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Preparation, Practices, and Perceptions of Licensed Professional Counselors with Respect to Counseling Children

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Preparation, Practices, and Perceptions of Licensed Professional Counselors with Respect to Counseling Children

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DEDICATION

This dissertation is dedicated to my daughters, Colette and Danielle for their love and support, to my parents, Carl and Anne Landwehr, who taught me the value of education, and to my grandchildren who have brought me more joy than I could have ever imagined.

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ABSTRACT

This study investigated the preparation, practices, and perceptions of Licensed Professional Counselors with respect to counseling children. The purpose was to determine: a) their graduate coursework, continuing education, and post-degree supervision with respect to counseling children; b) their current caseload, preferred counseling method, and professional development with respect to counseling children; and c) their perceptions regarding their formal education, application of skills, efficacy, and credentialing.

The participants in this study were 300 Licensed Professional Counselors. The target population consisted of all Licensed Professional Counselors within the United States. A research-developed, on-line survey, the *Counselor Training and Practice Inventory*, was used to assess the preparation, practices, and perceptions of the participants in this study.

In order for educational standards and training requirements to be established for counselors who counsel children, data must be collected regarding the current views and trends of practitioners, both those who counsel children and those who do not. The study may contribute to a better understanding of practitioners within the counseling profession and the population they serve. In addition, findings could be used to aid credentialing boards in determining standards for practitioners and to assess the education and training of practitioners who counsel children.

Key Words: Children, Counseling, Counseling Children, Counselor Training, Play, Play Therapy

CHAPTER ONE

INTRODUCTION

In Chapter One, the rationale is introduced for the investigation of Licensed Professional Counselors' preparation, practices, and perceptions regarding their therapeutic work with children in non-school settings. A background for this study and a conceptual framework are presented. Included are an overview of child development, an understanding of play therapy, and a discussion of specific academic and experiential training of counselors who work with children. The significance and purpose of this study are stated and research questions are identified. Terms specific to this study are defined and limitations, delimitations, and assumptions are addressed.

Background

The nature of the world today presents children with an extraordinary array of opportunities for positive growth and development, while also presenting them with a unique set of challenges to overcome. Numerous factors, including premature births, birth defects, disease, trauma, child abuse, death, divorce, substance abuse, violence, sexual activity, poverty, stress, the media, the internet, and natural disasters, influence the mental health of children today. In addition, children often suffer from self-esteem issues, behavior problems, emotional problems, and deficits in social and relationship skills. Not surprisingly, an increasing number of parents and teachers are seeking the services of mental health professionals qualified to work with children outside the school setting (Bratton, Ray, Rhine, & Jones, 2005; Dougherty & Ray, 2007; Ginsburg, 2007; Sink, 2005). Dougherty and Ray (2007) reported that an estimated 13% of children and adolescents in the United States are not receiving the services they need for

treatable mental health problems. Increasingly, professional counselors are being called upon to provide counseling services to children in non-school settings (Bratton & Ray, 2000; Fall, Balvanz, Johnson, & Nelson, 1999; Joiner & Landreth, 2005; Landreth, 1991; Sweeney, 2001). If counselors are to effectively meet the increasing demand for child services, standards are needed to provide practitioners with guidelines for offering services which best promote the well-being of children (Association for Play Therapy, n.d.c; Bratton, Ray, Rhine, & Jones; Hinerman & Knapp, 2004; Kottman, 2003; Landreth).

According to Van Velsor (2004), the majority of counseling programs concentrate on the adult client, yet most counselors will counsel children at some point in their careers. Van Velsor believes that the volume of literature on play therapy suggests that counselors are trying to apply basic counseling skills they use with adults to their child clients. While some counseling skills are applicable to both adults and children, Van Velsor describes skills specific to counseling children including tracking, setting standard limits, setting personal limits, and theme identification through play. By recognizing children's social, emotional, cognitive, and verbal level of functioning, Van Velsor believes that counselors can adapt their skills to meet the specific needs of their clients and maximize their effectiveness in working with this population.

Conceptual Framework

For generations, scholars have studied the activity of play and its value. Numerous aspects, such as problem-solving, language learning, creativity, and the development of social roles, have been studied (Johnson, McLeod, & Fall, 1997; Kottman, 2003; Landreth, 1991, 2001; Thompson, Rudolph, & Henderson, 2004). In recent years, however, the therapeutic value of play has gained increasing support as an effective method of counseling children (Bratton & Ray, 2000; Fall, Balvanz, Johnson, & Nelson, 1999; Johnson, McLeod, & Fall, 1997). The

growing number of professionals using play therapy in their work with children emphasizes the increased awareness of the stage of development known as childhood (Landreth).

The Association of Play Therapy, focused on developing a framework for using play as an integral part of the therapeutic process, instituted a set of professional standards and established a board for the purposes of registering and credentialing play therapists ("A Brief History of Play Therapy," 2004; Kottman, 2001, 2003). While this organization is growing at a substantial rate and many universities are now incorporating play therapy courses into their curriculum, many practitioners within the counseling profession are practicing play therapy with little or no formal training ("A Brief History of Play Therapy"; Hinerman & Knapp, 2004; Kottman, 2001, 2003; Landreth, 1991).

In order for counselors to be effective in their therapeutic work, they must assume a holistic view of clients by considering influencing factors such as: chronological age, developmental age, gender, race, socioeconomic status, family dynamics, living arrangements, work/school environment, and personal interests and goals. When counseling children, it is especially important to consider the chronological and developmental age of clients. Because children do not have the verbal language or mental capabilities of adults which would allow them to process information gathered through typical adult talk therapy, play therapy has become the preferred method of treatment by mental health professionals across varying disciplines that specialize in therapeutic work with children (Kottman, 2003; Landreth, 1991).

Landreth (1991), a well-known practitioner in the field of play therapy, has stated that children are not miniature adults. Landreth believes that children possess innate capabilities for growing, coping, and developing and that they have feelings and reactions independent of the other significant people in their lives. He has stated that, if counselors are to be effective in

facilitating the expression of children, they must be able to move from the world of reality and verbal expression into the conceptual-expressive world of children.

According to Axline (1947), a pioneer in child-centered play therapy,

> There seems to be a powerful force within each individual which strives continuously for complete self-realization. This force may be characterized as a drive toward maturity, independence, and self-direction…the individual needs permissiveness to be himself, the complete acceptance of himself - by himself, as well as by others - and the right to be an individual entitled to the dignity that is the birthright of every human being in order to achieve a direct satisfaction of this growth impulse (p. 10).

Lowenfeld, a pioneer in the use of sand as a therapeutic tool, developed a unique approach to child psychiatry called, *The World Technique,* in which the sand tray gives clients and therapists an intra-psychic view of clients' worlds. Lowenfeld believes that play is an essential part of human development from immaturity to maturity and that play therapy is an effective method of facilitating that growth process. According to Lowenfeld, sand provides children with a medium for expressing their ideas about themselves and the world around them and for correcting their ideas in reality (as cited in "A Brief History of Play Therapy", 2004, as cited in Thompson, Rudolph, & Henderson, 2004).

According to Thompson, Rudolph and Henderson (2004), a critical aspect in defining the mental health of children is their successful movement through the normal developmental stages of growth. Indicators of this success include secure attachments, satisfying relationships, and effective coping skills.

Several theorists, including Freud, Piaget, Erikson, and Havighurst, have created models to explain how humans grow, cope, and develop over the lifespan. Because children are naturally curious and are drawn to the task of exploring and understanding their world, they should be approached from a developmental perspective (Kottman, 2001; Landreth, 2001). Counselors must be aware of a child's level of cognitive development and ability to engage in abstract reasoning and they must match the counseling methods to that level if counseling is to be effective (Thompson, Rudolph, & Henderson, 2004). Throughout the growth process, children develop new and more advanced ways of thinking. This advanced cognitive ability allows children to construct more complex views of themselves, of others, and of their environment. These more complex views provide children with a greater understanding of their world and lead to continual wondering about themselves and their relationship with the world around them (Axline, 1947; Landreth; Myers, Schoffner, & Briggs, 2002; Newman & Newman, 1999).

Around age two, children begin to use symbolic representations to create situations by imitating them, drawing them, or acting them out in fantasy. They can create events that actually happened or the events can be altered to how children wish they could be (Axline, 1947; Kottman, 2003; Landreth, 1991, 2001; Myers, Shoffner, & Briggs, 2002; Newman & Newman, 1999). Kottman stated that children express themselves in play therapy through symbolic, metaphoric communication. Symbolic play is a means of conveying information or an idea in an indirect, yet often more meaningful, way. It can be used as a means of expressing feelings, trying out new behaviors, or working through difficulties (Axline; Kottman; Landreth, 1991; Myers, Shoffner, & Briggs; Newman & Newman). While adults can ask questions or research answers in books, children, through the use of all their senses, experiment and repetitively

practice what they have learned (Rogers & Sharapan, 1993). By approaching children from a developmental perspective, counselors are better able to understand the symbolic world of children (Landreth).

For adults, the natural means of communication is through language. Their daily lives revolve around verbal and written interactions with others. Most children, on the other hand, do not have the ability to use symbolic forms of speech or the experiences which would make their words meaningful expressions of their emotions; therefore, they use play as a medium of communication. Play is their language and toys are their words (Kottman, 2001; Landreth, 1991; Smolen, 1959 as cited in Landreth, 1991). Rogers and Sharapan (1993) view play as an expression of creativity that provides children with avenues to develop, learn, cope, and become whatever they may be. Play can yield new forms of expression, present new challenges, and help to develop solutions and, according to Landreth, play can link what is with what could be.

Therapeutic Value of Play

If counselors are to be effective in their work with children, they must be able to relate to them in a manner that facilitates understanding and respect. Counselors should be well-adjusted, have developed coping skills, know how to communicate effectively, and possess a developmental understanding of children. Because play is the child's natural medium of self-expression, the use of play therapy as an effective method of counseling children is gaining increased recognition (Bratton & Ray, 2000; Fall, Balvanz, Johnson, & Nelson, 1999; Kottman, 2001, 2003; Landreth, 1991; Bratton, Ray, Rhine, & Jones, 2005). Play allows the counselor to fully experience the child's world by providing a safe and encouraging environment. Children feel comfortable communicating their uniqueness to the counselor knowing that they will be received with unconditional acceptance, a key to successful play therapy (Landreth).

In play therapy sessions, children are given an opportunity to learn about themselves. According to Johnson, McLeod, and Fall (1997), during play therapy, children feel unconditionally accepted, are able to express their thoughts and feelings, practice self-control, address issues and challenges, develop social skills, and learn to cope with the world around them. The literature suggests that in the playroom children have the opportunity to prepare for life's challenges, develop problem-solving skills, resolve conflicts, express themselves symbolically, learn new behaviors, gain a sense of control, feel appreciated and respected, establish healthy relationships, display emotions, and reveal self-images (Axline, 1947; Kottman, 2001, 2003; Woltmann as cited in Landreth, 1991). As a result of this experience in exploration of themselves, relationships with others, and personal expression, children learn to accept and respect themselves and others and they learn to use freedom with a sense of responsibility (Axline; Kottman; Landreth, 1991).

Purpose and Significance of the Study

Lawrence and Robinson Kurpius (2000) stated that most counselors, at some point during their career, will counsel children. They, along with Landreth, Baggerly, and Tyndall-Lind (1999), argue that it is not sufficient to adapt the basic counseling skills used with adults for use in counseling children and that unique skills, training, and clinical experiences are needed; however, the authors reported that this training is not being provided in the majority of university settings. Van Velsor (2004) has asserted that because the majority of counseling programs concentrate on the adult client, many counselors are limited to applying basic counseling skills used with adults to their child clients without regard to the developmental stage, cognitive reasoning, or verbal ability of the child.

Campbell (1993) suggested that play has an integral place in the counseling field. The use of play as a means of communication between children and counselors seems necessary for effective counseling to take place, and attendance by counselors at workshops and conferences indicates increasing interest in play therapy as an effective means of facilitating that communication between counselors and children.

According to Kottman (2001), play therapy is an approach to counseling in which the counselor uses toys, games, art, and other play media to communicate with children using their language, that is, the language of play. However, play therapy is more than gathering a few toys together and sitting in a room watching children play. Play therapy requires special skills and a unique way of communicating that is different than interacting with adults. Kottman further stated that to become a skilled play therapist, it is necessary to understand the conceptual framework of play therapy, learn about the types of and indications for the use of play therapy, and develop skills in using the techniques specific to play therapy under the supervision of a trained play therapy professional.

Play therapy is a special expertise requiring skills not typically found in other related programs (Landreth, 1991; Van Velsor, 2004). Due to deficiencies in training, counselors may not utilize fully the therapeutic qualities of play and may rely on children's verbalizations as the primary medium of communication (Landreth; Phillips & Landreth, 1998). According to Landreth, "Even the most experienced and highly effective therapists with adults will often have great difficulty transferring their therapeutic skills to play therapy sessions with small children" (pp. 104-105).

While graduate coursework, workshops, and observing experienced play therapists are prerequisites to becoming a play therapist, the most important knowledge comes from supervised play therapy experiences (Landreth, 1991). Often, counselors who have had little or no previous training have been thrown into sessions with children and they have expressed anxiety and confusion about the play therapy process and the potential for their inadequacy to be harmful to the client. According to Kottman (2003) and Landreth, practicum and internship supervisors have even been known to assign child clients for play therapy with supervisees who have no experience with children and no training in play therapy, demonstrating little respect for children.

Out of a fear of appearing inadequate, however, some counselors continue to work with children far beyond their ability to be helpful or with children whose issues exceed the limits of the counselor's training. It is necessary for them to receive feedback from supervisors and peers in order to provide the highest standard of care, to know when to make a referral, and to do so in a manner consistent with the standards of the profession (Kottman, 2003; Landreth, 1991).

By creating standards and requiring continuing education hours, organizations can promote play therapy as a legitimate specialty while encouraging practitioners to stay current in the field. Professional credentialing increases the credibility of the profession, legitimizes play therapy as an area of specialization, and recognizes practitioners as experts in working with children (Kottman, 2001).

When working with clients who are members of a specific population, counselors must give careful consideration to the particular needs of those clients in order to protect the clients' welfare while practicing within the legal and ethical guidelines of their respective professional associations and credentialing boards (American Counseling Association, 2005; American

School Counselor Association, 2004; Association for Counselor Education and Supervision, 1993; Association for Play Therapy, n.d.c; National Board for Certified Counselors, 2005) According to the American Counseling Association Code of Ethics (2005), "Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience" (Standard C.2.a., p. 9). In addition, standard C.2.b. requires that "Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience" (p. 9).

The Council for Accreditation and Related Educational Programs (CACREP), an independent agency recognized as the accrediting body for counselor education programs, is committed to the development of standards and procedures that reflect the needs of society and to promoting excellence in professional preparation. According to Section II.B.1, the program area objectives "reflect current knowledge and projected needs concerning counseling practice in a multicultural and pluralistic society." Section II.B.2 states that these program area objectives "reflect input from all persons involved in the conduct of the program, including program faculty, current and former students, and personnel in cooperating agencies" (Council for Accreditation of Counseling and Related Educational Programs, 2009). Sexton (2000) believes the goal of counselor education programs is to ensure that their students are sufficiently trained and can function effectively as professional counselors with diverse populations. The information gathered from this study may assist counselor educators in developing and implementing coursework which reflects the current needs of society and adequately prepares counselors to serve potential clients, especially children.

In order for accrediting agencies and professional organizations to establish standards which are representative of the current views and practices of practitioners within the field of play therapy, those views and practices must be identified. In addition, sufficient opportunities must be presented for clinicians to meet the requirements of those standards. The purpose of this study was to determine the preparation, practices, and perceptions of Licensed Professional Counselors with respect to counseling children, including those who do and do not use play therapy as their primary method of treatment. The results of this study could be used to assist professional associations and credentialing boards in determining standards for practitioners and to assess the education and training of practitioners who counsel children.

Research Questions

The general research question in this study was: What are the preparation, practices, and perceptions of Licensed Professional Counselors with respect to counseling children? Specifically, *preparation* included graduate coursework, continuing education, and post-degree supervision required for licensure; *practices* included caseload, counseling methods, and professional development; and *perceptions* included adequacy of formal education, application of skills, efficacy, and credentialing.

Limitations and Delimitations

Limitations can be defined as potential weaknesses or problems in quantitative research that are related to data collection and analysis (Creswell, 2002). One limitation of this study was that those respondents who choose to participate in the survey may be more interested in the topic than those who chose not to participate.

Researcher bias was another limitation of this study because I am a Registered Play Therapist-Supervisor. Having been trained in the use of play therapy, I believe, for counselors to

work with children effectively and in an ethical manner, they must have extensive education, training, and competent supervision in the use of play therapy as part of their academic program. In order to reduce researcher bias, I conducted the study by means of an on-line, anonymous survey. Statistical procedures were completed to further reduce the subjectivity of the data collected.

While the target population consisted of Licensed Professional Counselors, all Licensed Professional Counselors within the United States were not included in the sample. The sample may, therefore, not be representative of the entire population. The need for all respondents to have a computer and basic computer skills was also a potential limitation of the study. However, given the target population, this limitation was probably minimal.

Delimitations, according to Creswell (2002), are methods of narrowing the scope of a study. This study did not focus on the use of play therapy with adolescents, adults, and families which may be additional factors in assessing the need for education and formal training in the therapeutic use of play. Counselors who were not Licensed Professional Counselors were not included in this study. Results may not be representative of all counselors who work with children.

Assumptions

The assumptions incorporated into this study included: a) that participants responded to the survey with honest and thoughtful answers, b) that a significant percentage of the target population had access to computers and adequate computer skills, c) that respondents were representative of the larger population of Licensed Professional Counselors, and d) that the survey adequately measured the preparations, practices, and perceptions of Licensed Professional Counselors with respect to counseling children.

Definition of Terms

The following were conceptual definitions of terms used throughout this study.

Children: Anyone 12 years of age or younger

Licensed Professional Counselor: An individual who holds a master's degree in counseling or in a related field with an emphasis on counseling who has met the additional requirements of post-master's degree clinical experience, passed a state licensing exam, and received formal documentation of licensure from the licensing board of the states in which the counselor is licensed.

Play: The primary avenue through which children learn about themselves, others, and the world around them. Play is the natural medium through which children communicate.

Play Therapy: The systematic use of a theoretical model to establish an interpersonal process where counselors use the therapeutic powers of play to help clients prevent or resolve psychological difficulties and achieve optimal growth and development. This may include some or all of the following: directive play therapy, non-directive play therapy, art, dance, drama, music, narrative story-telling, and role-plays. [Adapted from the *Association for Play Therapy*]

CHAPTER TWO

REVIEW OF THE LITERATURE

Introduction

Increasingly, professional counselors are being called upon to provide counseling services to children in non-school settings (Bratton & Ray, 2000; Fall, Balvanz, Johnson, & Nelson, 1999; Joiner & Landreth, 2005; Landreth, 1991; Sweeney, 2001). However, the majority of counselor training programs concentrate on preparing students to work with adult clients. It appears that counselors are trying to apply counseling skills and techniques appropriate for adults to their counseling work with child clients (Van Velsor, 2004).

This chapter includes an overview of the developmental stages of children and the significance of play in their lives, a summary of the literature regarding the preparation of counselors with respect to counseling children, and an examination of the many aspects of play therapy including types of play therapy, techniques specific to play therapy, the value of play therapy as a therapeutic intervention, the training of play therapists, and research specific to play therapy. Also, included in this chapter is an examination of some alternate methods of counseling children.

A Developmental Perspective on Children

Children's views of themselves, others, and the world around them are often dramatically different than that of the adults with whom these children interact on a daily basis. As children grow, they develop a greater ability to process information and a more expansive vocabulary which allows them to express orally their ever-increasing understanding of themselves and their world. However, according to numerous specialists in the field of child development, children

do not have the experience necessary to be able to verbally express their thoughts and feelings (Axline, 1947; Kottman, 2001; Kottman & Warlick, 1989; Landreth, 1991). Because children use play to explore the world around them, to express thoughts and feelings, to experiment through role-playing, and to evaluate their behaviors within both real and imagined relationships, play is the natural medium through which children communicate.

For children to grow into healthy adults, they need to feel accepted by self and others, confidence to make positive choices, opportunities to develop responsibility, and permission to be themselves. All children innately strive for self-actualization, independence, maturity, and self-direction (Landreth, 1991). From the moment infants are born, they are instinctively driven toward meeting their own needs and they begin their search for knowledge, mastery, and control in their lives. This innate, ever-present drive allows infants to develop into curious, intrinsically-motivated children and eventually grow into mature, independent adults (Axline, 1947).

In order to better understand the stages of human development, theorists such as Piaget, Erikson, Gilligan, and Kohlberg have created models to explain various periods of human growth and development. According to Axline (1947), all individuals need a rich environment if they are to maximize their growth experience. A key ingredient which is essential in creating this rich environment is acceptance at every stage of development across the lifespan.

Separate from the influences of the adults in their lives, children have their own thoughts, feelings and behaviors. Because children are in constant transformation, they must be approached and understood from a developmental perspective and not viewed as miniature adults. Unlike adults who use verbalization as their primary avenue of communication, children use play as their means of expression and their experiences are often communicated through various play activities (Landreth, 1991).

The Importance of Play

Play is the focus of all childhood activity and is central to children's growth and development (Fernie, 1988; Mann, 1996). According to Piaget (as cited in Landreth, 1991, p. 9), "Play bridges the gap between concrete experience and abstract thought and it is the symbolic function of play that is so important." Landreth (2001) sees play as an opportunity for children to change what may be unmanageable circumstances in reality to manageable situations through symbols. To children, play is a means of expressing feelings, exploring relationships, and discovering self. Landreth believes that children will play out feelings of fear, satisfaction, anger, happiness, frustration, and contentment if given the opportunity.

Spontaneous, fun, and voluntary, play occurs in all places, at all times, and under all circumstances; yet, play is purposeful. Without instruction, children can explore and orient themselves to the world of people, places, things, space, and time, and they can begin to understand the way humans relate and build relationships. Play can elevate human spirits, relieve feelings of stress, stimulate creativity, build self-esteem, and help people connect with others, while providing an opportunity for development of skills needed for survival (Fernie, 1988; Landreth, 1991). According to Mann (1996), children are innately drawn into play for several reasons including control, curiosity, fun, and learning.

In an effort to gain control of their world, children use play to achieve mastery, define future events, and control feedback which develop self-esteem and lead to competency, achievement, and growth (Mann, 1996). By providing an avenue to alter reality, play allows children who see themselves as weak to feel strong, as small to seem big, and as unknowledgeable to become knowledgeable (Mann). Their imagination permits them to do all

the things they would like to do, but cannot. Play teaches children to use their imagination, to think creatively, and to be flexible (Jones, 2008).

According to Mann (1996), the second reason children play is curiosity. Children are always learning, always exploring. Fromberg stated that a discrepancy between what one expects and what one finds represents one of the powerful conditions for learning (as cited in Mann). Even though this discrepancy prompts learning, demands that are too simple or too complex can extinguish learning. The genius of play is that the child decides the intensity of the learning, sometimes practicing simple tasks and other times experimenting with the impossible (Mann).

The third reason children play is for the fun of it. If an activity is not enjoyable, it is not play (Mann, 1996). Mann believed that because play is intrinsically motivating, praise and rewards are not necessary. The danger in controlling children's behavior is that it stifles their imagination and they never discover what their full capabilities might have been.

A final reason children play is to learn; however, caution must be exercised to avoid imposing adult intentions on children's play. Children rarely play with specific purposes in mind; yet, the experience of play is still educational, beneficial, and fun (Mann, 1996). The ability to understand meaning gives children the tools necessary to evaluate situations, make informed decisions, and think critically and creatively (Axline, 1947; Landreth, 1991; Mann, 1996). Play allows children to see themselves as competent individuals by exploring alternatives, making appropriate choices, and solving problems (Jones, 2008).

Piaget believed that at critical points in child development, new ways of thinking or constructing knowledge emerge (as cited in Myers, Shoffner, & Briggs, 2002). Weininger identified three themes which are presented in children's dramatic play: a need for protection, a

need for power, and a need to attack and destroy. The identification of feelings and the generation of alternative behaviors involved with these needs require children to find an appropriate balance of impulse and activity. Weininger asserted that while all children have aggressive impulses, the important questions to be addressed are: a) How can children be helped to control unpleasant and hurtful feelings?, b) How can children be taught to manage their impulses?, and c) How can children learn alternative behaviors to biting, kicking, or throwing sand? According to Weininger, theorists of play believe that during play children are able to resolve the need for protection, for power, and to attack and destroy. This makes play a valuable experience (as cited in Mann, 1996).

While Piaget believed that children are intrinsically motivated and that learning occurs over time, proponents of social learning theory believe that children learn through reinforcements and that learning can take place instantly, even though behaviors may not be performed at that time. Social learning theory is based on the idea that people can learn by watching the behaviors and consequences of others. Bandura, one of the founders of social learning theory, believed that the expectation of reward can influence performance as much as the reward itself. Theorists of social learning believe that children often learn by imitating others and that imitation of others, especially parents, allows children to experiment with new behavior. Because role models have a significant impact on the actions of others, children often imitate models whose behavior is rewarded and are less likely to imitate those behaviors which are punished. Social learning theorists call this phenomenon vicarious reinforcement (Kretchmar, 2008; Newman & Newman, 1999).

Pleasure, satisfaction, mastery, gratification and happiness are some of the numerous benefits of play (Mann, 1996). The physical, social, and emotional well-being of a child is

enhanced through play (Ginsburg, 2007). Play is the avenue through which children learn to interact with the world around them by allowing them to work in groups, to share, to negotiate, to resolve conflicts, and to develop leadership skills. Play also fosters creativity, builds confidence, and helps children conquer fears (Ginsburg). While these benefits are sufficient reasons to encourage play, there are other benefits including cognitive development, when toys are used as learning instruments, and language development. Play has been shown to encourage reading early, writing well, and having advanced language skills (Cazden, as cited in Mann; Mann; Pelligrini, as cited in Mann). Play is a venue for children with decreased verbal abilities to be able to communicate with others and express emotions (Ginsburg). Additional benefits of play are imagination and creativity (Mann). When given the opportunity to explore, pretend, attempt, and evaluate situations through their play, children become better decision makers and problem solvers, and are able to expand the realm of possibilities for their future through role-play and mastery of tasks. Play is essential in academic advancement by providing children with opportunities to demonstrate the knowledge, to practice the skills, and model the behaviors they are being taught through peer interactions (Ginsburg).

The final major outcome area is social competence which is comprised of children's ability to notice and understand their social world (cognitive), and interpersonal behaviors that people need such as cooperation, sharing, empathy, and problem solving (skills). Play is an avenue for children to disengage from their own feelings and see other people's perspectives (Mann, 1996). According to Jones (2008), play teaches children to express their feelings in non-destructive ways and to cooperate with others to accomplish mutual goals.

According to Landreth (1991), early researchers viewed play therapy as an effective intervention with children due to the belief that adults' natural medium of communication is

verbalization, while children's innate medium of expression is play and activity. Play therapy provides an avenue through which the counselor can understand the child from a developmental and social learning perspective while providing the child with an opportunity to be both playful and serious. Landreth has asserted that society is becoming more aware and accepting of this critical stage of development known as childhood and that this is documented by increased demand for counselors who are willing to work with children and by an increase in the number of mental health professionals who use play therapy when counseling children. Numerous mental health experts, including Axline (1947), Bratton, Ray, Rhine, and Jones (2005), Kottman (2001), Lambert, LeBlanc, Mullen, Ray, Baggerly, White, and Kaplan (2005), Landreth, LeBlanc, and Ritchie (2001), Muro, Ray, Schottelkorb, Smith, and Blanco (2006), and O'Connor and Schaefer (1983) have noted that play therapy is one of the most effective approaches to counseling children.

Counselors' Preparation to Counsel Children

According to Sexton (2000), the goal of counselor education programs is to prepare students to function effectively as professional counselors and it is assumed that they are competent upon entering the field. However, there is considerable evidence indicating a lack of integration of current research into clinical training and practice (Sexton). Because unprepared or inadequately trained students have the potential to do harm to their clients, counselor education programs run the risk of having their graduates lose credibility, being perceived as incompetent, or being unable to provide effective care (Sexton). The majority of counseling programs concentrate on the adult client, yet the volume of literature on play therapy suggests that counselors are trying to apply basic counseling skills used with adults to their child clients (Van Velsor, 2004). Some counseling skills are specific to counseling children; these include

tracking, setting general and specific limits, setting personal limits, and theme identification through play. Limit setting is an integral part of the relationship building that occurs during play therapy (Landreth & Wright, 1997). Learning how to set limits while maintaining an attitude of complete acceptance is one of most difficult skills beginning counselors must learn to apply consistently (Van Velsor). Distinguishing destructive behaviors from symbolic destructive acts must be learned experientially through a wide range of limit setting opportunities and circumstances which must be taught as part of a comprehensive training program (Landreth & Wright). Van Velsor has stressed the importance of recognizing the social, emotional, cognitive, and verbal levels of children and of altering skills and techniques to meet the specific stage of counseling in which the child is functioning.

Landreth, Baggerly, and Tyndall-Lind (1999) believe that counselor's frustration in working with children encourages counselors to rely on techniques that have worked with adults and sends the message that children are not unique with specific developmental needs. The authors noted several other articles by Madigan (1994), Russell and Van den Broek (1992), Stover and Stover (1994), Bauers (1994), and Gurman (1993) in which these writers attempted to alter the adult counseling framework, based on developed language and advanced verbal skills, to fit counseling sessions with children. A paradigm shift is needed from modifying adult counseling skills to fit children to the new paradigm, Play Therapy, which is based on the developmental needs of children and uses children's natural medium of expression, play (Landreth, Baggerly, & Tyndall-Lind).

Because play therapy is one of the most rapidly growing areas of counseling today, the need for training and supervision by qualified professionals far exceeds the demand (Bratton, Landreth, & Homeyer, 1993; Homeyer & Rae, 1998; Joiner & Landreth, 2005; Kranz, Lund, &

Kottman, 1996; Tanner & Mathis, 1995). According to Kranz, Lund, and Kottman (1996), indicators of growing interest in play therapy include: a) an increase in membership in the Association for Play therapy, b) more professionals seeking to become a Registered Play Therapist or Registered Play Therapist-Supervisor, c) an increase in the number of play therapy workshops being offered, and d) greater interest in play therapy being expressed by school counselors and other mental health professionals.

Unfortunately, many practitioners currently using play therapy have had little or no formal training, courses or supervised practicum, devoted exclusively to play therapy (Landreth, 1991; Phillips & Landreth, 1995). According to Homeyer and Rae (1998), just as the practice of counseling requires certain skills, attitudes, and knowledge, so does the practice of play therapy. The authors believe it is critical that graduate students be properly trained to allow for the highest level of competence. Landreth and Wright (1997) state that play therapists should be well-informed about child development and skilled in helping children work through their issues, knowledge and skills that come from role-playing and lab experiences in a playroom. Counselors who have not had sufficient play therapy training may not utilize the therapeutic qualities of play and, instead, rely upon children's verbalizations as the primary avenue of communication (Phillips & Landreth, 1998). Jones and Rubin (2005) reported that despite increasing research supporting the efficacy of play therapy, there is little research on effective training for play therapists.

According to Landreth (1991), more universities are offering courses and supervised experience in play therapy in response to an increase in interest in play therapy training by professionals in the field. In the 1993 *Directory of Play Therapy Training* published by the Center for Play Therapy at the University of North Texas, only 56 universities offered one full

semester or graduate course in play therapy and only 37 university programs used a play room as part of their training and supervision (as cited in Bratton, Landreth, & Homeyer, 1993). During the past five years, the number of conferences and workshops on play therapy has increased dramatically as leaders in the field offer additional training opportunities. The escalating attendance at conferences and workshops indicates the tremendous interest in play therapy by beginners in the field and dedicated seasoned professionals (Kranz, Lund, & Kottman, 1996). Some attempts have been made by universities to incorporate play therapy training into their curriculum (Joiner & Landreth, 2005). In the 2003 *Directory of Play Therapy Training* published by the Center for Play Therapy at the University of North Texas, it was found that 185 universities offer play therapy instruction through specific courses or units in a course and that 109 universities offer one or more courses in play therapy (Landreth, Joiner, & Solt, as cited in Joiner & Landreth).

If play therapists are to be effective with their clients, it is essential that they study the concepts which are the framework for the profession, explore various theoretical approaches, learn more about beginning and advanced-level skills, and gain experience working with children using play therapy techniques while under the supervision of a play therapy professional (Kottman, 2001). It is both clinically and ethically imperative that play therapists have adequate training and supervised experience in the field. Clinicians are ethically mandated by most professional codes (e.g., ACA, APA, and NASW) to practice within the boundaries of their competence. Even though the concept of competence is ambiguous, it is still an obligation for counselors to have adequate training and experience in the field (Sweeney, 2001).

Play Therapy

Play therapy is an area of counseling requiring special attitudes, academic coursework, training, and skills not found in most adult training programs. Structurally based, this theoretical approach to counseling is built upon the natural learning processes of children (Landreth, 1991; O'Connor & Schaefer, 1983). It is the treatment of choice for children of all ages in a variety of mental health settings including: community agencies, hospitals, residential treatment centers, and schools (Bratton, Ray, Rhine, & Jones, 2005; Sink, 2005).

Based upon the fact that play is the child's natural medium of self-expression, play therapy is a unique approach to counseling using the power of play as the primary intervention. It provides children with an opportunity to express their feelings and communicate about their problems through play, just as adults express their concerns by talking about them with counselors (Axline, 1947; Kottman, 2001). Because children do not think, process information, or verbalize their thoughts and feelings in the same way as adults, play therapy is a developmentally appropriate method of counseling children that allows the counselor to enter the child's world through the child's natural form of communication, play (Muro, Ray, Schottelkorb, Smith, & Blanco, 2006). According to the Association for Play Therapy (n.d.a), play therapy is defined as

> The systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development.

Because of the dynamic interpersonal relationship created between trained play therapists and children, children feel free to completely express themselves in order to attain feelings of security, adequacy, and worthiness. The counselor communicates acceptance, respect, and

understanding and promotes self-directed, positive growth and insight in clients (Hutchinson, 2003; Landreth, 1991). Believing that all children have a desire to grow and develop, play therapists respect that desire which is uniquely portrayed by every child (Landreth).

Landreth (1991) views play therapy as an approach to counseling with children which allows the therapist to fully experience the child's world. When counselors present themselves honestly, they create a safe relationship that allows children to engage in the play therapy process. The practice of play is viewed as children's efforts to gain control in their environment and establish their place within society (Landreth). Play therapy helps children gain insight about and resolve internal conflicts and promotes cognitive development (O'Connor & Schaefer, 1983).

In 1993, Ivey (as cited in Myers, Shoffner, & Briggs, 2002) reported that children at different ages have different capabilities and that the issue of developmental appropriateness must be addressed if counselors are to work effectively with children. Developmental theorists, including Piaget, have noted the contribution of play to cognitive, social, and emotional development which has become the foundation of the rationale for play therapy (Dougherty and Ray, 2007). Since play therapy has become the most widely used and accepted method of working with children, the cognitive-developmental level of children is significant in designing effective intervention plans for play therapists and using developmentally suitable therapeutic tools (Kottman & Warlick, 1989). The application of play, as a means of communication between children and counselors, appears to be a developmentally appropriate treatment option and a necessary component of effective counseling with children (Campbell, 1993; Landreth, 1991). Play therapy permits counselors to respond to the total behavior of children, not just their verbal behavior (Landreth).

Because play is children's most natural form of self-expression, play therapy is based upon the belief that if given the opportunity, children will play out their feelings and problems just like adults talks out their difficulties. Most children under the age of 12 have limited ability to use abstract verbal reasoning and lack the ability to tell counselors about their concerns using just words (Kottman, 2001). Even though many children have the vocabulary, they do not have the life experiences which would allow their words to formulate meaningful representations of emotional events (Smolen, as cited in Landreth, 1991). Play therapy gives children an occasion to control their environment, to distance themselves from traumatic events, and to project feelings onto the toys, affording counselors an occasion to enter children's worlds (Landreth, 2001).

Possible benefits of using directive and non-directive play therapy include overcoming resistance, improving communication, developing competence, encouraging creative thinking, role-playing, exploring fantasies, using metaphors, developing relationships, creating positive emotional experiences, overcoming fears, and playing games (Schaefer, 1993). During play therapy, children can reveal what they have experienced; their reactions to what was experienced; their feelings about what was experienced; what they wish, want, or need; and self-perceptions in regard to those experiences (Landreth, 1991). In a study by Fall, Balvanz, Johnson, and Nelson (1999) of 62 children ranging in age from 5 to 9, self-efficacy, as reported by teacher ratings and scores on a self-efficacy measure, was significantly increased for those children participating in 6 sessions of play therapy while a slight decrease was noted for the control group.

Types of Play Therapy

There are two basic types of play therapy, non-directive and directive. In non-directive play therapy, the therapist leaves the responsibility and direction to the child. The therapist is content to follow as the child decides the path the session will take (Axline, 1947; Landreth, 1991). In directive play therapy, the therapist assumes responsibility for guidance and interpretation (Axline). Kogan (as cited in Mann, 1996) looked at both spontaneous and directed play and concluded that both kinds develop diverse thinking.

Non-directive Play Therapy

According to Axline (1947, p. 15), "Non-directive play therapy is based upon the assumption that individuals have within themselves, not only the ability to solve their own problems satisfactorily, but also this growth impulse that makes mature behavior more satisfying than immature behavior." Non-directive play therapy affords children the opportunity for optimal growth by allowing them to play out a wide range of events and express a vast array of emotions (Landreth, 1991).

More than just a technique, non-directive play therapy is a philosophy about human nature which stresses an individual's ability to be self-directive (Axline, 1947). It is based on the theoretical orientation to play therapy known as Child-Centered Play Therapy. In this approach, the therapist's attitude is characterized by an acceptance of self, an acceptance of the children, a belief in the capacity of children to be responsible for themselves, and the ability to exercise self-direction resulting in more positive behaviors (Landreth, 1991). Because the therapist responds genuinely to the child and controls any desire to direct, probe, or teach, Landreth believes that children are free to the move toward self-direction. To the extent that the therapist gives up authority and leadership in the play therapy experience, the more likely the inner child will

emerge in growth enhancing ways. The author further states that non-directive play therapy recognizes the competence of children in making choices that are both satisfying to them and acceptable to society. Sylva, Bruner, and Genova, early researchers in the field of play, documented that free play increases problem-solving ability and effectively guides children from simple to more complex solutions (as cited in Mann, 1996). Rogers and Sawyer summarized that non-directive play is preferable to direct instruction in promoting children's problem-solving abilities (as cited in Mann).

Directive Play Therapy

In directive play therapy, the therapist assumes responsibility for guidance and interpretation (Axline, 1947; Landreth, 1991). There are several types of play therapy in which the counselor takes an active role in directing the sessions. Some of the theoretical orientations of directive play therapy are Adlerian, Ecosystemic, Gestalt, Jungian, and Prescriptive Play Therapy. Each of these play therapy approaches is reflective of a particular theory and the overall theoretical framework can be seen in the counselors' work. Specific skills and interventions are incorporated, based on the concepts of a theory, which uniquely meet the needs of children the counselors are serving. Many practitioners choose to be eclectic in their approach to play therapy incorporating techniques from several different theories.

Play Therapy as a Therapeutic Intervention

Techniques of Play Therapy

In play therapy, counselors use toys, art supplies, games, and other play media to communicate with clients using the natural language of children, the language of play, in order to create a safe environment for resolving conflicts and communicating feelings (Kottman, 2001; Landreth, 1991). Toys facilitate the process because children are comfortable using them as a

means of expression. When allowed to play without direction, children are able to express themselves and experience independent thought and action. The therapeutic environment that is created allows for thoughts and feelings, which children may be uncomfortable articulating, to be expressed safely through self-chosen toys (Axline, 1947; Landreth).

The Use of Play Therapy in Non-School Settings

Play therapy has been empirically researched and is shown to be an effective method for counselors to use when addressing a wide variety of presenting problems with children (Landreth, 1991). It has been successfully used in all diagnostic categories except the completely autistic and the out-of-contact schizophrenic.

Due to the continual increase in the number of cases of reported child abuse, identified childhood emotional disorders, childhood cancer patients, AIDS among children, children confined in psychiatric hospitals, and children experiencing the disintegration of their family through divorce, the outlook for many children is bleak, which places them at risk. Anxiety, bullying, crime, depression, eating disorders, family problems, post-traumatic stress disorder, poverty, school and community violence, stress, substance abuse, suicide, teen pregnancy and natural disasters put our children at risk for failure (Bratton, Ray, Rhine, & Jones, 2005; Sink, 2005). In addition, Ginsburg (2007) has asserted that the ever-increasing pressure to achieve at an earlier age is the cause of stress, anxiety and possibly depression in children. Dougherty and Ray (2007) reported that an estimated 13% of children and adolescents in the United States are not receiving the services they need for treatable mental health problems, which may lead to further long-term social and economic problems. Play therapy has been used in treatment plans for anger management, grief, crisis, trauma, and behavior disorders (Landreth, Homeyer, Glover, & Sweeney, 1996; Landreth, 2001) and for clients diagnosed with depression, attention deficit

hyperactivity disorder, autism, developmental disorders, physical, emotional, and learning disabilities and conduct disorders (Bratton, Ray, Rhine, & Jones, 2005; Landreth, Homeyer, Glover, & Sweeney). An urgent need exists for mental health professionals to provide play therapy experiences for children (Landreth, 1991). Depending on the presenting issues and therapeutic goals of the client, play therapy can be used in a variety of formats including individual, group, or family sessions (Bergeron, 2004) and has been shown to be effective across age, gender, and therapeutic setting (Ray, Bratton, Rhine, & Jones, 2001).

Play Therapy as an Area of Expertise

In establishing play therapy as an area of expertise, focus should be directed to the practitioners, that is, play therapists. They are the key ingredient in the successful outcome of play therapy sessions.

Play therapy is a unique approach to counseling children in which the primary method of communication between the counselor and the client is play. The counselor trained in the practice of play therapy demonstrates acceptance, respect, and an understanding of children by creating a safe, supportive environment which promotes self-directed, positive growth and insight (Hutchinson, 2003). No impatience is felt toward children because there is a willingness to accept and forgive personal imperfections. There is no desire for children to be perfect because therapists accept their own humanness (Landreth, 1991). According to Axline (1947), the most important factor in counseling is the relationship that is built between counselors and clients.

Ethical Considerations

Jackson (1998) suggested that professional organizations develop a unique code of ethics that can provide guidelines for the practice of play therapy, the establishment of standards for the

education and supervision of play therapists, and a process for credentialing play therapists. Jackson recommended that play therapists obtain a required number of hours of instruction and supervision necessary to become qualified before using play therapy as a treatment modality.

Play therapy is an emerging profession requiring practitioners to adhere to the highest standards of practice in order to establish credibility in the field of mental health. Because new aspects of play therapy are continually being discovered, it is very important that therapists stay informed about professional issues that can have an impact on the field (Kottman, 2001). Although the use of play therapy continues to expand rapidly, critics, including managed care companies, school systems, judicial systems, and parents, are still skeptical about play therapy as an effective therapeutic intervention. If the play therapy is to become a widely accepted and respected approach to counseling, it is the responsibility of play therapists to communicate to the public what play therapy is, what it involves, what play therapists do, and the effectiveness of play therapy as a therapeutic tool (Hinerman & Knapp, 2004).

Play therapists come from a range of professional disciplines including mental health counselors, school counselors, social workers, and psychologists. Because play therapists do not have their own a code of ethics to which they must adhere**,** professional associations for play therapists have advocated that practitioners adhere to the code of ethics that pertains to their specific discipline. While providing some ethical standards for clinicians to follow, these ethical codes are not specifically designed for professionals who counsel children (Kottman, 2001).

Counseling children presents its own set of legal and ethical issues separate from those of counseling adult clients. Lawrence and Robinson Kurpius (2000) noted that, because most counselors in non-school settings will work with children at some point during their career, it is essential that counselors fully understand the legal and ethical implications of counseling

children. The American Counseling Association (2005) *Code of Ethics* fails to distinguish between clients who are minors and those who are adults. According to Lawrence and Robinson Kurpius, the assumption seems to be that the same standards apply to adults and minors; however, minors are not little adults and working with children does not present the same ethical concerns. In the area of counselor competence, a counselor's effectiveness with adults does not necessarily equate to efficacy with minors. Lawrence and Robinson Kurpius cautioned that there are special skills and knowledge unique to working with children and that coursework in child psychopathology and child counseling theory are essential. Further, they asserted that children need to be understood from a developmental perspective and that it is imperative that counselors have an understanding of child and adolescent stages of development. Lawrence and Robinson Kurpius stated, "Because minors are a special, diverse client population, ethical practice mandates distinct education, training, and supervised practice before commencing independent practice that includes minors" (p. 133). The Association for Play Therapy (APT), co-founded in 1983 by Kevin O'Connor and Charles Schaefer, provides a forum for professionals interested in developing a distinct compilation of interventions that use play as an integral component in the therapeutic process. In 1993, APT instituted professional standards and established two levels of certification, Registered Play Therapist and Registered Play Therapist – Supervisor ("A Brief History of Play Therapy", 2004).

Play Therapy Training

In response to the demands of the profession and the practitioners of play therapy, APT has developed a set of play therapy practice guidelines for practitioners to consider. Compliance with these guidelines is strictly voluntary and APT members are not required to do so in order to maintain their membership and play therapy credentials. The guidelines do not replace or

substitute any standards, guidelines, or other rules and regulations stated by practitioners' licensing board or certification authority. APT expects all practitioners to comply with the standards of their respective fields and to be entirely responsible for their own professional activity (Association for Play Therapy, n.d.c).

Landreth's (1991) definition of play therapy stresses the importance of being properly trained in the field. Unfortunately, there are practitioners in the mental health field with inadequate training who claim to be play therapists. With only a few universities offering training in play therapy, the demand for play therapy training opportunities by a rapidly increasing number of mental health professionals far exceeds the supply of quality programs. As a result, the majority of professionals who currently practice play therapy have had little or no training in play therapy in the form of courses and supervised practicum devoted exclusively to play therapy (Kottman, 2003; Landreth).

In a study of 359 elementary school counselors, Ebrahim (2008) found that 78.8% of the participants reported using play therapy, yet 51.5% of the respondents had never taken a graduate level play therapy course and 46.8% had never attended a play therapy workshop. Despite participants' lack of formal education, training, and supervision in play therapy, 56.9% felt prepared to use play therapy in the school setting while 44.6% identified a lack of training as a barrier to using play therapy. Ebrahim postulated that the elementary school counselors in her study may have been using what they considered to be play therapy, but that their practices did not by definition constitute play therapy.

Unfortunately, it is a common practice for counselors to engage in play therapy with little or no formal education or supervision and only a few hours of workshop experience to their credit (Kottman, 2003; Landreth, 1991). According to both Kottman and Landreth, supervisors

have even assigned child clients for play therapy with supervisees who had no experience with children or training in play therapy and had never even viewed a play therapy session. Such practices show little respect for children and often counselors who attempt to use play therapy without previous training feel confused and are afraid they might hurt their clients.

In a study of 81 participants at a conference for play therapists, Kranz, Kottman, and Lund (1998) found that 83% received at least part of their training through participation in workshops. While only 7% of the participants took part in a university program designed specifically to train play therapists, 41% took courses in play therapy as a part of another major or program, and 27% studied with registered play therapists. Participants made the following recommendations for improvement in education, training, and practice: make additional training and workshops available to potential play therapists, recommended by 23%; increase the number of university courses in play therapy, proposed by 9%; and provide more supervision opportunities, suggested by 6%. Along with Phillips and Landreth (1998), Kranz, Kottman, and Lund suggested that the need for additional education and training can be met by offering more play therapy courses in university programs and by expanding the trainings offered by the Association for Play therapy, private agencies, and individuals.

Ryan, Gomory, and Lacasse (2002) created a survey to build upon the earlier play therapy studies of Phillips and Landreth (1995, 1998) and Kranz, Kottman, and Lund (1998). The largest survey instrument (90-items) ever administered to play therapists was offered through web-based technology to all members of APT. Results of the survey, which was completed by 891 members, indicated that 80% of the members did not receive play therapy supervision through their place of employment; however, 60.7% utilized a registered play therapist-supervisor when seeking supervision. Of the respondents, 40% had received

coursework that included play therapy; however, a varying amount of play therapy content within curricula was found with 50% of counselors and only 31% of social workers having coursework specific to play therapy. Virtually all participants (98%) had a practicum as a part of their educational experience. More than 33% had play therapy training as a part of their practicum and 53.5% had some university-based training in play therapy prior to graduation. With slightly less than 50% of the participants being trained exclusively through post-graduate workshops, it is imperative that post-graduate training be offered through all educational avenues (Ryan, Gomory, & Lacasse).

In 2005, through a joint effort of the American Counseling Association (ACA) and the Association for Play Therapy (APT), Lambert, LeBlanc, Mullen, Ray, Baggerly, White, and Kaplan surveyed members of both organizations using an on-line survey to determine their professional identity, types and amounts of training, theoretical orientations, employment setting, and years of practice. Responses were requested only from those who engaged in play therapy. Of the 958 members who responded, 12% were members of ACA only, 56% were members of APT only, 22% were members of both ACA and APT, and 10% indicated that they were not members of ACA or APT. Approximately 45% of the respondents identified themselves as professional counselors, 20% as social workers, and 9.8% as school counselors. When respondents were asked to identify their primary area of expertise, approximately 31% reported play therapy, 25% reported child counseling, and 20% mental health/community counseling. Training was determined by both the amount of play therapy coursework and continuing education. In regard to graduate play therapy courses, there was no significant difference between ACA members, APT members, and members of both ACA and APT; however, members of APT reported between 88.29 and 118.64 more CEU's in play therapy than members

of only ACA. On average, APT only members provided counseling to 15.65 children per week, ACA only members counseled 12.47 children per week, while members of both ACA and APT saw 13.38 children per week. These results indicated that the number of children receiving services from all groups was very similar, but the ACA only members received substantially fewer CEU's in play therapy than the other groups. Further research in the field of counseling children, particularly with varying groups of practitioners, will help to address the questions raised about the formal training of counselors who work with children, their graduate coursework and supervision, their methods and caseloads, and their professional development and continuing education experiences with respect to the children for whom they provide services.

Bergeron (2004), a supervisor of master's level students, found that the majority of her supervisees who were counseling children were either enrolled in or had not received training in play therapy. As a play therapist, she found herself spending a considerable amount of time during supervision educating these supervisees about the process and techniques of play therapy. However, with supervisees who had already received training in play therapy, their supervision time focused more on skills and interventions as they pertained to clients.

Hinerman and Knapp (2004) designed a web-based survey, in which 543 APT members participated, to determine if level of training, RPT/S (Registered Play Therapist/Supervisor) credentials, and/or gender affected how APT members promote play therapy. It was clear that RPT/Ss promoted play therapy more often than RPTs. RPT/Ss participated in and conducted more research, published more articles, and supervised more interns. Of the participants, 31% had volunteered at play therapy workshops or conferences, 15% had taught a play therapy college course, 7.5% had contributed an article to the APT newsletter, 5% had submitted an article to the International Journal of Play Therapy, and 30% had supervised play therapy interns.

Participants' suggestions for promoting play therapy included making presentations in the courts and to pediatrics and parent groups, contributing to play therapy and non-play therapy sources, expanding higher education play therapy programs, and contributing to professional play therapy associations.

In 1996, Kranz, Lund, and Kottman presented strategies for the inclusion of a play therapy course into a graduate curriculum which included an overall plan tailored to the specific institution, discussions with faculty members and key administrators about specific goals, developing a survey to determine how the course/s will be integrated into the existing curriculum, and identifying professional advantages that are cost effective. Until more universities offer training in play therapy, however, requirements will need to be filled in non-academic ways such as intensive training workshops. Landreth (1991) proposed that 45-hour workshops be offered in a sequenced format that builds on previous workshops. No substitute exists for supervised experience, but play therapists can receive supervision through venues other than academia (Kottman, 2001; Landreth).

Although the number of workshops in the field of play therapy is increasing, there are not enough training opportunities for counselors who want to learn about play therapy and not nearly enough universities offering coursework and supervised experience in play therapy. While workshops can be informative, they cannot be considered a replacement for training received in a graduate course. The lack of adequate training in play therapy parallels the inadequacy of training in child counseling in general. Despite the overwhelming needs of children, mental health education programs are not providing adequate clinical training in working with children. For counselors who counsel children, continuing education is extremely important and should focus on play therapy training that is both clinical and experiential in nature (Sweeney, 2001).

Because Kranz, Kottman, and Lund (1998) found that many professionals had negative opinions of their formal training in play therapy; researchers must continue to address the need for additional and standardized education, training and supervision in play therapy. Although the availability of graduate level coursework in play therapy is increasing, research is lacking that focuses on the most effective content for such coursework and whether current course content is consistent across universities (Jones & Rubin, 2005).

Supervision

According to Bernard and Goodyear (1998), clinical supervision is an evaluative relationship established to enhance the professional functioning of the trainee, to monitor the quality of services rendered to the client by the trainee, and to serve as a gatekeeper for those entering the profession. Supervision is essential in training practitioners and provides a method of protecting the welfare of the client for whom the supervisee provides services.

Bratton, Landreth, and Homeyer (1993) reported that because the use of play therapy is growing so rapidly, the demand for training and supervision far exceeds the supply of qualified professionals and resources. Mullen, Luke, and Drewes (2007) suggested that incorporating play therapy techniques into the supervision process promotes experiential learning and increases supervisee understanding and client appreciation. Supervisors trained in play therapy are in a unique position to promote and educate their supervisees about play therapy, demonstrate a mastery of play therapy skills, evaluate supervisees' efficacy in using play therapy techniques, promote professionalism within the field, and address the fears supervisees may have about the legitimacy of play therapy as an effective intervention (Mullen, Luke, & Drewes).

The requirements established by the Association for Play Therapy to become a Registered Play Therapist have escalated this rapidly mounting demand for skilled, competent

educators and supervisors. In 1994, Kranz and Lund developed recommendations for supervising play therapists which included suggestions for both the supervisor and the student. In addition, the authors listed guidelines for a play therapy course which included extensive opportunities for personal growth as a play therapist, acquisition of required skills, and development of a professional identity under the guidance of a knowledgeable, qualified supervisor.

According to Stevens (2000), many supervisors have been trained in a variety of theoretical orientations and have mastered a variety of skills; however, they may find themselves outside their areas of expertise and seek ways to gain experience in specialty areas such as play therapy. Bergeron (2004) stressed the importance of clinical supervision, especially in the field of play therapy, because it allows counselors to blend theories with the knowledge and skills acquired through the process of supervision.

The *Ethical Guidelines for Counseling Supervisors* (ACES, 1993, p. 2) state that "supervisors should teach courses and/or supervise clinical work only in areas where they are fully competent and experienced". Remley and Herlihy (2006) noted that supervisors must decide whether their training and experience renders them competent to supervise counselors working in specialty areas such as play therapy. Bratton, Landreth, and Homeyer (1993) argued that play therapy supervisors must have the training and experience needed to apply a variety of supervision methods to meet the needs of their supervisees, including live supervision, immediate feedback, observation of colleagues, self-critiques, and training in specific skills. According to Tanner and Mathis (1995), it is the supervisor's responsibility to help counselor trainees integrate knowledge with skills in play therapy sessions.

Fall, Drew, Chute, and More (2007) examined play therapists who were credentialed as Registered Play Therapist-Supervisors by the APT and their supervisees with respect to their background, training, theoretical orientation, and experience; their perceived requirements for training to be an effective play therapist supervisor; the presenting issues of their supervisees; and the challenges they faced as play therapy supervisors. The researchers found that 69.8% of respondents believed that the 4 hours of supervision training required by APT was not sufficient. The following recommendations for supervision training were made: 16.7 % believed a 4-8 hour workshop was necessary, 23.3% thought that more than 8 hours of workshop training should be required, 18.0% deemed 30 hours of training would be sufficient, and 12.5% recommended a 3-credit course as a minimum requirement. The researchers concluded that supervisors have an ethical obligation to remain knowledgeable about the issues and theoretical orientations of their supervisees and the skills and techniques their supervisees are using in play therapy and that supervision is necessary, especially for practitioners who counsel children.

As the use of play therapy continues to expand and is more widely recognized as a specialty area in mental health counseling, credentialing will become increasingly more significant and will add further credibility to the field and its practitioners.

Certification

Two sources exist for registration or certification as a professional play therapist: the Association for Play Therapy (APT) and the Canadian Association for Child and Play Therapy. Each has standards consisting of educational requirements, clinical experience, and continuing education (Association for Play Therapy, n.d.c). Focused on developing a framework for using play as an integral part of the therapeutic process, APT instituted a set of professional standards and established a board for the purposes of registering and credentialing play therapists.

Although this organization is growing at a substantial rate and some universities are now incorporating play therapy courses into their curriculum, many practitioners are practicing play therapy with little or no formal training ("A Brief History of Play Therapy," 2004; Association for Play Therapy, n.d,c; Hinerman & Knapp, 2004; Kottman, 2001, 2003; Landreth, 1991).

Guidelines for training and supervision for professionals interested in becoming a Registered Play Therapist (RPT) and requirements for supervisors interested in becoming Registered Play Therapy Supervisors (RPT-S) have been established by The Association for Play Therapy (2002). Criteria for an RPT include: (a) a master's degree or higher and a state license in counseling, psychology, social work, or a respective mental health field; (b) academic coursework in child development; theories of personality; principles of psychotherapy; child and adolescent psychology; and legal, ethical and professional issues; (c) completion of two years and 2,000 hours of supervised clinical experience; (d) completion of 150 hour of specific training in play therapy history, theories, techniques or methods, and applications to special settings and populations; and (e) completion of 500 hours of supervised play therapy experience and 50 hours of play therapy supervision. In addition, applicants for an RPT-S must have completed the following requirements: (a) acquired an additional three years and 3,000 hours of clinical experience, (b) be at least five years post-Master's mental health degree, (c) completed an additional 500 hours of play therapy experience, and (d) completed at least 4 hours of additional supervisor training. Following credentialing, APT requires the completion of 36 hours of APT-approved continuing education every 3 years. RPT and RPT-S are not licensures or certifications, however, they do provide documentation that a play therapist has met minimal training and supervised experience standards (Sweeney, 2001).

Professional credentialing of play therapists accomplishes several goals simultaneously, including increasing the credibility of the profession and giving practitioners recognition as experts in working with children (Kottman, 2001).

Research in Play Therapy

In 1985, Phillips (as cited in Kottman, 2001) discovered that studies investigating the effectiveness of play therapy had yielded mostly insignificant results. LeBlanc and Ritchie (2001) noted the following reasons for a lack of validation of the effectiveness of play therapy: a) inadequate definitions of play therapy, b) the use of case studies, small samples, and uncontrolled studies, and c) non-measureable treatment outcomes.

In 1995, Phillips and Landreth conducted a comprehensive study of play therapists to update previous information, gather new data, improve questioning, and generate testable hypotheses. A total of 1166 professionals were solicited from the 1991 Annual Conference of the APT and the 1991 Annual Summer Play Therapy Training Conference, and two mailings were sent to the entire 1991 membership of the APT. According to Phillips and Landreth (p. 23), "The usual absence of supervision opportunities in workshop settings combined with the minimal level of academic training makes this a perilous training foundation for the field."

Several years later, LeBlanc and Ritchie (1999, 2001) conducted meta-analyses of play therapy research based on 42 experimental and quasi-experimental studies in an attempt to make generalizations regarding the effectiveness of play therapy. They noted that on average, children receiving play therapy performed 25 percentile units higher than the control group across age, sex, presenting problems, and type of session. LeBlanc and Ritchie concluded that: a) play therapy appeared to be an effective method of treatment for children 12 years of age and younger, b) play therapy was equally effective across presenting issues, c) play therapy was

equally effective in both individual and group formats, d) play therapy was equally effective with both sexes, and e) the effect of play therapy is comparable to non-play treatment options. According to Kottman (2001), providing more empirical evidence of the therapeutic value of play therapy will help to establish play therapy as a credible, viable option for counseling children.

Although membership in the Association for Play Therapy continues to expand at a substantial rate, play therapy is still criticized by many as not being an effective therapeutic intervention. Therapists who counsel children are ethically bound to provide evidence-based treatments and play therapy is frequently questioned as a viable therapeutic intervention by managed care companies, school systems, judicial systems, and parents. If play therapy is to become a more widely accepted and respected approach to counseling, practitioners in the field must assume an active role in communicating what play therapy is, what it involves, what play therapists do, and the effectiveness of play therapy as a therapeutic tool (Bratton, Ray, Rhine, & Jones, 2005; Hinerman & Knapp, 2004).

In a study by Phillips and Landreth (1998), play therapists were asked to estimate the effectiveness of play therapy with their clients. Play therapists responded that the vast majority of children (80%) ended treatment "completely" or "mostly" successful. These results were consistent with the findings of earlier studies (Landreth, Homeyer, Glover, & Sweeney, as cited in Phillips & Landreth). Because play therapists in this study and previous studies were in agreement on virtually all of the survey questions, Phillips and Landreth concluded that there is an emerging consensus on a fairly unified body of knowledge regarding play therapy.

To provide empirical evidence to support the assumptions of Landreth, Homeyer, Glover, and Sweeney (1996), Phillips and Landreth (1998), and other researchers of play therapy,

Bratton and Ray (2000) conducted a comprehensive literature review of over 100 play therapy research case studies from 1942-1999. Play therapy was found to be effective with a wide variety of presenting issues including schizophrenia, enuresis/encopresis, anxiety disorders, trichotillomania, selective mutism, trauma, abuse, neglect, academic problems, adjustment problems, and behavioral problems. Although these case studies did not provide generalizable results, they did provide evidence of the efficacy of play therapy as a treatment option. In addition, the results of 82 experimental research studies revealed positive outcomes in all areas with social, emotional and behavioral categories showing the most significance. Although these studies had limitations, Bratton and Ray concluded that enough positive outcomes proved the efficacy of play therapy as a credible therapy treatment option.

Ray, Bratton, Rhine, and Jones (2001) published the results of a meta-analysis of 70 play therapy outcome research studies from 1953-2000 and found play therapy to be an effective treatment modality. Results revealed a large positive effect on treatment outcomes across modality, age, sex, population, setting, and theoretical orientation with treatment groups receiving play therapy performing .73 standard deviations better than non-treatment groups. The group receiving non-directive play therapy had an effect size of .93 and the group receiving directive play therapy had an effect size of .73. The difference was statistically significant at the .05 alpha level ($p=.037$) indicating the efficacy of both types of play therapy. The researchers furthered noted that the optimal benefit to clients was obtained in 35-40 sessions with diminishing effect size as the volume of sessions increased or decreased from this number. The results of this meta-analysis indicated that play therapy is a developmentally appropriate, evidenced-based treatment option for children with a wide range of presenting issues, from diverse populations, using various theoretical orientations.

Gibbs (2004) conducted a qualitative study with seven professors from CACREP-accredited universities regarding the training of students to counsel children. Participants indicated that they had not received sufficient training to counsel children but found themselves doing so after graduation. In addition, Gibbs noted that the consensus among the counselor educators was that training students to counsel children was not consistent across CACREP-accredited counseling programs and that standardization is needed. The counselor educators in this study also believed that unique skills and knowledge, different from those used with adults, are needed for counseling children. When asked about their technique of choice for counseling children, all participants identified play therapy. Based on the belief that most counselors will counsel children at some point during their career, the participants stated that counseling children should be recognized by CACREP as an area of specialty and that coursework in play therapy skills should be taken prior to practicum where students would be working with actual clients. Christensen and Gibbs (2007) noted that, in addition to clinical supervision, on-site supervisors need to provide interns with play therapy training if the interns are expected to counsel children.

Muro, Ray, Schottelkorb, Smith, and Blanco (2006) found that children who participated in 32 sessions of play therapy made steady gains from the start of the study through the mid-point to the end of the study and that the results were statistically significant in the areas of both externalizing and internalizing behavior problems.

Dougherty and Ray (2007) conducted a study of the effects of child-centered play therapy on the stress levels of 24 children in Piaget's preoperational and concrete operational stages of development. The results of 19-23 individual, child-centered play therapy sessions were statistically, practically, and clinically significant for both the preoperational and concrete operational treatment groups.

Research in Alternative Methods of Counseling Children

While play therapy has been shown to be an effective method of counseling children, other methods are available to practitioners. In particular, Cognitive Behavioral Therapy has been shown to be an effective option for treating children and adolescents. In its press release on September 9, 2008, the Center for Disease Control (CDC) reported that cognitive behavioral therapy is effective in treating depressive disorders, anxiety, post traumatic stress disorder (PTSD), internalizing and externalizing disorders, and suicidal behavior in children and adolescents of varying ages, geographic locations, and types of trauma. The CDC reported that the Task Force on Community Preventive Services found insufficient evidence to support the efficacy of other interventions including art therapy, play therapy, pharmacological therapy, psychodynamic therapy, and psychological debriefing. Additionally, it was reported that an estimated 75% of therapists who treat children and teens for PTSD use methods that have not been proven to be effective.

Baggerly, Burns, Bratton, Crenshaw, Gil, Homeyer, Ray, Shelby, and Sweeney (2008) issued a response on behalf of APT to the press release of the CDC, noting that: a) unproven does not mean ineffective and that more research is needed to develop a strong empirical basis for the use of play therapy; b) cognitive behavior therapy (CBT) and play therapy are not mutually exclusive, but interwoven through skill development, cognitive restructuring, psychoeducation, and play-based interventions; c) there is strong empirical support for the use of play in the treatment of traumatized children; d) younger children may not be developmentally able to comprehend the skills traditionally used in CBT; and d) the participants in the CDC study ranged in age from 2 to 22 and that research did not address the developmental status of the participants nor differentiate between age groups. According to the authors, APT is committed

to promoting empirical research on the efficacy of play therapy and working with proponents of CBT and other theoretical orientations to maximize treatment efficacy for children of all ages.

Conclusions

While CACREP has set standards for the counseling of children in a school setting, no standards have been written with respect to counseling children in non-school settings. The counseling profession is in a unique position to assume a leadership role in setting standards for the counseling of children, an area of expertise requiring specific education, formal training, and the application of a distinct set of skills.

CHAPTER THREE

METHODOLOGY

In this chapter, the purpose of the study is reiterated and the research design is described. The sampling procedure and participants are described. The instrumentation and instrument development process are discussed. The research questions and hypotheses are presented and methods of data analysis are described.

Purpose of the Study

Increasingly, professional counselors are providing counseling services to children in non-school settings. This relatively new and rapidly growing subspecialty of the counseling profession poses a unique set of concerns that profession organizations have only recently begun to address (Bratton & Ray, 2000; Fall, Balvanz, Johnson, & Nelson, 1999; Joiner & Landreth, 2005; Landreth, 1991; Sweeney, 2001). These concerns include the ethical issues of lack of competence and potential harm to the client, the use of play therapy by professionals untrained in the modality, and the efficacy of counselor education programs in preparing students to work with this population (Dougherty & Ray, 2007; Jackson, Puddy, & Lazicki-Puddy, 2001; Kottman, 2001; Landreth; Lawrence & Robinson Kurpius, 2000; Sweeney; Thompson, Rudolph, & Henderson, 2004; Van Velsor, 2004).

This study investigated the preparation, practices, and perceptions of Licensed Professional Counselors with respect to counseling children. The purpose of the study was to determine whether counselors were specifically educated and trained to provide counseling services to children, what practices they used in counseling children, and whether they believed they were adequately prepared to effectively counsel this population.

Survey Design

A population consists of individuals who possess unique traits that distinguish them from other groups of people (Creswell, 2002). In an effort to understand the characteristics of a population, numerous methods are available to researchers to obtain and analyze data. Researchers rarely study an entire population because all individuals cannot be identified; instead, they study a target population. From this target population, researchers determine a sample size and select potential research participants (Creswell; Gravetter & Wallnau, 2000).

Surveys, which have been widely used in education for many years, describe people's attitudes, beliefs, values, demographics, behaviors, opinions, and other types of information (McMillan & Schumacher, 1997). Survey designs are procedures in quantitative research in which investigators select a sample of respondents; collect quantitative, numeric data on variables of interest using questionnaires or interviews; and statistically analyze the data by describing responses to questions and testing research questions or hypotheses. Accurate information can be obtained that is representative of a group of people using only a small sample (Creswell, 2002; McMillan & Schumacher). Surveys can be used for descriptive, relationship, or explanatory purposes (McMillan & Schumacher). The survey instrument, which is used to identify characteristics and understand the attitudes and beliefs of a population, can describe trends, identify practices, or evaluate programs. By relating statistical test results to past research, interpretation of data can be meaningful (Creswell; McMillan & Schumacher).

Because it was the purpose of this research study to collect data from a sample which can be generalized to a larger population, survey design was chosen as the method of data collection.

Characteristics of the Sample

The 300 participants in this study were professional counselors licensed by their respective states. The target population consisted of all Licensed Professional Counselors within the United States. Criteria for participation in the *Counselor Training and Practice Inventory* survey included a current state license to practice counseling in the participant's state, a working e-mail address, access to a computer, and the ability to complete the survey on the internet. E-mail addresses for potential participants were obtained from ACA membership lists; from addresses published on internet-based public directories (http://www.find-a-therapist.com; http://www.find-a-counselor.net/search.htm); and from university counseling student and alumni electronic data bases.

The *CTPI* on-line survey was completed by 300 licensed professionals from the field of counseling or a related field. The participants were widely distributed by age; they ranged in age from 24 to older than 75 with a mean age of 48.55 years (SD=12.01). The majority of the participants were female (73.3%). Statistics for the participants' age and sex appear in Tables 1, 2, and 3.

Table 1
Frequency Distribution of Respondents by Age

Age	*n*	%
24-29	19	6.4
30-34	34	11.4
35-39	31	10.4
40-44	31	10.4
45-49	28	9.3
50-54	38	12.6
55-59	47	15.7
60-64	52	17.4
65-69	18	6.0
>70	2	.6
Totals	300	100.0

Table 2
Mean and Standard Deviation for Participants' Age

Item #	*n*	*M*	*SD*	*Mdn*
2. What is your age?	300	48.55	12.01	51.00

Table 3
Frequency Distribution of Respondents by Sex

Sex	*n*	%
Female	220	73.3
Male	80	26.7
Totals	300	100.0

Participants were asked to identify the culture with which they identified the most. The majority (255; 85.0%) self-identified as Caucasian, 28 as Black or African-American (9.3%), 6 as Hispanic or Latino (2.0%), 4 as Bi-racial or Multicultural (1.3%), 1 as American Indian or Alaska Native (.3%), 1 as Asian (.3%), 1 as Middle Eastern (.3%), and 4 as Other (1.3%). Descriptive statistics for the participants' ethnicity appear in Table 4.

Table 4
Frequency Distribution of Respondents by Ethnicity

Ethnicity	*n*	%
American Indian or Alaska Native	1	.3
Asian	1	.3
Black or African American	28	9.3
Caucasian	255	85.0
Hispanic or Latino	6	2.0
Middle Eastern	1	.3
Native Hawaiian or Other Pacific Islander	0	0
Bi-Racial/Multicultural	4	1.3
Other (Please specify)	4	1.3
Totals	300	100.0

Two hundred eleven (211) respondents (70.3%) reported a master's degree as the highest degree earned and 89 (29.7%) held the doctorate degree. The number of years since participants earned a master's degree ranged from the current year to more than 30 years with a mean of 15.22 years (SD=9.47). While 89 participants reported having a doctorate degree, only 85 reported their year of graduation. The number of years since respondents earned a doctorate degree ranged from the current year to more than 30 years with a mean of 12.27 years (SD=8.97). One hundred ninety (190) participants (63.3%) reported receiving their masters' degree from a CACREP-accredited program, 87 (29.0%) reported they did not graduate from a CACREP-accredited program, and 23 (7.7%) did not know if their master's degree program was CACREP-accredited. Statistics for the participants' highest degree earned, number of years post

master's degree, number of years post doctorate degree, and CACREP accreditation status of master's level program appear in Tables 5 through 9, respectively.

Table 5
Frequency Distribution of Respondents by Highest Degree Earned

Highest Degree Earned	*n*	%
Master's Degree in Counseling or a Related Field	211	70.3
Doctorate Degree in Counseling or a Related Field	89	29.7
Totals	300	100.0

Table 6
Frequency Distribution of Respondents' Year of Graduation with Master's Degree

Yr. of Graduation-Master's Degree	*n*	%
2009-2008	23	7.7
2007-2006	17	5.6
2005-2004	17	5.6
2003-2002	33	11.0
2001-2000	25	8.3
1999-1988	21	7.0
1997-1996	26	8.7
1995-1994	28	9.3
1993-1992	12	4.0
1991-1990	9	3.2
1989-1988	14	4.6
1987-1986	6	2.0
1985-1984	9	3.0
1983-1982	9	3.0
1981-1980	13	4.4
Prior to 1980	38	12.7
Totals	300	100.0

Table 7
Frequency Distribution of Respondents Year of Graduation with Doctorate Degree

Yr. of Graduation-Doctorate Degree	*n*	%
2009-2008	7	8.3
2007-2006	12	14.1
2005-2004	12	14.1
2003-2002	6	7.0
2001-2000	7	8.2
1999-1998	5	5.9
1997-1996	8	9.4
1995-1994	1	1.2
1993-1992	7	8.3
1991-1990	2	2.4
1989-1988	4	4.8
1987-1986	3	3.6
1985-1984	0	.0
1983-1982	5	5.9
1981-1980	1	1.2
Prior to 1980	5	5.9
Totals	85	100.0

Table 8
Means and Standard Deviations for Responses to Year of Graduation

Item #	*n*	*M*	*SD*	*Mdn*
6. What year did you receive your master's degree in counseling or a related field?	300	15.22	9.47	1976
7. If you earned a PhD, what year did you receive your doctorate degree in counseling or a related field?	85	12.27	8.97	2000

Table 9
Frequency Distribution for CACREP-accreditation Status of Respondents' Master's Degree Programs

Graduated from a CACREP-accredited Program	*n*	%
Yes	190	63.3
No	87	29.0
Do Not Know	23	7.7
Totals	300	100.0

In item 9, participants were asked to identify the state in which they were licensed. The following states were identified: Alabama, Arkansas, Alaska, Colorado, District of Columbia, Florida, Georgia, Idaho, Illinois, Kentucky, Louisiana, Mississippi, Maryland, Missouri, New Jersey, Ohio, South Carolina, Tennessee, Texas, Utah, Virginia, West Virginia, and Wyoming. Descriptive statistics for the participants' licensing states appear in Table 10.

Table 10
Frequency Distribution of Licensing States

Licensing States	*n*	%
Alabama	71	23.7
Arkansas	17	5.7
Alaska	1	.3
Colorado	3	1.0
District of Columbia	1	.3
Florida	25	8.3
Georgia	19	6.3
Idaho	1	.3
Illinois	1	.3
Kentucky	27	9.0
Louisiana	29	9.7
Maryland	2	.6
Mississippi	15	5.0
Missouri	1	.3
New Jersey	1	.3
Ohio	3	1.0
South Carolina	7	2.3
Tennessee	8	2.7
Texas	39	13.0
Utah	1	.3
Virginia	14	4.7
West Virginia	13	4.3
Wyoming	1	.3
Totals	300	100.0

In item 10, participants were asked to identify all primary work settings in which they have worked. More than half of the participants 156 (52.0%) have worked in a Community

Mental Health Agency and 164 (54.7%) in private practice during their career. In item 11, participants were asked to identify all primary work settings in which they are currently working. Nearly half of the participants (128; 42.7%) work in private. Descriptive statistics for participants' primary work settings appear in Tables 11 and 12.

Table 11
Frequency Distribution of History of All Primary Work Settings

All Primary Work Settings	*n*	%
College Counselor	56	18.7
Counselor Educator	65	2.7
Community Mental Health Agency	156	52.0
Mental Health Hospital	57	19.0
Private Practice	164	54.7
Substance Abuse Clinic	54	18.0
Elementary School	68	22.7
Middle School	60	20.0
High School	63	21.0
Other(s) (Please specify)	229	76.3

Note. Responses to "Other(s)" included: Crisis Center, Government Agencies, Group Home, Private Agency, and Private Residential Mental Health Facility. Because respondents were asked to identify all work settings in which they have worked, the total number of responses exceeds the number of participants.

Table 12
Frequency Distribution of Current Primary Work Settings

Current Primary Work Settings	*n*	%
College Counselor	22	7.3
Counselor Educator	40	13.3
Community Mental Health Agency	49	16.3
Mental Health Hospital	10	3.3
Private Practice	128	42.7
Substance Abuse Clinic	10	3.3
Elementary School	18	6.0
Middle School	24	8.0
High School	30	10.0
*Other(s) (Please specify)	235	78.3

Note. Responses to "Other(s)" included: Crisis Center, Government Agencies, and Doctoral Student. Because respondents were asked to identify all work settings in which they currently work, the total number of responses exceeds the number of participants.

Respondents were asked to identify all current membership in or credentialing from professional organizations. Because participants were asked to identify all professional associations, the total number of responses exceeds the number of participants. Over three-fourths (234; 78.0%) reported that they were a member of the American Counseling Association, 37 (12.3%) belonged to the American School Counseling Association, 43 (14.3%) were members of the Association for Marriage and Family Therapy, and 16 (5.3%) indicated membership in the Association for Play Therapy. Nearly half of the respondents (140; 46.7%) were National Certified Counselors. Several divisions of ACA were identified in the "other(s)" category. Descriptive statistics for participants' professional affiliations appear in Table 13.

Table 13
Frequency Distribution of Affiliations with Professional Organizations

Professional Organizations	*n*	%
American Counseling Association (ACA)	234	78.0
ACA State Branch	98	32.7
American School Counselor Association (ASCA)	37	12.3
American Association for Marriage and Family Therapy (AAMFT)	43	14.3
Association for Play Therapy (APT)	16	5.3
APT Branch	11	3.7
National Board for Certified Counselors	140	46.7
*Other(s) (Please specify)	207	69.0

Note. Some responses to "Other(s)" included: AAMFT State Branch, ACC, ACEG, ACES, AFCC, ASGW, IAMFC, Association for Death Education and Counseling, Chi Sigma Iota, Phi Kappa Phi, and State Licensing Boards. Because respondents were asked to identify all membership in or credentialing from professional organizations, the total number of responses exceeds the number of participants.

Instrumentation

This study answered the general research question: What are the preparation, practices, and perceptions of Licensed Professional Counselors with respect to counseling children? While previous studies contributed to the general knowledge base regarding play therapy and provided information regarding practitioners who use play therapy, none focused on Licensed Professional Counselors. No appropriate instrument was found; therefore, a researcher-developed, on-line survey was used to assess the preparations, practices, and perceptions of the participants in this study. This instrument, the *Counselor Training and Practice Inventory (CTPI),* was used to collect data from the sample.

The *CTPI* contained 48 items arranged into 5 sections: Demographic Information, Formal Training, Post Masters' Degree Supervisory Experience, Work Experience, and Perceptions. Items on the *CTPI* were chosen based upon previous research studies which examined counselors' academic training, supervision, current practices, and perceptions regarding counseling children and play therapy, and the stated research questions.

Section A, *Demographic Information*, consisted of 12 questions that solicited participants' demographic information. Items 2-12 asked participants to provide information on their age, sex, culture, formal education, state of licensure, work experience, and professional affiliations. Section B, *Formal Training*, which consisted of 16 items, was designed to gather data about participants' formal training. Items 13-24 asked participants about their graduate courses completed, supervised experience, and continuing education with respect to counseling children and play therapy. Items 25-28 solicited participants' perceptions regarding their formal training. Section C, *Post Master's Degree Supervisory Experience,* was composed of items 29-31 which addressed the post-master's degree supervisory experience of participants. Section D, *Work Experience,* which consisted of 7 questions, gathered data on the work experience of the participants. Items 32-34 asked participants about their past and current work experience. Items 35 asked participants about their primary method of counseling used when counseling children and item 36 asked the ages of the majority of the children with whom they currently work. Participants' perceptions regarding their effectiveness in counseling children were solicited in item 37. Item 38 asked participants about their history of making referrals to counselors who they thought were more qualified to counsel children. Section E, *Perceptions*, which consisted of 10 items, was designed to gather data about the perceptions of the participants. Items 39-42 inquired about participants' perceptions with respect to coursework specific to counseling

children and play therapy. Item 43 addressed participants' views about continuing education requirements specific to counseling children. Participants' perceptions regarding practicum and internship requirements with respect to counseling children were solicited in item 44. Items 45 and 46 addressed participants' perceptions regarding credentialing specific to counseling children and play therapy. Participants' views regarding the differences between counseling adults and counseling children were solicited in item 47. Item 48 asked participants about their perception of their knowledge about legal and ethical issues specific to counseling children (see Table 14).

Table 14
Instrument Development – *Counselor Training and Practice Inventory*

Item #	Literature Reference
1	Consent to participate
2-12	Respondents' Demographic Information
13	Horne & Dagley, 1993; Jackson, Puddy, & Lazicki-Puddy, 2001; Sweeney, 2001; Thompson, Rudolph, & Henderson, 2004
14	Bratton, Landreth, & Homeyer, 1993; Ebrahim, 2008; Fall, Drew, Chute, & More, 2007; Horne & Dagley, 1993; Hutchinson, 2003; Jackson, 1998; Jackson, Puddy, & Lazicki-Puddy, 2001; Kottman, 2001; Kottman, 2003: Kranz, Kottman, & Lund, 1998; Lambert, LeBlanc, Mullen, Ray, Baggerly, White, & Kaplan, 2005; Landreth, 1991; Phillips & Landreth, 1995; Ryan, Gomory, & Lacasse, 2002; Sweeney, 2001; Thompson, Rudolph, & Henderson, 2004
15, 16	CACREP, 2009; Ryan, Gomory, & Lacasse, 2002
17, 18	Bergeron, 2004: Bratton, Landreth, & Homeyer, 1993; Horne & Dagley, 1993; Kottman, 2001; Kottman, 2003; Landreth, 1991; Phillips & Landreth, 1995; Ryan, Gomory, & Lacasse, 2002; Thompson, Rudolph, & Henderson, 2004
19, 20	Bergeron, 2004: Jackson, 1998; Kottman, 2001; Landreth, 1991; Remley & Herlihy, 2006; Ryan, Gomory, & Lacasse, 2002; Stevens, 2000
21, 22	Bergeron, 2004; Bratton, Landreth, & Homeyer, 1993; Kottman, 2001; Kottman, 2003: Lambert, LeBlanc, Mullen, Ray, Baggerly, White, & Kaplan, 2005; Landreth, 1991; Phillips & Landreth, 1995; Remley & Herlihy, 2006; Ryan, Gomory, & Lacasse, 2002; Association for Play Therapy, n.d.c; Stevens, 2000; Sweeney, 2001

Table 14 continued

Item #	Literature Reference
23, 24	Ebrahim, 2008; Fall, Drew, Chute, & More, 2007; Jackson, Puddy, & Lazicki-Puddy, 2001; Kottman, 2001; Kranz, Kottman, & Lund, 1998; Phillips & Landreth, 1995; Ryan, Gomory, & Lacasse, 2002
25	Ebrahim, 2008; Jackson, Puddy, & Lazicki-Puddy, 2001; Kranz, Kottman, & Lund, 1998; Phillips & Landreth, 1995
26	Ebrahim, 2008; Kottman, 2003; Landreth, 1991; Ryan, Gomory, & Lacasse, 2002; Stevens, 2000; Sweeney, 2001; Thompson, Rudolph, & Henderson, 2004
27, 28	Bergeron, 2004; Kottman, 2003; Landreth, 1991; Landreth & Wright, 1997; Phillips & Landreth, 1998
29-31	Bergeron, 2004; Lambert, LeBlanc, Mullen, Ray, Baggerly, White, & Kaplan, 2005; Phillips & Landreth, 1995; Ryan, Gomory, & Lacasse, 2002
32, 33	Ebrahim, 2008
34, 35	Ebrahim, 2008; Jackson, Puddy, & Lazicki-Puddy, 2001; Lambert, LeBlanc, Mullen, Ray, Baggerly, White, & Kaplan, 2005;
36	Ebrahim, 2008; Lambert, LeBlanc, Mullen, Ray, Baggerly, White, & Kaplan, 2005;
37	Kottman, 2003; Landreth, Homeyer, Glover, & Sweeney, 1996; Phillips & Landreth, 1998; Ray, Bratton, Rhine, & Jones, 2001
38	Jackson, Puddy, & Lazicki-Puddy, 2001
39-42	Horne & Dagley, 1993; Jackson, 1998; Kottman, 2001; Kottman, 2003; Kranz, Kottman, & Lund, 1998; Landreth, 1991; Ryan, Gomory, & Lacasse, 2002; Sweeney, 2001; Association for Play Therapy, n.d.c; Thompson, Rudolph, & Henderson, 2004

Table 14 continued

Item #	Literature Reference
43	Jackson, 1998; Kottman, 2001; Landreth, 1991; Association for Play Therapy, n.d.c; Sweeney, 2001
44	Bergeron, 2004
45, 46	Jackson, 1998; Kottman, 2001; Landreth, 1991; Association for Play Therapy, n.d.c
47	Horne & Dagley, 1993; Landreth, 1991; Kottman, 2001; Kottman, 2003; Thompson, Rudolph, & Henderson, 2004
48	Horne & Dagley, 1993; Jackson, Puddy, & Lazicki-Puddy, 2001; Kottman, 2001; Kottman, 2003; Landreth, 1991; Remley & Herlihy, 2006; Association for Play Therapy, n.d.c; Stevens, 2000; Sweeney, 2001; Thompson, Rudolph, & Henderson, 2004

Question 1 required a "yes" response for the participant to continue the survey. Respondents provided specific information for items 2-12, 16, and 35-36; for example, item 35 asked, "In your primary work setting, what primary method of counseling do you use when counseling children?" Ordinal scales were used for items 18, 32-33, and 38: for example, item 38 asked, "Approximately how many times in the past year have you referred a child client to a counselor whom you think is more qualified to counsel children?" Responses to this item included 0, 1-2, 3-4, 5-6, 7-8, 9-10, and >10. Interval scales were used for items 13-14, 23-24, 34, 40, and 42-43; for example, item 13 asked, "How many graduate level courses have you completed which were specific to counseling children, but not specific to play therapy?". Responses for this item were in equal intervals from 0 to >5. For items 15, 17 and 29-31, respondents were given the following choices: yes, no, or I do not know; for example, item 31 asked, "...do/did you receive supervision from a Registered Play Therapist-Supervisor?" When

responding to questions 19-22, respondents answered questions using a numbered ordinal scale with anchored responses at each end; for example, item 19 asked, "...to what extent did your university supervisors provide adequate supervision specific to counseling children?" Responses for this item were on a 6-point ordinal scale with "not adequate" and "very adequate" as anchored responses on each end. On questions 25-28, 39, 41, 44-48, respondents answered using a 6-point ordinal scale with the responses including: strongly disagree, disagree, slightly disagree, slightly agree, agree, and strongly agree; for example, item 48 stated, "I am knowledgeable about the legal and ethical issues specific to counseling children." Item 37 asked, "How effective do you think you are in counseling children?" and provided a 6-point ordinal scale for responses including: very ineffective, ineffective, slightly ineffective, slightly effective, effective, and very effective (Creswell, 2002).

Instrument Validation

Expert Panel

An expert panel, consisting of nine professionals from the field of counseling, assessed the content validity of the instrument. The on-line survey was reviewed by panel members who provided written feedback on the instrument by e-mail. The panel members ranged in age from 29 to 61. Eight were females and one was male. One panel member self-identified as Black or African-American, 6 as Caucasian, 1 as Hispanic or Latino, and 1 as Middle Eastern descent. Eight held the doctorate degree and 1 reported a master's degree as the highest degree earned. The mean number of years practicing as a professional was 8.77 years. Panel members worked in various settings including college setting, private practice, elementary schools, middle schools, and high schools. Panel members' affiliations with professional organizations included 7 members of the American Counseling Association, 4 the American School Counseling

Association, and 3 the Association for Play Therapy. Eight were National Certified Counselors. Panel members reported varying numbers of graduate level courses completed which were specific to counseling children, but not play therapy (from 0-3) as well as varying numbers of graduate level courses specific to play therapy (from 0-4). All nine panel members reported having a general understanding of play therapy. Minor modifications were made to the *CTPI* based on the feedback from the expert panel.

Pilot Testing

After approval to conduct the study was obtained from the University of New Orleans Internal Review Board, a pilot test was conducted to further test the instrument. Thirty-six counseling professionals completed the *CTPI* on-line survey. The results were used to assess the reliability and validity of the instrument.

The participants ranged in age from 25 to 63 with a mean age of 39.94 years (SD=10.58). The majority of the participants were female (78.4%). The majority of the participants (33; 91.7%) were Caucasian; 1 self-identified as Asian (2.8%), and 2 as Black or African-American (5.6%). Twenty-seven respondents (75%) reported a master's degree as the highest degree earned and 9 (25%) held the doctorate degree. Thirty participants (83.3%) reported receiving their masters' degree from a CACREP-accredited program while 6 (16.7%) reported they did not graduate from a CACREP-accredited program.

More than half of the participants 21 (58.3%) had worked in a Community Mental Health Agency, 8 (22.2%) were counselor educators and one-third (12) were currently in private practice. Respondents held membership in or credentialing from a variety of professional organizations. Most frequently reported were the American Counseling Association

(30; 83.3%) and the National Board for Certified Counselors (31; 86.1%). Only 4 participants (11.1%) indicated membership in the Association for Play Therapy.

Participants reported varying numbers of graduate level courses completed which were specific to counseling children, but not play therapy as well as varying numbers of graduate level courses specific to play therapy. The majority of participants 28 (77.8%) had completed either one or two courses specific to counseling children but not play therapy. Half of the participants (18) had not completed a course in play therapy. With respect to the practicum/internship experience, 30 respondents (81.1%) indicated that they had counseled children during their practicum/internship.

Participants reported varying amounts of continuing education specific to counseling children and to the use of play therapy. Half of the respondents (18) had less than 10 clock hours of continuing education specific to counseling children, but not play therapy and 23respondents (63.9%) had less than 10 clock hours of continuing education specific to play therapy. Twenty-three participants (62.1%) reported having a general understanding of play therapy.

Thirty respondents (81.1%) either "agreed" or "strongly agreed" that they were adequately prepared to enter the counseling profession and 18 respondents (48.6%) either "agreed" or "strongly agreed" that they were adequately prepared to counsel children. Twenty-five participants (67.5%) either "agreed" or "strongly agreed" that they were provided sufficient opportunities to counsel children. Thirty-two respondents (88.9%) indicated that they are receiving/had received post master's supervision for licensure. Of the 36 participants, 20 (55.6%) reported that their supervision included instruction or consultation about play therapy, but only 5 (13.9%) received supervision from a Registered Play Therapist-Supervisor.

With respect to counseling children, 14 respondents (38.9%) spent 81-100% of their time counseling children during their first two years post master's degree while 16 (44.4%) had not counseled children during the past year.

Participants were asked about the number of individual, family, and group counseling sessions they currently average during a one week period and about their experience in counseling children. Responses ranged from 0 to 40 with one person reporting and average of more than 75 sessions per week. The mean number of sessions during a one week period was 13.89 (SD = 15.59). The largest group of participants, 12, reported that they are not currently conducting individual, family, or group counseling sessions. Sixteen respondents (44.4%) reported that they do not counsel children.

Some type of play therapy was reported by 13 respondents (36.1%) as their primary method of counseling children. Fifteen respondents (41.7%) reported that they do not currently counsel children, none (0%) reported counseling children 3 years of age and under, 2 (5.6%) reported counseling children 4-7 years of age, and 19 (52.9%) reported counseling children 8-12 years of age. Twenty-six participants (72.3%) reported that they think they are "effective" or "very effective" in counseling children. While 16 (44.4%) reported that they had not referred children to a more qualified counselor during the past year, 18 (50%) reported that they had referred a child client to a more qualified counselor 3 or more times during the past year.

Participants were asked their opinions regarding coursework specific to counseling children and to play therapy in master's degree programs. Thirty-three respondents (91.6%) either "agreed" or "strongly agreed" that coursework specific to counseling children, but not play therapy should be required. All of the participants think that at least one course specific to counseling children should be required in all counseling master's programs. Twenty-three

respondents (63.9%) either “agreed” or “strongly agreed” that coursework specific to play therapy should be required.

Sixteen respondents (44.4%) either “agreed” or “strongly agreed” that counseling students should be required to complete a percentage of their practicum/internship hours counseling children. Only 12 respondents (33.3%) agreed to some extent that a special credential should be required before counseling children; however, 18 (50%) agreed to some extent that a special credential should be required before using play therapy. The majority of respondents (30; 88.3%) disagreed to some extent with the statement, “The counseling skills necessary for counseling children are basically the same as the skills necessary for counseling adults.”

In the final item on the CTPI, participants were asked about their knowledge of legal and ethical issues specific to counseling children. Twenty-eight respondents (77.8%) either “agreed” or “strongly agreed” that they were knowledgeable about legal and ethical issues specific to counseling children.

Analysis of the results of the pilot study confirmed that responses were distributed adequately along the response choices for all items. Based on the results of this pilot study, two additional questions were added to the final survey: one item that asked about coursework specific to counseling children, and a second item that asked participants to specify which areas of coursework included units specific to counseling children.

Spearman Rho and point-biserial correlations were computed for Hypotheses 1, 2, and 3 and for all sub-hypotheses.

Procedures

The *CTPI*, an on-line survey, was developed by the researcher (see Appendix A). A letter of transmittal (see Appendix C) and participant consent form (see Appendix D) accompanied all surveys. Following approval of the dissertation committee, written consent and approval from the Human Subjects Committee of the University of New Orleans was obtained (see Appendix B).

Through the use of a website specializing in survey data collection, www.surveymonkey.com, approximately 2000 potential participants were asked to complete the *CTPI*. Two weeks after the initial contact of potential participants, follow-up, electronic correspondence was sent to increase the response rate. The response rate was 15%. Data was statistically analyzed to answer descriptive questions and inferential statistics was used to determine relationships and comparisons between variables.

Research Question and Hypotheses

This study answers the general research question: What are the preparation, practices, and perceptions of Licensed Professional Counselors with respect to counseling children? Specifically, *preparation* includes graduate coursework, continuing education, and post-degree supervision required for licensure; *practices* includes caseload, counseling methods, and professional development; and *perceptions* includes formal education, application of skills, efficacy, and credentialing.

Hypothesis 1: There is a relationship between the preparation of Licensed Professional Counselors with respect to counseling children (including graduate coursework, continuing education, and post-degree supervision required for licensure) and their practices (including caseload, counseling methods, and professional development).

Hypothesis 1a: There is a positive relationship between the graduate coursework they received within their graduate degree programs specific to counseling children and their caseload.

Hypothesis 1b: There is a positive relationship between the amount of continuing education they received specific to counseling children and their caseload.

Hypothesis 1c: There is a positive relationship between the graduate coursework they received within their graduate degree programs specific to counseling children and the method of counseling they use when counseling children.

Hypothesis 1d: There is a positive relationship between the amount of continuing education they received specific to counseling children and the method of counseling they use when counseling children.

Hypothesis 1e: There is a positive relationship between the graduate coursework they received within their graduate degree programs specific to play therapy and their caseload.

Hypothesis 1f: There is a positive relationship between the amount of continuing education they received specific to play therapy and the method of counseling they use when counseling children.

Hypothesis 1g: There is a positive relationship between the amount of continuing education they received specific to counseling children and the professional organizations to which they belong.

Hypothesis 2: There is a relationship between the preparation of Licensed Professional Counselors with respect to counseling children (including graduate coursework, continuing education, and post-degree supervision required for licensure) and their perceptions (regarding formal education, application of skills, efficacy, and credentialing).

Hypothesis 2a: There is a positive relationship between the graduate coursework and continuing education they received specific to counseling children and play therapy and their perception of the adequacy of their preparation in counseling children.

Hypothesis 2b: There is a positive relationship between the graduate coursework and continuing education they received specific to counseling children and play therapy and their views regarding the necessity of graduate coursework, training, continuing education, and supervision specific to counseling children and play therapy.

Hypothesis 2c: There is a positive relationship between the graduate coursework and continuing education they received specific to counseling children and play therapy and their views regarding the differences between counseling children and counseling adults.

Hypothesis 2d: There is a positive relationship between the graduate coursework and continuing education they received specific to counseling children and play therapy and their views regarding their efficacy in counseling children.

Hypothesis 2e: There is a positive relationship between the amount of practicum/internship hours they spent counseling children and their perception of the adequacy of their preparation in counseling children.

Hypothesis 2f: There is a positive relationship between the amount of practicum/internship hours they spent counseling children and their views regarding the

necessity of graduate coursework, training, continuing education, and supervision specific to counseling children and play therapy.

Hypothesis 2g: There is a positive relationship between the amount of practicum/internship hours they spent counseling children and their views regarding the differences between counseling children and counseling adults.

Hypothesis 3: There is a relationship between the practices of Licensed Professional Counselors with respect to counseling children (including caseload, counseling methods, and professional development) and their perceptions (regarding formal education, application of skills, efficacy, and credentialing).

Hypothesis 3a: There is a positive relationship between the method they use when counseling children and their views regarding the differences between counseling children and counseling adults.

Hypothesis 3b: There is a positive relationship between the method they use when counseling children and their views regarding their efficacy in counseling children.

Hypothesis 3c: There is a positive relationship between their professional development and their views regarding the necessity of graduate coursework, training, continuing education, and supervision specific to counseling children and play therapy.

Hypothesis 3d: There is a positive relationship between their professional development and their views regarding the differences between counseling children and counseling adults.

Hypothesis 3e: There is a positive relationship between their professional development and their views regarding their efficacy in counseling children.

Data Analysis

The SPSS Data Analysis System 17.0 was used to manage and analyze data collected from the *CTPI* on-line survey. SPSS is a comprehensive system designed to perform a wide range of statistical procedures and display descriptive and inferential statistical results. Data analysis for this study included descriptive statistics and correlations.

In order to gain a better understanding of the participants in this study, demographic and background information was gathered on age, sex, ethnicity, highest degree earned, year of graduation, number of years practicing, work settings, and professional affiliations. This information was sought to gain a better understanding of the relationships among participants' training and education, their level of experience in the field, and their perceptions with respect to both training and practice. Demographic data is reported using descriptive statistics.

To assess the relationship between the *preparation* of Licensed Professional Counselors with respect to counseling children and *practices* of Licensed Professional Counselors with respect to counseling children, the following hypotheses were tested and collected data were analyzed.

Hypothesis 1: There is a relationship between the preparation of Licensed Professional Counselors with respect to counseling children (including graduate coursework, continuing education, and post-degree supervision required for licensure) and their practices (including caseload, counseling methods, and professional development).

Hypothesis 1a: There is a positive relationship between the graduate coursework they received within their graduate degree programs specific to counseling children and their caseload.

Data Analysis

Spearman rho and point-biserial correlations were used to answer this question. Item 13 (number of graduate level courses specific to counseling children) and item 15 (whether or not coursework included units specific to counseling) were correlated to items 32 and 33.

Hypothesis 1b: There is a positive relationship between the amount of continuing education they received specific to counseling children and their caseload.

Data Analysis

Spearman rho correlations were used to answer this question. Item 23 (number of continuing education clock hours specific to counseling children) was correlated to items 32 and 33.

Hypothesis 1c: There is a positive relationship between the graduate coursework they received within their graduate degree programs specific to counseling children and the method of counseling they use when counseling children.

Data Analysis

Point bi-serial correlations were used to answer this question. Item 13 (number of graduate level courses specific to counseling children) and item 15 (whether or not coursework included units specific to counseling) were correlated to item 35.

Hypothesis 1d: There is a positive relationship between the amount of continuing education they received specific to counseling children and the method of counseling they use when counseling children.

Data Analysis

Point bi-serial correlations were used to answer this question. Item 23 (number of continuing education clock hours specific to counseling children) was correlated to item 35.

Hypothesis 1e: There is a positive relationship between the graduate coursework they received within their graduate degree programs specific to play therapy and their caseload.

Data Analysis

Spearman rho correlations were used to answer this question. Item 14 (number of graduate level courses specific to play therapy) was correlated to items 32 and 33.

Hypothesis 1f: There is a positive relationship between the graduate coursework they received within their graduate degree programs and continuing education they received specific to play therapy and the method of counseling they use when counseling children.

Data Analysis

Point bi-serial correlations were used to answer this question. Item 14 (number of graduate level courses specific to play therapy) and 24 (number of continuing education clock hours specific to play therapy) were correlated to item 35.

Hypothesis 1g: There is a positive relationship between the amount of continuing education they received specific to counseling children and the professional organizations to which they belong.

Data Analysis

Point-biserial correlations were used to answer this question. Item 23 (number of continuing education clock hours specific to counseling children) was correlated to item 12.

To assess the relationship between the *preparation* of Licensed Professional Counselors with respect to counseling children and the *perceptions* of Licensed Professional Counselors with respect to counseling children, the following hypotheses were tested and collected data were analyzed.

Hypothesis 2: There is a relationship between the preparation of Licensed Professional Counselors with respect to counseling children (including graduate coursework, continuing education, and post-degree supervision required for licensure) and their perceptions (regarding formal education, application of skills, efficacy, and credentialing).

Hypothesis 2a: There is a positive relationship between the graduate coursework and continuing education they received specific to counseling children and play therapy and their perception of the adequacy of their preparation in counseling children.

Data Analysis

Spearman rho correlations were used to answer this question. Items 13, 14, 15, 23, and 24 (graduate level coursework and continuing education clock hours specific to counseling children and to play therapy) were correlated to item 27.

Hypothesis 2b: There is a positive relationship between the graduate coursework and continuing education they received specific to counseling children and play therapy and their views regarding the necessity of graduate coursework, training, continuing education, and supervision specific to counseling children and play therapy.

Data Analysis

Spearman rho correlations were used to answer this question. Items 13, 14, 15, 23, and 24 (graduate level coursework and continuing education clock hours specific to counseling children and to play therapy) were correlated to items 28, 37, 39, 40, 41, 42, 44, 45, and 46.

Hypothesis 2c: There is a positive relationship between the graduate coursework and continuing education they received specific to counseling children and play therapy and their views regarding the differences between counseling children and counseling adults.

Data Analysis

Spearman rho correlations were used to answer this question. Items 13, 14, 23, and 24 (graduate level coursework and continuing education clock hours specific to counseling children and to play therapy) were correlated to item 47.

Hypothesis 2d: There is a positive relationship between the graduate coursework and continuing education they received specific to counseling children and play therapy and their views regarding their efficacy in counseling children.

Data Analysis

Spearman rho correlations were used to answer this question. Items 13, 14, 15, 23, and 24 (number of graduate level courses and continuing education clock hours specific to counseling children and play therapy) were correlated to items 38 and 48.

Hypothesis 2e: There is a positive relationship between the amount of practicum/internship hours they spent counseling children and their perception of the adequacy of their preparation in counseling children.

Data Analysis

Spearman rho and point-biserial correlations were used to answer this question. Items 17, 18, 19, 20, 21, and 22 (practicum and internship experience) were correlated to item 27.

Hypothesis 2f: There is a positive relationship between the amount of practicum/internship hours they spent counseling children and their views regarding the necessity of graduate coursework, training, continuing education, and supervision specific to counseling children and play therapy.

Data Analysis

Spearman rho and point-biserial correlations were used to answer this question. Items 17, 18, 19, 20, 21, and 22 (practicum and internship experience) were correlated to items 28, 37, 39, 40, 41, 42, 44, 45, and 46.

Hypothesis 2g: There is a positive relationship between the amount of practicum/internship hours they spent in counseling children and their views regarding the differences between counseling children and counseling adults.

Data Analysis

Spearman rho and point-biserial correlations were used to answer this question. Items 17, 18, 19, 20, 21, and 22 (practicum and internship experience) were correlated to item 47.

To assess the relationship between the *practices* of Licensed Professional Counselors with respect to counseling children and the *perceptions* of Licensed Professional Counselors with respect to counseling children, the following hypotheses were tested and collected data were analyzed.

Hypothesis 3: There is a relationship between the practices of Licensed Professional Counselors with respect to counseling children (including caseload, counseling methods, and professional development) and their perceptions (regarding formal education, application of skills, efficacy, and credentialing).

Hypothesis 3a: There is a positive relationship between the method they use when counseling children and their views regarding the differences between counseling children and counseling adults.

Data Analysis

Point-biserial correlations were used to answer this question. Item 35 (method of counseling children) was correlated to item 47.

Hypothesis 3b: There is a positive relationship between the method they use when counseling children and their views regarding their efficacy in counseling children.

Data Analysis

Point-biserial correlations were used to answer this question. Item 35 (method of counseling children) was correlated to items 38 and 48.

Hypothesis 3c: There is a positive relationship between their professional development and their views regarding the necessity of graduate coursework, training, continuing education, and supervision specific to counseling children and play therapy.

Data Analysis

Point-biserial correlations were used to answer this question. Item 12 (professional affiliations) was correlated to items 28, 37, 39, 40, 41, 42, 44, 45, and 46.

Hypothesis 3d: There is a positive relationship between their professional development and their views regarding the differences between counseling children and counseling adults.

Data Analysis

Point-biserial correlations were used to answer this question. Item 12 (professional affiliations) was correlated to item 47.

Hypothesis 3e: There is a positive relationship between their professional development and their views regarding their efficacy in counseling children.

Data Analysis

Point-biserial correlations were used to answer this question. Item 12 (professional affiliations) was correlated to items 38 and 48.

CHAPTER FOUR

RESULTS

In this chapter, the general research question and general hypotheses are restated, a description of the sample is provided, the results of the analysis of the data from the *CPTI* on-line survey are reported, and a summary of the results is offered. Descriptive statistics are provided for demographic data in Section I. Statistical procedures are described and the results from all correlations are presented, hypotheses tests are described, and results are reported for all statistical procedures.

Research Question and Hypotheses

The general research question was "What are the preparation, practices, and perceptions of Licensed Professional Counselors with respect to counseling children?" Hypothesis 1 stated that there is a relationship between the preparation of Licensed Professional Counselors with respect to counseling children (including graduate coursework, continuing education, and post-degree supervision required for licensure) and their practices (including caseload, counseling methods, and professional development). Hypothesis 2 stated that there is a relationship between the preparation of Licensed Professional Counselors with respect to counseling children (including graduate coursework, continuing education, and post-degree supervision required for licensure) and their perceptions (regarding formal education, application of skills, efficacy, and credentialing). Hypothesis 3 stated that there is a relationship between the practices of Licensed Professional Counselors with respect to counseling children (including caseload, counseling methods, and professional development) and their perceptions (regarding formal education, application of skills, efficacy, and credentialing).

In Section I of the *CTPI*, participant demographic information was collected and results are reported using descriptive statistics. Section II included questions about participants' formal training including graduate coursework and continuing education; Section III included questions about post-master's degree supervisory experience; Section IV included questions about participants' practices including caseload, counseling methods, and professional development; and Section V included questions about participants' perceptions regarding formal education, application of skills, efficacy, and credentialing. Items in Sections II, III, IV, and V were analyzed using Spearman Rho and point-biserial correlations.

Descriptive Data

Preparation

Participants reported varying numbers of graduate level courses completed which were specific to counseling children but not play therapy (from 0 to >5), as well as varying numbers of graduate level courses specific to play therapy (from 0 to >5). The majority of participants (222; 74.0%) had completed at least one course specific to counseling children but not play therapy. More than two-thirds of the participants (212) had not completed a course in play therapy. Frequency distributions were calculated for the participants' completed coursework in counseling children and play therapy and appear in Tables 15-17.

Table 15

Frequency Distribution of Completed Coursework Specific to Counseling Children but not Play Therapy

Courses Completed Specific to Counseling Children	*n*	%
0	78	26.0
1	74	24.7
2	59	19.7
3	43	14.3
4	6	2.0
5	8	2.7
>5	32	10.7
Totals	300	100.00

Table 16

Frequency Distribution of Completed Coursework Specific to Play Therapy

Courses Completed Specific to Play Therapy	*n*	%
0	212	70.7
1	62	20.7
2	18	6.0
3	5	1.7
4	1	.3
5	1	.3
>5	1	.3
Totals	300	100.00

Means and standard deviations were also calculated for items 13 and 14 and appear in Table 17. The mean for item 13 was 2.92 with a standard deviation of 1.86. The mean for item 14 was 1.43 with a standard deviation of .82.

Table 17
Means and Standard Deviations for Responses Related to Completed Coursework

Item #	*n*	*M*	*SD*
13. How many graduate level courses have you completed which were specific to counseling children, but not specific to play therapy?	300	2.92	1.86
14. How many graduate level courses have you completed which were specific to play therapy?	300	1.43	.82

In item 15, participants were asked if any of their graduate level courses included a unit specific to counseling children. If respondents answered yes, in item 16 they were asked which areas of coursework included units specific to counseling children. One hundred ninety-one respondents (191; 63.7%) reported that their graduate level courses included a unit specific to counseling children. Frequency distributions for the participants' areas of coursework that included units on counseling children appear in Tables 18 and 19, respectively.

Table 18
Frequency Distribution of Responses to Coursework Units on Counseling Children

Coursework Units on Counseling Children	*n*	%
Yes	191	63.7
No	109	36.3
Totals	300	100.0

Table 19
Areas of Coursework Specific to Counseling Children

Coursework Units on Counseling Children	*n*	%
Professional Orientation and Ethical Practice	85	28.3
Social and Cultural Diversity	55	18.3
Human Growth and Development	185	61.7
Career Development	38	12.7
Helping Relationships	68	22.7
Group Work	77	25.7
Assessment	89	29.7
Research and Program Evaluation	16	5.3

Note. Because respondents were asked to identify all areas of coursework containing units specific to counseling children, the total number of responses exceeds the number of participants.

In item 17, participants were asked if their Practicum/Internship included direct experience in counseling children. If respondents answered "no", they were redirected to item 23. If respondents answered "yes", they were asked what percentage of their Practicum/Internship was spent counseling children, to what extent their university supervisor provided adequate supervision specific to counseling children, to what extent their university

supervisors were knowledgeable about play therapy, to what extent their on-site supervisors provided adequate supervision specific to counseling children, and to what extent their on-site supervisors were knowledgeable about play therapy. One hundred eighty-two respondents (182; 60.7%) counseled children during their practicum/internship. Frequency distributions for items 17-22 regarding participants' Practicum/Internship experience with respect to counseling children and play therapy appear in Tables 20-26.

Table 20
Frequency Distribution of Experience Counseling Children during Practicum/Internship

Counseled Children during Practicum/Internship	*n*	%
Yes	182	60.7
No	118	39.3
Totals	300	100.0

Table 21
Frequency Distribution of the Percentage of Time Spent Counseling Children during their Practicum/Internship

Percentage of Time spent Counseling Children	*n*	%
Did not counsel children	7	3.8
1-5%	7	3.8
6-10%	8	4.4
11-20%	18	9.9
21-30%	15	8.2
31-40%	16	8.8
41-50%	25	13.7
51-60%	7	3.8
61-70%	20	11.0
71-80%	20	11.0
81-90%	10	5.5
91-100%	29	15.9
Total	182	100.0

The mean, standard deviation, and median were also calculated for responses to item 17 and appear in Table 22. The mean for item 17 was 7.46 with a standard deviation of 3.25 indicating that the average percentage of time participants spent counseling children during practicum/internship fell between the categories of 41-50% and 51-60%. The median was 7.00 indicating that the midpoint of the distribution was 41-50%.

Table 22
Mean and Standard Deviation for Percentage of Time Spent Counseling Children

Item #	*n*	*M*	*SD*	*Mdn*
17. Approximately what percentage of your Practicum/internship hours was spent counseling children?	182	7.46	3.25	7.00

Table 23
Frequency Distribution Regarding Supervision Specific to Counseling Children by University Supervisors

University Supervision Specific to Counseling Children		*n*	%
1	Not Adequate	14	7.5
2	*	21	11.2
3	*	31	16.6
4	*	27	14.4
5	*	46	24.6
6	Very Adequate	48	25.7
Totals		187	100.0

Table 24

Frequency Distribution Regarding University Supervisor's Knowledge of Play Therapy

University Supervisor's Knowledge of Play Therapy		*n*	%
1	Not Knowledgeable	31	16.7
2	*	31	16.7
3	*	44	23.7
4	*	32	17.2
5	*	24	12.9
6	Very Knowledgeable	24	12.9
Totals		186	100.0

Table 25

Frequency Distribution Regarding Supervision Specific to Counseling Children by On-site Supervisors

On-site Supervision Specific to Counseling Children		*n*	%
1	Not Adequate	11	5.9
2	*	19	10.2
3	*	31	16.7
4	*	30	16.1
5	*	44	23.7
6	Very Adequate	51	27.4
Totals		186	100.0

Table 26
Frequency Distribution Regarding On-site Supervisor's Knowledge of Play Therapy

On-site Supervisor's Knowledge of Play Therapy		*n*	%
1	Not Knowledgeable	30	16.1
2	*	46	24.7
3	*	27	14.5
4	*	32	17.2
5	*	28	15.1
6	Very Knowledgeable	23	12.4
Totals		186	100.0

Means and standard deviations were also calculated for items 19-22 and appear in Table 27. Respondents answered these questions using a 6-point ordinal scale. For items 19 and 21 responses ranged from 1-not adequate to 6-very adequate and for items 20 and 22 responses ranged from 1-not knowledgeable to 6-very knowledgeable. Higher means for items 19 and 21 suggest that participants thought that their supervision was more adequate. Higher means for items 20 and 22 indicate that respondents thought that their supervisors were more knowledgeable about play therapy.

Table 27
Means and Standard Deviations for Items 19-22

Item #	*n*	*M*	*SD*
19. To what extent did your university supervisors provide adequate supervision specific to counseling children?	187	4.14	1.60
20. To what extent were your university supervisors knowledgeable about play therapy?	186	3.32	1.61
21. To what extent did your on-site supervisors provide adequate supervision specific to counseling children?	186	4.24	1.55
22. To what extent were your on-site supervisors knowledgeable about play therapy?	186	3.27	1.65

Note. Responses to items 19 and 21 ranged from 1-Not Adequate to 6-Very Adequate. Responses to items 20 and 22 ranged from 1-Not Knowledgeable to 6-Very Knowledgeable.

In items 23and 24, participants were asked how many continuing education clock hours they had earned specific to counseling children and specific to the use of play therapy. Participants' responses varied from 51 (17.0%) who reported no clock hours of continuing education specific to counseling children but not play therapy to 20 (6.7%) who reported more than 100 clock hours with most participants (79; 26.3%) reporting 1-10 clock hours.

Approximately two-thirds of the participants (201; 67%) reported that they had earned some continuing education clock hours specific to play therapy. Most participants (116; 38.7%) reported having earned 1-10 clock hours. One-third of the participants (33.0%) reported no clock hours of continuing education specific to play therapy. Frequency distributions for the number of continuing education clock hours specific to counseling children and to play therapy appear in Tables 28 and 29.

Table 28
Frequency Distribution of Continuing Education Clock Hours Specific to Counseling Children but not Play Therapy

Continuing Education Specific to Counseling Children	*n*	%
0	51	17.0
1-10	79	26.3
11-20	38	12.7
21-30	30	10.0
31-40	25	8.3
41-50	20	6.7
51-60	14	4.7
61-70	3	1.0
71-80	7	2.3
81-90	7	2.3
91-100	6	2.0
>100	20	6.7
Total	300	100.0

Table 29
Frequency Distribution of Continuing Education Clock Hours Specific to Play Therapy

Continuing Education Specific to Play Therapy	*n*	%
0	99	33.0
1-10	116	38.7
11-20	38	12.7
21-30	12	4.0
31-40	10	3.3
41-50	6	2.0
51-60	4	1.3
61-70	5	1.7
71-80	3	1.0
81-90	1	.3
91-100	0	0
>100	6	2.0
Total	300	100.0

Means, standard deviations, and medians were also calculated for responses to items 23 and 24 and appear in Table 30. The mean for item 23 was 4.16 with a standard deviation of 3.21 indicating that the average number of continuing education clock hours participants attended specific to counseling children, but not play therapy fell in the category of 21-30. The mean for item 24 was 2.52 with a standard deviation of 2.15 indicating that the average number of continuing education clock hours participants received specific to play therapy fell between the categories of 1-10 and 11-20. The median for item 23 was 3.00 indicating that the midpoint of

the distribution was 11-20 hours. The median for item for item 24 was 2.00 indicating that the midpoint of the distribution was 1-10 hours.

Table 30
Means and Standard Deviations for Items 23 and 24

Item #	*n*	*M*	*SD*	*Mdn*
23. In your career as a counselor, approximately how many continuing education clock hours have you attended which were specific to counseling children, but not specific to the use of play therapy?	300	4.16	3.21	3.00
24. In your career as a counselor, approximately how many continuing education clock hours have you attended which were specific to the use of play therapy?	300	2.52	2.15	2.00

Item 25 asked participants if they had a general understanding of play therapy. Two hundred seventy-one participants (90.4%) agreed to some extent that they had a general understanding of play therapy. A frequency distribution regarding participants' understanding of play therapy appears in Table 31.

Table 31
Frequency Distribution Regarding Respondents' General Understanding of Play Therapy

General Understanding of Play Therapy	*n*	%
Strongly Disagree	5	1.7
Disagree	12	4.0
Slightly Disagree	12	4.0
Slightly Agree	84	28.0
Agree	140	46.7
Strongly Agree	47	15.7
Totals	300	100.0

The mean and standard deviation were also calculated for item 25 and appear in Table 32. Respondents answered this question using a 6-point ordinal scale. Responses included 1-strongly disagree, 2-disagree, 3-slightly disagree, 4-slightly agree, 5-agree, and 6-strongly agree. A higher mean indicates that respondents thought they were more knowledgeable about play therapy.

Table 32
Mean and Standard Deviation for Item 25

Item #	*n*	*M*	*SD*
25. I have a general understanding of play therapy?	300	4.61	1.04

Note. Responses included 1-Strongly Disagree, 2- Disagree, 3-Slightly Disagree, 4-Slightly Agree, 5-Agree, and 6-Strongly Agree

Participants were asked their opinion regarding their preparedness to enter the counseling profession and to counsel children. Two hundred fifty respondents (250; 83.3%) either "agreed" or "strongly agreed" that they were adequately prepared to enter the counseling profession, and 120 respondents (40.0%) either "agreed" or "strongly agreed" that they were adequately prepared to counsel children. Frequency distributions regarding participants' preparedness to enter the counseling profession and to counsel children appear in Tables 33 and 34.

Table 33
Frequency Distribution Regarding Preparedness to Enter the Counseling Profession

Preparedness to Enter the Counseling Profession	*n*	%
Strongly Disagree	2	.7
Disagree	9	3.0
Slightly Disagree	12	4.0
Slightly Agree	27	9.0
Agree	144	48.0
Strongly Agree	106	35.3
Totals	300	100.0

Table 34
Frequency Distribution Regarding Preparedness to Counsel Children

Preparedness to Counsel Children	*n*	%
Strongly Disagree	22	7.3
Disagree	40	13.3
Slightly Disagree	37	12.3
Slightly Agree	81	27.0
Agree	91	30.3
Strongly Agree	29	9.7
Totals	300	100.0

Means and standard deviations were also calculated for items 26 and 27 and appear in Table 35. Respondents answered these questions using a 6-point ordinal scale. Responses included 1-strongly disagree, 2-disagree, 3-slightly disagree, 4-slightly agree, 5-agree, and 6-strongly agree. Higher means indicate that respondents thought they were more prepared to enter the counseling profession and to counsel children.

Table 35
Means and Standard Deviations for Items 26 and 27

Item #	*n*	*M*	*SD*
26. My graduate degree training adequately prepared me to enter the counseling profession.	300	5.07	.99
27. My graduate degree training adequately prepared me to counsel children.	300	3.89	1.41

Note. Responses included 1-Strongly Disagree, 2- Disagree, 3-Slightly Disagree, 4-Slightly Agree, 5-Agree, and 6-Strongly Agree

In Item 28, respondents were asked about opportunities to counsel children during their Practicum/Internship. One hundred fifty-six (156) participants (52.0%) either "agreed" or "strongly agreed" that they were provided sufficient opportunities, while over one-third (35%) indicated that they "disagreed" to some extent that their Practicum/Internship had provided sufficient opportunities to counsel children. A frequency distribution for participants' Practicum/Internship opportunities to counsel children appears in Table 36.

Table 36
Frequency Distribution Regarding Practicum/Internship Opportunities to Counsel Children

Opportunities to Counsel Children	*n*	%
Strongly Disagree	34	11.3
Disagree	51	17.0
Slightly Disagree	20	6.7
Slightly Agree	39	13.0
Agree	78	26.0
Strongly Agree	78	26.0
Totals	300	100.0

The mean and standard deviation were also calculated for item 28 and appear in Table 37. Respondents answered this question using a 6-point ordinal scale. Responses included 1-strongly disagree, 2-disagree, 3-slightly disagree, 4-slightly agree, 5-agree, and 6-strongly agree. A higher mean indicates that respondents thought that their practicum/internship opportunities to counsel children were more sufficient.

Table 37
Mean and Standard Deviation for Item 28

Item #	*n*	*M*	*SD*
28. My practicum/internship site provided me with sufficient opportunities to counsel children.	300	4.03	1.75

Note. Responses included 1-Strongly Disagree, 2- Disagree, 3-Slightly Disagree, 4-Slightly Agree, 5-Agree, and 6-Strongly Agree

Post Master's Degree Supervisory Experience

In item 29, participants were asked if they were receiving or did receive post master's supervision for licensure. If respondents answered "no", they were redirected to item 32. If respondents answered "yes", in items 30 and 31 they were asked if their supervision included instruction or consultation about play therapy and if they received supervision from a Registered Play Therapist-Supervisor (RPT-S). Two hundred thirty-eight respondents (238; 79.3%) answered "yes," they were receiving/had received post master's supervision for licensure. Ninety-eight (32.7%) reported that their supervision included instruction or consultation about play therapy, but only 26 (8.7%) received supervision from a Registered Play Therapist-Supervisor. Frequency distributions for items 29 through 31 appear in Tables 38 through 40.

Table 38
Frequency Distribution Regarding Post Master's Supervision for Licensure

Received Supervision for Licensure	*n*	%
Yes	238	79.3
No	62	20.7
Totals	300	100.0

Table 39
Frequency Distribution Regarding Inclusion of Play Therapy during Post Master's Supervision for Licensure

Play Therapy in Supervision for Licensure	*n*	%
Yes	98	40.2
No	146	59.8
Totals	244	100.0

Note. Respondents who are not/did not receive post master's supervision for licensure were redirected to question #32.

Table 40
Frequency Distribution Regarding Supervision from an RPT-S

RPT-S Supervision	*n*	%
Yes	26	13.3
No	160	82.1
Do not Know	9	4.6
Totals	195	100.0

Note. Respondents who are not/did not receive post master's supervision for licensure were redirected to question #32.

Work Experience

In item 32, participants were asked what percentage of their time was spent counseling children both individually and/or in small groups, during their first two years after receiving their master's degree. In item 33, participants were asked what percentage of their time was spent counseling children both individually and/or in small groups during the past year. Participants' responses regarding the percentage of their time spent counseling children during their first two years post master's degree varied across the responses provided. One hundred six (35.3%) had

not counseled children during the past year. Frequency distributions for percentage of time spent counseling children appear in Tables 41-42.

Table 41
Frequency Distribution of Time Spent Counseling Children within Two Years Post Master's Degree

Time spent Counseling Children Within Two Years Post Master's Degree	*n*	%
0%	71	23.7
1-5%	45	15.0
6-10%	19	6.3
11-20%	5	1.7
21-30%	21	7.0
31-40%	13	4.3
41-50%	14	4.7
51-60%	18	6.0
61-70%	11	3.7
71-80%	19	6.3
81-90%	22	7.3
91-100%	42	14.0
Total	300	100.0

Table 42
Frequency Distribution of Time Spent Counseling Children within the Past Year

Time spent Counseling Children Within the Past Year	*n*	%
0%	106	35.3
1-5%	44	14.7
6-10%	19	6.3
11-20%	19	6.3
21-30%	15	5.0
31-40%	13	4.3
41-50%	8	2.7
51-60%	9	3.0
61-70%	10	3.3
71-80%	16	5.3
81-90%	15	5.0
91-100%	26	8.7
Total	300	100.0

Means, standard deviations, and medians were also calculated for responses to items 32 and 33 and appear in Table 43. The mean for item 32 was 5.66 with a standard deviation of 4.18 indicating that the average percentage of work that is being/was spent counseling children both individually and/or in small groups during the first two years post master's degree fell between the categories of 21-30% and 31-40%. The mean for item 33 was 4.45 with a standard deviation of 3.92 indicating that the average percentage of work that is being/was spent counseling

children both individually and/or in small groups during the past year fell between the categories of 11-20% and 21-30%. The median for item 32 was 5.00 indicating that the midpoint of the distribution was 21-30%. The median for item 33 was 2.50 indicating that the midpoint of the distribution was between 1-5% and 6-10%.

Table 43
Means and Standard Deviations for Items 32 and 33

Item #	*n*	*M*	*SD*	*Mdn*
32. During the first two years after you received your master's degree, approximately what percentage of your work is being/was spent counseling children both individually and/or in small groups?	300	5.66	4.18	5.00
33. In the past year, approximately what percentage of your work is being/was spent counseling children both individually and/or in small groups?	300	4.45	3.92	2.50

In item 34, participants were asked about the number of individual, family, and group counseling sessions they currently average during a one week period. Responses ranged from 0 to 65. Forty-seven participants (47; 15.7%) reported that they are not currently conducting individual, family, or group counseling sessions and only 18 (5.9%) reported an average greater than 30 sessions per week. A frequency distribution for average number of sessions per week appears in Table 44.

Table 44
Frequency Distribution of Weekly Average of Individual, Family, and Group Counseling Sessions

# of Weekly Sessions	*n*	%
0	47	15.7
1-5	48	16.0
6-10	53	17.7
11-15	44	14.7
16-20	37	12.3
21-25	34	11.3
26-30	19	6.3
31-35	9	3.0
36-40	5	1.6
41-45	0	.0
46-50	2	.7
51-55	1	.3
56-60	0	.0
61-65	1	.3
66-70	0	.0
>70	0	.0
Totals	300	100.0

The mean, standard deviation, and media were also calculated for responses to item 34 and appear in Table 45. The mean for item 34 was 14.46 with a standard deviation of 11.35 indicating that participants averaged approximately 14-15 individual, family or group sessions per week. The median was 12.50 indicating that the midpoint of the distribution was between 12 and 13 sessions per week.

Table 45
Mean and Standard Deviation for Average Number of Sessions Per Week

Item #	*n*	*M*	*SD*	*Mdn*
34. Approximately how many Individual family, and group counseling sessions do you currently average during a one week period?	300	14.46	11.35	12.50

Participants were asked about their practice of counseling children. Item 35 asked what method they primarily use. One hundred seven respondents (107; 35.7%) reported that they do not counsel children. Either "Directive Play Therapy" or "Non-directive Play Therapy" was reported by 70 respondents (23.3%) as their primary method of counseling children. Some participants reported a combination of these two play therapies in the "Other" response. A frequency distribution for primary method of counseling children appears in Table 46.

Table 46
Frequency Distribution of Primary Method of Counseling Children

Primary Method of Counseling Children	*n*	%
Do not counsel children	107	35.7
Talk Therapy	81	27.0
Directive Play Therapy	27	9.0
Non-Directive Play Therapy	43	14.3
*Other	42	14.0
Totals	300	100.0

Note. Responses to "Other" included: Combination of talk and directive play therapy, family therapy, cognitive-behavioral, both directive and non-directive

In item 36, participants were asked the ages of the majority of the children with whom they currently work. One hundred twenty-two respondents (122; 40.7%) reported that they do not currently counsel children, 1 (0.3%) reported counseling children under 3 years of age, 30 (10.0%) reported counseling children 4-7 years of age, and 147 (49.0%) reported counseling children 8-12 years of age. A frequency distribution for ages of children with whom the participants currently work appears in Table 47.

Table 47
Frequency Distribution of the Current Ages of Majority of Child Clients

Age of Majority of Child Clients	*n*	%
Do not counsel children	122	40.7
<1 year-3 years	1	0.3
4-7 years	30	10.0
8-12 years	147	49.0
Totals	300	100.0

In item 37, participants were asked how effective they think they are in counseling children. Two hundred seven participants (69.0%) reported that they think they are "effective" or "very effective" in counseling children. Item 38 asked how many times in the past year have they referred a child client to a counselor whom they think is more qualified to counsel children. While 117 (39.0%) reported that they had not referred children to a more qualified counselor during the past year, 113 (37.7%) reported that they had referred a child client to a more qualified counselor at least 3 times during the past year. Frequency distributions for items 37 and 38 appear in Tables 48 and 50.

Means and standard deviations were also calculated for items 37 and 38 and appear in Tables 49 and 51. Respondents answered item 37 using a 6-point ordinal scale. Responses included 1-very ineffective, 2-ineffective, 3-slightly ineffective, 4-slightly effective, 5-effective, and 6-very effective. For item 37, the higher the mean the more effective respondents thought they were in counseling children. For item 38, the mean was 2.54 and the standard deviation was 1.81 indicating that the average number of times counselors referred child clients to more qualified counselors fell between the categories of 1-2 and 3-4.

Table 48
Frequency Distribution of Perceptions Regarding Effectiveness in Counseling Children

Effectiveness in Counsel Children	*n*	%
Very Ineffective	9	3.0
Ineffective	22	7.3
Slightly Ineffective	8	2.7
Slightly effective	54	18.0
Effective	163	54.3
Very Effective	44	14.7
Totals	300	100.0

Table 49
Mean and Standard Deviation for Item 37

Item #	*n*	*M*	*SD*
37. How effective do you think you are in counseling children?	300	4.57	1.18

Note. Responses included 1-Very Ineffective, 2- Ineffective, 3-Slightly Ineffective, 4-Slightly Effective, 5-Effective, and 6-Very Effective

Table 50
Frequency Distribution of Referrals of Children to More Qualified Counselors

Referrals of Children to More Qualified Counselors	*n*	%
0	117	39.0
1-2	70	23.3
3-4	44	14.7
5-6	22	7.3
7-8	17	5.7
9-10	10	3.3
>10	20	6.7
Totals	300	100.0

Table 51
Mean and Standard Deviation for Item 38

Item #	*n*	*M*	*SD*
38. Approximately how many times in the past year have you referred a child client to a counselor whom you think is more qualified to counsel children?	300	2.54	1.81

Perceptions

Participants were asked their opinions regarding coursework specific to counseling children and specific to play therapy in master's degree programs. Item 39 asked if coursework specific to counseling children but not play therapy should be required and item 40 asked how many courses specific to counseling children but not play therapy should be required. Two hundred forty-one respondents (141; 80.3%) either "agreed" or "strongly agreed" that

coursework specific to counseling children but not play therapy should be required. Two hundred eighty-six participants (286; 95.3%) thought that at least one course specific to counseling children should be required in all counseling master's programs. Frequency distributions for items 39 and 40 appear in Tables 52-53.

Table 52
Frequency Distribution of Perceptions Regarding the Requirement of Coursework Specific to Counseling Children but not Play Therapy

Required Coursework in Counseling Children	*n*	%
Strongly Disagree	6	2.0
Disagree	12	4.0
Slightly Disagree	8	2.7
Slightly Agree	33	11.0
Agree	109	36.3
Strongly Agree	132	44.0
Totals	300	100.0

Table 53
Frequency Distribution of Perceptions Regarding the Amount of Required Coursework Specific to Counseling Children but not Play Therapy

Required Coursework in Counseling Children but not Play Therapy	*n*	%
0	14	4.7
1	95	31.7
2	91	30.3
3	64	21.3
4	20	6.7
5	16	5.3
Totals	300	100.0

Means and standard deviations were also calculated for item 39 and 40 and appear in Table 54. For item 39, respondents answered using a 6-point ordinal scale. Responses included 1-strongly disagree, 2-disagree, 3-slightly disagree, 4-slightly agree, 5-agree, and 6-strongly agree. For item 39, a higher mean indicates that respondents thought that coursework specific to counseling children should be required. For item 40, the mean number of courses specific to counseling children that participants thought should be required was 3.10 with a standard deviation of 1.21.

Table 54
Means and Standard Deviations for Items 39 and 40

Item #	*n*	*M*	*SD*
39. Coursework specific to counseling children, but not specific to play therapy should be required in all counseling master's programs.	300	5.08	1.16
40. How many courses specific to counseling children, but not specific to play therapy, should be required?	300	3.10	1.21

Note. Responses to items 39 and 41 included 1-Strongly Disagree, 2- Disagree, 3-Slightly Disagree, 4-Slightly Agree, 5-Agree, and 6-Strongly Agree.

In item 41, participants were asked if coursework specific to play therapy should be required and item 42 asked how many courses specific to play therapy should be required. One hundred forty-one respondents (141; 47.0%) either "agreed" or "strongly agreed" that coursework specific to play therapy should be required. Two hundred nineteen participants (219; 73.0%) thought that at least 1 course in play therapy should be required in all counseling master's programs. Frequency distributions for item 41 and 42 appear in Tables 55 and 56.

Table 55
Frequency Distribution of Perceptions Regarding the Requirement of Coursework Specific to Play Therapy

Require Coursework in Play Therapy	*n*	%
Strongly Disagree	16	5.3
Disagree	36	12.0
Slightly Disagree	35	11.7
Slightly Agree	72	24.0
Agree	97	32.3
Strongly Agree	44	14.7
Totals	300	100.0

Table 56
Frequency Distribution of Perceptions Regarding the Amount of Required Coursework Specific to Play Therapy

Required Coursework in Play Therapy	*n*	%
0	81	27.0
1	139	46.3
2	51	17.0
3	17	5.7
4	7	2.3
5	5	1.7
Totals	300	100.0

Means and standard deviations were also calculated for items 41 and 42 and appear in Table 57. For item 41, respondents answered using a 6-point ordinal scale. Responses included 1-strongly disagree, 2-disagree, 3-slightly disagree, 4-slightly agree, 5-agree, and 6-strongly agree. For item 41, a higher mean indicates that respondents thought that coursework specific to play therapy should be required. For item 42, the mean number of courses specific to counseling children that participants thought should be required was 2.15 with a standard deviation of 1.06.

Table 57
Means and Standard Deviations for Items 41 and 42

Item #	*n*	*M*	*SD*
41. Coursework specific to play therapy should be required in all counseling master's programs.	300	4.10	1.41
42. How many courses specific to play therapy, should be required?	300	2.15	1.06

Note. Responses to items 39 and 41 included 1-Strongly Disagree, 2- Disagree, 3-Slightly Disagree, 4-Slightly Agree, 5-Agree, and 6-Strongly Agree.

In item 44, participants were asked if counseling students should be required to complete a percentage of their practicum/internship hours counseling children. One hundred eighty-five respondents (185; 61.7%) indicated some degree of agreement that counseling students should be required to complete a percentage of their practicum/internship hours counseling children. A frequency distribution for item 44 appears in Table 58.

Table 58
Frequency Distribution of Perceptions Regarding the Requirement of Practicum/Internship Students to Counsel Children

Require Interns to Counsel Children	*n*	%
Strongly Disagree	21	7.0
Disagree	63	21.0
Slightly Disagree	31	10.3
Slightly Agree	67	22.3
Agree	74	24.7
Strongly Agree	44	14.7
Totals	300	100.0

The mean and standard deviation were also calculated for item 44 and appear in Table 59. Respondents answered this question using a 6-point ordinal scale. Responses included 1-strongly disagree, 2-disagree, 3-slightly disagree, 4-slightly agree, 5-agree, and 6-strongly agree. A higher mean indicates that respondents thought that master's level counseling students should be required to counsel children during their practicum/internship.

Table 59
Mean and Standard Deviation for Item 44

Item #	*n*	*M*	*SD*
44. All master's level counseling students should be required to complete a percentage of their practicum/internship hours counseling children.	300	3.81	1.54

Note. Responses to items 39 and 41 included 1-Strongly Disagree, 2- Disagree, 3-Slightly Disagree, 4-Slightly Agree, 5-Agree, and 6-Strongly Agree.

Participants were asked about special credentialing with respect to counseling children and the use of play therapy. Item 45 asked if counselors should obtain a special credential before counseling children, and item 46 asked if counselors should obtain a special credential before using play therapy. Approximately two-thirds (202; 67.4%) "disagreed" on some level that a special credential should be required before counseling children. Slightly more than half (162; 54.0%) indicated some level of disagreement that a special credential should be required before using play therapy. Frequency distributions for items 45 and 46 about special credentialing with respect to counseling children appear in Tables 60-61.

Table 60
Frequency Distribution of Perceptions Regarding the Requirement of a Special Credential before Counseling Children

Special Credential before Counseling Children	*n*	%
Strongly Disagree	62	20.7
Disagree	98	32.7
Slightly Disagree	42	14.0
Slightly Agree	52	17.3
Agree	38	12.7
Strongly Agree	8	2.7
Totals	300	100.0

Table 61
Frequency Distribution of Perceptions Regarding the Requirement of a Special Credential before Using Play Therapy

Special Credential before Using Play Therapy	*n*	%
Strongly Disagree	39	13.0
Disagree	76	25.3
Slightly Disagree	47	15.7
Slightly Agree	57	19.0
Agree	55	18.3
Strongly Agree	26	8.7
Totals	300	100.0

Means and standard deviations were also calculated for item 45 and 46 and appear in Table 62. Respondents answered these questions using a 6-point ordinal scale. Responses included 1-strongly disagree, 2-disagree, 3-slightly disagree, 4-slightly agree, 5-agree, and 6-strongly agree. For item 45, a higher mean indicates that respondents thought that counselors should be required to obtain a special credential before counseling children. For item 46, a higher mean indicate that respondents thought that counselors should be required to obtain a special credential before using play therapy when counseling children.

Table 62
Means and Standard Deviations for Items 45 and 46

Item #	*n*	*M*	*SD*
45. Professional counselors should be required to obtain a special credential such as national certified school counselor before counseling children.	300	2.77	1.42
46. Professional counselors should be required to obtain a special credential such as registered play therapist before using play therapy when counseling children.	300	3.30	1.55

Note. Responses to items 39 and 41 included 1-Strongly Disagree, 2- Disagree, 3-Slightly Disagree, 4-Slightly Agree, 5-Agree, and 6-Strongly Agree.

In item 47, participants were asked about counseling skills necessary for counseling children. A strong majority of the respondents (238; 79.4%) disagreed on some level with the statement, "The counseling skills necessary for counseling children are basically the same as the skills necessary for counseling adults." A frequency distribution for item 47 appears in Table 63.

Table 63
Frequency Distribution of Perceptions Regarding Counseling Skills Necessary to Counsel Children

Skills Necessary to Counsel Children	*n*	%
Strongly Disagree	56	18.7
Disagree	119	39.7
Slightly Disagree	63	21.0
Slightly Agree	44	14.7
Agree	17	5.7
Strongly Agree	1	.3
Totals	300	100.0

The mean and standard deviation were also calculated for item 47 and appear in Table 64. Respondents answered this question using a 6-point ordinal scale. Responses included 1-strongly disagree, 2-disagree, 3-slightly disagree, 4-slightly agree, 5-agree, and 6-strongly agree. A higher mean indicates that respondents thought that the skills necessary for counseling children were basically the same as the skills necessary for counseling adults.

Table 64
Mean and Standard Deviation for Item 47

Item #	*n*	*M*	*SD*
47. The counseling skills necessary for counseling children are basically the same as the skills necessary for counseling adults.	300	2.50	1.14

Note. Responses to items 39 and 41 included 1-Strongly Disagree, 2- Disagree, 3-Slightly Disagree, 4-Slightly Agree, 5-Agree, and 6-Strongly Agree.

In the final item on the CTPI, participants were asked about their knowledge of legal and ethical issues specific to counseling children. Two hundred seventy-eight respondents (278; 92.6%) agreed to some extent that they were knowledgeable about legal and ethical issues specific to counseling children. A frequency distribution about participants' knowledge about legal and ethical issues specific to counseling children appears in Table 65.

Table 65
Frequency Distribution of Perceptions Regarding Knowledge of Legal and Ethical Issues with Respect to Counseling Children

Knowledge of Legal and Ethical Issues	*n*	%
Strongly Disagree	1	.3
Disagree	12	4.0
Slightly Disagree	9	3.0
Slightly Agree	37	12.3
Agree	145	48.3
Strongly Agree	96	32.0
Totals	300	100.0

The mean and standard deviation were also calculated for item 48 and appear in Table 66. Respondents answered this question using a 6-point ordinal scale. Responses included 1-strongly disagree, 2-disagree, 3-slightly disagree, 4-slightly agree, 5-agree, and 6-strongly agree. A higher mean indicates that respondents thought that they were knowledgeable about the legal and ethical issues specific to counseling children.

Table 66
Means and Standard Deviations for Item 48

Item #	*n*	*M*	*SD*
48. I am knowledgeable about the legal and ethical issues specific to counseling children.	300	5.00	.99

Note. Responses to items 39 and 41 included 1-Strongly Disagree, 2- Disagree, 3-Slightly Disagree, 4-Slightly Agree, 5-Agree, and 6-Strongly Agree.

Inferential Analysis of Hypothesis Testing

Hypothesis 1

There is a relationship between the preparation of Licensed Professional Counselors with respect to counseling children (including graduate coursework, continuing education, and post-degree supervision required for licensure) and their practices (including caseload, counseling methods, and professional development).

Hypothesis 1a stated there is a positive relationship between completed graduate coursework participants received within their graduate degree programs specific to counseling children but not play therapy and their caseload. Spearman Rho correlations were used to determine the relationship between completed coursework specific to counseling children but not play therapy (item 13) and caseload (items 32 and 33) and between item 15 (whether or not coursework included units specific to counseling children) and caseload (items 32 and 33).

Statistically significant correlations were found between the number of graduate courses specific to counseling children but not play therapy (item 13) and caseload within the first two years post master's degree (item 32) (r_s = .217, p = .000) and current caseload (item 33) (r_s = .243, p = .000). Results suggest that the more coursework participants had completed specific to counseling children, the more likely they were to counsel children after graduation.

No statistically significant correlations were found between item 15 (whether or not coursework included units specific to counseling children) and caseload within the first two years post master's degree (item 32) (r_s = .130, p = .025) or between item 15 (whether or not coursework included units specific to counseling children) and current caseload (item 33) (r_s = .104, p = .073). Findings indicate that participants who had completed coursework which included units specific to counseling children were no more likely to counsel children.

Hypothesis 1b stated there is a positive relationship between the amount of continuing education received specific to counseling children and caseload.

Spearman Rho correlations were used to determine the relationship between continuing education specific to counseling children (item 23) and caseload (items 32 and 33).

Statistically significant correlations were found between amount of continuing education specific to counseling children (item 23) and caseload within the first two years post master's degree (item 32) (r_s = .330, p = .000) and between amount of continuing education specific to counseling children and current caseload (item 33) (r_s = .273, p = .000). Results suggest that participants who received continuing education specific to counseling children were more likely to counsel children.

Table 67

Spearman Rho Correlation between Completed Coursework and Continuing Education Specific to Counseling Children and Caseload

		Item #13 Coursework Specific to Counseling Children		Item #15 Coursework Included Units on Counseling Children		Item #23 Continuing Education Specific to Counseling Children	
Items	*n*	r_s	*p*	r_s	*p*	r_s	*p*
32. During the first two after you received your master's degree, approximately what percentage of your work is being/was spent counseling children both individually and/or in small groups?	300	.217	.000*	.130	.025	.330	.000*
33. In the past year, approximately what percentage of your work is being/was spent counseling children both individually and/or in small groups?	300	.243	.000*	.104	.073	.273	.000*

** Significant at <.01*

Hypothesis 1c stated there is a positive relationship between the graduate coursework participants completed within their graduate degree programs specific to counseling children but not play therapy, and the primary method of counseling they use when counseling children.

Point-biserial correlations were used to determine the relationships between completed coursework specific to counseling children but not play therapy (item 13) and primary method of counseling children (item 35) and between item 15 (whether or not coursework included units specific to counseling children) and primary method of counseling children (item 35).

Statistically significant correlations were found between completed coursework specific to counseling children but not play therapy (item 13) and talk therapy (item 35) (r_{pb} = .258, p = .000). Findings suggest that the more coursework participants received specific to counseling the more they used talk therapy.

Statistically significant correlations were found between item 15 (whether or not coursework included units specific to counseling children) and talk therapy (item 35) (r_{pb} = .163, p = .005). Findings indicate that the more coursework that included units specific to counseling children participants had the more they used talk therapy.

Hypothesis 1d stated there is a positive relationship between continuing education participants received specific to counseling children but not play therapy, and the primary method of counseling they use when counseling children.

Point-biserial correlations were used to determine the relationship between amount of continuing education specific to counseling children but not play therapy (item 23) and primary method of counseling children (item 35).

Statistically significant correlations were found between amount of continuing education specific to counseling children, but not play therapy (item 23) and directive play therapy (item 35) (r_{pb} = .155, p = .007). Results suggest that as participants received more continuing education specific to counseling children the more they used directive play therapy.

Table 68

Point-biserial Correlations between Completed Coursework and Continuing Education Specific to Counseling Children and Primary Method of Counseling Children

		Item #13 Coursework Specific to Counseling Children		Item #15 Coursework Included Units on Counseling Children		Item #23 Continuing Education Specific to Counseling Children	
Items	*n*	r_{pb}	*p*	r_{pb}	*p*	r_{pb}	*p*
35. Primary Method:							
Talk Therapy	81	.258	.000*	.163	.005*	.125	.030
Directive Play Therapy	27	.029	.621	-.005	.937	.155	.007*
Non-Directive Play Therapy	43	.026	.649	.091	.114	.017	.768

** Significant at <.01*

Hypothesis 1e stated there is a positive relationship between the graduate coursework participants completed within their graduate degree programs and continuing education they received specific to play therapy, and their caseload.

Spearman Rho correlations were used to determine the relationship between completed coursework specific to play therapy (item 14) and caseload (items 32 and 33).

Statistically significant correlations were found between amount of coursework specific to play therapy (item 14) and caseload within the first two years post master's degree (item 32) (r_s = .226, p = .000) and between amount of coursework specific to play therapy (item 14) and current caseload (item 33) (r_s = .199, p = .001). Results suggest that as participants received more coursework specific to play therapy, they counseled more children within the first two years post master's degree. Results also suggest that the more coursework specific to play therapy participants received, the greater the number of children they were currently counseling.

Spearman Rho correlations were also used to determine the relationship between continuing education specific to play therapy (item 24) and caseload (items 32 and 33).

Statistically significant correlations were found between amount of continuing education specific to play therapy (item 24) and caseload within the first two years post master's degree (item 32) *(r_s = .322, p = .000)* and between amount of continuing education specific to play therapy (item 24) and current caseload (item 33) *(r_s = .228, p = .000)*. These results indicate that the more participants received continuing education specific to play therapy the more likely they were to counsel children. Professional organizations that are aware of these findings may choose to offer more workshops on counseling children.

Table 69
Spearman Rho Correlation between Completed Coursework and Continuing Education Specific to Play Therapy and Caseload

		Item #14 Coursework Specific to Play Therapy		Item #24 Continuing Education Specific to Play Therapy	
Items	*n*	r_s	*p*	r_s	*p*
32. During the first two year received your master's degree, approximately what percentage of your work is being/was spent counseling children both individually and/or in small groups?	300	.226	.000**	.322	.000**
33. In the past year, approximately what percentage of your work is being/was spent counseling children both individually and/or in small groups?	300	.199	.000**	.228	.000**

** Significant at <.01*

Hypothesis 1f stated there is a positive relationship between the completed graduate coursework participants received within their graduate degree programs and continuing education they received specific to play therapy and primary method of counseling they use when counseling children.

Point-biserial correlations were used to determine the relationships between completed coursework specific to play therapy (item 14) and primary method of counseling children (item 35). Statistically significant correlations were found between completed coursework specific to play therapy (item 14) and non-directive play therapy (item 35) (r_{pb} = .243, p = .000). Results indicate that the more coursework specific to play therapy participants received the more they used non-directive play therapy.

Point-biserial correlations were used to determine the relationship between amounts of continuing education specific to play therapy (item 24) and primary method of counseling children (item 35). Statistically significant correlations were found between amount of continuing education specific to play therapy (item 24) and directive play therapy (item 35) (r_{pb} = .243, p = .000) and non-directive play therapy (item 35) (r_{pb} = .243, p = .000). Findings suggest that the more continuing education specific to play therapy participants received the more they used directive and non-directive play therapy.

Table70

Point-biserial Correlations between Completed Coursework and Continuing Education Specific to Play Therapy and Primary Method of Counseling Children

		Item #14 Coursework Specific to Play Therapy		Item #24 Continuing Education Specific to Play Therapy	
Items	*n*	r_{pb}	*p*	r_{pb}	*p*
35. Primary Method:					
Talk Therapy	81	.039	.499	-.146	.011
Directive Play Therapy	27	.126	.029	.243	.000*
Non-Directive Play Therapy	43	.243	.000*	.243	.000*

** Significant at <.01*

Hypothesis 1g stated there is a positive relationship between the amount of continuing education participants received specific to counseling children and play therapy, and the professional organizations to which they belong.

Point-biserial correlations were used to determine the relationship between continuing education specific to counseling children (item 23) and memberships in professional organizations (item 12). No statistically significant correlations were found between amount of continuing education specific to counseling children (item 23) and membership in most of the professional organizations (item 12). The only statistically significant correlations were found between amount of continuing education specific to counseling children (item 23) and membership in the American School Counselor Association (item 12) (r_{pb} = .188, p = .001). Findings suggest that members of ASCA received more continuing education specific to counseling children.

Point-biserial correlations were used to determine the relationship between continuing education specific to play therapy (item 24) and memberships in professional organizations (item 12). No statistically significant correlations were found between amount of continuing education specific to play therapy (item 24) and membership in most professional organizations (item 12). The only statistically significant correlations were found between amount of continuing education specific to play therapy (item 24) and membership in the Association for Play Therapy (item 12) (r_{pb} = .369, p = .000) and the Association for Play Therapy State Branches (item 12) (r_{pb} = .308, p = .000). Findings suggest that members of APT and APT state branches received more continuing education specific to play therapy.

Table 71
Point-biserial Correlations between Amount of Continuing Education Specific to Counseling Children and Play Therapy and Membership in Professional Organizations

		Item #23 Continuing Education Specific to Counseling Children		Item #24 Continuing Education Specific to Play Therapy	
Items	*n*	r_{pb}	*p*	r_{pb}	*p*
12. Professional Associations					
ACA	234	.004	.949	-.091	.115
ACA-State Branch	98	.074	.200	.068	.240
ASCA	37	.188	.001*	.072	.216
AAMFT	43	.069	.230	.042	.464
APT	16	.073	.207	.369	.000*
APT-State Branch	11	.060	.303	.308	.000*
NBCC	140	.039	.502	.060	.303

** Significant at <.01*

Hypothesis 2

There is a relationship between the preparation of Licensed Professional Counselors with respect to counseling children (including graduate coursework, continuing education, and post-degree supervision required for licensure) and their perceptions (regarding formal education, application of skills, efficacy, and credentialing).

Hypothesis 2a stated there is a positive relationship between the graduate coursework and continuing education they received specific to counseling children and play therapy and their perception of the adequacy of their preparation in counseling children.

Spearman Rho correlations were used to determine the relationship between adequacy of preparation to counsel children (item 27) and completed coursework specific to counseling children but not play therapy (item 13); completed coursework specific to play therapy (item 14); whether or not coursework included units specific to counseling children (item 15); amount of continuing education specific to counseling children but not play therapy (item 23); and amount of continuing education specific to play therapy (item 24).

Statistically significant correlations were found between perceived adequacy of preparation in counseling children (item 27) and completed coursework specific to counseling children (item 13) ($r_s = .523$, $p = .000$); completed coursework specific to play therapy (item 14) ($r_s = .296$, $p = .000$); whether or not coursework included units specific to counseling children (item 15) ($r_s = .394$, $p = .000$); and amount of continuing education specific to counseling children but not play therapy (item 23) ($r_s = .369$, $p = .000$). No statistically significant correlations were found between perceived adequacy of preparation in counseling children (item 27) and amount of continuing education specific to play therapy (item 24) ($r_s = .137$, $p = .018$). Findings indicate that the more coursework and continuing education specific to counseling children and the more coursework specific to play therapy participants received, the more strongly they agreed that their preparation in counseling children was adequate.

Table 72

Spearman Rho Correlation between Perceived Adequacy of Preparation in Counseling Children and Completed Coursework and Continuing Education Specific to Counseling Children and Play Therapy

		Item #27 Perceived Adequacy of Preparation to Counsel Children	
Items	*n*	r_s	*p*
13. How many graduate level courses have you completed which were specific to counseling children, but not specific to play therapy?	300	.523	.000*
14. How many graduate level courses have you completed which were specific to play therapy?	300	.296	.000*
15. Did any of your courses include a unit specific to counseling children?	300	.394	.000*
23. In your career as a counselor, approximately how many continuing education clock hours have you attended which were specific to counseling children, but not specific to play therapy?	300	.369	.000*
24. In your career as a counselor, approximately how many continuing education clock hours have you attended which were specific to play therapy?	300	.137	.018

** Significant at <.01*

Hypothesis 2b stated there is a positive relationship between the graduate coursework and continuing education they received specific to counseling children and play therapy and their views regarding the necessity of graduate coursework, training, continuing education, and supervision specific to counseling children and play therapy.

Spearman Rho correlations were used to determine the relationships between graduate coursework specific to counseling children but not play therapy (item 13), coursework specific to play therapy (item 14), and whether or not coursework included units specific to counseling children (item 15), and participants' views regarding the necessity of graduate coursework, training, continuing education, and supervision specific to counseling children and play therapy (items 28, 37, 39, 40, 41, 42, 44, 45, and 46.)

Statistically significant correlations were found between perceived sufficiency of practicum/internship opportunities to counsel children (item 28) and completed coursework specific to counseling children but not play therapy (item 13) *(*r_s = .303, p = .000), completed coursework specific to play therapy (item 14) *(*r_s = .310, p = .000), and whether or not coursework included units specific to counseling children (item 15) *(*r_s = .273, p = .000). Results indicate that the more coursework specific to counseling children and play therapy participants received, the more strongly they agreed that their practicum/internship opportunities to counsel children were sufficient.

Table 73

Spearman Rho Correlation between Completed Coursework Specific to Counseling Children and Play Therapy and Practicum/Internship Opportunities to Counsel Children

		Item #13 Coursework Specific to Counseling Children		Item #14 Coursework Specific to Play Therapy		Item #15 Coursework Included Units on Counseling Children	
Items	*n*	r_s	*p*	r_s	*p*	*r*	*p*
28. My practicum/internship me with sufficient opportunities to counsel children.	300	.303	.000*	.310	.000*	.273	.000*

** Significant at <.01*

Statistically significant correlations were found between perceived effectiveness in counseling children (item 37) and completed coursework specific to counseling children but not play therapy (item 13) *(r_s* = .299, *p* = .000), completed coursework specific to play therapy (item 14) *(r_s* = .254, *p* = .000), and whether or not coursework included units specific to counseling children (item 15) *(r_s* = .245, *p* = .000). Results suggest that the more coursework specific to counseling children and play therapy participants received, the more strongly they agreed that they were effective in counseling children.

Table 74

Spearman Rho Correlation between Completed Coursework Specific to Counseling Children and Play Therapy and Effectiveness in Counseling Children

		Item #13 Coursework Specific to Counseling Children		Item #14 Coursework Specific to Play Therapy		Item #15 Coursework Included Units on Counseling Children	
Items	*n*	r_s	*p*	r_s	*p*	r_s	*p*
37. How effective do you think you are in counseling children?	300	.299	.000*	.254	.000*	.245	.000*

** Significant at <.01*

Statistically significant correlations were found between the perception of required coursework specific to counseling children but not play therapy (item 39) and completed coursework specific to counseling children but not play therapy (item 13) (r_s = .161, p = .005) and completed coursework specific to play therapy (item 14) (r_s = .151, p = .009); however, no statistically significant correlations were found between the perception of required coursework specific to counseling children but not play therapy (item 39) and whether or not coursework included units specific to counseling children (item 15) (r_s = .107, p = .063). Findings suggest the more coursework specific to counseling children and play therapy participants received, the more strongly they agreed that coursework specific to counseling children should be required; however, the perception of required coursework specific to counseling children but not play therapy was not related to coursework units specific to counseling children.

Statistically significant correlations were found between the number of courses participants thought should be required specific to counseling children but not play therapy (item 40) and completed coursework specific to counseling children (item 13)

(r_s = .471, *p* = .000), completed coursework specific to play therapy (item 14) *(r_s* = .195, *p* = .001), and whether or not coursework included units specific to counseling children (item 15) *(r_s* = .157, *p* = .006). Results suggest the greater the amount of coursework specific to counseling children and play therapy and units specific to counseling children participants received, the greater the number of courses specific to counseling children they thought should be required.

Statistically significant correlations were found between the perception of required coursework specific to play therapy (item 41) and completed coursework specific to counseling children but not play therapy (item 13) *(r_s* = .168, *p* = .003) and completed coursework specific to play therapy (item 14) *(r_s* = .243, *p* = .000); however, no statistically significant correlations were found between the perception of required coursework specific to play therapy (item 41) and whether or not coursework included units specific to counseling children (item 15) *(r_s* = .125, *p* = .031). Findings suggest that as participants completed greater amounts of courses specific to counseling children and play therapy, the more strongly they agreed that coursework specific to play therapy should be required; however, the perception of required coursework specific to play therapy was not related to coursework units specific to counseling children.

Statistically significant correlations were found between the number of courses that should be required specific to play therapy (item 42) and the completed coursework specific to counseling children but not play therapy (item 13) *(r_s* = .280, *p* = .000) and completed coursework specific to play therapy (item 14) *(r_s* = .239, *p* = .000); however, no statistically significant correlations were found between the number of courses that should be required specific to play therapy (item 42) and whether or not coursework included units specific to counseling children (item 15) (r_s = .077, *p* = .185). Findings indicate that as participants

completed greater amounts of courses specific to counseling children and play therapy, the greater the number of courses specific to play therapy they thought should be required; however, the amount of required coursework specific to play therapy was not related to coursework units specific to counseling children.

Table 75
Spearman Rho Correlation Between Completed Coursework Specific to Counseling Children and Play Therapy and Views Regarding Graduate Coursework Specific to Counseling Children and Play Therapy

		Item #13 Coursework Specific to Counseling Children		Item #14 Coursework Specific to Play Therapy		Item #15 Coursework Included Units on Counseling Children	
Items	*n*	*rs*	*p*	r_s	*p*	r_s	*p*
39. Coursework specific to counseling children but not to play therapy, should be required in all counseling master's programs.	300	.161	.005*	.151	.009*	.107	.063
40. How many courses specific to counseling children, but not specific to play therapy, should be required?	300	.471	.000*	.195	.001*	.157	.006*
41. Coursework specific to play therapy should be required in all counseling master's programs.	300	.168	.003*	.243	.000*	.125	.031
42. How many courses specific to play therapy should be required?	300	.280	.000*	.239	.000*	.077	.185

** Significant at <.01*

Statistically significant correlations were found between the perception that a required percentage of practicum/internship hours be spent counseling children (item 44) and completed coursework specific to counseling children but not play therapy (item 13) *(r_s* = .278, *p* = .000), completed coursework specific to play therapy (item 14) *(r_s* = .178, *p* = .002), and whether or not coursework included units specific to counseling children (item 15) *(r_s* = .172, *p* = .003). Results indicate that as participants completed greater amounts of courses specific to counseling children and play therapy and units specific to counseling children, the more strongly they agreed that a percentage of practicum/internship hours should be spent counseling children.

Table 76
Spearman Rho Correlation between Completed Coursework Specific to Counseling Children and Play Therapy and Views Regarding Practicum/Internship Opportunities to Counsel Children

		Item #13 Coursework Specific to Counseling Children		Item #14 Coursework Specific to Play Therapy		Item #15 Coursework Included Units on Counseling Children	
Items	*n*	r_s	*p*	r_s	*p*	r_s	*p*
44. All master's level counseling students should be required to complete a percentage of their practicum/internship hours counseling children.	300	.287	.000*	.178	.002*	.172	.003*

** Significant at <.01*

No statistically significant correlations were found between the requirement of a special credential before counseling children (item 45) and completed coursework specific to counseling children but not play therapy (item13) *(r_s* = .032, *p* = .584), completed coursework specific to

play therapy (item 14) *(r_s* = -.031, *p* = .593), or whether or not coursework included units specific to counseling children (item 15) *(r_s* = -.049, *p* = .401). Findings indicate that greater amounts of coursework specific to counseling children and play therapy did not correlate to a need for a special credential before counseling children.

No statistically significant correlations were found between the requirement of a special credential before using play therapy (item 46) and completed coursework specific to counseling children but not play therapy (item 13) *(r_s* = -.009, *p* = .873), completed coursework specific to play therapy (item 14) *(r_s* = .096, *p* = .097), or whether or not coursework included units specific to counseling children (item 15) *(r_s* = -.078, *p* = .175). Findings also suggest that greater amounts of coursework specific to counseling children and play therapy did not correlate to a need for a special credential before using play therapy.

Table 77

Spearman Rho Correlation between Completed Coursework Specific to Counseling Children and Play Therapy and Views Regarding Special Credentialing

		Item #13 Coursework Specific to Counseling Children		Item #14 Coursework Specific to Play Therapy		Item #15 Coursework Included Units on Counseling Children	
Items	*n*	r_s	*p*	r_s	*p*	r_s	*p*
45. Professional counselors should be required to obtain a special credential such as national certified school counselor before counseling children.	300	.032	.584	-.031	.593	-.049	.401
46. Professional counselors should be required to obtain a special credential such as registered play therapist before using play therapy when counseling children.	300	-.009	.873	.096	.097	-.078	.175

**Significant at <.01*

Spearman Rho correlations were used to determine the relationships between continuing education specific to counseling children but not play therapy (item 23) and continuing education specific to play therapy (item 24), and participants' views regarding the necessity of graduate coursework, training, continuing education, and supervision specific to counseling children and play therapy (items 28, 37, 39, 40, 41, 42, 44, 45, and 46.)

Statistically significant correlations were found between perceived sufficiency of practicum/internship opportunities to counsel children (item 28) and amount of continuing education specific to counseling children but not play therapy (item 23) *(*r_s = .349, p = .000) and amount of continuing education specific to play therapy (item 24) *(*r_s = .228, p = .000). Results

indicate that the more continuing education specific to counseling children and play therapy participants received, the more strongly they agreed that their practicum/internship opportunities to counsel children were sufficient.

Table 78
Spearman Rho Correlation Between Continuing Education Specific to Counseling Children and Play Therapy and Views Regarding Practicum/Internship Opportunities to Counsel Children

		Item #23 Continuing Education Specific to Counseling Children		Item #24 Continuing Education Specific to Play Therapy	
Items	*n*	r_s	*p*	r_s	*p*
28. My practicum/internship provided me with sufficient opportunities to counsel children.	300	.349	.000*	.228	.000*

**Significant at <.01*

Statistically significant correlations were found between perceived effectiveness in counseling children (item 37) and amount of continuing education specific to counseling children but not play therapy (item 23) (r_s = .540, p = .000) and amount of continuing education specific to play therapy (item 24) (r_s = .371, p = .000). Results suggest that the more continuing education specific to counseling children and play therapy participants received, the more strongly they agreed that they were effective in counseling children.

Table 79

Spearman Rho Correlation between Continuing Education Specific to Counseling Children and Play Therapy and Views Regarding Effectiveness in Counseling Children

		Item #23 Continuing Education Specific to Counseling Children		Item #24 Continuing Education Specific to Play Therapy	
Items	*n*	r_s	*p*	r_s	*p*
37. How effective do you think you are in counseling children?	300	.540	.000*	.371	.000*

**Significant at <.01*

Statistically significant correlations were found between the perception of a requirement of coursework specific to counseling children but not play therapy (item 39) and amount of continuing education specific to counseling children but not play therapy (item 23) (r_s = .298, p = .000) and amount of continuing education specific to play therapy (item 24) (r_s = .238, p = .000). Findings indicate that the more continuing education specific to counseling children and play therapy participants received, the more strongly they agreed that coursework specific to counseling children but not play therapy should be required.

Statistically significant correlations were found between the number of courses that should be required specific to counseling children but not play therapy (item 40) and amount of continuing education specific to counseling children but not play therapy (item 23) (r_s = .374, p = .000) and amount of continuing education specific to play therapy (item 24) (r_s = .170, p = .003). Results also indicate that the more continuing education specific to counseling children and play therapy participants received, the greater the number of courses specific to counseling children but not play therapy they thought should be required.

Statistically significant correlations were found between the perception of a requirement of coursework specific to play therapy (item 41) and continuing education specific to counseling children but not play therapy (item 23) *(r_s* = .209, *p* = .000) and continuing education specific to play therapy (item 24) *(r_s* = .268, *p* = .000). Findings indicate that the more continuing education specific to counseling children and play therapy participants received, the more strongly they agreed that coursework specific to play therapy should be required.

Statistically significant correlations were found between the number of courses that should be required specific to play therapy (item 42) and amount of continuing education specific to counseling children but not play therapy (item 23) *(r_s* = .221, *p* = .000) and amount of continuing education specific to play therapy (item 24) *(r_s* = .230, *p* = .000). Results also indicate that the more continuing education specific to counseling children and play therapy participants received, the greater the number of courses specific to play therapy they thought should be required.

Table 80

Spearman Rho Correlation Between Continuing Education Specific to Counseling Children and Play Therapy and Views Regarding Graduate Coursework Specific to Counseling Children and Play Therapy

		Item #23 Continuing Education Specific to Counseling Children		Item #24 Continuing Education Specific to Play Therapy	
Items	*n*	r_s	*p*	r_s	*p*
39. Coursework specific to counseling children but not to play therapy, should be required in all counseling master's programs.	300	.298	.000*	.238	.000*
40. How many courses specific to counseling children, but not specific to play therapy, should be required?	300	.374	.000*	.170	.003*
41. Coursework specific to play therapy should be required in all counseling master's programs.	300	.209	.000*	.268	.000*
42. How many courses specific to play therapy should be required?	300	.221	.000*	.230	.000*

**Significant at <.01*

Statistically significant correlations were found between the perception that a required percentage of practicum/internship hours be spent counseling children (item 44) and amount of continuing education specific to counseling children but not play therapy (item 23) (r_s = .303, p = .000) and amount of continuing education specific to play therapy (item 24)

(r_s = .189, p = .001). Results indicate that the more continuing education participants received specific to counseling children and play therapy, the more strongly they agreed that a percentage of practicum/internship hours should be spent counseling children.

Table 81
Spearman Rho Correlation Between Continuing Education Specific to Counseling Children and Play Therapy and Views Regarding Practicum/Internship Opportunities to Counsel Children

		Item #23 Continuing Education Specific to Counseling Children		Item #24 Continuing Education Specific to Play Therapy	
Items	*n*	r_s	*p*	r_s	*p*
44. All master's level counseling students should be required to complete a percentage of their practicum/internship hours counseling children.	300	.303	.000*	.189	.001*

**Significant at <.01*

No statistically significant correlations were found between the requirement of a special credential before counseling children (item 45) and amount of continuing education specific to counseling children but not play therapy (item 23) (r_s = .130, p = .024) or between the requirement of a special credential before counseling children (item 45) and amount of continuing education specific to play therapy (item 24) (r_s = .092, p = .112). Findings suggest that participants' views regarding the requirement of a special credential before counseling children were not related to increased amounts of continuing education specific to counseling children and play therapy.

No statistically significant correlations were found between the requirement of a special credential before using play therapy (item 46) and amount of continuing education specific to counseling children but not play therapy (item 23)*(r_s* = .143, *p* = .013) or between the requirement of a special credential before using play therapy (item 46) and amount of continuing education specific to play therapy (item 24) *(r_s* = .130, *p* = .025). Findings also suggest that participants' views regarding the requirement of a special credential before using play therapy were not related to increased amounts of continuing education specific to counseling children and play therapy.

Table 82
Spearman Rho Correlation between Continuing Education Specific to Counseling Children and Play Therapy and Views Regarding Special Credentialing

		Item #23 Continuing Education Specific to Counseling Children		Item #24 Continuing Education Specific to Play Therapy	
Items	*n*	r_s	*p*	r_s	*p*
45. Professional counselors should be required to obtain a special credential such as national certified school counselor before counseling children.	300	.130	.024	.092	.112
46. Professional counselors should be required to obtain a special credential such as registered play therapist before using play therapy when counseling children.	300	.143	.013	.130	.025

Hypothesis 2c states that there is a positive relationship between the graduate coursework and continuing education they received specific to counseling children and play therapy and their views regarding the differences between counseling children and counseling adults.

Spearman Rho correlations were used to determine the relationship between respondents' views regarding the differences between counseling children and counseling adults (item 47) and completed coursework specific to counseling children but not play therapy (item 13), completed coursework specific to play therapy (item 14), and whether or not coursework included units specific to counseling children (item 15).

No statistically significant correlations were found between respondents' views regarding the differences between counseling children and counseling adults (item 47) and completed coursework specific to counseling children but not play therapy (item 13) *(*r_s = .057, p = .327), completed coursework specific to play therapy (item 14) *(*r_s = .082, p = .154), or whether or not coursework included units specific to counseling children (item 15) *(*r_s = .027, p = .641). Results indicate that greater amounts of completed coursework specific to counseling children and play therapy were not related to participants' views regarding the differences between counseling children and counseling adults.

Spearman Rho correlations were used to determine the relationship between respondents' views regarding the differences between counseling children and counseling adults (item 47) and amount of continuing education specific to counseling children but not play therapy (item 23) and amount of continuing education specific to play therapy (item 24).

No statistically significant correlations were found between respondents' views regarding the differences between counseling children and counseling adults (item 47) and amount of continuing education specific to counseling children but not to play therapy (item 23)

(r_s = .069, p = .232) or amount of continuing education specific to play therapy (item 24) (r_s = .058, p = .318). Results also indicate that greater amounts of continuing education specific to counseling children and play therapy were not related to participants' views regarding the differences between counseling children and counseling adults.

Table 83
Spearman Rho Correlation Between Perceived Differences Between Counseling Children and Counseling Adults and Completed Coursework and Continuing Education Specific to Counseling Children and Play Therapy

		Item #47 Perceived Differences between Counseling Children and Counseling Adults	
Items	*n*	r_s	*p*
13. How many graduate level courses have you completed which were specific to counseling children, but not specific to play therapy?	300	.057	.327
14. How many graduate level courses have you completed which were specific to play therapy?	300	.082	.154
15. Did any of your courses include a unit specific to counseling children?	300	.027	.641
23. In your career as a counselor, approximately how many continuing education clock hours have you attended which were specific to counseling children, but not specific to play therapy?	300	.069	.232
24. In your career as a counselor, approximately how many continuing education clock hours have you attended which were specific to play therapy?	300	.058	.318

Hypothesis 2d states that there is a positive relationship between the graduate coursework and continuing education participants received specific to counseling children and play therapy and their views regarding their efficacy in counseling children.

Spearman Rho correlations were used to determine the relationship between number of children referred to more qualified counselors during the past year (item 38) and completed coursework specific to counseling children but not play therapy (item 13), coursework specific to play therapy (item 14), and whether or not coursework included units specific to counseling children (item 15).

No statistically significant correlations were found between number of children referred to more qualified counselors during the past year (item 38) and completed coursework specific to counseling children but not play therapy (item 13) *(r_s* = .118, *p* = .041); completed coursework specific to play therapy (item 14) *(r_s* = .081, *p* = .162) or whether or not coursework included units specific to counseling children (item 15) *(r_s* = .100, *p* = .083). Results indicate that greater amounts of completed coursework specific to counseling children and play therapy was not related to the number of referrals to more qualified counselors participants made.

Spearman Rho correlations were used to determine the relationship between number of children referred to more qualified counselors during the past year (item 38) and amount of continuing education specific to counseling children but not play therapy (item 23) and amount of continuing education specific to play therapy (item 24).

No statistically significant correlations were found between number of children referred to more qualified counselors during the past year (item 38) and amount of continuing education specific to counseling children but not play therapy (item 23) *(r_s* = .051, p = .383) or amount of continuing education specific to play therapy (item 24) *(r_s* = .008, *p* = .890). Results also

indicate that greater amounts of continuing education specific to counseling children and play therapy were not related to the number of referrals to more qualified counselors participants made.

Table 84
Spearman Rho Correlation between Perceived Efficacy in Counseling Children and Completed Coursework and Continuing Education Specific to Counseling Children and Play Therapy

		Item #38 Number of Referrals of Children	
Items	*n*	r_s	*p*
13. How many graduate level courses have you completed which were specific to counseling children, but not specific to play therapy?	300	.118	.041
14. How many graduate level courses have you completed which were specific to play therapy?	300	.081	.162
15. Did any of your courses include a unit specific to counseling children?	300	.100	.083
23. In your career as a counselor, approximately how many continuing education clock hours have you attended which were specific to counseling children, but not specific to play therapy?	300	.051	.383
24. In your career as a counselor, approximately how many continuing education clock hours have you attended which were specific to play therapy?	300	.008	.890

Spearman Rho correlations were used to determine the relationship between respondents' knowledge about the legal and ethical issues specific to counseling children (item 48) and

completed coursework specific to counseling children but not play therapy (item 13), completed coursework specific to play therapy (item 14), and whether or not coursework included units specific to counseling children (item 15).

Statistically significant correlations were found between respondents' knowledge about the legal and ethical issues specific to counseling children (item 48) and completed coursework specific to counseling children but not play therapy (item 13) *(*r_s = .187, p = .001), completed coursework specific to play therapy (item 14) *(*r_s = .196, p = .001), and whether or not coursework included units specific to counseling children (item 15) *(*r_s = .237, p = .000). Results indicate that the more coursework specific to counseling children and play therapy participants received, the more strongly they agreed that they were knowledgeable about legal and ethical issues specific to counseling children.

Spearman Rho correlations were used to determine the relationship between respondents' knowledge about the legal and ethical issues specific to counseling children (item 48) and amount of continuing education specific to counseling children but not play therapy (item 23) and continuing education specific to play therapy (item 24).

Statistically significant correlations were found between respondents' knowledge about the legal and ethical issues specific to counseling children (item 48) and amount of continuing education specific to counseling children but not play therapy (item 23) *(*r_s = .309, p = .000) and continuing education specific to play therapy (item 24) *(*r_s = .262, p = .000). Results also indicate that the more continuing education specific to counseling children and play therapy participants received, the more strongly they agreed that they were knowledgeable about legal and ethical issues specific to counseling children.

Table 85
Spearman Rho Correlation between Knowledge about Legal and Ethical Issues and Completed Coursework and Continuing Education Specific to Counseling Children and Play Therapy

		Item 48 Knowledge about Legal and Ethical Issues	
Items	*n*	r_s	*p*
13. How many graduate level courses have you completed which were specific to counseling children, but not specific to play therapy?	300	.187	.001*
14. How many graduate level courses have you completed which were specific to play therapy?	300	.196	.001*
15. Did any of your courses include a unit specific to counseling children?	300	.237	.000*
23. In your career as a counselor, approximately how many continuing education clock hours have you attended which were specific to counseling children, but not specific to play therapy?	300	.309	.000*
24. In your career as a counselor, approximately how many continuing education clock hours have you attended which were specific to play therapy?	300	.262	.000*

**Significant at <.01*

Hypothesis 2e states that there is a positive relationship between the amount of practicum/internship hours they spent counseling children and their perception of the adequacy of their preparation in counseling children.

Spearman Rho correlations were used to determine the relationship between perceived adequacy of preparation to counsel children (item 27) and whether or not participants counseled children during their practicum/internship (item 17); percentage of practicum/internship spent counseling children (item 18); adequacy of university supervision specific to counseling children (item 19); university supervisor's knowledge of play therapy (item 20); adequacy of on-site supervision specific to counseling children (item 21); and on-site supervisor's knowledge of play therapy (item 22).

No statistically significant correlations were found between perceived adequacy of preparation in counseling children (item 27) and percentage of practicum/internship spent counseling children (item 18) (r_s = .137, p = .065); however, statistically significant correlations were found between perceived adequacy of preparation in counseling children (item 27) and whether or not participants counseled children during their practicum/internship (item 17) (r_s = .412, p = .000), adequacy of university supervision specific to counseling children (item 19) (r_s = .531, p = .000), university supervisor's knowledge of play therapy (item 20) (r_s = .417, p = .000), adequacy of on-site supervision specific to counseling children (item 21) (r_s = .400, p = .000), and on-site supervisor's knowledge of play therapy (item 22) (r_s = .242, p = .001). Findings indicate that participants' perception of the adequacy of their preparation specific to counseling children was related to the opportunity to counsel children during their practicum/internship, the adequacy of their university supervisor specific to counseling children, their university supervisor's knowledge of play therapy, the adequacy of their on-site supervisor specific to counseling children, and their on-site supervisor's knowledge of play therapy.

Table 86

Spearman Rho Correlation between Perceived Adequacy of Preparation in Counseling Children and Practicum/Internship Experience Specific to Counseling Children and Play Therapy

		Item #27 Perceived Adequacy Of Preparation to Counsel Children	
Items	*n*	r_s	*p*
17. Did your master's practicum/internship experience include direct experience in counseling children?	300	.412	.000*
18. Approximately what percentage of your practicum/internship hours was spent counseling children?	300	.137	.065
19. To what extent did your university supervisors provide adequate supervision specific to counseling children?	300	.531	.000*
20. To what extent were your university supervisors knowledgeable about play therapy?	300	.417	.000*
21. To what extent did your on-site supervisors provide adequate supervision specific to counseling children?	300	.400	.000*
22. To what extent were your on-site supervisors knowledgeable about play therapy?	300	.242	.001*

**Significant at <.01*

Hypothesis 2f states that there is a positive relationship between the amount of practicum/internship hours they spent counseling children and their views regarding the necessity of graduate coursework, training, continuing education, and supervision specific to counseling children and play therapy.

Spearman Rho and point-biserial correlations were used to determine the relationship between whether or not participants counseled children during their practicum/internship (item 17) and percentage of practicum/internship spent counseling children (item 18) and participants' views regarding the necessity of graduate coursework, training, continuing education, and supervision specific to counseling children and play therapy (items 28, 37, 39, 40, 41, 42, 44, 45, and 46.)

Statistically significant correlations were found between the perceived sufficiency of practicum/internship opportunities to counsel children (item 28) and whether or not participants counseled children during their practicum/internship (item 17) *(r_{pb} = .741, p = .000)* and percentage of practicum/internship spent counseling children (item 18) *(r_s = .484, p = .000)*. Results suggest that participants' perception of the sufficiency of practicum/internship opportunities to counsel children was related was related to whether or not participants counseled children during their practicum/internship and the percentage of practicum/internship hours spent counseling children.

Table 87
Spearman Rho and Point-biserial Correlation between Practicum/Internship (P/I) Experience and Views Regarding Sufficiency of Practicum/Internship Opportunities to Counsel Children

		Item #17 Did P/I Experience Include Counseling Children		Item #18 P/I Hours Counseling Children	
Items	*n*	r_{pb}	p	r_s	*p*
28. My practicum/internship provided me with sufficient opportunities to counsel children.	300	.741	.000*	.484	.000*

**Significant at <.01*

Statistically significant correlations were found between perceived effectiveness in counseling children (item 37) and whether or not participants counseled children during their practicum/internship (item 17) *(r_{pb} = .397, p = .000)* and percentage of practicum/internship spent counseling children (item 18) *(r_s = .365, p = .000)*. Results suggest that participants' perceived adequacy in counseling children was related was related to whether or not they counseled children during their practicum/internship and the percentage of practicum/internship hours spent counseling children.

Table 88
Spearman Rho and Point-biserial Correlations between Practicum/Internship (P/I) Experience and Views Regarding Efficacy in Counseling Children

		Item #17 Did P/I Experience Include Counseling Children		Item #18 P/I Hours Counseling Children	
Items	*n*	r_{pb}	*p*	r_s	*p*
37. How effective do you think you are in counseling children?	300	.397	.000*	.365	.000*

**Significant at <.01*

Statistically significant correlations were found between the requirement of coursework specific to counseling children but not play therapy (item 39) and whether or not participants counseled children during their practicum/internship (item 17) *(r_{pb} = .268, p = .000)*; however, no statistically significant correlations were found between the requirement of coursework specific to counseling children but not play therapy (item 39) and percentage of practicum/internship hours spent counseling children (item 18) *(r_s = .117, p = .117)*. Results suggest that participants' views regarding the requirement of coursework specific to counseling children but not play

therapy were related to whether or not participants counseled children during their practicum/internship but not to percentage of practicum/internship hours spent counseling children.

Statistically significant correlations were found between the number of courses that should be required specific to counseling children but not play therapy (item 40) and whether or not participants counseled children during their practicum/internship (item 17) (r_{pb} = .255, p = .000); however, no statistically significant correlations were found between the number of courses that should be required specific to counseling children but not play therapy (item 40) and percentage of practicum/internship spent counseling children (item 18) (r_s = .158, p = .033). Results indicate that participants' views regarding the amount of required coursework specific to counseling children but not play therapy were related to whether or not participants counseled children during their practicum/internship but not to percentage of practicum/internship hours spent counseling children.

Statistically significant correlations found between the requirement of coursework specific to play therapy (item 41) and whether or not participants counseled children during their practicum/internship (item 17) (r_{pb} = .185, p = .001); however, no statistically significant correlations were found between the requirement of coursework specific to play therapy (item 41) and percentage of practicum/internship spent counseling children (item 18) (r_s = .068, p = .364). Results suggest that participants' views regarding the requirement of coursework specific to play therapy were related to whether or not participants counseled children during their practicum/internship but not to percentage of practicum/internship hours spent counseling children

No statistically significant correlations were found between the number of courses that should be required specific to play therapy (item 42) and whether or not participants counseled children during their practicum/internship (item 17) *(r_{pb} = .141, p = .014)* or percentage of practicum/internship spent counseling children (item 18) *(r_s = .128, p = .084)*. Results indicate that participants' views regarding the amount of required coursework specific to play therapy were not related to whether or not participants counseled children during their practicum/internship or percentage of practicum/internship hours they spent counseling children.

Table 89
Spearman Rho and Point-biserial Correlations between Practicum/Internship (P/I) Experience and Views Regarding Graduate Coursework Specific to Counseling Children and Play Therapy

		Item #17 Did P/I Experience Include Counseling Children		Item #18 P/I Hours Counseling Children	
Items	*n*	r_{pb}	*p*	r_s	*p*
39. Coursework specific to counseling counseling children but not to play therapy, should be required in all counseling master's programs.	300	.268	.000*	.117	.117
40. How many courses specific to counseling children, but not specific to play therapy, should be required?	300	.255	.000*	.158	.033
41. Coursework specific to play therapy should be required in all counseling master's programs.	300	.185	.001*	.068	.364
42. How many courses specific to play therapy should be required?	300	.141	.014	.128	.084

**Significant at <.01*

Statistically significant correlations were found between the perception that a required percentage of practicum/internship hours be spent counseling children (item 44) and whether or not participants counseled children during their practicum/internship (item 17) (r_{pb} = .345, p = .000); however, no statistically correlations found between the perception that a required percentage of practicum/internship hours be spent counseling children (item 44) and percentage of practicum/internship hours participants spent counseling children (item 18) (r_s = .168, p = .024). Findings indicate the perception of requiring a percentage of practicum/internship hours to be spent counseling children was related to whether or not participants counseled children during their practicum/internship but not to percentage of practicum/internship hours they spent counseling children.

Table 90
Spearman Rho and Point-biserial Correlations between Practicum/Internship (P/I) Experience and Views Regarding Practicum/Internship Training Specific to Counseling Children

		Item #17 Did P/I Experience Include Counseling Children		Item #18 P/I Hours Counseling Children	
Items	*n*	r_{pb}	*p*	r_s	*p*
44. All master's level counseling students should be required to complete a percentage of their practicum/internship hours counseling children.	300	.345	.000*	.168	.024

**Significant at <.01*

No statistically significant correlations were found between the requirement of a special credential before counseling children (item 45) and whether or not participants counseled

children during their practicum/internship (item 17) (r_{pb} = .081, p = .163) or percentage of practicum/internship participants spent counseling children (item 18) (r_s = .066, p = .378). Findings indicate that no relationship exists between participants' views regarding the requirement of a special credential before counseling children and whether or not participants counseled children during their practicum/internship or to percentage of practicum/internship hours they spent counseling children.

No statistically significant correlations were found between the requirement of a special credential before using play therapy (item 46) and whether or not participants counseled children during their practicum/internship (item 17) (r_{pb} = .122, p = .043) or percentage of practicum/internship participants spent counseling children (item 18) (r_s = .052, p = .485). Findings also indicate that no relationship exists between participants' views regarding the requirement of a special credential before using play therapy and whether or not participants counseled children during their practicum/internship or to percentage of practicum/internship hours spent counseling children.

Table 91

Spearman Rho and Point-biserial Correlations between Practicum/Internship (P/I) Experience and Views Regarding Special Credentialing with Respect to Counseling Children and Play Therapy

		Item #17 Did P/I Experience Include Counseling Children		Item #18 P/I Hours Counseling Children	
Items	*n*	r_{pb}	*p*	r_s	*p*
45. Professional counselors should be required to obtain a special credential such as national certified school counselor before counseling children.	300	.081	.163	.066	.378
46. Professional counselors should be required to obtain a special credential such as registered play therapist before using play therapy when counseling children.	300	.122	.034	.052	.485

Spearman Rho correlations were used to determine the relationship between adequacy of university supervision specific to counseling children (item 19); university supervisor's knowledge of play therapy (item 20); adequacy of on-site supervision specific to counseling children (item 21); and on-site supervisor's knowledge of play therapy (item 22) and participants' views regarding the necessity of graduate coursework, training, continuing education, and supervision specific to counseling children and play therapy (items 28, 37, 39, 40, 41, 42, 44, 45, and 46.)

Statistically significant correlations were found between perceived sufficiency of practicum/internship opportunities to counsel children (item 28) and adequacy of university supervision specific to counseling children (item 19) ($r_s = .238$, $p = .001$); adequacy of on-site

supervision specific to counseling children (item 21) (r_s = .454, p = .000); and on-site supervisor's knowledge of play therapy (item 22) (r_s = .290, p = .000); however, no statistically significant correlations were found between perceived sufficiency of practicum/internship opportunities to counsel children (item 28) and adequacy of university supervisor's knowledge of play therapy (item 20) (r_s = .158, p = .031). Results indicate that participants' perception of the sufficiency of practicum/internship opportunities to counsel children was related to the adequacy of their university supervision specific to counseling children, the adequacy of their on-site supervision specific to counseling children, and their on-site supervisor's knowledge of play therapy but not their university supervisor's knowledge of play therapy.

Table 92
Spearman Rho Correlation between Perception of Practicum/Internship (P/I) Supervisory Experience and Views Regarding Opportunities to Counsel Children

		Item #19 Adequacy of University Supervisor		Item #20 University Supervisor's Knowledge of Play Therapy		Item #21 Adequacy of On-site Supervisor		Item #22 On-site Supervisor's Knowledge of Play Therapy	
Items	*n*	r_s	*p*	r_s	*p*	r_s	*p*	r_s	*p*
28. My practicum/ internship provided me with sufficient opportunities to counsel children.	300	.238	.001*	.158	.031	.454	.000*	.290	.000*

**Significant at <.01*

Statistically significant correlations were found between perceived effectiveness in counseling children (item 37) and adequacy of university supervision specific to counseling

children (item 19) *(r_s* = .197, *p* = .007) and adequacy of on-site supervision specific to counseling children (item 21) *(r_s* = .214, *p* = .003); however, no statistically significant correlations found between perceived effectiveness in counseling children (item 37) and university supervisor's knowledge of play therapy (item 20) *(r_s* = .036, *p* = .625) or on-site supervisor's knowledge of play therapy (item 22) *(r_s* = .001, *p* = .984). Results suggest that participants' perceived effectiveness in counseling children was related to the adequacy of their university and on-site supervision specific to counseling children but not to their university or on-site supervisor's knowledge of play therapy.

Table 93
Spearman Rho Correlation between Practicum/Internship (P/I) Supervisory Experience and Views Regarding Efficacy in Counseling Children

		Item #19 Adequacy of University Supervisor		Item #20 University Supervisor's Knowledge of Play Therapy		Item #21 Adequacy of On-site Supervisor		Item #22 On-site Supervisor's Knowledge of Play Therapy	
Items	*n*	r_s	*p*	r_s	*p*	r_s	*p*	r_s	*p*
37. How effective do you think you are in counseling children?	300	.197	.007*	.036	.625	.214	.003*	.001	.984

**Significant at <.01*

No statistically significant correlations were found between the perception of a requirement of coursework specific to counseling children but not play therapy (item 39) and adequacy of university supervision specific to counseling children (item 19) *(r_s* = .136, *p* = .063); university supervisor's knowledge of play therapy (item 20) *(r_s* = .084, *p* = .257); adequacy of

on-site supervision specific to counseling children (item 21) *(r_s* = .088, *p* = .233); or on-site supervisor's knowledge of play therapy (item 22) *(r_s* = .061, *p* = .405). Results indicate that no relationship exists between participants' perception of required coursework specific to counseling children but not play therapy and the adequacy of their university or no-site supervision specific to counseling children, or their university or on-site supervisor's knowledge of play therapy.

Statistically significant correlations were found between the number of courses that should be required specific to counseling children but not play therapy (item 40) and adequacy of university supervision specific to counseling children (item 19) *(r_s* = .220, *p* = .002); however, no statistically significant correlations were found between the number of courses that should be required specific to counseling children but not play therapy (item 40) and university supervisor's knowledge of play therapy (item 20) *(r_s* = .052, *p* = .480); adequacy of on-site supervision specific to counseling children (item 21) *(r_s* = .046, *p* = .530); or on-site supervisor's knowledge of play therapy (item 22) *(r_s* = .020, *p* = .785). Findings indicate that there is a relationship between participants' views regarding the number of courses that should be required specific to counseling children but not play therapy and the adequacy of their university supervision specific to counseling children but not to the adequacy of their on-site supervision specific to counseling children or their university or on-site supervisor's knowledge of play therapy.

No statistically significant correlations were found between the requirement of coursework specific to play therapy (item 41) and adequacy of university supervision specific to counseling children (item 19) *(r_s* = .156, *p* = .032) or adequacy of on-site supervision specific to counseling children (item 21) *(r_s* = .160, *p* = .029); however, statistically significant correlations

were found between the requirement of coursework specific to play therapy (item 41) and university supervisor's knowledge of play therapy (item 20) ($r_s = .193$, $p = .008$) and on-site supervisor's knowledge of play therapy (item 22) ($r_s = .196$, $p = .007$). Results suggest that there is no relationship between participants' perception of required coursework specific to play therapy and the adequacy of their university or on-site supervision specific to counseling children; however, findings indicate that a relationship does exist between participants' perception of required coursework specific to play therapy and their university and on-site supervisor's knowledge of play therapy.

No statistically significant correlations were found between the number of courses that should be required specific to play therapy (item 42) and adequacy of university supervision specific to counseling children (item 19) ($r_s = .179$, $p = .015$); university supervisor's knowledge of play therapy (item 20) ($r_s = .152$, $p = .038$); adequacy of on-site supervision specific to counseling children (item 21) ($r_s = .113$, $p = .124$); or on-site supervisor's knowledge of play therapy (item 22) ($r_s = .135$, $p = .066$). Findings suggest that no relationships exist between participants' views regarding the number of courses that should be required specific to play therapy and the adequacy of their university or on-site supervision specific to counseling children or their university or on-site supervisor's knowledge of play therapy.

Table 94

Spearman Rho Correlation between Practicum/Internship (P/I) Supervisory Experience and Views Regarding Graduate Coursework Specific to Counseling Children and Play Therapy

		Item #19 Adequacy of University Supervisor		Item #20 University Supervisor's Knowledge of Play Therapy		Item #21 Adequacy of On-site Supervisor		Item #22 On-site Supervisor's Knowledge of Play Therapy	
Items	*n*	r_s	*p*	r_s	*p*	r_s	*p*	r_s	*p*
39. Coursework specific to counseling children but not to play therapy, should be required in all counseling master's programs.	300	.136	.063	.084	.257	.088	.233	.061	.405
40. How many courses specific to counseling children, but not specific to play therapy, should be required?	300	.220	.002*	.052	.480	.046	.530	.020	.785
41. Coursework specific to play therapy should be required in all counseling master's programs.	300	.156	.032	.193	.008*	.160	.029	.196	.007*
42. How many courses specific to play therapy should be required?	300	.179	.015	.152	.038	.113	.124	.135	.066

**Significant at <.01*

No statistically significant correlations were found between the perception that a required percentage of practicum/internship hours be spent counseling children (item 44) and adequacy of university supervision specific to counseling children (item 19) *(r_s* = .179, *p* = .014); university supervisor's knowledge of play therapy (item 20) *(r_s* = .083, *p* = .260); adequacy of on-site supervision specific to counseling children (item 21) *(r_s* = .102, *p* = .165); or on-site supervisor's knowledge of play therapy (item 22) *(r_s* = .045, *p* = .544). Findings suggest that no relationship exists between participants' views regarding the requirement that a percentage of practicum/internship hours be spent counseling children and the adequacy of their university or on-site supervision specific to counseling children or their university or on-site supervisor's knowledge of play therapy.

Table 95
Spearman Rho Correlation between Views Regarding Practicum/Internship (P/I) and Views Regarding Supervisory Experience

		Item #19 Adequacy of University Supervisor		Item #20 University Supervisor's Knowledge of Play Therapy		Item #21 Adequacy of On-site Supervisor		Item #22 On-site Supervisor's Knowledge of Play Therapy	
Items	*n*	r_s	*p*	r_s	*p*	r_s	*p*	r_s	*p*
44. All master's level counseling students should be required to complete a percentage of their practicum/internship hours counseling children.	300	.179	.014	.083	.260	.102	.165	.045	.544

No statistically significant correlations were found between the requirement of a special credential before counseling children (item 45) and adequacy of university supervision specific to counseling children (item 19) *(*r_s = .110, *p* = .135); university supervisor's knowledge of play therapy (item 20) *(*r_s = .093, *p* = .207); adequacy of on-site supervision specific to counseling children (item 21) *(*r_s = -.059, *p* = .428); or on-site supervisor's knowledge of play therapy (item 22) *(*r_s = -.058, *p* = .435). Results suggest that no relationship exists between participants' views regarding the requirement of a special credential before counseling children and the adequacy of their university or on-site supervision specific to counseling children, or their university or on-site supervisor's knowledge of play therapy.

No statistically significant correlations found between the requirement of a special credential before using play therapy (item 46) and adequacy of university supervision specific to counseling children (item 19) *(*r_s = .065, *p* = .375); university supervisor's knowledge of play therapy (item 20) *(*r_s = .044, *p* = .548); adequacy of on-site supervision specific to counseling children (item 21) *(*r_s = -.086, *p* = .244); or on-site supervisor's knowledge of play therapy (item 22) *(*r_s = -.049, *p* = .511). Results also suggest that no relationship exists between participants' views regarding the requirement of a special credential before using play therapy and the adequacy of their university or on-site supervision specific to counseling children, or their university or on-site supervisor's knowledge of play therapy.

Table 96
Spearman Rho Correlation between Practicum/Internship (P/I) Supervisory Experience and Views Regarding Special Credentialing Specific to Counseling Children and Play Therapy

		Item #19 Adequacy of University Supervisor		Item #20 University Supervisor's Knowledge of Play Therapy		Item #21 Adequacy of On-site Supervisor		Item #22 On-site Supervisor's Knowledge of Play Therapy	
Items	*n*	r_s	*p*	r_s	*p*	r_s	*p*	r_s	*p*
45. Professional counselors should be required to obtain a special credential such as national certified school counselor before counseling children.	300	.110	.135	.093	.207	-.059	.428	-.058	.435
46. Professional counselors should be required to obtain a special credential such as registered play therapist before using play therapy when counseling children.	300	.065	.375	.044	.548	-.086	.244	-.049	.511

Hypothesis 2g states that there is a positive relationship between the amount of practicum/internship hours they spent in counseling children and their views regarding the differences between counseling children and counseling adults.

Spearman Rho correlations were used to determine the relationship between their views regarding the differences between counseling children and counseling adults

(item 47) and whether or not participants counseled children during their practicum/internship (item 17) and percentage of practicum/internship hours spent counseling children (item 18).

No statistically significant correlations were found between respondents' views regarding the differences between counseling children and counseling adults (item 47) and whether or not participants counseled children during their practicum/internship (item 17) (r_s = .047, p = .417) or percentage of practicum/internship hours spent counseling children (item 18) (r_s = -.024, p = .744). Results indicate that no relationship exists between respondents' views regarding the differences between counseling children and counseling adults and whether or not participants counseled children during their practicum/internship or the percentage of practicum/internship hours they spent counseling children.

Table 97
Spearman Rho Correlation between Perceived Differences between Counseling Children and Counseling Adults and Practicum/Internship Specific to Counseling Children

		Item #47 Perceived Differences Between Counseling Children and Counseling Adults	
Items	*n*	r_s	*p*
17. Did your master's practicum/internship experience include direct experience in counseling children?	300	.047	.417
18. Approximately what percentage of your practicum/internship hours was spent counseling children?	300	-.024	.744

Hypothesis 3

There is a relationship between the practices of Licensed Professional Counselors with respect to counseling children (including caseload, counseling methods, and professional development) and their perceptions (regarding formal education, application of skills, efficacy, and credentialing).

Hypothesis 3a stated there is a positive relationship between the primary method of counseling participants use when counseling children and their views regarding the differences between counseling children and counseling adults.

Point-biserial correlations were used to determine the relationship between primary method of counseling children (item 35) and views regarding the differences between counseling children and counseling adults (item 47).

No statistically significant correlations were found between primary method of counseling children (item 35) and views regarding the differences between counseling children and counseling adults (item 47). Results indicate no relationship exists between participants' primary method of counseling children and their views regarding the differences between counseling children and counseling adults.

Table 98
Point-biserial Correlations between Primary Method of Counseling Children and Perceived Differences between Counseling Children and Counseling Adults

		Item #47 Perceived Differences Between Counseling Children and Adults	
Items	*n*	r_{pb}	*p*
35. Primary Method			
Talk Therapy	81	.034	.562
Directive Play Therapy	27	-.078	.177
Non-Directive Play Therapy	43	.096	.098

Hypothesis 3b stated there is a positive relationship between the primary method of counseling participants use when counseling children and their views regarding their efficacy in counseling children.

Point-biserial correlations were used to determine the relationships between participants' primary method of counseling children (item 35) and number of children referred to more qualified counselors during the past year (item 38).

Statistically significant correlations were found between the number of children referred to more qualified counselors during the past year (item 38) and talk therapy (item 35) (r_{pb} = .241, p = .000). Results indicate that participants who use talk therapy as their primary method of counseling children referred more child clients to counselors they thought were more qualified to counsel children.

Table 99
Point-biserial Correlations between Primary Method of Counseling Children and Number of Referrals of Child Clients

		Item #38 Number of Referrals of Children	
Items	*n*	r_{pb}	*p*
35. Primary Method			
Talk Therapy	81	.241	.000*
Directive Play Therapy	27	-.060	.303
Non-Directive Play Therapy	43	-.025	.663

** Significant at <.01*

Point-biserial correlations were used to determine the relationship between participants' primary method of counseling children (item 35) and their knowledge about legal and ethical issues specific to counseling children (item 48).

Statistically significant correlations were found between respondents' perceptions of their knowledge about legal and ethical issues specific to counseling children (item 48) and non-directive play therapy (item 35) (r_{pb} = .156, p = .007). Results indicate participants who use non-directive play therapy more strongly agreed that they were knowledgeable about legal and ethical issues specific to counseling children.

Table 100
Point-biserial Correlations between Primary Method of Counseling Children and Knowledge about Legal and Ethical Issues Specific to Children

		Item #48 Knowledge About Legal and Ethical Issues	
Items	*n*	r_{pb}	*p*
35. Primary Method			
Talk Therapy	81	.097	.093
Directive Play Therapy	27	.142	.014
Non-Directive Play Therapy	43	.156	.007*

**Significant at <.01*

Hypothesis 3c stated that there is a positive relationship between participants' professional development and their views regarding the necessity of graduate coursework, training, continuing education, and supervision specific to counseling children and play therapy.

Point-biserial correlations were used to determine the relationships between professional associations (item 12) and participants' views regarding the necessity of graduate coursework, training, continuing education, and supervision with respect to counseling children (items 28, 37, 39, 40, 41, 42, 44, 45, and 46).

Statistically significant correlations were found between perceived sufficiency of practicum/internship opportunities to counsel children (item 28) and membership in the American School Counselor Association (r_{pb} = .217, p = .000), membership in the Association for Play Therapy (r_{pb} = .159, p = .006), and membership in the Association for Play Therapy-State Branches (r_{pb} = .182, p = .002). Results suggest that members of ASCA, APT, and state

branches of APT more strongly agreed that their practicum/internship opportunities to counsel children were sufficient.

Table 101
Point-biserial Correlations between Professional Associations and Views Regarding Practicum/Internship Opportunities to Counsel Children

		Item #28 Practicum/Internship Opportunities to Counsel Children	
Items	*n*	r_{pb}	*p*
12. Professional Associations:			
ACA	234	.082	.157
ACA-State Branch	98	.049	.402
ASCA	37	.217	.000*
AAMFT	43	.109	.059
APT	16	.159	.006*
APT-State Branch	11	.182	.002*
NBCC	140	.008	.888

**Significant at <.01*

Statistically significant correlations were found between some professional associations (item 12) and participants' views regarding their effectiveness in counseling children (item 37). There was a statistically significant correlation between participants' views regarding their effectiveness in counseling children (item 37) and membership in the American School Counselor Association (r_{pb} = .202, p = .000), membership in Association for Play Therapy

(r_{pb} = .210, p = .000), and membership in the Association for Play Therapy State Branches (r_{pb} = .200, p = .000). Findings indicate that members of ASCA, APT, and APT-state branches more strongly agreed that they were effective in counseling children.

Table 102
Point-biserial Correlations between Professional Associations and Effectiveness in Counseling Children

		Item #37 Effectiveness in Counseling Children	
Items	*n*	r_{pb}	*p*
12. Professional Associations:			
ACA	234	.047	.417
ACA - State Branch	98	.000	.944
ASCA	37	.202	.000*
AAMFT	43	.035	.551
APT	16	.210	.000*
APT-State Branch	11	.200	.000*
NBCC	140	.020	.735

**Significant at <.01*

No statistically significant correlations found between most professional associations (item 12) and the requirement of coursework specific to counseling children, but not play therapy (item 39) or the number of courses that should be required specific to counseling children but not play therapy (item 40). The only statistically significant correlation was found between the

number of courses that should be required specific to counseling children, but not play therapy (item 40) and membership in the American School Counselor Association (item 12) (r_s = .166, p = .004). Results suggest that members of ASCA more strongly agreed that greater amounts of coursework specific to counseling children should be required.

Table 103
Point-bisreial Correlations between Professional Associations and the Requirement of Coursework Specific to Counseling Children

		Item #39 Requirement of Coursework in Counseling Children		Item #40 Amount of Required Coursework in Counseling Children	
Items	*n*	r_{pb}	*p*	r_{pb}	*p*
12. Professional Associations					
ACA	234	.036	.531	-.017	.768
ACA-State Branch	98	.053	.364	-.076	.191
ASCA	37	.109	.060	.166	.004*
AAMFT	43	.018	.759	-.068	.239
APT	16	.079	.172	-.007	.906
APT-State Branch	11	.029	.622	-.059	.308
NBCC	140	-.002	.977	-.081	.162

**Significant at .01*

No statistically significant correlations were found between the requirement of coursework specific to play therapy (item 41) or the number of courses that should be required

specific to play therapy (item 42) and most professional associations (item 12). The only statistically significant correlations found were between the number of courses that should be required specific to play therapy (item 42) and membership in the American School Counselor Association *(r_{pb}* = .154, *p* = .008) and membership in Association for Play Therapy *(r_{pb}* = .159, *p* = .006). Results suggest that members of ASCA and APT more strongly agreed that greater amounts of coursework specific to play therapy should be required.

Table 104
Point-biserial Correlations between Professional Associations and the Requirement of Coursework Specific to Play Therapy

		Item #41 Requirement of Coursework in Play Therapy		Item #42 Amount of Required Coursework in Play Therapy	
Items	*n*	r_{pb}	*p*	r_{pb}	*p*
12. Professional Associations					
ACA	234	-.050	.389	-.067	.250
ACA-State Branch	98	.010	.860	-.059	.305
ASCA	37	.108	.062	.154	.008*
AAMFT	43	-.032	.581	.094	.103
APT	16	.129	.025	.159	.006*
APT-State Branch	11	.052	.367	.117	.042
NBCC	140	-.046	.422	.050	.385

**Significant at <.01*

No statistically significant correlations were found between the perception that a required percentage of practicum/internship hours be spent counseling children (item 44) and most professional associations (item 12); however, a statistically significant correlation was found between membership in the American School Counselor Association (item 12) and the perception that a required percentage of practicum/internship hours be spent counseling children (r_{pb} = .215, p = .000). Results indicate that members of ASCA more strongly agreed that a percentage of practicum/internship hours should be spent counseling children.

Table 105
Point-biserial *Correlations between Professional Associations and the Requirement of a Percentage of Practicum/Internship to be Spent Counseling Children*

		Item #44 Requirement of a Percentage of Practicum/ Internship to be Spent Counseling Children	
Items	*n*	r_{pb}	*p*
12. Professional Associations:			
ACA	234	-.054	.350
ACA-State Branch	98	-.017	.769
ASCA	37	.215	.000*
AAMFT	43	-.058	.315
APT	16	.009	.875
APT-State Branch	11	-.019	.741
NBCC	140	-.050	.390

**Significant at <.01*

No statistically significant correlations were found between professional associations (item 12) and the requirement of a special credential before counseling children (item 45) and the requirement of a special credential before using play therapy (item 46). Results indicate that no relationship exists between membership in or credentialing from any professional organizations and the requirement of special credentialing before counseling children or using play therapy.

Table 106
Point-biserial Correlations between Professional Associations and Views Regarding Credentialing Specific to Counseling Children and Play Therapy

		Item #45 Requirement of a Special Credential for Counseling Children		Item #46 Requirement of Special Credential for Play Therapy	
Items	*n*	r_{pb}	*p*	r_{pb}	*p*
12. Professional Associations:					
ACA	234	.054	.347	-.025	.662
ACA-State Branch	98	-.054	.351	-.139	.016
ASCA	37	.037	.518	.059	.304
AAMFT	43	-.044	.446	-.027	.645
APT	16	.088	.130	.081	.160
APT-State Branch	11	.099	.088	.071	.221
NBCC	140	.039	.502	-.013	.817

Hypothesis 3d stated there is a positive relationship between participants' professional development and their views regarding the differences between counseling children and counseling adults.

Point-biserial correlations were used to determine the relationship between professional associations (item 12) and participants' views regarding the differences between counseling children and counseling adults (item 47).

Statistically significant correlations were found between participants' views regarding the differences between counseling children and counseling adults (item 47) and membership in the following associations (item 12): the American School Counselor Association (r_{pb} = .151, p = .009) and membership in the Association for Play Therapy-State Branches (r_{pb} = .174, p = .003). Findings indicate that members of ASCA and APT-state branches less strongly agreed that the counseling children necessary for counseling children were basically the same as the skills necessary for counseling adults.

Table 107
Point-biserial Correlations between Professional Associations and Perceived Differences between Counseling Children and Counseling Adults

		Item #47 Perceived Differences Between Counseling Children and Counseling Adults	
Items	*n*	r_{pb}	*p*
12. Professional Associations:			
ACA	234	.151	.009*
ACA-State Branch	98	.046	.422
ASCA	37	.025	.670
AAMFT	43	.006	.922
APT	16	.144	.012
APT-State Branch	11	.174	.003*
NBCC	140	.042	.464

**Significant at <.01*

Hypothesis 3e stated there is a positive relationship between participants' professional development and their views regarding their efficacy in counseling children.

Point-biserial correlations were used to determine the relationship between professional associations (item 12) and number of children referred to more qualified counselors during the past year (item 38).

Statistically significant correlations found between the number of children referred to more qualified counselors during the past year (item 38) and membership in the Association for Marriage and Family Therapy (item 12) (r_{pb} = .157, p = .007). Findings indicate that during the

past year, members of AMFT referred more children to counselors they perceived as more qualified.

Table 108
Spearman Rho Correlation between Professional Associations and Number of Referrals of Child Clients

		Item #38 Number of Referrals of Children	
Items	*n*	r_{pb}	*p*
12. Professional Associations:			
ACA	234	.066	.254
ACA-State Branch	98	-.049	.397
ASCA	37	.009	.875
AAMFT	43	.157	.007*
APT	16	-.124	.032
APT-State Branch	11	-.103	.076
NBCC	140	.062	.284

**Significant at <.01*

Point-biserial correlations were used to determine the relationship between professional associations (item 12) and participants' perceptions of their knowledge about legal and ethical issues specific to counseling children (item 48).

Statistically significant correlations were found between participants' perceptions of their knowledge about legal and ethical issues specific to counseling children (item 48) and membership in the Association for Play Therapy (r_{pb} = .191, p = .001). Results suggest that

members of APT more strongly agreed that they were knowledgeable about legal and ethical issues specific to counseling children.

Table 109
Point-biserial Correlations between Professional Development and Knowledge about Legal and Ethical Issues Specific to Children

		Item #48 Knowledge About Legal and Ethical Issues	
Items	*n*	r_{pb}	*p*
12. Professional Associations:			
ACA	234	-.021	.718
ACA-State Branch	98	.051	.379
ASCA	37	.115	.045
AAMFT	43	.057	.329
APT	16	.191	.001*
APT-State Branch	11	.142	.014
NBCC	140	.001	.988

**Significant at <.01*

Summary of the Results

Descriptive Data Regarding Preparation

Three hundred participants (300) described their preparation to counsel children. Approximately three-fourths (74%) had completed at least one course specific to counseling children, but less than one-third (29.3%) had completed at least one course specific to play therapy. The majority (63.7%) of participants indicated that their coursework had included units

on counseling children; these units were spread among a variety of courses. A slight majority (60.7%) had counseled children during their practicum/internship; about half (52%) agreed or strongly agreed that their practicum/internship opportunities to counsel children were sufficient. Approximately half the participants thought that their university supervisors and on-site supervisors provided adequate supervision specific to counseling children; however, only about one-fourth agreed or strongly agreed that their university and site supervisors were knowledgeable about play therapy.

Most of the participants (83%) had received at least some continuing education clock hours specific to counseling children. Although three-fourths (77%) had received some continuing education specific to play therapy, 215 had completed 10 or fewer clock hours. Despite the findings that slightly less than 30% of the participants had completed coursework in play therapy, and that 71.7% either had not completed any continuing education or had completed only a minimal number of clock hours specific to play therapy, 90% agreed or strongly agreed that they had a general understanding of play therapy. The majority (83.3%) agreed or strongly agreed that they were adequately prepared to enter the profession. Although 74% had completed a course specific to counseling children, only 40% agreed or strongly agreed that they were adequately prepared to counsel children.

Descriptive Data Regarding Post Master's Degree Supervisory Experience

With respect to post master's degree supervisory experience, most of the participants (79.3%) had received post-degree supervision for licensure, but only 40% of that supervision included play therapy. More than three-fourths (82.1%) reported that they had not received supervision from a registered play therapist-supervisor.

Descriptive Data Regarding Work Experience

With respect to work experience, approximately 65% spent at least some portion of their time counseling children within the past year, with 27% using talk therapy as their primary method, 9% using directive play therapy, and 14.3% using non-directive play therapy. Very few participants (10.3%) counseled children under the age of 8. Over two-thirds believed they are effective or very effective in counseling children, and slightly more than one-third (37.7%) had referred a child client to a more qualified counselor more than twice within the past year.

Descriptive Data Regarding Perceptions

With respect to perceptions, most of the participants (80.3%) thought that coursework specific to counseling children should be required in master's degree programs and nearly two-thirds (63.6%) thought that more than one course should be required. Nearly three-fourths (73%) thought that at least one course specific to play therapy should be required in master's degree programs. More than half of the participants thought that counseling students should be required to complete a percentage of their practicum/internship hours counseling children.

More than two-thirds of the participants (67.4%) did not think that a special credential should be required before counseling children and more than half did not think that a special credential should be required before using play therapy. More than three-fourths (79.4%) think that the counseling skills necessary for counseling children are different from the skills necessary for counseling adults and almost all of the participants (92.6%) thought they were knowledgeable about legal and ethical issues specific to counseling children.

Inferential Analysis of Hypothesis Testing

Hypothesis 1 stated that there is a relationship between the preparation of Licensed Professional Counselors with respect to counseling children (including graduate coursework,

continuing education, and post-degree supervision required for licensure) and their practices (including caseload, counseling methods, and professional development).

Positive relationships were found between completed coursework participants received within their graduate degree programs specific to counseling children but not play therapy and their caseload.

Statistically significant correlations were found between the number of graduate courses specific to counseling children but not play therapy and caseload within the first two years post master's degree (r_s = .217, p = .000) and current caseload (r_s = .243, p = .000), indicating that the more coursework participants had completed specific to counseling children, the more likely they were to counsel children after graduation. However, no statistically significant correlations were found between whether or not coursework included units specific to counseling children and caseload within the first two years post master's degree (r_s = .130, p = .025) or current caseload (r_s = .104, p = .073), indicating that participants who had completed coursework which included units specific to counseling children were not more likely to counsel children.

Positive relationships were found between the amount of continuing education received specific to counseling children and caseload.

Statistically significant correlations were found between the amount of continuing education participants had received specific to counseling children and caseload within the first two years post master's degree (r_s = .330, p = .000) and current caseload (r_s = .273, p = .000). These results indicate that the more continuing education specific to counseling children participants received, the more likely they were to counsel children after graduation.

Positive relationships were found between the graduate coursework participants completed within their degree programs specific to counseling children but not play therapy and the primary method of counseling they use when counseling children.

Statistically significant correlations were found between completed coursework specific to counseling children but not play therapy and talk therapy *(*r_s = .258, p = .000) indicating that participants who had completed coursework specific to counseling children used talk therapy as their primary method of counseling children.

Statistically significant correlations were also found between whether or not coursework included units specific to counseling children and talk therapy *(*r_s = .163, p = .005), indicating that participants who had completed coursework which included units specific to counseling children used talk therapy as their primary method of counseling children.

Positive relationships were found between continuing education participants received specific to counseling children but not play therapy and the primary method of counseling they use when counseling children. Statistically significant correlations were found between amount of continuing education specific to counseling children but not play therapy and directive play therapy *(*r_s = .155, p = .007), indicating that the more continuing education participants received specific to counseling children but not play therapy, the more they used directive play therapy as their primary method of counseling children.

Positive relationships were found between the coursework participants completed within their graduate degree programs and continuing education they received specific to play therapy, and their caseload.

Statistically significant correlations were found between amount of coursework specific to play therapy and caseload within the first two years post master's degree *(*r_s = .226, p = .000)

and current caseload (r_s = .199, p = .001). These findings indicate that the more coursework participants received specific to play therapy, the more they children they counseled after graduation.

Statistically significant correlations were found between amount of continuing education specific to play therapy and caseload within the first two years post master's degree (r_s = .322, p = .000) and current caseload (r_s = .228, p = .000), indicating that the more continuing education specific to play therapy participants received, the more children they counseled after graduation.

Positive relationships were found between the coursework participants received within their graduate degree programs and continuing education they earned specific to play therapy and primary method of counseling they use when counseling children.

Statistically significant correlations found between completed coursework specific to play therapy and non-directive play therapy (r_s = .243, p = .000). Results suggest that participants who used non-directive play therapy as their primary method of counseling children had received more coursework specific to play therapy.

Statistically significant correlations were found between amount of continuing education specific to play therapy and directive play therapy (r_s = .243, p = .000) and non-directive play therapy (r_s = .243, p = .000). These correlations suggest that participants who used directive and non-directive play therapy received more continuing education specific to play therapy.

Positive relationships were found between the amount of continuing education participants received specific to counseling children and play therapy, and the professional organizations to which they belong.

Statistically significant correlations were found between amount of continuing education specific to counseling children and membership in the American School Counselors Association (r_s = .188, p = .001), indicating that members of ASCA received greater amounts of continuing education specific to counseling children.

Statistically significant correlations also were found between amount of continuing education specific to play therapy and membership in the Association for Play Therapy (r_s = .369, p = .000) and the Association for Play Therapy State Branches (r_s = .308, p = .000). These findings indicate that members of APT and APT state branches received greater amounts of continuing education specific to play therapy.

Hypothesis 2 stated that there is a relationship between the preparation of Licensed Professional Counselors with respect to counseling children (including graduate coursework, continuing education, and post-degree supervision required for licensure) and their perceptions (regarding formal education, application of skills, efficacy, and credentialing).

Positive relationships were found between the graduate coursework and continuing education they received specific to counseling children and play therapy and their perception of the adequacy of their preparation in counseling children.

Statistically significant correlations found between perceived adequacy of preparation in counseling children and completed coursework specific to counseling children (r_s = .523, p = .000); completed coursework specific to play therapy (r_s = .296, p = .000); whether or not coursework included units specific to counseling children (r_s = .394, p = .000); amount of continuing education received specific to counseling children but not play therapy (r_s = .369, p = .000); and amount of continuing education received specific to play therapy

(r_s = .137, p = .018). These findings suggest that the more coursework and continuing education participants received specific to counseling children and play therapy, the more prepared they felt to counsel children.

Positive relationships were found between the graduate coursework and continuing education they received specific to counseling children and play therapy and their views regarding the necessity of graduate coursework, training, continuing education, and supervision specific to counseling children and play therapy.

Statistically significant correlations found between completed coursework specific to counseling children (r_s = .303, p = .000), completed coursework specific to play therapy (r_s = .310, p = .000), and whether or not coursework included units specific to counseling children (r_s = .273, p = .000), and participants' perceptions of the adequacy of practicum/internship opportunities to counsel children suggesting that the more coursework specific to counseling and children participants took, the more they thought that their practicum/internship opportunities to counsel children were sufficient.

Statistically significant correlations were found between perceived effectiveness in counseling children and completed coursework specific to counseling children (r_s = .299, p = .000), completed coursework specific to play therapy (r_s = .254, p = .000), and whether or not coursework included units specific to counseling children (r_s = .245, p = .000). Results indicate that the more coursework specific to counseling children and play therapy participants received, the more strongly they agreed that they were effective in counseling children.

Statistically significant correlations were found between the perception of required coursework specific to counseling children but not play therapy and completed coursework

specific to counseling children but not play therapy (r_s = .161, p = .005) and completed coursework specific to play therapy (r_s = .151, p = .009); however, no statistically significant correlations were found between the perception of required coursework specific to counseling children but not play therapy and whether or not coursework included units specific to counseling children (r_s = .107, p = .063). These results indicate that the more coursework participants completed specific to counseling children and play therapy, the more strongly they agreed that coursework specific to counseling children should be required. However, these findings also suggest that when participants completed coursework which included units specific to counseling children, they did not necessary think that coursework specific to counseling children should be required.

Statistically significant correlations were found between the number of courses that should be required specific to counseling children but not play therapy and completed coursework specific to counseling children (r_s = .471, p = .000), completed coursework specific to play therapy (r_s = .195, p = .001), and whether or not coursework included units specific to counseling children (r_s = .157, p = .006). These findings indicate that the more coursework specific to counseling children and play therapy participants received, the greater the number of courses they thought should be required specific to counseling children.

Statistically significant correlations were found between the perception of required coursework specific to play therapy and completed coursework specific to counseling children but not play therapy (r_s = .168, p = .003) and completed coursework specific to play therapy (r_s = .243, p = .000); however, no statistically significant correlations were found between the perception of required coursework specific to play therapy and whether or not coursework included units specific to counseling children (r_s = .125, p = .031). These results indicate that the

more coursework specific to counseling children and play therapy participants completed, the more coursework specific to play therapy they thought should be required. However, these findings also suggest that when participants completed coursework which included units specific to counseling children, they did not necessary think that coursework specific to play therapy should be required.

Statistically significant correlations were also found between the number of courses that should be required specific to play therapy and the completed coursework specific to counseling children but not play therapy *(*r_s = .280, p = .000) and completed coursework specific to play therapy *(*r_s = .239, p = .000); however, no statistically significant correlations were found between the number of courses that should be required specific to play therapy and whether or not coursework included units specific to counseling children *(*r_s = .077, p = .185). These findings indicate that the greater the amount of coursework specific to counseling children and play therapy participants received, the greater the number of courses they thought should be required specific to play therapy. However, these findings also suggest that when participants completed coursework which included units specific to counseling children, they did not necessary think that coursework specific to play therapy should be required.

Statistically significant correlations were found between the perception of a requirement that a percentage of practicum/internship hours be spent counseling children and completed coursework specific to counseling children but not play therapy *(*r_s = .278, p = .000), completed coursework specific to play therapy *(*r_s = .178, p = .002), and whether or not coursework included units specific to counseling children

(r_s = .172, p = .003). Findings suggest that the more coursework specific to counseling children and play therapy participants completed, the more strongly they agreed that a percentage of practicum/internship hours should be spent counseling children.

No statistically significant correlations were found between the requirement of a special credential before counseling children and completed coursework specific to counseling children but not play therapy (r_s = .032, p = .584), completed coursework specific to play therapy (r_s = -.031, p = .593), or whether or not coursework included units specific to counseling children (r_s = -.049, p = .401). These results suggest that no relationship exists between amount of completed coursework specific to counseling children and play therapy and the requirement of a special credential before counseling children.

No statistically significant correlations were found between the requirement of a special credential before using play therapy and completed coursework specific to counseling children but not play therapy (r_s = -.009, p = .873), completed coursework specific to play therapy (r_s = -.096, p = .097), or whether or not coursework included units specific to counseling children (r_s = -.078, p = .175). Once again, participants do not think that special credentialing should be required before using play therapy.

Statistically significant correlations were found between participants' perceptions regarding the sufficiency of practicum/internship opportunities to counsel children and amount of continuing education specific to counseling children but not play therapy (r_s = .349, p = .000) and amount of continuing education specific to play therapy (r_s = .228, p = .000).

Statistically significant correlations were found between perceived effectiveness in counseling children and amount of continuing education specific to counseling children but not play therapy (r_s = .540, p = .000) and to play therapy (r_s = .371, p = .000). These findings

suggest that the more continuing education specific to counseling children and play therapy participants received, the more they agreed that they were effective when counseling children.

Statistically significant correlations were found between the perception of required coursework specific to counseling children but not play therapy and amount of continuing education participants received specific to counseling children but not play therapy ($r_s = .298$, $p = .000$) and to play therapy ($r_s = .238$, $p = .000$). Statistically significant correlations were also found between the number of courses that participants thought should be required specific to counseling children but not play therapy and the amount of continuing education participants received specific to counseling children but not play therapy ($r_s = .374$, $p = .000$) and to play therapy ($r_s = .170$, $p = .003$). These results indicate that the more continuing education participants received specific to counseling children and play therapy, the more strongly they agreed that coursework specific to counseling children should be required and the greater the number of courses they thought should be required.

Statistically significant correlations were found between the requirement of coursework specific to play therapy and the amount of continuing education participants received specific to counseling children but not play therapy ($r_s = .209$, $p = .000$) and to play therapy ($r_s = .268$, $p = .000$).

Statistically significant correlations were also found between the number of courses that should be required specific to play therapy and the amount of continuing education participants received specific to counseling children but not play therapy ($r_s = .221$, $p = .000$) and to play therapy ($r_s = .230$, $p = .000$). These correlations suggest that the more continuing education participants received specific to counseling children and play therapy, the more strongly they

agreed that coursework specific to play therapy should be required and the greater the number of courses they thought should be required.

Statistically significant correlations were found between the perception of a requirement that a percentage of practicum/internship hours be spent counseling children and the amount of continuing education participants received specific to counseling children but not play therapy (r_s = .303, p = .000) and to play therapy (r_s = .189, p = .001). Results indicate that the more continuing education participants received specific to counseling children and play therapy, the more strongly they agreed that counseling students should be required to counsel children during their practicum/internship.

No statistically significant correlations were found between the requirement of a special credential before counseling children and the amount of continuing education participants received specific to counseling children but not play therapy (r_s = -.130, p = .024) or to play therapy (r_s = -.092, p = .112).

No statistically significant correlations were found between the requirement of a special credential before using play therapy and the amount of continuing education participants received specific to counseling children but not play therapy (r_s = -.143, p = .013) or to play therapy (r_s = -.130, p = .025). These correlations indicate that the amount of continuing education participants received specific to counseling children and play therapy was not related to their views regarding special credentialing before counseling children or using play therapy.

No positive relationships were found between the graduate coursework and continuing education respondents received specific to counseling children and play therapy and their views regarding the differences between counseling children and counseling adults.

No statistically significant correlations were found between respondents' views regarding the differences between counseling children and counseling adults and completed coursework specific to counseling children but not play therapy *(r_s* = -.057, *p* = .327), completed coursework specific to play therapy *(r_s* = -.082, *p* = .154), or whether or not coursework included units specific to counseling children *(r_s* = -.027, *p* = .641). Findings suggest that respondents' views regarding the differences between counseling children and counseling adults were not related to the coursework they completed specific to counseling children or play therapy.

No statistically significant correlations found between respondents' views regarding the differences between counseling children and counseling adults and the amount of continuing education participants received specific to counseling children but not play therapy *(r_s* = -.069, *p* = .232) or to play therapy *(r_s* = -.058, *p* = .318). Once again, findings suggest that respondents' views regarding the differences between counseling children and counseling adults were not related to the amount of continuing education they received specific to counseling children or play therapy.

Positive relationships were found between the graduate coursework and continuing education participants received specific to counseling children and play therapy and their views regarding their efficacy in counseling children.

Statistically significant correlations found between number of children referred to more qualified counselors during the past year and completed coursework specific to counseling children but not play therapy *(r_s* = .118, *p* = .041). These findings indicate that the more coursework specific to counseling children participants completed, the less they referred child clients to more qualified counselors. However, no statistically significant correlations were found between number of children referred to more qualified counselors during the past year and

completed coursework specific to play therapy (r_s = .081, p = .162) or whether or not coursework included units specific to counseling children (r_s = .100, p = .083). These results suggest that more coursework specific to play therapy and more coursework which included units specific to counseling children participants received was not related to the number of referrals of children to more qualified counselors.

No statistically significant correlations were found between number of children referred to more qualified counselors during the past year and the amount of continuing education participants received specific to counseling children but not play therapy (r_s = .051, p = .383) or to play therapy (r_s = .008, p = .890). These findings suggest that the amount of continuing education participants received was not related to the number of referrals of children to more qualified counselors.

Statistically significant correlations were found between respondents' perceptions of their knowledge about the legal and ethical issues specific to counseling children and completed coursework specific to counseling children but not play therapy (r_s = .187, p = .001), completed coursework specific to play therapy (r_s = .196, p = .001), and whether or not coursework included units specific to counseling children (r_s = .237, p = .000). These correlations suggest that the more coursework participants received specific to counseling children and play therapy, the more strongly they agreed that they were knowledgeable about legal and ethical issues specific to counseling children.

Statistically significant correlations were found between respondents' perceptions of their knowledge about the legal and ethical issues specific to counseling children and the amount of continuing education participants received specific to counseling children but not play therapy

(r_s = .309, p = .000) and to play therapy (r_s = .262, p = .000). Results suggest that the more continuing education participants received specific to counseling children and play therapy, the more strongly they agreed that they were knowledgeable about legal and ethical issues specific to counseling children.

Positive relationships were found between the amount of practicum/internship hours they spent counseling children and their perception of the adequacy of their preparation in counseling children.

Statistically significant correlations were found between perceived adequacy of preparation in counseling children and whether or not participants counseled children during their practicum/internship (r_s = .412, p = .000); however, no statistically significant correlations were found between perceived adequacy of preparation in counseling children and percentage of practicum/internship hours spent counseling children (r_s = .137, p = .065). Findings indicate that the fact that participants had counseled children during their practicum/internship was related to their view of the adequacy of their preparation in counseling children, but the percentage of practicum/internship hours spent counseling children was not related to the views.

Statistically significant correlations found between perceived adequacy of preparation in counseling children and adequacy of university supervision specific to counseling children (r_s = .531, p = .000), university supervisor's knowledge of play therapy (r_s = .417, p = .000), adequacy of on-site supervision specific to counseling children (r_s = .400, p = .000), and on-site supervisor's knowledge of play therapy (r_s = .242, p = .001). Results suggest that the adequacy of both university and on-site supervision specific to counseling children and their supervisors' knowledge of play therapy were directly related to their views regarding the adequacy of their preparation in counseling children.

Positive relationships were found between the amount of practicum/internship hours they spent counseling children and their views regarding the necessity of graduate coursework, training, continuing education, and supervision specific to counseling children and play therapy.

Statistically significant correlations were found between the perceived sufficiency of practicum/internship opportunities to counsel children and whether or not participants counseled children during their practicum/internship *(r_s* = .741, *p* = .000) and percentage of practicum/internship hours spent counseling children *(r_s* = .484, *p* = .000). These results suggest that participants' perceptions of the sufficiency of their practicum/internship opportunities to counsel children were related to their experience counseling children during their practicum/internship.

Statistically significant correlations were found between perceived effectiveness in counseling children and whether or not participants counseled children during their practicum/internship *(r_s* = .397, *p* = .000) and percentage of practicum/internship spent counseling children *(r_s* = .365, *p* = .000). These correlations indicate that participants' perceived effectiveness in counseling children was related to their experience counseling children during practicum/internship.

Statistically significant correlations were found between participants' views regarding the requirement of coursework specific to counseling children but not play therapy and whether or not participants counseled children during their practicum/internship *(r_s* = .268, *p* = .000); however, no statistically significant correlations were found between participants' views regarding the requirement of coursework specific to counseling children but not play therapy and percentage of practicum/internship spent counseling children *(r_s* = .117, *p* = .117). These results suggest that counseling children during practicum/internship was related to participants' views

regarding the requirement of coursework specific to counseling children; however, the percentage of time spent counseling children was not related to their views.

Statistically significant correlations were found between participants' views regarding the number of courses that should be required specific to counseling children but not play therapy and whether or not participants counseled children during their practicum/internship (r_s = .255, p = .000); however, no statistically significant correlations were found between participants' views regarding the number of courses that should be required specific to counseling children but not play therapy and percentage of practicum/internship spent counseling children (r_s = .158, p = .033). These results suggest that counseling children during practicum/internship was related to participants' views regarding the requirement of coursework specific to counseling children, however, the percentage of time spent counseling children was not related to their views.

Statistically significant correlations were found between participants' views regarding the requirement of coursework specific to play therapy and whether or not participants counseled children during their practicum/internship (r_s = .185, p = .001); however, no statistically significant correlations were found between participants' views regarding the requirement of coursework specific to play therapy and percentage of practicum/internship spent counseling children (r_s = .068, p = .364). These results suggest that counseling children during practicum/internship was related to participants' views regarding the requirement of coursework specific to play therapy, however, the percentage of time spent counseling children was not related to their views. These results regarding the requirement of coursework specific to play therapy paralleled the results regarding the requirement of coursework specific to counseling children.

No statistically significant correlations were found between the number of courses that should be required specific to play therapy and whether or not participants counseled children during their practicum/internship *(r_s* = .141, *p* = .014) or percentage of practicum/internship spent counseling children *(r_s* = .128, *p* = .084). These correlations indicate that participants' views regarding the amount of required coursework specific to play therapy were not related to their experience counseling children during practicum/internship.

Statistically significant correlations were found between participants' views regarding the requiring of a percentage of practicum/internship hours to be spent counseling children and whether or not participants counseled children during their practicum/internship *(r_s* = .345, *p* = .000); however, no statistically correlations were found between the perception of requiring a percentage of practicum/internship hours to be spent counseling children and percentage of practicum/internship participants spent counseling children *(r_s* = .168, *p* = .024). Once again, participants' views regarding the requiring of a percentage of practicum/internship hours to be spent counseling children were related to whether or not they counseled children during their practicum/internship, but not to the amount of time spent counseling children.

No statistically significant correlations were found between the requirement of a special credential before counseling children and whether or not participants counseled children during their practicum/internship *(r_s* = -.081, *p* = .163) or percentage of practicum/internship participants spent counseling children *(r_s* = .066, *p* = .378). Results suggest that practicum/internship experience counseling children was not related to participants' views regarding special credentialing before counseling children.

No statistically significant correlations were found between the requirement of a special credential before using play therapy and whether or not participants counseled children during

their practicum/internship (r_s = -.122, p = .043) or percentage of practicum/internship participants spent counseling children (r_s = .052, p = .485). Results suggest that participants' practicum/internship experience counseling children was not related to their views regarding special credentialing before using play therapy.

Statistically significant correlations were found between participants' views regarding the sufficiency of practicum/internship opportunities to counsel children and adequacy of university supervision specific to counseling children (r_s = .238, p = .001); adequacy of on-site supervision specific to counseling children (r_s = .454, p = .000); and on-site supervisor's knowledge of play therapy (r_s = .290, p = .000); however, no statistically significant correlations were found between practicum/internship opportunities to counsel children and adequacy of university supervisor's knowledge of play therapy (r_s = .158, p = .031). These findings suggest that participants' perceptions of the adequacy of their supervision by university and on-site supervisors and their on-site supervisor's knowledge of play therapy were related to their views regarding the sufficiency of practicum/internship opportunities to counsel children. Results also suggest that university supervisors' knowledge of play therapy was not related to participants' views regarding the sufficiency of practicum/internship opportunities to counsel children.

Statistically significant correlations were found between perceived effectiveness in counseling children and adequacy of university supervision specific to counseling children (r_s = .197, p = .007) and adequacy of on-site supervision specific to counseling children (r_s = .214, p = .003); however, no statistically significant correlations were found between perceived effectiveness in counseling children and university supervisor's knowledge of play therapy (r_s = .036, p = .625) or on-site supervisor's knowledge of play therapy

(r_s = .001, p = .984). These results suggest that the supervision specific to counseling children provided by both university and on-site supervisor's was related to participants' views regarding their effectiveness in counseling children, while their supervision specific to play therapy was not.

No statistically significant correlations were found between the requirement of coursework specific to counseling children but not play therapy and adequacy of university supervision specific to counseling children *(*r_s = .136, p = .063); university supervisor's knowledge of play therapy *(*r_s = .084, p = .257); adequacy of on-site supervision specific to counseling children *(*r_s = .088, p = .233); or on-site supervisor's knowledge of play therapy *(*r_s = .061, p = .405). These findings indicate that participants' views regarding their supervisory experience were not related to their views regarding the requirement of coursework specific to counseling children but not play therapy.

Statistically significant correlations were found between the number of courses that should be required specific to counseling children but not play therapy and adequacy of university supervision specific to counseling children *(*r_s = .220, p = .002); however, no statistically significant correlations were found between the number of courses that should be required specific to counseling children but not play therapy and university supervisor's knowledge of play therapy *(*r_s = .052, p = .480); adequacy of on-site supervision specific to counseling children *(*r_s = .046, p = .530); or on-site supervisor's knowledge of play therapy (r_s = .020, p = .785). Parallel to the previous findings, these results suggest that participants' views regarding their supervisory experience were not related to their views regarding the number of courses specific to counseling children but not play therapy that should be required. However, the adequacy of their university supervision specific to counseling children was related

to their views regarding the number of courses specific to counseling children but not play therapy that should be required.

No statistically significant correlations were found between the requirement of coursework specific to play therapy and adequacy of university supervision specific to counseling children ($r_s = .156$, $p = .032$) or adequacy of on-site supervision specific to counseling children ($r_s = .160$, $p = .029$); however, statistically significant correlations were found between the requirement of coursework specific to play therapy and university supervisor's knowledge of play therapy ($r_s = .193$, $p = .008$) and on-site supervisor's knowledge of play therapy ($r_s = .196$, $p = .007$). These findings suggest that participants' views regarding the adequacy of their university and on-site supervision was not related to their views regarding the requirement of coursework specific to play therapy; however, university and on-site supervisors' knowledge of play therapy was related to participants' views regarding the requirement of coursework specific to play therapy.

No statistically significant correlations were found between the number of courses that should be required specific to play therapy and adequacy of university supervision specific to counseling children ($r_s = .179$, $p = .015$); university supervisor's knowledge of play therapy ($r_s = .152$, $p = .038$); adequacy of on-site supervision specific to counseling children ($r_s = .113$, $p = .124$); or on-site supervisor's knowledge of play therapy ($r_s = .135$, $p = .066$). Results indicate that participants' university and on-site supervisory experience was not related to their views regarding the number of courses that should be required specific to play therapy.

No statistically significant correlations were found between participants' views regarding the requirement that a percentage of practicum/internship hours be spent counseling children and adequacy of university supervision specific to counseling children ($r_s = .179$, $p = .014$);

university supervisor's knowledge of play therapy (r_s = .083, p = .260); adequacy of on-site supervision specific to counseling children (r_s = .102, p = .165); or on-site supervisor's knowledge of play therapy (r_s = .045, p = .544). These results suggest that participants' university and on-site supervisory experience was not related to their views regarding the requirement that a percentage of practicum/internship hours be spent counseling children.

No statistically significant correlations were found between the requirement of a special credential before counseling children and adequacy of university supervision specific to counseling children (r_s = .110, p = .135); university supervisor's knowledge of play therapy (r_s = .093, p = .207); adequacy of on-site supervision specific to counseling children (r_s = -.059, p = .428); or on-site supervisor's knowledge of play therapy (r_s = -.058, p = .435). Results suggest that participants' supervisory experience was not related to their views regarding special credentialing before counseling children.

No statistically significant correlations were found between the requirement of a special credential before using play therapy and adequacy of university supervision specific to counseling children (r_s = .065, p = .375); university supervisor's knowledge of play therapy (r_s = .044, p = .548); adequacy of on-site supervision specific to counseling children (r_s = -.086, p = .244); or on-site supervisor's knowledge of play therapy (r_s = -.049, p = .511). Results suggest that participants' supervisory experience was not related to their views regarding special credentialing before using play therapy. These findings regarding participants' supervisory experience parallel the findings regarding participants' practicum/internship experience with respect to special credentialing before counseling children or using play therapy.

Positive relationships were found between the amount of practicum/internship hours they spent in counseling children and their views regarding the differences between counseling children and counseling adults.

No statistically significant correlations were found between respondents' views regarding the differences between counseling children and counseling adults and whether or not participants counseled children during their practicum/internship (r_s = .047, p = .417) or percentage of practicum/internship spent counseling children (r_s = -.024, p = .744). Results indicate that participants' practicum/internship experience with respect to counseling children was not related to their views regarding the differences between counseling children and counseling adults.

Hypothesis 3 stated that there is a relationship between the practices of Licensed Professional Counselors with respect to counseling children (including caseload, counseling methods, and professional development) and their perceptions (regarding formal education, application of skills, efficacy, and credentialing).

No statistically significant correlations were found between primary method of counseling participants used when counseling children and their views regarding the differences between counseling children and counseling adults. Results indicate that the primary method used when counseling children was not related to their views regarding the differences between counseling children and counseling adults.

Positive relationships were found between the primary method of counseling participants used when counseling children and their views regarding their efficacy in counseling children.

Statistically significant correlations were found between the number of children referred to more qualified counselors during the past year and talk therapy

(r_s = .241, p = .000). These findings suggest that participants who use talk therapy as their primary method when counseling made more referrals to counselors who they believe were more qualified to counsel children.

Statistically significant correlations were found between participants' perceptions of their knowledge about legal and ethical issues specific to counseling children and non-directive play therapy (r_s = .156, p = .007). These findings suggest that participants who use non-directive play therapy more strongly agreed that they were knowledgeable about legal and ethical issues specific to counseling children.

Positive relationships were found between participants' professional development and their views regarding the necessity of graduate coursework, training, continuing education, and supervision specific to counseling children and play therapy.

Statistically significant correlations were found between perceived sufficiency of practicum/internship opportunities to counsel children and membership in the American School Counselor Association (r_s = .217, p = .000), membership in the Association for Play Therapy (r_s = .159, p = .006), and membership in the Association for Play Therapy-State Branches (r_s = .182, p = .002). These results indicate that those who belonged to ASCA, APT, and APT-state branches perceived their practicum/internship opportunities to counsel children as sufficient.

Statistically significant correlations were found between some professional associations and participants' views regarding their effectiveness in counseling children. Specifically, statistically significant correlations were found between participants' views regarding their effectiveness in counseling children and membership in the American School Counselor Association (r_s = .202, p = .000), membership in Association for Play Therapy

(r_s = .210, p = .000), and membership in the Association for Play Therapy State Branches (r_s = .200, p = .000). These results indicate that those who belonged to ASCA, APT, and APT-state branches perceived themselves as effective in counseling children.

No statistically significant correlations were found between most professional associations and the requirement of coursework specific to counseling children but not play therapy or the number of courses that should be required specific to counseling children but not play therapy. The only statistically significant correlation was found between the number of courses that should be required specific to counseling children but not play therapy and membership in the American School Counselor Association (r_s = .166, p = .004). These results indicate that members of ASCA more strongly agreed that greater amounts of coursework specific to counseling children should be required.

No statistically significant correlations were found between the requirement of coursework specific to play therapy and most professional associations; however, statistically significant correlations were found between the number of courses that should be required specific to play therapy and membership in the American School Counselor Association (r_s = .154, p = .008) and membership in Association for Play Therapy (r_s = .159, p = .006). These results indicate that members of ASCA and APT more strongly agreed that greater amounts of coursework specific to play therapy should be required.

No statistically significant correlations were found between the requirement that a percentage of practicum/internship hours be spent counseling children and most professional associations; however, statistically significant correlations were found between membership in the American School Counselor Association and the requirement that a percentage of practicum/internship hours be spent counseling children

(r_s = .215, p = .000). These correlations suggest that members of ASCA more strongly agreed that master's level counseling students should be required to spend a percentage of practicum/internship hours counseling children.

No statistically significant correlations were found between professional associations and the requirement of a special credential before counseling children or the requirement of a special credential before using play therapy. These results suggest that membership in any specific organization was not related to participants' views regarding special credentialing before counseling children or using play therapy.

Positive relationships were found between participants' professional development and their views regarding the differences between counseling children and counseling adults.

Statistically significant correlations were found between participants' views regarding the differences between counseling children and counseling adults and membership in or credentialing from the following associations: the American School Counselor Association (r_s = .151, p = .009) and membership in the Association for Play Therapy-State Branches (r_s = .174, p = .003). Results suggest that members of ASCA and APT-state branches more strongly disagreed that the counseling skills necessary for counseling children are basically the same as the skills necessary for counseling adults.

Positive relationships were found between participants' professional development and their views regarding their efficacy in counseling children.

Statistically significant correlations were found between the number of children referred to more qualified counselors during the past year and membership in the Association for Marriage and Family Therapy (r_s = .157, p = .007). Findings indicate that members of AAMFT referred more children to more qualified counselors.

Statistically significant correlations were found between participants' perceptions of their knowledge about the legal and ethical issues specific to counseling children and membership in Association for Play Therapy (r_s = .191, p = .001). Results suggest that members of APT more strongly agreed that they were knowledgeable about legal and ethical issues specific to counseling children.

CHAPTER FIVE

DISCUSSION

In Chapter Five, included are a summary of the purpose and procedures of this study, a discussion of the findings, and limitations and delimitations. In addition to implications for accrediting agencies, professional organizations, and counselor educators, recommendations for future research are included.

Summary of Purpose and Procedures

This study investigated the preparation, practices, and perceptions of Licensed Professional Counselors with respect to counseling children. Specifically, *preparation* included graduate coursework, continuing education, and post-degree supervision required for licensure; *practices* included caseload, counseling methods, and professional development; and *perceptions* included adequacy of formal education, application of skills, efficacy, and credentialing.

A researcher-developed, on-line survey, the *Counselor Training and Practice Inventory (CTPI),* was used to collect data from the sample. Content validity of the instrument was assessed by an expert panel and a pilot test was conducted to further test the instrument. Through the use of a website specializing in survey data collection, www.surveymonkey.com, 300 Licensed Professional Counselors completed the *CTPI*.

Discussion of Findings

This study built on previous research by respected practitioners in the field. Kranz, Lund, and Kottman (1996) found several indicators that interest in play therapy in growing. The researchers found that of the 81 play therapists they surveyed, 83% had received at least part of their training through participation in workshops, while only 7% had participated in a university

program designed specifically to train play therapists. Because Kranz, Kottman, and Lund found that many professionals had negative opinions of their formal training in play therapy, they recommended that researchers continue to address the need for additional and standardized education, training and supervision in play therapy.

Ryan, Gomory, and Lacasse (2002) surveyed APT members and found that 40% of the participants had received coursework that included play therapy and 33% had play therapy training as a part of their practicum. These results indicated a significant change from the results of the previous (1988) study.

Ebrahim (2008) found nearly 80% of 359 elementary school counselors reported using play therapy, yet 51.5% of her respondents had never taken a graduate level play therapy course and 46.8% had never attended a play therapy workshop. Despite participants' lack of formal education, training, and supervision in play therapy, 56.9% felt prepared to use play therapy in the school setting while 44.6% identified a lack of training as a barrier to using play therapy. These results seem to indicate that many practitioners see the need for and value of play therapy and are willing to use it without adequate, formal training.

In an effort to add to this knowledge base regarding counseling specific to children, my study focused on Licensed Professional Counselors who may or may not have been members of a specific organization or have worked in a particular setting. Professionals from varying work environments were included in this study.

Discussion of Descriptive Data

In this study, *preparation* included graduate coursework, continuing education, and post-degree supervision required for licensure; *practices* includes caseload, counseling methods, and

professional development; and *perceptions* includes formal education, application of skills, efficacy, and credentialing.

Of the 300 participants, approximately three-fourths (74%) had completed at least one course specific to counseling children, but less than one-third (29.3%) had completed a course specific to play therapy. Although 74% had completed a course specific to counseling children, only 40% agreed or strongly agreed that they were adequately prepared to counsel children. In addition, 51 participants (17.0%) reported no clock hours of continuing education specific to counseling children and 79 (26.3%) reported only 1-10 clock hours. Most of the participants (80.3%) thought that coursework specific to counseling children should be required in master's degree programs and nearly two-thirds (63.6%) thought that more than one course should be required. These findings suggest that one course in counseling children may not be sufficient for practitioners to feel adequately prepared to counsel children and that additional continuing education may be needed for adequate preparation.

With respect to work experience, approximately 65% spent at least some portion of their time counseling children within the past year and over two-thirds (69.0%) believed they were effective or very effective in counseling children. However, only 40% believed they were adequately prepared to do so. Slightly more than one-third (37.7%) had referred a child client to a more qualified counselor more than twice within the past year. Although 69% of the LPCs in this sample believe they were effective in counseling children, many believe that they have not been adequately trained. It appears that they are having to refer child clients to more qualified counselors or they are counseling children without adequate preparation.

More than two-thirds of the participants (76.7%) had not completed a course in play therapy. Approximately two-thirds (67%) reported that they had earned some continuing

education clock hours specific to play therapy, but most participants (38.7%) reported having earned only 1-10 clock hours. Yet, 271 participants (90.4%) agreed to some extent that they had a general understanding of play therapy. Further research in this area is needed to assess practitioners' understanding of play therapy including methodology, techniques, and implications for its effective use. It appears that many of the practitioners in this study are attempting to use play therapy without adequate education and training. Nearly three-fourths (73%) thought that at least one course specific to play therapy should be required in master's degree programs and more than half of the participants thought that counseling students should be required to complete a percentage of their practicum/internship hours counseling children. It is important that counseling program faculty solicit feedback from their graduates regarding the adequacy of the preparation they received and suggestions for ways to strengthen the program.

More than two-thirds of the participants (67.4%) did not think that a special credential should be required before counseling children and more than half (54.0%) did not think that a special credential should be required before using play therapy. These findings suggest that counselors believe that coursework and training in counseling children should be a part of counseling programs and that no further credentialing should be required. Counselor educators can provide leadership by establishing standards for education and training with respect to counseling children.

Discussion of Inferential Data

In this study, correlations were made between *preparation* (graduate coursework, continuing education, and post-degree supervision required for licensure), *practices* (caseload, counseling methods, and professional development), and *perceptions* (formal education, application of skills, efficacy, and credentialing). Because a substantial number of correlations

were calculated, a conservative *p* value of .01 was used to minimize the potential of a Type I error.

Preparation

An increasing number of parents and teachers are seeking the services of mental health professionals qualified to work with children (Bratton, Ray, Rhine, & Jones, 2005; Dougherty & Ray, 2007; Ginsburg, 2007; Sink, 2005). Unfortunately, many practitioners currently using play therapy have had little or no formal training, courses, or supervised practicum devoted exclusively to play therapy (Landreth, 1991; Phillips & Landreth, 1995). If counselors are to effectively meet the increasing demand for child services, standards are needed to provide practitioners with guidelines for offering services which best promote the well-being of children (Association for Play Therapy, n.d.c; Bratton, Ray, Rhine, & Jones; Hinerman & Knapp, 2004; Kottman, 2003; Landreth).

According to the American Counseling Association Code of Ethics (2005), "Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience" (Standard C.2.a.). In addition, standard C.2.b. requires that "Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience." Counselor education programs are responsible for ensuring that their students are sufficiently trained and can function effectively as professional counselors with diverse populations and it is assumed that they are competent upon entering the field (Sexton, 2000).

With respect to *preparation*, statistically significant correlations were found between the number of graduate courses specific to counseling children but not play therapy and initial caseload (within the first two years post master's degree) (r_s = .217, p = .000) and current

caseload (r_s = .243, p = .000). These results suggest that the more coursework participants had completed specific to counseling children, the more likely they were to counsel children after graduation. However, no statistically significant correlations were found between whether or not coursework included units specific to counseling children and initial caseload (r_s = .130, p = .025) or current caseload (r_s = .104, p = .073) indicating that participants who had completed coursework which included units specific to counseling children were not more likely to counsel children. Because current research shows an increase in the number of children seeking counseling (Bratton, Ray, Rhine, & Jones, 2005; Dougherty & Ray, 2007, Ginsburg, 2007; Sink, 2006), counselor educators might incorporate coursework specific to counseling children into their programs. Counselor educators also should be aware that the results of this study suggest that coursework that includes units specific to counseling children is not a substitute for coursework specific to counseling children.

Statistically significant correlations were found between the amount of continuing education participants had received specific to counseling children and initial caseload (r_s = .330, p = .000) and current caseload (r_s = .273, p = .000). These results suggest that participants who received continuing education specific to counseling children were more likely to counsel children indicating there may be a need for professional organizations to offer continuing educations specific to counseling children.

In summary, these findings suggest that coursework, training, and continuing education specific to counseling children was significantly related to practitioners' caseload with respect to counseling children. The findings support the importance of maintaining strong academic programs that offer courses and training specific to counseling children and the need for

professional organizations to provide sufficient opportunities for continuing education specific to counseling children.

With respect to play therapy, statistically significant correlations were found between number of courses specific to play therapy and initial caseload (r_s = .226, p = .000) and current caseload (r_s = .199, p = .001) indicating that the more coursework participants had completed specific to play therapy, the more likely they were to counsel children after graduation. Given the increasing need for counselors who are knowledgeable about play therapy, these findings are noteworthy.

Statistically significant correlations were also found between amount of continuing education specific to play therapy and initial caseload (r_s = .322, p = .000) and current caseload (r_s = .228, p = .000). These findings may be reflective of the significant contributions made by associations, such as the Association for Play Therapy, in training practitioners who use play therapy. Professional organizations might expand the availability of play therapy training in order to meet the increasing demand for qualified child counselors.

In summary, these findings suggest that coursework, training, and continuing education in counseling children and play therapy are significantly related to practitioners' caseload with respect to counseling children. While the Association for Play Therapy is growing at a substantial rate and many universities are now incorporating play therapy courses into their curriculum, the literature has indicated that many counselors are practicing with little or no formal training (A Brief History of Play Therapy, 2004; Association for Play Therapy, n.d.b; Hineman & Knapp, 2004; Kottman, 2001, 2003; Landreth, 1991). The results of this study lend support to the importance of maintaining strong academic programs that offer courses and training specific to counseling children and play therapy, and the need for professional

organizations to provide sufficient opportunities for continuing education specific to counseling children and play therapy.

While graduate course work, workshops, and observing experienced play therapists are prerequisites to becoming a play therapist, the most important knowledge comes from supervised play therapy experiences (Landreth, 1991). Statistically significant correlations were found between participants' perceptions of the adequacy of their practicum/internship opportunities to counsel children and completed coursework specific to counseling children ($r_s = .303$, $p = .000$), completed coursework specific to play therapy ($r_s = .310$, $p = .000$), and whether or not coursework included units specific to counseling children ($r_s = .273$, $p = .000$). In other words, the more coursework specific to counseling children and play therapy participants received, the more opportunities they had to counsel children during their practicum/internship. These results are not surprising because those who choose a practicum/internship site in counseling children would probably be more interested in completing coursework related to their choice.

In summary, the findings regarding preparation support a recommendation that just as counseling programs offer techniques classes for skill mastery in working with adults, it is also important for students to have opportunities to master the skills necessary to effectively counsel children.

Practice

Because children do not have the verbal language or mental capabilities of adults which would allow them to process information gathered through typical adult talk therapy, play therapy has become the preferred method of treatment by mental health professionals across varying disciplines that specialize in therapeutic work with children (Kottman, 2003; Landreth, 1991). With respect to counseling method, statistically significant correlations were found

between completed coursework specific to counseling children but not play therapy and talk therapy (r_s = .258, p = .000) and between whether or not coursework included units specific to counseling children and talk therapy (r_s = .163, p = .005). In other words, participants who had completed coursework specific to counseling children and coursework which included units specific to counseling children were likely to use talk therapy as their primary method of counseling children. A possible explanation for this finding is that coursework specific to counseling children may have provided knowledge about child development but did not include techniques for counseling children. These finding also suggest that coursework specific to counseling children may not include training in play therapy.

Statistically significant correlations were found between completed coursework specific to play therapy and the use of non-directive play therapy (r_s = .243, p = .000) suggesting that the more coursework participants received specific to play therapy, the more they used non-directive play therapy as their primary method of counseling children. Given that many play therapy courses offered within counseling programs include training in non-directive play therapy, these findings are not surprising.

Statistically significant correlations were found between amount of continuing education specific to play therapy and directive play therapy (r_s = .243, p = .000) and non-directive play therapy (r_s = .243, p = .000). These correlations suggest that the more continuing education participants received specific to play therapy, the more they used directive and non-directive play therapy.

In summary, these findings suggest that as practitioners gain knowledge in the use of play therapy, they are more likely to use that training when counseling children. Given the substantial

amount of research demonstrating the effectiveness of play therapy, the results support the need to offer coursework and continuing education specific to play therapy methods.

With respect to professional development, statistically significant correlations were found between amount of continuing education specific to counseling children and membership in the American School Counselors Association ($r_s = .188$, $p = .001$) and between amount of continuing education specific to play therapy and membership in the Association for Play Therapy ($r_s = .369$, $p = .000$) and the Association for Play Therapy State Branches ($r_s = .308$, $p = .000$). These findings are not surprising and are reflective of the mission of specialty organizations.

Perceptions

With respect to *perceptions* of coursework specific to counseling children, statistically significant correlations were found between the perception of required coursework specific to counseling children but not play therapy and completed coursework specific to counseling children but not play therapy ($r_s = .161$, $p = .005$) and completed coursework specific to play therapy ($r_s = .151$, $p = .009$); however, no statistically significant correlations were found between the perception of required coursework specific to counseling children but not play therapy and whether or not coursework included units specific to counseling children ($r_s = .107$, $p = .063$). These results indicate that the more coursework participants completed specific to counseling children and play therapy, the more strongly they agreed that coursework specific to counseling children should be required. However, these findings also suggest that when participants completed coursework which included units specific to counseling children, they did not necessary think that coursework specific to counseling children should be required. These results mirror findings discussed earlier which suggest that coursework that includes units

specific to counseling children is not an adequate substitution for courses specific to counseling children and play therapy.

Statistically significant correlations were found between the number of courses that should be required specific to counseling children but not play therapy and completed coursework specific to counseling children ($r_s = .471$, $p = .000$), completed coursework specific to play therapy ($r_s = .195$, $p = .001$), and whether or not coursework included units specific to counseling children ($r_s = .157$, $p = .006$). These findings suggest that the more coursework participants completed specific to counseling children and play therapy, the greater the number of courses they thought should be required specific to counseling children. It appears that, as students learned more about counseling children and play therapy, the more they thought their training in counseling children was needed and valued.

Statistically significant correlations were found between whether or not participants counseled children during their practicum/internship and the perception of required coursework specific to counseling children but not play therapy ($r_s = .268$, $p = .000$) and the number of courses that should be required specific to counseling children but not play therapy ($r_s = .255$, $p = .000$); however, no statistically significant correlations were found between percentage of practicum/internship spent counseling children and the perception of required coursework specific to counseling children but not play therapy ($r_s = .117$, $p = .117$) and the number of courses that should be required specific to counseling children but not play therapy ($r_s = .158$, $p = .033$). In other words, participants who counseled children during their practicum/internship more strongly agreed that coursework specific to counseling children should be required and the greater the number courses they thought should be required; however, the percentage of time they spent counseling children was not related to their perception about a

requirement of coursework specific to counseling children or the number of courses that should be required.

Statistically significant correlations were found between the perception of required coursework specific to counseling children but not play therapy and amount of continuing education participants' received specific to counseling children, but not play therapy ($r_s = .298$, $p = .000$) and to play therapy ($r_s = .238$, $p = .000$). Statistically significant correlations were also found between the number of courses that should be required specific to counseling children but not play therapy and the amount of continuing education participants' received specific to counseling children, but not play therapy ($r_s = .374$, $p = .000$) and to play therapy ($r_s = .170$, $p = .003$). These results indicate that the more continuing education participants received specific to counseling children and play therapy, the more strongly they agreed that coursework specific to counseling children should be required and the greater the number of courses they thought should be required.

No statistically significant correlations were found between the perception of required coursework specific to counseling children but not play therapy and adequacy of university supervision specific to counseling children ($r_s = .136$, $p = .063$); university supervisor's knowledge of play therapy ($r_s = .084$, $p = .257$); adequacy of on-site supervision specific to counseling children ($r_s = .088$, $p = .233$); or on-site supervisor's knowledge of play therapy ($r_s = .061$, $p = .405$). Statistically significant correlations were found between the number of courses that should be required specific to counseling children but not play therapy and adequacy of university supervision specific to counseling children ($r_s = .220$, $p = .002$); however, no statistically significant correlations were found between the number of courses that should be required specific to counseling children but not play therapy and university supervisor's

knowledge of play therapy (r_s = .052, p = .480); adequacy of on-site supervision specific to counseling children (r_s = .046, p = .530); or on-site supervisor's knowledge of play therapy (r_s = .020, p = .785). Apparently, except for the adequacy of university supervision, the supervision process was not related to participants' perception about required coursework or the number of courses that should be taken specific to counseling children but not play therapy. These results imply that the more adequate the university supervision with respect to counseling children, the more coursework participants thought should be required specific to counseling children but not play therapy.

In summary, the more the coursework, training, and continuing education participants received with respect to counseling children and play therapy, the more they saw a need for coursework specific to counseling children and the greater the amount of coursework they believed was needed.

With respect to coursework specific to play therapy, statistically significant correlations were found between the perception of required coursework specific to play therapy and completed coursework specific to counseling children but not play therapy (r_s = .168, p = .003) and completed coursework specific to play therapy (r_s = .243, p = .000); however, no statistically significant correlations were found between the perception of required coursework specific to play therapy and whether or not coursework included units specific to counseling children (r_s = .125, p = .031). These results indicate that the more coursework participants completed specific to counseling children and play therapy, the more strongly they agreed that coursework specific to play therapy should be required. It appears that, as students learned more about counseling children and play therapy, the more strongly they agreed that their training in play

therapy was needed and valued. However, these findings did not apply when participants completed coursework which included units specific to counseling children.

Statistically significant correlations were also found between the number of courses that should be required specific to play therapy and the completed coursework specific to counseling children but not play therapy ($r_s = .280$, $p = .000$) and completed coursework specific to play therapy ($r_s = .239$, $p = .000$); however, no statistically significant correlations were found between the number of courses that should be required specific to play therapy and whether or not coursework included units specific to counseling children ($r_s = .077$, $p = .185$). These findings indicate that the greater the amount of coursework participants took specific to counseling children and play therapy, the greater the number of courses they thought should be required specific to play therapy. However, these findings did not apply when participants completed coursework which included units specific to counseling children. These results mirror findings discussed earlier that suggest that coursework which includes units specific to counseling children is not an adequate substitution for courses specific to play therapy. Perhaps, units specific to counseling children did not include training in play therapy, therefore respondents had not been exposed to the therapeutic value of play therapy.

Statistically significant correlations were found between the perception of a requirement of coursework specific to play therapy and whether or not participants counseled children during their practicum/internship ($r_s = .185$, $p = .001$); however, no statistically significant correlations were found between the perception of a requirement of coursework specific to play therapy and percentage of practicum/internship spent counseling children ($r_s = .068$, $p = .364$). No statistically significant correlations were found between the number of courses that should be required specific to play therapy and whether or not participants counseled children during their

practicum/internship (r_s = .141, p = .014) or percentage of practicum/internship spent counseling children (r_s = .128, p = .084). In other words, participants who had counseled children during their practicum/internship agreed more strongly that coursework specific to play therapy should be required and a greater number of courses should be required; however, the percentage of time they spent counseling children was not related to their perception about a requirement of coursework specific to play therapy or the number of courses that should be required.

No statistically significant correlations were found between perception of a requirement of coursework specific to play therapy and adequacy of university supervision specific to counseling children (r_s = .156, p = .032) or adequacy of on-site supervision specific to counseling children (r_s = .160, p = .029); however, statistically significant correlations were found between the requirement of coursework specific to play therapy and university supervisor's knowledge of play therapy (r_s = .193, p = .008) and on-site supervisor's knowledge of play therapy (r_s = .196, p = .007). It appears that when participants received supervision specific to counseling children, they were less likely to think that coursework specific to play therapy was necessary; however, participants who received supervision specific to play therapy more strongly agreed that coursework specific to play therapy should be required. Perhaps participants who were counseling children had already taken coursework specific to play therapy and were also receiving supervision specific to play therapy and therefore they saw the need for proper education and training. An alternative explanation is that after participants had received supervision specific to play therapy, they began to see the importance of using play therapy when counseling children and now think that coursework specific to play therapy should be required.

No statistically significant correlations were found between the number of courses that should be required specific to play therapy and adequacy of university supervision specific to counseling children ($r_s = .179$, $p = .015$); university supervisor's knowledge of play therapy ($r_s = .152$, $p = .038$); adequacy of on-site supervision specific to counseling children ($r_s = .113$, $p = .124$); or on-site supervisor's knowledge of play therapy ($r_s = .135$, $p = .066$). The supervision process was not related to the amount of courses participants thought should be required specific to play therapy.

Statistically significant correlations were found between the requirement of coursework specific to play therapy and the amount of continuing education participants' received specific to counseling children but not play therapy ($r_s = .209$, $p = .000$) and to play therapy ($r_s = .268$, $p = .000$). Statistically significant correlations were also found between the number of courses that should be required specific to play therapy and the amount of continuing education participants' received specific to counseling children but not play therapy ($r_s = .221$, $p = .000$) and to play therapy ($r_s = .230$, $p = .000$). These correlations suggest that the more continuing education participants received specific to counseling children and play therapy, the more strongly they agreed that coursework specific to play therapy should be required and the greater the number of courses they thought should be required.

In summary, the more coursework, training, and continuing education participants received specific to counseling children and play therapy, the more they saw a need for coursework specific to play therapy and the greater the amount of coursework they believed was needed.

With respect to practicum/internship hours, statistically significant correlations were found between the perception of a requirement that a percentage of practicum/internship hours

be spent counseling children and completed coursework specific to counseling children but not play therapy (r_s = .278, p = .000), completed coursework specific to play therapy (r_s = .178, p = .002), and whether or not coursework included units specific to counseling children (r_s = .172, p = .003). That is the more coursework specific to counseling children and play therapy participants completed, the more strongly they agreed that a percentage of practicum/internship hours should be spent counseling children.

Statistically significant correlations were found between the perception of a requirement that a percentage of practicum/internship hours be spent counseling children and whether or not participants counseled children during their practicum/internship (r_s = .345, p = .000); however, no statistically correlations were found between the perception of a requirement that a percentage of practicum/internship hours be spent counseling children and actual percentage of practicum/internship participants spent counseling children (r_s = .168, p = .024). Results indicate that participants' perceptions of a requirement that a percentage of practicum/internship hours be spent counseling children was related to the experience of counseling children and not to the amount of time they spent doing so.

No statistically significant correlations were found between the perception of a requirement that a percentage of practicum/internship hours be spent counseling children and adequacy of university supervision specific to counseling children (r_s = .179, p = .014); university supervisor's knowledge of play therapy (r_s = .083, p = .260); adequacy of on-site supervision specific to counseling children (r_s = .102, p = .165); or on-site supervisor's knowledge of play therapy (r_s = .045, p = .544). In other words, the supervision process was not related to the requirement that a percentage of practicum/internship hours be spent counseling children.

Statistically significant correlations were found between the perception of a requirement that a percentage of practicum/internship hours be spent counseling children and the amount of continuing education participants' received specific to counseling children but not play therapy ($r_s = .303$, $p = .000$) and to play therapy ($r_s = .189$, $p = .001$). These results indicate that the more continuing education participants received specific to counseling children and play therapy, the more strongly they agreed that counseling students should be required to counsel children during their practicum/internship.

In summary, the more the coursework, training, and continuing education participants received specific to counseling children and play therapy, the more they saw a need for coursework and training specific to counseling children and play therapy and the greater the amount of coursework they believed was needed. Increased knowledge gained through formal education and training correlated to a perception of an increased need for that education and training.

With respect to adequacy of preparation, statistically significant correlations were found between perceived adequacy of preparation in counseling children and completed coursework specific to counseling children ($r_s = .523$, $p = .000$); completed coursework specific to play therapy ($r_s = .296$, $p = .000$); whether or not coursework included units specific to counseling children ($r_s = .394$, $p = .000$); amount of continuing education specific to counseling children but not play therapy ($r_s = .369$, $p = .000$); and amount of continuing education specific to play therapy ($r_s = .137$, $p = .018$). As might be expected, these findings suggest that the more coursework and continuing education participants received specific to counseling children and play therapy, the more adequately prepared they thought they were to counsel children.

No statistically significant correlations were found between perceived adequacy of preparation in counseling children and percentage of practicum/internship spent counseling children ($r_s = .137$, $p = .065$); however, statistically significant correlations were found between perceived adequacy of preparation in counseling children and whether or not participants counseled children during their practicum/internship ($r_s = .412$, $p = .000$), adequacy of university supervision specific to counseling children ($r_s = .531$, $p = .000$), university supervisor's knowledge of play therapy ($r_s = .417$, $p = .000$), adequacy of on-site supervision specific to counseling children ($r_s = .400$, $p = .000$), and on-site supervisor's knowledge of play therapy ($r_s = .242$, $p = .001$). These findings suggest that counseling children during practicum/internship, university and on-site supervision specific to counseling children, and university and on-site supervisors' knowledge of play therapy all contributed to participants' perception of the adequacy of their preparation in counseling children. The percentage of practicum/internship hours spent counseling children was not related to participants' perception of the adequacy of their preparation in counseling children. While participants' perception of the adequacy of their preparation was related to whether or not they counseled children during their practicum/internship, it was not related to an increased amount of time spent doing so.

Statistically significant correlations were found between participants' perceptions regarding the sufficiency of their practicum/internship opportunities to counsel children and adequacy of university supervision specific to counseling children ($r_s = .238$, $p = .001$); adequacy of on-site supervision specific to counseling children ($r_s = .454$, $p = .000$); and on-site supervisor's knowledge of play therapy ($r_s = .290$, $p = .000$); however, no statistically significant correlations were found between participants' perceptions regarding the sufficiency of their practicum/internship opportunities to counsel children and adequacy of university supervisor's

knowledge of play therapy (r_s = .158, p = .031). These findings suggest that when students had an opportunity to counsel children during their practicum/internship, the more strongly they agreed that their university and on-site supervision was adequate with respect to counseling children. They also agreed that their on-site supervisors but not their university supervisors were knowledgeable about play therapy. This finding is not surprising because on-site supervisors usually have more knowledge and experience in working with the specific population at their site.

Statistically significant correlations were found between the perceived sufficiency of practicum/internship opportunities to counsel children and whether or not participants counseled children during their practicum/internship (r_s = .741, p = .000) and actual percentage of practicum/internship spent counseling children (r_s = .484, p = .000). The more participants' counseled children during their practicum/internship, the more strongly they agreed that the opportunities to counsel children were sufficient.

In summary, the more coursework, training, and continuing education participants received specific to counseling children and play therapy, the more strongly they agreed that their preparation was adequate. With respect to practicum/internship, it appears that the amount of time spent counseling children is not as important as the fact that participants had an opportunity to do so. University and on-site supervisors' ability to provide adequate supervision in counseling children and play therapy was significantly related to participants' perceptions of the adequacy of their training. It is important for counselor educators to properly train supervisors of master's level counseling students. In addition, it is equally important for the supervisors to receive proper training before supervising students who are counseling children.

According to Landreth, "Even the most experienced and highly effective therapists with adults will often have great difficulty transferring their therapeutic skills to play therapy sessions with small children" (pp. 104-105). Campbell (1993) suggested that play has an integral place in the counseling field. The use of play as a means of communication between children and counselors seems necessary for effective counseling to take place, and attendance by counselors at workshops and conferences indicates increasing interest in play therapy as an effective means of facilitating that communication between counselors and children. With respect to efficacy, statistically significant correlations were found between perceived effectiveness in counseling children and completed coursework specific to counseling children ($r_s = .299$, $p = .000$), completed coursework specific to play therapy ($r_s = .254$, $p = .000$), and whether or not coursework included units specific to counseling children ($r_s = .245$, $p = .000$) indicating that the more coursework specific to counseling children and play therapy participants received, the more strongly they agreed that they were effective in counseling children.

Statistically significant correlations were found between perceived effectiveness in counseling children and whether or not participants counseled children during their practicum/internship ($r_s = .397$, $p = .000$) and actual percentage of practicum/internship spent counseling children ($r_s = .365$, $p = .000$). These findings suggest that the more participants' counseled children during their practicum/internship the more effective they thought they were in counseling children.

Statistically significant correlations were found between perceived effectiveness in counseling children and amount of continuing education participants' received specific to counseling children but not play therapy ($r_s = .540$, $p = .000$) and to play therapy

(r_s = .371, p = .000). In other words, the more continuing education specific to counseling children and play therapy participants received, the more strongly they agreed that they were effective when counseling children.

Statistically significant correlations were found between perceived effectiveness in counseling children and adequacy of university supervision specific to counseling children (r_s = .197, p = .007) and adequacy of on-site supervision specific to counseling children (r_s = .214, p = .003); however, no statistically significant correlations were found between perceived effectiveness in counseling children and university supervisor's knowledge of play therapy (r_s = .036, p = .625) or on-site supervisor's knowledge of play therapy (r_s = .001, p = .984). Perceived effectiveness in counseling children was related to university and on-site supervision specific to counseling children but not play therapy. A possible explanation is that many university supervisors have not been trained in play therapy and therefore did not incorporate play therapy concepts into the supervision process. An alternative explanation is that university supervision is more focused on theoretical concepts where as on-site supervision is more client-focused.

No statistically significant correlations were found between number of children referred to more qualified counselors during the past year and completed coursework specific to counseling children but not play therapy (r_s = .118, p = .041) or completed coursework specific to play therapy (r_s = .081, p = .162) or whether or not coursework included units specific to counseling children (r_s = .100, p = .083). Surprisingly, these results suggest that more coursework received specific to counseling children and play therapy did not reduce the number of referrals of children participants made to more qualified counselors. A possible explanation is that participants who did not receive coursework specific to counseling children or play

therapy choose not to counsel children and therefore did not make any referrals of child clients to more qualified counselors. An alternative explanation is that participants' work setting did not provide them with opportunities to counsel children or to make referrals of children.

No statistically significant correlations were found between number of children referred to more qualified counselors during the past year and the amount of continuing education participants' received specific to counseling children, but not specific to play therapy (r_s = .051, p = .383) or specific to play therapy (r_s = .008, p = .890). The amount of continuing education participants received was not related to the number of referrals of children to more qualified counselors. These results might be expected given the similar findings that coursework specific to counseling children and play therapy was not related to the number of referrals to more qualified counselors.

In summary, coursework, training, and continuing education specific to counseling children and play therapy appear to have provided a strong foundation for practitioners to feel effective as counselors and play therapists in their sessions with children. On the other hand, at appears that increased amounts of coursework specific to counseling children and play therapy did not reduce the number of referrals of child clients.

According to Van Velsor (2004), the majority of counseling programs concentrate on the adult client, yet most counselors will counsel children at some point in their careers. Van Velsor suggested that the volume of literature on play therapy suggests that counselors are trying to apply basic counseling skills they use with adults to their child clients. With respect to application of skills, no statistically significant correlations were found between respondents views regarding the differences between counseling children and counseling adults and completed coursework specific to counseling children but not play therapy (r_s = -.057, p = .327),

completed coursework specific to play therapy (r_s = -.082, p = .154), or whether or not coursework included units specific to counseling children (r_s = -.027, p = .641). Respondents' views regarding the differences between counseling children and counseling adults were not related to the amount of coursework they had completed specific to counseling children and play therapy.

No statistically significant correlations were found between respondents views regarding the differences between counseling children and counseling adults and whether or not they had counseled children during their practicum/internship (r_s = .047, p = .417) or actual percentage of practicum/internship hours spent counseling children (r_s = -.024, p = .744). Participants' views regarding the differences between counseling children and counseling adults did not correlate to their practicum/internship experience.

No statistically significant correlations were found between respondents views regarding the differences between counseling children and counseling adults and the amount of continuing education they received specific to counseling children but not play therapy (r_s = -.069, p = .232) or to play therapy (r_s = -.058, p = .318). Once again, no relationship was found between respondents' views regarding the differences between counseling children and counseling adults and the amount of continuing education they received specific to counseling children and play therapy.

In summary, participants' views regarding the differences between counseling children and counseling adults were not related to the amount of coursework, practicum/internship experience, or continuing education specific to counseling children or play therapy. These findings could indicate that practitioners realized the differences because of human experience or work experience. Alternatively, perhaps practitioners who had not received coursework specific

to counseling children or play therapy might not have been aware of the significant differences and therefore simply acknowledged that there were in fact differences.

When working with clients who are members of a specific population, counselors must give careful consideration to the particular needs of those clients in order to protect the clients' welfare while practicing within the legal and ethical guidelines of their respective professional associations and credentialing boards (American Counseling Association, 2005; American School Counselor Association, 2004; Association for Counselor Education and Supervision, 1993; Association for Play Therapy, n.d.c; National Board for Certified Counselors, 2005). Lawrence and Robinson Kurpius (2000) noted that, because most counselors in non-school settings will work with children at some point during their career, it is essential that counselors fully understand the legal and ethical implications of counseling children. With respect to knowledge about legal and ethical issues, statistically significant correlations were found between respondents' perception of their knowledge about the legal and ethical issues specific to counseling children and completed coursework specific to counseling children but not play therapy ($r_s = .187$, $p = .001$), completed coursework specific to play therapy ($r_s = .196$, $p = .001$), whether or not coursework included units specific to counseling children ($r_s = .237$, $p = .000$), and the amount of continuing education participants received specific to counseling children but not play therapy ($r_s = .309$, $p = .000$) and to play therapy ($r_s = .262$, $p = .000$). In other words, the more coursework and continuing education participants received specific to counseling children and play therapy, the more knowledgeable they thought they were about legal and ethical issues specific to counseling children.

In summary, these results suggest that counseling courses specific to ethical and legal issues may not be sufficiently covering legal and ethical issues with respect to counseling

children and that there may be a need for coursework specific to legal and ethical issues related to counseling children.

Jackson (1998) suggested that professional organizations develop a code of ethics for the practice of play therapy, standards for the education and supervision of play therapists, and a process for credentialing play therapists. Jackson recommended that the play therapists should obtain a required number of hours of instruction and supervision necessary to become qualified before using play therapy as a treatment modality. According to Kottman (2001), professional credentialing of play therapists accomplishes several goals simultaneously including increasing the credibility of the profession and giving practitioners recognition as experts in working with children.

With respect to credentialing, no statistically significant correlations were found between participants' perceptions regarding the requirement of a special credential before counseling children and completed coursework specific to counseling children but not play therapy (r_s = .032, p = .584), completed coursework specific to play therapy (r_s = -.031, p = .593), or whether or not coursework included units specific to counseling children (r_s = -.049, p = .401). The amount of coursework specific to counseling children and play therapy participants received was not related to their views regarding the requirement of a special credential before counseling children.

No statistically significant correlations were found between participants' perceptions regarding the requirement of a special credential before using play therapy and completed coursework specific to counseling children but not play therapy (r_s = -.009, p = .873), completed coursework specific to play therapy (r_s = -.096, p = .097), or whether or not coursework included units specific to counseling children (r_s = -.078, p = .175). The amount of coursework specific to

counseling children and play therapy participants received was not related to their views regarding the requirement of a special credential before using play therapy.

No statistically significant correlations were found between participants' perceptions regarding the requirement of a special credential before counseling children and whether or not participants had counseled children during their practicum/internship (r_s = -.081, p = .163) or actual percentage of practicum/internship participants spent counseling children (r_s = .066, p = .378). Also, no statistically significant correlations were found between participants' perceptions regarding the requirement of a special credential before using play therapy and whether or not participants counseled children during their practicum/internship (r_s = -.122, p = .043) or actual percentage of practicum/internship participants spent counseling children (r_s = .052, p = .485). Participants' perceptions regarding the need for special credentialing before counseling children or using play therapy were not related to their practicum/internship experience.

No statistically significant correlations were found between participants' perceptions regarding the requirement of a special credential before counseling children and adequacy of university supervision specific to counseling children (r_s = .110, p = .135); university supervisor's knowledge of play therapy (r_s = .093, p = .207); adequacy of on-site supervision specific to counseling children (r_s = -.059, p = .428); or on-site supervisor's knowledge of play therapy (r_s = -.058, p = .435). Also, no statistically significant correlations were found between participants' perception regarding the requirement of a special credential before using play therapy and adequacy of university supervision specific to counseling children (r_s = .065, p = .375); university supervisor's knowledge of play therapy (r_s = .044, p = .548); adequacy of on-site supervision specific to counseling children (r_s = -.086, p = .244); or on-site

supervisor's knowledge of play therapy (r_s = -.049, p = .511). Similar to findings discussed earlier, participants' perceptions regarding the need for special credentialing before counseling children or using play therapy were not related to their supervisory experience.

In summary, most participants agreed that their credential as a Licensed Professional Counselor was sufficient for them to counsel children and practice play therapy and that no further credentialing was needed. Perhaps Licensed Professional Counselors believe that the specialty of counseling children should be addressed within the counselor education programs and that being a Licensed Professional Counselor implies formal and adequate training to counsel children. These findings are important for counseling program faculty when developing comprehensive counseling programs that prepare students to be effective practitioners while working with a variety of clients including children. Given the large amount of research on the importance of approaching child clients from a developmental perspective, the substantial amount of literature advocating for formal and adequate amounts of training in all specialty areas, and the scientific data on the effectiveness of play therapy when counseling children, it is alarming that some respondents believed they are qualified to counsel children or use play therapy without any specific training.

Summary

Overall, the more coursework and continuing education specific to counseling children and play therapy participants received, the more strongly they agreed that coursework specific to counseling children and play therapy should be required and the greater the amounts they thought should be required. Increased coursework and continuing education was also related to the requirement that a percentage of practicum/internship hours be spent counseling children. Respondents' perception regarding the sufficiency of their practicum/internship opportunities

was related to whether or not they counseled children during their practicum/internship but not to the percentage of time spent doing so.

Participants who had received more coursework and continuing education specific to counseling children and play therapy counseled children more often, thought their preparation to counsel children was more adequate, and thought they were more effective and more knowledge about legal and ethical issues. When participants counseled children during their practicum/internship, they thought that increased amounts of coursework specific to counseling children and play therapy should be required. They also thought that practicum/internship students should be required to counsel children. These participants also thought they were more effective.

It is not surprising to see that participants who were members of ASCA received the most continuing education specific to counseling children and members of APT and APT state branches received the most continuing education specific to play therapy. Also, increased amounts of continuing education specific to counseling children and play therapy was related to directive play therapy and increased amounts of coursework and continuing education specific to play therapy was related to non-directive play therapy. Members of ASCA, APT, and APT state branches thought that their practicum/internship opportunities to counsel children were more sufficient, that they were more effective in counseling children, and they more strongly agreed that there were differences between counseling children and counseling adults. Unexpectedly, participants who received less coursework and continuing education specific to counseling children and play therapy did not make more referrals to counselors they thought were more qualified to counsel children.

An interesting finding was that respondents who received increased coursework in counseling children and play therapy did not think that any special credentials were needed before counseling children or using play therapy. Also, there was no relationship between participants who were members of ASCA or APT and the requirement of a special credential before counseling children or using play therapy.

With respect to the supervisory experience, the more university and on-site supervisors were able to provide adequate supervision specific to counseling children and play therapy the greater participants' perception of the adequacy of their preparation to counsel children; however, there was no relationship between supervisors ability to provide adequate supervision specific to counseling children and play therapy and participants' perception of required coursework specific to counseling children and play therapy.

Limitations of the Study

Limitations of this study should be noted. Because counselors who were not licensed were not included in this study, results may not be representative of all practitioners in the field. While the target population consisted of Licensed Professional Counselors, all Licensed Professional Counselors within the United States were not included in the sample. Because specific data bases were used to contact potential participants and not all Licensed Professional Counselors were invited to participate, the sample may not be representative of the population. Respondents were also required to have a computer, basic computer skills, an e-mail address, and internet access. However, given the target population, this limitation was probably minimal.

Due to the fact that not all counselors counsel children, respondents who chose to participate in the survey may be more interested in research regarding counseling children and play therapy than those who chose not to participate. Also, e-mail addresses for potential

participants were obtained from ACA membership lists which may be representative of participants with a greater sense of professional identity and awareness of the need for extensive education, training, continuing education, and research in the field of counseling. In addition, this study was conducted during the summer and some participants may not have received their invitation to participate.

An unusually large proportion of participants held a doctorate degree. This may be due to the fact that university counseling student and alumni electronic data bases were used to contact potential participants. Another possible explanation is that individuals with a doctorate are more likely than individuals with a master's degree to complete a survey for a doctoral student.

One limitation related to design was that the instrument may not have accurately measured the practices, preparations, and perceptions of the participants. Also, participants' perceptions regarding counseling children are likely to change over time, particularly with respect to their perception of their education and training in counseling children.

Researcher bias was another potential limitation of this study. Because I am a Registered Play Therapist-Supervisor and have been trained in the use of play therapy, I believe that counselors must have extensive education, training, and competent supervision in counseling children as part of their academic program to work with children effectively and in an ethical manner. To reduce researcher bias, I conducted the study by means of an on-line, anonymous survey.

Implications for Accrediting Agencies and Professional Organizations

If accrediting agencies and professional organizations aim to establish standards that are representative of the current views and practices of practitioners of play therapy, those views and

practices must be identified. In addition, sufficient opportunities must be presented for clinicians to meet the requirements of those standards.

The intent of this study was to identity current views and practices of Licensed Professional Counselors who counsel children. It was hoped that the findings might assist professional associations and credentialing boards in determining standards for practitioners. The Council for Accreditation of Counseling and Related Programs (CACREP) has recently issued a new set of standards (CACREP, 2009); however, there are no standards specific to counseling children. With an increase in the number of children who seek counseling, and given the vulnerability of the population, it is imperative that accrediting boards set high standards to ensure competent practice.

Based on the findings in this study, accrediting agencies may want to consider updating standards in order to meet the needs of society today and to maintain the credibility of the counseling profession among the population it serves, other mental health professionals, and professionals who work in related fields.

Implications for Counselor Educators

A second purpose of this study was to assess the academic education and training of practitioners who counsel children, to determine the currents trends in continuing education, to gain a better understanding of the perceptions of practitioners regarding their academic and professional experience, and to determine relationships among these areas. This study may assist counseling programs with setting standards for the education and training of future counselors that address the needs of the child clients the profession intends to serve. Results may assist counselor educators in the development of comprehensive counseling programs that adequately prepare counselors to work with a variety of clientele including children. As a result of this

study, counselor educators may reevaluate their current curriculums with respect to counseling children and identify needed changes to strengthen their counseling programs. Information gathered from this study may be helpful to counselor educators by providing accurate information about current trends in education and work experience specific to counseling children and helping them properly prepare their graduates for the workplace. The findings accentuate the importance for counselor educators and accrediting agencies of establishing rules for supervision of practicum/internship students. Caution should be taken when placing supervisees with supervisors who are not trained in the supervisee's area of practice. As counselor educators design their practicum/internship course requirements, they may want to note the significant impact that counseling children during practicum/internship had on participants' views about the need for coursework specific to counseling children and the need for an opportunity to counsel children during practicum/internship. Finding professionally compatible supervisors and supervisees is critical if the supervision process is to maximize the students' supervisory experience.

Recommendations for Future Research

Most of the literature on counseling children has focused on surveying school counselors or play therapists. Little information has been collected with the population of Licensed Professional Counselors; therefore, this study offers new information about their preparation, practice, and perceptions with respect to counseling children.

Replicating this study with a different sample of Licensed Professional Counselors or with a sample of professionals from a related field could confirm the validity and reliability of the *Counselor Training and Practice Inventory*. Also, additional trends and perceptions could be identified.

Future researchers could seek to add to the knowledge gained from this study by addressing in more depth each area of preparation, practice, and perceptions of counselors with respect to counseling children.

Jones and Rubin (2005) reported that despite increasing research supporting the efficacy of play therapy, there is little research on effective training for play therapists. With respect to *preparation*, additional studies could explore what coursework is being offered specific to counseling children and play therapy, what aspects of counseling children were addressed and in which classes, and whether that education and training were effective. This information would be helpful in determining which areas are being adequately covered and which areas still need to be addressed. With respect to supervision, it would be beneficial to learn more about the differences in supervisees' perceptions regarding the supervisory experience and their training in relation to their supervisor's training specific to play therapy.

With respect to *practice*, additional research is needed to determine why some counselors do not counsel children. Perhaps it is personal preference or a lack of opportunity in their work environment, or perhaps it is due to inadequate education and training. Another area to be explored would be the reasons why some counselors referred to others they believed were more qualified. A qualitative study might provide participants with an opportunity to elaborate on their experiences and provide additional insight into their perceptions.

With respect to *perceptions*, further research could explore what practitioners perceive to be the differences between the skills necessary for counseling children and the skills needed for counseling adults and the extent to which these differences exist.

Another area which offers great potential for research is the aspect of using play therapy with adults. Very little research has been done in this area with respect to efficacy and none has been specific to the population of Licensed Professional Counselors.

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Appendix A

Counselor Training and Practice Inventory

COUNSELOR TRAINING AND PRACTICE INVENTORY (CTPI)

Instructions: Thank you in advance for taking the time to complete this survey and for contributing to the body of research regarding the preparation, practices, and perceptions of Licensed Professional Counselors with respect to counseling children. This questionnaire consists of 48 questions divided into five parts: Demographic Information, Formal Training, Post Master's Degree Supervisory Experience, Work Experience, and Perceptions. Your responses are completely anonymous, so please answer all the questions as honestly as possible. The results of this study may influence the training of future counselors. The survey has been approved by the University of New Orleans' Human Subjects Committee and will take approximately 15 minutes to complete.

Definition of Terms: Please use the following definitions when responding to the questions.

Children: Anyone 12 years of age or younger

Licensed Professional Counselor: An individual who holds a master's degree in counseling or in a related field with an emphasis on counseling who has met the requirements of the state licensing board for the state in which licensure has been granted.

Play: The primary avenue through which children learn about themselves, others, and the world around them. Play is the natural medium through which children communicate.

Play Therapy: The systematic use of a theoretical model to establish an interpersonal process where counselors use the therapeutic powers of play to help clients prevent or resolve psychological difficulties and achieve optimal growth and development. This may include some or all of the following: directive play therapy, non-directive play therapy, art, dance, drama, music, narrative story-telling, and role-plays. [Adapted from the *Association for Play Therapy]*

Section A: Demographic Information

2. What is your age?

[Pull down: 22 – >75]

3. What is your sex?

__ Female __ Male

4. Which of the following cultures do you identify with the most? (Please choose only ONE)

__ American Indian or Alaska Native
__ Asian
__ Black or African American
__ Caucasian
__ Hispanic or Latino
__ Middle Eastern
__ Native Hawaiian or Other Pacific Islander
__ Bi-racial/Multicultural
__ Other (Please specify) _____

5. What is your highest degree earned?

__ Master's Degree in Counseling or a related field
__ Doctorate Degree in Counseling or a related field

6. What year did you receive your master's degree in counseling or a related field?

[Pull down: 2009 – Prior to 1980]

7. If you have earned a PhD, what year did you receive your doctorate degree in counseling or a related field?

[Pull down: 2009 – Prior to 1980]

8. Did you receive your master's degree from a CACREP-accredited program?

__ Yes __ No __ Do not know

9. If you are a Licensed Professional Counselor, in which state are you licensed?

[Drop down: List of states]

10. In which of the following primary work settings have you worked? (Please check all that apply.)

__ College Counselor
__ Counselor Educator
__ Community Mental Health Agency
__ Mental Health Hospital
__ Private Practice
__ Substance Abuse Clinic
__ Elementary School
__ Middle School
__ High School
__ Other(s) (Please specify) _____

11. In which of the following primary work settings are you currently working? (Please check all that apply.)

__ College Counselor
__ Counselor Educator
__ Community Mental Health Agency
__ Mental Health Hospital
__ Private Practice
__ Substance Abuse Clinic
__ Elementary School
__ Middle School
__ High School
__ Other(s) (Please specify) _____

12. Are you a member of or do you hold a credential from any of the following organizations? (Please check all that apply)

__ American Counseling Association (ACA)
__ ACA State Branch
__ American School Counselor Association (ASCA)
__ American Association for Marriage and Family Therapy (AAMFT)
__ Association for Play Therapy (APT)
__ APT State Branch
__ National Board for Certified Counselors (NBCC)
__ Other(s) (Please specify) _____

Section B: Formal Training

13. How many graduate level courses have you completed which were specific to counseling children, but not specific to play therapy?

__ 0 __ 1 __ 2 __ 3 __ 4 __ 5 __ >5

14. How many graduate level courses have you completed which were specific to play therapy?

__ 0 __ 1 __ 2 __ 3 __ 4 __ 5 __ >5

15. Did any of your courses include a unit specific to counseling children?

__ Yes __ No

16. If yes to #15, which of the following areas of coursework included units specific to counseling children?

__ Professional Orientation and Ethical Practice
__ Social and Cultural Diversity
__ Human Growth and Development
__ Career Development
__ Helping Relationships
__ Assessment
__ Research and Program Evaluation

17. Did your master's practicum/internship experience include direct experience in counseling children? (If "no", skip to #23.)

__ Yes __ No

18. If yes to #17, approximately what percentage of your practicum/internship hours was spent counseling children?

__ I did not counsel children during my practicum/internship
__ 1-5%
__ 6-10%
__ 11-20%
__ 21-30%
__ 31-40%
__ 41-50%
__ 51-60%
__ 61-70%
__ 71-80%
__ 81-90%
__ 91-100%

19. If yes to #17, to what extent did your **university** supervisors provide adequate supervision specific to counseling children?

1 2 3 4 5 6
Not Very
Adequate Adequate

20. If yes to #17, to what extent were your **university** supervisors knowledgeable about play therapy?

1 2 3 4 5 6
Not Very
Knowledgeable Knowledgeable

21. If yes to #17, to what extent did your **on-site** supervisors provide adequate supervision specific to counseling children?

1 2 3 4 5 6
Not Very
Adequate Adequate

21. If yes to #17, to what extent were your **on-site** supervisors knowledgeable about play therapy?

1 2 3 4 5 6
Not Very
Knowledgeable Knowledgeable

23. In your career as a counselor, approximately how many continuing education clock hours have you attended which were specific to counseling children, but not specific to the use of play therapy?

__ I did not attend any workshops specific to children, but not play therapy.
__ 1-10
__ 11-20
__ 21-30
__ 31-40
__ 41-50
__ 51-60
__ 61-70
__ 71-80
__ 81-90
__ 91-100
__ >100

24. In your career as a counselor, approximately how many continuing education clock hours have you attended which were specific to the use of play therapy?

__ I did not attend any workshops specific to play therapy.
__ 1-10
__ 11-20
__ 21-30
__ 31-40
__ 41-50
__ 51-60
__ 61-70
__ 71-80
__ 81-90
__ 91-100
__ >100

25. I have a general understanding of play therapy.

__ Strongly Disagree
__ Disagree
__ Slightly Disagree
__ Slightly Agree
__ Agree
__ Strongly Agree

26. My graduate degree training adequately prepared me to enter the counseling profession.

__ Strongly Disagree
__ Disagree
__ Slightly Disagree
__ Slightly Agree
__ Agree
__ Strongly Agree

27. My graduate degree training adequately prepared me to counsel children.

__ Strongly Disagree
__ Disagree
__ Slightly Disagree
__ Slightly Agree
__ Agree
__ Strongly Agree

28. My practicum/internship site provided me with sufficient opportunities to counsel children.

__ Strongly Disagree
__ Disagree
__ Slightly Disagree
__ Slightly Agree
__ Agree
__ Strongly Agree

Section C: Post Master's Degree Supervisory Experience

29. Are you receiving/did you receive post master's supervision for licensure?

__Yes __ No (If "no", skip to # 32)

30. If yes to #29, does/did your supervision include instruction or consultation about play therapy?

__ Yes __ No

31. If yes to #29, do/did you receive supervision from a *Registered Play Therapist-Supervisor*?

__ Yes __ No __ Do not know

Section D: Work Experience

32. During the first two years after you received your master's degree, approximately what percentage of your work is being/was spent counseling children both individually and/or in small groups?

__ I am not counseling/did not counsel children during my first 2 years
__ 1-5%
__ 6-10%
__ 11-20%
__ 21-30%
__ 31-40%
__ 41-50%
__ 51-60%
__ 61-70%
__ 71-80%
__ 81-90%
__ 91-100%

33. In the past year, approximately what percentage of your work is being/was spent counseling children both individually and/or in small groups?

__ I did not counsel children during the past year
__ 1-5%
__ 6-10%
__ 11-20%
__ 21-30%
__ 31-40%
__ 41-50%
__ 51-60%
__ 61-70%
__ 71-80%
__ 81-90%
__ 91-100%

34. Approximately how many individual, family, and group counseling sessions do you currently average during a one week period?

[Pull down: 0 – >75]

35. In your primary work setting, what primary method of counseling do you use when counseling children?

__ I do not counsel children
__ Talk Therapy
__ Directive Play Therapy
__ Non-Directive Play Therapy
__ Other (Please specify) _____

36. If you counsel children, what are the ages of the majority of the children with whom you currently work?

__ I do not counsel children
__ <1 year-3 years
__ 4-7 years
__ 8-12 years

37. How effective do you think you are in counseling children?

__ Very Ineffective
__ Ineffective
__ Slightly Ineffective
__ Slightly Effective
__ Effective
__ Very Effective

38. Approximately how many times in the past year have you referred a child client to a counselor whom you think is more qualified to counsel children?

__ 0 __ 1-2 __ 3-4 __ 5-6 __ 7-8 __ 9-10 _>10

Section E: Perceptions

39. Coursework specific to counseling children, but not specific to play therapy, should be required in all counseling master's programs.

__ Strongly Disagree
__ Disagree
__ Slightly Disagree
__ Slightly Agree
__ Agree
__ Strongly Agree

40. How many courses specific to counseling children, but not specific to play therapy, should be required?

__ No coursework should be required
__ 1
__ 2
__ 3
__ 4
__ 5

41. Coursework specific to play therapy should be required in all counseling master's programs.

__ Strongly Disagree
__ Disagree
__ Slightly Disagree
__ Slightly Agree
__ Agree
__ Strongly Agree

42. How many courses specific to play therapy should be required?

__ No coursework should be required
__ 1
__ 2
__ 3
__ 4
__ 5

43. How many continuing education clock hours would be sufficient to qualify a counselor to counsel children?

__ No continuing education clock hours are necessary
__ 1-15
__ 16-30
__ 31-45
__ 46-60
__ 61-75
__ >75

44. All master's level counseling students should be required to complete a percentage of their practicum/internship hours counseling children.

__ Strongly Disagree
__ Disagree
__ Slightly Disagree
__ Slightly Agree
__ Agree
__ Strongly Agree

45. Professional counselors should be required to obtain a special credential such as national certified school counselor before counseling children.

__ Strongly Disagree
__ Disagree
__ Slightly Disagree
__ Slightly Agree
__ Agree
__ Strongly Agree

46. Professional counselors should be required to obtain a special credential such as registered play therapist before using play therapy when counseling children.

__ Strongly Disagree
__ Disagree
__ Slightly Disagree
__ Slightly Agree
__ Agree
__ Strongly Agree

47. The counseling skills necessary for counseling children are basically the same as the skills necessary for counseling adults.

__ Strongly Disagree
__ Disagree
__ Slightly Disagree
__ Slightly Agree
__ Agree
__ Strongly Agree

48. I am knowledgeable about the legal and ethical issues specific to counseling children.

__ Strongly Disagree
__ Disagree
__ Slightly Disagree
__ Slightly Agree
__ Agree
__ Strongly Agree

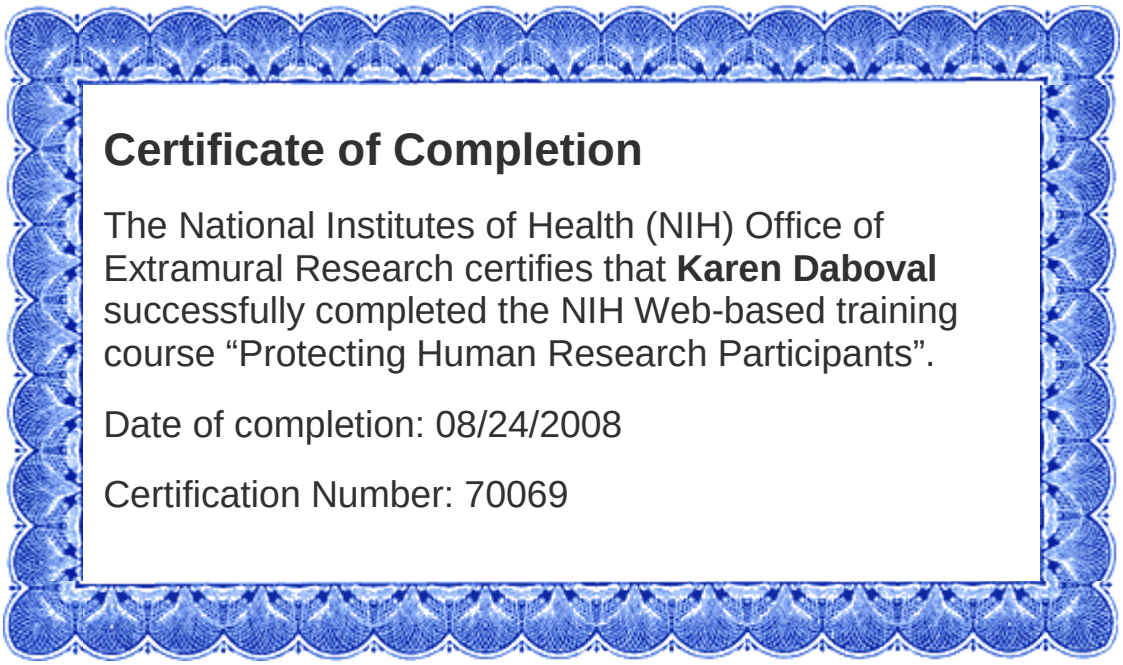
Thank you for taking the time to complete this survey and sharing your experiences. Your participation and time are greatly appreciated. The future of the counseling profession depends on you, the practitioners of today.

Appendix B

National Institutes of Health

Certificate of Completion

“Protecting Human Research Participants”



Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Karen Daboval** successfully completed the NIH Web-based training course “Protecting Human Research Participants”.

Date of completion: 08/24/2008

Certification Number: 70069

Appendix C

IRB Approval Letter

University Committee for the Protection of Human Subjects in Research
University of New Orleans

Campus Correspondence

Principal Investigator: Barbara Herlihy

Co-Investigator: Karen Daboval

Date: March 4, 2009

Protocol Title: "Preparation, Practices, and Perceptions of National Certified Counselors with Respect to Counseling Children"

IRB#: 07Mar09

The IRB has deemed that the research and procedures described in this protocol application are exempt from federal regulations under 45 CFR 46.101category 2, due to the fact that any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Exempt protocols do not have an expiration date; however, if there are any changes made to this protocol that may cause it to be no longer exempt from CFR 46, the IRB requires another standard application from the investigator(s) which should provide the same information that is in this application with changes that may have changed the exempt status.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you are required to inform the IRB as soon as possible after the event.

Best wishes on your project.
Sincerely,

Robert D. Laird, Chair
UNO Committee for the Protection of Human Subjects in Research

Appendix D

Letter of Transmittal

Dear Potential Research Participant,

I am a doctoral student in the Counselor Education program at the University of New Orleans. I am writing to request your participation in my dissertation research study which pertains to the preparations, practices and perceptions of Licensed Professional Counselors with respect to counseling children. Even if you do not counsel children currently, I am interested in your responses.

In order to establish educational standards and training requirements for professional counselors who work with children, data must be collected regarding the current views and trends of practitioners, both those who counsel children and those who do not. I hope that my research will contribute to a better understanding of practitioners within the counseling profession and the population they serve. In addition, findings could be used to aid credentialing boards in determining standards for practitioners and to assess the education and training of practitioners who counsel children.

Participants in my research project will complete an on-line survey, the *Counselor Training and Practice Inventory (CTPI)*, which will take approximately 15 minutes to complete. Through the services of www.surveymonkey.com, the *CTPI* will be administered while maintaining the anonymity of the research participants. At no time will you be asked to record your name. Anonymity will be maintained through encrypted internet addresses. If the results of this study are published, only group statistical data will be used and no direct comparison of individual participant responses will be given. Participation in this study is voluntary and can be terminated at any time.

I appreciate your willingness to participate in this study. Please click on the following link and proceed by following the survey instructions. If you are not connected automatically, please cut-and-paste the link into the address box on your browser and press enter.

http://www.surveymonkey.com/s.aspx?sm=c7s02SAT1TfzvDPtaEHeCg_3d_3d

Thank you for agreeing to participate in my research project. Your willingness to offer your time and provide thoughtful consideration of your answers is greatly appreciated. Should you have questions at any time, please feel free to contact me at the information below.

Sincerely,

Karen L. Daboval
Doctoral Candidate
Department of Educational Leadership, Counseling and Foundations
University of New Orleans
Telephone: 504-280-6662
E-mail: kldabova@uno.edu

Appendix E

Participant Consent Form

PARTICIPANT CONSENT FORM

I. Title of Research Study

Preparation, Practices, and Perceptions of Licensed Professional Counselors with Respect to Counseling Children

II. Project Director

Karen L. Daboval, Doctoral Candidate, Department of Educational Leadership, Counseling and Foundations, University of New Orleans, New Orleans, LA 70148. Telephone: 504-280-6662. E-mail: kldabova@uno.edu.

Faculty Supervisor: Barbara R. Herlihy, Ph.D., Department of Educational Leadership, Counseling and Foundations, University of New Orleans, New Orleans, LA 70148. Telephone: 504-280-6662. E-mail: bherlihy@uno.edu

III. Purpose of this Research Study

The purpose of this study is to determine the preparation, practices, and perceptions of Licensed Professional Counselors with respect to counseling children. In order to establish standards which are representative of the views and practices of practitioners within the field, those views and practices must be identified.

IV. Procedures

Participants for my research will participate in an on-line, electronic survey which will take approximately 15 minutes to complete. Through the use of the services of **www.surveymonkey.org,** the survey will be administered while the identity of the participants remains anonymous. Internet addresses are encrypted so that it is not possible to determine actual internet addresses. Participation in this study is voluntary and can be terminated at any time.

V. Potential Risks or Discomforts

Participants may experience some emotional discomfort with regard to answering some of the survey questions. If you have any questions or wish to discuss any discomforts associated with the administration of this survey, you may contact the Project Director or Faculty Supervisor listed in #2 above.

VI. Potential Benefits to You and Others

Because of the nature of this study, some benefit may come to the participants by allowing them to express their views and assisting the researcher with this project. Some benefits may be indirectly derived by participants in potentially helping to establish standards for the profession and assisting researchers in conducting future studies which add to the knowledge base determined by this study.

VII. Alternative Procedures

There are no alternative procedures to this study. Your participation in the on-line survey being conducted is completely voluntary. You may withdraw consent or terminate participation at any time without any consequence to you.

VIII. Protection of Confidentiality

Through the use of the services of www.surveymonkey.com, the on-line electronic survey will be administered while maintaining the anonymity of the participants. Internet addresses will be encrypted so that it is not possible to determine the actual identity of participants. If the results of this study are published, only the statistical data gathered will be used and no direct comparison of individual participant responses will be used.

IX. Consent to Participate

I have been fully informed of the above stated aspects of this research project, with its potential risks and possible benefits. By completing the on-line survey, I am agreeing to participate in this study.

1. Do you agree to participate in this research project?

__ Yes __ No

VITA

Karen Landwehr Daboval earned a Bachelor of Science degree in Accounting from the University of New Orleans in 1984and a Master of Education in Counseling from the University of New Orleans in 2002. In 2009, she earned a Doctor of Philosophy degree in Counselor Education from the University of New Orleans.

Karen is a Licensed Professional Counselor-Supervisor (LPC-S), a Licensed Marriage and Family Therapist (LMFT), a National Certified Counselor (NCC), and a Registered Play Therapist-Supervisor (RPT-S). She is a member of the American Counseling Association (ACA), the Louisiana Counseling Association (LCA), the Association for Counselor Education and Supervision (ACES), the Southern Association for Counselor Education and Supervision (SACES), the Louisiana Association for Counselor Education and Supervision (LACES), the Association for Specialists in Group Work (ASGW), the Association for Play Therapy (APT), and Louisiana Association for Play Therapy (LAPT). She is a member of Chi Sigma Iota counseling honor society. She has one publication and has presented at national and local conferences.

Karen has experience in a variety of areas. She has worked in community mental health agencies as a counselor serving a variety of clientele and as an on-site supervisor. As a doctoral student, she provided individual and group supervision for master's level students, was a teaching assistant, and served as a lead instructor. As a graduate assistant, she trained teachers and administrators on reporting child abuse and also counseled victims. She is currently employed as a lower and middle school counselor and also has a private practice where she specializes in working with children and families. Her area of expertise is play therapy.