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Abstract

Play therapy has become a popular treatment model for children that addresses a spectrum of disorders and behaviors. While utilizing play techniques, the use of touch between client and therapist often introduces itself into the therapeutic relationship. Whether incidental, intentional, or initiated by the client or therapist, nurturing touch has become a topic of discussion in regards to its appropriateness, purpose and efficacy. While there has been extensive research into the use of touch with adults in psychotherapy, there is limited information in regards to its use with children. The lack of research and literature leaves therapists, with limited information and guidance on how to effectively offer treatment to children who seek services in a manner that both meets the client's needs as well as allows the therapist to engage confidently in nurturing touch interventions. This study sought to explore the use of nurturing touch in play therapy with children and identify challenges therapists face when choosing to use touch in their practice. Findings showed that the majority of therapists that participated utilize some form of nurturing touch in their practices. However, within this group there was also a high level of concern regarding how the use of touch may be interpreted by others and often therapists may not utilize nurturing touch even though they feel it is therapeutically appropriate. For social workers in the field this friction and uncertainty may cause unneeded stress and anxiety which may inhibit their ability to fully be present and engage in practices that best serve the needs of their clients. It is important that future research continues to explore the specific nurturing touch practices of therapists and this research allows for the development of more defined guidelines and evidenced based practices that provide therapists with the knowledge and confidence to meet their client's emotional needs.

The Therapeutic Use of Nurturing Touch

The Therapeutic Use of Nurturing Touch with Children in Play Therapy

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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Chapter I

Introduction

For more than 60 years, play therapy has become a popular treatment model for children (Porter, Hernandez-Reif & Jessee, 2009). It is seen as an intervention to address a spectrum of disorders and behaviors specific to an age group that other treatment modalities are often unable to effectively address. Evidence has determined that the childhood brain has a limited capacity to find appropriate words to describe feelings and emotions. In play therapy, children are allowed and encouraged to explore current and past experiences that influence how they view themselves, their environment and the relationships they share with others. Their play is related as a story which is interpreted by the therapist. Play interpretation allows for a better understanding of the inner world of the child and identifies adaptive and maladaptive ways in which children manage day to day interactions with the self and others (Homeyer & Morrison, 2008).

We also know that human touch is vital to healthy childhood development and secure attachment with caregivers. Human contact, including intentional physical touch is instinctual from birth and allows for infants to bond with their primary caregiver which initiates the development of security and trust as well the ability to seek others for essential emotional and physical needs (Field, 2014).

Often when a child enters a therapeutic intervention, attachments with others have been compromised and the need to re-establish appropriate human connection is warranted as well as essential to successful treatment. Child therapists utilizing play therapy, seek to build a connection with the child that is based on trust and to provide a safe environment so the child can

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share his/her personal narrative free of inhibitions (Ray & Bratton, 2010). While in this playful environment, the use of touch may provide the foundation for a secure therapeutic relationship.

However, the therapist is faced with a unique challenge. Touch is seen much differently through the eyes of those within the field of psychotherapy, and opinions differ greatly regarding its appropriateness and its efficacy. By some, it is seen as an unwelcome intrusion into the therapeutic relationship, a boundary violation and in some cases unethical (Aquino & Lee, 2000). Touch has also been stigmatized among society as whole. Adults touching children, specifically those children who are not their own is often seen as taboo (Cowen, Weissberg, & Lotyczewski, 1983).

This paper will explore the use of touch in play therapy with children and the challenges therapists face when determining the appropriate use of touch. It will also identify different types of touch and offer a better understanding of how touch may and can be used effectively as a therapeutic intervention. Research questions will address how therapist's age, gender, level of education, as well as amount of experience and specific training in play therapy influence therapists' attitudes regarding the use of nurturing touch and how it is used in play therapy. Inquiry will also address how social and systemic factors influence a clinicians' choice to use or not use touch as part of their clinical practice.

Chapter II

Literature Review

Play Therapy as a Therapeutic Tool

Throughout the human life span, different types of play are used daily to alleviate stress, anxiety, frustration, grief and pain; enjoy moments with oneself and others and to express thoughts and emotions. Among children, play is as natural as breathing and is the natural world of the child (Homeyer & Morrison, 2008). It allows for the ability of expression, development of communication, and offers emotional support and skills that assist a client who is transitioning through the developmental stages of infancy, childhood and adolescents (Ray & Bratton, 2010). The importance of play in childhood which supports healthy development and attachment with caregivers cannot be understated. Play allows children to experience physical and sensorimotor activity which provides emotional experiences that lead to the development of attachment formations. These experiences provide opportunities to practice healthy attachment skills and enhances a child's ability to improve important interpersonal relationships (Homeyer, Morrison, 2008). Play was supported and identified as a basic human right when in 1989 "United Nations High Commissioner for Human Rights identified play as a right for all children everywhere to achieve optimum development" (Homeyer & Morrison, 2008, p. 211). Additionally, participating in pleasurable and fun activities such as play provides children with a sense of well-being, offers an antidote to stress and can restore the spirit (Homeyer & Morrison, 2006).

Among today's youth, maintaining mental health has become an increasing concern and challenge for parents, caregivers and school administrators. Four million children and adolescents in this country suffer from a serious mental disorder that causes significant

functional impairments at home, at school and among peers (Case, Olfson, Marcus, & Siegel, 2007). Evidence shows an overwhelming need for effective interventions that address concerns regarding children's safety, well-being and overall quality of life. With this need in mind, current play therapies have been adapted and shown to be a useful intervention among children with attachment disorders, developmental delays, trauma and those with physical challenges (Porter et al. 2009).

Play therapy has been considered the treatment of choice for those working with children since the 1900's (Schaefer & Kaduson, 2006). Early psychotherapists including Anna Freud, Melanie Klein, and Margaret Lowenfield all used play practices with children. Recognizing it as a valuable tool to better understand what was happening in the children's world (Homeyer & Lewinson, 2006). Concurrently, Virginia Axeline's use of play and non-directive play principles popularized play therapy within the field of psychotherapy. Axeline's work in the development of play therapy furthered its use as a viable and legitimate therapeutic intervention. By recognizing its value she initiated studies aimed at determining its efficacy and establishing it as a credible psychotherapeutic tool (Schaefer & Kaduson, 2006).

Play therapy has increasingly been used with a diverse child population to assist in communication, address developmental needs, improve attachment discord with others and attend to trauma experiences. By utilizing play and play based therapies, children are able to communicate "non-verbally, symbolically and in an action oriented manner" (Drewes, 2009, p. 4). In this way children are able to symbolically communicate to the therapist issues of concern which may not be specifically salient to the child. However, when shared and interpreted by a therapist it may help to explain a child's struggles or limitations. Homeyer and Morrison offer: "In a play therapy session, a child may use a dinosaur to represent his aggressive father. During

such a symbolic play scene, the child may add growls and emotional expressions while involving the dinosaur-father in interactions with other animal-family toys” (2008, p.213). The dinosaur, used by the child to symbolize the aggressive father has given expression for the child in a way that he was unable to express verbally or explicitly without the use of toys and the atmosphere of play.

Play therapy also offers children the ability to use metaphors as a means of expression. An example of metaphoric play is offered by Schaeffer and Kudson; a 5 year old boy is playing the conflict he had with his father who was abusive and abandoned the family. He chooses to “play” swordfight with this therapist giving the role of his father to the therapist. During the exchange the child backs “his father” into a corner swinging his sword yelling, “My father stole all my toys.” On the surface this may mean that his father actually took away all his toys. However, “at a deeper metaphorical level, this boy has just stated that his father, in his dominating and intrusive style, stole his childhood from him” (2006, p.38).

The Evidence for Play Therapy

The efficacy of play therapy and its acceptance as an evidenced based practice has expanded the realm of how it is integrated into the therapeutic environment. The ever increasing need for new and treatment specific types of play therapy continue to be investigated and developed while standards of treatment and the need for positive outcomes remain vitally important. In an effort to show the continued efficacy of play therapy, Bratton, & Ray et al. performed a meta-analysis of over six decades of play therapy research, from the original work of Virginia Axline to the end of the century (Bratton, Ray, Rhine & Jones, 2005). After reviewing 93 studies that measured the effectiveness of play therapy they found an overall treatment effect size of .80 standard deviations, which was interpreted as a large treatment effect

(Ray, Bratton, 2010). Children receiving play therapy interventions performed .80 standard deviations above children who did.

Further analysis found that the mean age of children who engaged in and benefited from play therapy was almost 3 years younger than children that participated in other types of psychotherapies (Ray & Bratton, 2010). This supports the notion of early interventions and the benefits of play therapy for children in the early stages of development. At young ages children can still begin to learn and manage feelings and emotions by using play themes that are relevant to their specific age and development. Because play therapy can be utilized with children at early ages it can be seen as an important early intervention to undermine the development of more severe and costly mental health conditions (Ray & Bratton, 2010).

A qualitative study by Jo Carroll further supports the usefulness and effectiveness of play therapy as well as the enjoyment children get from the therapy itself. Carroll interviewed children who had participated in play therapy and asked them to share their experiences. Most children were easily able to recognize their difficulties and how they had improved throughout therapy. One child “Kelly” shared “I’ve got a lot of my confidence back. Before play therapy I used to be really scared of fireworks and balloons, but now I’m playing with balloons and one firework night I actually uncovered my ears and counted a load of fireworks” (Carroll, 2001, p. 185).

Current research shows that different modalities of play therapy inherently produce the greatest outcomes in “modifying a child’s maladaptive behaviors, personality, and social issues as well as help them develop more optimal relations with parents” (Porter et al, 2009, p. 1038). Porter et al. also identify the importance of research in the field of play therapy to further develop and validate play therapy approaches. The ability for play therapy to reach children in a

different manner than typical talk therapies and its ability to address a broad range of emotional and behavioral issues supports the need for continued exploration and research (2009).

Attachment and development

Children most often come to therapy when there have been disruptions in relationships within the home, school, or across environments. A child's ability to relate with others is commonly based on mirroring their early attachments with caregivers and those closest to them. Children lacking secure attachments and the achievement of timely developmental skills are often left at an early disadvantage among peers which can begin a snowball effect for the diminished engagement in emotional and social growth. Whereas the child has not established fundamental attachments; it further inhibits the child's confidence to explore further outside what it deems a safe arena. This limits friendships with peers and a wider variety of experiences (Ainsworth, 1989).

Often when these children are not provided caregiver relationships that allow them to access adequate emotional and physical security, "parent surrogates" can be a valuable resource (Ainsworth, 1989). John Bowlby acknowledged "that the therapist can provide the role of the attachment figure, who by providing a nurturing relationship built on trust and reliability offers secure base where clients can explore and reevaluate current schemas of attachment figures and of themselves" (1988).

This role can also be provided by the play therapist. The play therapist has the ability to engage interpersonally with a child and establish a trusting reciprocal relationship. This relationship can assist the child with the development of appropriate skills to resolve psychosocial challenges and attain optimal growth concerning relationships with others and

oneself (Homeyer & Morrison, 2008). Davies explains that through play, a child can displace real life experiences into their play and find relief while creating “a safe vehicle for mastering stress and confusion” (2011, p. 313).

Touch and Attachment

The practice of minimizing touch between infants, children and their caregivers began in the late 1800's when it was found that orphans were dying at alarming rates from the spread of disease among newborns and young children in orphanages and asylums (Blum, 2002). It was determined that by minimizing touch and isolating infants and children from those who could provide physical comfort and care that the potential for the spread of virus and germs would be lessened; therefore it would offer a better chance of survival (Blum, 2002). It was not just medical doctors who promoted maintaining a sterile and germ free environment for the young. At this time psychologists had begun behavioral studies which supported the limited use of human touch during infancy and throughout childhood (Blum, 2002). “Their colleagues in psychology directly reassured them that cuddling and comfort were bad for children anyway. They might be doing those children a favor by sealing them away behind those protective curtains” (Blum, 2002, p.37). This ideology began a practice of isolation not only within the medical field but one which carried over into the homes of families and inhibited the physical intimacy commonly shared among family and friends. This approach to raising and providing care for children was common practice throughout the early 1900's and it was not until research into emotions, intimacy and attachment began that the benefits of providing physical comfort, touch and love to infants gained legitimacy.

Harry Harlow's work with Rhesus monkeys in the 1950's laid the foundation for research into the importance of physical touch between infant and caregiver and how it influences

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attachment relationships throughout ones lifespan. In this way Harry Harlow strayed far from the psychological establishments premise that the field of psychology was to be strictly based on science and nothing more (Blum, 2002). What could be seen and measured was deemed most important by such behaviorists as John Watson and B. F. Skinner. Harlow believed otherwise, once asking “How close do you have to be standing to connect with a person?” Viola Brody supported the importance of touch identifying it as vital in the development of self and begins at birth (1992). Brody states, “We first experience being seen at birth. This experiences comes when a parent touches us for the first time. Touch is basic for becoming human” (1992, p.22).

As the practice of psychology and its different theoretical perspectives have grown, the use of touch within the therapeutic relationship has been a common thread which has remained an unclear and arguable practice. However, a common theme that can be found is that when practiced appropriately, touch has beneficial results across domains and in the maintenance of a child’s mental health and development. “The use of touch in therapy can have numerous beneficial effects. Touch is an integral part of human physiological and psychological development. As babies, touching, handling, and cuddling is critical to survival and growth” (McNeil-Haber, 2004, p. 128). In contrast, what has been deemed the “slippery slope” explains that when touch practices are used too often it can lead to further physical interactions which are inappropriate and detrimental to the therapeutic process (Hunter & Struve, 1998).

Touch and Play Therapy

The use of touch within the confines of psychotherapy has been the topic of debate since Sigmund Freud introduced the foundations of psychoanalytic interventions. Freud found little use for touch, feeling that it hindered the analysis of transference and interfered with the expression of unconscious thought (Kupfermann & Smaldino, 1987). While these initial thoughts of Freud, like

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many, have been critiqued and transformed over time, the use of touch with adults continues to spark debate with ethical, legal and clinical underpinnings (Aquino & Lee, 2000). Strozier, Krizek and Scale (2009) agreed with the difficulty in finding common ground regarding the use of touch in therapy. “While most professionals might agree that touch is potentially a powerful professional intervention, few would expressly advocate its use” (2009, p. 49).

The introduction of touch with children within the therapeutic relationship confounds the issue further. Even with research that supports its use, touch is often underutilized and misunderstood. While there has been extensive research into the use of touch with adults in psychotherapy, there is limited information in regards to its use with children (Aquino & Lee, 2000). The lack of research and literature leaves child therapists, supervisors and agencies with limited information and guidance on how to effectively offer treatment to children who seek services. To effectively meet the needs of a child, therapists need to have a conceptualized framework that considers a client’s needs, personal boundaries, and developmental strengths and limitations (McNeil-Haber, 2004).

While considering the needs of the child, today’s therapists also need to examine how the use of touch is seen within the context of professional ethics in a current society that is litigious in nature. “When we think about ethical considerations in touch, it is essential for professionals to have some understanding of the possible usefulness of touch, the harm of withholding touch, and the possible consequences of touch” (McNeil-Haber, 2004, p. 124).

The National Association of Social Work’s Code of Ethics (2008) itself offers limited guidance and specificity other than a broad “rule of thumb”:

“Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, culturally sensitive boundaries that govern such physical contact” (p. 13).

Due to limited resources and empirical literature to offer guidance, the use of nurturing touch with children is most often left to therapist discretion. Conversely, overarching “no touch” policies by agencies are often put in place to protect clinicians and agencies themselves from accusations of misinterpreted touch and ultimately court litigation (Lynch & Garrett, 2010).

Types of Touch

There are many types of touch identified throughout the literature reviewed for this research. The current analysis does not address forms of unethical touch which would include sexual touch or aggressive/punishment types such as slapping or hitting a child. The researcher will not be using the term “non-erotic” touch which much of the literature reviewed uses to identify touch that is not intentionally sexual in nature. The researcher feels this establishes an inherent sexual connotation, when in fact, the intention is to establish a basis for the use of healthy, nurturing touch in therapy. Rather the researcher has chosen to use the term “nurturing” touch which has also been found in the literature reviewed. Aquino & Lee (2000) use the term “nurturing touch” which they state may include “hugging, a reassuring hand placed on a back, arm, or shoulder, and any type of nurturing holding or cuddling” (p. 19).

Child initiated and therapist initiated touch also need to be further differentiated. Touch and play in the child’s world go hand in hand, as a result touch “inevitably arises in play

therapy” (McNeil-Haber, 2004, p 126). However, the amount and type of child initiated touch is highly dependent on touch experiences the child has had in the past. A child who was raised in a home where touch was not common or normalized may find touch within the confines of therapy unnatural and awkward. Conversely, if a child is comfortable with touch and physical contact, touch scenarios in therapy may become more complicated for the therapist. For instance, if a child develops a connection with the therapist the child may want a hug at the end of a session. This is a common situation that therapists struggle with “to hug or not to hug”? Aquino & Lee (2000) argue it may be detrimental to pull away or refuse a child’s hug. However, if the therapist is uncomfortable with touch practices or feels it is not the best course of treatment, it is important to discuss this with the child and caregiver.

Therapist initiated touch needs the most attention and consideration when used in the therapeutic relationship. It is important that the therapist has a full understanding of the purpose and potential concerns regarding this form of touch. It is always prudent to discuss touch with children and determine the existing perceptions and experiences a child has with being touched by others (McNeil-Haber, 2004). It has also been found that the level of cognitive development a child has will play a role in determining between good and bad touch (Aquino, Lee, 2000). For a child with impaired development, a hand on the back may be perceived in a manner inconsistent with the therapist’s intent. Additionally, the therapist should understand that there may be misunderstanding or resistance from the parent of the child being served. This is often due to a feeling that their child’s needs are getting met by someone other than themselves or that their child may be in an abusive situation (Aquino & Lee, 2000). With this in mind it is important to keep parents and caregivers involved and informed of the nature of therapy and its processes.

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Most importantly it is the responsibility of the therapist to assess the purpose and need for the use of touch. Specifically, what need is getting met? Therapists should always act in the best interest of the child and not in a manner that responds to their own personal needs. For example, if a child is clearly upset and this makes the therapist anxious, is a hand on the back being offered to ease the child's discomfort or the therapists (McNeil-Haber, 2004)? Aquino and Lee offer some basic guidelines that offer support for therapist's practice of touch in therapy:

- Develop a clear framework on the use of touch and communicate and discuss it to all workers in the setting.
- Consider the types of touch used.
- The use of informed consent for touch.
- Boundary teaching and awareness of helping professional own boundaries.
- Consider the age, gender, and perception of the child.
- Utilize team counseling, clinical supervision, and consultation.
- Ideally, a co-therapist should be present when one uses touch (2001, p. 26-27).

It is within the many scenarios of touch in play therapy that therapists and clinicians often find themselves needing to make quick, unilateral decisions with the best interest and outcome of the child in mind.

Why Touch is Important

The desire for touch is an innate biological need of children beginning at birth. Initial experiments with baby rats show that those handled at infancy as opposed to those that were not showed higher levels of antibodies, greater weight gain, physical activity and less fearfulness (Field, 2014). Touch allows for bonding, communication and comfort between the primary caregiver and infant (Aquino & Lee, 2000). Further and more notable research which evidences the importance and biological demands for touch beginning at early age was conducted by Harry Harlow. In one of his classic experiments relating to mother/child love, monkeys were given a choice of a staged mother wrapped in soft terry cloth without a bottle of milk or a wire mesh

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mother with milk. The findings showed the infant monkeys consistently chose the soft, terry cloth mother who could not provide milk over the wire mother that could. Ultimately human connection was more important than food (Harlow, 1957).

Further studies support the benefits for touch specifically with children. Tiffany Field, a leader in the field of human touch and touch research has found “while the many therapeutic benefits of touch have become increasingly clear - benefits such as decreases in stress and anxiety and their behavioral and biochemical manifestations, and the positive effects that touch has on growth, brain waves, breathing, heart rate even the immune system - we still have touch taboos in the United States” (Field, 2014, p.ix).

When the demands of physical touch, comfort and human contact are not adequately met by caregivers within a reasonable time after birth or throughout infancy and childhood, the child often develops physical, emotional and social challenges that need professional attention. “Current and past research suggests that deficiencies in physical contact can have detrimental effects on the development of a child (Aquino & Lee, 2000, p. 17). While talk therapies may be helpful, play therapies have been found to be most beneficial and for those clients who have had limited physical engagement with caregivers it would seem natural that a therapist would initiate the process of healing by introducing nurturing touch as a practice.

To Touch or not to Touch

The boundaries and ethics involved in the therapeutic relationship requires serious attention and consideration by those engaged in play therapy. The protection of the client and respect for the practice must be held in highest regard. Often however, the use of specific interventions, is challenged due to the therapist’s fear of unknown consequences or risk of

judgment. Arnold Lazarus challenges strict codes of ethics and conduct and feels that ultimately they may limit the abilities of a skilled therapist (Lazarus, 1994). Lazarus goes further; “Those anxious conformists who go entirely by the book, and who live life in constant fear of malpractice suits are unlikely to prove significantly helpful to the broad array of clients” (1994, p. 255).

Those therapists who understand and regard nurturing touch as an important piece of treatment may be challenged by agency, peer and societal constructs that view touch as inappropriate and shameful; which may place undue pressure on therapists to conform to a standard of practice that is not “significantly helpful” to the clients they serve. Further, when these practices are not allowed to be discussed, monitored and challenged they become ambiguous and unclear. “The use of touch appears to occupy an unsure space and has tended to remain an ambiguous area for many” (Lynch, Garret, 2010, p. 391). A study by Lynch and Garret found that “the majority of social work practitioners interviewed expressed a desire to have more discussion on touch. They regarded the formulation of a standard or a policy relating to physical touch and social work both relevant and appropriate” (2010, p. 395).

By understanding the perceived and actual limitations placed on therapists; we may find ourselves in a better position to educate those clinicians who still struggle with the use of touch as a therapeutic tool as well as a society who often regards adult/child touch as taboo. In doing so, therapists will find comfort and confidence in practices that provide the most efficacious interventions. When therapists begin to understand the implications and benefits of appropriate, effective nurturing touch on the developing child they can begin to develop skills that allow for increased comfort in utilizing touch in therapy.

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Research into the benefits of touch has explored its beneficence in forming positive and healthy relationships as well as improving developmental deficiencies. There are also considerations into the harmful effects of withholding or rebuffing touch. However, while there has been extensive research into the use of nurturing touch with adults in psychotherapy, there is little information in regards to its use with children (Aquino, Lee, 2000). The intricacies and dynamics of play, specifically the use of touch with children during play interventions are severely lacking. Research is needed to provide practitioners with evidenced based theories and practices that support their work with children and to guide them in the use of touch between client and therapist. Fawn McNeil-Haber suggests “Although touch frequently occurs in psychotherapy with children, there is little written on the ethical considerations of therapeutic touch. Because physical contact does occur, therapists must consider if, how and when it is used, for both their clients safety and their own” (2004, p. 123).

The lack of research and literature leaves child therapists, supervisors and agencies with limited information and guidance on how to effectively offer treatment to children who seek services. However, to effectively meet the needs of a child, therapists need to have a conceptualized framework that considers a client’s needs, boundaries, and level of development (McNeil-Haber, 2004). While considering the needs of the child, today’s therapists also need to examine how the use of touch is seen within the context of professional ethics in a current society that is litigious in nature. “When we think about ethical considerations in touch, it is essential for professionals to have some understanding of the possible usefulness of touch, the harm of withholding touch, and the possible negative consequences of touch” (McNeil-Haber, 2004, p.124).

Present Study

The purpose of this study is to explore the use of nurturing touch in play therapy with children and identify challenges therapists face when choosing to use touch in their practice as well as what circumstances influence its appropriateness. Additional interest lies in identifying relationships between therapist's age, gender, experience, and training and how these factors influence attitudes regarding the use of nurturing touch and how it is used in play therapy? The researcher will conduct a quantitative descriptive analysis of data obtained from masters and PhD level social workers who have experience in play therapy with children. This type of analysis will be used to determine specific variables that influence therapist's perceptions of touch and its utilization within the therapeutic relationship. Play therapy scenarios will be provided for participants to gauge overall appropriateness of using touch with clients of differing age, gender and presenting issues. Descriptive statistics will be reported, as will results of examination of the influence of demographic variables (age, gender, number of years the clinician has worked in the field, and whether they are privately employed or work for a school or agency) on their use and attitudes.

Chapter III

Methodology

The purpose of this study is to explore the use of nurturing touch in play therapy with children and identify challenges therapists face when choosing to use touch in their practice as well as what circumstances influence its appropriateness. A quantitative exploratory design was used to answer the following research questions:

- 1) What are clinicians' opinions regarding the appropriateness of nurturing touch in play therapy with child clients?
- 2) What factors influence a therapist's choice to use or not use nurturing touch?
- 3) How do differences in therapist's demographics including age, gender, level of education, clinical experience, specific training as registered play therapists, and practice setting influence their use of nurturing touch?

Sample

A convenience sampling method was used to gather participants for this research study. Individuals eligible to participate were members of the Association of Play Therapy (APT) who had a minimum of a master's degree in social work and a history of clinical experience utilizing play therapy with children. It was not necessary that participants be registered play therapists or licensed social workers or use nurturing touch in their practice. However, those who did not use touch did not complete the full survey since several questions pertained to those who do.

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The sample provided by the ATP of members who met the eligibility criteria numbered 1,470. Of the 1,470 participants who met criteria and were e-mailed the survey, 198 chose to participate. Of the 198 participants, 4 chose to opt out before completing either portion of the survey, and 158 completed the full survey identifying that they “do use nurturing touch in their play therapy practice.” The remaining 36 participants identified that they “do not use nurturing touch in their play therapy practice.” These participants only completed the demographic portion of the survey as well as a section identifying reasons they choose to not use nurturing touch in their play practices.

Recruitment

The researcher was assisted by an administrative services coordinator with the Association of Play Therapy (ATP) to recruit participants for this research study. The administrative services coordinator utilized access to the ATP membership database and provided the researcher with e-mail addresses of 1470 members who met the eligibility criteria. Participants were contacted via e-mail and asked to participate in the study by completing an anonymous online survey developed through Qualtrics Survey Solutions (QSS) (Appendix A).

Ethics and safeguards

Data was collected for this study with approval from the Smith College School for Social Work’s Human Subjects Review Committee. All participants were experienced social workers who voluntarily agreed to engage in the research study.

Participants were asked to complete six demographic questions deemed relevant to the research before completing the full survey. The survey included answering a maximum of 20 questions based on a 5 point Likert scale. The questions aimed to identify influences that affect a

therapist's choice to use or not use touch within the therapeutic relationship, common themes and challenges that play therapy clinicians confront when working with children, and the level of appropriateness of different types of touch that may be encountered in therapy. It was estimated that it would take approximately 15 minutes to complete the survey.

Participation in the study was anonymous and no information regarding participant identity was collected. It was further expressed that the list of email addresses, obtained solely for sharing survey content, would be deleted, as would any email correspondence with potential participants, upon completion of the study. There were no foreseeable or expected risks in participation, nor were there offers of any financial payments or gifts to those who chose to participate. It was explained that by participating, individuals may be contributing to the field of social work by initiating conversation and debate which may assist in the development of best practices concerning the use of nurturing touch in the therapeutic relationship. Participants were provided contact information, including e-mail addresses and phone numbers for both the primary researcher as well as the Smith College School for Social Work Human Subjects Review Board, should they have questions regarding the study, were interested in study results, had any concerns regarding their rights as participants, or incurred problems as a result of their participation, they.

Data Collection

Interested participants had access to the online survey (Appendix A) from February 2, 2016 to February 19, 2016. The survey was developed by the researcher based on the review of literature which evidenced limited research regarding how therapists view the use of touch with children in therapy. The survey included seven demographic questions as well as 18 questions that focused on identifying influences that affect the participant's choice to use or not use touch

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within the therapeutic relationship. Understanding that the use of nurturing touch with children is often a topic of controversy with ethical, legal and clinical dimensions (Aquino, Lee, 2000), survey questions sought to identify common attitudes of therapists who utilize nurturing touch and how societal and social factors influence their practice. Lastly, participants were presented with 5 clinical scenarios that measured the level of appropriateness of different types of nurturing touch that clinicians may encounter when working with a client in a therapy session. All questions, other than demographics, used a 5 point Likert scale response set that assessed the specific content being measured. The first, “factors that influence a therapist’s choice to use or not use nurturing touch with clients in play therapy”, was measured on a scale of *no influence* (1) to *strong influence* (5). For example, a statement to be rated for a therapist who does *not use* nurturing touch was “To avoid allegations of impropriety.” An example statement to be rated for a therapists who identified as *using* nurturing touch was “Promote a trusting relationship.” The second content area included clinicians’ thoughts, feelings and experiences of therapeutic touch on a scale of *strongly disagree* (1) to *strongly agree* (5). An example question in this section was “I do not discuss my use of nurturing touch in therapy with colleagues for fear of being viewed unfavorably.” The third content area measured the comfort level of clinicians using touch in the different scenarios provided, on a scale of *inappropriate* (1) to *appropriate* (5). An example scenario in this section was “While you are sitting side by side and drawing with an 8 year old boy who has shown limited engagement in therapy, he shares how he has been bullied by classmates and how he often cries himself to sleep. While he is crying you put your arm on his shoulder, verbally comforting him by saying ‘that must have been difficult to share but I’m glad you did.’”

A Likert scale for responses was used because the study sought to determine participant's attitudes regarding the use of touch with children in play therapy. The aim was not to determine or propose what is correct or incorrect (Page-Bucci, 2003). It is understood that Likert responses limit specificity and do not allow participants an opportunity to offer an explanation to responses, however as this is an initial explorative study it is intended to provide a foundation for further, more extensive research opportunities.

Data Analysis

Following data collection, the researcher consulted with a statistician provided by the Smith College School for Social Work to determine the most useful statistical tests to analyze survey data. Descriptive analyses were used to report sample demographics and responses to the Likert scale items. Additional t-tests and ANOVAs were used to identify differences between the demographic groups. While t-test measures were used to compare different groups of respondents, ANOVAs were used in situations where more than two groups were being compared to one another. For example one way ANOVAs were run to determine if the respondents age influenced whether or not they chose to discuss their use of touch with colleagues.

While it was the intent of the researcher to develop a survey that would include a large sample of participants so that any trends could be generalized within each demographic variable, it became apparent that some variables did not have enough respondents to make data analysis prudent or feasible for these demographic categories. For example, of the 194 respondents, there were 188 with master's degrees in social work and only 6 with doctorate degrees; as a result, comparison analyses were not conducted. This was also the case for gender (10 males), licensure (6 unlicensed), and practice domain (2 inpatient).

Discussion

The most challenging aspect of this research was inclusion of an equal representation of male clinicians in the participant sample. The social work field is overwhelmingly represented by females and the respondents in this study reflect that. It is with this knowledge that we need to engage in further dialogue regarding what factors affect the male clinician's perspective on the use of nurturing touch as a clinical intervention.

Additional limitations to this study involve the subjective nature of touch and its types. While efforts were made to simplify questions to address a broad range of circumstances, differing personal experiences of therapists both inside and outside of therapy will inherently influence responses. Finally, touch between children and adults is an inherently difficult topic to discuss whether in therapy or not. While anonymity was intended to allow a forum for the comfort and honesty of participants; there is the potential that whether consciously or unconsciously, responses were pruned to show themselves and the profession in the best of light.

Chapter 4

Findings

This research study was a descriptive quantitative analysis exploring the use of nurturing touch between therapists and children in play therapy and the challenges to its appropriateness and usefulness within the therapeutic relationship. Analyses addressed clinicians' opinions regarding the appropriateness of nurturing touch in play therapy with child clients, factors that influence a therapist's choice to use or not use nurturing touch and finally how differences in therapist demographics including age, gender, level of education, clinical experience, specific training as registered play therapists, and practice setting influence their use of nurturing touch. This chapter will present participant demographics, and will report findings related to the influences therapists identify as relevant to their choice to use or not use nurturing touch. It will also assess peripheral considerations therapists must consider when choosing to utilize nurturing touch in their clinical play practices. Additional analyses will report the responses of participants in measuring the level appropriateness of certain types of nurturing touch in given scenarios. This will be followed by report of notable relationships between demographic variables and responses to survey questions.

Description of the Sample

A total of 198 participants responded to the online survey request. However, four chose to opt out before completing the survey. Those four were not included in any of the analyses making the final sample size 194. Not all 194 participants answered all of the questions.

Frequencies for each demographic question are reported in Table 1.

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For gender, 5% percent of the participants identified as male, and 92% as female. Fifteen percent of the participants were age 22-32, 28% were 33-43 years old, 22% were 44-54 years old, 23% were 55-65 years old, while 10% reported being over the age of 65. Ninety-six percent of the participants held a master's degree in social work, while only 2% identified as having either a doctorate in social work or a doctorate in philosophy in social work. Ninety-five percent were licensed to practice social work in their respective states, and 3% were not. Sixty-three percent of respondents identified as being registered as a play therapist with the Association of Play Therapy while 35% identified as not being registered as a play therapist. When reporting the domain in which they primarily practice play therapy 52% responded that they maintain a private practice, 32% responded that they work for an outpatient agency, 13% were school based and 1% worked in an inpatient setting. Participant were also asked to report years of experience practicing play therapy. Forty one percent reported between 1-9 years' experience, 35% reported having between 10-19 years' experience, 20% reported having over 20 years of experience in play therapy.

Table 1: Demographics

Variable	Range	Frequency
Gender		
Male		5%
Female		92%
Age		
	22-32 years old	15%
	33-43 years old	28%
	44-54 years old	22%
	55-64 years old	23%
	65+ years old	10%
Education		
MSW		96%
PhD/DSW		2%

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Licensure			
Non-licensed	95%		
Licensed	3%		
Registered in Play Therapy			<i>Factors</i>
Non-registered	35%		<i>that</i>
Registered	63%		<i>influence</i>
Practice Domain			<i>the choice</i>
Private Practice	52%		<i>to use or</i>
Outpatient agency	32%		<i>not use</i>
Inpatient agency	13%		<i>nurturing</i>
School based	1%		
Years' experience in play therapy			
	1-9 years	41%	
	10-19 years	35%	
	20+ years	20%	

touch

Following the demographic portion of the survey, participants were asked “Do you ever use nurturing touch in your play therapy practice?” Of the 190 participants who responded to the question of whether they use nurturing touch in their therapeutic practice with children, 80% indicated that they *do use* nurturing touch in their play therapy practice, while 16% indicated that they *do not*. The 16% who reported *not using* nurturing touch completed only a portion of the survey related to what factors influence their choice to not use touch. Respondents who reported they *did not* use nurturing touch were given choices of potential influences as to why they *did not* use nurturing touch and were asked to rate the level of influence on a Likert scale from 1 (none), 2 (little), 3 (some), 4 (a lot) to 5 (strong). Means were calculated for each of these factors and ranked from most to least influential (Table 2). The factor that had the highest influence for not using touch was “To avoid potential allegations of impropriety” with an overall mean of 3.83, followed by “My agency rules and guidelines” with a mean of 3.46, “My experience training and judgment” with a mean of 3.40, “NASW ethical standards” with a mean 3.24, “Fear of negative effect on client” with a mean 3.14, and “I see limited therapeutic value in touch” with

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a mean 2.81. The least influential factor was shown to be “My own discomfort with touch” with an overall mean of 2.50.

Table 2: What factors influence your choice to not use nurturing touch in your play therapy practice with children?

Influence	Mean	Standard Deviation
To avoid potential allegations of impropriety	3.83	1.07
Fear of negative effect on client	3.14	0.95
My own discomfort with touch	2.50	0.63
I see limited therapeutic value in touch	2.81	0.83
NASW ethical standards	3.24	1.15
My experience, training and judgment	3.40	1.13
My agency rules/guidelines	3.46	1.20

Participants that responded that they *do use* nurturing touch in their therapeutic practice with children were asked to complete a similar set of questions related to factors that influence this choice. They too, were asked to rate the level of influence on a Likert scale from 1 (none), 2 (little), 3 (some), 4 (a lot) to 5 (strong). Means were calculated for each of these factors and ranked from most to least influential (Table 3). The factor that had the highest influence for using touch was to “Respond to client initiated touch” with an overall mean of 4.10 followed by “Respond to a client’s emotional needs (comfort)” with a means of 3.91, “Encourage a nurturing relationship” with a means of 3.64, “Promote a trusting relationship” with a means of 3.57, “Provide examples of ‘safe touch’” and to “Support a client with limited attachment to others”

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both with a means of 3.48. The least influential factor was shown to be to “Practice interpersonal skills to relate with others” with an overall mean of 3.14.

Table 3: What factors influence your choice to use nurturing touch in your play therapy practice?

Influence	Mean	Standard Deviation
Promote a trusting relationship	3.57	0.98
Encourage a nurturing relationship	3.64	0.96
Respond to a client’s emotional needs (comfort)	3.91	0.94
Provide examples of “safe touch”	3.48	1.03
Practice interpersonal skills to relate with others	3.14	0.92
Respond to client initiated touch, example: hug	4.10	0.89
Support a client with limited attachment to others	3.48	0.98

Participants that identified *using* nurturing touch in their practice were also asked “How often do you use any type of nurturing touch with clients?” They were asked to respond using a Likert scale ranging from 1 (very rarely), 2 (rarely), 3 (occasionally), 4 (frequently), to 5 (very frequently). Of the 154 respondents, 48% responded “occasionally”, 29% “frequently” and 8% “very frequently.” While 10% responded “rarely” and 5% responded “very rarely”. The overall mean was 3.25 with a standard deviation of 0.91.

Participants who reported *using* nurturing touch in their play practices were also asked 13 questions related to their personal thoughts, experiences and ethical considerations that impact their use of nurturing touch. These responses were measured on a Likert scale from 1 (strongly disagree), 2 (disagree), 3 (neither agree nor disagree), 4 (agree), 5 (strongly agree). The average

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and standard deviation for each consideration was calculated and recorded and ranked from highest mean to lowest (Table 4). The highest ranking consideration, with a mean of 4.23 (between “agree” and “strongly agree”) was “Therapists need to be aware of using nurturing touch in play therapy due to societal views of a non-parent/caregiver adult touching children.” Second was “I am conscious during a play therapy session of how my use of touch may be interpreted by others who are unfamiliar with the therapeutic process,” with a mean of 3.93. The lowest ranking consideration was “I do not discuss my use of nurturing touch in therapy with colleagues for fear of being viewed unfavorably.” Second lowest was “I would not use nurturing touch in therapy with children who have a history of sexual abuse.”

Table 4: Means and standard deviations for thoughts, experiences, ethical considerations regarding nurturing touch

Question	Mean	Standard Deviation
Therapists need to be aware of using nurturing touch in play therapy due to societal views of a non-parent/caregiver adult touching children.	4.23	0.84
I am conscious during a play therapy session of how my use of touch may be interpreted by others who are unfamiliar with the therapeutic process.	3.93	0.79
It is important to discuss incidence of touch in therapy with parents and clients before therapy begins.	3.73	0.92
The use of nurturing touch in play therapy allows for the development of a trusting therapeutic relationship between the child and play therapist.	3.73	0.64
Touch is inevitable when utilizing play therapy.	3.54	0.94

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Play therapy with children is hindered when therapists are discouraged from utilizing nurturing touch.	3.47	0.83
Nurturing touch is an underutilized therapeutic tool.	3.45	0.83
I feel that literature and training regarding the use of nurturing touch in play therapy with children is unclear and vague.	3.35	0.87
I sometimes exceed the guidelines my agency has regarding the use of touch with clients.	3.07	0.86
I sometimes do not touch a client even though I feel it may be therapeutically appropriate due to how it may be perceived by others.	2.95	1.04
Excluding for safety, nurturing touch should only be used in play therapy if it is initiated by the client.	2.83	0.85
I would not use nurturing touch in therapy with children who have a history of sexual abuse.	2.67	0.93
I do not discuss my use of nurturing touch in therapy with colleagues for fear of being viewed unfavorably.	1.85	0.74

In the final set of questions, respondents were given five clinical scenarios (Appendix 2) and were asked to measure the appropriateness of the use of touch depicted in each scenario. They were asked to answer using a 5 point Likert scale that measured the level of appropriateness beginning with 1 (inappropriate), 2 (slightly inappropriate), 3 (unsure), 4 (slightly appropriate) and 5 (appropriate). The five scenarios were meant to provide respondents with a range of clinical interactions where touch may occur and may be initiated by the client and/or the clinician. The scenarios intended to introduce the most relevant and potentially

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influential factors which may confound a therapist's use of touch including client's age, gender, diagnoses, social history and supports as well as current mental health status. Specific examples include an 8 year old boy who has been limitedly engaged in therapy but begins to share experiences of being bullied at school by peers. While sharing these incidents he begins to cry and the therapist offers comfort by putting his/her hand on his shoulder. Another scenario offers the story of a 3 year old girl while who lives with her grandmother while her mother is in treatment for substance abuse. The grandmother reports a history of the child being avoidant to touch. Throughout therapy the girl has become more comfortable and at the 5th session she brings in a book and asks the therapist to read it to her. While reading on the floor the girl curls up next to the therapist and places her head on the therapists thigh (like a pillow). It is these instances that occur, often without warning within therapy where therapists often respond or react instinctively and it is the "appropriateness" of these responses that are being measured.

Table 5: Means and standard deviation for scenario appropriateness

Scenario	Mean Response	Standard Deviation
1	3.79	1.35
2	4.74	0.66
3	4.28	1.17
4	3.97	1.26
5	3.12	1.51

Bivariate Analyses

Due to the low number of participants with a doctoral degree, and without a social work license, these demographic variables were not used for any comparison analyses. While the sample size of male participants was also small (5%), t-test analyses were conducted using this variable since gender could be influential in the decision to use nurturing touch. When seeking differences in mean responses among the age and practice domain variable one way Anovas were utilized to determine significant differences among subgroups. It is important to note the small sample size when interpreting these findings.

Gender

Of the 10 males who responded to the survey, 7 (70%) identified as *never* using nurturing touch in their practice. Conversely, of the 180 female participants who answered this question, only 25 (14%) responded that they *never* use nurturing touch in their practice. Acknowledging the low sample size, it was determined that analyses of the gender variable was prudent due to the large difference in response among male and female respondents. Analyses were interested in identifying trends in which male respondents are less likely to use nurturing touch than females.

Two-tailed t-tests were run to determine significant differences in the mean responses between any of the survey items and the gender variable (Table 6). Significant differences were found for four survey items. With regard to influences in deciding to *not use* nurturing touch, males had a higher mean ($X=4.29$) than females ($X=3.36$) to the statement “to avoid potential allegations of impropriety” ($t(18.43)=2.330, p=.031$). A higher mean indicates this has a stronger influence. Males had a lower mean ($m=2.00$) than females ($m=2.68$) to the statement “I would not use nurturing touch with children who have a history of sexual abuse” ($t(146)=8.810,$

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$p=.000$). In this case a lower mean indicates more disagreement. Males also had a higher mean ($X=4.33$) than females ($X=3.33$) to the statement “I feel that the literature and training regarding the use of nurturing touch in therapy with children is unclear and vague” ($t(147)=1.983$, $p=.049$, two-tailed). A higher mean indicates more agreement. Males were also found to have a higher mean in response to “scenario 3” ($X=5.00$) than females ($X=4.26$) ($t(143)=7.470$, $p=.000$, two-tailed). A higher mean indicates more appropriate.

Table 6: Significant difference in means between survey items and gender

Survey Item	Male (N=3)	Female (N=146)
	Mean	Mean
To avoid potential allegations of impropriety	4.29	3.36
I would not use nurturing touch with children who have a history sexual abuse	2.00	2.68
I feel that the literature and training regarding the use of nurturing touch in therapy with children is unclear and vague	4.33	3.33
Scenario 3	5.00	4.26

Age

One way analyses of variance were conducted to determine significant differences in the mean responses between any of the survey items and the age variable. Significant differences were found in three responses and are reported in Table 7. The first was in response to influences in deciding *to use* nurturing touch, specifically to the statement “respond to client initiated touch” $F(4,148)=2.434$, $p=.050$. The LSD post hoc test showed the difference was between the 22-32 age group ($X=3.83$) and the 33-43 age group ($X=4.39$) and between the 33-43 age group ($X=4.39$) and the 44-54 age group ($X=3.83$). The second showed a significant difference between the younger and older age groups for the statement “I do not discuss my use of

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nurturing touch with colleagues for fear being viewed unfavorably” ($F=3.134$, $p=.017$). The LSD post hoc test showed the difference was between the 22-32 age group ($X=2.10$) and the 55-64 age group ($X=1.59$), and between the 33-43 age group ($X=1.74$) and the 65+age group ($X=2.17$) and between the 44-54 ($X=1.94$) and the 55-65 ($X=1.59$) and between the 55-65 ($X=1.59$) and the 65+ ($X=2.17$). The third was found in response to the statement “I feel that the literature and training regarding the use of nurturing touch in therapy with children is unclear and vague” $F(145)=3.656$, $p=.007$. An LSD post hoc test showed the difference was between the 22-32 age group ($X=3.55$) and the 55-64 age group ($X=2.95$) and between the 55-65 age group ($X=2.95$) and the 65+ age group ($X=3.61$). The third was in response to the statement

Table 7: Means and significant differences between survey item and age

Survey Item	Age	Age	Age	Age	Age
	22-32 (N=29) Mean	33-43 (N=54) Mean	44-54 (N=43) Mean	55-64 (N=44) Mean	65+ (N=19) Mean
Respond to client initiated touch					
Significant Difference #1	3.83*	4.39*	3.83	4.18	4.00
#2	3.83	4.39*	3.83*	4.18	4.00
I do not discuss my use of nurturing touch with colleagues for fear being viewed unfavorably					
Significant difference #1	2.10*	1.74	1.94	1.59*	2.17
#2	2.10	1.74*	1.94	1.59	2.17*
#3	2.10	1.74	1.94*	1.59*	2.17
#4	2.10	1.74	1.94	1.59*	2.17*
I feel that the literature and training regarding the use of nurturing touch in therapy with children is unclear and vague					
Significant Difference #1	3.55*	3.58	3.29	2.95*	3.61
#2	3.55	3.58	3.29	2.95*	3.61*

* $p < .05$

Practice Domain

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T-tests were run to determine significant differences in the mean responses between any of the survey items and the practice domain variable (See table 8). Significant results were found in the following three survey items. The first, “I see limited therapeutic value of touch” ($f(2,29)=3.944, p=.031$). A Tamhane post hoc test showed the difference was between private practice ($X=2.32$) and school based ($X=1.33$). The second regarding influences for *not using* nurturing touch “My agency rules and guidelines” ($f(2,27)=21.034, p=.000$). A Tamhane post hoc test showed the difference was between private practice ($X=1.18$) and school based ($X=4.0$). And the third, “I sometimes exceed the guidelines my agency has regarding the use of nurturing touch with clients” ($f(2,145)=3.685, p=.027$). A Tamhane post hoc test showed the difference was between private practice ($X=2.21$) and agency outpatient ($X=2.75$).

Table 8: Means and significant differences between survey item and practice domain

Survey item	Private practice Mean	Outpatient agency Mean	School based Mean
I see limited therapeutic value of touch (N=32)	2.32*	1.29	1.33*
My agency rules and guidelines (N=32)	1.18*	2.57	4.00*
Sometimes exceed guidelines of my agency has regarding the use of nurturing touch with clients (N=151)	2.21*	2.75*	2.69

* $p < .05$

Chapter 5

Discussion

The purpose of this study was to explore the use of nurturing touch in play therapy with children and identify challenges therapists face when choosing to use touch in their practice as well as what circumstances influence its appropriateness. Play therapy has largely been accepted as an intervention of choice when working with children, allowing an avenue for the expression of strong emotions and providing an alternative to promote engagement with a child who may be resistant to therapy (Homeyer & Morrison, 2008). Play interventions often include active physical engagement between therapist and client which increases the possibility for different types of physical contact. Although nurturing touch is recognized as an important and useful intervention it is also often “guided by fear of misinterpretation, allegations and concerns of causing harm to the child” (Lynch and Garret, 2010, p. 389). The practice of using nurturing touch in therapy continues to be a complex issue that is often overlooked in current literature and research (McNeil-Haber, 2004). This study was specifically interested in clarifying and identifying specific factors that influence a therapist’s choice to use or not use nurturing touch, and identify personal thoughts, experiences and ethical considerations that impact their use of nurturing touch with client’s who come to therapy with a range of life experiences and different diagnoses. Researchers were also interested in identifying how differences in therapist demographics including age, gender, level of education, clinical experience, training as registered play therapists, and practice setting influence their use of nurturing touch.

This chapter will first discuss the results of therapist responses to questions related to their practice of touch and what peripheral considerations play a role in this practice. Also, what types of nurturing touch were considered most appropriate when working with children in the therapeutic relationship? I will briefly discuss relevant relationships found through bivariate

analyses between demographic variables and specific survey items. Lastly I will discuss, limitations, thoughts for further research and implications of the current research

While the intention of this research was to reach a broad spectrum of clinical social workers practicing play therapy with children, there were many demographic variables that were not adequately represented by the research sample. Most notably and regretfully there were only 10 male respondents of the 194 total respondents. This disparity between male and female therapists in the field of social work is supported by a report from 2006 issued by the National Association of Social Workers that found only 19% of licensed social workers were male (NASW, 2006). This report also found that social work is not attracting younger males to the field. Statistics showed the percentage of licensed social workers who were male became progressively smaller, declining from 25% of those 65 and over to fewer than 10% of respondents who were less than 35 years of age (NASW, 2006).

When identifying the prevalence of therapist's who use nurturing touch in their practices, it was found that 83% of respondents *do use* some form of nurturing touch in their practice. These results are supported by McNeil-Harbor (2004) who states that when working with children, touching and being touched is often inevitable and normative. Whether a child is climbing on a table and needs to be removed for safety reasons, or while discussing a difficult topic a child begins to sob uncontrollably the therapist may reach out to comfort the client. Aquino and Lee (2000) explained that many therapists have reported the benefits of touch with clients, including to help correct the deficits in parental relationships, and to improve functioning of children who have experienced emotional and physical abuse.

Influences to Use Touch

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Previous research supports responses given to the question of what influences the choice of therapists *to use* nurturing touch with their clients. The response with the highest mean was “in response to client initiated touch” with a mean of (4.10). Aquino and Lee (2000) identified that it is not uncommon for children in therapy to reach out to their caregiver (therapist) for a hug. In this study, Aquino and Lee also emphasized that children who may not be provided sufficient and adequate nurturing touch from caregivers within the home environment may initiate and seek the touch of a therapist to provide supplemental touch.

Participants in this study also identified that they use touch “in response to the client’s emotional needs” ($X=3.91$). In a study conducted by Lynch and Garret (2010) social workers were asked questions regarding their use of touch with children. These social workers identified touch to be an important and effective way to respond to emotions and relate empathy “Where words fail to show that you know where a person is ‘coming from’, that you are there for them, a touch may be all that is needed. A touch can often mean more than words” (p. 392). Respondents also felt that using nurturing touch “to encourage a nurturing relationship” ($X=3.64$) and “to promote a trusting relationship” ($X=3.57$) were also important. The therapeutic relationship is vital to providing and accessing successful interventions with clients. When working with children who have experienced limited social interactions or unhealthy interpersonal relationships with others, a newly formed relationship with a professional can begin to build the foundations of trust and reciprocity. Lynch and Garret discussed how the very definition of social work speaks to this human relationship. A study participant in their study shared “I think your success as a social worker depends on the relationships you build, getting to a place with someone where you can put a hand on their arm or offer a reassuring pat on their

back, where they, and you, are comfortable with that. I think it shows you have connected with them, that there is a relationship there” (2010, p. 393).

Influences to Not Use Touch

In response to what influences therapists a choice to *not* use nurturing touch in their play practices, participants identified they were most likely *not* to use nurturing touch “to avoid potential allegations of impropriety” (X=3.83). This concern is not uncommon among professionals working with children across domains from childcare facilities to agencies providing individual therapy (Mazur and Pekor, 1985). Aquino and Lee determine that in a society that is becoming ever more litigious in nature, physical contact with children by professionals is increasingly under more scrutiny (2000). A participant in the Lynch and Garrett study when asked what caused clinicians to fear touch responded:

“With all the sex abuse scandals, and that’s just not people in the caring professions, it I swimming instructors and the likes, I expect people are now very reluctant to touch a child which I think is a big pity. Maybe we are too alert, and it takes away from the lovely things about touch. I think we are now afraid of touch and I think that is a pity, but I also understand it is an unfortunate effect of the legacy of child abuse” (2010, p. 393).

For this reason it is not surprising that the second most influential reason therapists choose not to use nurturing touch is due to specific “agency rules and guidelines” (X=3.46). For the same reasons as stated above agencies themselves are conscientious of how the use of touch is often perceived by those not specifically involved in the therapeutic experience between client and therapist. Many agencies continue to maintain “no touch” policies that explicitly prohibit the use

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of any type of touch between client and therapist regardless of past research that shows the benefits of nurturing touch in therapy (Aquino and Lee, 2010, McNeil-Haber, 2004).

Considerations in the Use of Nurturing Touch

Next I will discuss findings that I feel are particularly relevant to the overall use of nurturing touch by therapists in their practice with children in play therapy. Data shows the majority of therapists do utilize some form of touch in their practice ($X=3.45$). Thirty nine percent responded that they 'agree' and 9% 'strongly agree' that "nurturing touch is an underutilized therapeutic tool." However, therapists are also aware of how their use of touch can be viewed indifferently by a society where touch of a child by a non-parent or caregiver can be regarded as unacceptable. This was evidenced by 50% of respondents who answered that they 'agree' and 40% 'strongly agree' that "therapists need to be aware of using nurturing touch in play therapy due to societal views of non-parent/caregiver adult touching children." Responses to this question also had the highest mean ($X=4.23$). Similarly, the second highest mean ($X=3.93$) was in response to a similar question, "I am conscious during a play therapy session of how my use of touch may be interpreted by others who are unfamiliar with the therapeutic process." Here 62% of respondents 'agreed' and 20% 'strongly agreed' to this question. These results emphasize that therapists are keenly aware and place a high regard to their use of nurturing touch and understand that this type of touch can have multiple meanings and may be perceived differently by others. With that in mind it is vital that therapists think about their use of nurturing touch with their clients in a manner that relates to the child's needs and developmental skills as well as boundaries within the therapeutic relationship (McNeil-Haber, 2004). Conversely, while therapists see the therapeutic importance of nurturing touch 39% of respondents reported that they agree and 3% strongly agree that they "sometimes do not touch a client even though they

feel it may be therapeutically appropriate due to how it may be perceived by others.” This question also had the highest standard deviation of 1.04 which may be evidence of further confusion regarding the comfort level of therapists who use nurturing touch. These results highlight the friction between the desire to practice nurturing touch in benefit of the client and an inherent anxiety that the therapist’s motives may be questioned. A social worker in the Garret and Lynch study stated “The one thing I have learned from my training is to protect yourself from allegations, not to put yourself in a vulnerable situation” (2010, p.394).

Within the same vein of this research area, a question asked of respondents if they felt “that literature and training regarding the use of nurturing touch in play therapy with children is unclear and vague.” Sixty three percent of participants ‘agreed’ and 9% ‘strongly agreed’ that the current literature and training was unclear and vague. The apparent inadequacies in training are supported by the research of Lynch and Garret (2010) who found that social workers were interested in more discussion regarding nurturing touch and “regarded the formulation of a standard or a policy relating to physical touch and social work as both relevant and appropriate” (p. 393).

The last area of research that I found particularly important was the comfort level of social workers discussing their use of nurturing touch with co-workers and supervisors. Stozier et al. (2003) found that due to the subjective nature of nurturing touch, social workers often fear that their use of nurturing touch may be judged as inappropriate even by their peers and therefore are uncomfortable discussing it with peers and supervisors. However, this was not supported by the findings of this research study. Results showed that in response to the question “I do not discuss my use of nurturing touch in therapy with my colleagues for fear of being viewed unfavorably” that 51% ‘disagreed’ and 33% strongly disagreed with this statement. This data

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shows that therapists are consistently willing to discuss their use of nurturing touch with colleagues. This level of comfort can only encourage dialogue regarding nurturing touch and its functionality in therapy and improve guidelines that inform its use.

Clinical Scenarios

Participants were also provided five clinical scenarios in which the use of nurturing touch was used and participants were asked to respond to the level appropriateness. Due to the length of the clinical scenarios they will be referred to by number (1-5) and can be found in their entirety as (Appendix A).

Scenario 2 was found to have the highest rated level appropriateness with a mean of ($X=4.74$) and a ($SD=0.66$). This scenario relates to a 5 year old girl who initiates hugs with the therapist at the beginning and end of sessions while her mother is present. This high level of appropriateness can likely be attributed to the client initiated touch as well as her mother being present at the time of the hugs. As this touch is initiated by the client, it can be assumed that it is a need of the client's that is being met by the therapist. Holub & Lee regard this as an important factor when working with children. The therapist must ask themselves whose needs are being met and are they acting in the best interest of the child (1990). Additionally, the mother's knowledge avoids feeling of secrecy and encourages transparency.

It is not surprising that scenario 5 shares the lowest mean ($X=3.12$) and largest standard deviation ($SD=1.51$). The complexity of this scenario including sexual trauma, and implied therapist initiated touch for comfort may explain the large standard deviation. This scenario involves a 13 year old girl who was sexually abused by her father. Touch involves shaking her hand, holding her hand and rubbing her back when she has shared emotional experiences. The

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use of nurturing touch with a client who has been sexually abused can be difficult for therapists to navigate. Clients who have been touched inappropriately in the past may also have different needs and reactions to touch. Aquino and Lee (2000) provided guidelines for therapists who use nurturing touch and spoke to the age, gender, and perception of the child and how it is important for the child to perceive and understand the appropriate use of touch. Specifically noting gender and sexuality issues and how they relate to touch. It is also important for therapists to recognize the power differential that may exist, specifically for individuals who have a history of sexual abuse. McNeil-Harber warn of increasing the power differential and “causing the child to feel exploited or coerced due to feelings of powerlessness” (2004, p. 134). Additionally, McNeil-Haber (2004) note how children who have been abused often have a “heightened sense of perceived threat and may more easily misinterpret touch (p. 135). I will also note here that a previous question in the “Considerations” section referenced the use of nurturing touch with clients with trauma histories. Fifty percent of respondents disagreed and 27% neither agreed nor disagreed to the statement “I would not use nurturing touch in therapy with children who have a history of sexual abuse”. The standard deviation was under 1 ($SD=0.93$). These results show that more often than not therapists are willing to use nurturing touch with clients who have a history of sexual abuse. It is important that the use of nurturing touch with these clients be carefully considered and to utilize appropriate supervision and consultation to fully understand potential implications (Aquino & Lee, 2000).

Bivariate Analyses

The Therapeutic Use of Nurturing Touch

Due to the small number of individuals reporting within demographic subgroups most demographic variables were not used in comparison analyses, e.g., there were only 6 unlicensed social workers. In this section I will report only bivariate analysis specific to gender and provide thoughts as to why differences in gender appear. Speculating on bivariate analysis results related to practice domain and age do not seem beneficial to this is a preliminary study.

While the 10 male respondents was a limitation to the study, it was determined to be a reliable indicator that male therapists more frequently choose to *not use* nurturing touch in their play therapy work with children as 70% of the male respondents did *not use* nurturing touch compared to only 14% of females. Additionally, in response to the question “What factors influence your choice *not* to use nurturing touch in your play therapy practice with children”, t-test analyses showed a significant difference with the item “to avoid potential allegations of impropriety” where males had a mean response of ($X=4.29$) while females had a mean response of ($X=3.36$). When looking at the combined results (a) that males are less likely than females to use any type of nurturing touch in their practice and that (b) males are significantly more influenced to *not use* nurturing touch specifically to avoid potential allegations of impropriety than females it provides evidence that males feel more at risk that their use of touch may be misinterpreted by others and that potential negative outcomes that may result. Accordingly, they simply choose not to use any type of nurturing touch in their practice with children.

Limitations and Future Research

The most challenging aspect of this research was inclusion of an equal representation of male clinicians in the participant sample. The social work field is overwhelmingly represented by females and the respondents in this study reflect that. There were also many other demographic subgroups that were not adequately represented. This study, by limiting the scope of participants

to only members of the Association of Play Therapy did not speak to those social workers who do not prescribe to this specific type of therapy. Further research may wish to include a broader more inclusive population of therapists who could provide a more diverse perspective to the use of nurturing touch in not only play therapy but other psychodynamic based interventions.

An additional challenge to this study involved the subjective nature of touch and its types. While efforts were made to simplify questions to address a broad range of circumstances, differing personal experiences of therapists both inside and outside of therapy will undoubtedly influence responses. While anonymity was intended to allow a forum for the comfort and honesty of participants; there is the potential that whether consciously or unconsciously, responses were pruned to show themselves and the profession in the best of light. While the expressed intent of this research was to be an initial exploratory study, future research may find a qualitative approach more appealing as it would allow for therapists to share more personal and specific clinical experiences that have influenced their use of nurturing touch with children.

Implications of this Study

The discussion of practicing nurturing touch with children in the field of clinical social work is often regarded as tenuous at best and taboo at its worst as many agencies adhere to strict “no touch” policies between therapists and client. Acknowledging that human touch is an important element to human development and healing, determining its appropriate and timely use in therapy is paramount. As this research shows male therapists are less likely to utilize nurturing touch with children in the therapeutic relationship. Additionally, across genders there remains some uncertainty to the efficacy of its use and its appropriateness. While a large part of the use of nurturing touch is embedded in having appropriate boundaries and acknowledging the needs of the child (client) we should not let these boundaries and ethical quandaries eliminate the

inclusion of useful therapeutic techniques. With this in mind Arnold Lazarus wrote: “When taken too far, certain well intentioned ethical guidelines can be transformed into artificial boundaries that serve as destructive prohibitions and therefore undermine clinical effectiveness” (1994, p. 255). It is important that research into this area of study continues to explore and develop adequate guidelines that allow therapists both male and female to practice nurturing touch with sufficient training, knowledge and confidence that clients are provided interventions that best meet their needs and support a healthy therapeutic relationship.

References

Ainsworth, M. D. (1989). Attachment beyond infancy. *American Psychologist*, 44, 709-716.

The Therapeutic Use of Nurturing Touch

- Aquino, A. T., & Lee, S. S., (2000). The use of nonerotic touch with children: Ethical and developmental considerations. *Journal of Psychotherapy in Independent Practice, 1*(3), 17-29.
- Blum, D. (2002). *Love at Goon Park: Harry Harlow and the Science of Affection*. Basic Books. New York.
- Bowlby, J. (1988). *Bowlby: A Secure Base*. Routledge. New York.
- Bratton, S. C., Ray, D. C., Rhine, T., & Jones, L. (2005). The efficacy of play therapy with children: A meta-analytic review of treatment outcomes. *Professional Psychology: Research and Practice, 36*, 376-390.
- Brody, V. (1992). The dialogue of touch: Developmental play therapy. *International Journal of Play Therapy, 1*, 21-30.
- Case, B. G., Olfson, M., Marcus S. C., & Siegel C. (2007). Trends in the inpatient mental health treatment of children and adolescents in US community hospitals between 1990 and 2000. *Archive of General Psychiatry, 64*(1), 89-96.
- Cowen, E.L., Weissberg, R.P., & Lotyczewski, S.B. (1983). Physical contact and interactions between clinicians and young children. *Journal of Consulting and Psychology, 51*(1), 132-138.
- Drewes, A. A., (2006). Play based interventions. *Journal of Early Childhood and Infant Psychology, 2*, 139-156.
- Drewes, A. A., (2009). *Blending Play Therapy with Cognitive Behavioral Therapy: Evidence Based and other Effective Treatments and Techniques*. John Wiley and Sons, Inc. New Jersey.
- Field, T., (2014). *Touch*. MIT Press. Massachusetts.

The Therapeutic Use of Nurturing Touch

Harlow, H. (1957). The nature of love. *American Psychologist*, *13*, 673-685.

Holub, E.A., & Lee, S.S. (1990). Therapist's use of nonerotic physical contact: Ethical concerns.

Professional Psychology: Research and Practice, *21*, 115-117.

Homeyer, L., E., & Morrison, M. (2008) Play therapy, practice, issues, and trends. *American*

Journal of Play, *Fall*, 210-228.

Hunter, M., & Struve, J. (1998)). *The Ethical Use of Touch in Psychotherapy*. Sage Publications.

London. Kupfermann, K., & Smaldino, C. (1987). The vitalizing and the revitalizing experience of reliability; the place of touch in psychotherapy. *Clinical Social Work Journal*, *15*(3), 223-235.

Lazarus, A. (1994). How certain boundaries and ethics diminish therapeutic effectiveness.

Ethics and Behavior, *4*(3), 255-261.

Lynch, K., & Garrett, M. P., (2010). 'More than words': Touch practices in child and family

social work. *Child and Family Social Work*, *15*, 389-398.

Mazur, S., Pekor, C. (1985) Can teachers touch anymore? Physical contact and its value in child

development. *Young Children*, *40*(4), 10-12.

McNiel-Huber, M. F. (2004). Ethical considerations in the use of nonerotic touch in

psychotherapy with children. *Ethics and Behavior*, *14*(2), 123-140.

NASW. (2006). *Licensed social workers in the United States, 2004: Supplement*. Washington,

DC: National Association of Social Workers.

Page-Bucci, Hilary. (2003). *The value of Likert scales in measuring attitudes of online learners*.

Retrieved from <http://www.hkadesigns.co.uk/websites/msc/reme/likert.htm>

Porter, M. L., Hernandez-Reif, M., & Jessee, P. (2009). Play therapy: A review. *Early Child*

Development and Care, *179*(8), 1025-1040.

The Therapeutic Use of Nurturing Touch

- Ray, C. D., & Bratton, C., S. (2010). What the research shows about play therapy: Twenty first century update. *Child Centered Play Therapy Research: The Evidence Base for effective Practice*. p. 4-33
- Schaefer, E., C., & Kaduson, G., H. (2006). *Contemporary Play Therapy: Theory, Research and Practice*. Guilford Press. New York.
- Stenzel, C., & Rupert, P., A. (2004). Psychologist's use of touch in individual psychotherapy. *Psychotherapy, Theory, Research, Practice, and Training*, 41(3), 332-345.
- Strozier, L. A., & Krizek, C., Sale, K. (2003). Touch: its use in psychotherapy. *Journal of Social Work Practice*, 17(1). 49-62.
- Workers, N. A. (2008). *NASW Code of Ethics (Guide to the Everyday Professional Conduct of Social Workers)*. Washington, DC: NASW.

Appendix A

Survey Instrument

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Section 1: Demographic questionnaire

Please complete the following demographic questions

Q1 What is your gender?

- Male
- Female
- Queer
- Prefer not to answer

Q2 What is your age?

- 22-32
- 33-43
- 44-54
- 55-65
- 65 +

Q3 What is your highest level of education?

- MSW
- PhDSW or DSW

Q4 Are you licensed in social work?

- Yes
- No

Q5 Are you a registered play therapist through the Association of Play Therapy?

- Yes
- No

Q6 In what domain do you primarily practice social work?

- Private practice
- Agency inpatient
- Agency outpatient
- School based

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Q7 How many years have you practiced play therapy?

Section 2: Views of nurturing touch in play therapy.

The following questions will give you an opportunity to tell us more about your views of the use of nurturing touch in play therapy. For use in this study the term “nurturing touch” is defined as “hugging, a reassuring hand placed on a back, arm, or shoulder, or any type of nurturing holding”.

Q8 Do you ever use nurturing touch in your play therapy practice?

- Yes
- No

If “no” respondents will be guided to question number 9 and no further questions will be asked of these respondents.

If “yes” respondents will be guided to question 10 and proceed with the full survey.

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Q9 What factors influence your choice *not to use* nurturing touch in your play therapy practice with children?

	None	Little	Some	A Lot	Strong influence
To avoid potential allegations of impropriety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear of negative effect on client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My own discomfort with touch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I see limited therapeutic value in touch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NASW ethical standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My experience, training and judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My agency rules/guidleines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q10 What factors influence your choice *to use* nurturing touch in your play therapy with children?

	None	Little	Some	A Lot	Strong influence
Promote a trusting relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage a nurturing relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respond to client's emotional needs (comfort)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide examples of "safe touch"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice interpersonal skills to relate with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respond to client initiated touch example: hug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support a client with limited attachments to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11 How often do you use any type of nurturing touch with clients?

- Very Rarely
- Rarely
- Occasionally
- Frequently
- Very Frequently

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Q12 Touch is inevitable when utilizing play therapy.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

Q13 Therapists need to be aware of using nurturing touch in play therapy due to societal views of a non-parent/caregiver adult touching children.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

Q14 Nurturing touch is an underutilized therapeutic tool.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

Q15 I sometimes do not touch a client even though I feel it may be therapeutically appropriate due to how it may be perceived by others.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

Q16 I am conscious during a therapy session of how my use of touch may be interpreted by others who are unfamiliar with the therapeutic process.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

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Q17 It is important to discuss incidence of touch in therapy with parents and clients before therapy begins.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

Q18 I would not use nurturing touch in therapy with children who have a history of sexual abuse.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

Q19 The use of nurturing touch in play therapy allows for the development of a trusting therapeutic relationship between the child and play therapist.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

Q20 Play therapy with children is hindered when therapists are discouraged from utilizing nurturing touch.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

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Q21 Excluding for safety, nurturing touch should only be used in play therapy if it is initiated by the client.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

Q22 I sometimes exceed the guidelines my agency has regarding the use of touch with clients.

- Not Applicable
- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

Q23 I do not discuss my use of nurturing touch in therapy with colleagues for fear of being viewed unfavorably.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

Q24 I feel that literature and training regarding the use of nurturing touch in play therapy with children is unclear and vague.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

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Section 3: Clinical Scenarios

Please read the following therapy scenarios and respond relying on your own experience with nurturing touch in play therapy.

Q25 While sitting side by side and drawing with an 8 year old boy who has shown limited engagement in therapy, he shares how he has been bullied by classmates and how he often cries himself to sleep at night. He begins crying and you put your arm on his shoulder, verbally comforting him by saying "that must have been difficult to share but I'm glad you did."

- Inappropriate
- Slightly Inappropriate
- Neutral
- Slightly Appropriate
- Appropriate

Q26 You are meeting with a 5 year old girl whose father died in a car accident 2 months ago. She has been actively engaged in therapy and appears to be working through her grief. Mid-way through her 12 sessions she begins to hug you at the beginning and end of each session. Her mother is present during most of these hugs and has expressed no concern.

- Inappropriate
- Slightly Inappropriate
- Unsure
- Slightly Appropriate
- Appropriate

Q27 You have been meeting with a 10 year old boy diagnosed with ADHD who also has a history of neglect, spending time in and out of foster care. He is very active during therapy and you often go outdoors to play at a local playground. This time includes swinging on a swing set, riding the see-saw and playing tag. At times going to and from the playground he reaches out to hold your hand. The playground is one mile from your office and is in an urban area.

- Inappropriate
- Slightly Inappropriate
- Unsure
- Slightly Appropriate
- Appropriate

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Q28 A 3 year old girl has been living with her grandmother intermittently since birth while her mother has struggled with addiction to drugs and alcohol. The longest they have been separated has been for the last 2 months while her mother has been in a long term rehabilitation facility. She was referred to you by her grandmother because she is resistant to being held or touched and often "cries and whimpers for hours." Throughout 4 sessions with you she has begun to become more comfortable with her surroundings and enjoys having her own box for play toys. During her 5th session she brings an appropriate story book from home and asks if you will read it to her. You agree to do so and you both sit on the floor. As you read she begins leaning against you and eventually curls up next to you and places her head on your thigh (like a pillow).

- Inappropriate
- Slightly Inappropriate
- Unsure
- Slightly Appropriate
- Appropriate

Q29 You have been working with a 13 year old girl who was sexually molested by her father between the ages of 4-11 years old. She was referred to you 1 year ago after repeated events of touching her peers inappropriately and verbalizing sexual interactions. You have been seeing her weekly and over time she has become willing to share her abuse experiences and has said explicitly that she "trusts you." You have discussed "good and bad touch" and you have begun to practice good touch by shaking her hand when you meet her. You have also held her hand and rubbed her back during times that she

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has shared emotionally difficult experiences. Within this framework you continue to discuss "good and bad touch."

- Inappropriate
- Slightly Inappropriate
- Unsure
- Slightly Appropriate
- Appropriate

Appendix B

Informed Consent



SMITH COLLEGE

2015-2016

**Consent to Participate in a Research Study
Smith College School for Social Work • Northampton, MA**

Title of Study: The Use of Nurturing Touch with Children in Play Therapy

Investigator: Scott S. Folsom, sfolsom@smith.edu

Hello, my name is Scott Folsom and I am currently a social work master's student at Smith College School for Social Work. This study is being conducted as a research requirement for my master's in social work degree. You are being asked to participate in a research study exploring the use of nurturing touch between therapists and children during play therapy. For use in this study the term "nurturing touch" is defined by Aquino and Lee (2000) as "hugging, a reassuring hand placed on a back, arm, or shoulder, and any type of nurturing holding" (p. 19). Its use in play therapy is examined because this approach is likely to involve more physical interaction and closeness in physical proximity than typical talk therapies and may initiate more opportunities for both intentional and unintentional touch.

The purpose of the study is to identify common themes and challenges that clinician's face when working with children, as well as the influences that affect a therapist's choice to use or not to use touch. You were selected as a possible participant because you have been identified as a member of Association of Play Therapy and, as a result, may have experience and/or interest in this subject. I ask that you read this form before agreeing to be in this study.

Participants will be asked to complete 6 demographic questions deemed relevant to the research before completing the full survey. The survey will include answering a maximum of 20 questions based on a 5 point Likert scale. Your response to some questions may exclude you from answering further questions. The questions aim to identify influences that affect a therapist's choice to use or not use touch within the therapeutic relationship, common themes and challenges that play therapy clinicians confront when working with children, and the level of appropriateness of different types of touch that may be encountered in therapy. Completion of the questionnaire should take approximately 15 minutes.

Your participation is anonymous. I will not be collecting or retaining any information regarding your identity. Study findings may be published or presented at professional

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conferences, but only in aggregate. There are no foreseeable or expected risks in your willingness to participate, nor will you receive any financial payments or gifts. Your participation may contribute to the field of social work by initiating conversation and debate and can assist in the development of best practices concerning the use of nurturing touch in the therapeutic relationship. The list of email addresses, obtained solely for sharing survey content, will be deleted, as will any email correspondence with potential participants, upon completion of the study. Email addresses are not linked to your responses on the internet survey.

The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* without affecting your relationship with the researchers of this study or Smith College. You also have the right to ask questions about this research and to have those questions answered by me before, during or after the research. If you would like a summary of the study results, I can provide them at your request after the study has been completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee. If you choose to participate it is recommended that you print a copy of this consent for your own records.

By clicking on the “agree” box below, you are indicating that you have read and understand the above consent and agree to participate in the survey.

Appendix C

HSR Approval



School for Social Work

Smith College

Northampton, Massachusetts 01063

November 30, 2015

Scott Folsom

Dear Scott,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

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Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read "Elaine Kersten". The signature is fluid and cursive, with a prominent initial "E".

Elaine Kersten, Ed.D.

Co-Chair, Human Subjects Review Committee

CC: Candace White, Research Advisor