Important Factors that Contribute to the Professional Quality of Life for Registered Play Therapists and Supervisors

A dissertation study summation
by
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Introduction

Registered Play Therapists and Supervisors (RPT/S) are licensed mental health professionals who provide clinical psychotherapy services via the powers of play to children, adolescents, and their families (Georgia Association for Play Therapy, Inc., 2013). Every year in the United States (U.S.), there are more than 10 million children that experience the trauma of abuse, violence, natural disasters, or other adverse events (The National Child Traumatic Stress Network, 2011). RPT/S are typically one of the first mental health professionals contacted to address therapeutic issues regarding such tragedies with children. As such, RPT/S often provide play therapy to children, adolescents, and families who have endured complex grief, stress, abuse, neglect, and trauma.

Working with child survivors of trauma can be an arduous task. RPT/S are not only challenged with effectively helping clients experience growth and healing but also efficiently managing their own care and well-being personally and professionally. Additionally, processing trauma stressors with clients places RPT/S, like other mental health professionals, at risk for secondary traumatic stress (McCann & Pearlman, 1990; Radey & Figley, 2007; Stamm, 2013). Thus, it is important for RPT/S to explore how abuse, trauma, and neglect impacts the well-being of children, adolescents, and families, and, consequently, the professional work and quality of life for play therapists.

Purpose and Significance

The professional quality of life for RPT/S is especially important due to their work with vulnerable populations (e.g., children, adolescents, clients who have experienced trauma), which can lead to an increased risk of clinician vulnerability (Deblinger, Thakkar-Kolar, & Ryan, 2006; Greenwald, 2005; Perry, 2014). Due to the potential negative impact for clients and therapists, RPT/S have an ethical responsibility to take proactive steps to recognize and mitigate the symptoms of compassion fatigue, secondary traumatic stress, and burnout (Jacobson, 2012). The purpose of this dissertation research study was to explore the professional quality of life, including levels of compassion satisfaction (the positive effects of their work) and compassion fatigue (the negative aspects of their work such as burnout and secondary traumatic stress), for RPT/S and to identify influencing factors of secondary traumatic stress (Stamm, 2010).

As the RPT/S profession continues to grow, it is vital that the care of therapists is given due attention. This study was significant because it assessed compassion satisfaction, compassion fatigue, and related constructs among RPT/S. Therapists can enter into the helping profession with ideals to provide care to others and, in the process, neglect to care for themselves or succumb to organizational pressures that prevent care for the self. Yet, caring for the self is essential to providing quality care to others. By safely managing compassion fatigue and increasing compassion satisfaction, RPT/S can effectively navigate the challenging world of trauma with clients and within the self. In essence, RPT/S play a vital role in helping clients and their families with healing and surviving some of the most stressful and traumatic events. Thus, RPT/S need to ensure that they provide this same grace and gift to themselves.

Research Questions

This quantitative dissertation research study utilized five research questions to assess the professional quality of life for RPT/S and potential impacting factors of secondary traumatic stress. The independent variables in this study included personal experience of traumatic events, percentage of caseload with clients exposed to traumatic events, experience of client violence, and duration of practice. The dependent variables included compassion satisfaction, burnout, and secondary traumatic stress. Research questions included the following:

1. What is the professional quality of life (compassion satisfaction, burnout, and secondary traumatic stress) for RPT/S in the U.S.?
2. Will there be a significant difference for personal experience of traumatic events on secondary traumatic stress for RPT/S in the U.S.?
3. Will there be a significant difference for percentage of caseload with clients exposed to traumatic events on secondary traumatic stress for RPT/S in the U.S.?
4. Will there be a significant difference for experience of client violence on secondary traumatic stress for RPT/S in the U.S.?
5. Will there be a significant difference for duration of practice on secondary traumatic stress for RPT/S in the U.S.?

Methodology

Mercer University's Institutional Review Board (IRB) approved this dissertation research study. The sample consisted of 355 RPT/S across the U.S, which provided a sample size of 15.6% and a response rate of 16.5%. Participants were recruited with permission by e-mail through the Association for Play Therapy's membership database. Two data collection instruments were utilized. The first instrument was a demographic questionnaire developed by the researcher that consisted of 30 items based on a review of similar studies addressing professional quality of life (Deighton et al., 2007; Eastwood & Ecklund, 2008; Hatcher & Noakes, 2010; Lawson & Myers, 2011; Sprang, Clark, & Whitt-Woosley, 2007; Stamm, 2013). The second instrument was the professional quality of life scale (ProQOL), which is the most widely used measure designed for helping professionals to assess their levels of compassion satisfaction and compassion fatigue (Knight, 2010; Stamm, 2010; The National Child Traumatic Stress Network, 2011).

Data was collected via online survey, in which participants completed the informed consent, demographic questionnaire, and ProQOL. The quantitative research design utilized descriptive and inferential statistics to test the five aforementioned research questions. The first research question assessed the professional quality of life for RPT/S. The second through fifth research questions (and subsequent null hypotheses) utilized inferential statistics via four analysis of variances (ANOVAs) based on a .05 alpha (α) level to measure the potential impacts of personal experience of traumatic events, percentage of caseload with clients exposed to traumatic events, experience of client violence, and duration of practice on secondary traumatic stress. The post-hoc power analysis demonstrated that an ANOVA with a sample of 355 had 98% power to detect an effect of 0.5 (f) with the probability of a Type II error at 0.2.

Results

The results of this study revealed that this sample of RPT/S had high and average levels of compassion satisfaction and low and average levels of burnout and secondary traumatic stress. No participants scored low on compassion satisfaction or high on burnout or secondary traumatic stress. The inferential statistics indicated that there was a significant difference on secondary traumatic stress with participants who reported a personal experience of traumatic events (p .001

< α .05), more than 25% of their caseload with clients exposed to traumatic events (p .012 < α .05), and an experience of client violence (p .027 < α .05). There was not a significant difference on secondary traumatic stress regarding duration of practice (p *0*.5 > α .05).

Discussion

This sample of RPT/S scored much higher in the area of compassion satisfaction and much lower in the areas of burnout and secondary traumatic stress in comparison to the normative sample on the ProQOL (Stamm, 2010). Although RPT/S had an elevated risk for secondary traumatic stress due to their work with children and constant engagement with clients exposed to trauma, abuse, crises, and complex grief, they have mitigated those impacts while maintaining higher levels of compassion satisfaction. It is also noteworthy that although there were significant differences on secondary traumatic stress with those who reported a personal experience of traumatic events, a higher percentage of caseload of clients exposed to traumatic events, and an experience of client violence, the average of the secondary traumatic stress subscale scores still fell in the low category. Overall, it is quite significant that although RPT/S encounter the impacts of trauma (whether personally or professionally), their overall functioning and work satisfaction is high.

Limitations

Limitations of this study included its sample size, the potential of response bias, data being acquired through self-reported questionnaires, and social desirability. Additionally, some responses were excluded from the study due to incompleteness, and missing values on the ProQOL were accounted for using the item means method.

Recommendations

Recommendations for future research included modified replications of this study with a larger sample size to make generalizations and the use of alternative research designs to further evaluate additional impacts of and protective factors for secondary traumatic stress. It is also recommended that future research investigates how the provision of play therapy services itself may mitigate secondary traumatic stress. Recommendations for future practice included using the ProQOL as common practice, increasing quality supervision and education to decrease secondary traumatic stress, and encouraging RPT/S to consistently implement self-care routines to build and maintain compassion satisfaction levels.

Conclusion

In conclusion, this dissertation research study was important because it was one of the few studies that provided research on the care of and professional quality of life for RPT/S. Additionally, the results provided preliminary evidence that play therapy continues to be an effective treatment modality for clients who have experienced suffering and harm because of quality registered play therapists and supervisors who maintain high levels of compassion satisfaction, safely manage secondary traumatic stress, and, consequently, provide quality services to clients.

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