USING CRITICAL INCIDENT INTERVIEWS TO DETERMINE STRATEGIES USED

TO GAIN ACCEPTANCE OF PLAY-BASED TRAUMA INTERVENTION

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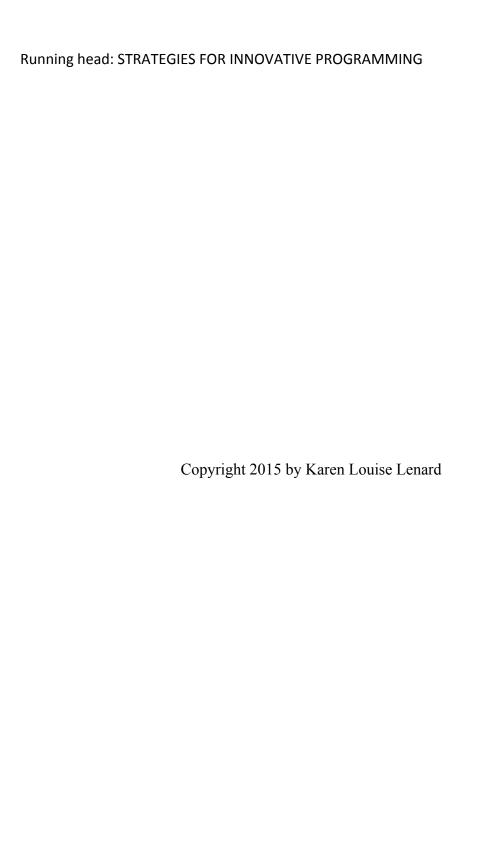IN PARTIAL FULFILLMENT OF THE

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Abstract

This study documented the process by which certified Life Is Good® Playmakers® have

spread the Playmaker approach to healing trauma and building resiliency in children. The

LIG Playmaker Executive Committee identified Outstanding Playmakers (OP) for the

purpose of identifying obstacles they faced when implementing the Playmaker approach

and how they overcame these obstacles. Critical incident interviews were used to identify

and describe specific processes. Each interview was audiotaped, transcribed, and

qualitatively analyzed. The analysis identified 13 obstacles that fell into 3 clusters relating

to staff, organizational context, and children and their families. Obstacles related to staff

included lack of motivation, lack of connection between play and healing trauma, staff not

knowing how to play with children, and staff's rigid thinking patterns. Obstacles related to

organizational context included administrators not understanding how Playmaker games

and activities fit into their regular programming structure and not understanding the

psychosocial benefits of the Playmaker approach, a narrow focus on task completion,

staffing difficulties, and perception of more work. Obstacles related to children and their

families included children being scared of staff, volatile family members, behavioral

issues, and perceived limitations of children. This study also identified 10 strategies used

to overcome obstacles: psychoeducation about the philosophy of Playmakers, fostering bi-

directionality in staff-child relationships, showing staff how the Playmakers approach can

make staff's job easier, giving creative freedom for implementation, training staff in

leadership skills, role modeling, encouraging staff to become certified LIG Playmakers,

gently nudging resistant staff, teaching staff and administrators about the purpose of

Playmaker activities, and encouraging greater staff empathy. Across these 10 strategies,

three themes emerged as most important for reducing resistance to implementation of

Playmaker activities. First, role modeling was mentioned most often as effective. Second,

empowering staff to have creative freedom in implementation of Playmaker activities and

to take leadership roles appeared to increase intrinsic motivation for the Playmaker

approach. Third, identifying pivotal staff allies was especially helpful for overcoming

organizational barriers to implementation.

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Based Trauma Intervention

Introduction

This study documented the process by which certified LIG Playmakers® have

effectively spread the Playmaker approach to learning and healing in a superior manner

by identifying obstacles they have encountered within their organizations as well as by

identifying the means by which they overcame those obstacles. LIG Playmakers is part of

Life Is Good Kids Foundation. The Playmaker approach aims to help children overcome

psychological trauma through joyful play. Identifying pivotal Playmaker skills that have

been crucial in overcoming organizational obstacles and, thereby, spreading the

Playmaker approach throughout their organizations or communities provides pertinent

material with which to develop a training module that can be included with already

existing training packages. In doing this, it is hoped that new Playmakers will more

effectively be able to teach other members of their communities to engage in joyful,

healing play with more children and adults.

Core LIG Playmaker training staff, which included members of their executive

committee, identified Outstanding Playmakers (OP) who were considered to be superior

in their ability to spread the Playmaker methods in a transformative manner. For the

identified OPs, a process of saturated sampling was used, which entailed conducting

interviews with different OPs until the information obtained became redundant.

A total of nine interviews were conducted for this study. Each of the interviewees

were asked the same four questions using structured critical incident interview (CII)

methodology in which participants were asked to identify and describe critical incidents

in their jobs, including specific details such as who was involved, what their thoughts were, what they did and what the outcome was (Flanagan, 1954; Spencer & Spencer, 1993). Further information elicited during these interviews included the following: what led up to the situation, who said what to whom, what the other person's response was, what s/he thought during each link in the chain of events, and the outcome. The interviewer made every effort to invite the participants to describe the events as fully as possible in behavioral terms (observable and measurable) in as much detail as possible.

All interviews were transcribed and analyzed for critical incidents. These incidents were analyzed with behavior analytic specificity to extract exact skills that can be taught in a training forum. Noted behaviors included thoughts as well as overt actions because we know that thought patterns can be re-learned and can affect overt behavior and that overt behavior change can change thought patterns (Bourne, 2005). Information gained from these questions can be used to improve current training. By understanding how OPs navigate implementation of Playmaker activities in their employment organizations and communities, skill development plans can be generated to help increasing numbers of Playmakers become outstanding in their implementation.

LIG Playmakers – Who Are They and What Do They Do?

Playmakers, Inc. is a subsidiary of Life Is Good Kids Foundation. The t-shirt company, Life is Good, has a simple mission of spreading optimism, positivity, and simplicity (S. Gross, personal communication, August 7, 2011). The mission of Life is Good (LIG) Playmakers is the following: "The Life is Good Kids Foundation helps kids overcome life-threatening challenges such as violence, illness and extreme poverty. Our Playmakers Initiative provides training, resources and support to the adults dedicated to

caring for these children so that all involved lead healthier, more joyful lives"
(http://www.lifeisgood.com/foundation).

Playmakers was originally called Project Joy, organized and directed by Steve
Gross between 1989-2009 with the mission of building resilience in traumatized children
through joyful play (http://www.lifeisgood.com/playmakers/who-we-are/our-story.aspx).
Originally, Project Joy consisted of cooperative playgroups for homeless children that
met once per week for an hour. Teachers participated in the activities since they had pre-
existing bonds with the children, thereby providing an additional component of emotional
safety. Session structure started with circle games, including parachute games and music,
then moved to gross motor games, and finally free gross motor activity. The room in
which sessions were held was designed for multisensory stimulation, including colorful
parachutes, balls, mats, and climbing structures. By starting with structured circled
games, then doing structured gross motor games, and finally allowing free gross motor
play, the pattern moved from quieter activities to activities that supported higher levels of
autonomic arousal. In this way, the program structure supported autonomic regulation in
the children and built a sense of confidence and connection with their peers. (C. R.
Sanderson, personal communication, February24, 2012). Parents and caseworkers
reported to Steve Gross that they were seeing tremendous differences in the children's
ability to engage with their immediate environments in meaningful ways (S. Gross,
personal communication, August 7, 2011).

Project Joy has used the "healing power of play" to address childhood trauma
since its inception. Project Joy started with its founder as its only employee and gradually
grew to have a small staff of six to eight, including a director of research, a director of

operations, and a director of development,. Since the inception of Project Joy, its founder

and staff have held central to their mission to positively affect as many children as they

could. As a result, their model changed from a direct-service model to a train-the-trainer

model (C. R. Sanderson, personal communication, February24, 2012). Project Joy

succeeded with this model, gradually building their organization and their Playmaker

base, but they wanted to reach still more children. As the mission of Project Joy and the

mission of LIG are so similar, they decided to create a partnership, at which point, LIG

agreed to include Project Joy as part of their Kids Foundation. It was in this transition

that Project Joy changed its name to LIG Playmakers. With the financial and legal

backing of Life is Good Playmakers, their goals have expanded to "build a community of

committed Playmakers – frontline child care professionals dedicated to the healthy

development of children in need" (http://www.lifeisgood.com/foundation/).

The business model for Life is Good Playmakers is a sort of Johnny Appleseed

approach in which core Playmaker staff members train frontline professionals as certified

Playmakers. As in pyramidal training, it is expected that certified Playmakers will train

other professionals in their employment organization and in so doing positively affect

exponentially more children. In 2011, Life is Good Playmaker staff trained 1,200

frontline childcare workers (Head Start employees, teachers, social workers, mental

health workers, and librarians) across the country. According to LIG Playmakers'

calculations, if each of these new Playmakers embraces the Playmaker approach, the

potential exists to positively impact approximately 20,000 children

(http://www.lifeisgood.com/playmakers/what-we-do/).

The Theory Underlying the Playmaker Model

According to Cornelli Saunders (2010), the Director of Research at LIG

Playmakers, there are four domains of play: Joyfulness, social connection, internal

control, and active engagement. It is LIG Playmaker's contention that these domains

build social connections and resilience, which is critical for healing childhood trauma. It

is also LIG Playmakers' contention that when all four domains are activated, play occurs.

It is this construct of "Play Behavior" that is most pertinent to this study.

According to Panksepp (1989), it is generally accepted that the young of nearly all

mammalian species engage in play and that playful behavior is generally suppressed by

such motivations as hunger and negative emotions such as loneliness, anger, and fear. As

discussed by Panksepp (1989), when a small tuft of cat fur is introduced to a pen

containing previously playful mice, all play behaviors disappeared completely and

remained at very low levels for several days after exposure. When the mice were given

morphine, a good replicate for naturally induced opiates in the brain, play resumed.

Drawing on this research, one can conclude that encouragement to engage in joy within

the supportive environment of a play group, has the potential to increase engagement in

normal child behavior.

Normative Development of Play

There is general consensus among researchers, policymakers, and practitioners

that play is functional in building foundations for school readiness, literacy development,

and self-regulation (Lifter, Foster-Sanda, Arzamarski, Briesch, and McClure, 2011).

Piaget (1962, as cited in Lifter, et al, 2011) defined play as simply "a happy display of

known actions." Central to Piaget's conceptualization of play is assimilation of new

experiences into existing cognitive frameworks. Axeline (1974, as cited in Lifter et al, 2011) defined play as an act of self-expression in which the child acts out feelings and problems to positive resolutions. In the process of doing so, the child comes to experience "himself as a capable, responsible person," develops "self-respect… a sense of dignity… and increased self-understanding" (Axline, 1964, p. 67, as cited in Lifter et al, 2011). Montessori and Vygotsky regarded play as a process of accommodation, in which play is a central mechanism for cognitive growth (Lifter et al., 2011).

According to Piaget (1962, cited by Lifter et al., 2011), development of play begins in infancy with sensorimotor exploration. It is often referred to as "manipulative play." Toward the end of the second year, children begin to develop symbolic play, otherwise known as "pretend play." During this stage, the child matures from relating to objects in the environment in concrete, literal terms and becomes capable of symbolic representation. It is during this period, which lasts through the preschool period, that role-playing and emulation emerge, introducing a social component to play. This development allows for dramatic re-enactments of themes from their lives as well as fantasy themes. Following this stage, children begin to understand games with rules, a skill that continues to develop through the stage of concrete operations.

Although the development of play can include cognitive development and social development, Lifter and Bloom (1998, as cited in Lifter et al., 2011) state:

Play is the expression of intentional states – the representations in consciousness constructed from what children know about and are learning from ongoing events – and consists of spontaneous, naturally occurring activities with objects that engage attention and interest. Play may or may not involve caregivers or peers,

may or may not involve a display of affect, and may or may not involve pretense

(P. 227)

By this definition, play demonstrates what children already know as well as what they are thinking about. Similar to Piaget's framework, Lifter, et al. (2011) agree that "through play, children actively construct new knowledge about objects, people, and events by integrating new experiences with what they already know" (p. 228). Working within this framework, play during infancy "begins with indiscriminate actions on objects" (p. 228). This includes picking objects up and dropping them, banging objects together or against surfaces, such as tables, as well as mouthing objects. During late infancy, "children begin to put configurations of objects back together again" (p. 228). An example of this might include trying to link beads back together that previously had been pulled apart. During this stage of play, objects are also moved from place to place, such as putting objects into and out of containers. During early toddlerhood, children begin to explore relationships between objects based on their physical properties. Examples of this stage of play include stacking blocks and nesting cups. They also begin to relate object to themselves in a functional manner, and symbolic play begins to emerge. An example of this might include pretend drinking from a cup. This pretend play develops to include dolls and other people while still preserving conventional functions of the objects, such as extending the cup to another person's mouth for them to "drink." During this period of play development, children also begin to "link activities into chains of events that demonstrate increasing levels of planning (e.g., feeding a doll, washing a doll, and then putting it to bed" (p. 228). During preschool stage of play development, children begin to animate their dolls and figures so that the doll is symbolically doing the

action. Also, during this stage, children begin to demonstrate sociodramatic and fantasy play.

Adverse Childhood Experiences Studies and LIG Playmakers

LIG Playmakers target children who have experienced Adverse Childhood Experiences (ACE) because of the many studies documenting the effects of ACE on important health outcomes. ACE includes childhood abuse (psychological, physical, and sexual), neglect, and family dysfunction (exposure to substance abuse, mental illness, violent treatment of the child's mother or stepmother, and criminal behavior) (Felitti, et al., 1998). The Center for Disease Control (CDC) examined the longitudinal effects of childhood maltreatment and family dysfunction on health and behaviors; they found that certain stressful childhood experiences are major risk factors for leading causes of illness, death, and poor quality of life (http://www.cdc.gov/ace/about.htm; Felitti, et al., 1998). Findings specifically indicate that health problems increase "in a strong and graded fashion" positively correlated with the number of ACEs a person has experienced (http://www.cdc.gov/ace/findings.htm). Specific health outcomes include increased rates of the following: alcoholism/alcohol abuse, chronic obstructive pulmonary disease (COPD), depression, fetal death, illicit drug use, ischemic heart disease (IHD), liver disease, risk for violence by intimate partner, multiple sexual partners, sexually transmitted diseases, smoking, suicide attempts, unintended pregnancies, engaging in sexual practices at a young age, and adolescent pregnancies (http://www.cdc.gov/ace/findings.htm).

Several studies have confirmed poor outcomes on several domains as a result of adverse childhood experiences (Brown, et al., 2007; Chapman, et al., 2004; Chartier,

Walker, & Naimark, 2010; Dube, Felitti, & Anda, 2005; Dube, et al., 2006; Dube, Felitti,

Dong,, Giles, & Anda, 2003; Dube, Williamson, Thompson, Felitti, & Anda, 2004;

Larkin, 2009; Whitfield, Dube, Felitti, & Anda, 2005). For instance, using a

retrospective cohort study that included over 17,000 health maintenance organization

(HMO) members, Dube, et al. (2003) found "a consistent, strong, and graded" correlation

between ACE scores and health problems and risky behaviors. Chartier, Walker, and

Naimark's (2010) findings indicate that childhood abuse and other ACES are risk factors

for long-term adult health problems, with childhood physical and sexual abuse having a

stronger negative effect than other ACES. Chapman, et al. (2004) found a significant

graded response to ACEs associated with increased risk of depressive disorders in

adulthood. Dube, et al. (2006) found "a very strong graded relationship to initiating

alcohol use during early adolescence and a robust but somewhat less strong relationship

to initiation during mid adolescence." Consistent across all birth cohorts examined, a

strong, graded correlation was found between ACE scores and use of alcohol by the age

of 14 years. Whitfield, Dube, Fleitti, and Anda (2005) found "a statistically and graded

relationship between histories of childhood trauma and histories of hallucinations that

was independent of a history of substance abuse." Compared to persons with an ACE

score of zero, those with an ACE score of seven were five times more likely to report

having hallucinations.

According to the LIG Playmaker model, there is a prevention gap between the

trauma and social and emotional impairments. In other words, helping children to feel

safe and effective in their environments can mitigate social and emotional impairments.

However, once they have social and emotional impairments, they are more likely to

engage in health risk behaviors, such as street drug use, drinking alcohol, risky sexual

behaviors, etc., in an effort to quell their loneliness and emotional pain. Such behavior

can and often does result in disease and disability and eventually death. LIG Playmakers

strive to intervene between social and emotional impairments and health risk behaviors

(LIG Playmakers *Preschool Playmaker Basic Training,* unpublished manual).

Pyramidal Training

   LIG Playmaker's model for going to scale resembles the "pyramidal training"

paradigm, an empirically supported method in which chosen staff members are trained in

specific skills and then are responsible for training other employees, thus reducing the

organization's training costs (Adams & Budd, 1981; Demchak, Kontos, & Neisworth,

1992; Iwata, Wong, Riordan, Dorsey, & Lau, 1982; Jones, Fremouw, W., & Carples,

1977; Neef, 1995; Page, Iwata, & Reid, 1982; Shore & Iwata 1995). In layperson terms,

it is a train-the-trainer paradigm with the trainer being a co-worker rather than a

designated supervisor. This approach has been used to improve clinical interview skills

(Iwata, et al., 1982), skill acquisition in institutional settings (Page, et al., 1982),

implementing behavior reduction procedures in a state residential facility (Shore &

Iwata., 1995), using a classroom management "skill package" with relatively large

numbers of teachers (Jones, et al., 1977), and teaching behavior management techniques

to childcare workers (Demchak, et al., 1992).

   Neef (1995) extended the work of Bruder and Bicker (1985), who examined

parent-to-parent pyramidal training methods for teaching skills (e.g., target-behavior

selection, task analysis, use of antecedents and consequences, and data collection

procedures) to parents of disabled children, by replicating the training approach, then

comparing the pyramidal parent training with professional training and found comparable outcomes in acquisition, maintenance, and generalization in parental teaching skills along with concomitant improvement in their children's performance. Specifically, comparable outcomes were found in parents trained directly by a professional, parents who served as peer trainers, and parents who received training from other parents. Thus, it can be concluded that pyramidal training leads to comparable outcome at a fraction of the cost.

In this way, one potential benefit of this training paradigm is its capacity to reduce financial strain on the organization. Another potential benefit of pyramidal training is that it increases the possibility of buy-in from employees. And, yet another potential benefit has to do with the "helper effect" in which employees or students who become teachers become more competent in the skills they teach (Fremouw, Millard, & Donahoe, 1979, as cited in Jones, Fremouw, & Carples, 1977; Harris & Sherman, 1973, as cited in Jones, Fremouw, & Carples, 1977; Nelson & Scott, 1972, as cited in Jones, Fremouw, & Carples, 1977).

In the pyramidal training approach used by LIG Playmakers, supervision for Playmakers comes from ongoing phone or email contact with one of LIG Playmakers' core training staff. At the end of their training, each new Playmaker is assigned a Playmaker supervisor with whom it is expected an ongoing relationship will develop. When direct-care Playmakers are presented with a difficult situation, they are free to call their contact Playmaker to discuss and problem-solve. Then, armed with new skills or a new approach, it is their responsibility to teach others in their home organization and help the process to become team-focused toward successful and joyful implementation of therapeutic play activities.

Although research suggests that pyramidal training can be both effective and economical, a potential deficit of the LIG Playmaker model is that it lacks training in components of how to teach others to implement the procedures correctly and how to collect data for purposes of evaluation. These elements were included in a study of pyramidal training by Shore and Iwata (1995), which showed highly variable performance of direct care staff during baseline but significant improvement in both employee implementation behaviors and in concomitant decrease in clients' inappropriate behaviors following comprehensive supervisor training.

Restated, the LIG Playmaker mission is to help children overcome adverse life conditions through providing them with an emotionally and physically safe environment in which they can be re-introduced to joy and a sense of connectedness with others. This mission is especially important given the findings of the ACE studies in which it has been well documented that there is a graded and significant correlation between ACE scores and decreased quality of life, including physical illnesses and early death. Panksepp's work (1989) on fear response provides hope that children who are provided with a safe and consistent environment in which joyful connection with others is encouraged might be able to emerge from their withdrawal and engage in meaningful connections within their own lives. From stories reported by Steve Gross and other LIG Playmaker staff, this hope seems to be realized in their observation of their program implementation and the concomitant results seen in the children. Their shift from direct-care implementation to the pyramidal training paradigm is consistent with their stated desire to affect as many children as possible. Included in this research was the identification of specific Playmaker behaviors that have led to greater acceptance and integration of the Playmaker

approach into professional communities, thereby increasing the numbers of children that are positively affected by joyful play, positive interpersonal connections, and the resulting resiliency that may follow.

By examining how exemplary Playmakers resolved pertinent professional dilemmas and resistance, skill development plans can be developed and integrated into current trainings to proactively arm new trainees with skills to be more successful in their new roles of Playmaker.

Methods

Participants

Participants in this investigation included nine people who have been identified as Outstanding Playmakers (OP) by the LIG Playmaker Executive Committee. The LIG Playmaker Director of Research asked the Executive Committee, "Who has taken the Playmaker spirit and really run with it to make big changes?" The executive committee then identified the OPs used in this research. Final determination of sample size was determined by using saturation sampling methods (Glaser & Strauss, 1967), which entailed interviewing participants in the study until information provided during the interviews became redundant.

Procedure

In accordance with Critical Incident Interview (CII) methodology, interviews asked participants to identify and describe critical incidents in their jobs and to detail the situation, including who was involved, what their thoughts were, what they did and what the outcome was (Flanagan, 1954; Spencer & Spencer, 1993).

The author interviewed all participants. They were asked the following questions:

1. LIG Playmaker training staff teaches direct-care staff joyful, healing activities and games at no cost to the participants with the hope of reaching as many children as possible. As a Certified LIG Playmaker, we are expected to spread the knowledge to other professionals. In this way, LIG Playmakers uses a Johnny Appleseed approach to helping the world become a more joyful place and to helping children heal from their respective traumas. How have you spread the teachings of LIG Playmakers to other professionals? (Describe 2 or 3 examples.)

2. What was the most challenging situation or obstacle that you have encountered in the role of Playmaker? Describe some other challenging situations that you have encountered in this role.

3. How did you deal with the challenging situation? What did you do to overcome the situation? How did you cope with it? (This question will be asked for each of the situations they described in (2).

When pertinent, further information elicited during these interviews included the following: what led up to the situation, who said what to whom, what the other person's response was, what the participant felt or thought during each link in the chain of events, and the outcome. The interviewer made every effort to minimize leading questions or cues and to invite the participants to describe the events as fully as possible in behavioral terms (observable and measurable) in as detailed a manner as possible.

Each interview was audiotaped for accurate coding. Analysis of transcripts involved: (1) identifying key approaches in the transcripts and assigning codes to them; and (2)

grouping similar codes into broader categories. A broad goal of this approach was to uncover participants' concerns or challenges and strategies they used to resolve them. These strategies can be taught as part of Playmaker trainings so that new Playmakers have better potential of successful practice as they navigate resistance within their employment organizations.

Results

Data from the critical incident interviews with Outstanding Playmakers (OP) identified three clusters of obstacles to Playmaker implementation, with a total of 13 obstacles, and 10 strategies for overcoming them. The obstacles are listed in Table 1, and the strategies are outlined in Table 2. The categorization of obstacles was somewhat arbitrary because the obstacles often overlap in function and response. For example, "lack of motivation" and "not knowing how to play with children" overlap, and both might fall under the more general obstacle of "staff resistance" because not knowing how to play with children can lead to lack of motivation. For purposes of clarity, the obstacles are clustered into three general categories: those related to staff, those related to organizational context, and those related to children and their families.

Table 1

Obstacles to Implementing Playmaker Activities

1. Obstacles Related to Staff

    a. Lack of motivation

    b. Lack of knowledge of connection between play and healing trauma

    c. Don't know how to play with children

    d. Rigid thinking patterns

2. Obstacles Related to Organizational Context

    a. Administrators do not understand how Playmakers games and activities fit into regular programming

    b. Administrators do not understand the benefits of the Playmaker approach

    c. Narrow focus on task completion

    d. Staff difficulties

    e. Perception of more work

3. Obstacles Related to Children and Their Families

    a. Children are scared of staff, so don't want to engage with them

    b. Volatile family members

    c. Behavioral issues

    d. Perceived physical limitations of children

Table 2

Strategies Used to Overcome Obstacles

1. Explain the philosophy of Playmakers

2. Foster bi-directionality in staff-child relationships, emphasizing that kids can teach staff

3. Show staff how Playmakers approach can make staff's job easier

4. Give staff creative freedom for implementation

5. Train staff in a leadership role

6. Role model for staff

7. Encourage staff to go to a Playmaker certification training

8. Gentle nudges to resistant staff

9. Psychoeducation about the purpose of the activities, how they work, and how they help kids develop connectivity and sense of safety

10. Encourage staff to be more empathic

Obstacles and Strategies Related to Staff Resistance

Staff resistance was found to be a major obstacle in integrating Playmaker activities into existing programs, and it often seemed to reflect lack of motivation. A general strategy used for the obstacle of staff resistance, regardless of subcategory was including staff in the Playmaker activities:

…what we try to do is to invite the staff to join us in play and we try to do activities throughout the day so that, not only are the kids having a positive

relationship building experiences, but also the staff, so that the positive energy and revitalization affects their work day as well, which then makes them more positive and happy as people.

Upon closer examination, specific elements of motivation were found to be lacking. Examples of such elements include the following: lack of knowledge of connection between play and healing trauma, staff who did not know how to play with children and so were initially uncomfortable with Playmaker activities, and rigid thinking patterns that did not allow for the flexibility that is needed for change to occur. Regarding the lack of knowledge of connection between play and healing trauma, one OP had this to say: "The biggest issue about Playmakers is that people don't believe that play affects our kids and our families." It is not surprising, nor should it be expected, that all staff understand the science of play. As previously described, play includes the emotional experience of joy (Corelli Sanderson, 2010), which has been found to decrease symptoms of psychological trauma (Panskepp, 1998). Outstanding Playmakers used a number of strategies to deal with the obstacles related to staff resistance. Each element of staff resistance is described below with corresponding strategies that OPs used to overcome them.

Lack of motivation. To illustrate lack of motivation, one OP had this to say: "They (staff) just didn't feel like doing it." The same OP went on to say:

> I would start a project with one group of kids in one shelter, and it would be going
> superb. And then I would go to the other shelter and start the same project with
> those kids. And then, when I would go back to the first shelter, the kids were not
> doing anything. And they were like, 'oh, Mr. so-and-so left.

This comment indicated that the reason for not continuing with the activity was that the staff member had disengaged with the children so much that he had actually left the location of the activity. To counter this obstacle, this OP used several strategies. First, she explained to the staff that the Playmaker approach entails infusing every aspect of life with connection and joy:

> I had to explain to them that Project Joy (predecessor of Playmakers) philosophy is not about having a bag of tricks and going out there and playing games. The kids outside… it can be physical activity, but it's not really about that. It's being able to, at any given moment, taking whatever you're doing and making a game out of it and engaging the kids and inviting them and enticing them with enjoyment, you know? It's about getting a balloon and throwing the balloon around and having the kids talk to the balloon. It's about using anything that we have. We forget that it can be joy to kids.

> A second strategy was fostering bi-directionality in staff-child relationships, emphasizing that kids can teach staff:

> …with some of the immigrant kids… some of the games are different than the games that they are accustomed to. So, when you play cards with them, it was hard because they didn't understand the game. I told the staff to just engage with the kids. And they can teach you, too. Let them teach you a game from Mexico. Let them teach you a game from El Salvador. I need your engagement with the kids to bring all the kids together. And I was able to get a lot more staff involved with that type of philosophy.

A third strategy involved addressing the staff's sense of being burdened by showing them how Playmakers approach can make their jobs easier as it fosters positive relationships with the kids they serve. As such, the staff is more likely to build cooperative relationships with the kids, rather than being stuck in adversarial relationships:

> I told them, 'if you do these types of activities with these kids, you get them engaged and you get a little soul, you're hitting all the core things that they need. It will make your shelter run more productively, and the night will go smoother because all the kids are engaged in activities.

A fourth strategy implemented by this Playmaker was giving staff creative freedom for implementation of Playmaker activities: "Just mess around and make your own rules and do a game that the kids could all do altogether (sic). Make it rewarding. And they (staff) were able to do that."

A fifth strategy was training select staff in a leadership role:

> I was able to train one of my staff members to be like a counterpart so that, if I wasn't there, I could say, 'I need you to do this,' and the person was on board. So, if I was in one shelter, he was in the other shelter. And we collaborated so that kids in both the shelters had gotten the same (level of) engagement.

A sixth strategy used to counter staff resistance was to have staff attend conferences where Steve Gross (CEO of LIG Playmakers) presented and to try and make it mandatory for all staff. In this way, more staff were exposed to the approach in its purest form: "He (Steve Gross) gave… an overview at the conference and then people became really excited, and people on their own became trained." Specifically, this

approach seemed to energize staff to become more willing to try Playmaker activities as they became enthusiastic and hopeful for how such activities might enrich their work and have positive effects on the children with whom they work.

Another strategy used to build enthusiasm in staff is to talk about Playmakers repeatedly. As one OP put it, "I'm the person who doesn't shut up about the Life is Good Playmakers."

Lack of knowledge of connection between play and healing trauma. A strategy to counter lack of knowledge about the connection between play and healing trauma is psychoeducation about play as an antidote to trauma. Specifically stated, "the biggest issue about Playmakers is that people don't believe that play affects our kids and our families." Play, by definition, includes joy, active engagement, social connection, and internal control (Corelli Sanderson, 2010), all of which are integrated into all Playmaker activities. The following quote relates to families of traumatized children in the foster care system and getting them to willingly engage in Playmaker activities with their children in family therapy sessions:

> Play is… the opposite of trauma. It battles trauma. And you see parents who come
> in with an attitude and are upset, you know? They couldn't find a job or do not
> want to take their medication, and they stop playing with their child. (When we
> use the Playmaker approach during family sessions,) the child looks forward to
> seeing the parents, the foster mom is happy and they leave happy. They may come
> upset but after playing some games - and we have some ice pops here for them
> and we have some water for them and do some cool down activities, and we

might draw some pictures - after we reengage them in play, you see a total

transformation in the whole circle of people who are involved with the kids.

Don't know how to play with children. To illustrate this subcategory, one OP

said, "Well, I won't say that they do not like to play; it's that they don't know how to

play with the children." To counter this obstacle, this OP used role modeling:

I hope to be a role model and help them through watching what I do and seeing

the joy I bring the children, hoping that they lighten up and have fun themselves

and enjoy themselves and give it a try.

Another strategy that this OP used was to encourage staff to go to a Playmakers

training: "I also encourage them to go to trainings that the Playmakers have so that they

can really experience what it's all about and try it for themselves." As is evident by the

quote, it was hoped that by attending a Playmakers training, the staff with whom s/he

works would experience the joy and healing and positive energy that this approach

engenders, thus making it more likely that they would participate in and initiate

Playmakers activities, further integrating them into their programming for the children

they serve. That is, if resistant staff have the opportunity to engage in the activity, they

are more likely to experience the joy, connectivity, and autonomic regulation that the

games generate. In that, it is conjectured that resistant staff would be more likely to want

to embrace the Playmaker approach.

Rigid thinking patterns. Several strategies were delineated for countering staff

with rigid thinking patterns. An example of rigid thinking is as follows:

He was, like, 'oh, you play games with these guys? You're crazy.' He was, like,

'oh, wait, you build kites? And boats? That's crazy. These kids will never do

that.' He was just so stuck that he would not try it.

One strategy for countering such examples of rigid thinking included role

modeling:

When he started seeing me do these activities with the kids – and we were doing

these little games like team juggle - he started seeing that it was successful. And,

he would watch us do "A Cool Breeze Blows" (LIG Playmaker game), and he

started seeing how these games that these kids were playing were not only

appropriate but that we were able to use them to discuss with these kids things

that are (sic) going on in their life and draw the connections between the game

and their life experiences. So, he started seeing the whole picture of exactly what

the game is (sic) about and it's not just about sitting down and just playing a game

just to kill time.

Referring to the same rigid-thinking staff person, this Playmaker had this to say:

He saw that, man, if I play with the kids more and I engage with them more, the

families have more of an understanding so that, when I do have to bark at them

and when I do have to diffuse a situation, or I have to let them understand that

their behavior was inappropriate, they still remember that person who was playing

cards with them.

This OP demonstrated the effectiveness of role playing to increase acceptability in

resistant staff as well as to demonstrate the general willingness of children to cooperate

when they feel safe and part of a community, which are two of the four domains of play.

Another strategy for countering rigid thinking included getting the person trained as an official LIG Playmaker:

> I finally got her to go to a Playmaker training. Ever since then, she has lightened up quite a bit. She is not so much the safety police, telling the kids that they can't do this and they can't do that. Again, she wants it to feel like she can play with the kids.

A third strategy to combat rigid thinking was found to be gently "nudging," being careful not to push too hard:

> We try not to push. If you push too hard, then we lose them… so, you have to wait and give them time and then reel them in little by little until they are ready to participate and be part of it.

A fourth strategy involved using psychoeducation to explain how the Playmakers approach alleviates effects of trauma:

> I told him that there is a better approach with these kids. Some of them are being abused and some of them have very severe trauma that they sometimes need an escape… If they received their trauma at five years old, they are stuck with the five year old mentality even though they look and present themselves as an adult or young man or young woman. They are still stuck in that developmental stage. Some of our kids don't understand how to be a kid. Some of these kids have been the keeper of their home or have been running on the street and running by themselves for such a long time that they cannot show vulnerability. And they cannot show weakness because someone will take over them. We have to

understand that philosophy. Once he (the rigid-thinking staff member) started

listening to me, he started seeing what I was talking about.

A fifth strategy used to counter rigidity in staff, specifically targeted to those who

believe that all children must engage in all activities organized by adults, which is not

part of Playmaker philosophy, involved helping other staff to empathize more with the

children:

> I basically told them to put themselves in the children's perspectives, to just sit
>
> back and try to put yourself in an example where you really don't want to do
>
> something and having somebody force you into doing it. And, how uncomfortable
>
> you are by doing that. And, for example, at a wedding, everybody has to get up
>
> and catch the bouquet. And, what if you don't want to do that and everybody's
>
> telling you that you have to do that? And, you really don't want to. And, you're
>
> really uncomfortable, and that's really the kind of example that I have given them
>
> – to really put themselves in the children's shoes and to just realize that, hey, just
>
> because you're sitting at the table in the chair does not mean that you're not there.
>
> You know?

Obstacles and Strategies Related to Organizational Context

Organizational context was also found to be an important source of obstacles in

integrating Playmaker activities into existing programs. Examples of organizational

factors that were found to impede integration of Playmaker activities into existing

programs included administrators not understanding the relevance of the activities and

how to integrate them into existing programs. Other organizational factors included

administrators not understanding the benefits of the Playmaker approach, a narrow focus

on task completion, staff availability, staff perceiving that any change would mean more work for them, and space constraints. Fortunately, the OPs found effective strategies for dealing with all of these obstacles.

Administrators do not understand how Playmakers fits into programming. One example of lack of administrative support included administrators' lack of understanding about how LIG Playmaker games and activities can fit into regular programming. To overcome this concern, one OP dealt with this obstacle by showing how Playmaker activities can be integrated into children's daily routines within the school structure. "So, I demonstrate how to incorporate it into the morning meeting for when children have lag time, when everyone is lining up, or when they are waiting for the bathroom." In this way, this OP demonstrated for the principal and other staff members that LIG Playmakers is more than a collection of activities or games; it is a way of being that can be integrated into an activity.

Administrators do not understand the benefits of the Playmaker approach. Lack of organizational support is also apparent when administrators and supervisors don't understand the benefits of the LIG Playmaker approach. One OP stated "the first thing is to convince the powers that be, your executive committee, your administrative staff, that this is not just a tool. This is something that we need." She responded to this obstacle using role modeling: "Well, …they saw me doing it. They were asking me, 'How and where did you learn how to do that?'" This OP then encouraged her supervisors to encourage general staff to get trained.

Narrow focus on task completion. One OP identified staff who were narrowly focused on task completion as an obstacle: "…with kids, he is like, 'oh, let's just get this

done." The strategy that this OP used to counter this obstacle was to express joy and

appreciation of any play behaviors she observed in this staff member:

> One day, he was with the patient, and he was playing with the drum. And he
>
> broke the drum. And he felt very badly. …He came to me looking extremely
>
> guilty, and he said, 'I am so sorry. I broke your drum. The patient told me I had to
>
> tell you because he is very disappointed, too. He said that you were going to be
>
> angry.' And I said, 'no, no, no, no, no. I am so happy that you are playing with
>
> him. I don't care about the drum. I am so happy you are playing with him.' He
>
> appreciated that, and he was like, 'yeah, you're right! I've played with him! And
>
> that's okay! We love drums!' And, I think it was a breakthrough, not only in my
>
> relationship with him but also in his understanding of what we really mean when
>
> we say 'let's just play.' …He also opened up in other ways…

Staffing difficulties. Another organizational cause of resistance in staff members

is that staff are not utilized in a way that supports the implementation of something new.

One OP gave the following example of how this problem can be an obstacle to

implementing Playmaker activities:

> I was in a class where every single child is diagnosed with autism and, of course,
>
> every child has been impacted by it differently. And so, it's like if you have a
>
> regular education class, you have children with similar characteristics. But, in
>
> autism programs, it's just so diverse. But they have the staff. So, how do you
>
> handle it when people are overwhelmed?

This OP had the option of rotating extra staff so that more people were able to get a

break: "Just have the extra staff that you have in your class give them (regular teachers

and support staff) a break for a minute and then bring them back in." It is important to recognize that not all settings have this option, as staffing in many settings is minimal.

Another strategy to counter insufficient staff availability was to target staff members who know how to manage their unit, ward, or classroom. If they see the benefits of Playmaker implementation, these staff members can act as allies with both staff and administration as well as help Playmakers identify organizational issues, such as gaps and obstacles to implementation, that may impede organizational buy-in. Once such gaps and obstacles are identified, it becomes possible to streamline functioning of staff to better accommodate implementation of something new.

Another staffing problem identified by the OPs is high levels of staff turnover, which is an obstacle to implementing Playmaker activities because new staff constantly need to be taught the activities, the rationale, and the spirit of Playmakers so that they are well-equipped to invite the children to engage in a non-threatening, joyful manner. To address this problem, Playmaker training can be integrated into all staff training so that staff members are not required to give up their time off to attend an additional professional training. This approach also removes issues around travelling to trainings and associated costs. Rather, the organization provides the training in-house along with coverage for their classrooms. In this manner, OPs have influenced most of their staff to participate.

Perception of more work. In describing an obstacle where staff perceived implementation of Playmakers games and activities as more work when they are already significantly stressed, one OP who worked in a children's hospital described how integrating Playmakers in that setting required extra work:

…to go with those children (who are selected to participate) …does not only take

me going into the room and making sure they are in a wheelchair and wheeling

them out… It takes me going in and talking with the nurse and me going in and

talking with the respiratory therapist… But it also is a question of if I will be

moving them… And then sometimes… I need them to also do maintenance for

that child, meaning that they need to make sure that they are healthy and safe,

checking them during the group.

This example illustrates the complexity of care in a hospital setting and many of the

variables that need to be addressed on an organizational level for implementation to be

successful.

Related to the obstacle of more work for staff and staff availability is the problem

of time constraints:

Usually, it's (the issue/obstacle of) time. Time and hands. Do I have enough

hands? So, not only do we have these kids who have these medical issues, we also

have children with genetic disorders or other disabilities where they have physical

disabilities where they can't move their arms in a lot of the ways that other

children can or move their bodies in the way that other children can. And, so we

have to adapt a lot of things and we have to have extra hands to help them do a

lot. And so I think a lot of times, the constraint is the time to get them there and to

hold on to a staff member during that group to help them and to get them back to

their room. So, it is a combination of people to help them do the activities and the

component of hands to also do it all.

To counter this significant obstacle, this OP targeted programming and consistency of when her group met:

> …when you work with children, predictability is the best thing that you can do. So, I'm trying to find a way to be predictable and be consistent so that they know it's just the day that this happens. It is just another day that this group happens at this time. It is just a part of this schedule. And, the less I change it, the better it is. Currently, we change things to accommodate staff needs, and I think that the more we can be consistent, the less that we are going to have to work at people being familiar

This OP went on to explain that once her sessions were scheduled on a regular basis according to what worked best for other professionals on her hospital unit, all staff were better able to plan for her activities, and so staff members were better able to be available to help with Playmaker activities, when needed.

A more indirect strategy for addressing obstacles related to time demands and staff resources is to identify a pivotal person who is generally well liked by staff and able to generate enthusiasm for Playmakers. These individuals communicate the benefits of the approach to other staff, and they also can identify obstacles, such as scheduling issues, and strategies that are critical for successful implementation. In the following quote, a Playmaker described how one staff member took on that role:

> For example, last week, a staff member said, 'you know, sometimes the (Playmaker) group is really hard on staff. It's really hard because it is too early in the day.' …So, I am going to meet with them and say, 'when can we do it? Because we're finding that we are being inconsistent because the time is clearly

bad.' So, we are going to look to change the schedule to work with what they

need and to find the best balance for everyone. We thought we had that, and it's

become more obvious that it's not lack of effort; it's just a bad time for everyone.

Another example of identifying and appealing to pivotal staff members to effect

change is as follows:

As of right now, the best people to talk to are our charge nurses. The first one who

talked with me was a nursing educator. She's an on-site nursing educator who has

a lot of experience in the field and has worked on her unit for quite a while. She's

also an advocate as far as she wants to get the children out into these play groups.

She is a Playmaker at heart. She is a person who will do it if she can do it. If she

can make it work, she will make it work. And, she is an asset. When she is on, I

have a sigh of relief because I know that we will get everybody out this week and

that day. And I think that she sees the big picture of what we all want and what

the best-case scenario is, and she helps me see what is a bad time. And, I am

going to now meet with the charge nurses and potentially her as well. That would

make sense. You know, 'what will work best for you guys? Because I want it to

be easy for you guys and I want you to be excited and I want you to join us

because it is going to help our patients.'

In this way, this OP identified a key staff member who demonstrated an ability to manage

all the variables in the children's care in such a way that this OP could trust that all the

children on that unit would get to play group when that charge nurse was on duty. She

was also identified as an "advocate," which is helpful in getting other nurses on board

and serving as a conduit to more information about what works in the system as well as

gaps and areas of difficulties for staff. It is important to tap into these pools of information to develop a proactive organization that supports all its parts.

Obstacles Related to Children and Their Families

     Behavioral issues. One example of how behavioral issues related to children could be an obstacle was described in the following quote from one of the interviews:

> Some of the kids weren't able to be around each other. It was a shelter, so we had all different types of kids, different types of backgrounds, different behavioral issues. So, it was tough for us to deal with because, with the behaviors, it was like a facility, a lockdown type. And the kids could not really engage in an activity.

This Playmaker increased acceptability of LIG Playmaker approach by demonstrating its therapeutic effects. She described running therapy groups in a developing shelter in which she had new sets of children every two weeks. With that constant influx, the kids were getting into fights on a regular basis. Through the use of *The Cool Breeze Blows*, a Playmaker activity that highlights similarities between participants, the prevalence of fights decreased, and management recognized the therapeutic value of the activity.

> So they were able to see us play *The Cool Breeze*... We started out with many kids getting into fights, but we could get the kids engaged by showing them that it's fun. And the staff therapists started to see that they could get deeper and deeper by playing this game that highlights the kids' similarities. I showed the kids that, even though they came from different areas and different surroundings and different upbringing, they faced different obstacles in their life, they still have a lot of things in common.

This approach also helped this OP obtain administrative support where none had previously existed.

Perceived physical limitations of children. One of the OPs worked in a children's hospital where she encountered staff that were impeded by their own perceptions of perceived limitations of the children they treated:

> For example, on the rehab unit, the kids are more able to get out in the playroom, so the staff is more able to see them doing the activities. In other units, where kids are more likely to have tracheotomies, they cannot talk unless they have learned how to speak around it, which most of them have not, and they are connected to these machines. Usually, they are stationary in the room until they are healthier and stronger. So, they are in a lot more isolation, and there is a lot less ability for these children to communicate their needs and their desires, to get out and play and have fun.

This OP did not suggest a strategy for overcoming communication difficulties in children with tracheotomies. Instead, she highlighted the importance of regularly scheduled implementation times organized around the rhythms of the unit. This strategy combines multiple strategies, including communication with other staff to know what times of day allow for more staff to be available as well as utilizing pivotal staff members who have a pulse on such daily rhythms and can act as a conduit for communication with different types of staff to get buy-in, cooperation, and information regarding organizational-level obstacles. It is only with this type of organizational cooperation that complex organizations can potentially find the manpower to help children who are physically limited engage in Playmaker activities.

Volatile family members. One OP who works in the foster care system mentioned volatility during family sessions as an obstacle to implementing Playmaker activities:

When they come into our (foster care) agency, the biological moms are not in a great mood because they do not have their children and whatever else is going on. And then the foster moms are not in great moods because they have to bring the kids in for the visit and it's kind of inconvenient. And a lot of times, the kid is going through an emotional roller coaster because of seeing their biological parents. So, they have a burst of behavioral issues.

This OP gradually introduced different games to all parts of the family:

So, I talked to my director and I said, 'Listen, let's set up a place where we can bring the family, the bio mother, the child, and the foster parents together. And we can play some games together. And when we start playing these games, we can start out very slowly where we play bean ball or news ball (Playmaker games) and small warm-ups. And that will help bridge the gap or break the ice and get everybody smiling. The kids will look forward to the visit, and the parents will look forward to the visits, and they will be productive.' My agency started to listen to me with this argument, and they bought me some basic materials to do Playmaker games, including some balls and a parachute. If you want to play with your child, I can facilitate the games. I help the kids come in, and I sit everybody down, sit the parents down. Explain the games to them. It is an upbeat atmosphere, joyful.

In this manner, this OP used Playmaker activities to bridge the gaps inherent in contentious relationships as well as to help all parts of the family feel connected and joyful as they work toward healthier relationships.

Discussion

The primary goal in this study was to examine and document ways in which Outstanding Playmakers (OP) overcame obstacles to implementation of Playmaker activities in organizations where the existing culture was found to be resistant to new programs. Using qualitative analysis, three types of obstacles were found, which are listed in Table 1 (p. 16): obstacles relating to staff, obstacles relating to organizational context, and obstacles relating to children and their families.

A total of 10 strategies were delineated across domains, as outlined in Table 2 (p. 17). Across these 10 strategies, three themes were identified as most important for reducing resistance to implementation of Playmaker activities. First, role modeling was mentioned most often as a strategy, and it seemed to be highly effective. Second, several other strategies facilitated implementation through their positive impact on staff empowerment. Third, identifying pivotal staff was especially helpful for overcoming organizational barriers to implementation.

The Pervasiveness and Effectiveness of Role Modeling

It is notable that, regardless of type of obstacle, role modeling was mentioned most often. Role modeling, by its nature, allows for observational learning by other staff. Additionally, when significant outcomes include more engaged and cooperative children, other staff will likely want to learn how the Playmaker achieved such results. When Playmakers include other staff in an experiential manner, the participating staff members

have the opportunity to connect with the children in a joy-based manner that is typically

not embraced in most settings. They also have the opportunity to see and experience how

the activities deepen the child-staff relationships, resulting in greater cooperation and

more physiologically regulated functioning of the children and adults.

Demonstrated behavioral clinical outcomes include the following: positive and

cooperative play behaviors in children, fewer destructive or challenging behavioral

outbursts, increased cooperative behavior, and increase in positive mood. Role modeling

of Playmaker activities also can be used to show how to overcome perceived limiting

factors, such as small rooms and children's physical limitations.

Other obstacles included administrators not understanding how Playmaker

activities fit into regular programming, not understanding the clinical benefits of the

activities, and narrow focus on task completion. All of these cited obstacles, like the other

obstacles cited, were generally overcome using role modeling. A narrow focus on task

completion seems to reflect a common misperception is that work cannot be joyful. Role

modeling the implementation of Playmaker activities demonstrates that all of life can be

joyful if we approach our "tasks" with a spirit of play. In this manner, ordinary work

becomes more intrinsically motivating and, thus, more likely to get done. Role modeling

also shows how all Playmaker activities can be adapted to any space parameters.

Role modeling also could be useful in overcoming obstacles relating to children

and their families, which include children not wanting to engage with staff (depending on

the organizational setting, this may be fear-based), volatile family members, behavioral

difficulties, and perceived physical limitations of children. The first three obstacles were

removed by simply implementing the activities. The activities are specifically designed to

value every member present, regardless of the level of physical involvement with the activity, in a non-threatening, joyful manner. Simply watching an activity is valued for the value of bearing witness, a basic need for validation of experience. Fear, by its very nature cannot exist in the presence of joy (Panskepp, 1998) and Playmakers are trained in fostering joy in other people. Thus, simply implementing the activities was found to be effective in countering many of the obstacles relating to children.

Role modeling also could be used to enhance other strategies. For example, the Playmakers sometimes used psychoeducation on topics such as the positive effects of play on children's functioning and explanation of the Playmaker philosophy. While this strategy can be helpful, staff members may not be open to learning about the theory behind the Playmaker approach until they have had the opportunity to observe it for themselves.

Facilitating Implementation Through Staff Empowerment

Another cluster of inter-related strategies facilitated implementation by promoting staff empowerment. These strategies include employees taking leadership roles in choosing which activities to do with the children, encouraging bi-directional relationships between children and adults, and allowing creative freedom in implementation of activities. These activities are empowering because they allow employees who are not familiar with LIG Playmakers to become experientially involved in the process in a way that allows them to feel the change inside themselves as well as observe changes in their relationships with the children.

By definition, a process is empowering if it "helps people develop skills so they can become independent problem-solvers and decision-makers" (Zimmerman, 2000, p.

46). In addition to facilitating people's receptiveness to an innovation such as

Playmakers, participation in empowering activities also provides one with a sense of

personal control, which has been found to reduce psychological stress and predict

positive health behaviors (Zimmerman, 2000).

Identifying Pivotal Staff in the Service of Overcoming Organizational Barriers to

Implementation

When the Playmaker manages to get buy-in from pivotal employees who are

knowledgeable, respected, and connected with different parts of the organization, it

becomes more probable that organizational obstacles can be identified, problem-solved,

and addressed. While role playing often lowered resistance to implementation in some

staff, other staff that were not similarly affected. Some of the residual resistance related

to organizational factors, such as scheduling conflicts or gaps in communication. A

knowledgeable and respected staff person who becomes a strong advocate of the program

can help Playmakers identify organizational obstacles and develop cooperative

relationships between different parts of the organization, which can lead to changes such

as streamlining schedules that ease the burden of all staff involved.

Implications for Practice

When considering how Playmakers could use these results in their training, it

seems especially useful to focus primarily on role modeling and finding pivotal people

within the organization to help identify organizational barriers. When discussing role

modeling, it would be helpful for the trainers to identify specific situations involving all

the obstacles that are pertinent for their present audience. Identifying specific obstacles

for which role modeling might be helpful will help trainees to actively apply what they

are learning to their specific work context. The findings concerning staff empowerment suggest it would be especially effective to elicit from trainees what their obstacles might be and then help them to actively develop strategies for overcoming them in as much detail as possible ahead of time.

Facilitating implementation by streamlining organizational processes is a more complex skill. The study findings suggest that the most useful strategy is to identify one or more pivotal persons who know the organization well and are respected by many of the other staff and administrators. Trainers can help trainees think through who this person might be in their own settings. Eliciting questions might include the following:

- Who seems to know everyone and everything?

- Is this person liked/respected by most people in your setting? (People who are generally liked tend to get more buy-in.)

Once this person is identified, the following questions can be utilized to start the process:

- At what times are staff members most pressured or pressed for time?

- Are there times when there seems to be a lull in the need for extra staff? When are those times?

- What are the needs of the different staff groups in the setting (doctors, nurses, aids, etc.)?

In this way, the Playmaker can begin to elicit necessary information to inform when an optimal time for implementation might be.

Limitations of the Study

Three limitations were noted:

- Results of this study were based on self-reports only.

- Limited numbers of interviews were conducted.

- Unsuccessful implementations were not examined.

The first limitation is that the study relied completely on self-report data collected from Playmakers. Although previous researchers have found that critical incident interviewing techniques can be valid and reliable (Motowidlo et al., 1992; Ronan & Latham, 1974), and they are invaluable for accessing certain thought processes and behaviors, observing Outstanding Playmakers in their work environment in order to collect detailed objective data could enrich the results. Additionally, interviewing administrators and co-workers within each organization would identify whether factors identified by OPs were, in fact, accurate. Such interviews and observations might reveal additional pertinent factors.

A second limitation was the limited number of interviews conducted. While strategies and obstacles were repeated across interviews often enough to discontinue the interviews, there might be value in doing additional interviews to determine whether additional findings might be found. Also, a larger sample would increase confidence in the findings.

The third limitation was that unsuccessful implementations were not examined. It would be valuable to examine strategies that are unsuccessful or that increase staff or organizational resistance. By examining these approaches, Playmakers can be trained to avoid such strategies, thereby increasing their chances of successful implementation. Additionally, it might be helpful to determine whether strategies outlined in this paper may have been unsuccessfully utilized in other organizations or by other Playmakers that

were not deemed "outstanding." If so, it warrants explorations regarding which factors account for the different outcomes, including whether they are factors relating to the person attempting to implement them or organizational factors.

Directions for Future Research

Future research could explore any of the limitations noted above. Additionally, this study has assumed that experiential involvement in Playmaker activities leads to changes in their relationships with the children. It would be helpful to determine more objectively with psychometrically valid relationship scales whether this assumption is accurate. Another area of future research could include further examination as to why staff might narrowly focus on task completion rather than on joyful process. That is, what are the beliefs that limit staff members by impeding the likelihood of their trying a new approach? Where do those beliefs come from? What factors contribute to their rigidity? What factors mitigate their rigidity? One possible contributor to the rigidity might be fundamental conflicts between multiple views of education and/or treatment. If this notion is accurate, what are some methods that might soften the polarity between the beliefs of each perspective? Perhaps, one approach might be to focus on similarities across viewpoints rather than on differences.

Conclusions

When examining all of the findings, three broad themes emerged: role modeling was mentioned most often as a strategy, and it seemed to be highly effective; several other strategies facilitated implementation through their positive impact on staff empowerment; and identifying pivotal staff was especially helpful for overcoming organizational barriers to implementation. These themes point to general processes that

can be used to help disseminate the Playmaker approach more widely. Role modeling enables other staff to directly observe the joyful spirit and therapeutic effects of the activities, thereby enticing them to want to learn the Playmaker approach. Staff empowerment allows staff to directly experience the effects of the Playmaker approach, directly engage the children in joyful group processes, and make their own creative decisions under the direction of a certified Playmaker. Enlisting pivotal staff as allies helps identify and reduce organizational obstacles, allowing for more efficient use of staff. Focusing on these three strategies can be particularly useful because it is easy to get bogged down with specific obstacle-strategy dyads (e.g., specific strategy relates to specific obstacle), which makes it cumbersome to integrate strategies into Playmaker trainings. Boiling the results down to three main themes streamlines how we consider pertinent issues of implementing Playmakers activities into a new organization.

As a closing note, the following quote from a successful Playmaker demonstrates the potentially long-lasting effectiveness of these strategies and principles:

I now work at a school with kids with special needs and he's (ex-co-worker) still at that shelter. And, I talk to him now and then, and he tells me stories about how my work still continues. He said that he learned a lot from me like when we were working side-by-side. He still has that philosophy embedded inside of him. He has a compulsion to be well-rounded and able to take different approaches with the kids.

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