include information that could identify you.

What are my rights if I take part in this study?
It is up to you to decide to be in this research study. Participating in this study is voluntary. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer.

Who can answer my questions about this study and my rights as a participant?
For questions about this research, you may contact Ivana Stoilovic, ivana.stoilovic@uncc.edu , 980-253-4970, or Dr. Phyllis Post, ppost@uncc.edu, 704-488-6111.

If you have questions about your rights as a research participant or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the Office of Research Protections and Integrity at UNCC-irb@uncc.edu.

ELECTRONIC CONSENT
Please select your choice below. You may print a copy of this consent form for your records. Clicking on the "Agree" button indicates that:

- You have read the above information.
- You voluntarily agree to participate.
- You have conducted, supervised, or conducted research about play therapy.

☐ Agree

☐ Disagree

APPENDIX F: INTRODUCTORY LETTER

Dear Play Therapist and UNCC Students,

I am a doctoral candidate in the Counselor Education and Supervision program, in the Department of Counseling, at the University of North Carolina at Charlotte. My dissertation chair is Dr. Harris.

My dissertation study is on Factors Related to Attitudes Aligned with Child-Centered Play Therapy Among Play Therapists and UNCC Students. Specifically, this study aims to explore how attachment, cultural humility and years in the profession of play therapy are related to attitudes aligned with child-centered play therapy.
I am inviting you to participate in this study if you meet the ONE of the following criteria:

- You are professional counselor, social worker, psychologist, family therapist and school counselor with some training in play therapy.
- You are a UNCC student who has taken or is currently enrolled in the Introduction to Play Therapy course.

We also ask you to pass this email to someone you think is eligible to participate in this study. Your participation is entirely voluntary and responses will be confidential. You may choose to leave the survey at any time with no explanation. Completing the survey will take approximately 20 minutes.

This study has been approved by the University of North Carolina at Charlotte's Institutional Review Board. If you decide to participate in this study, please read and sign the inform consent electronically to proceed to the survey by clicking in the link below.

Thank you in advance for your participation, which will contribute to empower play therapy literature, training, and practice. If you have any questions, please contact me or my chair.

Sincerely,

Ivana Stoilovic
Doctoral Candidate
Department of Counseling
University of North Carolina at Charlotte
Ivana.stoilovic@charlotte.edu
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Dr. Harris
Dissertation Chair
Department of Counseling
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704-687-8971

APPENDIX G: INSTRUMENTS' NUMBER OF ITEMS, MEANS, STANDARD DEVIATIONS

Table G1

Psychometric Properties for the
The Revised Adult Attachment Scale-Close Relationship Version (RAASCR)

Scale	M	SD	Cronbach's a
Total	56.93	5.58	.360
Close	23.15	3.96	.744
Question 1	3.84	.900	
Question 6	3.51	.1.11	
Question 8	3.81	.1.00	
Question 12	3.95	.937	
Question 13	4.00	1.00	
Question 17	4.00	.939	
Depend	20.41	4.61	.820
Question 2	2.71	1.00	
Question 5	2.85	.996	
Question 7	4.09	.998	
Question 14	3.79	.979	-.302
Question 16	3.37	1.20	
Question 18	3.57	1.15	
Anxiety	13.37	5.82	.922
Question 3	2.26	1.16	
Question 4	2.17	.961	
Question 9	2.08	1.18	
Question 10	2.27	1.16	
Question 11	2.25	1.17	
Question15	2.35	1.20	

Table G2

Psychometric Properties for Multidimensional Cultural Humility Scale

Scale	M	SD	Cronbach's a
Total	74.52	7.21	.772
Open	16.41	1.66	.757
Question 1	5.28	.800	
Question 2	5.42	.705	
Question 3	5.71	.485	
Self-Awareness	15.26	2.30	.751
Question 4	5.04	.967	
Question 5	5.45	.728	
Question 6	4.76	1.09	
Egoless	14.11	2.93	.850
Question 7	4.85	1.10	
Question 8	4.52	1.17	
Question 9	4.74	1.06	
Supportive	12.79	2.10	-.302
Question 10	3.47	1.45	
Question 11	4.16	1.51	
Question 12	5.15	.957	
Self-reflection	15.95	1.602	.659
Question 13	5.00	.856	
Question 14	5.67	.547	
Question 15	5.28	.638	

Table G3

Psychometric Properties for the Play Therapy Knowledge Attitude Skill Survey

Scale	M	SD	Cronbach's a
Total	216.74	12.12	.813
Question 1	3.88	.747	
Question 2	4.15	.743	
Question 3	4.48	573	
Question 4	4.71	.473	
Question 5	3.59	.762	
Question 6	3.81	.825	
Question 7	3.89	.753	
Question 8	4.09	.645	
Question 9	4.46	.537	
Question 10	3.92	.955	
Question 11	3.67	.840	
Question 12	1.75	.662	
Question 13	4.75	.453	
Question 14	4.43	.719	
Question 15	4.55	.721	
Question 16	4.16	.827	
Question 17	4.63	.734	
Question 18	4.57	.532	
Question 19	4.34	.746	
Question 20	3.24	1.07	
Question 21	4.28	.669	
Question 22	3.49	.989	
Question 23	2.83	1.98	
Question 24	4.37	.623	
Question 25	4.64	.473	
Question 26	3.83	1.04	

Table G3

Psychometric Properties for the Play Therapy Knowledge Attitude Skill Survey (continued)

Scale	M	SD	Cronbach's a
Question 27	3.53	.714	
Question 28	2.47	.927	
Question 29	3.39	.885	
Question 30	2.14	.842	
Question 31	4.86	.430	
Question 32	4.22	.683	
Question 33	3.41	.864	
Question 34	2.55	.916	
Question 35	3.43	.935	
Question 36	3.74	.900	
Question 37	3.43	1.05	
Question 38	4.38	.753	
Question 39	1.81	.903	
Question 40	4.87	.410	
Question 41	3.88	1.08	
Question 42	4.21	.802	
Question 43	4.68	.502	
Question 44	4.55	.577	
Question 45	4.56	.505	
Question 46	4.62	.483	
Question 47	4.53	.536	
Question 48	4.57	.584	
Question 49	4.74	.487	
Question 50	4.45	.475	
Question 51	4.71	.495	
Question 52	4.75	.472	
Question 53	4.75	.472	

Table G3

Psychometric Properties for the Play Therapy Knowledge Attitude Skill Survey (continued)

Scale	M	SD	Cronbach's a
Question 54	4.77	.453	

APPENDIX H: NORMAL PROBABILITY PLOT

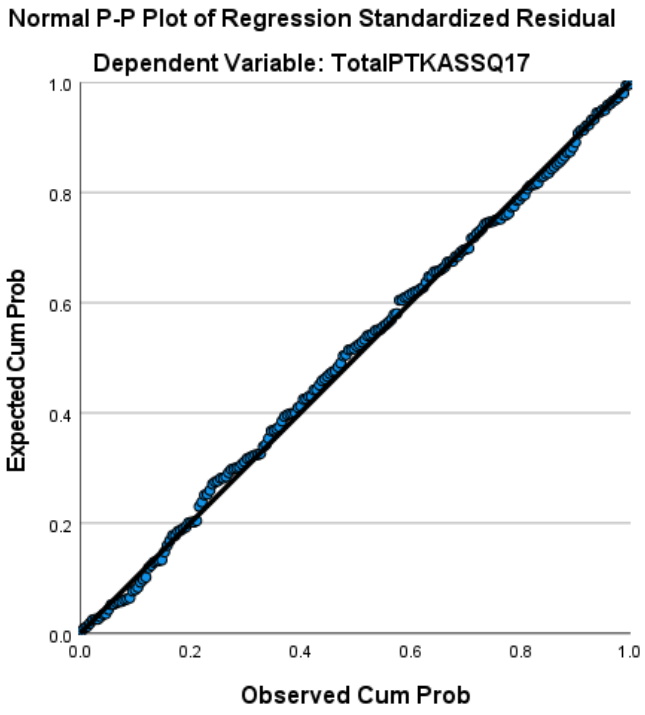

Figure 2: Normal Probability Plot

APPENDIX I: SCATTER PLOT

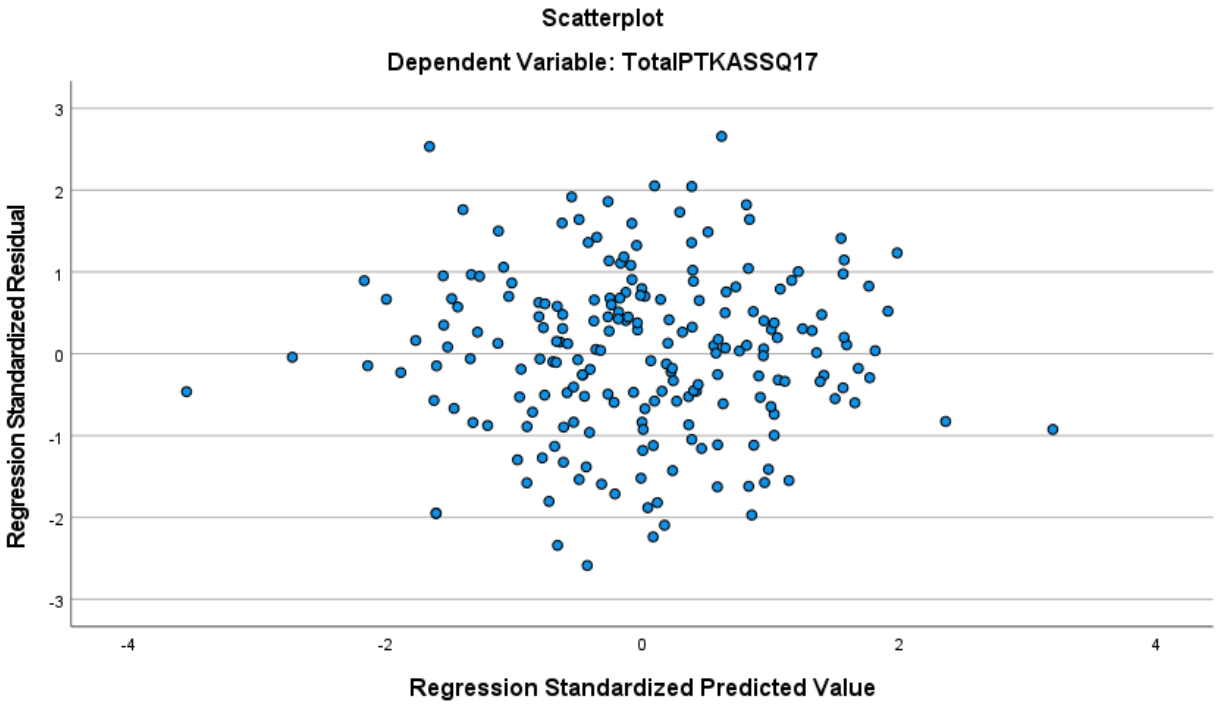

Figure 3: Scatter Plot

APPENDIX J: CORRELATIONS TABLE FOR STUDY VARIABLES

Table J1: Correlations Table for Study Variables

	1	1.1	1.2	1.3	1.4	1.5	2	2.1	2.2	3	PTKASS
1. MHCS											
1.1 Open	0.79										
1.2 Self	0.666	0.395									
1.3 Egoless	0.788	0.674	0.308								
1.4 support	0.477	0.169	0.161	0.147							
1.5 Self	0.652	0.490	0.371	0.375	0.155						
2 Attachm	0.187	0.071	0.246	0084	0.108	0.117					
2.1 Close	0.243	0.674	0.20	0148	0.107	0.201	0.683				
2.2 Depend	0.176	0.126	0.206	0.085	0.038	0.161	0.54	0.652			
2.3 Anxiety	0.126	0.16	0.064	0.87	0.00	0.152	0.067	0.542	0.718		
3. Years	0.155	0.152	0.37	0.233	0.022	0.028	0.003	0.138	0.153	0.218	
4. PTKAS	0.259	0.224	0.154	0.125	0.207	0.211	0.169	0.304	0.282	0.268	0.144