

FACTORS RELATED TO THE USE OF PLAY THERAPY AMONG ELEMENTARY
SCHOOL COUNSELORS

by

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ABSTRACT

JILL KRISTINE WEIDKNECHT VAN HORNE. Factors related to the use of play therapy among elementary school counselors (Under the direction of Dr. PHYLLIS POST)

The purpose of this study was to examine variables that are related to elementary school counselors' use of play therapy in the elementary school setting. The specific variables explored were age, years of experience, workshop hours, graduate coursework, supervision in play therapy, school counselor self-efficacy, and perceived effectiveness using play therapy. The use or non-use of play therapy was the dependent variable in the study.

A survey was sent to a total of 2,500 American School Counselor Association members that fit the criteria of currently practicing elementary school counselors, and 192 participants were included in this research study. All questions of variables were gathered from the participant's self-report responses on the survey.

Correlations and a logistic regression were conducted to analyze the data. The findings indicated there were statistically significant correlations among the predictor variables of age, years of experience, workshop hours, graduate coursework, self-efficacy as a school counselor, and perceived effectiveness using play therapy. In addition, in the final logistic regression model, perceived effectiveness was a significant predictor of the use of play therapy among elementary school counselors.

DEDICATION

I dedicate this accomplishment to my family. In honor of my mother, Adelaide, and in memory of my father, Paul, who always made sure there were always more opportunities from which to learn. To my husband, Van, for your unwavering and tireless support of goals you did not sign up for when we got married. Finally, I dedicate this to my children Evan, Wade, Max, and Eve. May you always find the best way for you to accomplish your goals.

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TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION	1
Purpose of the Study	5
Significance of the Study	5
Research Questions	6
Research Design	7
Assumptions	8
Delimitations	8
Limitations	8
Summary	9
Organization of the Study	9
CHAPTER 2: REVIEW OF THE LITERATURE	10
The School Counseling Profession	11
History of the Profession	11
Current Role of the PSC	13
Summary	16
History of Play Therapy	16
Use of Play Therapy in Elementary Schools	18
Research in Play Therapy	19
Research Outcomes and Play Therapy in Elementary Schools	19
Summary	25
Demographics of School Counselors and Their Use of Play Therapy	25
Race	26

Gender	27
Age	28
Years of Experience	28
Training in Play Therapy	29
Research in Play Therapy Training Among School Counselors	31
Continuing Education Credits and Workshops	31
Graduate Level Coursework	33
Summary	35
Supervision	35
Supervision and Use of Play Therapy	36
Research Regarding Play Therapy and Supervision	37
Summary	39
School Counselor Self-Efficacy	39
Perceived Effectiveness Using Play Therapy	41
Summary and Conclusions	42
CHAPTER 3: METHODOLOGY	44
Description of Participants	44
Research Questions	45
Operational Definitions	46
Elementary School Counselor	46
Age	46
Years of Experience	46
CEUs/Workshop Hours	46

Graduate School Training in Play Therapy	47
Play Therapy Supervision	47
Quality of Play Therapy Supervision	47
School Counselor Self-Efficacy	47
Perceived Effectiveness Using Play Therapy	48
Gender	48
Race	48
Procedures	48
Instrumentation	50
Research Design	51
Threats to Validity	52
Threats to Internal Validity	52
Threats to External Validity	53
Data Analysis	53
Summary	55
CHAPTER 4: RESULTS	56
Descriptions of Participants	57
Missing Data	61
Data Analysis	61
Summary	64
CHAPTER 5: DISCUSSION	66
Results and Conclusions	67
Contributions of the Study	71

Limitations	72
Implications of the Findings	73
Recommendations for Future Research	75
Concluding Remarks	77
REFERENCES	78
APPENDIX A: INTRODUCTORY LETTER	87
APPENDIX B: INFORMED CONSENT	88
APPENDIX C: QUESTIONNAIRE: ELEMENTARY SCHOOL COUNSELOR PLAY THERAPY SURVEY	89

LIST OF TABLES

TABLE 1: Descriptive statistics for categorical variables	58
TABLE 2: Descriptive statistics for continuous variables	60
TABLE 3: Pearson correlations coefficients of continuous variables	62
TABLE 4: Parameter estimates for using play therapy	64

CHAPTER I: INTRODUCTION

Mental health interventions are such a critical need for children that the Committee on School Health (2004) has identified this as a necessary priority for the 21st century (Mellin, 2009; U. S. Public Health Service, 2000). School counselors provide important access points to these services as they are often the first point of contact when it comes to recognizing and/or addressing the mental health needs of students (Shen & Sink, 2002). In many cases, professional school counselors (PSCs) are the only contact children have had with mental health professionals.

The training of PSCs includes a foundation that considers the developmental level of the children with whom they communicate. Children at the elementary level typically function at one of two stages within Piaget's (1962) theory of cognitive development: the "preoperational stage" (ages 2-7) or the "concrete operations stage" (ages 8-11). At the preoperational stage, children have an internal awareness of their world for which they do not have the words. Their thinking is focused on their perspective, and they are not able to see the perspective of others. They do not understand concrete logic. However, children in this stage do use symbols to communicate. As a result, their play is the way they communicate. In the concrete operations stage, children develop the ability to think logically with inductive reasoning; yet, they are only able to think concretely, leaving hypothetical or abstract concepts areas yet to be conquered. Their play is a reflection of

the concrete thinking and developing reasoning. Play can allow the adult to understand the perspective of children.

Given their level of cognitive development, play therapy is an appropriate technique to use with children aged two through 10 years old. Because young children cannot articulate their thoughts and feelings abstractly (Landreth, 2012), school counselors need training that will meet the needs of their student population. When school counselors are able to focus on children in this developmentally appropriate manner by using play therapy, there is increased potential for optimal growth of children socially, emotionally, and intellectually. Even though children do not talk about their problems, the benefits of play therapy include problem solving, expression of feelings, and skill development to confront fears, guilt and anxiety (Landreth, Ray, & Bratton, 2009; Parker & O'Brien, 2011; Schaefer, 2011).

Specifically in the school setting, the benefits of play therapy have been examined multiple times resulting in empirically based information favoring the use of play therapy. These studies reported increases in positive behaviors, academics, and self-concept among children (Axline, 1949; Blanco & Ray, 2011; Dogra & Veeraraghaven, 1994; Hannah, 1986; Muro, Ray, Schottelkorb, Smith, & Blanco, 2006). An example of beneficial outcomes was shown by Shen (2002) who reported a case study in which a child showed improvement, through play therapy at school, following post trauma symptoms from a life threatening, natural disaster that directly affected his family. These improvements included greater emotional competence, improved gross motor behavior, improved mood, and increased level of motivation in school and at home. In addition, sleep and appetite became more regular as reported by the teacher, principal and

parents. A qualitative study conducted by Baggerly and Parker (2005) explored the use of group play therapy in school among African-American boys and found that not only to be a culturally sensitive approach, but also it allowed for the expression of a positive self-concept. In addition, teachers reported several of the boys were more helpful and attentive in the classroom after the conclusion of the play therapy experience. In Canada, sandplay was used with children on the autism spectrum. Children diagnosed with Autism Spectrum Disorder (ASD) were invited to use sandplay for 10 weekly sessions over a 10-week period. Over the length of the study, students displayed an increase in verbal expression and engaged social interaction. Additionally, there was an increase in symbolic, spontaneous and novel play. They also found the sandplay, along with the combination of rhythm and movement based rituals, and the structure of the classroom that included space for non-directive sandplay to occur, to be a viable combination for children with ASD as it can foster communication, socialization and symbolic play. (Lu, Petersen, Lacroix, & Rousseau, 2010).

In a meta-analysis conducted by Bratton, Ray, Rhine, and Jones (2005), only 36 of the 93 studies were conducted in schools. Results indicated that children who received play therapy demonstrated changes, compared to children who did not receive these same interventions, by more than three fourths of a standard deviation (.80). After reviewing these various studies, this meta-analysis further revealed that regardless of whether or not the problem was targeted (e.g. internalizing, externalizing, or otherwise identified concerns) play therapy was beneficial.

Fortunately for children and their stakeholders, the role of elementary school counselors is to provide developmentally appropriate services that can meet these mental

health needs of children. Of the few studies that have looked at play therapy in schools, we know that play therapy is not used in many elementary schools by PSCs. Ray, Armstrong, Scott, & Balkin (2005), who did not report the percentage using play therapy, found possible barriers to using play therapy included lack of time and lack of training in play therapy. They emphasized the need for more research to learn what is working in the implementation of play therapy in elementary schools. In this study of 381 ASCA members, they examined the level of play therapy training, the relationship between counselors' beliefs about play therapy and the use of play therapy in schools, and the relationship between counselors' perceived barriers to using play therapy in the schools and the use of play therapy in the schools.

An additional barrier to using play therapy in schools may be related to lack of supervision in using these skills. School counselor supervision of play therapy skills has been examined by researchers. Page, Pietrzak, and Sutton (2001) looked nationwide at the supervision of school counselors. This study however, did not provide any information regarding play therapy specific supervision. Fall, Drew, Chute, & More (2007) surveyed Registered Play Therapy-Supervisors to examine the characteristics of play therapy specific supervisors and training issues; however the participants were not ASCA members or PSCs. A need exists to examine the relationship between school counselor supervision and use of play therapy and this research examined that relationship.

Finally, while more studies are being conducted that examine the training of those using play therapy such as Smith-Adcock et al. (2012), the focus was not on PSCs. Their qualitative study examined graduate students' experiences as a result of their training. To

date, no study has addressed the relationship between play therapy training and the use of play therapy since 2005 (Ray et al., 2005). In conclusion, there is a need to understand more fully factors that contribute to the use of play therapy among PSCs. This study provides a bridge in the gap of literature as it compares those who use play therapy and those who do not. The variables which were examined were age of the school counselor, years of experience, workshops/CEU training, graduate level courses, school counselor self-efficacy, and perceived effectiveness using play therapy to consider what makes a difference in whether PSCs use play therapy in schools or not.

The remainder of this chapter describes the purpose of the study, significance of the study, the research questions, research design, assumptions, delimitations, and limitations. This chapter concludes with a summary.

Purpose of the Study

This study adds to the body of research regarding variables that are related to school counselors' use of play therapy to inform the profession about factor that can predict the use of play therapy by school counselors. The purpose of this study was to compare the experiences of PSCs who use play therapy and those PSCs who do not use play therapy relative to their age, experience, training, supervision, school counselor self-efficacy, and perceived effectiveness using play therapy.

Significance of the Study

Elementary school counselors' time and talents are spread among many responsibilities, including disciplinary functions, clerical duties/record keeping, and testing coordination within the school (Fitch, Newby, Balestero, & Marshall, 2001). Therefore, identifying factors related to using the most effective strategies with children

is critically important. This study provides insight and information about one approach to counseling with children known as play Therapy. Play Therapy is known to be developmentally more age appropriate than talk therapy (Landreth, 2012) and preferred by children (Green & Christensen, 2006).

In this study the researcher added to the existing literature regarding the use of play therapy in schools by examining how age, experience, training, supervision, school counselor self-efficacy, and perceived effectiveness using play therapy relate to the use of play therapy among elementary school counselors. The findings could inform school counselors to help them advocate for continued education appropriate to students' needs and to implement play therapy within their settings. In addition, the information gleaned from this research could provide a base of empirical research that could encourage counselor education programs to incorporate play therapy courses as requirements for students working with elementary age children and adolescents.

Research Questions

The proposed study sought to compare the characteristics of practicing school counselors who use play therapy and those who do not use play therapy relative to their age, experience, training, supervision, school counselor self-efficacy, and perceived effectiveness using play therapy. The study specifically addressed the following questions:

1. What are the relationships among elementary school counselors' age, years of experience, workshop hours in play therapy, number of graduate school courses in play therapy, hours/month of play therapy supervision, perceived quality of

supervision of play therapy, school counselor self-efficacy, and perceived effectiveness using play therapy?

2. To what extent do age and years of experience predict the use of play therapy among elementary school counselors?
3. To what extent do number of workshop hours of training in play therapy (workshop) and graduate school courses in play therapy (graduate courses) predict the use of play therapy among elementary school counselors after controlling for age and years of experience?
4. To what extent do hours/month of play therapy supervision and perceived quality of supervision predict the use of play therapy among elementary school counselors after controlling for age, years of experience, workshop hours, and graduate courses?
5. To what do extent do school counselor self-efficacy and perceived effectiveness using play therapy predict the use of play therapy among elementary school counselors after controlling for age, years of experience, workshop hours, graduate courses, hours/month of play therapy supervision and perceived quality of supervision?

Research Design

This research study was a non-experimental survey design. A hierarchical logistical regression was used to compare those who use play therapy and those who do not use play therapy as the dependent variable. The independent variables were age, years of experience, graduate courses in play therapy, continuing education units (CEUs)/workshop hours, hours/month of play therapy supervision, perceived quality of supervision, school counselor self-efficacy, and perceived effectiveness using play

therapy. Demographic variables used to describe the participants were gender, race/ethnicity and work environment (rural, suburban, or urban).

Assumptions

The following assumptions were made concerning the implementation of this research:

1. It was assumed that all participants responded honestly to the self-report instrument.
2. The survey used was valid and measures the variables accurately.
3. The participants represent the target population.

Delimitations

The delimitations include:

1. The study included only those individuals who were current members of ASCA.
2. Only members of ASCA who were currently practicing as elementary school counselors were included in the sample.
3. Participants included those with varying school counseling levels of experience and student populations.

Limitations

The following limitations are expected to impact the generalizability of the proposed study:

1. ASCA membership limited this study to a smaller population than the actual number of PSCs in the United States.
2. The PSCs who chose to answer the survey may have been more inclined to use play therapy.

Summary

Working with children at their developmental level is a priority in meeting various needs of children (Landreth, 2012). Elementary school counselors are often the first contact people who are skilled in meeting the needs of children in the school setting. Play therapy is a developmentally appropriate approach for elementary school aged children. This research explored whether there was a relationship among age, years of experience, graduate school course work in play therapy, CEUs/workshop hours in play therapy, supervision experiences in play therapy, perceived quality of supervision in play therapy, school counselor self-efficacy, and perceived effectiveness of using play therapy among elementary school counselors who use play therapy and elementary school counselors who do not use play therapy.

Organization of the Study

There are five chapters presented in this dissertation. In Chapter 1, purpose of the study, significance of the study, research questions, research design, assumptions, delimitations, limitations, and summary were reviewed. A comprehensive literature review of the variables is provided in Chapter 2. In Chapter 3, the description of participants, research questions, operational definitions, procedures, instrumentation, research design, threats to validity, and data analysis are discussed. The results are presented in Chapter 4, and the results and conclusions, contributions, limitations, implications, and future research are in Chapter 5.

CHAPTER 2: REVIEW OF THE LITERATURE

The purpose of this study was to examine how age, experience, training, supervision, school counselor self-efficacy, and perceived effectiveness using play therapy of Professional School Counselors (PSCs) in elementary schools are related to the use of play therapy in elementary schools. More specifically, this study examined age, gender, years of experience, graduate coursework in play therapy, CEUs/workshop training in play therapy, the presence of supervision, the perceived quality of supervision, self-efficacy of school counselors, and perceived effectiveness using play therapy as they relate to the use of play therapy among elementary school counselors.

This chapter reviewed both theoretical and empirical literature that gives emphasis to the need for this study. This chapter provides support from the literature for the variables that were used in this study. The dependent variable in this study was the use of play therapy (yes or no) by PSCs. The independent variables were age, years of experience, graduate school course work in play therapy, CEUs/ workshop training in play therapy, supervision experiences in play therapy, perceived quality of supervision, self-efficacy as a school counselor, and perceived effectiveness using play therapy.

The first section below explored the school counseling profession with sections on the history of the school counseling profession and the current role of the school counselor. The second section discussed the history of play therapy with sections on the use of play therapy in elementary schools, research in play therapy, and research

outcomes and play therapy in elementary schools. The third section provided a description of the demographics of elementary school counselors and their use of play therapy. It reviews what we know regarding their race, gender, age, and years of experience. The fourth section reviewed literature regarding training with sections on research in play therapy training among school counselors, workshops, and graduate level coursework. The fifth section reviewed the literature on supervision with sections on supervision and use of play therapy and research regarding play therapy and supervision. The sixth section addressed school counselor self-efficacy. The seventh section addressed perceived effectiveness using play therapy. The last section summarized the chapter and drew conclusions from the researched findings of the existing literature.

The School Counseling Profession

The role of PSCs is to help every student achieve academically, gain personal/social awareness, and understand career decision making (American School Counseling Association [ASCA], 2004). In completing such a task, it is imperative PSCs are prepared to implement developmentally appropriate interventions, which include using play therapy with young children (Drewes & Schaefer, 2010).

History of the Profession

A recognizable shift has occurred in the PSC profession. The role of the PSC has changed significantly as shown by the change in title from guidance counselor to professional school counselor. This role shift moved from vocational guidance developed by Frank Parsons to a systemic approach that addresses students' needs, including providing counseling services that address the academic, career, and social

well-being for students' success (ASCA, 2004; Perusse, Goodnough, Donegan, & Jones, 2004).

In 1913 the National Vocational Guidance Association was formed as a result of the concept of guidance growing in the schools and the advocacy for more counselors. In 1938, further funding through the George Dean Act allowed for an increase in vocational guidance counseling in schools. Faust (1968) continued to detail the growth of the profession when the National Defense Education Act (NDEA) in 1958 started the new position of school counselors. School counselors were charged with the opportunity to meet government demands of the math and science fields by supporting academically achieving students to stay competitive with the Soviet Union's launch of Sputnik (Herr, 2002). Interestingly, the 1950s also brought the creation of the American School Counselor Association (ASCA) molding the professional identity of the PSC. By 1965, the birth of "new" elementary school counseling was in motion (Faust, 1968). This new role included the recognition of the need for multicultural sensitivity, varied theoretical approaches to meet student needs, and integrating the profession to become a part of the whole school wide system. The evolution of the role continued into the 1990s. The focus transformed at that time from the Career to Work Opportunities Act and to direct services via the Elementary School Counselor Demonstration Act (1995). More recently, the No Child Left Behind Act (NCLB, 2001) put accountability in place for all licensed educational personnel, including PSCs. NCLB literature states that grant monies are to be used by the elementary school counselors through innovative approaches to provide services to students. Literature supports the idea that elementary school counseling has

approaches that are underutilized and emphasizes that approaches must meet the students' developmental level and needs (Baskin et al. , 2010).

Most recently, the role of the school counselor has been emphasized in the media and government. In his proposals to reduce gun violence, President Obama called for more school counselors in elementary schools to enhance school safety and for students to have access to mental health services (Currie, 2013). In this same address, he recognized that mental health professionals, which include school counselors, have unique skills that meet the needs of children in ways that other practitioners may not be able. Play therapy is one of those skills (Landreth, 2012).

Current Role of the PSC

As a result of the changing needs of the populations, culture, and influences of national and state standards, ASCA (2003) developed national standards as a model for schools which include working with children and providing direct service to them. According to Campbell and Dahir (1997), the traditional roles of PSCs are distinguished by coordinating school counseling programs and providing effective practices to meet students' academic, career, and personal/social needs through direct services. The ASCA National Model furthermore asserts that PSCs advocate to eliminate barriers, create opportunities for all students to learn, ensure access to quality school curriculum, collaborate with stakeholders, and promote systemic change (ASCA, 2003). ASCA poses the essential question about how students differ based on the work of the school counselor.

The premise suggests that when the personal/social wellbeing issues are handled with interventions such as coping skills, these skills can lead to academic success and

career awareness (Blanco & Ray, 2011; Tennyson, Miller, Skovholt, & Williams, 1989). Blanco and Ray's study (2011) examined 41 at-risk first grade children from four different schools. The results of their study indicated that the students who received the treatment ($n = 21$) of 16 sessions of play therapy twice a week for 30 minutes, benefited from the intervention with a statistically significant increase for change over time with an effect size of .44 versus the control group who did not receive treatment. Participants' growth was measured by the Early Achievement Composite of their Young Child's Achievement Test which indicated academic growth in four domains including reading, mathematics, writing, and spoken language.

Additionally, PSCs address issues such as bully prevention, grief/loss, suicidal ideation, social skills, transitions, and behavioral issues/adjustments (Chauvin, 2003; Joe & Bryant, 2007; Lund, Blake, Ewing, & Banks, 2012; Owens et al., 2012). Cholewa, Smith-Adcock and Ametea's (2010) research demonstrated that school counselors have been involved in a variety of interventions to decrease problem behaviors. Four programs were examined in their review. The first of which was Linking the Interests of Families and Teachers (LIFT) in which interventions were designed to increase a proactive and positive approach and decrease a negative, reactive approach in working with children. As described by Cholewa, Smith-Adcock, Amatea, Reid (1999) found the LIFT participants had shown a decrease in child aggression toward classmates, a decrease in aversive behavior from parents during family sessions, and an increase in teacher impression of the students. A three year follow up showed the LIFT participants were less likely than the control group to display hyperactivity, impulsive behaviors, and inattentive behaviors. The second program which they cited is the Fast Track or

Promoting Alternative Thinking Strategies (PATHS) program in which the child's social skills develop, problem solving increases, peer relations and improved academics are targeted. A family coordinator facilitates the components of this program. It is recommended this person has a background in social work, counseling or psychology. Cholewa et al. (2010) described this program as effective in increasing emotional and social coping skills, basic reading skills, language arts grades, and positive peer relationships in school. Parent involvement was warm and positive and showed an increase in consistency of discipline, increase in school involvement, a decrease in the use of harsh punishment, and enhanced parenting satisfaction and self-efficacy. The third program is Raising Healthy Children also known as Skills, Opportunity and Recognition (SOAR). This program also promotes positive parent-child relationships among kindergarten through seventh grade, with the use of teachers and a school home coordinator who is often the school counselor. Social skills and cognitive training are the training received in order to address common issues among this age group such as following directions, listening, and problem solving. The research on this program found increased bonding to school, increased academic achievement and social skills, decreased school misbehavior and antisocial behavior. Fewer participants used alcohol and marijuana following treatment. The experimental group was more likely to graduate from high school and be employed. They had better regulation of emotions, fewer thoughts of suicide, and were less likely to be involved in crime or adjudicated. The final program discussed in their research is called Incredible Years. This program is facilitated with the focus on family-school communication, accepting individual differences, various temperaments of children, communication, and academic success among others.

Teachers in the experimental group were found to be more nurturing and used fewer inappropriate or harsh discipline strategies. Children in the experimental group demonstrated a decrease in aggression, and changes in parent behavior were recognized. Each of these programs shows how school counselors are utilized to decrease problem behavior.

It is best practice to conduct these interventions and meet the needs of students through empirically based interventions as required by ASCA (2004, Standard, D.1.g). One intervention is play therapy. Campbell (1993) referred to play as the “fabric of elementary school counseling programs” (p.1). Campbell went on to state that play is not an additional piece to counseling in the schools rather, it should be infused into the approach when working with children. Landreth (1987) contended that play is not an optional tool to use with children and advocates for its use in schools.

Summary

The School Counseling profession has changed from guidance personnel to PSC. The school counseling profession has historically followed the needs in schools and trends and vocations. Recently, the focus of the profession has been the overall wellbeing of the students and assisting them in achievement in developmentally appropriate ways.

History of Play Therapy

The use of toys in working with children to express has been recognized by the earliest of psychologists such as Sigmund Freud and his work with Little Hans (as cited in LeBlanc & Richie, 2001). His daughter, Anna Freud continued to explore the need to change the approach while working with children as they were not able to free associate

as adults do (Landreth, 2012). Earlier attempts at play therapy by therapists such as Melanie Klein and Anna Freud were closely aligned with Sigmund Freud's psychodynamic theories. Melanie Klein developed the use of miniatures in working with children as she found that children could have a sense of control over this smaller world. Anna Freud focused on the child analysis component and believed establishing a therapeutic alliance with the child was particularly important (Schaefer, 2011). Anna Freud and Melanie Klein had differing approaches when working with children in regards to interpretation of the child's actions. When each worked with children it was understood that the approach would require a process that was different from working with adults (Landreth, 2012).

Virginia Axline was a therapist whose philosophy in working with children was shaped by Carl Rogers's person-centered approach (Axline, 1947). She authored a book that later displayed her approach through her work with a child named Dibs (Axline, 1964). She pioneered a more humanistic, person-centered approach that required unconditional positive regard, empathic understanding, and authenticity. Dibs was able to self-correct as she conducted a child-centered approach using toys and a play space with him. Her work with this child, Dibs, and display of her theoretical approach was pivotal in the shaping of play therapy as we now know it. Since that time, there have been multiple approaches developed and successfully used with children (Schaefer, 2011). The approaches vary from a less directive approach, such as child-centered play therapy to more directive approaches such as Theraplay®. Individuals such as Garry Landreth implement a child-centered approach, similar to Axline. In 1988 he founded the Center for Play Therapy at the University of North Texas. It boasts of the largest play

therapy training center in the world (Landreth, 2012). The field of play therapy has grown in sophistication and numbers through professional organizations such as the Association for Play Therapy (APT; 2010) claiming a membership of nearly 6,000 members since its inception in 1982.

Use of Play Therapy in Elementary schools

The various approaches to play therapy focus on the importance of the therapeutic alliance, underscore developmental appropriateness of play, and share the same goal of increasing the potential for optimal growth and development of children (Landreth, Ray, & Bratton, 2009; Oaklander, 2011; Van Fleet, 2011). Play therapy is viewed as the best approach for young children for many reasons. Children's cognitive development grows at a faster pace than their language development (Landreth, 1993). Play therapy allows children to communicate without trying to engage a developmentally inappropriate mode of communication, such as verbal communication. To build and establish therapeutic relationships with children, Kottman and Johnson (1993) explained that school counselors can use play therapy skills such as tracking, restatement of content, and reflection of feelings to build and establish relationships with children. They further stated how encouragement is essential to building relationships in the Adlerian approach of play therapy.

The school setting provides a highly accessible venue where students' mental health needs can be met (Landreth, Ray, & Bratton, 2009). Often the PSC is the first, and often the only, point of contact when it comes to recognizing and/or addressing the mental health needs of students (Shen & Sink, 2002). Play therapy can be implemented in schools with minimal space, accessibility to specific materials, and the support of the

school personnel. The only time play therapy may be ineffective and inappropriate would be working with children who are completely autistic and children with schizophrenia (Landreth, 2012).

Research in Play Therapy

Empirical data support the use of play therapy in elementary schools demonstrating gains in social and emotional growth (Coplan & Rubin, 1998; Holmes & Willoughby, 2005; Hughes, Cavell, & Jackson, 1999). Shen (2008) examined the reasons school counselors in Texas use play therapy. The results revealed that school counselors used play therapy because it matched the counselors' philosophy, and the counselors supported the notion that there is great value in play. The counselors found using play therapy to have rewarding counseling outcomes.

Bratton et al. (2005) conducted a meta-analysis that highlighted the significant impact of play therapy. According to Cohen (1988) 0.80 represents a significant effect size. The average effect size of the studies in this meta-analysis was 0.80 suggesting the intervention of play therapy (among these studies) was more effective than those studies that did not use play therapy or a non-play therapy intervention.

Research Outcomes and Play Therapy in Elementary Schools

The effectiveness and benefits of play therapy within the school setting have been researched. The meta-analysis conducted by Bratton et al. (2005) reviewed 93 play therapy studies between 1953-2000; thirty-six of those studies were conducted in the school setting. The results of this study demonstrated that play therapy is perceived to be effective across age, gender, and issue among children.

One study examined the impact grief counseling with pre-K and elementary age Muslim children (Baggerly & Abugideiri, 2010). In their article they discussed the tailoring that is necessary by counselors to meet the needs of certain populations. The authors described the change that occurred within a child, who used play therapy successfully to work through her grief of a deceased classmate.

Other literature includes teacher stress reduction as the result of incorporating play therapy in the treatment. Ray (2007) conducted a study that included 93 students and 59 teachers from elementary schools. The study examined three interventions, Child Centered Play Therapy (CCPT) only, teacher consultation only, or both CCPT and teacher consultation. The instrument used was the Index of Teaching Stress which was developed on the basis that the relationship between a teacher and student is a significant component to the success of a student. Total stress effect size included the three domain scores of ADHD domain, the student characteristics domain, and the teacher characteristics domain. The ADHD domain measures the teacher's stress level as it related to behaviors often connected to a child with ADHD. The student's characteristics domain measures the stress level of the teachers as it is associated with the students' behaviors, and the teacher characteristics domain measures the stress of the teacher as it connects to the self-perception and expectation regarding their teaching that is conducted with a particular student. Each group showed a statistically significant increase in the reduction in teacher stress and reduced student problems with large effect sizes for total stress.

In 1949, Axline conducted a study of 15 children that demonstrated an increase in IQ scores after the treatment of play therapy was implemented. A study conducted by

Johnson, McLeod, and Fall (1997) focused on six boys labeled with autism, cerebral palsy, attention deficit/hyperactivity disorder, and mentally disabled. The results showed self-control and the ability to express emotion for one boy, a decrease in aggressive behavior over the term on the play therapy sessions for another, an increase in verbal ability to describe emotions for two other boys, an increase in the ability to take care of his own needs for one of the boys, and better control of compulsive behavior by the sixth boy. Burroughs, Wagner, and Johnson's study (1997) showed improved emotional adjustment of children of divorce after the play therapy treatment received by the 21 children aged 7-17 in this study.

Group play therapy conducted with African-American boys showed positive effects and insight to multicultural considerations (Baggerly & Parker, 2005). The article examined the application of a child-centered play therapy group with 22 African American elementary school children. The boys were separated into groups of two in which each group received between 9 to 11 sessions. The study gave several counseling suggestions. When working with African American boys it is important for the counselor to create a space for the African worldview and self-confidence to have a safe place to develop. Another implication is that for a reduction in marginalization among this population, it is important for counselors to be advocates of change.

A single-case design by Schottelkorb and Ray (2009) detailed the experiences of four boys with attention deficit hyperactivity behavior (ADHD) who showed an increase in on-task behaviors after play therapy treatment. The results indicated that two of the four boys showed change during the participation of the treatment. One boy showed 100% percentage of non-overlapping data (PND) in the second phase of treatment;

likewise, another boy showed 100% PND in the 3-week follow up phase implying a “very effective” treatment during both measures. All four of the boys scored 67% or above resulting in “questionable” effectiveness or higher at some point in the treatment. The conclusion of this study indicated that CCPT and CCPT with person centered teacher consultation (PCTC) were beneficial in decreasing ADHD symptoms for two participants and were questionably effective in the reduction of symptoms for the other two participants.

Constantino, Malgady, and Rogler (1986) conducted a study that included complete data on 178 K-3 grade students using cuento therapy. This approach uses the telling of folktales from Puerto Rican culture by mothers to their children. The treatment group consisted of 4-5 mother/child dyads whereas each group participated in 20 weekly 90-minute sessions. Four groups were assigned, one with adapted cuento therapy, a second with original cuento therapy, a third with art/play therapy and the fourth received no treatment. As a result of the cuento therapy, adapted cuento therapy, and art therapy, there was a decrease in maladaptive behavior.

Blanco and Ray (2011) examined 41 at risk first graders. Twenty-one of the children in their study received CCPT treatment for 30-minute sessions twice a week for eight weeks. The analysis revealed students who participated in the experimental group scored statistically significantly higher on the Early Achievement Composite (EAC). The EAC is the compilation of five sub-tests of the comprehensive Young Children’s Achievement Test which measures achievement levels of children ages four to eight years old. Improvement in academic achievement was recognized in a follow up study (Blanco, Ray, & Holliman, 2012), and the findings suggest that CCPT may have a

continual impact on children's academic performance. These studies suggest that play therapy is an effective and appropriate intervention that helps reduce problem behaviors in children with learning disabilities.

The impact of group play therapy activities among fourth and fifth grade boys and girls with learning disabilities ($n = 24$) was examined by Packman and Bratton (2003). The experimental group consisted of 15 children who were divided into five groups of three. The treatment consisted of one hour of group play therapy per week for 12 weeks for each group. This study had a large overall treatment effect ($d = 0.82$) on the problem behavior of those with learning disabilities within this study. The findings also suggested that play therapy techniques had a statistically significant effect on the total behavior and internalizing behavior as recognized on the Behavior Assessment System for Children-Parent Rating (BASC-PRF) and the Child Behavior Checklist - Parent Report Form (CBCL-PRF).

In another research study conducted in schools with elementary school students, children who participated in child-centered play therapy (CCPT) demonstrated statistically significant greater self-efficacy and self-esteem than their peers who did not participate (Fall, Balvanz, Johnson, & Nelson, 1999). The study concluded 68% of the children were rated by the teachers as having an increase in improved learning from the beginning of the study. Teachers also recognized that using group sandplay as an intervention decreased overall negative behaviors and office referrals (Kestly, 2011).

Post (1999) explored the effectiveness of CCPT on the self-esteem, locus of control, and anxiety with 168 male and female at risk youth in grades four, five, and six. It was determined there were benefits to the use of CCPT with these at risk children, and

the use of such a therapy could positively impact the self-esteem and anxiety of these children. While there was no increase in the overall self-esteem of the students who received play therapy, the children who did not receive the treatment were at greater risk at the end of the school year. Similarly the trend of locus of control remained the same for the experimental group while the control group showed a decline in their locus of control. These findings suggest the treatment intervention of play therapy could be instrumental in preventing an increase in at-risk status and behaviors in children in third, fourth, and fifth grade.

Further research has indicated that play therapy in the school setting has helped children is shown in the qualitative study of White, Flynt, and Jones (1999). Teachers received six hour training in Kinder Therapy. This training included the basic core conditions of play therapy, the process of Kinder Therapy and playroom practice. Each teacher conducted six Kinder Therapy sessions with his or her kindergarten student. The findings were determined by the use of county curriculum of Student Encouragement Assessment Scale, Academic Knowledge and Skills (AKS) and a Social Skills Rating System (SSRS), and the Behavior Assessment System for Children completed by the students' teachers. The results indicated trends of an increase in teachers' views of students' levels of encouragement; their students had made great gains in language arts and mathematics as well as increases in appropriate social skills, appropriate social skill behaviors increased, negative social skills behaviors decreased, and there was a decrease in hyperactivity, aggressiveness, depressive and attention related behaviors.

In the meta-analysis by Bratton et al. (2005) following the intervention of play therapy, the average treated child was functioning at 0.80 standard deviations better than

children not treated. As recognized by Ebrahim, Steen, and Paradise (2012), much of the play therapy within the studies in the meta-analysis was conducted by mental health professionals trained in play therapy. These professionals went into the schools to conduct research, rather than using the school counselor at the site to implement the play therapy (Baggerly & Parker, 2005; Johnson, McLeod, & Fall, 1997; Ray, Henson, Schottelkorb, Brown, & Muro, 2008; Ray, Schottelkorb, & Tsai, 2007). However, each of the variables researched align with the PSC's counseling duties to meet the needs of students, and more importantly, the opportunity for a successful academic push for the children involved. It is widely known, that play therapy is a supported practice by the school counseling profession (Ebrahim et al., 2012; Ray et al., 2005).

Summary

This comprehensive body of research details the effectiveness of play therapy for children who come to school with a variety of issues such as behavioral issues, academic issues, and adjustment disorders. The evidence points to the fact that play therapy can enhance children's academic and social competence resulting in an improved and/or positive school experience. Based on the literature above the effectiveness of play therapy for the wellbeing of children in the school setting is indisputable. However, we do not have research that compares the experiences of elementary school counselors who use of play therapy with those who do not. This study addressed this gap in the literature.

Demographics of School Counselors and Their Use of Play Therapy

In a search using the keywords elementary school counselors and play therapy and elementary school counseling and play therapy in the last 10 years, 30 articles were

identified. Of the 30 articles, only six articles reported findings about the variables of interest in this study.

Race

The demographic of the PSC has historically been White females and has remained consistent over the years (Ebrahim et al., 2012; Ray et al., 2005; Shen, 2006). While there is little demographic data on PSCs who use play therapy, there are studies of play therapists and their demographics. Using a sample of members of the American Counseling Association (ACA) and Association for Play Therapy (APT), Lambert et al. (2005) found a predictably large number (85%) of respondents were White, followed by 8% Hispanic or Latino, and 3% Black or African American. In this survey, however, only 9.8% of the respondents were PSCs.

In another survey of participants at the Annual Conference of the APT, Kranz, Kottman, and Lund (1998) found the respondents were 93% White, and the authors did not report information about other ethnicities or cultures. Similar to the Lambert et al study, only 10% ($n = 8$) of the respondents were school counselors. Lastly, in a descriptive study by Abrams et al. (2006) in a survey of members of the APT, the numbers align with the previous two studies mentioned. The percentage of White respondents was 91%, Latinos 3%, Asian 2%, American Indian, 1%, African American represented .5%, and .9% were "other."

In a review of the literature over the last 10 years, only two studies found by the researcher (Shen, 2006; 2008) mentioned the ethnicity, specifically, of the school counselors in the studies that used play therapy. Shen's (2006) study included 77.1% white participants, while her 2008 study showed a slight incline to 75.9% white

participants. While Shen reported the ethnic distribution, it was not used as an independent variable in the research. Based on the literature, there is a lack of information about the relationship between the race of the PSC and use of play therapy in the elementary school. One purpose of this research was to address this need.

Gender

Historically, the profession of school counseling has been generally comprised of women. Most of the research in the play therapy literature, however, does not report whether participants were school counselors. For example, Lambert et al. (2005) used members of APT and ACA as her participants, and 92% were female. Kranz et al. (1998) found that 88% of the respondents of their survey conducted at the annual APT conference were female. Abrams et al. (2006) found a consistent trend of 90% of respondents were female.

In a literature review focusing on the gender of PSCs who use play therapy in an elementary school setting, only six studies reported this variable. Ebrahim, et al. (2012) study consisted of 93% women. Ray, Armstrong, Scott, and Balkin's (2005) study, using a sample of ASCA members, reported that 91.6% were female;6. Shen (2006) used a sample of Texas elementary and middle school counselors and discovered 87.6% were female and 12.4% were male. Shen (2008) conducted another study of 239 school counselors in Texas, and 86.9% of respondents were women and 13.1% were men. While this research does not exclusively represent PSCs, it can give us an idea of the general demographic of school counselors who use play therapy. The gender of those who use play therapy is overwhelmingly female, and none of these studies draw any conclusions that gender is related to use or non-use of play therapy among elementary

school counselors. Including gender as a demographic variable provides information about whether this trend is continuing or slowing, as the results of the Shen (2006) research, a change in this demographic.

Age

In a review of the literature of the last 10 years on age of PSCs who use play therapy, only a few reported the age of the participants. The majority (70%) of those surveyed by Kranz et al. (1998) were between 30 and 49 years old. Abrams et al. (2006), in their study of APT members, found the average age of the White participant was 45 years old while the average age of the racial/ethnic minority respondents was lower at 41 years old. Shen and Herr (2003) reported the age of the participating elementary school counselors who used play therapy was between 27 and 42 years old. Shen (2006) documented that the age range of the 239 participants was 26 to 71 years old and the average age of her respondents was 47 years old. None of these studies examined the relationship between age and use of play therapy.

The reasons for including age as a variable in this research was to determine if there is a relationship between age and using play therapy in the elementary school setting. The findings could be instructive in determining in the future what it is about play therapy that would appeal to different age groups and explore different ways to help incorporate play therapy training into PCS's repertoire of skills to use in their work.

Years of Experience

Although there is information regarding the experience of counselors in other organizations such as APT, there is limited research available to address how years of experience is related to the use of play therapy in elementary schools by school

counselors. It is likely years of experience would have an effect on the types of approaches used by school counselors; whether it is an increase of use or decrease of use. Of the 30 peer reviewed articles found under the search conducted with the keywords “elementary school counseling and play therapy” in the last 10 years, only three articles addressed the years of experience of elementary school counselors and play therapy (Ray et al., 2005; Shen, 2006; Shen & Herr, 2003). Ray et al. (2005) found an average of 8.85 years of experience among her participants. Shen (2008) revealed that her participants had an average was 10.2 years of experience. Kranz et al. (1998) found the average number of years of practice was 6.75. Neither Lambert et al. (2005) nor Abrams et al. (2006) used years of experience as a variable that was identified or measured.

This research goes beyond reporting age as a descriptor and use age as a demographic variable to see how age is related to the use of play therapy by PSCs. Understanding this relationship is important for several reasons. If less experienced school counselors are using play therapy, this information would provide data to advocate for continued inclusion of curriculum in using play therapy in school counseling graduate programs. The corollary is that if more experienced school counselors use play therapy, there is a need to provide trainings through continuing education venues.

Training in Play Therapy

The growth and popularity of play therapy has increased in the last 20 years. In 1993, a publication by the University of North Texas listed only 56 universities that provided at least one course in play therapy (Bratton, Landreth, & Homeyer, 1993). A 1999 survey by the same Center for Play Therapy found an increase from 56 to 83 in the number of institutions that offered one or more courses in play therapy. Today the APT

website lists over 150 academic institutions that provide coursework specifically targeting play therapy (a4pt.org). The evolution of interest in play therapy has been reinforced with the creation of the Registered Play Therapist (RPT) credential in 1992. Training and supervision in play therapy is necessary to hold the registered play therapy (RPT) credential (APT, 2010). To become an RPT, the APT requires supervision of novice play therapists by Registered Play Therapist/Supervisor (RPT/S) or by other licensed mental health professionals (APT, 2010). Perhaps, significant to this study, there are no requirements to hold the RPT credential to use play therapy. Shen and Herr (2003) hypothesized play therapy training may be related to implementing play therapy in schools through the school counselor.

For play therapy to be best utilized, training is essential. Parker and O'Brien (2011) declared that school practitioners must be specifically trained in play therapy to have a successful play therapy program in a school. Early on, Moustakas (1958) shared that the first step in training one to use play therapy is to teach the principles and philosophy of play. Bratton et al. (1993) and Landreth and Wright (1997) underscored the importance of training and a working knowledge of the play therapy principles followed by supervision. Ebrahim, et al.(2012) reiterated in their article the importance of elementary school counselors to have proper training and more of it [training]. One of the major barriers to the implementation of play therapy in elementary schools cited in their study was lack of training.

Metcalf (2003) studied the countertransference management of 154 RPT-Supervisors using the Countertransference Factors Inventory- Revised and a demographic survey of recent supervisees. Metcalf's findings indicated the Pearson's correlation

coefficient was .53. This suggested there is a moderate positive correlation between play therapy training and countertransference management. This finding indicated play therapy training itself improved the ability of a therapist to manage countertransference in the client-counselor relationship in this study.

Based on the literature, while the need for training is suggested, there is little research focusing on the relationship between play therapy training of the elementary school counselor and the use of play therapy in the school. This research explored the relationship between the two.

Research in Play Therapy Training Among School Counselors

Of the 30 articles found in the literature review of elementary school counselors and play therapy, a limited number of these discuss training (Blanco, & Ray, 2011; Blanco, et al. 2012; Ebrahim et al., 2012; Ray et al., 2005; Ray, 2007; Shen, 2006; 2008; Shen & Herr, 2003; Schottelkorb & Ray, 2009). In the following section, research of training in play therapy is divided into two categories. One focuses on the continuing education credits (CEUs) and workshops. The subsequent category examines graduate level coursework.

Continuing Education Credits (CEUs)/ Workshops

Continuing education credits are an alternative to graduate coursework in play therapy for counselors to gain the knowledge necessary to implement play therapy in a school setting. This variable was included to assist in determining if CEUs are increased is there an increase in the use of play therapy. Lambert et al. (2007), using a sample of ACA and APT members, found that APT members obtained more CEUs in play therapy with a mean of 121.02 continuing education units than their ACA peers in which the

mean was significantly lower at 17.56 continuing education units in play therapy.

Abrams et al. (2006) found 60% of their respondents received between 0-110 hours of continuing education. Kranz et al. (1998) found that their 81 APT respondents averaged 96.8 clock hours of professional training in play therapy. Additionally, this study revealed 83% (n=67) of the respondents acquired their training through mixed venues, including workshops, symposiums, and practica to either continue to practice play therapy or receive the RPT credential. What is unknown is the number of graduate hours/credits elementary school counselors received in play therapy.

Ebrahim et al. (2012) indicated that 46.8% of their surveyed ASCA elementary school counselor members had not had workshop training in play therapy. Shen conducted two studies in which the school counselor participants who received play therapy training was 71.8% (2006) and 72.5% (2008). Neither study differentiated between graduate level coursework and CEUs and workshops. It should be recognized that each study was performed in Texas, which typically has a large representation of play therapy presence among elementary school counselors. In Shen and Herr's (2003) study, it was mentioned that all participants had some training in play therapy; however, there were no numbers of hours or courses mentioned. Likewise, Shottelkorb and Ray (2009) mentioned both participants in their single-case design had play therapy training, yet no amount of time or coursework was detailed.

It can be concluded from the information above few studies indicated the categories of training received. This study compared the type of training received of those who use play therapy and those who do not use play therapy. This literature review

shows how this variable has not ever been a predictor variable for use of play therapy among elementary school counselors.

Graduate Level Coursework

Graduate level training is one way to measure PSCs exposure to play therapy training. Ray et al. (2005) conducted a study that found there was a correlation between graduate coursework and the use of play therapy. This variable was included to see if this trend has changed over the last nine years. Almost 20 years ago, Kao and Landreth (1997) examined 67 graduate students whose focus was working with children. They looked at the training received and investigated the effects via the Play Therapy Attitude, Knowledge Skill Survey (PTAKSS). For the 29 students in the experiential group who received play therapy training Kao discovered significant improvement in the attitudes, knowledge, and beliefs in working with children compared to the control group.

A study conducted by Homeyer and Rae (1998) also used the PTAKSS. Their research compared graduate students' play therapy attitude, knowledge and beliefs toward children when the training was over a three-week training, a five-week training, and the traditional 15-week training module. Their findings showed an increase in graduate students' attitude, knowledge and beliefs after the training was completed regardless of the length of training. Although these studies focused on the impact of training among current graduate level students, they did not predict the use of play therapy by elementary school counselors.

What we do know about practicing play therapists, according to Phillips and Landreth (1995), is that there are few play therapists—or those who counsel with the use of toys—who have graduate level training. Ten years following this study, Ray et al.

(2005) using a sample of elementary school counselors who were ASCA members ($n = 381$) found that 67% of the participants had not taken a university level play therapy course. Another 21% of them indicated they took one formal university course on play therapy, and only 12% had taken two or more courses in play therapy. This study found a significant relationship ($p < .001$) between the formal play therapy training of elementary PSCs and the implementation of play therapy in the school setting. The researcher's study builds on this finding and examines how training, along with other variables, are related to the use of play therapy.

Other research by Kranz et al. (1998) support this statement as they found less than half of their research participants who were Registered Play Therapists (RPTs) at an annual APT conference had taken a play therapy course. Of those who had taken coursework, the average number was 1.5 courses (Lambert et al., 2007). None of the aforementioned studies specifically recognized how many involved in the study were PSCs. While the studies by Phillips and Landreth (1995) and Kranz et al. (1998) are almost 20 years old, a more recent inquiry by Ebrahim et al. (2012) echoed similar trends as they found 56% of their ASCA member school counselor survey participants stated lack of training was a barrier to the implementation of play therapy in their schools. They also found slightly over half (51.5%) of the participants did not have a graduate level course in play therapy from an accredited institution. Abrams et al. (2006) conducted a study of APT members in which 48 of 50 states were represented; 40% of the study's respondents received coursework that was specific to play therapy.

These findings present a plausible reason why play therapy is not more prevalent in elementary schools at large. What was unknown is the relationship between training,

along with other variables, and the use of play therapy by elementary school counselors. This variable has not been used as a predictor variable to determine the use or non-use of play therapy among elementary school counselors.

Summary

The review of the literature indicates that training in play therapy is highly endorsed and necessary as an essential piece of the process to be an effective play therapist and to use it in an elementary school setting, and the literature indicates that a growing number of academic institutions offer graduate courses in play therapy. It also shows that training in play therapy is beneficial to the skills, awareness, and knowledge of those working with children in a play therapy setting. The limited research, cited above, tells us there are a number of elementary school counselors who do have graduate course work in play therapy and CEUs and workshop training. Many school counselors who have been surveyed found training a barrier to using play therapy in elementary schools. Additionally, many elementary school counselors have not had play therapy training. What research has been done on the relationship between training and the use of play therapy is limited in scope and inconsistent. Based on the literature review, there is a need for research about the relationship between the training of PSCs and the graduate level coursework and CEUs and workshops and the use of play therapy in the elementary school.

Supervision

Bernard and Goodyear (2004) define supervision as the act of an intervention offered to a subordinate member of a profession from a more seasoned, experienced member of a profession. This relationship is evaluative and hierarchical, extends over

time and serves the purpose to enhance the professional functioning of the supervisee. Through the process of supervision, counselors and counselors in training receive a critical piece of the occupation by being given the opportunity to explore clinical skills, client conceptualization, ethical practice, treatment planning and self-awareness (Bernard & Goodyear, 2004).

The ACA Code of Ethics (2005) stresses the importance of supervision in clinical training. Credentialing bodies in the form of state licensure, national certifications, and professional initiatives all stress the necessity for proper supervision (Fall, et al., 2007). Additionally, the supervisor serves as a gatekeeper to the profession when in this role. Supervision monitors the welfare of clients by working with supervisees on clinical performance and professional development (ACA, 2005). The following two sections address the relationship of supervision and use of play therapy in elementary schools and research regarding supervision and using play therapy in elementary schools.

Supervision and Use of Play Therapy

In Giordano's (2000) dissertation on play therapy supervision, she tells us the purpose of supervision is threefold. It facilitates professional and personal development, counselor skill competence, and professional accountability of counseling programs. Play therapy is a specialized approach that requires specific training. Supervision in play therapy practice can provide the growth necessary to enhance the play therapy skills and subsequent use of play therapy, among school counselors (Landreth, 2012). Because the number of counselors who use play therapy has increased so has the need for proper supervision (Bratton et al., 1993). Lack of required supervision could lead counselors who practice play therapy to think they do not need supervision or not use play therapy.

Fall et al. (2007) believe supervision is one way to counteract the challenges that working with children in a therapeutic setting can bring. Metcalf's (2003) study suggested that play therapy supervision can improve the ability of a therapist to be aware of countertransference. Ceballos, Parikh, and Post's (2012) study brings attention to the growing number of minority students served by play therapy and focus on the need for multicultural training and supervision has increased.

Research Regarding Play Therapy and Supervision

In the literature review conducted with the words "elementary school counselor, play therapy and supervision" and "elementary school counseling, play therapy and supervision," five studies mentioned supervision. Four of the five studies mentioned that supervision was provided for the play therapists within the study (Blanco & Ray, 2011; Ray, 2007; Ray, Muro, & Schumann, 2004; Schottelkorb & Ray, 2009). Available research in play therapy supervision appears to focus on the concepts and instruments to implement supervision (Garza, Falls, & Bruhn, 2009; Mullen, Luke, & Drews, 2007) rather than effectiveness or how supervision is related to using play therapy in schools.

Demonstrating increasing interest in this area, a mixed methods study of graduate students determined play therapy attitudes, knowledge and skills improved as a result of supervision (Lindo et al., 2012). This qualitative research study revealed that the supervision experience was perceived to be acceptable and effective; however, the research did not address whether supervision was a factor in the implementation of play therapy. Additionally, a survey of RPTs concluded that the benefits of play therapy supervision include effectiveness of skill, as well as awareness and control of transference for supervisees (Metcalf, 2003).

Fall et al. (2007) conducted a study of RPTs in the United States ($n = 570$) that was created using a four-part survey. Participants were asked for demographic information, postmaster's experience and training, questions regarding beliefs about training needs of RPTs and the top issues brought to supervision. The top issues supervisors found to be of concern of their supervisees were: setting limits, ethical or legal issues, abuse, skill and techniques of using play therapy and consulting with parents. The results detail the importance of play therapy supervision by supervisors who are appropriately prepared.

Giordano's (2000) research investigated the effectiveness of a self-reflective play therapy supervision model among practicum students in their awareness, knowledge, and skills. It appears to be the only research of its kind. In her study she used a pretest/posttest control group design to determine the growth of the supervisees ($n = 30$) that were receiving supervision through her model. Of the participants, 15 were in the control group, and 15 were in the treatment group. The experimental group showed an increase in their skill level on five of the ten skills measured.

Included in Ceballos et al., (2012) research regarding the social justice advocacy attitudes of members of the Association for Play Therapy was an examination of at the perceived quality of supervision. Their study used a seven point semantic differential scale (Osgood, Suci, & Tannenbaum, 1957) to assess the quality of supervision respondents received. Semantic differentials are used to measure the meaning of words and understand their implications as perceived by the participant. As a result it brings in meaning to quantitative measures used. Osgood et al. (1957) pose meaning plays a significant role in social activity to social scientists. Semantic differentials use a

continuum from one bi-polar adjective to another. Three domains are measured: evaluation, potency and activity. Evaluation is associated with the pairing of ‘good-bad’, the potency domain is associated with ‘strong-weak’ and the activity domain is coupled with ‘active-passive.’ Additionally, these three recurring attitudes have been found to be cross-culturally universal. This study found a relationship between the quality of multicultural supervision received by the supervisee and the time that was spent on addressing multicultural issues in supervision.

This review shows that there is a gap in the literature that addresses school counselors and supervision of play therapy. To date, there is no research investigating the relationship between receiving play therapy supervision, quality of that supervision experience, and using play therapy among PSCs.

Summary

Continuing supervision in play therapy is an instrumental piece to implementing effective practices. Additionally, this literature review found that supervision has positive outcomes on the awareness, knowledge, and skills of graduate students using play therapy; however, there has been no research that addresses supervision in play therapy practices and use of play therapy among elementary school counselors.

School Counselor Self-Efficacy

It is likely that self-efficacy may be related to the use or non-use of play therapy among elementary school counselors, yet there are no studies that use this variable as a predictor of the use or non-use of play therapy among elementary school counselors. Three articles were discovered using the search term “self-efficacy and school counselors.” One study looked at self-efficacy as a component to student success (Fall,

2001). The researcher argued there was a correlation between child-centered play therapy techniques and high self-efficacy present in the child. The focus of this research was the self-efficacy of the client and how the counselor could support its growth. A second article examined the relationship between the school climate and school counselors' self-efficacy (Butler & Constantine, 2005). The findings showed that there was a correlation between school climate and counselor self-efficacy. This same study found that school counselors who spent much of their time in counseling nonrelated duties and services ultimately did not have positive outcome expectancy for their programs.

The last article (Bodenhorn & Skaggs, 2005) described the creation of a self-efficacy scale specifically used for PSCs. This scale is called the School Counselor Self-Efficacy Scale. The SCSE was developed with the use of studies that focused on item development based on the ASCA model, and item analysis from practicing school counselors who were ASCA members, validity studies with master's counseling students, and lastly combining the data for factor analysis. While it is positive this scale is available, more research needs to be implemented in order to ascertain specific positive and negative correlations.

There is currently no research available that looks at the self-efficacy of PSCs at the elementary school level and their use of play therapy in their setting. This research bridges the gap in literature between school counselor perceived self-efficacy and the use of play therapy. The items for this study that measure self-efficacy were taken from the SCSE scale. The five questions were chosen based on criteria that address play therapy

standards such as relationship building, stakeholder involvement, goal setting, and meeting the clients where they are.

Perceived Effectiveness Using Play Therapy

Professional school counselors' competence and success may be encouraged and shaped by their self-perceived effectiveness. It could also stand that their success in using play therapy would be a predictor of use of play therapy in the school setting. Butler and Constantine (2005) looked at the identity of school counselors and found that self-perceptions had an impact on competence and client-counselor relationships. If they have a positive outlook on their perceived effectiveness they may be more inclined to implement the intervention they use in their comprehensive school counseling program such as play therapy.

Few studies have been conducted that address perceived effectiveness among school counselors. This researcher found only two studies that examined perceived effectiveness, Gora, Sawatzky, and Hague (1992) and Moyer and Yu (2012). Gora et al. (1992) conducted a study in Alberta, Canada that used the Critical Incident Technique to examine school counselors' ($n = 38$) perceptions of their effectiveness. Their findings suggested they perceived the most impact was with school problems ($n = 27$), family problems ($n = 18$), suicide ($n = 7$) and sexual abuse ($n = 5$). School counselors stated they felt ill-equipped and lacked training to handle certain crisis situations and expressed interest in training in various areas including behavior management, family counseling, and crisis counseling.

Moyer and Yu (2012) examined the results of 300 school counselors, 94 of whom were currently elementary school counselors. Their study asked the question, "Is prior

teaching experience related to school counselors' perceived effectiveness?" The school counselors were from a variety of states with various credentialing standards. Perceived effectiveness was measured by using the researchers own 17-question survey based on a five point Likert scale. The four areas considered were: understanding stakeholders' concerns, counseling and guidance skills, adjusting to the demands of the profession, and relationship with stakeholders. The findings suggested that PSCs do not rely on their prior teaching experience when considering perceived effectiveness rather they rely on their profession identity as PSCs and alignment with the membership of the profession enhance perceived effectiveness. Moyer and Yu's study included all levels of PSCs of which only 35.5% were at the elementary school level. Additionally, Moyer and Yu's study did not examine the effects of play therapy on one's perception of effectiveness of play therapy. Only one study focused on effectiveness of using play therapy (Phillips & Landreth, 1998). The predictor factors included frequency of sessions, awareness of problems, intelligence, child's verbal ability, and socioeconomic status. This study bridges the gap in this literature which examined how perceived effectiveness using play therapy was related to actually using play therapy.

Summary and Conclusions

This chapter provided a comprehensive review of the literature related to play therapy and its relationship with school counselors. It is widely recognized that play therapy is the most developmentally appropriate intervention for elementary age children under 10 years old. Play therapy is a supported approach by the school counseling profession. PSCs are responsible to serve children in their schools and to assist them in

their academic, career, and social wellbeing. Empirical research has shown the effectiveness of play therapy in the school setting on various issues such as academic achievement, emotional adjustment, and improved self-concept. As supported by previous research, training, experience, quality of supervision, and perceived effectiveness all play a part in the successful implementation of play therapy. This study adds to the body of literature by comparing school counselors who use play therapy and those who do not with regard to age, years of experience, training in play therapy (workshops and graduate courses), supervision, quality of supervision, school counselor self-efficacy, and perceived effectiveness of school counseling.

CHAPTER 3: METHODOLOGY

This research was intended to examine how the age, experience, workshops in play therapy (workshops), graduate courses in play therapy (graduate courses), hours/month of play therapy supervision, quality of play therapy supervision, and school counselor self-efficacy, and perceived effectiveness using play therapy among elementary school counselors was related to their use of play therapy in elementary schools. This chapter focuses on the methodology of this study. Included in the methodology are the description of participants, research questions, operational definitions, procedures, instrumentation, research design, threats to validity, and data analysis.

Description of Participants

The target population was a random sample of 2,500 practicing elementary school counselors who are members of the American Counseling School Counselor Association (ASCA). ASCA is a professional organization that supports the efforts of Professional School Counselors (PSCs) who assist students in academic gains, personal/social domains and career development. Professional development, resources, research and advocacy are provided through this organization. ASCA is made up of 32,000 professionals who support school counseling. Of the comprehensive membership, 22,000 are PSCs. Of the PSC membership 4,500 are PSCs at the elementary school level (S. Wicks, personal communication, September 5, 2013).

Research Questions

The study specifically addressed the following questions:

1. What are the relationships among elementary school counselors' age, years of experience, workshop hours in play therapy, number of graduate school courses in play therapy, hours/month of play therapy supervision, perceived quality of supervision of play therapy, school counselor self-efficacy, and perceived effectiveness using play therapy?
2. To what extent do age and years of experience predict the use of play therapy among elementary school counselors?
3. To what extent do number of workshop hours of training in play therapy (workshop) and graduate school courses in play therapy (graduate courses) predict the use of play therapy among elementary school counselors after controlling for age and years of experience?
4. To what extent do hours/month of play therapy supervision and perceived quality of supervision predict the use of play therapy among elementary school counselors after controlling for age, years of experience, workshop hours, and graduate courses?
5. To what extent do school counselor self-efficacy and perceived effectiveness using play therapy predict the use of play therapy among elementary school counselors after controlling for age, years of experience, workshop hours, graduate courses, hours/month of play therapy supervision and perceived quality of supervision?

Operational Definitions

The following terms are the operation definitions in this study.

Elementary School Professional School Counselors (PSCs).

The PSCs are members of ASCA. Participants indicate their status as a currently practicing school counselor using self-report on the Elementary School Counselor Play Therapy Survey. This variable was coded dichotomously as 0 (not PSC) and 1 (PSC).

Age

This variable was determined by the respondents' self-report of their age in years on the Elementary School Counselor Play Therapy Survey. This variable was coded using a ratio scale.

Years of Experience

This variable was determined by the respondents' self-report of the number of years they had worked as an elementary school counselor on the Elementary School Counselor Play Therapy Survey.

CEUs/ Workshop Hours (workshops)

Post-graduate training in play therapy was determined by respondents' self-report of continuing education hours obtained beyond the masters or doctorate degree on the Elementary School Counselor Play Therapy Survey. Continuing education credits and workshop hours include lectures, workshops, or trainings where continuing education credit was received for workshops related to play therapy.

Graduate School Training in Play Therapy (graduate courses)

This variable was determined by the respondents' self-report of the number of three credit-hour graduate level classes they had taken specific to play therapy. This variable was coded using a ratio scale on the Elementary School Counselor Play Therapy Survey.

Play Therapy Supervision

Play therapy supervision was determined by respondents' self-report on the Elementary School Counselor Play Therapy Survey regarding the number of hours per month they received supervision related to play therapy.

Quality of Play Therapy Supervision

Quality of play therapy supervision was indicated by respondents' rating of the six items related to the quality of supervision on the Elementary School Counselor Play Therapy Survey. A Likert scale from one to seven is used to measure the perceived quality of supervision. The sum of the bipolar paired adjectives (e.g., strong vs. weak) described the school counselor's experience as a supervisee was used in the analysis.

School Counselor Self-Efficacy

This variable was measured by the average of five questions taken from the Counseling Self Estimate Inventory (Larson et al., 1992). The five questions were chosen based on their relevancy to this study. Participants responded to a five-point Likert scale where "one" represented the lowest self-efficacy and five represented the highest self-efficacy.

Perceived Effectiveness Using Play Therapy

This variable is measured using a Likert scale from 1 through 5. One represents the lowest perceived effectiveness while five represents the highest perceived effectiveness.

Gender

Gender was not be used in the logistic regression, but it was used to describe the participants. This dichotomous variable was determined by the respondent's self-report of their gender on the Elementary School Counselor Play Therapy Survey. Males were coded with "0," females are coded with "1."

Race

Race was not used in the logistic regression, but it was used to describe the participants. This variable was determined by the respondents' self-report of their race on the Elementary School Counselor Play Therapy Survey. The possible choices were: African American, American Indian or Alaskan Native, Asian or Pacific Islander, Caucasian, Hispanic, or Other. Each race identified was tallied. The races were divided into two groups; Caucasian was coded as 1, African American was coded as 2, Hispanic/Latino was coded as 3, Asian/Pacific Islander was coded as 4, Native American was coded as 5 and all other races were coded as 6.

Procedures

The researcher developed the survey used in this project, with the exception of questions (item numbers 19-23) adapted from Bodenhorn and Skaggs (2005) and the use of the semantic differential adjectives by Ceballos et al. (2012). Prior to conducting the research, the survey was reviewed by school counseling professionals using a read aloud

process. The purpose of this process was to ensure comprehension of content and interpretation of the questions to create a survey that is clear and understandable for participants (Dillman, 2007). This process provided a valid instrument and reduced measurement error which is the result of inaccurate responses due to poor structure of the questions (Dillman, 1999; 2007). This process included a panel of individual school counseling professionals (exempt from the study) who read each question aloud and described to the researcher their understanding of each individual item. Panel participants were asked to respond to the researcher regarding conciseness, redundancy, grammar and clarity of each survey item (Scarborough, 2002). While the items were being read aloud by the panel, the researcher listened and took notes to gather feedback on the items. This information was used to improve each item and to provide the greatest face validity.

The researcher received permission to conduct this study through the Institutional Review Board at the University of North Carolina at Charlotte in order to comply with conducting such a study using human subjects. Following the development of the survey and the completion of the IRB, the researcher used an internet-based survey to assure a fair and equal opportunity to each potential respondent (Dillman, 2007). A random sample of 2,500 elementary school counselors was sent an email including a link to the survey to enable them to take the survey on SurveyShare. The researcher emailed the participants an introductory letter (Appendix A) explaining the study and inviting them to participate. This letter provided a link to the consent form (Appendix B) which established the risk and benefits of engaging in such a study. Additionally, it explained

the inclusion criteria for participation. Participants were then directed to the beginning of the survey.

The 24-item survey took each participant approximately 10 minutes to complete. One week following the initial request for participation, the researcher sent another request for participation. A third and final request was sent three days before the survey was closed. The survey remains open for two weeks. Following this period, the data was compiled.

Instrumentation

The data was obtained from the Elementary School Counselor Play Therapy Survey (Appendix C). The survey consisted of 24 questions. Some of the questions were originally asked to describe the sample, but they were not reported in this project, because they are not relevant to the purpose of this study. The questions were designed and grouped in categories according to the research questions being posed (Dillman, 2007). The survey began with questions that were simple to answer, as this had the potential to increase the rate of respondents (Dillman, 2007). The questions were a variety of open and multiple-choice questions with six supervision questions based on a Likert scale. The first section asked the participants about their work as a school counselor. Questions also addressed the use of play therapy, ethnic distribution of students, and theoretical orientation. The second section addressed personal information including the demographics of the counselor such as age, race, gender, the state they worked in, whether their setting was rural, suburban, or urban and whether they were a currently practicing school counselor or not. The third section addressed education and training. This section asked respondents to detail the coursework received in play

therapy and post-graduate workshop hours in play therapy. The fourth section was about supervision. Counselors were asked how many hours per month they received and about quality of their supervision experience regarding play therapy. The last section inquired about participants' self-efficacy as a school counselor and their perceptions of their effectiveness using play therapy.

The perceived quality of supervision was assessed using six bi-polar adjectives using a semantic differential approach (Osgood et al., 1957). In using this approach the researcher was hopeful to be able to gain perspective of the respondents and depth of responses in relation to their opinions, attitudes, and values (Osgood et al., 1957) regarding received supervision. The semantic differential has three dimensions. The first dimension is evaluation. This is represented by good—bad, negative – positive perception of their supervision experience. The second dimension, potency, is represented by strong—weak, easy—hard perception of their supervision experience. The third dimension, activity, is represented by active—passive, and tense—relaxed perception of their supervision experience. These three dimensions are the most common themes in semantic differential research (Osgood et al., 1957). Respondents rated the six semantic differential items using a Likert scale from one through seven.

Research Design

A non-experimental survey design was used, as it is the most accurate way to describe current existing variable characteristics such as age, experience, workshop hours, graduate courses, supervision, school counselor self-advocacy and perceived effectiveness using play therapy. Correlations and a logistical regression analysis were used to explore the specific research questions.. For the logistic regression, variables

were entered sequentially to calculate whether they had predictive power relative to the use of play therapy (Tabachnick, Fidell, & Osterlind, 2001). This approach was used to compare school counselors who use play therapy and those who do not use play therapy.

Threats to Validity

Threats to validity can come as internal or external components. When these components are controlled it reduces the threats to validity, resulting in a greater chance for accurate research (Huck, 2008).

Threats to Internal Validity

Internal validity relates to inward causes, which could have an effect on the relationship among the variables being studied (Johnson & Christensen, 2004). An example of weak internal validity would be if the measuring instrument is unreliable in measuring what it is intended to measure (Gay, Mills, & Airasian, 2009). Because the researcher developed the majority of the Elementary School Counselor Play Therapy Survey, it was reviewed by school counseling professionals using a read aloud process. The purpose of this process was to provide a valid instrument. The purpose of the read aloud process is to reduce the likelihood of confounding variables affecting the internal validity. The panel of reviewers read each question aloud to discuss with the researcher their understanding of each individual item with the goal of having an instrument that has face validity.

Accuracy of self-report and honesty presents another threat to internal validity. Participants were asked to be honest in their answers, yet the possibility of untruthful responses was a threat that must be considered and was unavoidable and therefore, must be considered a possible threat to validity.

Threats to External Validity

External validity is related to the extent to which a study can be generalized (Huck, 2008; Johnson & Christensen, 2004). The variables measured, which can be populations, settings, or treatment, are the determining factors when considering the scope of generalizability of the study. The sample for this study was 2,500 randomly selected practicing elementary school counselors who are members of ASCA. ASCA's membership is approximately 32,000. Criteria measured in this study, allowed for inclusion of ASCA members who are elementary school counselors.

Data Analysis

The data collection was processed through the Statistical Package for Social Sciences (SPSS) software. With this exported data, the researcher used the software to conduct the statistical analysis. A logistic regression was employed to see how age, years of experience, workshop hours, graduate school course work, supervision hours in play therapy, perceived quality of supervision, school counselor self-efficacy, and perceived effectiveness using play therapy were related to the use or non-use of play therapy. The logistic regression examined data sets to predict the outcome of a dependent variable –in this case it is the use or non- use of play therapy based on the predictor variables.

In accordance with multivariate statistics, all data was screened before analysis. Data were examined for accuracy of data entry, presence of outliers missing values, and normality of distribution. Additionally, assumptions specifically relating to logistical regression were addressed such as linearity, independence of errors, and multicollinearity of the data (Tabachnick et al., 2001).

When a logistic regression is used, the researcher is examining data to predict group membership with two or more predictor variables (Tabachnick et al., 2001). The dependent variable in the proposed study was dichotomous; the use or non-use of play therapy among elementary school counselors. The independent variables were the continuous variables of age, years of experience, workshop hours, graduate courses, play therapy supervision, quality of supervision, school counselor self-efficacy, and perceived effectiveness using play therapy.

A logistic regression produced an equation that showed the connection between the variables, both independent and dependent (Guido, Winders, & Rains, 2006; Tabachnick et al., 2001) giving the researcher the maximum likelihood estimation (MLE). Tabachnick et al. (2001, p. 523) provide the equation of a logistical regression as it is detailed below. The top continuous segment of the equation was used to find the odds of being in either category: those who use play therapy or those who do not use play therapy (or the dependent variable).

Using a logistic regression in this study, the variables of age and years of experience were examined as independent variables to predict the use of play therapy among elementary school counselors. Workshop hours and graduate school courses were then added while the previous independent variables were controlled to determine if there was a predictor among these variables. Following these variables, hours per month of supervision and perceived quality of supervision were added while the previous variables were controlled in order to determine the likelihood of predictors among the supervision variables. Finally, self-efficacy and perceived effectiveness using play therapy were

added while all other variables are controlled for to determine possible predictors of using or not using play therapy among elementary school counselors.

Summary

The purpose of this chapter was to detail the methodology for the proposed study of elementary school counselors and their use of play therapy in the elementary school setting. The chapter described the description of the participants, research questions, operational definitions, procedures, instrumentation, threats to validity, research design, and data analysis to be used within this proposed study.

CHAPTER 4: RESULTS

The purpose of this study was to compare the experiences of elementary school counselors' use of play therapy relative to their age, experience/training, supervision in play therapy, school counselor self-efficacy, and perceived effectiveness using play therapy. Specifically, this study explored the differences between elementary school counselors who reported using play therapy and those who did not report using play therapy relative to their age, years of experience (experience), CEUs/workshop hours in play therapy (workshop), number of graduate school courses in play therapy (graduate hours), hours/month of play therapy supervision (supervision hours), perceived quality of supervision in play therapy (supervision quality), school counselor self-efficacy (self-efficacy), and perceived effectiveness using play therapy (effectiveness) by conducting a logistic regression.

This study originally examined five questions. The first question asked what the relationships were among elementary school counselors' age, experience, workshop hours, graduate courses, supervision quality, self-efficacy, and effectiveness. The second question asked to what extent age and experience predicted the use of play therapy among elementary school counselors. The third question asked to what extent number of workshop hours and graduate courses predicted the use of play therapy among elementary school counselors after controlling for age and experience as a school counselor. The fourth question asked to what extent supervision hours and supervision

quality predict the use of play therapy among elementary school counselors after controlling for age, experience, workshop hours, and graduate courses. The final question asked to what extent self-efficacy and effectiveness predicted the use of play therapy among elementary school counselors after controlling for age, experience, workshop hours, graduate courses, supervision hours and supervision quality.

Description of Participants

The target population for this study was currently practicing elementary school counselors who were members of the American School Counseling Association (ASCA). A random sample of 2,500 elementary school counselors was obtained from the ASCA database. Of the possible 2,500 participants, 196 (8%) responded to the survey.

The final sample size of participants was 192 after the removal of three non-current elementary school counselors and one incomplete survey. The researcher examined the survey results for any outliers and there were none. The descriptive data about the participants is shown in Table 1. This data indicate 176 (91.7%) were female, 13 (6.9%) were male, and three (1.6%) did not indicate their gender. One hundred sixty four (85.4%) respondents identified themselves as non-Latino, White population, 14 (7.3%) identified themselves as African American, five (2.6%) identified as Hispanic/Latino, two (1%) identified as Asian/Pacific Islander, none identified as Native American, three (1.6%) identified as other, and four (2.1%) did not respond to this question. It should be noted that the three who identified as “other” indicated that they were bi-racial. With regard to percentage of different racial/ethnic distribution of students at their school settings, the mean percentage of Caucasians was 58.1%, African American was 19.2%, Hispanic was 18.9%, Asian/Pacific Islander was 6.1%, other was 5.3%, and

American Indian or Alaska Native at was 3.9%. The majority of the respondents practiced in rural (40.1%) and suburban (39.1%) areas while the urban setting only accounted for 19.8%. The majority of respondents (53.1%) reported being from the South, and the primary orientation of those who did use play therapy in their school was child-centered (35.4%). Forty-four percent (44%) of the surveyed population indicated their experience as a school counselor was between 9-14 years.

With regard to the variables of interest in this study, over half (57.3%) of the respondents indicated they currently use play therapy. Fifty-five (29%) twenty-nine percent had indicated they had taken graduate coursework specifically in play therapy. Only five individuals (2.6%) indicated they were currently receiving supervision for play therapy.

Table 1: Descriptive statistics for categorical variables

	N=192	
	<i>n</i>	%
Gender		
Female	176	91.7
Male	13	6.9
No response	3	1.6
Use of Play Therapy*		
Yes	110	57.3
No	82	42.7
Race		
Caucasian	164	85.4
African American	14	7.3
Asian/Pacific Islander	2	1
Hispanic/Latino	5	2.6
Native American	0	0
Other	3	1.6
No response	4	2.1
Years of Experience		
1-3	32	16.6

Table 1: (Continued)

4-8	56	12.4
9-14	53	44
15-20	30	15.5
21-Plus	22	11.4
School Setting		
Rural	77	40.1
Suburban	75	39.1
Urban	38	19.8
No response	2	1
Region		
Northeast	28	14.6
South	102	53.1
Midwest	38	19.8
West	21	10.9
Abroad	3	1.6
Orientation		
Child Centered	68	35.4
Jungian	2	1.0
Eco-systemic	0	0
Theraplay	1	0.5
Cognitive	14	7.3
Solution Focused	43	22.4
Missing	64	33.3
Graduate Courses		
Yes	55	28.6
No	137	71.4
Currently receiving supervision of play therapy		
Yes	5	2.6
No	185	96.4
No response	2	1.0

Note: *= Indicates dependent variable for logistic regression analysis.

The continuous variables used in this study to describe the participants are shown in Table 2. The mean age of participants was 43 years old with a range between 26 and 65 years of age. The experience of the ASCA elementary professional school counselors varied from 1 to 40 years with an average of 10 years of experience. Similarly, the mean

of years of play therapy experience was nine with a smaller range from 0 to 30 years. The number of graduate courses taken ranged from 0 to 15 with a mean of 1.9 courses. Continuing education hours had a range from zero to 250 hours with a mean of 16.84 hours. Self-efficacy was calculated by taking the average of five questions to give a number with a range of a minimum of one and a maximum of five with a mean of 4.30 ($SD = .47$). Finally, effectiveness scores ranged from one to five with a mean of 3.41 ($SD = 1.2$).

Table 2: Descriptive statistics for continuous variables

	N	Range	Minimum	Maximum	Mean	SD
Age	189	39	26	65	42.59	10.55
Years of Experience	192	39	1	40	10.78	7.61
Years of Play Therapy	116	30	0	30	9.37	6.79
Workshop Hours	159	250	0	250	16.84	34.44
Graduate Courses	58	15	0	15	1.90	2.15
Self-efficacy	190	2	3	5	4.30	.47
Effectiveness	145	4	1	5	3.41	1.18

In summary, the majority of participants in this study were Caucasian females. The mean age of participants was 42.6 years old with an average of 10.78 years of experience. Most had between 9-14 years of school counseling experience, lived in suburbs, and lived in the southern part of the United States. Slightly over half (57.3%) of the respondents reported using play therapy in their schools. Only about one quarter had

graduate course work in play therapy and most identified child-centered play therapy as their theory base.

Missing Data

For this survey, each variable was examined for missing data. Survey question number 21 asked about past or present experience with play therapy supervision. Only 38 participants responded to this question, and five indicated they were currently receiving supervision for play therapy. Because of this low number, a decision was made to not use the variables about supervision in the data analysis. Therefore, question 4 was eliminated. Both of these variables on supervision were eliminated due to a small case-to-variable ratio (Tabachnick et al., 2001).

Data Analysis

The Statistical Package for the Social Sciences (SPSS) was used for the data analysis. The data were screened for the following: outliers, missing data, normality, and linearity prior to the statistical analysis using SPSS. The continuous variables were examined for normal distribution. These variables include: age, experience, workshop hours, graduate courses, self-efficacy, and effectiveness. As noted above, because of the small number of participants who had received supervision, research question 4 was eliminated. Each research question is addressed below.

The first question explored the relationships among elementary school counselors' age, experience, workshop hours, graduate courses, self-efficacy, and effectiveness. A Pearson Correlation statistic was used to determine these relationships

and the findings, (see Table 3), showed numerous significant relationships among the predictor variables as follows:

- Age was significantly related to experience ($r = .66; p < .01$), workshop hours ($r = .22; p < .01$), and self-efficacy ($r = .17; p < .05$).
- Experience was significantly related to workshop hours ($r = .38; p < .01$), self-efficacy ($r = .25; p < .05$), and effectiveness ($r = .21; p < .05$).
- Workshop hours were significantly related to self-efficacy ($r = .17; p < .05$) and effectiveness ($r = .21; p < .05$),
- Self-efficacy was significantly related to effectiveness ($r = .38; p < .001$).

Table 3: Pearson correlations coefficients of continuous variables

	2	3	4	5	6
Age (1)	.66** (<i>n</i> =189)	.22** (<i>n</i> =156)	.11 (<i>n</i> =58)	.17* (<i>n</i> =187)	.17 (<i>n</i> =142)
Experience (2)	--	.38*** (<i>n</i> =159)	.12 (<i>n</i> =58)	.25*** (<i>n</i> =190)	.20* (<i>n</i> =145)
Workshop Hours (3)		--	.26 (<i>n</i> =53)	.17* (<i>n</i> =159)	.21* (<i>n</i> =128)
Graduate Courses (4)			--	.13 (<i>n</i> =58)	.17 (<i>n</i> =52)
Self-efficacy (5)				--	.38*** (<i>n</i> =145)
Effectiveness (6)					--

Note. * $p < .05$; ** $p < .01$; *** $p < .001$.

The second question asked to what extent age and experience predicted the use of play therapy among elementary school counselors. As shown in Table 3, the logistic regression indicated that neither age nor experience was a statistically significant predictor of the use of play therapy.

The third question asked to what extent number of workshop hours and graduate courses predicted the use of play therapy among elementary school counselors after controlling for age and experience as a school counselor. As shown in Table 4, the logistic regression indicated that neither the number of workshop hours, nor graduate courses, predicted the use of play therapy by elementary school counselors.

The fourth question asked to what extent self-efficacy and effectiveness predicted the use of play therapy among elementary school counselors after controlling for age, experience, workshop hours, and graduate courses. As shown in Table 4, Step 3 is significantly better than Step 1 in predicting the use of play therapy because the variance explained (R^2) increased from .02 to .53. Only perceived effectiveness of play therapy was a statistically significant predictor of the use of play therapy ($p < .05$). With one unit of increase in participants' perceived effectiveness of play therapy, the odds of using play therapy was estimated to increase by 5.44 or greater than 5 to 1. For example, participants who perceived themselves as effective using play therapy were nearly 5 times more likely than participants who did not perceive themselves as effective using play therapy. In other words, with one unit of increase in participants' ratings of effectiveness, the probability that they will use play therapy increased by 84%.

Table 4: Parameter estimates for using play therapy

		<i>B</i>	<i>SE</i>	<i>Wald</i>	<i>df</i>	<i>P</i>	<i>Exp (B)</i>
Step 1	Age	-.003	.019	.026	1	.871	.997
	Years of Experience	0.04	0.27	2.575	1	.109	1.045
Step 2	Age	-.077	.053	2.086	1	1.49	.926
	Years of Experience	.049	.068	.512	1	.474	1.050
	Workshop Graduate Courses	.060	.033	3.376	1	.066	1.062
		.263	.313	.703	1	.402	1.301
Step 3	Age	-.032	.082	.152	1	.697	.969
	Years of Experience	-.005	.094	.003	1	.958	.995
	Workshop Graduate Courses	.027	0.43	.392	1	.531	1.027
		.960	.898	1.143	1	.285	2.611
	Self-efficacy	-.485	1.224	.157	1	.692	.616
	Effectiveness	1.713	0.661	6.716	1	.010	5.543

Note. $R^2 = .02$ for Step 1; $R^2 = .22$ for Step 2, and $R^2 = .53$ for Step 3.

Summary

This purpose of this research study was to compare the experiences of elementary school counselors' use of play therapy relative to their age, experience/training in play

therapy, supervision in play therapy, self-efficacy, and effectiveness. Demographic data and the results of a 3-step logistic regression were presented in this section.

These results indicated that there were significant relationships among age, years of experience, workshops, self-efficacy, and effectiveness. With regard to the logistic regression, while in the final model, age, years of experience, workshop hours, graduate courses and self-efficacy did not significantly add to the prediction of the use of play therapy among elementary school counselors effectiveness was found to be a significant predictor of the use of play therapy among elementary school counselors.

CHAPTER 5: DISCUSSION

This study examined and compared the experiences of elementary school counselors' use of play therapy relative to their age, experience/training, supervision in play therapy, school counselor self-efficacy, and perceived effectiveness using play therapy. . The chapter includes an overview of the study, results and conclusions, contributions, limitations, implications, recommendations for further research, and concluding remarks.

Play therapy has been known to provide positive outcomes when used with children ages 2-10 years old (Axline, 1949; Blanco & Ray, 2011; Dogra & Veeraraghaven, 1994; Hannah, 1986; Muro et al., 2006). Whether the events causing trauma and academic interference happen in the school or not, children have experienced positive outcomes as a result of play therapy used as an intervention in schools. With outcome based and data driven practices becoming common practice, play therapy is a logical and appropriate approach in helping children achieve their best in the elementary school setting. The researcher examined the relationships among age, experience/training, school counselor self-efficacy, and perceived effectiveness using play therapy and used a logistic regression to predict the use of play therapy among elementary school counselors in the elementary school setting using those variables as predictor variables.

The researcher sent email invitations to participate to 2,500 American School Counselor Association members who were practicing elementary school counselors. The survey, developed by the researcher, was the Elementary School Counselor Play Therapy Scale and consisted of 24 questions. A total of 192 useable surveys were returned yielding a response rate of 8%.

The findings indicated there were statistically significant correlations among the predictor variables of age, years of experience, workshop hours, self-efficacy as a school counselor, and perceived effectiveness using play therapy. In addition, in the final logistic regression model, perceived effectiveness in using play therapy was a significant predictor of the use of play therapy among elementary school counselors.

Results and Conclusions

An examination of the demographic data showed there continues to be a lack of diversity among elementary school counselors. This study, with 85.1% of the elementary school counselors identifying as Caucasian females, was consistent with the trend found in previous research (Abrams et al., 2006; Ebrahim et al, 2012; Phillips & Landreth, 1998; Ray et al., 2005; Shen, 2006).

The number of school counselor respondents who use play therapy was slightly higher (57%) than those who did not use play therapy (42%). The only other study that reported the percentage of school counselors who use of play therapy was Ray et al. (2005) who reported that 62% of the respondents used play therapy three hours or less a week. The wording of the question in that study indicated that that percentage could include those who did not use play therapy at all. They also reported that the rate of those who used play therapy 4-6 hours per week was 19%. As a result of the different

ways these findings were reported, it was not possible to compare the percentage of school counselors who use play therapy in the current study with the Ray et al. earlier study. While there were two other studies that included “use of play therapy” as a variable (Abrams et al., 2006; Phillips & Landreth, 1998) the samples were taken from the Association for Play Therapy membership so they were not comparable.

The average age of respondents was 42.6 years, and they had an average of 10.7 years of experience. Although there was no way to tell if the difference is statistically different, the average age in the current sample was younger than Ray et al. (2009) found (47 years), and the school counselors had slightly more counseling experience (8.85 years). This was the first research study that included years of experience as a predictor variable when examining use of play therapy among elementary school counselors.

Eighty percent of the respondents in this study lived in in rural and suburban settings, and 19.8% lived in urban settings. Interestingly, respondents from rural and suburban settings were evenly distributed with 40.1% living in the rural setting and 39.1% in suburban setting. These findings are similar to those of Ray et al. (2005) who found 31.1% rural, 48.8% suburban, and 20.2% urban. Both studies found a greater response rate from school counselors who live in rural and suburban settings.

Most of the respondents in the current study lived in south (53.1%), followed by the midwest at 19.8%, then northeast at 14.6%, west at 10.9%, and 1% abroad. Ray’s et al. (2005) study cited the representation of the United States, but no other research, except the current study, looked at regions as broken down by the U.S. Census.

One third of the sample did not respond to the question of theoretical orientation. However, among those who did report a theoretical orientation, there was a

predominance of the child-centered approach (53%). Following the child-centered approach was solution focused at 34%. The percentages are similar to those found in previous research (Phillips & Landreth, 1998).

Only 55 (28.6%) of the respondents in the current study had taken a graduate course in play therapy which is consistent with Ray et al. (2005) study in which 33% had taken at least one course in play therapy, but it is lower than the findings of Ebrahim et al. (2012) that 52% had taken a graduate course in play therapy.

Only 2.6% (five respondents) in the current study reported that they were receiving supervision in play therapy and 35 (18%) reported they had ever received supervision in play therapy. This is the first research to focus on the relationship between receiving supervision and doing play therapy in schools.

The significant correlation between age and years of experience with both workshop hours and self-efficacy is not surprising. Not only is it logical that age and years of experience are related, but it is also predictable that older, more experienced counselors would have more workshop hours given the requirement for maintaining school counseling licensure. What is interesting is that there was a relationship between age and experience and workshop hours specifically in the area of play therapy. This may indicate their awareness of their need for training in this specific area as they worked longer in elementary schools. The correlation between age and experience and self-efficacy is also not surprising; increased experience could increase the ability of school counselors to navigate the role of school counselor and to increasingly know how to map his/her role in the school. These findings may indicate that elementary school

counselors, over time, have more confidence to work in developmentally appropriate ways because their definition of “success” has broadened and matured.

Workshop hours were significantly related to self-efficacy and effectiveness in play therapy. It would stand to reason that more continuing education about play therapy was related to higher their confidence level and desire to implement play therapy. This would suggest that more professional development workshops should be provided to elementary school counselors. Considering all of the significant correlations among the predictor variables, it is notable there was no relationship between graduate coursework and the other variables in this study. A possible explanation for this is the lack of opportunity for individuals to take graduate coursework specific to play therapy.

With regard to the logistic regression, the final model indicated that elementary school counselors who perceive themselves as effective using play therapy were more likely to use play therapy compared to those who did not use play therapy. Stated another way, the only predictor of play therapy use in elementary schools was the perceived effectiveness of one’s play therapy. What is not surprising is the connection these findings have with the Butler and Constantine’s (2005) study which found school counselors’ self-perceptions had an impact on a sense of personal accomplishment. In their study the higher the private collective self-esteem (or internal self-esteem), the higher the feeling of personal accomplishment. Put another way, the better they perceived themselves, the greater sense of accomplishment they had. Whereas perceived effectiveness was related to the other predictor variables, it is worth noting the correlations were low and there was no correlation with graduate coursework. This is concerning as there is no balance of skillset (e.g., workshops, coursework) and theory in

play therapy. Thus, if counselors perceive their use of play therapy as effective, regardless of age, experience, training, education, supervision, or self-efficacy, they are more likely use play therapy. This could possibly indicate that some school counselors may be practicing outside of their scope of expertise simply because they believe their play therapy practices are effective. This is another indicator reflective of the importance of education, training, and supervision. There may be school counselors who do have training, education, and supervision in play therapy with ample skillsets and theory however if they do not perceive themselves as effective using play therapy, they will not implement play therapy in their schools and they likewise will not be serving the children appropriately.

Contributions of the Study

This study was the first study using a national sample to look at factors related to the use of play therapy among elementary school counselors. Among the findings, we now know perceived effectiveness using play therapy as an elementary school counselor is the only predictor variable related to using play therapy among elementary school counselors.

In addition, this was the first study to address the impact of self-efficacy and effectiveness on using play therapy. While three studies (Fall, 2001; Fall et al., 1999; Sutton & Fall, 1995) discussed self-efficacy in schools involving professional school counselors, there were no studies that focused on play therapy among elementary school counselors.

This research contributed to information about supervision in play therapy. Only 5 of the 192 participants received supervision in play therapy. While Ceballos et al.

(2012) found that the average number of hours of supervision received per month of their sample of 448 members of the Association for Play Therapy was 4.98 hours, their sample consisted of play therapists for whom receiving supervision is a requirement for becoming a Registered Play Therapist. Clearly, an implication of this study is the need for increased play therapy supervision for elementary school counselors.

Limitations

While the findings are notable, there are some limitations that may influence generalizability. Because this survey was sent to American School Counselor Association (ASCA) members, one limitation of this study is that it did not include the great number of elementary school counselors who are not members of ASCA.

The low response rate (8%) is another limitation of the study. This survey was sent via email to 2,500 possible respondents. This rate was lower than the 48% response rate of Ray et al., (2005). Their high response rate could have been due to the incentive which included a drawing for a DVD player or because the window of time the survey was open which was 60 days compared to this study's two week response window. Dillman (2007) reports that providing incentives and keeping the survey open for an extended time will increase the response rate. The response rate of the current research is also less than the 13% response rate of usable surveys of Ebrahim's et al. (2012) study. Newer regulations and school systems may require filters on school email accounts to reduce the number of commercial and mass emails. A lack of interest in play therapy by ASCA members could have been another reason for the low response rate.

Another limitation was that the survey was a self-report regarding "use play therapy." With only 28.6% who had ever taken a course in play therapy and only 18%

who had received supervision, the definition of using play therapy may vary greatly among participants.

Implications of the Findings

A major implication of this research is the need to strengthen the knowledge base of elementary school counselors about play therapy. With a response rate of 8% in this study, the researcher believes that those who use play therapy may have been more likely to respond to a survey about play therapy. Therefore, it is likely many of the 92% who did not respond to the survey were not involved with play therapy at their schools. This finding reinforces the need to inform, train, and provide opportunities for greater awareness about the appropriateness of using play therapy in elementary schools.

The high percentage of respondents (71.4%) who had not taken any graduate course work in play therapy indicates the need for more research to clarify the question of why school counselors have not had graduate courses in play therapy. A possible explanation is that it was not available in their graduate programs. If this is the case, there is a need to work to help graduate programs in counseling understand the importance of including this course work in their curricula. It is worth noting that Ebrahim et al. (2012) reported that the ASCA email list for elementary school counselors was 2,719. At the time this research was conducted, the number on the email list increased to 4,500. The growth in membership in ASCA over the last four years shows us there is a larger pool of elementary school counselors who could benefit by developmentally appropriate training for young children.

Given the distribution of the samples in urban, suburban, rural settings in this sample and in Ray et al. (2005), there is a need to promote play therapy in urban areas.

In addition, given the geographic distribution of this study, with predominance in the south, there is a need for promotion of play therapy in the west, northeast, and midwest regions of the United States.

The elementary school counselors in this study were primarily Caucasian females (85.4%) while the student body population of those served in this study was 58.1% Caucasian. The demographic of the school counselors compared to their student body demographics indicates the need to continue to educate school counselors in the area of multicultural perspectives as the profile of school counselors continues to differ from that of the student body populations served.

With the small number of respondents who have had graduate courses in play therapy and the negligible number of respondents who have had supervision in play therapy, this research echoes the cry for increasing the number of graduate programs in counseling to provide education, trainings, and supervision in play therapy (Ebrahim et al., 2012; Ray et al., 2005). While only five (2.6%) of the participants in this sample were receiving supervision and only 35 respondents (18%) had ever received supervision in play therapy, lack of supervision did not appear to be a barrier to using play therapy since 57.3% of the sample reported using play therapy. However, these findings indicate there could be a barrier to the implementation of effective, theoretically based play therapy especially given that 33.3% did not identify a theoretical orientation in play therapy. Given these findings, there is a concern for the quality of play therapy being provided to students in elementary schools. Therefore, this reinforces the idea that graduate courses and workshops should provide training and supervision to elementary school counselors.

One outcome of this research was that perceived effectiveness using play therapy was the only variable related to using play therapy among elementary school counselors. The implication is that elementary school counselors' perceptions of themselves are critical to their use of play therapy, regardless of their experience, supervision, or training. More clearly understanding the basis for counselors' perceptions of their effectiveness is essential.

Recommendations for Further Research

These findings suggest additional research is needed to learn more about the use of play therapy among elementary school counselors. First, because perceived effectiveness was the only factor related to the use of play therapy in elementary schools, it would add to the body of knowledge for future research to address factors that are related to perceptions of effectiveness of use of play therapy among elementary school counselors. Another area for continued research is to assess effectiveness objectively rather than using the self-report of participants.

Additional research is needed to examine the relationship between participating in play therapy and academic achievement of children as well as the relationship between administrative support and the use of play therapy.

Further research exploring the participants' ways of using play therapy may give insight to the various definitions that are provided by self-report, because more people report using play therapy than have been trained to use play therapy. Furthermore, because cultures vary it is safe to assume the definition of play therapy would also vary. Or, said another way, what are elementary school counselors doing that they call play

therapy? Exploring this question can tighten the operational definition of play therapy in addition giving way to a greater cultural understanding of others.

It would also be useful to explore how graduates of the universities that have strong programs in play therapy have been successful in implementing play therapy in their schools to better assist other universities in including play therapy in their curricula.

A necessary area for continued research is to explore reasons why school counselors who do play therapy, with little training in play therapy, do not see a need for supervision in this area. Research questions may include: Why are not those doing play therapy getting play therapy supervision? Is it that it is not available or that it is not perceived as necessary?

Replicating this study with adjustments to the questions on supervision could be prudent and produce insightful results in examining the impact of supervision on receiving supervision and ultimately the effective use of play therapy among elementary school counselors. Additionally, this study could be replicated with better incentives to generate a larger group of respondents and to access more school counselors who work in urban areas. Although this study was open for two weeks, it may behoove future researchers to allow a longer period of time for the survey to remain open. A suggested time is at least a month. Lastly, qualitative studies on similar content could provide further insight into the use or non-use of play therapy in elementary schools by school counselors.

Concluding Remarks

The benefits of using play therapy in elementary schools are widely acknowledged (Axline, 1949; Blanco & Ray, 2011; Dogra & Veeraraghaven, 1994; Hannah, 1986; Muro et al., 2006). Because play therapy is recognized as a most appropriate intervention with the elementary school children, it is imperative that we understand factors related to using play therapy in schools. This and future research will be instrumental in understanding ways that elementary school counselors can best serve our children.

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APPENDIX A: INTRODUCTORY LETTER



Dear Elementary School Counselor,

You have been randomly selected to receive this email as an invitation to participate in an online survey as part of the dissertation requirements for a Doctor of Philosophy Degree in counseling at the University of North Carolina at Charlotte. The purpose of this study is to compare the experiences of practicing school counselors who use play therapy and those who do not use play therapy relative to their demographics, experience/training, and supervision in play therapy. Your name and email address was obtained from the ASCA on-line membership directory.

The survey will take approximately 10 minutes to complete. Your participation in carrying out this research will add valuable contribution to the field of school counseling. There are no known risks for your participation in this study. If you choose to participate in this study, your information will be kept both confidential and anonymous, as no names or email addresses will be identified with your responses. You may withdraw or decline without penalty at any time.

Please click on the following link to complete the survey:

Your participation and time is greatly appreciated.

Sincerely,

Jill W. Van Horne, M.A.Ed., NCLPSC, NBCT, LPC, NCC, RPT, EAP
Doctoral Candidate
Department of Counseling
University of North Carolina at Charlotte

APPENDIX B: INFORMED CONSENT FORM

Dear Elementary School Counselor:

As a school counseling professional you are being invited to participate in a quantitative research study. The purpose of this study is to compare the experiences of practicing elementary school counselors who use play therapy and who do not use play therapy relative to their demographics, experience/training, and supervision in play therapy. You are eligible to participate because you are a licensed or certified practicing elementary school counselor who is an ASCA member. Your participation will involve completing a survey.

If you decide to participate, you will be one of approximately 2,500 participants in the study. The survey will take approximately 10 minutes. The data collected by the investigator will not contain any identifying information or any link back to your participation in this study; therefore any information collected will be kept both anonymous and confidential. To ensure anonymity, survey data will be entered into the computer program using only numerical coding.

The benefits of your participation in this human subject study include contributing to the current knowledge, characteristics, and views regarding current issues in the school counseling profession as well as implications for counselor educators and trainees. There are no known risks in participating in this study. You may withdraw or decline without penalty at any time.

You are a volunteer. The decision to participate in this study is completely up to you. If you decide to be in the study, you may change your mind and stop at any time. UNC Charlotte wants to make sure that you are treated in a fair and respectful manner. Contact the University's Research Compliance Office 704-687-1871 if you have any questions about how you are treated as a study participant. If you have any questions about the project, please contact me, Jill Van Horne, at 609-713-1957 or my Dissertation Chair, Dr. Phyllis Post, at 704-687-8961.

By clicking on the following link, you are indicating that you have read the information, consent to participate, and agree that you are a licensed/certified practicing elementary school counselor.

Thank you for taking the time to participate.

Sincerely,

Jill W. Van Horne, M.A. Ed.
Doctoral Candidate
Department of Counseling
University of North Carolina at Charlotte

Dr. Phyllis Post
Dissertation Chair
Department of Counseling
University of North Carolina Charlotte

APPENDIX C: QUESTIONNAIRE

ELEMENTARY SCHOOL COUNSELOR PLAY THERAPY SURVEY

Instructions:

Please complete the survey as completely as possible. There are no right or wrong answers.

YOUR WORK AS A SCHOOL COUNSELOR

1. How many years of paid school counseling experience do you have? ____years
2. Do you use play therapy (also referred to as counseling with toys) in your work at your school? Yes No
 - a. If yes, for how many years have you used play therapy in your work? ____ years
 - b. If, yes, how many hours per week? _____ hours/week
 - c. On average, how many students do you see in play therapy each week at your school? ____students/week
3. How many hours per week do you use individual counseling, other than play therapy, at your school? ____hours/week
4. What is the percentage racial/ethnic distribution of students at this school setting?
(The total for all categories combined should equal 100%)
 - African American ____%
 - American Indian or Alaska Native _____%
 - Asian or Pacific Islander _____%
 - Caucasian ____%
 - Hispanic ____%
 - Other ____% [_____]
5. Identify the play therapy theoretical orientation you *most frequently* use (select one)?
 - Child centered
 - Jungian
 - Eco-systemic
 - Theraplay
 - Cognitive

- Solution Focused
- Other [_____]

6. Please list the two play therapy texts you have found to be the most significant for you?

- a. _____
- b. _____

7. Please list the 3 most prevalent problem behaviors of children you see.

- 1. _____
- 2. _____
- 3. _____

PERSONAL INFORMATION

8. Are you currently a practicing Elementary School Counselor? Yes No

9. Indicate the state you work in: _____

10. Indicate what setting you work in: Urban Rural Suburban

11. What is your age: _____

12. What is your gender? Male Female

13. What is your race/ethnicity?

African American

American Indian or Alaska Native

Asian or Pacific Islander

Caucasian

Hispanic

Other [_____]

EDUCATION/TRAINING INFORMATION

14. While in graduate school, did you take any courses for graduate credit (at least 3 credit hours per course) that focused **only** on Play Therapy? Yes

No

- a. If yes, how many courses? _____

15. How many combined hours of post-graduate play therapy training hours (i.e. workshops, continuing education opportunities, conferences) have you taken?
_____hours

SUPERVISION

16. Do you currently receive play therapy specific supervision? Yes No
17. On average, how many hours per month do you receive supervision related to play therapy? _____hours/month
18. With regard to receiving play therapy supervision, what is/was your experience?

Bad	1	2	3	4	5	6	7	Good
Negative	1	2	3	4	5	6	7	Positive
Weak	1	2	3	4	5	6	7	Strong
Hard	1	2	3	4	5	6	7	Easy
Passive	1	2	3	4	5	6	7	Active
Tense	1	2	3	4	5	6	7	Relaxed

SELF-EFFICACY

Indicate how well you can accomplish the following tasks with an assessment of your ability on a scale from 1 (not very well) to 5 (very well).

19. My ability to establish rapport with a student for individual counseling 1 2 3 4 5
20. My ability to adjust my communication style appropriately to the age and developmental levels of various students 1 2 3 4 5
21. My ability to help students attain attitudes, behaviors, and skills which lead to successful learning. 1 2 3 4 5
22. My ability to conduct interventions with parents, guardians and families in order to resolve problems that impact students' effectiveness and success. 1 2 3 4 5
23. My ability to teach, develop and/or support students' coping mechanisms for dealing with crises in their

lives—e.g., parent's death, abuse, etc.

1 2 3 4 5

24. Please select the most appropriate answer for the statement below.

My use of play therapy as an elementary school counselor is:

- 1 rarely effective
- 2 sometimes effective
- 3 effective
- 4 often effective
- 5 most effective

25. Is there anything else you would like to add:
