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Elementary School Children's Perceptions of the Process of Counseling with School Counselors who Utilize Play Therapy Techniques

Eric Green
University of New Orleans

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ELEMENTARY SCHOOL CHILDREN'S PERCEPTIONS
OF THE PROCESS OF COUNSELING WITH SCHOOL
COUNSELORS WHO UTILIZE PLAY THERAPY TECHNIQUES

A Dissertation

Submitted to the Graduate Faculty of the
University of New Orleans
in partial fulfillment of the
requirements for the degree of

Doctor of Philosophy
in
The Counselor Education Program

by

Eric Green

B.A., University of Louisiana at Lafayette, 2000
M.S., University of Louisiana at Lafayette, 2002

May 2005

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This dissertation process has been both fulfilling and humbling. While I have come to realize many of my professional and personal shortcomings during this journey, I have also learned that I am capable of achieving anything I put my mind to.

I want to first acknowledge the existence of God in my life. It is through God's grace that I have come to this point of professional and personal success. "We love Him because He first loved us."

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DEDICATION

To Maddy, for it all begins with you.

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ABSTRACT

This exploratory research was designed to elucidate elementary school children's perceptions of the process of counseling with school counselors who utilize play therapy techniques. Seven elementary school children who were engaged in a counseling relationship with a school counselor who utilized play therapy techniques were interviewed three different times in person. All three rounds of interviews were audio taped and transcribed for the purpose of data analysis. Throughout each round of data collection, coding procedures, mainly open, axial, and selective, were utilized to extract and organize emergent themes. The data yielded three main categories: (a) therapeutic relationship, (b) emotional expressiveness, and (c) creative play, which included properties and sub-properties.

To verify findings, expert consultation, member checks, and rival explanations were sought. Findings are discussed, followed by a conceptual framework of the counseling process. Methods to address potential limitations are presented, followed by a discussion of implications for counselor educators, play therapists, and school counselors. Last, suggestions for further research are offered.

CHAPTER ONE

INTRODUCTION

Overview

While I was completing my master's degree in counseling, I worked at a church that provided spiritual counseling to children and adolescents. Because the university that I attended offered no formal training in counseling children, I taught myself about the process and interventions of play therapy. Achieving success with children by utilizing play therapy techniques, I formed a partnership between the church and a local elementary school. Teachers at the elementary school began to refer children to me for counseling. I received positive feedback from the children who described the helpfulness of our counseling sessions.

Unfortunately, the school had no full-time counselor and many of the children's mental health needs went unmet. It was at this time that I began to think about the effectiveness of play therapy in school settings and how school counseling could be optimized if (a) every school had a school counselor and (b) school counselors incorporated play therapy interventions in their school settings.

During the first semester of my enrollment at the University of New Orleans as a doctoral student in counselor education, I began a series of graduate courses and workshops related to play therapy training. I also began supervision, for which I was highly appreciative, with a Registered Play Therapy Supervisor. Now, in my current professional role as a school counselor at a private elementary school, I again see the positive potential that play therapy interventions pose for counselors in school settings.

My recent experiences have affirmed my belief that play therapy techniques optimize communication between elementary school children and counselors. Children easily communicate their feelings and thoughts through non-threatening, symbolic types of communication activated in play. Because counseling children involves a specialized nonverbal communication, I see the need for children's voices to be heard concerning their views of the process of counseling.

This account of my personal experience in school counseling and play therapy has been provided as the foundation that serves as the impetus for this study. The following sections include a rationale for this study and a summary of relevant research surrounding play therapy and school counseling. A conceptual framework for the study is then provided and followed by definitions of key terms as they pertain to this investigation. Finally, an explanation of the research methodology is provided.

Rationale for the Study

According to the National Institute of Mental Health (2004), one in five children suffers with mental health problems. The United States Public Health Service (2000) stated that because of the nation's lack of a unified mental health infrastructure, elementary school children affected by mental health problems receive fragmented services. This situation results in insufficient opportunities to identify, prevent, and provide interventions for mental health issues. Adequate mental health services are essential in assisting the learning and overall positive outcome of children affected by mental health problems (Gysbers & Henderson, 2000; Ray, Perkins, & Oden, 2004; Schmidt, 2003). The expansion of elementary school counseling programs offers

significant opportunities for ameliorating the national deficiencies in children's mental health care services and providing prevention (Packman & Bratton, 2003).

According to Ray, Perkins, and Oden (2004), elementary school children respond positively to creative interventions utilized by school counselors. By infusing play therapy interventions throughout a comprehensive school counseling program, school counselors may advance the school climate by providing more developmentally appropriate and curative strategies to bolster academic and social success in students (Ray, Muro, & Schumann, 2004). Play therapy is an empirically validated, creative counseling process that is sensitive to children's academic and social development (Bratton & Ray, 2000; Landreth, 2002).

Research on the efficacy of play therapy with children focuses on play therapists' and counselors' perceptions of play therapy (Landreth, 1987; LeBlanc & Richie, 1999; Phillips & Landreth, 1998; Shin & Herr, 2003). Researchers studying the effectiveness of play therapy derive most of their empirical knowledge quantitatively, through surveys or questionnaires that are based on child developmental psychology (DePo & Frick, 1988) and children's views of traditional psychotherapy (Kranz, Kottman, & Lund, 1998). Because modern play therapy and traditional child psychotherapy vary in approaches, methodologies, and outcomes (Landreth, Baggerly, & Tindell, 1999), it is appropriate that researchers specifically explore children's perceptions of the process of play therapy. Carroll (2001) contended that a scientific study exploring the salience of the process of play requires a qualitative research methodology that systematically elucidates children's personal experiences. A summary of relevant literature and the conceptual framework that follow will provide a rationale for this study and for the chosen methodology.

Summary of Relevant Literature

To provide a backdrop for the research, the relevant literature regarding play therapy and school counseling is included. This summary illustrates how exploratory research into children's perceptions of the process of counseling with school counselors who utilize play therapy techniques is necessary and may contribute to the existing body of knowledge.

Play Therapy

Play therapy is a fairly new specialty within mental health counseling that utilizes different theoretical models in an effort to facilitate an empathic relationship between counselor and client, within which clients are free to express feelings through symbolic means of communication and ultimately engage in self-growth (Association for Play Therapy, 1997). Kottman (2001) and Landreth (2002) stated that the premise of play therapy is for counselors to utilize toys, art, sand, and other play media as the primary media for communication with clients. Gil (2003) stated "the goal of play therapy is to provide children with opportunities to address their difficulties through symbolic play in the context of a therapeutic relationship" (p.195). Play therapy can be employed in multiple formats, such as individual, group, or family sessions, based upon the individual needs of the client (Schaefer, 2003).

Christensen (2003c) described the process of play therapy in five phases: (a) relationship building and assessment; (b) exploration; (c) theme development and awareness; (d) independence and sense of autonomy; and (e) termination. In these stages, children learn to integrate thoughts, feelings, and experiences in an effort to resolve psychosocial issues and develop a sense of mastery over their lives. In the playroom,

children can create an entire therapeutic world where they actively engage in appropriate expression of feeling (Kottman, 2001), practice pro-social behaviors (Allan, 1992; De Demonico, 1988), and cognitively and emotionally overcome anxieties stemming from difficult life events (Gil, 1991).

Johnson, McLeod, and Fall (1997) conducted a study in schools with elementary children who received play therapy. During the play sessions, the researchers observed that all the subjects conveyed their feelings through their language and actions in play. Additionally, the elementary school children who received play therapy demonstrated an increase in coping skills with varying psychosocial issues. In a separate study, Fall, Balvanz, Johnson, and Nelson (1999) compared 31 children who received six counseling sessions with school counselors who utilized play therapy techniques and 31 children who received no counseling. The researchers found that self-efficacy increased significantly in the children who received counseling with play therapy techniques, as compared to the children who received no counseling.

Theories of Play Therapy

Play therapy is a specialty within counseling that infuses many of the theories and interventions typically associated with adult psychotherapy (Schaefer, 2003); child-centered play therapy (Sweeney & Landreth, 2003), Jungian play therapy (Peery, 2003), Adlerian play therapy (Kottman, 2003), and cognitive behavioral play therapy (Knell, 2003). Some theories have been created specifically for play therapy, such as filial play therapy (Guerney, 2003), theraplay (Munn, 2003), prescriptive play therapy (Schaefer, 2003), and developmental play therapy (Brody, 1992). Counselors should adhere to a

theoretical orientation that most closely matches their personality and view of the world for play therapy to be successful (Kottman, 2003).

Play Therapy Techniques

Because toys and other creative materials are part of the communicative process for children, careful attention must be given to the appropriateness of items placed in the therapeutic setting (Landreth, 2002). Basic play therapy techniques are facilitative mechanisms that counselors can operate to foster healthy relationships with children, in an effort to facilitate children's acquisition of self-control. Creative art work and sand play are two types of expressive play therapy media that allow for symbolic expression in play (Allan, 1988). Play therapists should incorporate different play therapy media that are suited to the individual needs of children, while maintaining the empathic and nonjudgmental therapeutic relationship as the most important aspect of the counseling process (Allan; Christensen, 2003c; Gil, 1991; Landreth; Schaefer, 2003).

Role of the Play Therapist

Play therapists may ascribe to two different types of interaction with children in the play room or they may ascribe to both interchangeably: directive and non-directive. According to Axline (1947), non-directive play therapy involves children making decisions as to what occurs during the play session. Children are accepted as unique individuals; with unconditional positive regard, the therapist meets them wherever they are developmentally.

Directive play therapy involves therapists guiding children in activities with pointed suggestions and specific direction (Schaefer, 1985). For example, if a child is struggling with controlling anxiety, and engages the therapist in a creative art work

session, the therapist may suggest to the child that he or she draw a soothing image (directive). After the child draws the image, the therapist would then ask him or her to describe the image and the feeling associated with the image. Upon contemplation of the image, the therapist would then help the child link the calm feelings of the image to his or her everyday life, in an effort to help the child cope with anxiety-provoking situations that may arise.

Elementary School Counseling

According to Schmidt (2003), school counseling is a relatively young profession that emerged out of the vocational guidance movement in the early part of the 20th century. School counseling is a comprehensive program of essential services in schools that provide students with assistance in their academic, career, and social development. Comprehensive school counseling programs, infused with play therapy interventions that address developmental needs of children, offer opportunities to facilitate children's mental well-being (Packman & Bratton, 2003).

Comprehensive School Counseling Programs

Gysbers and Henderson (2000) suggested four components of a comprehensive guidance program in school counseling: (a) guidance curriculum, (b) responsive services, (c) individual planning, and (d) system support. Responsive services address the immediate concerns of students by focusing on interventions, typically the component most easily identified with the role of counseling in schools (Ray, Muro, & Schumann, 2004). When school counselors utilize responsive services with children, the most effective treatment modality to address developmental needs appears to be play therapy (Ray, Muro, & Schumann).

Play Therapy in Elementary Schools

Play therapy is an empirically validated, creative counseling process that is sensitive to children's development and therefore is utilized by school counselors (Bratton & Ray, 2000; Landreth, 2002). According to Ray, Perkins, and Oden (2004), elementary school children respond positively to creative interventions employed by school counselors. Play therapy has been applied in elementary schools as part of responsive services to successfully decrease maladaptive behaviors associated with social, emotional, behavioral, and learning difficulties (Baker & Gerler, 2004; Bratton & Ray; Newsome & Gladding, 2003; Packman & Bratton, 2004).

Utilization of Play Therapy Techniques in School Settings

Landreth (1972) stated the ultimate goal of elementary schools is to assist the intellectual, emotional, physical, and social development of children by providing sufficient learning opportunities. When children engage in play, they are developing skills and knowledge that contribute to future school success (Fromberg, 1986). LeBlanc and Ritchie (1999) conducted a meta-analysis of available studies that measured the effectiveness of play therapy with elementary school children and found significant variance between control and treatment studies, ultimately suggesting that play therapy was an effective intervention. Until children reach a level of cognitive and developmental sophistication with verbal communication that is both expressive and accurate, the utilization of play therapy techniques by school counselors is appropriate if significant communication is to take place between children and school counselors (Dimick & Huff, 1970; Landreth 2002; Ray, Muro & Schumann, 2004).

Children's Perceptions of Play Therapy

Few studies have explored children's perceptions of the process of play therapy (Axline, 1950; Carroll, 2001; Ceglowski, 1997). Previous research derives a majority of empirical knowledge of the perceptions of play therapy quantitatively from child developmental psychology (DeLoe & Frick, 1988) and children's views of traditional psychotherapy (Kranz, Kottman, & Lund, 1998). However, because modern play therapy and traditional child psychotherapy vary in approaches, methodologies, and outcomes (Howard, 2002; Landreth, Baggerly, & Tindell, 1999; Ruble, 1999), it is vital that researchers specifically explore children's perceptions of play therapy. Carroll conducted a qualitative inquiry into children's perceptions of play therapy by interviewing his own clients. These children stated clearly that play therapy and the therapeutic relationship had been helpful, but "they were unable to contribute ideas regarding the process of change and how it had been achieved" (Carroll, p. 186).

Interviewing Children in Qualitative Research

Interviewing children through qualitative inquiry may give researchers an opportunity to gain unique information about children's subjective experiences of the process of play therapy. According to Kortessluoma, Hentinen, and Nikkonen (2003), the practicability of interviewing children as a method of qualitative data collection depends on interviewers' abilities to gain children's confidence and to forge a reciprocal communicative relationship. Also, Carroll (2001) suggested utilizing toys or props to encourage children's verbalization of the process of play therapy during interviews.

Interviewing, as well as counseling children, involves many ethical and legal issues which need to be addressed to keep children safe from potential harm and facilitate positive experiences.

Legal and Ethical Issues in Counseling Children

According to Remley and Herlihy (2001), four ethical issues consistently emerge when counseling children: (a) confidentiality; (b) informed consent; (c) reporting child abuse; and (d) counselor competence. Herlihy, Gray, and McCollum (2002) stated that counseling professionals, especially school counselors, encounter multiple ethical and legal challenges that are often unclear. Remley and Herlihy suggested that counselors who work with children receive regular supervision or consultation in ethical dilemmas and referred to two documents that inform the practice of counselors during times of ethical uncertainties with children: the Ethical Standards for School Counselors (American School Counselor Association [ASCA], 1998) and the Code of Ethics (American Counseling Association [ACA], 1995).

Conceptual Framework

Miles and Huberman (1994) and Cook and Garden (2004) described a conceptual framework as an explanation of the topic to be studied, the main ideas about the purpose, and the significance of the ideas about the purpose. Regarding this study, the topic addressed was elementary school children's perceptions of the process of counseling with school counselors who utilize play therapy techniques. Current literature supports school counselors' utilization of play therapy with children (Packman & Bratton, 2003); it is

found to adequately address developmental concerns of children and to permit easier communication between children and counselors (Landreth, 2002).

This study explored the effectiveness of play therapy by examining children's perceptions of the process of play therapy. By utilizing a naturalistic qualitative inquiry, I searched for narratives that reflected children's experiences with play therapy in school settings. The information obtained has been organized to devise possible alternate recommendations for school counselors who are interested in the augmentation of play therapy techniques when counseling children.

Research Question

The research question assists the qualitative researcher in clarifying the scope and purpose of the phenomenon (Strauss & Corbin, 1990). The research question for the investigation was: "What are elementary school children's perceptions of the process of counseling with school counselors who utilize play therapy techniques?"

Definition of Terms

The following definitions were derived from a combination of professional resources, including my own experiences, to enhance the conceptual framework for this study. These terms were defined according to how they were applied throughout the duration of the study.

Elementary School Children

Gladding (2001) defined a child as "an individual who has not yet reached maturity. A term usually used to designate a person between birth and puberty" (p. 23).

For the purposes of this study, the term “elementary school children” will be utilized to identify individuals attending elementary school in grades K-4.

Counseling

Counseling is an interactive process in which a trained professional and a client work together to increase the client’s awareness and skills for coping with challenging life events (Gladding, 2001).

Counselor

A trained professional who provides mental health services to assist clients in gaining awareness and learning skills that pertain to coping with social, emotional, or psychological difficulties. For the purposes of this study, the terms “counselor,” “therapist,” and “play therapist” were utilized interchangeably.

Grounded Theory

This term refers to a unique qualitative methodology that offers insight, enhances understanding, and provides a meaningful guide to further action as it evolves during the research process. Grounded theory involves the continuous interaction between data collection and analysis, which serves to guide the study (Strauss &Corbin, 1998).

Play Therapy

The approach utilized in counseling children and adolescents, in which the counselor utilizes play media to communicate with clients in an effort to resolve difficult life events, appropriately express feelings, test pro-social behaviors, and improve school performance (Landreth, 2002).

School Counselor

According to the American School Counselor Association (1998), school counselors have unique qualifications and skills to address the academic, personal/social, and career development needs of all students. Professional school counselors are advocates, leaders, collaborators, and consultants who create opportunities for equity in access and success in educational opportunities by connecting their programs to the mission of their schools.

Play Therapy Techniques

Play therapy techniques, such as sandplay and creative art activities, are the medium in which children communicate in the playroom.

Therapeutic Relationship

For this study, the term “therapeutic relationship” refers to the empathic, nonjudgmental dyad between the counselor and the child (client) that is the primary change agent in counseling (Allan, 1988).

Overview of Methodology

Except for three studies (Axline, 1950; Carroll, 2001; Ceglowski, 1997), research on children’s perceptions of the process of play therapy is absent from the literature. Based on the notion that naturalistic inquiry is most applicable for discovery oriented research into unstudied phenomena, qualitative methodology was chosen as the most appropriate choice for this investigation. Discovery oriented research can be utilized to make sense of phenomena, to describe what is happening, and to decipher the meaning individuals ascribe to their experiences (Denzin & Lincoln, 1998).

Grounded Theory

Strauss and Corbin (1990) stated that grounded theory is a unique methodology within qualitative research that offers insight, enhances understanding about process, and assists researchers in systematic data collection and analysis. The purpose of qualitative methodology is to uncover and understand what lies behind phenomena that remain relatively unstudied (Strauss & Corbin). Because naturalistic inquiry is most applicable for exploratory research about which relatively little is known (McMillian & Schumacher, 1997), qualitative methodology was chosen for this study.

Grounded theory is a procedure qualitative researchers utilize to systematically develop a theoretical framework from informed interpretations to build, synthesize, and integrate scientific knowledge (Strauss & Corbin, 1990). Because the goal of this study was to elucidate children's perceptions of the process of play therapy, a relatively uninvestigated area, grounded theory procedures were utilized.

Role of the Researcher

The role of the researcher is critical in qualitative methodology because the researcher identifies the process of the phenomenon to be studied, constructs the research question for the scientific inquiry, performs primary data collection and analysis procedures, and synthesizes the data into confirmable results (Strauss & Corbin, 1998). As the researcher, I was responsible for deciding what to explore and analyze during the data collection and analysis procedures. Due to my experiences of counseling elementary school children, I believe that I had a useful perspective to lend to this research. In an effort to bracket my own assumptions and reduce researcher sensitivity, I employed three specific strategies throughout data collection and analysis: (a) reflective journaling, (b)

peer debriefing, and (c) member checks. I monitored my own assumptions so that the research participants' perceptions of their experiences could emerge. Moreover, I attempted to maintain flexibility by allowing individual interview questions to evolve, and I adapted data collection procedures as the study progressed.

Participant Selection

Qualitative inquiry utilizes purposeful sampling because researchers are interested in participants' experiences and their setting. To recruit participants for this study, I utilized a specific type of purposeful sampling called homogenous sampling. Gay and Airasian (2000) described homogenous sampling as an approach of purposeful sampling, which involves researchers selecting participants who are similar in experience, perspective, or outlook. I worked in concert with the school counselors involved in this study to ascertain a composite of potential participants' experiences, perspectives, and outlooks. To address the purpose of this investigation, I selected participants, elementary school children in grades K-4, who were currently engaged in a counseling relationship with a school counselor who utilized play therapy techniques. Participant profiles were generated based upon demographic inventories to give context to the participants' experiences of counseling. I specifically chose elementary school children because they are the population with which play therapy is most widely practiced (Landreth, 2002).

Data Collection

For the study, data collection procedures included: (a) initial individual interviews, (b) observations during participants' interviews, (c) document reviews, and (d) two rounds of follow-up interviews. I asked the participants to volunteer for an initial 15-20 minute in-person interview using the Initial Interview Guide [Appendix D]. I

incorporated play therapy techniques throughout the interviews. With the data obtained from the first round of interviews, new questions were prepared for the second and third round of participant interviews.

Throughout the process of data collection, I maintained observations of participants' verbal and nonverbal communications in a detailed journal. I obtained one or more of the following documents from the school counselors involved with the study: (a) school counselors' college transcripts, (b) school counselors' CEU certificates pertaining to play therapy training, (c) accounts from school counselors' of the participants' receptivity to play therapy techniques during counseling sessions, and (d) information school counselors have on the play therapy techniques that they utilize with their clients. During data collection and analysis, I incorporated various techniques and procedures in an effort to bolster the credibility of findings.

Data Analysis

Strauss and Corbin (1998) stated that data analysis is a fluid, free-flowing process, in which the researcher vacillates between different analytical tasks. Miles and Huberman (1994) outlined three types of analytical tasks in qualitative data analysis: (a) data reduction, (b) data display, and (c) conclusion drawing and verification. Data reduction consists of coding procedures: open, axial and selective coding (Strauss & Corbin). In the initial round of data analysis, I read participants' responses and looked for common themes as they emerged. Once themes were identified from participants' responses, I developed initial categories and then formulated questions that narrowed the focus of this investigation, confirmed initial findings, and probed for new or additional information. Data display techniques included contextual matrices that were utilized to facilitate the

process of data analysis. Triangulation procedures were incorporated throughout this investigation to ensure the dependability, credibility, and trustworthiness of findings.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter includes a review of relevant literature and provides a framework for the study. The literature review begins with an overview of play therapy. This is followed by a summary of literature on elementary school counseling. A discussion of play therapy in elementary schools follows, which includes a section on the rationale for school counselors who utilize play therapy techniques with elementary school children. Children's perceptions of play are summarized in the next section, which includes literature on how to interview children effectively to elicit their perceptions. Because counseling and performing research with children entail specific ethical concerns due to children's legal status as minors, the final section includes legal and ethical implications for school counselors who counsel elementary school children and researchers who interview them.

Play Therapy

Play therapy is a specialty within counseling that utilizes different forms of non-traditional counseling techniques, including many non-verbal interventions, to meet the developmental needs of elementary school children (Landreth, 1987, 2002; Ray, Perkins, & Oden, 2004). Elementary school children are typically in the pre-operational and/or concrete operational stages of cognitive development (Newsome & Gladding, 2003). At this early developmental epoch, children lack the skills to verbally express and integrate

thoughts, feelings, and experiences (Ray, Perkins, & Oden, 2004). Providing elementary school children with age-appropriate toys in play therapy offers them an alternate, less complicated means of expressing themselves (Axline, 1947; Bratton & Ferebee, 1999; Landreth, 2002).

The Association for Play Therapy (1997) defined play therapy as “the systematic use of a theoretical model to establish an interpersonal process in which trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development” (p. 4). Play therapy is an approach that has seen an increase in its utilization with adolescents (Kottman, 2001) and adults (Landreth, 2002), in clinical supervision (Metcalf, 2003), and with families (Bratton & Landreth, 1995; Christensen, 2003a). The Association for Play Therapy (APT), established in 1982, is an international and interdisciplinary professional association committed to the advancement of play therapy. APT (2002) developed criteria for counselors to become registered play therapists.

Landreth and Bratton (2000) stated that by bridging the gap between concrete and abstract thought processes, play therapy assists children in making sense of their world. Children may utilize a combination of verbal and nonverbal communication in the playroom to: (a) establish a positive relationship with their counselors, (b) express feelings, (c) bolster self-esteem, (d) test limits, (e) gain insight, (f) gain mastery and make choices to control their own lives, and (g) explore and reenact real-life situations (Landreth, 2002). In the playroom, children can create an entire therapeutic world where they actively engage in appropriate expression of feeling (Kottman, 2001), practice pro-

social behaviors (Allan, 1992; De Demonico, 1988), and cognitively and emotionally overcome anxieties stemming from difficult life events (Gil, 1991).

Theories of Play Therapy

Play therapy's framework in counseling is based on the theoretical orientation of the counselor. Kottman (2003) proposed that counselors should adhere to a theoretical orientation that most closely matches their personalities and views of the world for play therapy to be successful. Schaefer (2003) stated:

One of the strengths of play therapy is the diversity of theoretical approaches that are currently being applied in clinical practice with children, adolescents, and adults. This diversity is a reflection of the fact that there are a multitude of therapeutic change mechanisms inherent in play. Among the more well-known therapeutic factors of play are its communication, relationship-enhancement, ego-boosting, and self-actualizing powers. (p. vii)

Play therapy is a specialty within counseling that infuses many of the theories and interventions typically associated with adult psychotherapy (Schaefer, 2003).

Additionally, there are theories formulated specifically for play therapy.

Theories Common to Play Therapy and Counseling

Play therapy incorporates many of the theories and techniques of traditional counseling theories: child-centered play therapy (Sweeney & Landreth, 2003), Jungian play therapy (Peery, 2003), cognitive behavioral play therapy (Knell, 2003), and Adlerian play therapy (Kottman, 2003).

Child-centered play therapy.

According to Sweeney and Landreth (2003), child-centered play therapy is based on Carl Rogers' person-centered theory, a model originally developed in 1951. Child-centered play therapy emphasizes the relationship between children and counselors as the catalyst for therapeutic healing (Landreth & Sweeney, 1999). Sweeney and Landreth

described the child-centered approach to play therapy as “a process of being with children as opposed to a procedure of application” (p. 76). Axline (1947) defined the process of play therapy as the therapeutic enterprise in which a counselor recognizes the innate capacity of an individual to grow, heal, and move from immature behaviors to more satisfying behaviors. Child-centered play therapy assumes that children are the best sources of information about themselves and are capable of appropriately directing their own growth (Landreth, 2002). With warm caring and empathic understanding, counselors focus on children’s strengths, reflect their feelings, and facilitate children’s journey into self-exploration (Bratton & Landreth, 1995).

Jungian analytical play therapy.

Jungian analytical play therapy is based on the theoretical underpinnings of C. G. Jung’s analytical theory (Allan, 1988; Allan & Brown, 1993; Allan & Clark, 1985). Jung (1956) believed that the therapeutic relationship itself activates the healing potential that is embedded within the human psyche. Once the healing potential, or self-healing archetype, is activated, children will play out themes that are significant to their struggles (Allan; Allan & Brown; Allan & Clark, 1984; Green, 2004). The counselor’s role in Jungian analytical play therapy is to witness the child’s play with a nonjudgmental approach, provide therapeutic limits to increase pro-social behaviors, and comment on the images that occur in play (Allan; Allan & Berry, 1987; Green, 2004).

Cognitive behavioral play therapy.

Cognitive behavioral play therapy (CBPT) is based on Aaron Beck’s cognitive model, which states that the way individuals view the world determines how they behave and feel (Knell, 2003). CBPT utilizes a coping model approach to assist children in

verbalizing problem-solving skills and solutions. Directive in its approach, CBPT involves goal setting, modeling, behavioral and cognitive interventions, and positive reinforcement to assist children in practicing appropriate behaviors. Successful CBPT is based on therapists' flexibility and the increased utilization of nonverbal communication and experiential approaches.

Adlerian play therapy.

Adlerian play therapy is based on Alfred Adler's theory of individual psychology (Kottman, 2003). In Adlerian play therapy, the counselor encourages a democratic relationship with children based on equality. When Kottman developed Adlerian play therapy, she adhered to Adler's assertions that children are socially embedded, goal-directed, subjective, and creative. Counselors choose either directive or non-directive approaches in Adlerian play therapy, contingent upon their understanding of the child's lifestyle plan. The goals in Adlerian play therapy are building an egalitarian relationship, challenging children's self-defeating beliefs, assisting children in making adaptive choices, and helping children gain insight into their lives.

Theories Unique to Play Therapy

Certain theories have been created specifically for play therapy, such as filial play therapy (Guerney, 2003), theraplay (Munn, 2003), prescriptive play therapy (Schaefer, 2003), and developmental play therapy (Brody, 1992).

Filial play therapy.

Bernard Guerney conceived filial play therapy during the 1960s, stemming from his frustration with traditional child counseling approaches (Guerney, 2003). Guerney believed that children's problems were not the product of parent psychopathology. Filial

play therapists view children's problems stemming from a lack of parental knowledge and skill. Filial play therapy, similar to family systems theory, incorporates the entire family in counseling by training and supervising guardians in non-directive play sessions (Christensen, 2003a; Packman & Solt, 2004). Guardians are primary agents of change; therefore, they are taught to play with their children in therapeutic ways and relate more positively and appropriately to their children.

Theraplay.

Theraplay is a directive approach that first incorporates guardians as observers and then as co-therapists in the play therapy process (Munns, 2003). Theraplay is distinguished from other play therapy theories by its limited materials in the playroom. Counselors and guardians engage children in playful activities to form secure attachments and to increase trust (Munns).

Prescriptive play therapy.

Developed by Charles Shaefer (2003), prescriptive play therapy is an eclectic approach that infuses the techniques of many counseling theories to develop a client-specific treatment strategy. Scientific evidence, rather than personal preference, is the standard prescriptive play therapists utilize when selecting psychological interventions with clients. The premise of the prescriptive approach is that the more play therapy techniques counselors incorporate, the more effective counselors will be at treating an assortment of psychological disorders.

Developmental play therapy.

Developmental play therapy (DPT) is based on theories of attachment (Brody, 1992). Brody believed that children's play and appropriate physical contact with an adult

will facilitate children's relating to other people in more satisfying ways. In situations where children have primary relationships that are either violated or disconnected, DPT provides children an opportunity to build new attachment relationships with therapists. DTP utilizes tactile games, such as race track, where the child's back is a metaphor for a race track and the therapist's fingers are the cars.

The Process of Play Therapy

According to Campbell (1993), the process of play therapy refers to the communication between counselors and children that builds a therapeutic relationship and facilitates emotional growth. The process of play therapy will differ slightly depending on the theoretical orientation of the play therapist. As children express themselves through play, counselors attend to the content of children's verbal and nonverbal behaviors through either directive or non-directive stances.

Non-Directive Play Therapy

Landreth (2002) and Gil (1991) indicated that in non-directive play therapy, counselors have no need to direct or lead children to a particular activity. According to Axline (1947), non-directive play therapy involves the child making decisions as to what occurs during the play session. Children are accepted as unique individuals, and therapists meet children wherever they are developmentally. Landreth described the role of non-directive play therapists as "emotionally active, requiring sensitivity, an appreciation of what children do and say, and an attitude of receptive responsiveness" (p. 109). Therapists are not responsible for reshaping children's lives or altering them in definitive ways. Rather, therapists respond to children in mechanisms that facilitate

release of the creativity that already exists in them (Landreth; Landreth & Sweeney, 1997).

Directive Play Therapy

Directive play therapy involves therapists guiding children in activities with pointed suggestions and specific direction (Gil, 1991; Schaefer, 1985). Counselors assume responsibility for the decisions made in the playroom. Directive techniques involve counselors choosing specific games or toys to teach children specific skills or explore presenting issues in an effort at resolution. Gil, and Kottman (2001), stated the role of directive play therapists involves structuring and encouraging play situations to lead children in directions that seem helpful. This encouragement is produced by directive play therapists to stimulate children's unconscious processes or overt behaviors. Either with directive or non-directive play therapy, there exist several stages in the process of play therapy.

Stages in the Process of Play Therapy

Christensen (2003c) identified five stages involved in the process of play therapy: (1) relationship building and assessment; (2) exploration; (3) theme development and awareness; (4) independence; and (5) evaluation and termination. Stage 1 consists of the simultaneous process of establishing a therapeutic relationship and assessing developmental issues to formulate treatment strategies that are age-appropriate and effective. In relationship building, the play therapist is non-directive (free play) and believes in the innate resiliency of children and encourages and affirms their effort, rather than their product. Stage 2 involves the counselor utilizing advanced empathy to deepen trust as children begin to explore themselves, their feelings, and the playroom in a less

inhibited fashion. The next stage, primarily focusing on the here and now processes between counselors and children, involves children focusing their play and activities as they become more aware of the internal processes and interactions between themselves and their counselor. Stage 4 pertains to a point in the process of play therapy when children exhibit more autonomous tendencies in the playroom, freely express choices, decisions, feelings, and desires. This stage is also characterized by children's newborn ability to accept responsibility and make self-directed changes. The termination stage is when children and therapists explore the extent to which goals have been reached and therapists assist children in saying goodbye to the playroom, the toys, and the therapist.

Role of the Play Therapist

The role of play therapists depends significantly on their theoretical orientation, as well as their personal style and their client population. While there are essential aspects that fit play therapists, there are also distinctive roles that are characteristic of specific theoretical orientations.

General Aspects of the Play Therapist's Role

Christensen (2003c) described five aspects of the role of the play therapist: (a) acceptance and relationship; (b) working knowledge of developmental stages and issues; (c) authenticity, respect, and genuine love for children; (d) understanding of systems and reciprocal influences; and (e) self-care. Acceptance and relationship involve the therapist expressing unconditional positive regard towards the client, while also setting therapeutic limits when necessary. A working knowledge of developmental stages and issues helps the counselor understand the basic processes related to childhood and identify developmentally appropriate behaviors. The third aspect of the play therapist's role is

being authentic and respectful during the process of play therapy; play therapists believe in children's resiliency and innate capacities for self-growth. The fourth aspect is the play therapist's role in understanding systems. This role encompasses attaining information and attempting to understand systemic influences on clients, remaining aware of the reciprocal social influences on clients, and serving as an advocate for children in dire circumstances. Last, the play therapist's role of self-care involves consultation with other professionals, seeking support systems, and continuously seeking and engaging in opportunities for professional development.

Play Therapist's Role Specific to Theoretical Choice

The role of play therapists may vacillate between directive and non-directive, depending on the specific theoretical orientation to which they ascribe.

Child-centered play therapy.

Counselors empathically respond to the emotions expressed through children's words, choices made in play, and nonverbal communications (Campbell, 1993). In child-centered play therapy, the therapeutic relationship, rather than play therapy interventions, encourages healing and growth (Bratton & Landreth, 1995). As children experience and accept the healing therapeutic dyad, they often express feelings more honestly and with greater depth (Campbell). Throughout the process of play therapy, counselors assist children in identifying, accepting, and formulating appropriate ways to express feelings associated with relationships (Landreth, 2002; Landreth & Sweeney, 1997).

Jungian analytical play therapy.

Appropriateness of choice in therapeutic roles in Jungian analytical play therapy centers on whether children want therapists to sit and witness the play or take specific

roles in the play (Allan & Brown, 1993). Typically, Jungian play therapists combine directive and non-directive approaches when counseling children, depending on individual clients and their developmental needs. Once children engage therapists in play, therapists become more directive. Jungian play therapists maintain analytical attitudes to reflect and comment on the emotional polarities within children (Green, 2004). Additionally, the role of Jungian therapists is to direct children to archetypal healing (Allan & Berry, 1987).

Adlerian play therapy.

Adlerian play therapists are mostly directive, working in active ways to direct clients. The role of the Adlerian therapist is to help reorient and reeducate clients, and teach them new skills and praise their efforts (Kottman, 2003). During the first phase of therapy, Adlerian play therapists are focused on building the relationship and utilize a non-directive role, which follows the lead of children. During subsequent phases in Adlerian play therapy, therapists conceptualize a lifestyle treatment plan and gradually become more directive—in an effort to reeducate the client. Reeducation involves directive techniques that help children learn problem-solving skills, social skills, and negotiation skills (Kottman, 2003). Both guardians and children are provided training and support for the development of new skills to optimize social interaction and increase adaptive strategies to cope with adversity.

Cognitive behavioral play therapy.

Therapists involve children in the therapeutic treatment plan utilizing directive techniques (Knell, 2003). Cognitive behavioral play therapists believe children's issues can be worked through within the therapeutic context. Therapists listen acutely to

children so that they may understand what children are communicating through their play. Cognitive behavioral play therapists suggest developmentally appropriate strategies to children, focusing on the utilization of toys and puppets as directive techniques to encourage appropriate expression of thoughts and feelings.

Approaches to Play Therapy

Play therapy is most commonly conceptualized as a trained clinician counseling an individual client in a therapeutic playroom (Landreth, 2002). However, play therapy's varying approaches encompass sessions that include more than just the individual client: (a) dyadic play therapy, (b) group play therapy, (c) filial therapy, and (d) play in family therapy (Christensen, 2003c). Dyadic play therapy is short-term, pair counseling for children who have problems making and maintaining friendships. Dyadic counseling involves a counselor guiding two children's play toward greater social maturity (Karcher & Lewis, 2002). Group play therapy is an approach to play therapy in which children benefit from relationships and interactions with other children within the group play setting (Sweeney, 2003). Similar to group counseling with adults, group play therapy facilitates children's psychosocial processes of self-growth and interpersonal learning (Christensen, 2003b). Filial play therapy, developed by Louis Guerney, adheres to the client-centered approach (Guerney, 2003). Filial therapy includes therapists training and supervising guardians to conduct non-directive play sessions with their children. Play in family therapy was assimilated by Gil (2003) for family therapists to include the therapeutic healing powers of play in family sessions.

Play Therapy Techniques

Basic play therapy techniques are facilitative devices that counselors utilize to foster therapeutic relationships with children and to help children gain a sense of self-control. Kottman (2001) identified the following play therapy techniques as instrumental in solidifying the therapeutic relationship: (a) tracking; (b) restating content; (c) reflecting feelings; (d) setting limits; and (e) returning responsibility to the child. Tracking involves the counselor verbally describing, without interpretation, children's activities during a play session. Restating content is a technique in which counselors paraphrase the children's verbalizations without adding interpretation. Reflecting feelings is utilized when counselors help children clarify feelings that they are unable to express.

Limit setting is another technique in play therapy. "Limit setting usually involves some structured method of letting children know that certain specific behaviors are not permissible in the playroom" (Kottman, 2001, p. 150). Landreth (2002) suggested setting limits with children only when absolutely necessary. The objective of limits is not to stop children's behavior but to facilitate the expression of motivating feelings, wants, or needs in more acceptable ways. For example, if a child is painting on a wall in the playroom, a therapist could set a therapeutic limit by stating, "The wall is not made for painting," or "Maybe you could paint something else, other than the wall." Returning responsibility to children involves allowing children to make choices and take responsibility for those choices. Other techniques, such as artwork and sandplay, are utilized by counselors, based on their theoretical beliefs.

Artwork

Creative artwork and sand play are two types of expressive play therapy media that allow for symbolic expression in play (Allan, 1988). Play therapists should incorporate different play therapy media in play therapy sessions that are suited to the individual needs of the child, while maintaining the warm and nonjudgmental therapeutic relationship as the most important aspect of the counseling process (Gil, 1991; Landreth, 2002).

Creative artwork encourages self-expression in children and promotes the individuality of children through unique artistic depictions (Allan, 1992). Furth (1988) discussed the importance of creative artwork:

To know ourselves, we need to bring into consciousness what is submerged in our unconscious. Our unconscious thoughts come through to us in the symbolic language of dreams, paintings, and drawings. Not only do drawings enhance our development, but fantasies and imaginings from the waking state as expressed in drawings also reveal conditions of the various parts of one's total personality, mind, and body. (p. 15)

According to a Jungian perspective, children in art counseling may come to a better understanding of their unconscious processes. Jungians believe that once the unconscious is made conscious, psychic healing and a strengthening of ego-reliability occur (Allan, 1988). Creative art work, including materials such as paper, colored pencils, glue, and paints, allow children to create freely what is going on in their lives and comfortably express themselves within the therapeutic dyad (Furth, 1988). A spontaneous drawing, an art technique utilized in play therapy, allows children to choose the content of their drawing, and it promotes self-control (Allan, 1988).

Sandplay

Sandtray is based on the theoretical underpinnings of Gestalt, Jungian, and Freudian theories. Christensen (2003d) stated that sandtray pertains to the elucidation of clients' issues through the use of sandtray materials as a means of nonverbal communication. Kalff (1993) viewed sandplay, from a Jungian perspective, as a means of encouraging children to express their archetypal manifestations and connect them to their everyday reality in an effort at healing internal, conflicting polarities. De Demenico (1988) stated that sandplay is a creative means of activating fantasy and embodying it through symbolic expression in the conscious state. Steinhardt (2000) described sandplay as an activity that integrates play with sand and choice of miniature objects.

Play Therapy Media

Play media, including therapeutic toys and techniques, may be utilized by counselors to direct attention away from children's focus on the process of counseling, possibly making it easier for children to disclose emotional content (Campbell, 1993). Therapeutic toys can include anatomically correct dolls, puppets, psychoeducational board games, art supplies, doctor kits, dart guns, toy soldiers, water colors, and handcuffs. Because toys and materials are part of the communicative process for children, careful attention must be given to the appropriateness of items placed in the therapeutic setting. Landreth (2002) provided evaluative criteria for selecting toys and materials: (a) Do the toys and materials facilitate a wide range of emotional and creative expression? (b) Do they engage children's interests? (c) Do they have sturdy construction? (d) Do they allow for success without prescribed nature? and (e) Do they facilitate exploratory

play without verbalization? The next sections include descriptions of three different types of play therapy media.

Music Therapy

Gladding (1992) stated that music has a calming effect on children and can be utilized as a therapeutic intervention when assisting with expression of emotion. Bishop (1978) believed that by listening, reading, hearing, and creating music, children can learn new skills to express their feelings in appropriate ways. Basic music techniques, such as improvisational rhythmic sounds like chanting, relaxation music combined with imagery, and utilizing background music during play all provide children a mode to express difficult feelings. Music may also provide children the opportunities to gain mastery of their lives and improve their self-concept.

Writing and Narrative Techniques

Writing and narrative techniques further assist children in safely expressing their feelings through different media, such as journaling, re-writing stories, play writing, poetry, fairy tales, and nursery rhymes (Kottman, 2001). Many children enjoy being read to and like telling stories. Writing and narrative techniques, such as storytelling and psychodrama, allow children to participate in activities that are enjoyable while simultaneously being purposeful, guided, interactive, solution-focused, and ultimately healing. Psychodrama gives children an opportunity to test different roles, to gain understanding of others' perspectives, and to be creative (Muro & Kottman, 1995).

Dance and Movement

Dance and physical movement provide an energy release for children and contain the following therapeutic values: (a) focus on self-awareness; (b) control over personal

space and body; and (c) safely exploring bodily movements in creative ways (Halprin, 2002). Movement techniques, such as free dancing, stretching, and yoga, assist children in expressing their internal thoughts and feelings and provide a therapeutic release of stored emotions.

Elementary School Counseling

According to the National Institute of Mental Health (2004), one in five children suffers with mental health problems that cause impairment in one or more of the following areas: (a) school work, (b) social interaction, and (c) home environment. The most recent Surgeon General's report on the state of children's mental health in the United States emphasized the lack of appropriate mental health services for elementary school children, with less than half of children affected by mental health problems receiving treatment (U.S. Public Health Service, 2000). According to the report, the shortage of mental health services for children is a national health crisis. "Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them" (U.S. Public Health Service, Forward section, ¶ 1).

The U.S. Public Health Service (2000) stated that because of the nation's lack of a unified mental health infrastructure, elementary school children affected by mental health problems receive fragmented services. This situation leads to insufficient opportunities to identify, prevent, and provide interventions for mental health issues. As the U.S. Public Health Service aptly stated:

In the United States, children's (ages 1-19) emotional and behavioral problems and associated impairments are most likely to lower their quality of life and reduce their life chances. No other set of conditions is close in the magnitude of its deleterious effects on children and youth in this age group. Children with these

disorders are at a much greater risk for dropping out of school and of not being fully functional members of society in adulthood. This burden of disease includes the prevalence of mental illness, morbidity, and cost. All sectors of society are involved. (Identification of Mental Health Needs section, ¶ 1).

Adequate mental health services are essential in assisting the learning and overall positive outcome of children affected by mental health problems (Gysbers & Henderson, 2000; Ray, Perkins, & Oden, 2004; Schmidt, 2003). The expansion of elementary school counseling programs offers significant opportunities for ameliorating the national deficiencies in children's mental health care services and providing prevention (Packman & Bratton, 2003).

Comprehensive School Counseling Program

Gysbers and Henderson (2000) suggested four components of a comprehensive guidance program in school counseling: (a) guidance curriculum, (b) responsive services, (c) individual planning, and (d) system support.

Guidance Curriculum

Guidance curriculums in school counseling programs assist students in developing pro-social life skills (Ray, Muro, & Schumann, 2004). Guidance includes the group or classroom activities related to academic, career, and social development that are delivered or taught (Schmidt, 2003). Teachers and counselors integrate activities from the guidance curriculum into classroom lessons and into school-wide programs. Guidance is typically provided instructionally and is focused on prevention, divided by three distinct subsections: academic development, career development, and social development (Gysbers & Henderson, 2000.) Guidance is designed to prevent student problems that could arise later in development (Ray, Muro, & Schumann).

Responsive Services

Responsive services, which consume 30% to 40% of school counselors' time during the average school day (Gysbers & Henderson, 2000), include crisis counseling, individual and small group counseling, diagnostic and remediation services, and consultation and referral (Ray, Perkins, & Oden, 2004). Responsive services address the immediate concerns of students by focusing on interventions, typically the component most easily identified with the role of counseling in schools (Ray, Muro, & Schumann, 2004). The school counselor's role in responsive services is to immediately ameliorate any anxieties children present that impair academic functioning (Cobia & Henderson, 2003). When school counselors utilize responsive services with children, the most effective treatment modality to address developmental needs appears to be play therapy (Ray, Muro, & Schumann).

Individual planning

Individual planning consists of school counselors assisting students in monitoring and planning students' educational development and future career choices (Ray, Muro, & Schumann, 2004). In lower elementary school counseling, individual planning refers to how school counselors take on a peripheral role, such as monitoring students' academic achievement through scores on standardized tests (Schmidt, 2003).

System support

System support "encourages the school counselor to impact the system in order to impact the individual student" (Ray, Muro, & Schumann, 2004, p. 81). Support services often impact the student indirectly but maintain beneficial outcomes. Specifically, system support includes teacher education, administrative consultation, program management,

and parent education. The system support facet of school counseling engenders a school atmosphere that encourages psychosocial development in students (Schmidt, 2003).

Play Therapy in Elementary Schools

By infusing play therapy interventions throughout the four components of the comprehensive school counseling program, school counselors may advance the school climate by providing more developmentally appropriate and curative strategies to bolster academic and social success in students (Ray, Muro, & Schumann, 2004). Elementary school children respond positively to creative interventions utilized by school counselors (Ray, Perkins, & Oden, 2004). Play therapy is an appropriate treatment modality in schools: it is an empirically validated, creative counseling process that is sensitive to children's development (Bratton & Ray, 2000; Landreth, 2002).

Historically, play therapy has been utilized in elementary schools as part of responsive services to successfully decrease maladaptive behaviors associated with social, emotional, behavioral and learning difficulties (Baker & Gerler, 2004; Bratton & Ray, 2000; Newsome & Gladding, 2003; Packman & Bratton, 2004). Elementary school counselors originally adapted play therapy in the 1960s as a counseling tool from private practitioners and utilized play therapy interventions to adjust to the gamut of developmental needs of diverse children (Landreth, 1987). After a brief period of popularity during the 1960s (Nelson, 1966) and early 1970s (Waterland, 1970), play therapy, as a school-based intervention, ceded to the prevalence of behavioral counseling in the mid 1970s (Canter, 1976) and 1980s (Stadler, 1982). In the 1990s (Allan, 1988; Campbell, 1993) and 2000s (Landreth, 2002), the interest and utilization of play therapy

in schools resurfaced: play therapy is viewed as a viable tool for school counselors. School counselors are not required to become registered play therapists to utilize play therapy techniques as counseling tools in school settings (Campbell).

Rationale for Utilizing Play Therapy in Schools

Recent school counseling literature encourages the utilization of play therapy techniques by school counseling professionals (Packman & Bratton, 2003; Ray, Muro, & Schumann, 2004; Ray, Perkins, & Oden, 2004; Schmidt, 2003). When school counselors adhere to a developmental approach in counseling elementary school children, to embrace play therapy with their students seems to be the most adaptive choice (Ray, Muro, & Schumann). According to Landreth (2002), until the 1960s, play therapy was utilized by private practitioners and focused primarily on the treatment of maladjusted children. With the addition of counselors to elementary schools, the literature began to reflect the use of play therapy in school settings as meeting a broad developmental need in children, not just those children who were maladjusted (Landreth). The preventive function of play therapy originated in school settings with school counselors who utilized play therapy techniques such as sandplay and creative art work. School counselors utilized play therapy techniques to promote pro-social behaviors in children, thereby enhancing solutions to psychosocial issues related to children's development (Campbell, 1993).

Until children reach a level of cognitive and developmental sophistication with verbal communication that is both expressive and accurate, the utilization of play media is appropriate if significant communication is to take place between children and school counselors (Allan, 1988; Dimick & Huff, 1970; Landreth, 2002; Ray, Muro &

Schumann, 2004). The ultimate goal of elementary schools is to assist the intellectual, emotional, physical, and social development of children by providing sufficient learning opportunities (Landreth). When children engage in play, they are developing skills and knowledge that contribute to future school success (Fromberg, 1986). Play therapy is an adjunct to the school environment, facilitating children's learning opportunities (Landreth).

Ray et al. (2000) conducted a meta-analysis based on 94 research studies including both case studies and empirical research related to play therapy's efficacy. They found that children demonstrated more developmentally adaptive behaviors after play therapy interventions. Specifically, the play therapy interventions produced large treatment effects when compared to control or comparison groups. The treatment groups receiving play therapy interventions performed .80 standard deviations better than the control groups. Drewes (2001) described three benefits for school counselors who utilize play therapy with elementary school children: (a) play therapy includes the use of paraprofessionals and teachers in providing more multidimensional services to children; (b) children regularly attend and typically enjoy play therapy; and (c) children's mental health and overall well-being is increased through interdisciplinary teams involved with play therapy programs in schools.

LeBlanc and Ritchie (1999) conducted a meta-analysis of available studies that measured the effectiveness of play therapy with elementary school children and found significant variance between control and treatment studies, ultimately suggesting that play therapy was an effective intervention. Johnson, McLeod, and Fall (1997) conducted a study in schools with elementary children who received play therapy. All the

participants displayed both feelings and control of themselves through their language and actions in play. Additionally, the participants' skills in coping with varying psychosocial issues increased. Fall, Balvanz, Johnson, and Nelson (1999) compared 31 children who received six counseling sessions with school counselors who utilized play therapy techniques and 31 children who received no counseling. The researchers found that self-efficacy increased significantly in the children who received counseling with play therapy techniques, as compared to the children who received no counseling.

Children's Perceptions of Play

Few studies have explored children's perceptions of the process of play therapy (Axline, 1950; Carroll, 2001; Ceglowski, 1997). Researchers studying the effectiveness of play therapy derive a majority of their empirical knowledge quantitatively, through surveys or questionnaires that are based on child developmental psychology (DelPo & Frick, 1988) and children's views of traditional psychotherapy (Kranz, Kottman, & Lund, 1998). Because modern play therapy and traditional child psychotherapy vary in approaches, methodologies, and outcomes (Howard, 2002; Landreth, Baggerly, & Tindell, 1999; Ruble, 1999), it is necessary that researchers specifically explore children's perceptions of the process of play therapy. The following three qualitative studies have specifically explored children's perceptions of play.

Axline (1950) performed the first qualitative study that inquired into children's opinions about play therapy; but because of methodological flaws, her study did not yield transferable results. Ceglowski (1997) studied elementary school children's perceptions of play therapy and found five key points: (a) the counselor must help the child recognize

the difference between play and work; (b) the counselor must recognize the importance children attach to play; (c) children want to involve adults in play; (d) the counselor should enrich play activities by utilizing multiple play media; and (e) the counselor should promote non-directive play therapy.

Caroll (2001) conducted a qualitative inquiry into children's perceptions of play therapy by interviewing his own clients. While stating his concerns that some of the information he received from the participants may have been tainted by a need to please their therapist, who dually served as the researcher, Caroll's findings supported observations of other researchers (Reisman & Ribordy, 1993). Specifically, children commented on aspects of the therapeutic relationship that were important to them. Children identified therapeutic efforts that were made to ensure their comfort. They commented on being welcomed warmly, and they discussed the therapist's assistance in trying to help them with difficult feelings. Children involved in this study also stated that play therapy and the therapeutic relationship had been helpful, but "they were unable to contribute ideas regarding the process of change and how it had been achieved" (Caroll, p. 186).

Caroll (2001) explained that one reason he was unable to obtain information about the process of play from the children involved in his research was because of the nature of the data collection procedure. By relying primarily on verbal interviews, Caroll commented that he may have hindered children's expressiveness. In fact, Caroll hypothesized that if he had included play therapy techniques during the interviews, he might have facilitated more discussion regarding the process of play. Caroll believed that toys could have provided contextual cues and avenues for further communication.

Interviewing Children in Qualitative Research

Researchers have relied almost exclusively on adults when collecting data about children's thoughts, feelings and experiences (Kortessluoma, Hentinen, & Nikkonen, 2003). Interviewing children affords the qualitative researcher an opportunity to gain valuable information about children's subjective experiences. According to Priestly and Pipe (1997), one of the most consistent findings in the literature on interviewing children ages 4-11 is that their recall of experiences are typically as accurate as those of adolescents (Goodman, Aman, & Hirshman, 1987) and adults (Goodman & Reed, 1986). However, young children's responses are typically much briefer than responses by adolescents and adults (Salmon, Bidrose, & Pipe, 1995).

Elementary school children often lack the cognitive ability to put words to their feelings (Landreth, 2002). Play materials may overcome difficulties children have in verbalizing their experiences during interviews (Vizard & Tranter, 1988). An important function of utilizing props when conducting interviews with children is to provide effective cues for the retrieval of information from memory (Priestly & Pipe, 1997). According to Kortessluoma, Hentinen, and Nikkonen (2003), the practicability of interviewing children as a method of qualitative data collection depends on the interviewer's ability to gain a child's confidence and to become involved in reciprocal communication. Faux, Walsh, and Deatrick (1988) suggested that qualitative researchers alter their interviewing techniques and questions to make them attuned with the language and cognitive stage of development of the children who are interviewed. When interviewing and/or counseling children, there are specific legal and ethical issues that invariably arise and need to be addressed to facilitate appropriate treatment of children.

Legal and Ethical Issues in Counseling Children

Counseling children requires unique knowledge and consideration of ethical and legal issues, which could differ from those issues that apply to adults (Herlihy & Corey, 1996; Herlihy, Gray, & McCollum, 1992; Remley & Herlihy, 2001). Four ethical issues consistently emerge when counseling children: (a) confidentiality; (b) informed consent; (c) reporting child abuse; and (d) counselor competence (Remley & Herlihy).

Confidentiality is an ethical issue when counseling children primarily because the law stipulates that the privacy rights of children belong to their legal guardians. Therefore, children's rights to confidentiality are basically nullified (Remley & Herlihy). However, there are ethical steps a counselor can take to avoid potential harm to a child if a guardian requests disclosure of confidential information: (a) discuss the matter with the child and determine if the child is willing to disclose the information to the adult; (b) explain to the adult that the child's best interest will not be served in disclosing the information; (c) mediate a joint session between both parties and facilitate an agreement; (d) inform the child first then disclose to the legal guardian; and (e) refuse to disclose the information to the guardian (Remley & Herlihy).

Informed consent has three requirements: (a) knowledge that the client has adequate information to allow for an intelligent choice; (b) it is voluntary; and (c) the client is competent enough to make decisions (Croxtton, Churchill, & Fellin, 1998). The law does not recognize that children have the cognitive capacity to fully understand informed consent. Therefore, parental consent is required for children to make informed voluntary decisions when entering the counseling relationship. Henkelman and Everall (2001) recommended obtaining the minors' assent to make them feel part of the

counseling process. One way to effectively approach the ethics of informed consent with minors is to view it as an ongoing process rather than trying to cover every possible consideration in the first session or with legal guardians. In addition, tailoring informed consent practices to the developmental level of children is critical for facilitating a healthy therapeutic relationship (Glossoff & Pate, 2002).

Remley and Herlihy (2001) and Christensen (2003e) stated that counselors are required by law to report suspected child abuse. Counselors are sometimes reluctant to report suspected child abuse, because they believe it could potentially damage the therapeutic relationship with children. When exercising professional judgment on reporting suspected child abuse, counselors should consider: (a) credibility of the alleged victim; (b) prevailing standards of discipline in the community within which the suspected abuse occurred; and (c) any information the counselor has regarding the alleged victim and the alleged perpetrator. Remley and Herlihy recommend consulting with colleagues in difficult situations and to always follow the law.

The fourth ethical issue that Remley and Herlihy (2001) discussed is counselor competence. Competence is a legal and ethical issue when counseling children because many counselors have inadequate training to counsel children, a special population with unique needs differing from those of adults (Stern & Newland, 1994).

Counseling professionals, especially school counselors, must contend with multiple ethical and legal challenges that are often nebulous (Herlihy, Gray, & McCollum, 2002). There are two documents that inform the practice of school counselors and assist the school counselor as a referral tool during times of ethical uncertainties: the Ethical Standards for School Counselors (American School Counselor Association

[ASCA], 1998) and the Code of Ethics (American Counseling Association [ACA], 1995).

Hermann (2002) found that the most prevalent legal issue encountered by school counselors is determining whether a student is suicidal. Remley (2004) suggested determining a child may be at risk for suicide only if the child “has made a suicide gesture or attempt, has told you or someone else in a believable fashion that he or she plans to commit suicide, or has engaged in a pattern of behavior that the professional literature suggests is the behavior of a suicidal minor” (p. 12).

The next chapter includes a detailed account of the qualitative methods utilized in this study, the research question applied, the role of the researcher, the researcher’s assumptions and strategies utilized to bracket the researcher’s assumptions, data collection and data analysis procedures, and different forms of verification utilized to enhance credibility of findings

CHAPTER THREE

METHODOLOGY

Introduction

Ray, Bratton, Rhine, and Jones (2001) conducted a meta-analysis of 94 research studies based on play therapy's efficacy and found that clients exhibited more adaptive behaviors and fewer maladaptive behaviors after play therapy interventions as compared to their behaviors before entering the play therapy process. In the professional literature, research on the efficacy of play therapy with children focuses on play therapists' and counselors' perceptions of play therapy (Landreth, 2002; LeBlanc & Richie, 1999; Phillips & Landreth, 1998; Shin & Herr, 2003). Few studies have explored children's perceptions of the efficacy of play therapy (Axline, 1950; Carroll, 2001; Ceglowski, 1997). Researchers studying the effectiveness of play therapy derive a majority of their empirical knowledge quantitatively, through surveys or questionnaires that are based on child developmental psychology (DePo & Frick, 1988) and children's views of traditional psychotherapy (Kranz, Kottman, & Lund, 1998).

Because modern play therapy and traditional child psychotherapy vary in approaches, methodologies, and outcomes (Landreth, Baggerly, & Tindell, 1999), it is appropriate that researchers specifically explore children's perceptions of the process of play therapy. Carroll (2001) contended that a scientific study exploring the salience of the process of play requires a qualitative research methodology that systematically elucidates children's personal experiences. Therefore, this study utilized a qualitative research

methodology, grounded theory, to explore and describe children's perceptions of the process of play therapy.

This chapter includes a detailed account of the qualitative methods utilized in this study, the research question applied, the role of the researcher, the researcher's assumptions and strategies utilized to bracket the researcher's assumptions, data collection and data analysis procedures, and different forms of verification utilized to enhance credibility of findings.

The Research Question

The research question assists the researcher in clarifying the scope and purpose of the phenomenon (Strauss & Corbin, 1990). The research question for this study is: "What are elementary school children's perceptions of the process of counseling with school counselors who utilize play therapy techniques?"

Rationale for Utilizing Qualitative Methodology

According to Creswell (1998), qualitative research is an exploratory process based on systematic inquiries that investigate a social or human problem. Qualitative inquiries proceed in naturalistic settings to advance the credibility of participants' experiences of a phenomenon (Denzin & Lincoln, 1998). Qualitative methodology (a) is a holistic perspective of the phenomenon under study; (b) utilizes a purposeful instead of random sampling; (c) is a field in which the researcher is the primary instrument of data collection; (d) uses an inductive analysis of thick and descriptive data toward an

unanticipated outcome; and (e) reports data in narrative text (Taylor, Beck, & Ainsworth, 2001).

Through interviews, observations, and data analysis, qualitative researchers gather descriptive data and arrive at findings that are intended to inform and further the understanding of unique phenomena (Miles & Huberman, 1994). Quantitative methodology can be restrictive if it is utilized to study participants' individual experiences (Carroll, 2001), because participants' responses may lose their uniqueness in the numerical data. By contrast, Miles and Huberman suggested that qualitative research is applicable to study participants' unique experiences of phenomena when the methods are (a) commensurate with the nature of the research problem; (b) utilized to uncover unique understanding of unstudied phenomena; and (c) correspond to the researcher's proclivities.

Merchant (1997) stated that qualitative methodology is useful when studying people's experiences and feelings because qualitative researchers actively enter the client's internal world. Qualitative researchers focus on process and content for a replete composite of participants' views. One reason qualitative research is efficacious for counselors is because of the procedural similarities between counseling and qualitative designs. Merchant stated that both qualitative researchers and counselors: (a) have a high tolerance for ambiguity; (b) seek to empower those with whom they work; (c) learn to be aware of assumptions and develop skills to bracket biases when interacting with others; and (d) attempt to enter the internal world of the client or participant and explore important information.

Grounded Theory

According to Strauss and Corbin (1998), grounded theory is a “general methodology for developing theory that is grounded in data systematically gathered and analyzed” (p.158). Grounded theory provides the researcher with a systematic method to uncover insight into participants’ perspectives (Miles & Huberman, 1994). Because I was interested in gaining insight into children’s perceptions of the process of play therapy, grounded theory was chosen as the qualitative methodology for this study.

According to Glaser (2002), grounded theory is a constant comparative method employed in qualitative research that is offered as a tool for enhancing researchers’ abilities to conceptualize and study unknown phenomena. Strauss and Corbin (1990) stated that grounded theory is a unique methodology within qualitative research that offers insight, enhances understanding about process, and assists researchers in systematic data collection and analysis. Grounded theory emerged from the need to develop theory from the exploration of human interaction and behavior in social contexts (Lincoln & Guba, 1985).

Grounded theory is relevant for this study because this method engenders data exploration and naturalistic discovery (Miles & Huberman, 1994). The main purpose of this study was to describe the process of play therapy and suggest theoretical foundations or descriptions of children’s perceptions of the process of play therapy. Thus, the data gathered from the study helped me gain an understanding of children’s perceptions of the process of play therapy.

Role of the Researcher

The role of the researcher is critical in qualitative methodology because the researcher identifies the process of the phenomenon to be studied, constructs the research question for the scientific inquiry, performs primary data collection and analysis procedures, and synthesizes the data into confirmable results (Strauss & Corbin, 1998). Qualitative researchers serve as the principal apparatus for data collection and analysis; accordingly, these researchers need to be aware of their biases and assumptions that may influence findings of their investigations (Creswell, 1994). Qualitative researchers should state their biases, values, and judgments regarding any aspect of the study from the onset and throughout the duration of the study (Strauss and Corbin). Furthermore, qualitative researchers are required to continuously monitor assumptions or biases about their research, so that participants' opinions and experiences can emerge (Creswell, 1998). Maintaining an openness to explore and an awareness to understand, qualitative researchers make efforts to refrain from imposing their own personal beliefs into their reports of the results of data analysis procedures (Strauss & Corbin).

Researcher Assumptions and Biases

In fulfilling my role as a qualitative researcher, I became aware of various assumptions that I brought to this study. I realized that my primary assumption was that children's voices needed to be heard, especially because children are the primary recipients of the outcomes of the play therapy process. As such, I believe that children have important insight about the process of play therapy. Most of the research on the efficacy of play therapy centers on empirical data that is not focused on capturing

children's perceptions. I believe that children can be helped more efficiently if we listen to their perceptions about the therapy we are practicing with them.

My biases are centered on me being a beginning play therapist in training; therefore, I have a strong interest in the play therapy's efficacy. Specifically, my professional goals as a play therapist in training are to help children in difficult situations by utilizing play therapy. I believe that I was biased to find ways that play therapy positively affects children. Another assumption of mine as a beginning play therapist was that children would openly discuss how play therapy positively affected them.

A bias that I possess concerning the process of play therapy is that children experience play therapy as fun or interesting, but they will not have much insight into why they are playing. I also believe that children may lack insight about the goals of play therapy and the therapeutic process. I believe children want to feel good and that they view the process of play therapy, especially the fun games and activities played with adults who are truly present, as a source of excitement. I assume that children enjoy play therapy because (a) the games are fun, (b) they enjoy acceptance, and (c) they receive undivided attention from a nonjudgmental adult.

I also have biases regarding school counseling. These assumptions are that school counselors feel overwhelmed with their workloads and are looking for more efficient methods to counsel large numbers of children at their schools. I have assumptions that school counselors will appreciate and be interested in learning play therapy techniques, which can be effective communication tools when counseling children. I also assume that many school counselors who already utilize play therapy techniques may be feeling frustrated because they have not received adequate training. I also assume that school

counselors are looking for a guide or template to facilitate school counseling therapeutic interventions. I believe that some school counselors may be averse to learning about play therapy because of the fear of the unknown or because they feel what they are currently doing is working for them. A separate bias of mine related to school counseling is that I believe Jungian school counseling, as described by John Allan (1988), is one of many effective methods to assist children in school settings.

I also have biases regarding the process of play therapy specifically in school settings. I believe that the process is often rushed because of the condensed amount of time school counselors have with children. I also believe that play therapy may not be as effective in school settings as in private practice because school counselors are expected to do immediate, solution-focused interventions with children, as opposed to long term health care to which many play therapists ascribe in private practice.

Researcher Sensitivity

Strauss and Corbin (1990) stated that researcher sensitivity “refers to the attribute of having insight, the ability to give meaning to data, the capacity to understand, and capability to separate the pertinent from that which isn’t” (p.42). Conceptually, researcher sensitivity is established through the researcher’s previous understanding and experiences with the phenomenon under investigation. In this study, I drew upon my own personal experiences and remained open to minute details in the data so that my sensitivity enhanced the interpreting and authentic reporting of the data. In an effort to further delineate my sensitivity, I will now discuss my personal experiences related to counseling children utilizing play therapy and my experiences of being a school counselor.

Overall, I have limited experiences in play therapy with children and school counseling. Thus far, I have approximately 3 1/2 years of part-time clinical experience in providing direct play therapy with elementary school children, and I have completed almost a full school year's worth of experience as an elementary school counselor. In my most recent role as an elementary school counselor, I utilized play therapy regularly, but it was mostly group play therapy in psychoducational formats. I worked part-time at a Catholic church for two and half years, where I provided direct play therapy services to elementary school children, utilizing a Jungian-oriented approach to counseling. While attending the University of New Orleans, I worked on a grant for six months at a child counseling center where I utilized play therapy techniques with children affected by sexual abuse.

Recently, I have completed one year of play therapy training at the University of New Orleans. Over the past 16 months, I have received supervision by a Registered Play Therapist Supervisor, working to fulfill the necessary credential requirements to become a Registered Play Therapist. As a novice school counselor and play therapist in training, I have limited clinical experiences to draw upon when understanding the phenomenon under investigation. Last, my limited experiences and the subjectivity that I bring to this research project may be vastly different from a seasoned professional or a school counselor who has years of experience utilizing play therapy techniques with elementary school children.

Strategies to Contain Sensitivity/Maintain Objectivity

Glesne (1999) stated that research sensitivity containment is important because researchers do not want their assumptions to unwittingly skew the objectivity of data

conclusions. The first step in addressing researcher sensitivity is the researcher's acknowledgment of the impact of sensitivity on the phenomena under investigation. I realized that my assumptions could skew my data interpretation if I looked for a specific answer because of my biases about the effectiveness of play therapy. Second, researchers must become aware of their subjectivity and articulate it. By stating my assumptions, biases, and sensitivity to the investigated phenomenon, I believe that I completed the initial steps to recognizing my subjectivity regarding play therapy, school counseling, and elementary school children's perceptions. I journaled about my experiences and assumptions while writing my proposal and documented my reactions and assumptions in this journal throughout the duration of this investigation. Additionally, I kept a journal of my school counseling experiences as a new school counselor. I have written journal entries daily, specifying how reality differs from the textbook knowledge that I learned in academia about school counseling and counseling children.

I have learned that my subjectivity is highly steeped in play therapy being the most effective counseling modality for children. I have also realized that I have a subjective lens, believing elementary school children will show marked improvement in school performance if school counselors incorporate utilize play therapy techniques in their responsive services.

Bracketing Researcher Subjectivity

After qualitative researchers become cognizant of their subjectivity, they may be able to analyze the research findings more objectively by bracketing their subjective influences. Glesne (1999) described methods that I employed in an attempt to contain my

researcher subjectivity: (a) a reflective journal; (b) consultation with a peer debriefer; and (c) member checks.

Reflective Journaling

Reflective journaling is a qualitative researcher's personal written account of opinions, reflections, and judgments of the process and content throughout the entire data collection and analysis process (Spall, 1998). As noted, reflective journals assisted me in monitoring my personal perspectives and assumptions that could have influenced data collection and analysis. For this study, I utilized the reflective journal to record my reactions to events during the course of the proposed study and my reflections of reactions. I journaled before individual participant interviews and after interviews. I also journaled after making initial contact with school counselors, school administration, guardians and children. Last, I journaled about my observations while interviewing participants.

Peer Debriefing

A peer debriefer reviews a qualitative researcher's findings in an effort to establish trustworthiness and dependability of results (Miles & Huberman, 1994). Consultation with a peer debriefer bolsters the credibility of qualitative findings because a peer debriefer impartially confirms the researcher's interpretations as being valid and trustworthy (Lincoln and Guba, 1985). The peer debriefer for this study was an impartial colleague who provided reviews of process and content. The peer debriefer, Dr. H, has a Ph.D. in counselor education and is a school counselor in a rural community in the southern portion of the United States. She has experience in qualitative research and has received play therapy training. We have facilitated a three-day play therapy workshop

together. I consulted with Dr. H to discuss data analysis, findings, journal entries, and overall progress of my investigation, in an effort to enhance the accuracy and dependability of results.

Member checks

Member checks assist qualitative researchers to bracket or segregate their assumptions (Strauss & Corbin, 1990). Member checks involve qualitative researchers sharing interview transcripts and interpretations with research participants to validate the accuracy of the participants' ideas (Glesne, 1999; Strauss & Corbin, 1990). In this study, I verified my findings by briefly reviewing responses from interviews with participants at the beginning of each interview. I sought their feedback about my findings as they emerged throughout the data collection and data analysis.

Research Plan

Before this study began, I secured the approval from my dissertation committee members to investigate the phenomenon. After three months and approximately five rounds of edits, the Human Subjects Committee approved my study [Appendix A] only after numerous modifications to the study were implemented, including the elimination of one of the original sources of data collection: observing or videotaping the counseling sessions of participants. After I received approval from the Human Subjects Committee, I began the investigation by selecting research participants.

Purposeful Sampling

Qualitative researchers employ purposeful sampling because they are interested in participants' experiences and their settings. According to Coyne (1997), purposeful

sampling involves the researcher utilizing non-probability sampling by making a calculated decision to sample a specific population according to a preconceived but reasonable set of parameters. To provide scope and focus for this study, I utilized homogenous sampling. Gay and Airasian (2000) described homogenous sampling as an approach of purposeful sampling, which involves the researcher selecting participants who are similar in experience, perspective, or outlook.

Participant Selection

Qualitative researchers gather data to inform research through purposeful sampling. Because qualitative researchers seek quality from participants and not quantity, participant selection is designed to “identify participants who can provide information about the particular topic and setting being studied” (Gay & Airasian, 2000, p. 209). Specifications regarding the number of participants in a qualitative study are mutable (Denzin & Lincoln, 1998). Typically, when data saturation occurs; that is, when the researcher begins to hear the same thoughts, perspectives, and responses from participants in a study, the researcher may conclude that additional participants are not necessary (Hatch, 2002). However, other qualitative researchers (Creswell, 1998) have suggested that 6-10 is the optimal number of participants for a study such as this one.

Gay and Airasian (2000) stated that before participant selection begins, the researcher must negotiate entry into the research setting and secure the cooperation of the research participants. In order to identify and recruit participants for this study, I collaborated with school counselors, who served as gatekeepers in my investigation. Participants were voluntarily recruited by the school counselors who agreed to participate in the study. I received approval from the headmasters or principals at the schools. One of

the school counselors who agreed to participate in the study asked that I meet with her school's headmaster and discuss the study. After I met with and received approval from the headmaster, the school counselor identified four children who fit the criteria for the study. I spoke to the other school counselor and ask about her school's procedures for obtaining the approval for research from administration. This school counselor met with the principal herself and received approval. Upon my arrival for the first round of interviews, I met with this principal briefly and thanked her for granting me permission to do my research in her school.

Originally, I planned to pick 2-3 participants from three different elementary schools for the study. After seven weeks of unsuccessful attempts, I was unable to secure permission from three different principals to conduct my study, so I went forward with the two schools whose principals had granted me access. To summarize, I identified six elementary schools that had school counselors who received play therapy training and utilized play therapy techniques. Due to confidentiality, I have assigned the schools numerical values, which does not represent a chronology or timeline of me contacting the schools for permission to do research. I was granted permission at schools #1 and #2 to conduct my study. At schools #3 and #4, I met with the principals individually to discuss the study. They both denied access for similar reasons: they felt uncomfortable about the liability of research with children and voiced their concerns that parents of the participants could become litigious if anything were to "go wrong" during the course of the study. At school #5, I met with the head of the school counseling department in person. While she was interested in seeking permission from the principal for the project, the elementary school counselor at her school who I would have been working with

stated she was “too busy” and declined to participate in the study. The school counselor at school #6 did not return my emails or telephone calls to set up an initial appointment to discuss the study. After several weeks of unanswered communiqués, I discontinued my efforts.

Participant Criterion

The participant criterion for the study was elementary school children in grades K-4 who were engaged in the counseling process with a school counselor who utilized play therapy techniques. The participant pool was limited to 7 participants. The study took place at two different schools: one in an urban environment and one in a rural location, both in the Southern part of the United States. I also based my participant selection on children who had access to school counselors who utilized play therapy techniques because of their experiences and knowledge about the process of play therapy—the phenomenon investigated.

I secured two school counselors at two different elementary schools who were willing to participate and recruited children who fit the criterion for the study. I chose these specific sites because the school counselors employed at these schools consistently utilized play therapy techniques with elementary school children and received play therapy training. I visited both of the schools before the investigation began and explored the school counselor’s playroom.

I spoke to the school counselors from both of these schools and asked them to identify three to five participants whom they believed would be ideal candidates to share their experiences of play therapy. Ideal candidates for the study included guardians who would be inclined to give permission for their children to participate in this study.

Because I was able to secure only two schools for the study, and not three, I approved all of the participants the school counselors had selected who met the criteria of this study.

Because these school counselors had already established relationships with the guardians of prospective participants, I asked the counselors to make the first contact by utilizing the School Counselor's Script for Initial Contact with Legal Guardians [Appendix H], which provided a basic description of the study to the guardians. A basic description of the proposed study was also included in the Letter to Legal Guardian [Appendix B] and the Legal Guardian Consent Form [Appendix C] that I gave the school counselors before they contacted the legal guardians, in the event that the guardians requested written information about the study. I supplied the school counselors with the School Counselor Consent [Appendix F], detailing their involvement with the study. Both school counselors personally sent the parents the forms, secured the signatures of the parents, and either mailed or handed me the appropriate forms in person before I conducted the initial participant interviews.

Potential Issues in Research with Children

I foresaw potential difficulty in finding children or legal guardians willing to consent. I believed one reason for parental reluctance was because they would be concerned about their children's privacy. Because of the foreseeable concerns that could have arisen with confidentiality and because of legal guardians' potential reluctance to allow their children to participate in research with an interviewer they did not know, I had originally planned to ask the legal guardians to meet with me in person. In the meeting, I would have disclosed to the legal guardians my educational background and clinical experience with children and describe the investigation and discuss their children's

participation. However, the Human Subjects Committee recommended that I discuss this information over the telephone with the parents, as they believed that meeting in person could potentially betray their confidentiality if any other parents were to see them meeting with me.

The issues that make research with children sensitive include: (a) confidentiality; (b) informed consent; (c) reporting child abuse; and (d) counselor competence. The Legal Guardian Consent Form [Appendix C] includes a detailed description of the study, confidentiality issues, and the limitations of confidentiality with children in research. The limitations with children in research focus on children not fully understanding confidentiality and possibly breaching it: children may voluntarily disclose their research participation to peers.

Informed Consent

The law does not recognize that children have the cognitive capacity to fully understand informed consent. Therefore, parental consent is required for children to make informed voluntary decisions when entering the counseling relationship. Henkelman and Everall (2001) recommended obtaining the child's assent to make the child feel part of the counseling process. For those children older than 8, I asked them to provide both oral and written assent on the Child Assent Form [Appendix G]. For those children under the age of 8, I secured only oral assent, as the Human Subjects Committee mandated. I obtained child assent when I first met with the children, before ever interviewing them. The school counselors retrieved the participants from their classes and brought the participants to meet me at the school. At both schools, the school counselors suggested that I interview the participants in their office, as to make the participants feel more

comfortable. The school counselors waited outside the office while the interviews took place. The third sensitive area in doing research with or counseling children involves reporting child abuse. I informed the guardians that I was a mandated reporter of suspected child abuse on the Legal Guardian Consent Form [Appendix C].

Measures to Ensure Confidentiality

To maintain participant confidentiality and ensure anonymity, participants' identities were concealed through the use of pseudonyms. Confidentiality was maintained by storing observation notes, audio-taped interviews and transcripts in a locked filing cabinet. A professional transcribed the interviews that were audio taped. I maintained ownership of these tapes and they were kept with transcripts in a locked and secure filing cabinet. To further ensure confidentiality, only my major advisor and Dr. H, the peer debriefer, have access to the secured transcripts, consent forms, and data. I will keep this data in a locked cabinet and secure location for seven years, at which time the information will be destroyed.

Data Collection Procedures

Data collection in qualitative research depends on the integrative and interpretive skills of the researcher (Gay & Airasian, 2000). For this study, data collection procedures included (a) initial individual participant interviews, (b) observations during participants' interviews (c) two rounds of follow-up interviews, and (d) document reviews. I asked the participants to volunteer for an initial individual interview, lasting approximately 15-20 minutes. With data obtained from the first round of interviews utilizing the Initial

Interview Guide [Appendix D], new questions were prepared for the two rounds of follow-up interviews.

Initial Individual Participant Interviews

An interview is a purposeful interaction—usually between two people—consisting of one individual extracting information from another individual (Drisko, 1997). Individual interviews are a joint construction of meaning between the researcher and participant (Gay & Airasian, 2000). I utilized individual interviews to explore and probe the participants' responses to gather data about their experiences and feelings regarding the process of play therapy. This study consisted of three rounds of individual interviews as the primary source of data collection. I asked the participants to volunteer for an initial 15-20minute interview and two 15-20 minute follow-up interviews. Initial and follow-up interviews were face-to face and were transcribed for the purpose of data analysis.

For the interviews, I utilized props to assist participants in recalling information. Specifically, I utilized materials similar to those utilized by the school counselors during their counseling sessions with research participants. I asked the school counselors to complete the School Counselor's Questionnaire [Appendix E] to identify what materials and techniques they utilized during the play therapy sessions. The following questions were included in the School Counselor Questionnaire: (a) Describe the technique(s) you utilized; (b) What materials did you use? (c) How did you execute the technique(s)? (d) What was your purpose in utilizing the technique(s)? and (e) How did the child respond to the technique(s)?

According to Priestly and Pipe (1997), one of the most consistent findings in the literature on interviewing children is that elementary school children's recall of experiences are typically as accurate as those of adolescents (Goodman, Aman, & Hirshman, 1987) and adults (Goodman & Reed, 1986). However, elementary school children's responses are typically much briefer than responses by adolescents (Salmon, Bidrose, & Pipe, 1995). Play materials can overcome difficulties elementary school children may have in verbalizing their experiences (Vizard & Tranter, 1988). An important function of utilizing props when conducting interviews with elementary school children is to provide effective cues for the retrieval of information from memory (Priestly & Pipe, 1997).

Specifically, I replicated the art materials utilized in the creative play therapy techniques and ask the participants if they felt comfortable drawing while we talked. The art materials consisted of plain white paper and colored pencils or markers. Because I conducted the interviews in the school counselor's office where the counseling sessions occurred, I also had easy access to sandboxes and offered participants the choice to play with the sand while we conducted our interview. Sand often serves as a soothing element for children who experience anxiety (Steinhardt, 2000).

I employed the same probes for all children in all the interviews so that the findings were not skewed due to the children's individual reactions to the toys or play materials. I was specifically looking for their experience of the process of play therapy, so I made the props analogous to what the school counselors utilized when administering the play therapy interventions to the participants.

Initial Interview Questions

In the early analytic stages of a qualitative study, questions can open up new thinking about the phenomenon being studied (Strauss & Corbin, 1990). In the initial interview, questions are typically broad to elicit participants' perceptions and not direct them to talk about what the researcher requires. Through analysis of themes in the data from the first round of data collection, qualitative researchers narrow the focus of questions for follow up interviews (Denzin & Lincoln, 1998). Strauss and Corbin stated that the purpose behind the use of questioning is to open up the data and for researchers to think of potential categories, their properties and dimensions.

According to Kortessluoma, Hentinen, and Nikkonen (2003), the practicability of interviewing children as a method of qualitative data collection depends on the interviewers' ability to gain children's confidence and to get involved in reciprocal interaction with children. Faux, Walsh, and Deatrick (1988) stated qualitative researchers should alter their interviewing techniques and questions to make them attuned to the language and cognitive stage of development of each child. Therefore, I conducted the interviews in this study utilizing a semi-structured interview format, with age-appropriate language, and sufficient flexibility to respond to developmental differences in participants. For example, I listened carefully to how participants expressed themselves and used similar language to communicate by matching their developmental needs and meeting them on their own terms. I also asked participants if they comprehended the questions that I asked.

The following questions were included in the Initial Interview Guide [Appendix D]: (a) How would you describe your time with (insert counselor's name)? (b) Tell me about playing with (insert toy/material/activity here)? (c) What did/do you like about

spending time with (insert the counselor's name)? and (d) What did/do you dislike about spending time with (insert the counselor's name)?

After each round of interviews, I provided the children with a small token of my appreciation. Tokens included a box of crayons, stickers, or markers.

Personal Observations

Gay and Airasian (2000) indicated that participant observation includes the ability to gain depth and breadth into participants' insights and experiences. Personal observations comprise the researcher's thoughts and feelings of participants' verbal and non-verbal communication (Creswell, 1998). I maintained a detailed journal of my personal observations of the interviews, which consisted of my thoughts and feelings regarding participants' verbal and non-verbal communication. My observations included: (a) the location of the interview, (b) the participant's demeanor before, during, and after the interview, (c) facial expressions and emotional reactions, (d) changes in verbal expression and tone of voice, (e) body language while expressing thoughts or feelings.

Follow-Up Individual Interviews

After the individual interviews were completed and analyzed, I asked participants to voluntarily participate in two rounds of follow-up individual interviews. At the beginning of the follow-up interviews, I asked participants to remind me what we talked about the last time we met. I then summarized my perceptions of their responses and the findings and got their reactions. Specifically, each of the follow-up interviews began with a brief summary of the participants' individual responses from the previous interview and brief, concise details of initial themes that emerged from the data. This helped me know if what I heard the participants state was what they meant to communicate.

Document Reviews

A fourth form of data collection that I utilized for this study was document reviews. Merchant (1997) stated that document reviews are useful forms of data collection in qualitative research and provide additional information about the phenomenon under investigation. Therefore, I obtained one or more of the following documents from the school counselors involved with this study: (a) school counselors' college transcripts, (e) school counselors' CEU certificates pertaining to play therapy training, (f) accounts from school counselors' of the participants' receptivity to play therapy techniques during counseling sessions, and (g) information school counselors have on the play therapy techniques that they utilize with their clients. Permission to conduct document reviews is listed in both the School Counselor Consent [Appendix F] and the Legal Guardian Consent Form [Appendix C].

Data Analysis

Once initial interviews were completed with all of the research participants, a professional transcribed audio tapes of the participants' responses. I then verified the accuracy of transcripts and began the initial round of data analysis. In the initial round of data analysis, I read participants' responses and looked for common themes as they emerged. Once themes were identified from participants' responses, I developed initial categories and then formulated questions that narrowed the focus of this investigation, confirmed initial findings, and probed for new or additional information.

Gay and Airasian (2000) stated that data analysis in qualitative methodology involves a systematic search, categorization of the data, integration and interpretation of

the data, and an understanding of the data from the researcher. Data analysis occurs simultaneously with data collection in qualitative research, in a cyclical effort of theme refinement and re-analysis. Gay and Airasian outlined four steps in data analysis: (a) becoming familiar with data and theme identification; (b) providing detailed descriptions of the setting, participants, and the activities; (c) classifying pieces of data into meaningful chunks; and (d) interpreting the organized data into general conclusions and understandings. Strauss and Corbin (1998) stated data analysis is a fluid, free-flowing process in which researchers merge different types of analytical tasks. Miles and Huberman (1994) outlined three types of analytical tasks in qualitative data analysis: (a) data reduction, (b) data display, and (c) conclusion drawing and verification.

Data Reduction

Miles and Huberman (2000) defined data reduction as the process of selecting, simplifying, and developing themes from data collection methods. Strauss and Corbin (1998) stated that data reduction begins when the researcher chooses a topic, decides which data collection methods to use, and determines which participants to include in the investigation. Reduction of data in grounded theory comprises three procedures: (a) open coding; (b) axial coding; and (c) selective coding (Strauss & Corbin).

Open Coding

Open coding is a fluid process that reduces data through deconstruction of the data into heterogeneous sections that are identified, labeled, and categorized (Strauss & Corbin, 1998). In this study, I formed categories according to their homogenous properties. Properties are subcategories of the information that emerge and are used to describe central categories (Creswell, 1998). During open coding, I broke down the data

into discrete parts and compared the parts for similarities and differences. From these distinctions, I developed categories of information and began the important phase of asking questions about the phenomena as reflected in the data.

Axial Coding

Strauss and Corbin (1998) defined axial coding as the process in which homogeneous concepts are linked together in relation to their context within categories. In axial coding, ideas are grouped together based on their homogenous conditions within similar contexts and described in terms of conditions that surround specific concepts, their evolving properties, action strategies within the specific categories, and outcomes of the action strategies. In this study, I utilized axial coding to develop and interconnect categories across themes that emerged in the data. I utilized the paradigm model, or linkage of subcategories denoting casual relationships or context, to relate subcategories to their categories.

Selective Coding

Selective coding is the process of selecting the core category, systematically comparing it to other categories, confirming those connections (Strauss & Corbin, 1990). Selective coding assisted me in making the final steps in this study from concept to process. In selective coding, I built a story that connected the categories. Strauss & Corbin outlined the five steps of selective coding: (a) explicating the story – the story is about the process that evolves; (b) relating subsidiary categories around the core category; (c) relating categories at their dimensional level; (d) validating those relationships against the data; and (e) filling in categories that need further refinement.

Data Display

Data displays offer an organized method to illustrate reduced data and permit the researcher to draw conclusions about data (Miles & Huberman, 1994). Common data display methods include charts, matrices, and graphs. Strauss and Corbin (1990) discussed how data displays, through concrete visualization strategies, assist the researcher in distinguishing and connecting categories, properties, and dimensions. In this investigation, I utilized conceptual matrixes. The participants' quotes were separated according to homogenous characteristics, which allowed me to analyze participants' responses within and across categories.

Conclusion Drawing and Verification Procedures

Miles and Huberman (1994) stated qualitative researchers draw conclusions from the beginning of data collection until the end of data analysis. Researchers remain open to different outcomes until the end of their investigation. Verification of conclusions is a crucial component of the data analysis process, where verification is achieved through a consistent process of exploration and comparison among categories, properties, and dimensions (Strauss & Corbin, 1998).

Trustworthiness

Lincoln and Guba (1985) stated that trustworthiness in qualitative research refers to the investigator's credibility. As researchers seek reliability and validity in quantitative research, qualitative researchers seek trustworthiness. Trustworthiness in qualitative research can be determined by asking: (a) Do conclusions of this investigation make sense? (b) Do conclusions sufficiently describe the information received from the participants? and (c) Do conclusions accurately represent the study at hand? (Miles &

Huberman, 1994). Three distinct criteria represent trustworthiness of findings in a qualitative investigation: credibility, transferability, and dependability.

Credibility

Credibility is also referred to as the “believability” and assurance that conclusions make sense in a qualitative inquiry (Drisko, 1997). Credibility demonstrates that the qualitative inquiry ensures participants are accurately identified and described (Gay & Airasian, 2000). For this investigation, I utilized interviews, personal observations, and document reviews to bolster the credibility of findings.

Transferability

Gay and Airasian (2000) defined transferability as generalizing the results of a study to other areas. Lincoln and Guba (1985) noted that descriptive detail provides the reader with an opportunity to determine the transferability of research findings to other contexts. To enhance transferability, I provided descriptions of the contexts, processes, participants, and findings. I maintained a reflective journal throughout this study to illuminate descriptions of data collection and analysis.

Dependability

Similar to the concept of reliability in quantitative research, dependability involves the consistency of results over time and across researchers (Miles & Huberman, 1994). I consulted with my peer debriefer to review the analysis and determine if her conclusions were similar to mine. I also asked my peer debriefer to comment on the clarity and detail provided regarding the research plan and its potential for consistency over time and across researchers. Furthermore, I provided a detailed account of the

methods that I utilized so that other researchers may replicate this study should they so choose.

Triangulation Procedures

Triangulation is an important verification procedure in qualitative methodology that establishes dependability, transferability, and credibility of findings. Gay and Airasian (2000) described triangulation as a form of cross-validation that examines similarities in data by comparing different participants, settings, and methods to identify recurring results. Denzin (1978) identified three steps in triangulation: (a) comparing multiple sources of data; (b) comparing results of multiple independent sources of data; and (c) comparing multiple methods of data analysis. In this investigation, I utilized a peer debriefer and did document reviews. I searched for alternative explanations to my findings in the literature, and I explored what other school counselors or experts in the field thought about my findings.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

Introduction

The purpose of this chapter is to present the findings that emerged from participants' responses to the central research question: What are elementary school children's perceptions of the process of counseling with school counselors who utilize play therapy techniques? Results presented in this chapter reflect my interpretations of data collected in the forms of (a) three rounds of in-person individual participant interviews, (b) personal observations of the participants' verbal and nonverbal behaviors and their environment, (c) document reviews, and (d) journal reflections.

This chapter is organized into five main sections. The first section includes an introduction to the participants who shared their experiences and contributed to this investigation. The second section consists of data analysis and reduction procedures for the first round of participant interviews including the initial interview questions, themes that emerged from analysis of participants' responses, and a summary of the data. The second round of interviews is described in the third section of this chapter and includes data analysis and reduction procedures. The fourth section describes the data analysis and reduction procedures for the third round of interviews. The last section presents a theoretical explanation of how elementary school children perceive the process of counseling with school counselors who utilize play therapy techniques and verification procedures utilized to validate the theoretical framework.

Participant Profiles

Participant profiles were created to provide a description of each participant who volunteered for this investigation. Information utilized to create participant profiles was derived from three primary sources: (1) individual interviews, (2) the researcher's journal, and (3) the school counselors involved with this study. The pool from which participants were selected was limited to elementary school children who were currently engaged in a therapeutic relationship with a school counselor who utilized play therapy techniques. Because participants were minors, and because there were several concerns from school administrators, school counselors, and legal guardians of participants about strict protection of confidentiality, minimal participant profiles are presented in an attempt to maintain anonymity. Participants were given pseudonyms, and their schools and any identifying information were kept confidential to further enhance anonymity. The group profile is followed by a detailed description of each participant's individual profile.

Group Profile

General demographic information was compiled regarding participants to create a visual representation of the participant pool for this study [Table 1]. Six participants were female, and one was male. Five of the participants were European-American, and two were African-American. Participants' ages ranged from 6-11. All participants met the sampling criteria that included (a) being elementary school-aged children in grades K-4 who were (b) currently engaged in a professional counseling relationship with a school counselor who utilizes play therapy techniques. All participants were enrolled in elementary schools, three in a public elementary school and four in a K-12 all-girls'

private school. Three of the participants were in fourth grade, two were in third grade, one was in second grade, and one participant was in first grade.

The school counselors were unable to provide a definitive number of the total individual counseling sessions they had completed with the participants. The main reason cited for this by both counselors was because they do not retain comprehensive counseling files on the children and therefore do not maintain a formal account of each session. They also said some sessions occurred extemporaneously during recess, lunch, or in the school's hallway and were unrecorded. However, the school counselors were able to approximate the amount of total completed sessions with the participants. The school counselors estimated that the participants each had at least five individual counseling sessions in which play therapy techniques were utilized, and they approximated that the total amount of sessions ranged from 5-35.

Table 1
Participant Group Profile

Participant	Pseudonym	Ethnicity Gender Age	Grade	Academic Setting	Estimated # of Ind. Counseling Sessions
1	Jana	European- American Female 11	Fourth	Public Elementary School	13
2	Leroy	African- American Male 10	Fourth	Public Elementary School	14
3	Jasmine	African- American Female 11	Fourth	Public Elementary School	24
4	Danica	European- American Female 8	Second	K-12 Private All-Girls Academy	12
5	Ellen	European- American Female 6	First	K-12 Private All-Girls Academy	5
6	Erika	European- American Female 9	Third	K-12 Private All-Girls Academy	15
7	Greta	European- American Female 9	Third	K-12 Private All-Girls Academy	35

Individual Profiles

This section includes individual profiles for each of the seven participants. These profiles were obtained from the information that I collected and observed during the first round of interviews. Each profile includes a basic description of the initial interview as well as participants' personal characteristics associated with their identity as elementary school children. These individual profiles are intended to introduce and facilitate a visual image associated with each participant.

Public School Participants

Jana, Leroy, and Jasmine (participants 1-3) attended the same public elementary school in a rural portion of a southern state. They were all in the same grade, and Jana and Leroy were in the same homeroom class as well. The school counselor at this school conducted individual sessions with these children, utilizing sandplay, experiential art activities, and bibliotherapy.

Participant #1: Jana.

Jana and I met at the public elementary school that she attends. Jana is an 11-year-old, European American female who is in fourth grade and has completed an estimated total of 13 counseling sessions with her school counselor. While Jana and her school counselor engaged in a private counseling session in the school counselor's office, I waited in a book storage room that was connected to the area where teachers utilized a copy machine. The room appeared vacant and unused, with dark wood paneling covering the walls, baby blue shag carpet on the floor, and a few shelves of encyclopedias and outdated resource books for children. Once their counseling session was over, the school counselor brought Jana to meet me in the storage room where I was waiting. Jana greeted

me with a large smile. The school counselor introduced us and Jana gently shook my hand, continued smiling and led me to the office where our interview would take place. The school counselor remained in the book storage room. While walking down the hall to the school counselor's office, I asked Jana how old she was and what grade she was in. She answered promptly and was courteous. Her nonverbal behaviors, especially her body language, appeared to be calm, with her voice remaining at an even pitch during our initial introduction and our first conversation while walking down the hall.

The school counselor suggested that I administer the interviews in her office where the children would feel more comfortable because of their familiarity with the office. Immediately after we sat down at the table where the interview would take place, Jana voluntarily showed me her artwork from the previous counseling session. With a smile, she explained, "I love to draw. I want to be an artist someday." I asked Jana if she would like to draw while we talked, and she nodded her head and said, "Yes, that would be cool."

Jana remained attentive to my questions throughout the interview, yet colored at the same time on the yellow construction paper that I had supplied. At one time during the interview Jana showed an elevated state of affect: I asked her about coloring and the use of art activities with her school counselor in counseling sessions. She appeared to rise slightly out of her chair, her voice became more animated, and with a smile, she commented that she enjoyed drawing with her school counselor.

When we concluded the interview, Jana and I shook hands and I thanked her for participating in my study. A student from another classroom accidentally wandered in to the office where Jana and I were saying goodbye. The door was closed, but the student

said he thought it was the library entrance and said “sorry” and quickly closed the door. I looked at Jana’s reaction, and she smiled and left the room. After she left, I realized that I had forgotten to let her select a reward for participating. I walked out of the office, entered the hallway and looked both ways, but she had disappeared into her classroom. Jana came by about 30 minutes later and I told her that I had forgotten to let her pick an item. She smiled, chose a set of pink flower stickers, and then left.

Participant #2: Leroy.

Leroy is a 10-year-old, African American male attending the same public elementary school that Jana attends, and he is in the fourth grade. Leroy completed an estimated 14 individual counseling sessions with his school counselor who utilizes play therapy techniques. Leroy wore a large, bright yellow winter coat with a hood. I asked him if he was cold, and he quietly replied “yes.” After our initial introductions, Leroy disclosed to me that he was feeling nervous because he had taken a couple of tests earlier in the school day. He seemed fairly disengaged from the conversation, with no eye contact, bowed head, and an almost inaudible tone of voice. Before we started the interview, while I was retrieving art materials out of my bag, such as markers and construction paper for Leroy to draw with while we spoke, he disclosed that his grandmother recently had died. Judging from Leroy’s closed body language, I sensed that he was feeling somewhat anxious about taking two tests, thinking about his grandmother’s death, and doing an interview with me. So, I first told him that I was sorry to hear about his loss. I then told him that I heard from his school counselor that he enjoyed drawing, and I asked him if he would draw something so I could see his work.

After I said this, Leroy produced a small smile, and with the same low monotonous voice said, “Sure, I’ll draw you something. And you can keep it if you like.”

As we delved further into the interview, I noticed Leroy opening up more by increasing the volume in his voice so that it became more audible, and he sporadically made eye contact with me. I observed that Leroy remained fairly stationary throughout the entire interview, making minimal physical movements. Leroy began to show more expressiveness in his face when we discussed the activity of role playing with his school counselor and how it helped him through his bereavement. Leroy commented on his grandmother in an almost apologetic tone by saying, “I don’t want to brag, but I was my grandmother’s favorite.” His voice changed to a higher, more excitable pitch, but still remained fairly low-key. He seemed to find it difficult to focus during the interview, because he kept asking me to repeat questions.

At the conclusion of the interview, Leroy asked if I would be coming back to the school to interview him again. I explained to him that I would be back in a couple of weeks, and that if he wanted to meet with me again for a second interview, we could. He nodded his head in an affirmation and then we shook hands. Leroy chose both a red and a blue glitter marker as his reward for his interview participation.

Participant #3: Jasmine.

Jasmine was casually attired, wearing a denim skirt and a short-sleeved, solid white tee-shirt. Jasmine is an 11-year-old, African American female in fourth grade at the same public elementary school that both Leroy and Jana attend. Jasmine and I met in the same school counselor’s office as I did with Jana and Leroy. The office had six windows directly behind the area where the interviews were taking place. The interviews took

place in the morning, and the sun was shining brightly through the open, lilac blue mini-blinds. The office had three shelves of toys, including a dollhouse, sandbox with miniatures, and many different types of dolls.

Jasmine chose to sit by the sandbox while we spoke. I repositioned the tape recorder a couple times at the beginning of the interview because she changed the direction she was facing while playing with the sand. Jasmine kept her head down while we spoke and ran her fingers through the sand. She was highly verbal and articulate. During the interview, she also played with a gold Mardi Gras bead that she wrapped around her wrist. Her body language appeared closed, and she seemed shy as she made eye contact with me during the interview. Her demeanor remained consistently non-emotional throughout the entire interview.

After the interview was completed, I asked her if she would like to participate in another interview with me in a couple of weeks. She nodded her head in an affirming way. She then made eye contact with me and asked if I wanted my own sandbox so that I could play in the sand. I smiled and told her that I enjoyed playing with sand, but that I had more interviews to do and that I did not have time to play with the sand that day. I told her that if she wanted, next time I interviewed her, I could play in the sand with her for a couple minutes. She said “okay.” Jasmine chose a red glitter marker as her reward and then she walked out of the office.

Private School Participants

Danica, Ellen, Erika, and Greta (participants 4-7) attended the same K-12 private, all-girls’ academy. The school counselor facilitated both individual and group play therapy sessions with these participants, including many sandplay and experiential art

activities. These participants all knew each other and had established friendships. The school counselor brought the participants into her office, where I was waiting. After I formally met the participants for the first time and discussed the child assent form with them, the school counselor then escorted Ellen, Erika, and Greta out of the room and Danica remained in the office so that I could conduct the interview. All four participants were attired in a school uniform, consisting of a navy blue plaid skirt and a white, button-up, short-sleeved dress shirt.

Participant #4: Danica.

Danica is an 8-year-old, European American female who is in second grade and had completed an estimated eight counseling sessions with her school counselor. She was soft-spoken, and I had some minor difficulty hearing her. I asked her a couple of times during the interview if she could repeat what she said because I could not quite hear her. Danica sat on the small, yellow couch in the office, and I sat across from her in the school counselor's desk chair. I asked Danica if she wanted to play in the sand while we talked, and she said "yes" and retrieved her sandbox from the floor.

Danica smiled throughout the interview and was prompt with her responses. She did not seem nervous and her body language was open, conveying confidence. After the interview ended, Danica asked the number of times that we would be meeting to interview. I asked her if she was comfortable with being interviewed two more times, and she responded "yes." Danica picked a box of crayons as her reward for participating in the interview. She smiled and left the room and then the school counselor brought in the next participant.

Participant #5: Ellen.

Ellen, a 6-year-old European American female, was the youngest participant in the study and had received an estimated total of five counseling sessions with her school counselor. Before we began the interview, I asked Ellen if she wanted to get her sandbox and play with the sand while we talked, and she said “yes.” I noticed Ellen was fidgeting with a red gummy toy lizard in her sandbox. Her head was bowed down, and she appeared nervous. I asked her how she was feeling and she said that she was scared because she “had never done this before.” I assured her that there were no right or wrong answers for this interview and that she did not have to participate if she did not feel comfortable. She said that she was feeling “okay” and she wanted to do the interview.

In my opinion, Ellen possessed a developmentally-advanced vocabulary for a 6-year-old: she used words such as “perspective” and “void.” I noticed that as the interview progressed, Ellen appeared more relaxed by sitting back into her seat with a natural pose. She consistently played with the sand while we spoke and made little eye contact with me.

At the conclusion of the interview, Ellen jumped up and said, “Well, that wasn’t so bad I guess.” I asked her if she felt comfortable doing another interview in a couple weeks and she replied “yes.” Before she left, she picked a pink heart sticker as her reward.

Participant #6: Erika.

Erika was an engaging participant: she steadily maintained eye contact, spoke clearly, audibly, and articulately, and was concise and polite with her answers and comments. Erika is a 9-year-old third grader who had previously completed an estimated

15 counseling sessions with her school counselor. At the beginning of the interview, Erika asked me if her voice was loud enough for the recorder to pick up or if she should augment her volume. I smiled and told her that I thought the recorder would pick up her voice easily and that she did not need to speak any louder unless she wished.

Erika played minimally with her sandbox while we talked. She looked directly at me while we spoke and seemed relaxed and eager to participate. I sat directly across from Erika, approximately 3-4 feet away. The office where we interviewed was cluttered with toys, sandboxes, sand, and miniatures. There was one window in the office with a yellow sheer curtain directly above the couch where Erika sat during the interview. During the course of our interview, recess began and the sounds of children running, playing, and screaming could be heard easily as we spoke. A couple of times during the interview, Erika looked up toward the window. The sun was shining through the window, and I felt that perhaps Erika wanted to go and play with her friends. I concluded the interview shortly after recess began so Erika could go outside and play. We shook hands at the conclusion of the interview, and she said she looked forward to seeing me again. After Erika selected a blue butterfly sticker as her reward, she departed the playroom.

Participant #7: Greta.

Greta is a 9-year-old, European-American third grader who attends an all-girls' private academy. Prior to our interview she had completed an estimated 35 individual counseling sessions with her school counselor who utilizes play therapy techniques prior to our interview. Greta was the most vocal during the introductory meeting I had with the girls. Greta attempted to comfort the other participants who may have been feeling any anxiety about being interviewed for the first time by stating:

I've done this so many times and it's really not hard, really. It's actually kind of fun because you get to tell someone a bunch of stuff that you probably wouldn't be able to tell other people in the same way. My mom is a doctor and she does this kind of stuff all the time with kids. It will be fine, trust me.

Greta had been involved with another research study previously and wanted to share with the other participants her positive experiences about being interviewed by a researcher.

When the interview began, I asked Greta if she wanted to use her sandbox while we spoke and she answered "yes." Greta appeared eager to participate in the interview by telling me from the very beginning, "If there is anything that I don't answer but you really want to know, just tell me, okay?" She talked extensively about sandplay with her school counselor. She also rendered a rather lengthy story in the middle of the interview about a trip to the beach in Florida that she recently made and how much fun she had. Greta spoke somewhat exuberantly, and sometimes it was difficult for me to follow her train of thought. At some points during the interview, I was unsure if she was answering my interview questions or talking about other things. At one point, I became lost in the conversation because she was discussing three different stories all at once. I asked for clarification, which she provided by discussing each story in detail.

Greta's language was developmentally appropriate and her demeanor seemed upbeat and positive. After the interview concluded, Greta asked me if she could help clean up the playroom with me. I thanked her, but commented that she should probably ask her school counselor's permission because she may be needed back in her classroom. She smiled and then started to walk to the door. I stopped her by saying, "Greta, please don't leave without picking something." I was holding up two different sheets of various stickers. She chose a couple of blue heart stickers and then left.

Summary of Participant Profiles

This section introduced the participants who lent their perspectives to this research project. A group profile resulted from the compilation of basic demographic information from each participant. Compiled from the initial individual interviews, this information is intended to provide a glimpse into my experiences with participants. Because the participants were minors, the profiles were brief, as information which could have compromised participant anonymity was omitted.

Data Collection and Analysis Procedures

Data collection consisted of three rounds of individual interviews, my observations, a reflective journal that I maintained throughout the data collection and analysis procedures, and document reviews. The interviews were semi-structured, and I utilized open-ended questions to solicit participants' perceptions of the process of counseling with school counselors who utilize play therapy techniques. Participants volunteered for an initial 15-30 minute face-to-face interview and two follow-up interviews conducted in person that lasted 15-30 minutes. For the purpose of data analysis, initial face-to-face interviews and the follow-up interviews were audio taped and transcribed. Remarks, ideas, and impressions about the data were recorded in my reflective journal and served as the second form of data collection. To conduct document reviews, I sorted through the school counselors' play therapy training materials and information on play therapy techniques. The counselors also gave me information regarding the participants' presenting problems and therapeutic progress.

First Round of Individual Interviews

For the initial interviews, I met face-to-face with all seven participants at their respective elementary schools. The information contained in the first round of interviews addressed the central research question: What are children's perceptions of the counseling process with school counselors who utilize play therapy techniques? Initial interview questions utilized to explore this research question included: (a) How would you describe your time with (insert counselor's name) to me? (b) Tell me about playing with (insert toy/material/activity here)? (c) What did/do you like about spending time with (insert the counselor's name)? and (d) What did/do you dislike about spending time with (insert the counselor's name)?

Analysis of Initial Interviews

Data obtained from the initial interviews were converted from audiotapes to transcripts by a professional transcriber. First, open coding procedures were utilized to organize the information into three general categories or themes regarding the participants' perceptions of the process of play therapy: (a) the therapeutic relationship, (b) emotional expressiveness, and (c) creative play. Next, I utilized axial coding to relate concepts that belonged to each category. Finally, I utilized selective coding to systematically relate the core categories or themes to each other, validate those relationships, and fill in categories that needed further refinement.

Category I: Therapeutic Relationship

Participants identified the therapeutic relationship as an integral component of the counseling process. The therapeutic relationship referred to aspects of the process of

counseling that involved an alliance formed between the counselors and participants. Participants' responses indicated that specific similarities or properties existed in the therapeutic relationship: (a) freedom to choose, (b) empathy/acceptance, and (c) collaborative problem-solving.

Freedom to Choose

Based on participants' experiences, the freedom to make choices in the playroom is an essential element to the process of counseling. Freedom to choose involved the therapists returning responsibility to the participants and affording them the option to make their own decisions as to what would occur in the playroom. Returning responsibility in the playroom allows children to make choices and take responsibility for those choices (Landreth, 2002). Participants experienced the power of their unique potential through the freedom of choice inherent within the therapeutic relationship. For example, Jana, Leroy, Jasmine, and Danica stated that they were given the freedom to choose in the playroom and express themselves.

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| <i>Jana</i> | We just pick whatever we want to do. I am able to express myself because I draw whatever I want to draw and not what somebody has told me to draw. |
| <i>Leroy</i> | I like to draw with a pencil; and then if I color, I trace it. [My counselor] lets me pick what I want to do. |
| <i>Jasmine</i> | We show [our counselor] what happened before. We might just tell her and show her the happy times and the bad times. Like if you have a bad time, you use the sandbox if you want and you pick what you want to show her. That's what we do here. We just show her whatever we want to show her. |

The participants stated they expressed themselves more freely through the freedom to choose in the playroom. These perceptions supported the findings of Allan (1992) who stated that allowing children choices in the playroom encourages self-expression and

promotes their individuality. For instance, Danica felt a sense of pride in her accomplishment of completing tasks independently.

Danica [My counselor] put all these things out in little buckets, and she gave us each a sandbox. She said, "Put anything you want in and describe how it feels." You put the stuff in the sand—what you thought of the story or what it made you feel like. I liked putting all the things in the sand and playing with the sand. I liked to pretend that the animals were digging up the stuff. [I felt] kind of proud, because these things are really hard to stick in. A lot of people can't really stick it in, but I got it.

Because Danica is allowed to make her own choices, the therapeutic relationship engendered within her a sense of pride. She perceived that she accomplished difficult tasks on her own in the playroom. Axline (1947) stated that non-directive play therapy involves the child making decisions as to what occurs during the play session. Children are accepted as unique individuals, and counselors meet children on their developmental level.

Along these same lines, Ellen, Erika, and Greta discussed their enjoyment at having the freedom to utilize their own creativity when making choices with images during sandplay.

Ellen We had to make a picture in the sand with little toys. You didn't have to make any particular picture. She [the counselor] asked us to just listen to a story. Whatever that story made us think, we would draw in the sand box. We drew what came into our mind.

Erika We took the [sand miniatures] and put them into the sand boxes. Anything could mean anything. It didn't matter what it looked like. It's [sandplay] for creativity. It's letting your mind wander and you do whatever you feel like doing. And just making it any way you want it to look.

Greta [The counselor] read us a story about something. Then we closed our eyes, and we took deep breaths. Then we used our imaginations and made things in the sand.

Ellen, Erika, and Greta enjoyed sandplay because they believed that their creativity was sparked through making their own choices when creating images, and they used their minds more fully through the freedom to choose. Participants' responses were consistent with the literature that describes how counselors are not responsible for reshaping children's lives; rather, counselors respond to children by facilitating the release of creativity that already exists within them (Landreth, 2002; Landreth & Sweeney, 1997). For the participants, the freedom to choose in the playroom was an inherently valuable part of the therapeutic relationship, as was empathy/acceptance.

Empathy/ Acceptance

Along with freedom to choose, participants also acknowledged the importance of empathy/acceptance in the therapeutic relationship. Empathy/acceptance, as described by the participants, occurred when counselors connected with the participants' emotional worlds, and exhibited therapeutic understanding of problems and unconditional acceptance. By experiencing empathy/acceptance in the therapeutic relationship, participants felt more confident to depend on their counselor for support while developing their own sense of independence.

The children recognized the counselor's empathy/acceptance as essential to their feelings of warmth and connectedness to the counselor. For instance, Jana and Leroy both described how their counselor affirmed and accepted their drawings unconditionally.

<i>Jana</i>	She [the counselor] pays attention to my drawings and asks questions. It makes me feel like somebody likes my picture and doesn't dislike it.
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<i>Leroy</i>	I like to draw a little but I don't think I draw good. [My counselor] likes [my drawings]...It makes me feel good.
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Jana contrasted drawing with her school counselor to drawing with her cousin. In the therapeutic relationship, the school counselor attended to Jana's drawings by asking questions about them. Jana believed that her cousin devalued her paintings as a reaction to his perceived inferiority, because he believed Jana was a better artist. In contrast, Jana felt the therapeutic relationship was positive and that her drawings, which seemed to be an extension of who she was, were validated. Leroy did not believe that he drew well; however, his school counselor provided him with unconditional acceptance of his art work. When the counselor validated Leroy's drawings, he felt good about himself. The therapeutic relationship bolstered his self-confidence. Erika stated that through acceptance in the therapeutic relationship, her self-confidence was bolstered: "She [the counselor] tells us that we can do anything and she makes us feel confident." With acceptance, counselors focus on children's strengths, reflect their feelings, and facilitate children's journey into self-exploration (Bratton & Landreth, 1995).

By experiencing empathy/acceptance in the therapeutic relationship, participants felt more confident to depend on their counselor for support while developing their own sense of autonomy. Jana described an event when she felt empathy for her school counselor: Jana had gone to the playroom; and the children, who were involved in the previous counseling session, did not clean their mess in the playroom before exiting.

<i>Jana</i>	I'll feel bad for [the counselor] because she'll have to clean up. So I come in and there is a mess everywhere, and then I'll help her clean up. She'll tell me, "Thank you"...and it feels good to hear it.
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Jana felt that by helping her school counselor and being affirmed for her help, she made a contribution and felt good about herself. Additionally, this positive self-worth is also

brought about by the empathic qualities of the counselor. For instance, Jasmine described the empathic qualities of her counselor as helpful when solving problems, and they stimulated positive feelings.

Jasmine She [the counselor] understands us. She understands children, because she has children. Her children are just like us. If they have problems, she solves them. She understands because her sons are always having problems. They come to her, and they act it out sometimes. They might show her or tell her.

Jasmine described her counselor's empathic abilities as stemming from the fact that her counselor had children and understood situations involving children. I probed Jasmine further on how it felt to be understood by her counselor and how she knew if she was being understood.

Jasmine You feel happy because you are being understood and not ignored. She [counselor] asks us questions, or she might look at us a certain way. Sometimes she'll say, "This is what your problem is, and this is how [we can] solve it." She will look at you. She'll have a smile, and she'll say, "I know your problem and I know how to [help you] solve it."

Greta also commented on her counselor's empathy and acceptance and how these attributes assisted her in verbalizing difficult feelings.

Greta I tell her [counselor] my feelings. [I'm] opening up my feelings and telling her what was okay and what's not okay. [I'm] feeling great that I'm getting my feelings out.

These findings support those of other practitioners in the field who believe that through counselors' unconditional acceptance and empathy, children come to rely on their own vast resources for self-directed behaviors and for altering self concept and basic attitude (Kottman, 2001; Landreth, 2002). By establishing a positive therapeutic relationship consisting of empathic understanding and acceptance, children and counselors create an entire therapeutic world where children actively engage in

appropriate expression of emotion and are able to focus on their strengths (Bratton & Landreth, 1995; De Demonico, 1988; Gil, 1991; Landreth & Bratton, 2000).

Collaborative Problem-Solving

Collaborative problem-solving referred to participants' perceptions that their counselors collaborated with them to find practical solutions to their immediate problems. The participants perceived positively the problem-solving property of the therapeutic relationship. Participants believed that the process of counseling involved collaborating with an empathic counselor who accurately understood their problems and helped find practical solutions to problems they viewed as important.

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| <i>Jana</i> | Some days whenever our teacher tells us stuff and I don't get it, then I'll ask [the counselor] about it. She'll tell me all about it, and then I'll get it. |
| <i>Leroy</i> | When I come [to counseling], I could listen better. Sometimes I'm not paying attention to what [the counselor] is saying and then I feel bad. I know what she's talking about, but I don't remember some things. If I [listened], I think I could help myself better. She tells me to try and pay attention more...It would mean that I turned out to be better than I was. |
| <i>Jasmine</i> | She [counselor] asks me, "Is this what happened?" and "How did it start? Why?" And she might ask, "How do you feel when this happens?" She's trying to get the reason out, and [she] tries to solve it. She'll tell you about your problem, and then she will tell you how to solve your problem. |
| <i>Erika</i> | She [counselor] asks you what the problem is, and she helps you with the problem. Then you actually work it out. You think about the problem, and how you can make a solution for it. And that's how you work it out. |
| <i>Ellen</i> | When you feel like you've done something, but you really haven't because you're worrying so much about it. She [counselor] helps me with that. |
| <i>Greta</i> | She [counselor] tells me that you can ignore whoever's being really mean to you and bosses you around. She said that if |

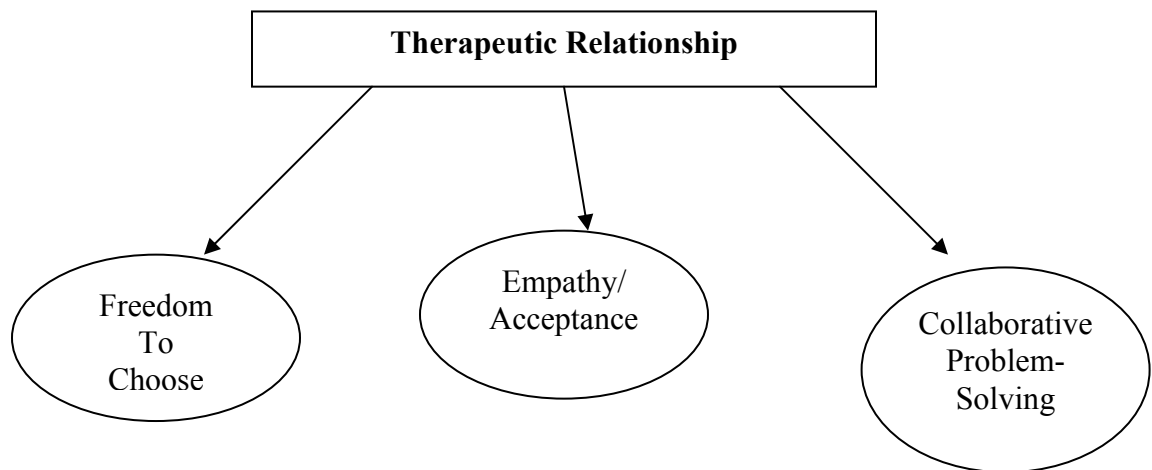
somebody's being mean, then just [ignore] them. Whatever she tells you, it works out.

These findings are supported by Campbell (1993) who stated that school counselors utilize developmentally appropriate problem-solving strategies to promote pro-social behaviors in children.

Participants' responses indicated that specific similarities or properties existed in the therapeutic relationship: (a) freedom to choose, (b) empathy/acceptance, and (c) collaborative problem-solving. Figure 1 serves as a visual representation of the three traits of the therapeutic relationship within the process of counseling.

Figure 1

Category I



Category II: Emotional Expressiveness

The participants further described their perceptions of the process of counseling as consisting of emotional expressiveness that facilitated their enjoyment of counseling. When the participants felt safe and participated in fun activities, they stated that they

were able to express their feelings more readily. Safety, or a decreased state of anxiety, and fun, or a sense of enjoyment, were properties of the therapeutic relationship that all participants described as facilitating appropriate expression of emotion.

Safety

Participants perceived a sense of safety in the counseling environment that translated into feeling relaxed with and trusting of their counselor, which enabled them to express emotions. Erika stated the following definition of safety: “being safe feels comfortable, like you can just relax and say anything you want to say.” When I probed Ellen and Greta about the time spent with their counselor, they described a sense of therapeutic safety. They felt free to disclose thoughts and feelings to a trusting, nonjudgmental adult.

Ellen [Counseling] is pretty nice. It’s really relaxing. You don’t really have to worry, because that’s what she’s [the counselor] doing. She’s solving your worries. She relaxes us.

Greta If you have hurt feelings or somebody hurts you, it’s good to come tell [the counselor]. It’s not tattling, and she won’t get mad. She says, “Whatever you say about somebody,” or “Whatever you do back to somebody, it only stays in here and nobody else will hear about it.” She can’t talk about anybody else, about what anybody said, and she can’t name names.

Greta commented that the safety she felt in the therapeutic relationship related to her disclosing her feelings with a trusting adult. Greta felt a level of comfort with her counselor in the therapeutic container, so she trusted the counselor with issues that came up for her at school and talking to the counselor did not feel like tattling.

Erika elaborated on how she felt safety with her counselor.

Erika You know you’re safe and you can talk to her [counselor] about anything you’d like to. And she says she will never tell anyone

unless its something where someone is going to get hurt, which usually doesn't happen. I really think it's kind of fun.

When I asked Erika what kinds of things she felt safe talking to her counselor about, she stated that she felt relaxed in the counseling relationship to disclose problems about her friends and did not fear being judged.

Erika It's fun and she's [counselor] nice. I know I'm safe there. I can talk about friend problems, like when people are being mean to me and think I am being mean to them. She doesn't say, "Well, why are you saying all those things?"

Other participants described a feeling of safety in the counseling relationship because they were not forced to talk about their problems; rather, they chose activities to help them feel better about their worries.

Jana I really like counseling because sometimes she [counselor] doesn't make us talk to her. She just lets us play with the toys and stuff. I kind of like that.

Jasmine Sometimes when you talk to her [counselor], she will solve your problem. Sometimes she will let you play with things, and she will let you show her things. She will let you play in the sand and show her in the house what you do.

The participants believed that the sense of safety in the therapeutic relationship encouraged them to disclose feelings and work through difficult issues by feeling a sense of trust and relaxation. These findings are supported by Carroll (2001) who stated that a sense of safety and trust in the playroom encourages children to disclose difficult problems that perhaps would be impossible to verbalize. As participants discussed how they felt safety in the playroom, their responses also included a theme of fun.

Fun

Fun referred to the sense of enjoyment and satisfaction the participants described that facilitated their emotional expressiveness in the playroom. Danica believed she felt

better when she went to counseling because she worked through peer-related issues and had fun in the playroom: “It’s fun and sometimes it makes me feel better if my friends are being mean to me.” Jana, Danica, Leroy, Jasmine, and Erika all stated that they were able to express themselves in the therapeutic environment through the use of different types of play media that they described as “fun.”

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| <i>Jana</i> | It’s [counseling] fun because she [the counselor] will ask me what I’m drawing first. I will tell her what I’m drawing, and she goes, “Oh, I like that.” Then I’ll draw another picture on the side of that picture. She will ask me questions about it. And then I give her answers to the questions. It’s really fun. |
| <i>Danica</i> | Once [my counselor] let me draw a picture of my whole family. She said, “Why don’t you draw a picture of your whole family?” Then I drew them. She didn’t know who the people were, so I put their names next to them. That’s fun to do. I had to go, “This is this person,” and I had to draw clothes on them. |
| <i>Leroy</i> | Sometimes I like to talk to her [counselor], and I like to come to counseling a lot ‘cause it’s fun. I don’t know exactly why I like to come, but I guess I do. I like when I come in and we watch movies or read a book. |
| <i>Jasmine</i> | I like when she [counselor] talks to me and plays with me. I like when she plays chess with me. |
| <i>Erika</i> | It’s [counseling] fun and helpful, because she [the counselor] helps you with problems. It’s also fun because we can do games like <i>Stop, Relax and Think</i> . |

Ellen and Danica agreed that they enjoyed drawing and sandplay because they viewed the activities as fun.

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| <i>Ellen</i> | You get to do sand trays [in counseling]. I really like that, because we get to play games in the sand and have fun. I just really like to play in the sand. It makes me feel pretty nice. |
| <i>Danica</i> | There’s something fun about it [counseling], like playing in the sand. Sometimes you can come in here [playroom] and draw pictures. She [the counselor] has some things you can trace with. You can go on the table and draw girls and boys that are printed on the table. |

Jana finds the process of counseling fun partially because she gets to miss class and engages in play with her counselor.

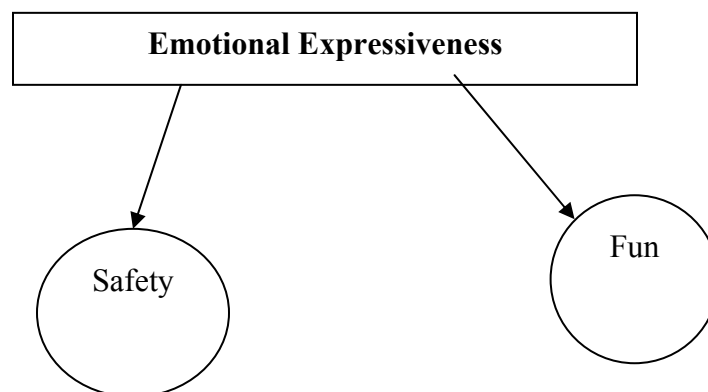
Jana It's fun to be with her because I get to get out of class, and I don't have to do work and stuff.

The fun the participants described stemmed from playing activities with their counselor that they found enjoyable, which prompted discourse between the participant and the counselor and ultimately helped with problem-solving. Fun activities, including therapeutic toys, may be utilized by counselors to direct attention away from children's focus on the process of counseling, possibly making it easier for children to disclose emotional content (Campbell, 1993).

Participants discussed two aspects of the therapeutic relationship that pertained to emotional expressiveness: safety and fun. Figure 2 serves as a visual representation of emotional expressiveness in the process of counseling, as found in the initial round of interviews.

Figure 2

Category II



Category III: Creative Play

The participants described the benefits of creative play in the counseling process that (a) helped them express their feelings to their counselor, which may have been difficult to do verbally, (b) facilitated a sense of enjoyment, pride, and autonomy from participating in creative, self-directed behaviors, and (c) assisted in problem-solving tasks which created positive outcomes. Throughout all of the descriptions of creative play, the participants mentioned the accepting qualities of the counselor and how the counselor's attitude of helpfulness activated their feelings of safety to work through their issues in the playroom.

The central tenet that ran through participants' comments was that creative play facilitated expression of emotion. Participants displayed difficult emotions through non-threatening means in creative ways. The outcome of creative play in the counseling environment was seen as positive, and the participants saw the process of counseling with school counselors who utilized creative play as a means for them to (a) express emotions, (b) work through their issues using their creativity, and (c) find solutions to their problems, which created positive feelings. Participants identified the following three types of creative play: (a) sandplay, (b) role play/drama, and (c) artwork/drawings.

Sandplay

Participants' exposure to sandplay directly affected their perceptions of the process of counseling as being positive. Participants stated that they were able to depict their issues in the counseling environment by utilizing sandplay, and their counselors identified problems and helped solve them. They also expressed happiness when they were able to utilize sandplay to solve their problems because they felt empowered to help

themselves. Jasmine and Danica specifically mentioned the process of sandplay as being a positive means of creative play.

Jasmine If you have a problem, then you have to play in the sand. You show her [the counselor]. If you need something, you draw it and show her your problem. It helps her understand what is happening and then she'll solve the problem. When she is solving the problem, she will tell you when she's finished solving it.

Danica I liked putting all the things in the sand and playing with the sand. I like pretending the animals were digging up the stuff. I felt kind of proud, because these things are really hard to stick in. It's kind of hard to stand these teepee things up and these monkeys.

Greta described a scene that she created in the sand. In the scene, she stated how she expressed her feelings and came up with solutions for problems that she experienced with her sister.

Greta This is me, and this is my sister. She [the sister figure] told my mom that it wasn't fair [that she had to help do chores], so this is the way I changed her. I said, "You have to do your chores too." Then they didn't fight any more. They got back together. She [the sister] said, "I'm sorry. Do you forgive me? Let's take care of them together." Sometimes I feel like this.

When I asked Greta how she perceived this sand scene as helpful, she responded that she learned to collaborate more with her sister.

Greta They actually got together and learned the differences. It's not fun fighting. So, I just don't want to fight anymore. It's so boring, and I don't want to be in the room all of the time bugging her. So why don't we just forgive each other. So they forgave each other. I felt it was actually letting your feelings out.

Similarly, Ellen described a scene that she created in her sandplay and how it helped her solve a problem with her sister.

Ellen These are two kids, and this is a mean girl because she is letting her sister do all the work. Finally, she tells her mom that she [the mean girl] is not letting her play. She is making her do all of her

chores. Her mom makes the older sister help. They take care of all the chores together, like they're supposed to.

Ellen both enjoyed sandplay because she was able to express her individual creativity through images in the sand. She described the symbolic nature involved with the freedom to choose miniatures in sandplay and believed sandplay promoted creativity.

Ellen You didn't have to make any particular picture. She [the counselor] asked us to just listen to a story. Whatever that story made us think of we would draw in the sand box. [We drew] what came into our mind. I just really like to draw the pictures in the sand. It makes me feel pretty nice.

These findings on sandplay as a means of creative play in play therapy are consistent with Kalff (1993), who viewed sandplay as a means of encouraging children to express their desires and connect to everyday reality in an effort to address conflict. De Demenico (1988) stated that sandplay is a creative means of activating fantasy and embodying it through symbolic expression in the conscious state, so that children may utilize their creativity to solve problems.

Role Play/Drama

The participants viewed role play/drama as another property of creative play in the counseling process. Participants stated that role play/drama involved playing out issues from home or school in a dollhouse in front of their counselor, and it helped them with their problems. In particular, one participant commented on how role play in counseling helped him address his feelings about his bereavement when his grandmother died.

Leroy If I'm sad, I could go by that playhouse. Like when my grandma died, I told [my counselor]. I went over to the dollhouse and kind of did what I needed to do for my grandma, like playing with her. My grandma was one of the toy people, and it kind of cleared my feelings a little. I thought about my grandma, and I thought

about how my pawpaw was going to feel in the house by himself.
And I thought about things like when she went to a gambling truck
she would bring me something back.

The role playing activity helped Leroy in two areas: (a) he discovered empathy for his grandfather whom he imagined felt alone in the house without his wife and (b) he tapped into memories of his grandmother, which seemed to have comforted him during the bereavement process.

Another participant's perception of why role playing helps is that she is given choices to pick what the figures represent and display scenes that are troubling. Jasmine described how role play helps her feel better about peer-related conflict, which may have been impossible to do via traditional verbal interventions alone.

Jasmine Sometimes, I show her [the counselor] what happens in the doll house. She helps with those problems as well as other problems. She'll let you pick out the people that were being mean to you. You have to show her what happened.

From the scene that Jasmine created in the dollhouse, the counselor was able to comprehend what the problem was and help Jasmine find potential solutions. Many of the participants stated that the outcome of creative play, particularly role play/drama, was that they felt better afterwards. Landreth (2002) stated that engaging children in role play/drama in play therapy may release stored emotions, which may be necessary for children to work through blocked energies (Alan, 1988) or challenging situations (Gil, 1991).

Artwork/ Drawings

The participants described artwork in counseling as a process that involved being with their counselor and creating artistic depictions of their choosing. In their responses to initial interview questions, participants commented on their positive feelings regarding

art activities, and they recognized that the use of artwork in the counseling environment provided them with another medium to express their feelings. For example, Jana commented that she expressed her feelings while doing artwork in counseling: “If we’re feeling sad and we can’t tell [the counselor], then we express it whenever we’re drawing.”

Jana, Ellen, and Jasmine all commented on the process of artwork in the playroom with their counselor:

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| <i>Jana</i> | She [the counselor] would ask questions whenever we’re down and stuff. She would be like, “Who’s that?” and we would tell her who she [the person in the drawing] is. If we are drawing a sun, she would be like, “Where is the sun at? Is it in the sky? Is it dark out?” We would tell her about it. I can draw whatever’s in my imagination. |
| <i>Ellen</i> | [We drew] what came into our mind. We get to draw pictures and I just really like to draw. [The counselor] talks to us about what picture we drew and what does it resemble. |
| <i>Jasmine</i> | I’ll draw a girl roller skating on the sidewalk and then I’ll draw some like her with her dog. She will ask me, “What’s the dog’s name,” and “Who is that person in the picture and where are they?” |

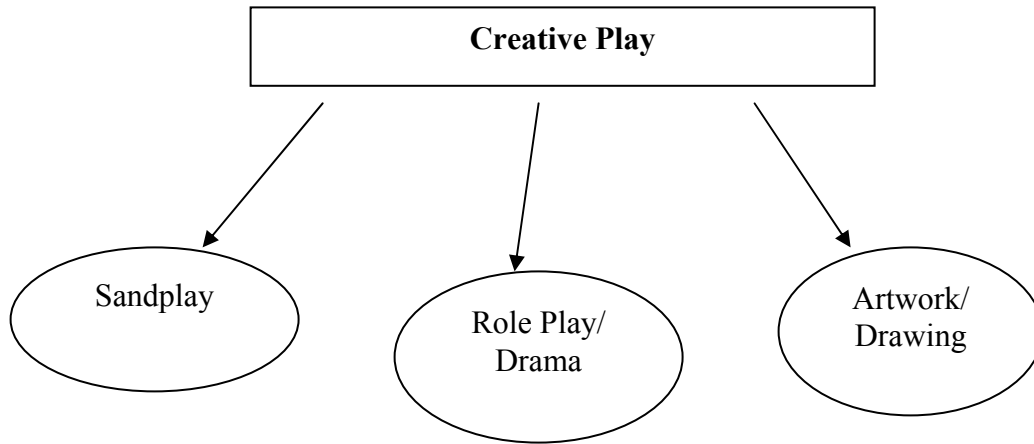
When I asked Jasmine why she thought her counselor asked her all of those questions, she replied, “maybe she wants to know about the picture.”

Participants discussed their perceptions of creative play as important in the process of counseling, because (a) it provided them with a safe and easy means of expressing emotions (b) it was enjoyable. They identified the following themes that described creative play: (a) sandplay, (b) role play/drama, and (c) artwork/drawings.

Figure 3 serves as a visual representation of creative play.

Figure 3

Category III

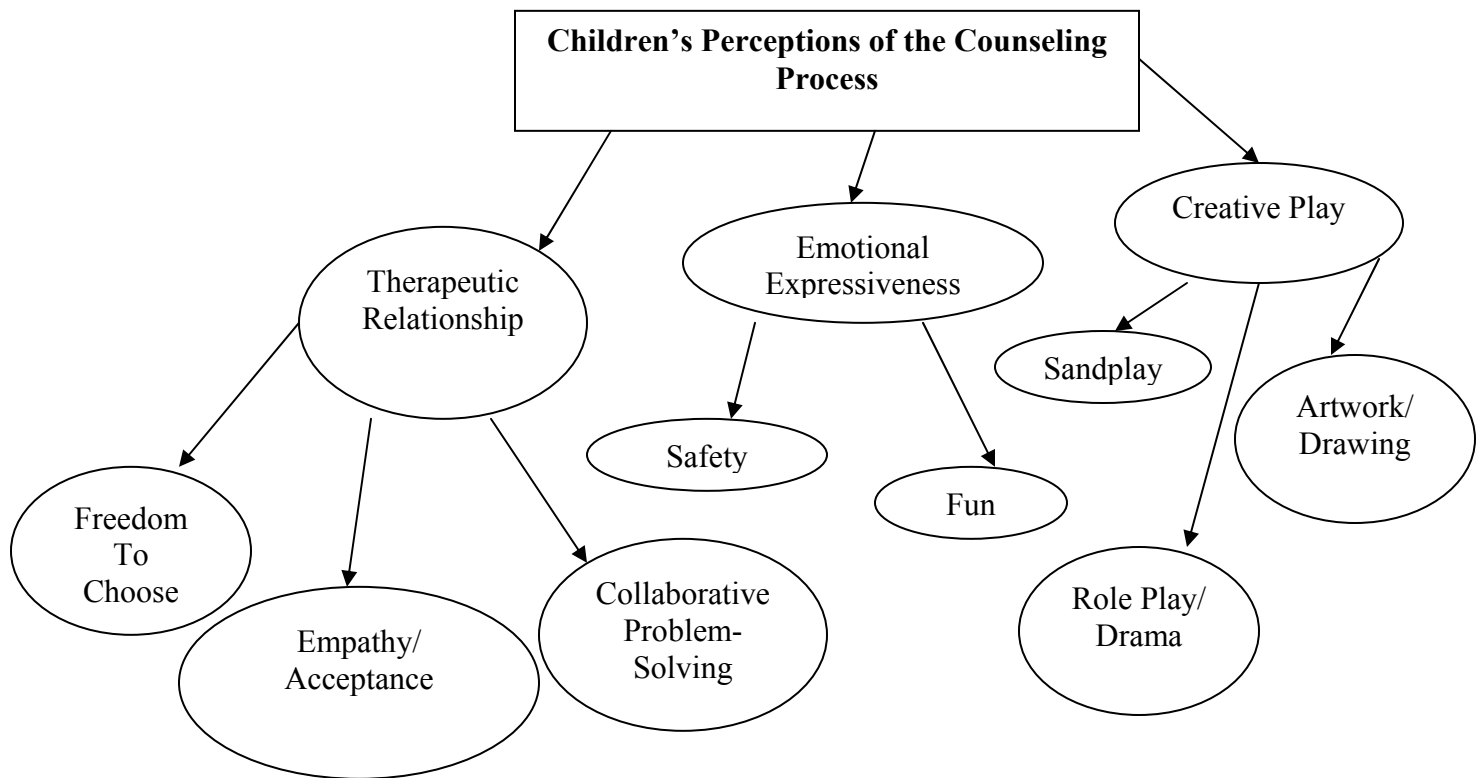


Summary of Initial Interviews

Analysis of initial interviews revealed that participants consistently described their perceptions of the counseling process in terms of three main categories: (a) the therapeutic relationship, (b) emotional expressiveness, and (c) creative play. Within each category, participants' responses offered details that led to the development of properties which were used to describe each of these three main themes. Properties that were used to explain the therapeutic relationship in the process of counseling included: (a) freedom to choose, (b) empathy/acceptance, and (c) collaborative problem-solving. Emotional expressiveness emerged as the second main theme that pertained to the process of counseling, and participants identified two properties as descriptors of this category: (a) safety and (b) fun. Finally, participants delineated the properties, (a) sandplay, (b) role play/drama, and (c) artwork/drawing, as characteristics of creative play, the third category comprising the counseling process.

This framework (Figure 4) represents elementary school children’s perceptions of the process of counseling as based upon the therapeutic relationship, emotional expressiveness, and creative play. These three themes were developed and enhanced over the course of the first round of interviews. Themes and patterns discovered in this initial round of interviews were utilized to develop questions for subsequent interviews. Specific questions for the follow-up interviews were created to (a) expand on the content of freedom to choose in the playroom, (b) to investigate the process of individual change in counseling, (c) to clarify empathy and acceptance, and (d) to elaborate on collaborative problem-solving.

Figure 4
Overall Results of Initial Round of Data Collection and Analysis



Follow-Up Interviews

Follow-up interviews utilized the same format as the initial interviews: I met with participants at their elementary schools on predetermined dates that were coordinated by me, the school counselors, and participants. When I met with the participants, I asked questions that pertained to findings that emerged from initial interviews. Analysis of the initial interviews revealed that participants identified three central themes in the process of counseling with school counselors who utilized play therapy techniques: (a) therapeutic relationship, (b) emotional expressiveness, and (c) creative play. Therefore, participants were asked to respond to four questions: (1) Why do you think you see Ms. XXX? (2) If you could pick what you do during your time with Ms. XXX, what would you chose to do? Why? (3) What is it about Ms. XXX that makes it easier for you to share your feeling and solve your problems? and (4) Do you feel any different since you started seeing Ms. XXX? If yes, describe how and why you feel different.

Results of Follow-Up Interviews

All of the information gathered during follow-up interviews was organized into the existing framework and was therefore collapsed into the initial three categories that pertained to the children's perceptions of the counseling process: (a) therapeutic relationship, (b) emotional expressiveness, and (c) creative play. Coding procedures were utilized to broaden existing categories, elaborate on current properties, and establish new properties that provide details about each category.

Category I: Therapeutic Relationship

Participants' responses continued to emphasize traits of the therapeutic relationship in the counseling process. Participants elaborated on all three of the original properties that emerged as a result of the analysis of the initial interviews. Participants offered additional information of their perceptions of the freedom to choose in the therapeutic relationship, resulting in a new subcategory—creativity. The empathy/acceptance property of the therapeutic relationship category was expanded to include listening as a sub-property. Participants also expanded the collaborative problem-solving property to include three sub-properties: (a) traditional verbal interventions, (b) probes, and (c) exploration of alternatives (Figure 5).

Freedom to Choose

Participants continued to describe their perceptions of the freedom to choose as an important component of the therapeutic relationship. Participants' responses indicated that they enjoyed the freedom to choose in the playroom because it involved utilizing creativity. It was evident through their responses that all participants referred to creativity as an aspect resulting from the freedom to choose in the therapeutic relationship.

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| <i>Jana</i> | [The counselor] just lets me play with whatever I want. It feels good, because she's not telling you to do this and do that. Most other teachers will say, "Draw a picture of a sun." Maybe you don't want to draw a picture of the sun. You want to draw a jungle or something like that. |
| <i>Danica</i> | She [the counselor] can say, "Do you want to play in the sand?" She kind of picks out two things and then lets me choose, so it's creative. It makes me feel good; because most of the time, I'm with my brother. He always gets his way. It's not fair. |
| <i>Erika</i> | Sometimes we get to pick the activity, sometimes she [the counselor] tells us. [My favorite] is when we get to pick ourselves, because we get to be more creative. |

Jasmine I like to pick [what I draw]...because you're creating something and you're showing someone.

These participants described their positive feelings associated with autonomy in the playroom. If they are given the freedom to choose, they feel creative or self-expressive. These findings support the literature that states that only when children freely choose play activities is the experiencing and expanding of their creative selves manifested during the counseling process (Campbell, 1993; Ceglowski, 1997; Landreth & Sweeney, 1999). The discussion of the freedom to choose in the playroom also led participants to expound on the importance of the counselor's empathy/acceptance.

Empathy/ Acceptance

As in the initial interviews, participants in the follow-up interviews discussed how they perceived empathy/acceptance as integral to the therapeutic relationship. Moreover, participants' comments offered clarification regarding their perceptions of empathy/acceptance. Therapists' empathic responses communicate understanding and acceptance to children, thus freeing them to be more creative and self-expressive (Kottman, 2003; Landreth, 2002). Likewise, the participants described in this investigation indicated their counselors truly understood them, and they felt that the counselor asked insightful questions and found helpful solutions. Jana, Leroy, Greta, and Ellen described how they knew that their counselor had empathy and could accurately understand their problems.

Jana Whenever you tell her [the counselor] your problems, she'd be like, "Well why did that happen?" and "When did that happen to you?" And then you would tell her, and then she understands ... She knows what she's talking about.

Leroy I think she [counselor] understands me because she's not acting like, "Why did he do that?" I think she just understands my problems, because I don't have to go back and explain so much.

Greta I believe she [counselor] can actually feel how it is. I think she can tell. I don't know how, but I think she knows how I feel.

Ellen She [counselor] knows me. She has really good ideas, and she can help me. I feel like she knows how I feel when I have problems, and she accepts [my problems]. She helps me solve them.

When I asked Ellen how she knew her counselor was being accepting, she stated that the helpful nature of the process of counseling engendered her ideas of therapeutic acceptance.

Ellen Well, it's like if you weren't accepted, she [counselor] wouldn't be taking you in to help you. She is taking me in to help me, and that's how I feel accepted.

Packman and Bratton (2002) stated that caring acceptance encourages children to explore their thoughts and feelings further.

Although the participants had difficulty verbalizing how their counselor developed empathy, Danica and Erika offered concrete definitions when I inquired how they knew that their counselor truly understood their problems.

Danica I think she's [counselor] been doing this for a while and kind of understands. Maybe she went to school and learned about it more.

Erika She [counselor] is an expert and took special classes for it. She doesn't teach any other classes, she only [helps kids]. She has special education to do that.

Jasmine commented on her counselor's direct eye contact and how it conveyed empathy.

Jasmine Ms. XXX [the counselor] will look right at you. When you are finished talking, she will give you the right answer. It makes me feel happy because somebody's really talking to me about my problems and understands me.

Participants' responses clarified empathy/acceptance as part of the therapeutic relationship where they perceived their counselor: (a) had special training or education that assisted them to understand problems, (b) maintained direct eye contact, (c) provided meaningful insight, and (d) remained nonjudgmental. These findings support the literature that states play therapists must put aside their personal judgments and evaluations of the child and appreciate the personhood of the child, the child's activities, feelings, and thoughts (Bratton & Ray, 2000; Landreth, 1997). The discussion of empathy/acceptance led participants to conceptualize the importance of being listened to by an attentive adult in the therapeutic relationship.

Listening.

Listening referred to a new aspect that participants utilized to define empathy/acceptance within the therapeutic relationship. Participants discussed how the therapeutic relationship consisted of an empathic adult who listened to their worries. Jasmine described how her counselor truly listened to children and utilized empathy during the process of counseling.

Jasmine She [the counselor] pays attention to us one at a time. When one of the children are talking, she's paying attention to that one. Then she really knows what to say before they even know it. She has children, and they are just like me. They have problems at school.

Participants delineated how they felt truly listened to within the therapeutic relationship, unlike in other relationships they experienced with adults. The participants stated that they felt more acutely listened to by their counselor than by their parents. For example, when I asked Danica and Jana if being listened to by their counselor was similar to or different from being listened to by their parents or another trusted adult, they responded:

Danica My dad is a medical doctor. He goes, “Maybe I should put you on medication!” I’m like, “Hmmm?” And my mom is a psychologist. Sometimes she can do things like [my counselor] can. Like if something bad happened, and [the counselor] wasn’t in her office, then the second person I could tell would be my mom. My mom knows kind of how I feel, because she talks to other people too. But [the counselor] listens more.

Jana My mom, most of the time, has things to do and doesn’t listen to me. [The counselor] helps, because she listens unlike our parents. Like if we don’t like to talk to our parents about problems at home, we can talk to [the counselor].

Participants’ responses indicated that by acutely listening, their counselor created an environment where the participants felt comfortable to disclose worries. These findings support current literature regarding play therapists’ duty to practice focused listening with children in the playroom, which establishes a positive therapeutic relationship (Sweeney, 2003) and promotes clear communication (Schmidt, 2003). These findings are also consistent with the theoretical frameworks of child-centered play therapy (Landreth, 2002), Jungian analytical play therapy (Allan, 1988; Peery, 2003), cognitive behavioral play therapy (Knell, 2003) and family play therapy (Gil, 2003) that specifically emphasize the importance of focused listening as a necessary foundation to any type of effective child therapy. Having their internal world understood and accepted in the therapeutic relationship, participants described the freedom they felt to collaboratively problem-solve with their counselor.

Collaborative Problem-Solving

In the second round of interviews, participants supported initial findings that indicated that problem-solving was as a centerpiece in the therapeutic relationship. When exploring the types of problems discussed during the process of counseling, I asked participants to respond to questions regarding their ideas about why they initially entered

the process of counseling. Overwhelmingly, the participants identified problem-solving as the primary reason they entered counseling. In particular, participants listed problems with peers at school and problems with family members at home as the two central issues addressed in counseling.

- Greta* If we're in a big fight with our friends...that happened to me before ... We thought we were going to be in a fight for one whole trimester, but she [the counselor] cut it short and it was easy and we became friends. Like she would say, "Today I want y'all to be separated," or "Today I want y'all together."
- Erika* I have troubles with friends. That's why I go see her [the counselor].
- Jana* She [the counselor] helps us with our problems, like a problem at home. She will help us solve it. ... maybe an argument between your mom and your dad.
- Leroy* I think she [the counselor] helps me get things out of my head and helps me stop thinking about my friends so I could finish doing my homework and stop worrying about it.

Jasmine discussed entering the counseling relationship as a problem-solving intervention for her school-related anger and violence.

- Jasmine* [The counselor] wanted me to see her because I have problems with people... fights in the classroom. Sometimes they would make fun of me because I would fuss at the children for messing with me, and they would get me real mad. They would tease me about my clothes, and they just make fun of me because I'm half Black, half Indian and half White. I started seeing Ms. [the counselor] because she thought that I might hurt somebody if they pick on me, and she wants to help me.

Based on participants' responses to questions and probes in the follow-up interviews, three distinct sub-properties emerged as themes to describe the collaborative problem-solving property: (a) traditional verbal interventions, (c) questioning probes, and (c) exploration of alternatives.

Traditional verbal interventions involved the participants verbalizing their worries and feeling comfortable because their counselor was attentive. Traditional verbal interventions, according to the participants, included the counselors and participants obtaining solutions to participants' problems through a traditional model of psychotherapy—two-way dialogue. Jana, Leroy, and Jasmine all illustrated the positive effects of traditional verbal interventions when problem-solving with their counselor in the counseling process.

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| <i>Jana</i> | Whenever I'm in here, I mostly talk to her [the counselor]. Whenever you don't have anybody to talk to about your problems, you feel sad. Then whenever you do have somebody to talk to about your problems, you feel better. |
| <i>Leroy</i> | I just like to talk. ... So if you're feeling sad because there's nobody to talk to, then you talk to [your counselor] and you tell her what's wrong. |
| <i>Jasmine</i> | [My counselor] is a nice person...It's really helpful to talk to her. She will speak to you and she will give you a correct answer. She won't just ignore you. My mom is usually working. She won't speak to me when she's off because she wants to spend time with little ones. [My mom] is never paying attention to me. |

Landreth (20002) stated that in counseling, the child receives complete attention from the counselor, unlike many other adults in the child's life "who are too busy and too involved with satisfying their own needs...The [counselor] really does want to hear the child" (p. 98). These findings also support the literature that states that play therapists who intently observe, empathically listen, and encouragingly recognize and verbalize children's innermost needs (Allan, 1992) will facilitative problem-solving skills during the process of counseling (Kottman, 2001; Schaefer, 2003). Based on participants' responses, counselors who asked questions, or probes, illustrated their interest in the child during the counseling process, which facilitated collaborative problem-solving.

Questioning probes referred to the specific questions counselors utilized with the participants to elicit further understanding of problems and assist participants in clarifying solutions. Facilitative responses, such as probes, should be developmentally appropriate (Caroll, 2001), brief and interactive with the child's affect (Landreth, 1987), and can be effective when implemented as a therapeutic technique to address the child's emotional or psychosocial difficulties (Ray, Perkins, & Oden, 2004). Jana, Danica, and Greta indicated that their counselors' probes assisted in problem-solving.

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| <i>Jana</i> | If you're fighting with your friends, she'll [the counselor] ask you, "Why you got in a fight?" And she'll say, "Who started the fight?" She'll ask us questions like that...She helps us with our problems. |
| <i>Danica</i> | Sometimes my friends make me feel bad, and sometimes I feel left out. [The counselor] comes and she talks to me and makes me feel better. Like if my friends said something mean to me; well, she asks, "Why do you think your friends would say things to you like that?" I kind of tell her how I feel and maybe what happened. |
| <i>Greta</i> | When we have a problem, she [the counselor] can help us out. She asks, "Do you like her being mean?" or something like that. I can just say "No, I don't like her being mean." I feel like I can tell her things. |

Not only were traditional verbal interventions and probes perceived as part of collaborative problem-solving, participants stated that the counselors' exploration of alternatives facilitated solutions during the counseling process.

Exploration of alternatives, a third property of collaborative problem-solving, typically involved counselors providing participants with different choices they could make to assist them with their problems. For example, when I questioned Leroy, Jasmine, Danica, Ellen, and Erika about how they perceived exploring alternatives with their counselor, they responded:

- Leroy* We could tell her [the counselor] our problems. I can tell her how I'm feeling sad. Or if something happens and I'm worried about it or something, I can her tell my feelings. She tells me, "Well, you could do this to get your mind off something," and stuff like that.
- Danica* If my friends are fighting with me, she [the counselor] can say stuff like, "Go and play with another friend and then try and treat that friend like you treat your other friends to see if you don't get in a fight."
- Ellen* She [the counselor] tells me stuff that might help, and we play little games together in the sand trays....probably to help me with some little problems that I have.
- Erika* She [the counselor] helps me think about things and gives me advice and tips and techniques. She gives you different choices. Like if my friend and I are having a fight, and we tell her what happened. She says, "Give each other compliments." And that it works out.

Instead of the counselor initially making the recommendations, Jasmine discussed how her counselor prompted her to provide her own recommendations.

- Jasmine* She [the counselor] might say something in a nice way. But sometimes when she doesn't know the problem, she's just going to talk to you. She'll say, "I don't know the problem," and then she'll start helping with it. And then you tell her different ways to solve your problem. And when you're finished, she helps you with it.

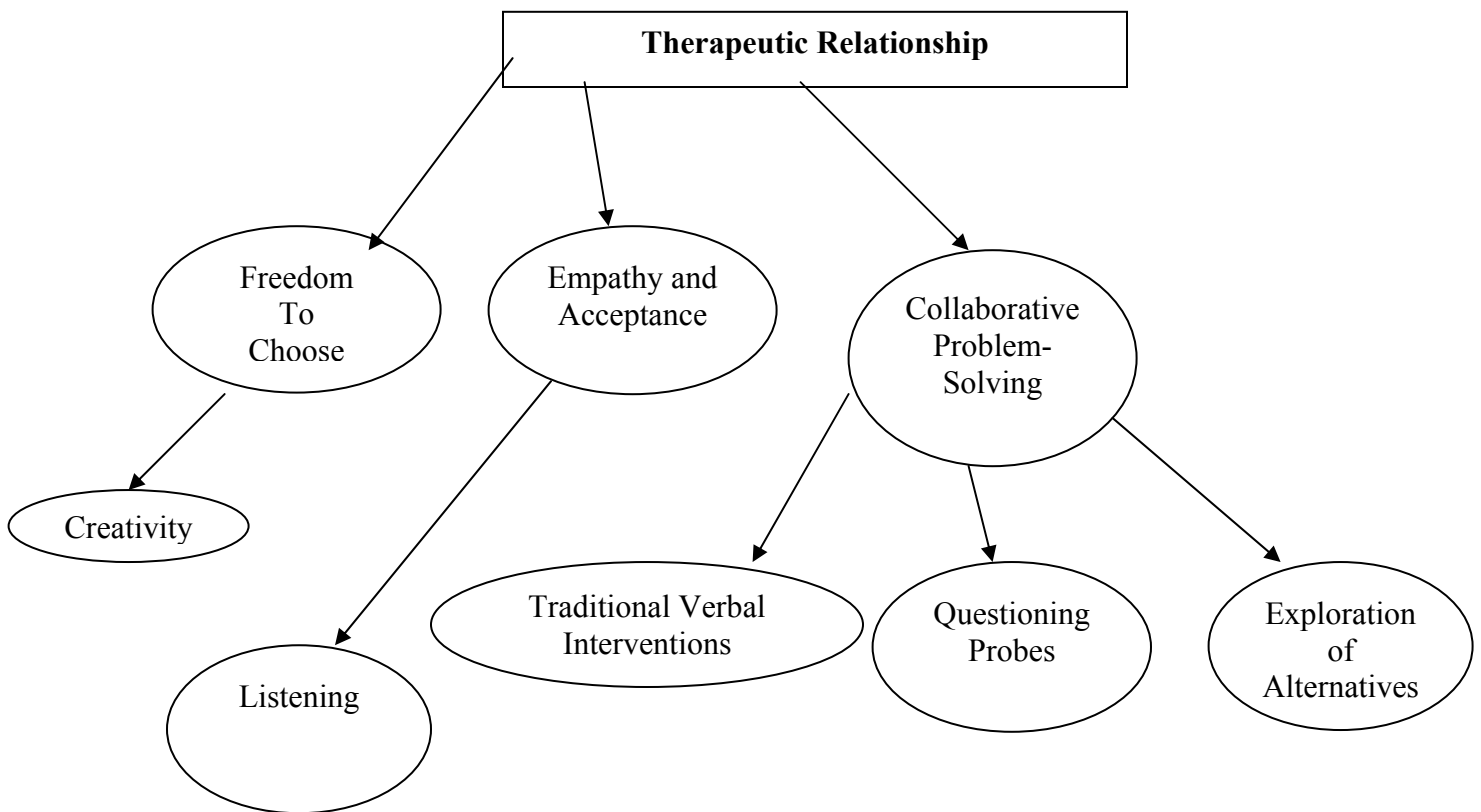
Summary of Round Two Analysis for Category I

In the follow-up interviews, participants expounded on the constructs in the existing framework of the therapeutic relationship found in the counseling process: (a) freedom to choose, (b) empathy/acceptance, and (c) collaborative problem-solving. Furthermore, participants identified creativity as a property of the freedom to choose category. Participants also discussed three distinct sub-properties to describe their perceptions about collaborative problem-solving in counseling: (a) traditional verbal interventions, (c) probes, and (c) exploration of alternatives. Figure 5 presents a visual

representation of participants' responses of the traits of the therapeutic relationship found in the process of counseling with school counselors who utilize play therapy techniques.

Figure 5

Category I After Round Two Analysis



Category II: Emotional Expressiveness

Based on participants' responses, emotional expressiveness in the counseling process remained a consistent theme in the second round of interviews. Safety, an aspect of the counseling process that promoted emotional expressiveness, was discussed.

However, participants did not expand further on the concept of fun. The participants included themes of relaxation, trust, and confidentiality as three sub-properties of feeling a sense of safety in the counseling process. Additionally, a new theme, the process of change, emerged as an important aspect of emotional expressiveness within the counseling process. The process of change constituted the participants' perceptions of how their feelings and behaviors positively changed while engaged in the therapeutic relationship. The process of change involved three themes that resulted from counseling: (a) better choices, (b) decreased anxiety, and (c) increased empathy. The following section discusses the participants' elaborations on safety.

Safety

During initial interviews, participants began to explore their perceptions of safety in the process of counseling. Safety meant that the participants felt comfortable within the therapeutic environment to disclose private issues with a trusted counselor, which created a feeling of relaxation. In this state of decreased anxiety, participants stated they were able to more freely express emotions and concerns to their counselors more freely. In the follow-up interviews, participants continued to discuss concepts related to safety. Particularly, they expanded this theme to cover (a) relaxation, (b) trust, and (c) confidentiality. Erika clarified the feeling of safety as being able to relax with her counselor, without the encumbrance of the presence of her classmates.

Erika [My counselor] is really nice. All my teachers are nice, but she just helps us. She will ask for a few people at a time. Not everyone comes to her at the same time, so it just kind of helps. And it's relaxing.

Ellen and Jana described how they felt a sense of trust within the therapeutic relationship because their counselor did not yell or reprimand them.

Ellen [My counselor] is nice. Like whenever you're out playing, your mom or your dad might go, "Why did you get in a fight with them?!" [My counselor] would be like, "Oh, what happened? How did you get in a fight?" I know [my counselor] won't yell. Sometimes, like whenever you get in trouble with teachers and parents, they yell at you. She doesn't do that.

Jana Whenever somebody yells at you it makes you all upset, and [the counselor] doesn't yell and doesn't make you upset. So I can trust her.

Participants also discussed how a sense of safety in the therapeutic relationship was created by the counselor because the counselor did not disclose privileged information to others.

Jana I feel kind of relaxed. Because if there were other kids in here while you were telling her [the counselor] your problems, then all the kids would go around the school blurting it out.

Leroy I know she [the counselor] won't go out and tell nobody else what is happening with me. Like if it was around Christmas time and my momma and my dad got bankrupt then I'm not going to have a lot for Christmas. [My counselor] might not go around telling people. She doesn't go around telling.

Jana and Leroy both agreed that safety in the process of counseling involved confidentiality of privileged information, and Jasmine mentioned her perceptions about how safety included feeling free from physical harm.

Jasmine I feel safe. Because the children at school won't beat me up because they know I'm going to tell [the counselor]. And [the counselor] will have a talk with them and tell their parents... [Safety] means you don't have to worry about kids beating you up or messing around with you.

Participants' responses regarding the feeling of therapeutic safety within the process of counseling supported the findings of Axline (1947) who noted that when counselors create a feeling of safety in the relationship, children are free to explore themselves and their issues more openly. The discussion of the importance of safety in the therapeutic

relationship led participants to conceptualize how the process of positive, individual change during counseling encouraged appropriate emotional expressiveness.

Process of Change

Based on participants' responses, process of change emerged as a property used to elaborate on and clarify participants' perceptions of emotional expressiveness in the counseling process. Participants' responses stemmed from the question, "Have your feelings changed since you began counseling, and if so, how?" The process of change constituted the participants' perceptions of how their feelings and behaviors positively changed while engaged in the therapeutic relationship. The literature states that play therapy has been utilized in elementary schools as part of responsive services to successfully decrease maladaptive behaviors associated with social, emotional, and behavioral difficulties (Baker & Gerler, 2004; Bratton & Ray, 2000; Newsome & Gladding, 2003; Packman & Bratton, 2004). After the participants attended their school counseling sessions that included play therapy techniques, participants described that they (a) made better choices at home and at school, (b) decreased their anxiety by changing their maladaptive thoughts, and (c) felt more confident, with a bolstered sense of self-esteem.

Better Choices.

Participants illustrated how they were making better choices as a result of the process of counseling. Jana and Leroy described how their feelings and behaviors changed positively after they entered therapy and began to follow their mother's wishes at home.

<i>Jana</i>	I used to be sad because I had nobody to talk to. Like when my mom would ask me to clean my room, I didn't feel like cleaning
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my room. My mom would start yelling sometimes. I was feeling sad, and I didn't feel like doing anything. Well, when I had somebody to talk to, I started feeling better. I started doing stuff at home. It [counseling] made me feel better.

Leroy My mom sometimes fusses at me when I'm in her way. I say "okay" and I try to stay out of her way, like what [the counselor] told me to do. She [counselor] told me not to get in her [mom] way as much. This weekend I stayed out of her [mom] way. I kind of felt good because she [mom] wasn't fussing at me.

The participants commented that their counselor assisted them with making better choices at school, therefore promoting healthier peer-group relations. Greta and Jasmine described how they perceived the process of counseling positively influenced their emotional expressiveness within their social groups because of better choices they made.

Greta I feel a lot better sometimes. I feel better that I'm not going to be in a fight every day. But my friends said that I had been acting weird. Well I don't get in fights any more. My friends said they don't feel like I'm me. They say I'm different, and I'm changing. I don't know, because I feel like my normal self.

Jasmine My momma noticed that I'm playing with the other students, and no fights have been involving me. And she thinks I changed a lot. Every day I would play with somebody, and then I won't have to run in the house every day crying or anything.

Decreased Anxiety.

Participants described a sense of decreased anxiety resulting from the counseling process which promoted healthy expression of emotions with peers and family members. For example, Danica concretizes the process of change and attributes her increased socialization to the diminishment of anxiety she experienced while attending counseling.

Danica In kindergarten, I was really shy, and kids made fun of me. It was my first year in this kindergarten. I usually came to [the counselor] because people were saying mean things. Toward the end of that year, more people liked me. I kind of said, "Whatever!" and then maybe kids were like, "Wait, why don't we stop making fun of her

because she doesn't really care?" [The counselor] explained to me probably why they were doing that. Sometimes I just said, "So, what's your name?" [The counselor] introduced me to people... Then all these people would come, and they'd play tag. I'd just know more people.

Danica directly stated that her counselor assisted her with forming new friends by decreasing anxieties related to being the new kid at school. Likewise, Ellen and Leroy described how their anxieties had decreased since they attended counseling, which prompted a positive affect.

Ellen I think my mom has noticed some changes. I haven't been worrying as much. I haven't been telling her all my silly thoughts. I just feel better, because I know I haven't done anything wrong. I like it that way.

Leroy If I'm worried, or if I'm doing something that I'm not supposed to do, then I might stop. I would think [what the counselor] would say: "Think if you're supposed to do that or if you don't know, go back and ask somebody what you're supposed to do." So, that's what I do if I don't know what I'm supposed to do... I get things out my head that worry me and stuff and think about different choices.

The findings on decreased levels of anxiety support Gil (1991) who stated that in the playroom, children can create an entire therapeutic world where they cognitively and emotionally overcome anxieties.

Confidence.

Participants' perceptions of the process of counseling not only involved better choices at home and school and decreased levels of anxiety, but also a newfound sense of self-confidence. They were able to share their perceptions and personal experiences to illuminate the critical affective changes that occurred in their self-esteem while attending counseling.

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| <i>Greta</i> | I'm not in fights as much with my friends. I think I'm more confident. I don't get mad at them as much now. |
| <i>Erika</i> | I feel more confident about talking to my friends about [things that upset me] and such. |
| <i>Ellen</i> | I feel a lot different. I'm not as afraid anymore that I've done something wrong, and I feel more confident in myself. [My counselor] made me pretty much know that I hadn't done anything wrong. And that's how I feel more confident in myself. If I had done anything wrong, I would probably be pretty shy—not very confident in myself. |

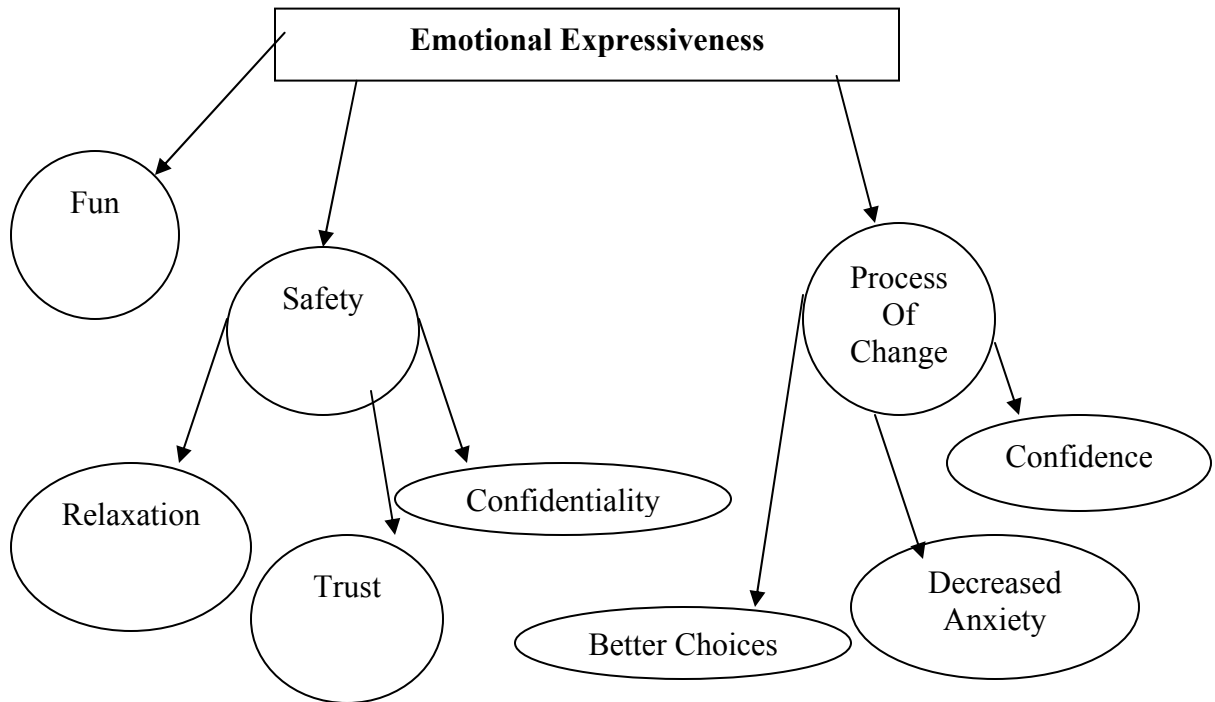
The findings on the participants' increased confidence after attending counseling support the findings of Fall, Balvanz, Johnson, and Nelson (1999) who found that self-efficacy increased significantly in the children who received counseling with play therapy techniques. Furthermore, Landreth (2002) stated that the process of change in children in play therapy may include: (a) newly established positive relationships with peers and family, (b) appropriate expression of emotion, and (c) a bolstered self-esteem.

Summary of Round Two Analysis for Category II

In the follow-up interviews, participants expanded on the constructs in the existing framework of emotional expressiveness found in the counseling process to include not only (a) fun and (b) safety, but also the (c) process of change. The participants discussed relaxation, trust, and confidentiality as themes of feeling safe in the counseling process. Additionally, the participants discussed how the process of change in counseling was positive and involved the participants making better choices, decreasing anxiety, and feeling more self-confident. Figure 6 presents a visual representation of participants' responses of the traits of emotional expressiveness found in the process of counseling with school counselors who utilize play therapy techniques.

Figure 6

Category II After Round Two Analysis



Category III: Creative Play

In the first round of interviews, participants explored different creative play media that they perceived as central to the process of counseling with school counselors who utilized play therapy techniques. Because the findings in the first round demonstrated that the a majority of the participants enjoyed making their own choices as to what occurred in the playroom, I utilized the questions pertaining to the category of creative play in the second round to clarify which activity or toy the participants enjoyed the most. I asked them, “If you could choose your favorite play activity, what would it be and why?”

Participants' responses offered clarification and support regarding the importance of creative play in the counseling process. While participants continued to describe sandplay and artwork/drawings as significant to their enjoyment in the counseling process, participants did not elaborate on role play/drama. Accordingly, findings for this second round of interviews reflect participants' favorite choices of play activities in the counseling process.

Sandplay

While participants' responses merely described sandplay during initial interviews, analysis of responses during follow-up interviews indicated that four participants viewed sandplay as a significant aspect of the creative play that took place throughout the process of counseling. Participants' responses offered more elaborate descriptions of what sandplay actually entailed and what participants experienced as a result of sandplay. In fact, throughout the second round of interviews, participants described why they liked sandplay. Danica and Ellen mainly enjoyed the tactile nature of playing in the sandbox.

Danica I just like the sand, the feeling of the sand. It just makes me feel good...She [the counselor] shows me some toys and I can put something here and something there. I can kind of put the toys in, and sometimes I make the oddest things. I really have to take a long time to explain [the images to the counselor].

Ellen I like sand trays a lot. You can tell little stories. You can move people [sand miniatures] and they can talk, so that's why I like it. You can make people stand up without holding them. The sand is fun to touch.

Greta discussed the therapeutic nature of playing in the sand and described a story in which she utilized sandplay to increase her coping skills:

Greta I like when we do [sandplay], because we get to tell [the counselor] our feelings. You take out your feelings. You can do the thing that you showed in the sand box. You can say, "I'm going to

do this to her [friend]. I'm just going to apologize." I just say, "I really didn't like what you did", or whatever hurt my feelings and stuff. So I can tell them [friends].

While Greta believed that sand helped her formulate healthy communication, Ellen described how sandplay helped decrease her anxiety. Ellen described how creative play, in general, assisted her in "solving worries." When I asked Ellen what play activity specifically helped her with her worries, she replied:

Ellen I think it might have been the sand tray. We played this little game, where this little girl was really worried. Her friends helped her to not be worried anymore. And there was this new girl who made her think that she had done things wrong, but she hadn't done something wrong. I think that helped...I made different choices, to know and to believe that my brain was telling me lies.

Artwork/ Drawings

When I asked participants what would be their favorite choice of activities in the playroom, three participants—Jana Leroy, and Jasmine—selected artwork.

Jana We could draw a picture of each other. I like to draw a picture of my family. Because I have a good family and we always have new cousins [that I can draw]. If [my counselor] doesn't know what the drawing is, we tell her. Then she would ask if she could keep it, and she'll hang it up somewhere in the room.

Jana stated that she enjoyed art activities because she liked to draw pictures of herself, her counselor, and her family. She also appreciated sharing her artwork and having it displayed in the playroom. Leroy and Jasmine both chose drawings because they enjoyed coloring.

Leroy [I would pick] drawing, because I mostly like to color a lot.

Jasmine I'd rather color out what happens. Coloring things is where she [the counselor] will let us color. She will let us create. If you feel bad, you'll show her on a piece of paper how you feel or you can just like scribble scratch. It's easier to show her, okay, because

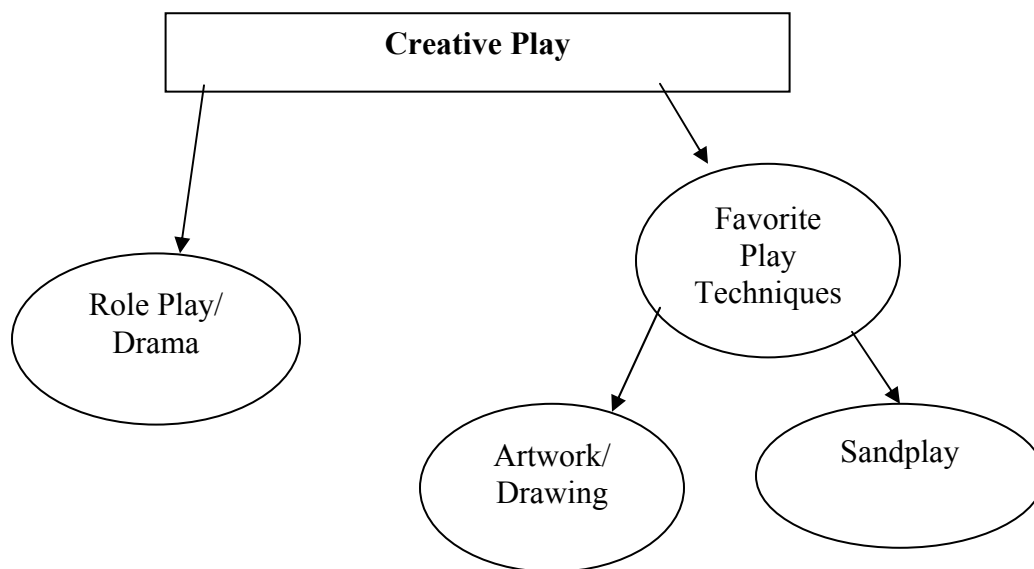
sometimes it's hard to tell problems, maybe you don't know how to get it out.

Jasmine stated that she enjoyed artwork in the playroom because it assisted her in verbalizing difficult feelings to her counselor.

As participants responded to the follow-up questions, creative play remained a dominant theme. Participants identified their favorite activities in the playroom as artwork and sandplay. They also explained why they enjoyed each of these forms of creative play. Artwork was seen as a creative extension of their individuality, and sandplay was fun because of the tactile, soothing feel of the sand, and the participants enjoyed making images in the sand. Figure 7 provides a visible representation of the participants' perceptions of creative play in the counseling process after round two of analysis.

Figure 7

Category III After Round Two Analysis



Summary of Follow-Up Interviews

As participants responded to the follow-up questions, initial themes were clarified and expanded upon, and new constructs emerged. Based on analysis of the follow-up interviews, participants' responses were organized into the existing framework of the three categories of (a) the therapeutic relationship, (b) emotional expressiveness, and (c) creative play. When discussing the therapeutic relationship, participants reiterated the properties of freedom to choose, empathy/acceptance, and collaborative problem-solving. Listening, a sub-property added to the category of empathy/acceptance, involved participants' responses concerning attentive counselors who provided attention to participants and were nonjudgmental. This finding supports the literature that states that play therapists who intently observe, empathically listen, and encouragingly recognize and verbalize children's innermost needs (Allan, 1992) will facilitate problem-solving skills during the process of counseling (Kottman, 2001; Schaefer, 2003). In the follow-up interviews, participants' responses added depth to the freedom to choose property of the therapeutic relationship by discussing creativity. Creativity was a theme the participants discussed that involved their self-expressiveness and individuality brought forth through freedom to choose activities in the playroom.

Traditional verbal interventions, probes, and exploration of alternatives in collaborative problem-solving were three distinctions given to the collaborative problem-solving category in the follow-up interviews. Traditional verbal interventions in collaborative problem-solving involved the participants verbalizing their worries and feeling comfortable because their counselor was attentive. Probes referred to the specific questions counselors utilized with the participants in collaborative problem-solving to

elicit further understanding and assist participants in clarifying solutions. Facilitative responses, such as probes, should be developmentally appropriate (Caroll, 2001), brief, and interactive with the child's affect (Landreth, 1987), and can be effective when implemented as a therapeutic technique to address the child's emotional or psychosocial difficulties (Ray, Perkins, & Oden, 2004). According to participants' responses, counselors explored alternatives with participants by illuminating different choices that participants could make and then finding practical solutions to problems.

When participants discussed the perceptions of emotional expressiveness in the counseling process in the follow-up interviews, they did not reiterate the concept of fun but elaborated on safety and added a new property—process of change. During the second round of interviews, participants suggested that they perceived safety as part of the process of counseling that promoted appropriate expression of emotion, where safety specifically included themes of (a) relaxation, (b) trust, and (c) confidentiality. The process of change consisted of the participants' perceptions of how they began to make better choices while engaged in the therapeutic relationship. After the participants engaged in play therapy techniques throughout the counseling process, participants described that they (a) made better choices at home and at school, (b) experienced less anxiety, changed their maladaptive thoughts, and (c) felt more confident with a bolstered sense of self-esteem. Landreth (2002) stated that the process of change in children in play therapy may include: (a) newly established positive relationships with peers and family, (b) appropriate expression of emotion, and (c) a bolstered self-esteem.

Based on participants' responses, creative play in the counseling process remained a consistent theme. Participants did not expand on the concept of role

play/drama, but they continued to describe sandplay and artwork/drawings as part of the counseling process. The findings for this second round of interviews introduced a new dimension to the participants' perceptions of creative play. They described their two favorite choices of creative play in the counseling process: sandplay and drawings.

Analysis of participants' responses to the second round of interviews continued to assist in the formulation of a conceptual framework regarding how elementary school children perceive the process of counseling. As the initial themes continued to evolve, specific constructs related to the therapeutic relationship, emotional expressiveness, and creative play continued to offer a context for understanding participants' perceptions of the counseling process. For the sake of clarification, verification, and to establish trustworthiness of findings from this investigation, a third and final round of data collection and analysis was designed. Specific questions for concluding interviews were formulated to (a) expand upon children's preferences for talking than playing in counseling, (b) elaborate on the process of individual change, and (c) clarify how counseling assisted participants with their worries and with making better choices.

Final Follow-Up Interviews

At the conclusion of the follow-up interviews, I informed participants of the date that I would be returning to their school for the final follow-up interviews. I coordinated the date with the school counselors and kept in touch via email with the school counselors so they would remind the participants about my arrival. Upon arriving at the first school, I was informed that Jana was out sick with the flu and would not be returning to school for the rest of the week. Due to time restrictions and for the sake of completing

this project, it was determined that a makeup interview would be impossible.

Consequently, the final round of data collection included four children who attended private school and two who attended public school.

Specific questions for concluding interviews included the following: (a) If you had the choice, would you talk most, play most, or both talk and play in counseling? Why? (b) What does your counselor say when she talks to you about your worries? (c) Since you've been seeing Ms. XXX, how have you changed? What have you learned most? (d) How has your time with Ms. XXX helped you with your worries and/or helped you make better choices? and (e) What do you think you will remember most about seeing Ms XXX? Why?

Results of Final Round of Individual Interviews

Information gathered during final interviews was organized into the initial three categories that pertained to the counseling process: (a) therapeutic relationship, (b) emotional expressiveness, and (c) creative play. Coding procedures were utilized to confirm categories, broaden existing properties, and illuminate new information that pertained to elementary school children's perceptions of the process of counseling with school counselors who utilized play therapy techniques. Based upon participants' responses, the existing categories, properties, and themes were supported. Participants reiterated the therapeutic relationship traits discussed in previous interviews, elaborated on collaborative problem-solving, and provided additional information that pertained to talking and playing as a theme that expands our understanding of the freedom to choose.

Participants also reaffirmed the emotional expressiveness category by augmenting the existing traits of the process of change and adding empathy as a new theme to the process of change category. Participants did not elaborate on the creative play category. The following section provides elaborations on the therapeutic relationship.

Category I: Therapeutic Relationship

Throughout the final round of individual interviews, participants continued to emphasize the therapeutic relationship as an essential component of the process of counseling. As participants described their perceptions of the freedom to choose within the process of counseling, they also identified a new theme that pertained to talking and playing. Likewise, participants elaborated on collaborative problem-solving.

Talking and Playing

Participants expressed their proclivities to both talk and play with their counselor when engaged in the therapeutic relationship. Participants stated that talking during counseling helped them get difficult feelings out which made them feel better. Playing assisted the participants in showing their counselors how they felt when talking was too difficult, and they stated that playing was fun. A mixture of time spent both talking and playing in the counseling process appeared to be optimal for these participants. For example, when I asked Jasmine, Danica, Ellen, and Greta which they preferred, talking or playing in counseling, or both, they responded:

- | | |
|----------------|---|
| <i>Jasmine</i> | [I like to] talk and play. When I talk, I get more stuff out. When I play, it's more active. I like to talk. I think playing is to show really what happened and how it happened. You can say it when you talk but it's mostly kind of frightening when you talk. |
| <i>Danica</i> | I think [I'd prefer] both talking and playing: [maybe] half talking, half playing. Sometimes talking makes me feel better. I like to play because it's fun to use the sand and that's mostly what we play. |

Ellen I would probably do both [talking and playing in counseling]. Because I like talking with her [the counselor], and I also like playing.

Greta I think [I would choose to] play or do both [talk and play], because talking helps you to be good. When you're playing in the sand box, you can...show your feelings. [I would rather] both [talk and play] at every problem.

Much like other participants, Erika commented that she enjoyed talking and playing. She provided a detailed account of the types of problems that are most suitable for both talking and playing.

Erika [I would choose] both [talking and playing]. Because that way, I can solve most of my problems and still have some time to play. Sometimes [I like] playing, sometimes talking: it depends on the problem. I think I'd rather talk because it would be easier. If your problem's smaller, then playing would help. But [playing would not help] for big problems. It depends if the problem's big or small. Like [if] you're in a big fight and it's really getting annoying, then you would talk it out. But if it's kind of minor, like [if a friend] took your bracelet and doesn't want to give it back, then I could play.

Knell (2003) stated that a developmentally appropriate combination of verbal and nonverbal interventions in the playroom facilitates children's understanding and resolution of complex problems. While participants discussed their preference to have the freedom to choose both talking and playing in the therapeutic environment, they also elaborated on collaborative problem-solving.

Collaborative Problem-Solving

Participants elaborated on collaborative problem-solving in the therapeutic relationship. In particular, participants mentioned the helpfulness of the counselor utilizing traditional verbal interventions and exploring alternatives to find solutions.

When solving problems with their counselors, participants elaborated on the helpfulness

of traditional verbal interventions. For example, Jasmine described how verbal interventions provided an open medium of communication between herself and her counselor.

Jasmine I think talking is [sometimes] better than playing. Because when you talk, you get more information and then you might laugh when you're talking about it. Sometimes [the counselor] might talk to you. It's just that you would rather talk or something and we start talking to her and we might solve our problems.

Leroy and Erika agreed that talking about their problems with their counselor assisted with their understanding of problems.

Leroy [I'd like to] talk more...because I like to talk a lot. And when I talk, I get things out of my head and maybe I see more.

Erika I like to talk to [the counselor] because from the past I've found that it's kind of hard to sort out problems with your parents. She helped me sort out all the problems that I have. You know how sometimes you get in a fight and you think this person is mean but they think you're being mean? Well, when I come to talk [to my counselor] about it, she gives me suggestions and such. And that's how we sort the problems.

Erika described how traditional verbal interventions helped her understand her problems more fully and clearly because her counselor listened to her and provided her with helpful suggestions.

The participants' responses regarding the helpfulness of verbal interventions naturally led me to ask them what specifically the counselor stated that was helpful. Participants' responses pertained to the exploration of alternatives, which was a concept developed in the second round of interviews. The exploration of alternatives involved counselors assisting participants with solutions to problems by making different recommendations. For example, Leroy commented that exploring alternatives, like reading a book or playing outside, helped him decrease his anxiety.

Leroy [My counselor] would tell me to do something else. She'll tell me to go outside and play or look to do something or play basketball to get [my worries] off my mind. If I'm in school and thinking about something [that worries me], she'll tell me, "Read a book if you don't have anything to do in school."

Ellen and Danica agreed with Leroy that exploring alternatives when problem-solving in the counseling process was helpful, and they added that exploring alternatives helped them formulate new ways of coping with typical stressors.

Danica If I'm really, really sad, she [the counselor] would tell you how to handle my friends: to not always tell the teachers. If I start crying and I'm always telling the teachers on my friends, then maybe my friends won't want to play with me anymore. They're going to think, "Oh, she always tells on us, so let's not play with her." And so [the counselor] would just [tell me] to say something like, "You guys are being mean and hurting my feelings and should stop."

Ellen If I'm sad on the weekend, I would think about what she [the counselor] would tell me. Like when I got my new dog, she said, "You can go talk to your dog now or you could just play the violin or something."

Category II: Emotional Expressiveness

Based on participants' responses, emotional expressiveness remained a consistent theme throughout the final round of interviews. Participants commented on the process of change by elaborating on a decrease of anxiety during the counseling process.

Additionally, participants' responses revealed a fourth distinct aspect to the emotional expressiveness category, empathy. Empathy referred to the participants' perceptions of understanding other people's feelings more acutely after participating in the counseling process.

Process of Change

In this final round of interviews, participants emphasized the process of individual change in counseling by elaborating on their perceptions of a decrease in anxiety and an

increase in empathy. The participants perceived the process of individual change in the counseling environment as positive, noting that their levels of anxiety decreased since attending counseling. The diminishment of their anxiety enabled them to engage in healthy emotional expression. For example, Ellen, Danica, and Jasmine described the process of change and their decreased levels of anxiety, specifying how their maladaptive behaviors were improved after they began counseling:

- Ellen* Well, I haven't been so afraid. I haven't been telling my mom, "I think this happened, I don't know if this happened, but I'm worried that it did." I learned that just because I feel [I've done something wrong] does mean I have. [Counseling has] helped me in a way because I haven't had to worry. I like the fact that I'm not worrying. It feels much better since I don't have to worry about what I've done.
- Danica* I was scared when I first came [to this school]. I just always got nervous. And now I just feel like I could just go anywhere without being nervous. Well, I'm nervous sometimes... One thing [the counselor] taught me is how to treat my friends. Now I know that I can go anywhere, and I'll always have a friend. So if I get in trouble, I won't be nervous.
- Jasmine* [Counseling] helped me. Like if you're worried about something, she'll [the counselor] say how not to be worried and how to handle it. And she'll say, "If you get worried just stand there for a little while and start thinking about all the happy things that you can."

In addition to extinguishing certain behaviors that did not work for them, participants also discussed that they felt a heightened sense of empathy for others while engaged in the process of counseling. The process of change involving empathy assisted participants in understanding other people's feelings more clearly, which promoted better socialization.

- Erika* I have more friends now. [Counseling] has taught me to understand people's feelings and such... like to understand that they like to talk and they have feelings too and such.

Danica Just talking about what usually happens and what usually doesn't helps. I kind of learned how to handle things and what not to do that might hurt somebody's feelings.

Jasmine Everybody that picked on me, I used to get mad at them, or I might just hit them. But I never do that any more. [I learned in counseling that] if you hit them, then you become their problem. Like when this girl was picking on me, I was about to hit her, but I put my fist down. I said "this is not useful." What made me do it [is] because I realized that I might become the problem there and I might get me and that person in trouble. And maybe she was sad like me.

Jasmine illustrated how she learned to develop empathy for a bully at her school, which encouraged her to not physically attack others. Similar to Jasmine, Leroy described how by learning empathy in counseling, he controlled his anger and did not engage in verbally abusive behaviors towards others.

Leroy I used to fuss a lot. When I'm mad [now], I don't go and take it out on anybody else. If I just be mad, I might go to sleep or something. Or I might just go on my keyboard and listen to beats. [The counselor] taught me, "Don't take anything out on somebody else when it's your fault. Think about their feelings too." It just got behind me, and I kind of stopped fussing at people.

These findings are supported by Bromfield (2003) who stated that an empathic atmosphere created in the playroom stimulates an empathic stance in children, who may actively test empathic communication with others.

Summary of Final Follow-Up Interviews

During the final round of interviews, participants confirmed and clarified initial themes and added new details to existing constructs. Based on analysis of participants' comments, I determined that all concepts could be organized into the existing framework

of the three categories: (a) therapeutic relationship, (b) emotional expressiveness, and (c) collaborative problem-solving.

When given the choice, participants stated they preferred to both talk and play during their counseling sessions. Erika stated the utilization of talking and playing depends on the magnitude of the problem: “If you’re in a big fight...then you would like to talk it out. But if it’s kind of minor...then I could play.” A mixture of both talking and playing during the counseling process appeared to be the most popular response because talking while in the playroom helped the participants release difficult feelings, which made them feel better. Playing assisted the participants in showing their counselors how they felt when talking was too difficult, and playing was viewed as fun. The participants again elaborated on the usefulness of traditional verbal interventions when problem-solving in the playroom, stating that exploring alternatives was helpful because they were able to institute better coping mechanisms in their lives.

Participants also commented on the process of individual change in counseling. They identified the decrease of anxiety while attending counseling as assisting them in developing more adaptive behaviors. Empathy was introduced as a theme in the process of change in the last round of interviews. Jasmine and Leroy specified how the lessons they learned in counseling about empathizing with others assisted them in acknowledging others’ feelings and optimized their peer relations.

The third round of interviews confirmed emergent themes and patterns grounded in the data from the initial and follow-up interviews. This framework demonstrates that these elementary school children believed the therapeutic relationship, emotional

expressiveness, and collaborative problem-solving are three constructs of the process of counseling with school counselors who utilize play therapy techniques.

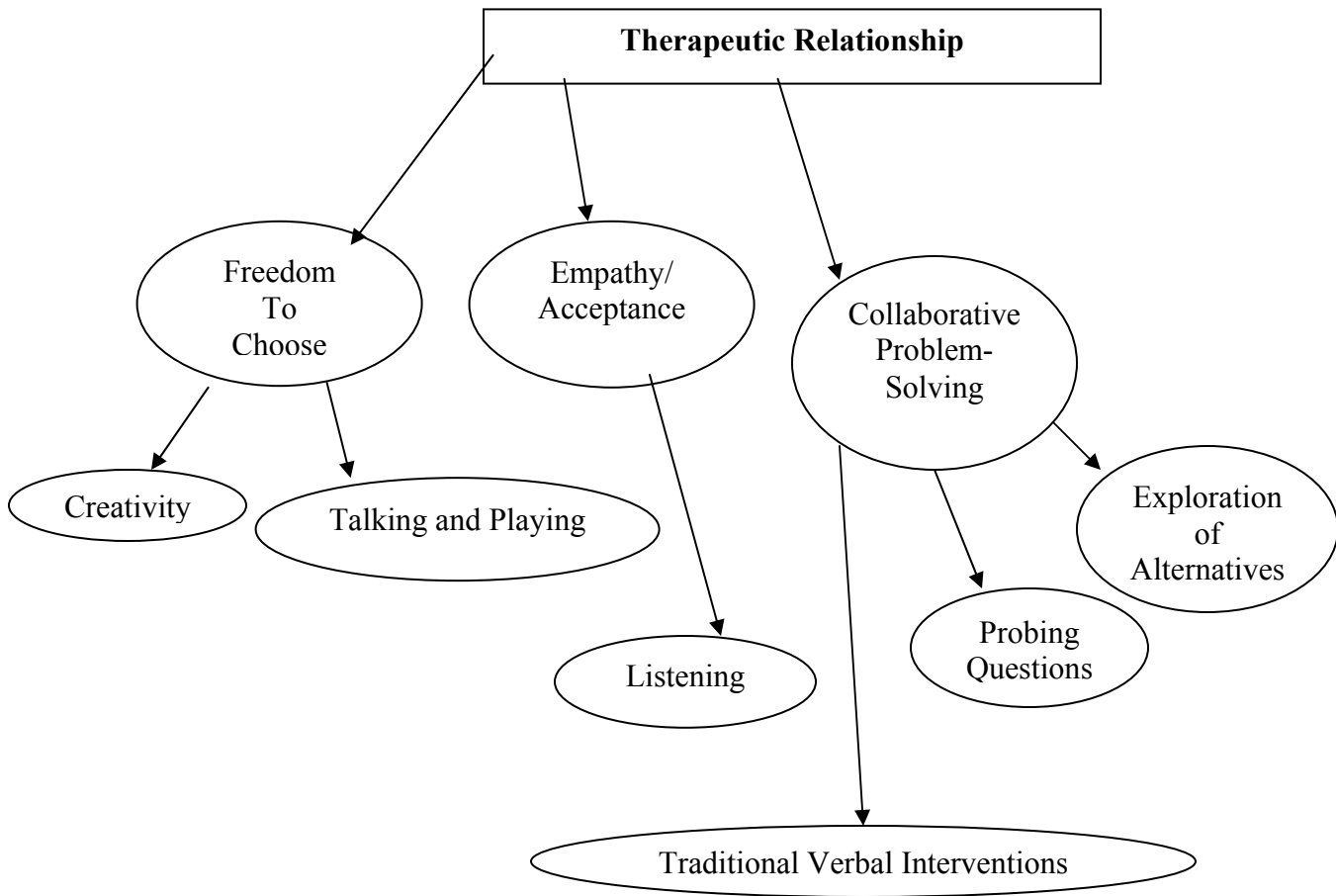
Theoretical Explanation

Based on participants' responses, a theoretical framework for the counseling process with school counselors who utilize play therapy techniques emerged. Participants indicated that the counseling process included (a) the therapeutic relationship, (b) emotional expressiveness, and (c) creative play. Participants indicated that the therapeutic relationship was one of three central constructs in their perception of the process of counseling. Participants confirmed that the therapeutic relationship consisted of counselors providing participants with the freedom to choose activities in the playroom. The participants stated that the freedom to choose (a) involved their creativity or self-expression and (b) allowed for the participants' preference of talking, playing, or both.

Participants indicated that empathy and acceptance were important because the understanding shown by the counselor assisted them with verbalizing difficult emotions and finding solutions to their worries. The participants commented on their counselors' listening abilities, and how it was important because the participants felt they were being heard without judgment. The elementary school children also commented on how they perceived the therapeutic relationship as an arena to problem-solve, which included traditional verbal interventions, probing questions, and exploring alternatives. Figure 8 is a visual representation of the therapeutic relationship found in the counseling process.

Figure 8

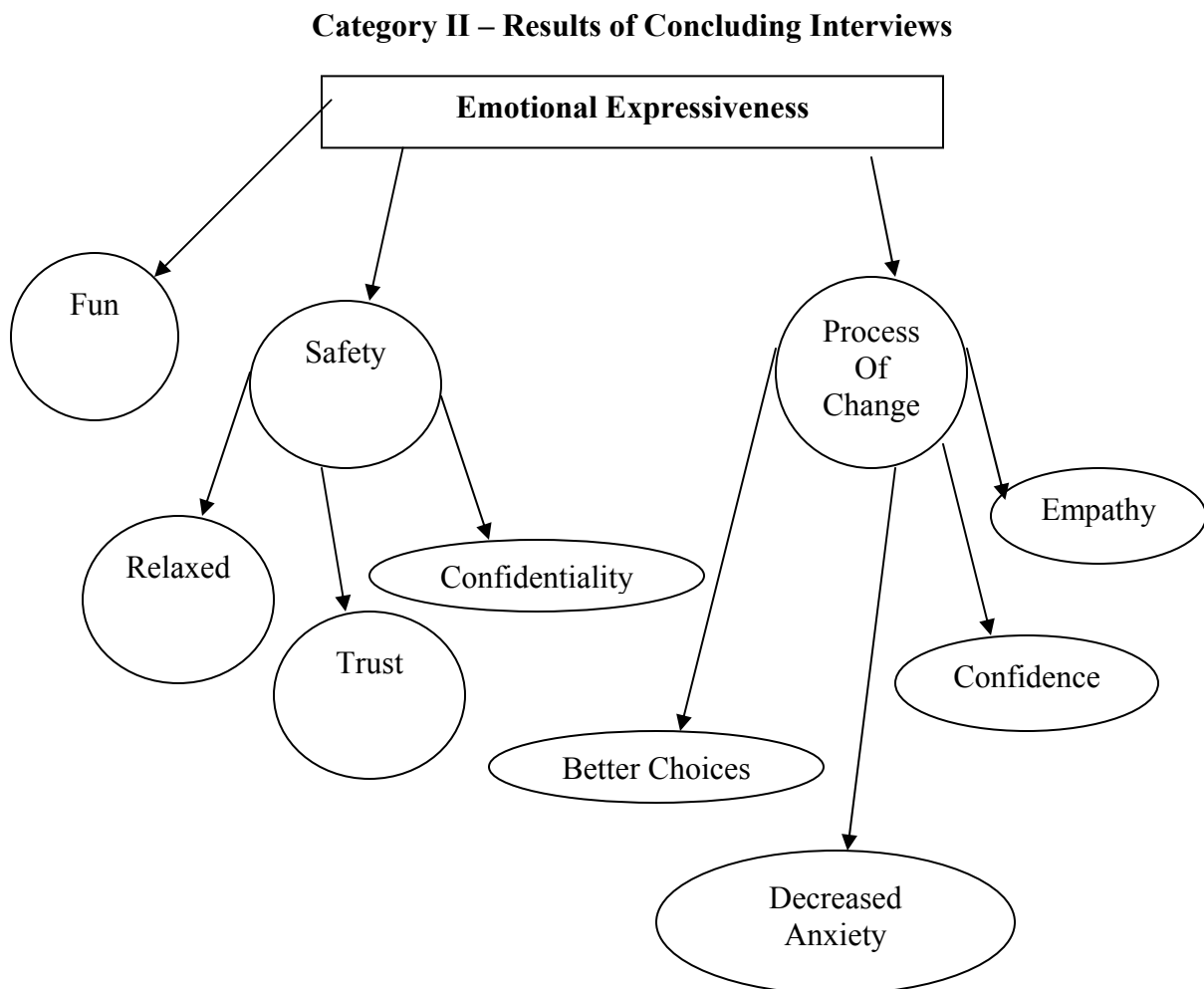
Category I – Results of Concluding Interviews



The process of counseling also included a second category, emotional expressiveness that comprised the participants' perceptions of characteristics of counseling that promoted appropriate expression of emotion. Specifically, the participants stated that healthy expression of emotion came about in the counseling process by (a) feeling safe, (b) having fun, and (c) being self-responsible for personal changes. The children stated that their feelings of safety in counseling involved (a)

confidentiality, (b) being relaxed and (c) trusting their counselors. Feeling safe, the participants were able to verbalize difficult feelings. The children were expressive about their perceived process of individual change during counseling, which involved (a) making good choices, (b) decreasing anxiety, (c) building self-confidence, and (d) increasing empathy. Throughout their responses regarding the process of change, the participants commented on the positive changes that occurred while in counseling and how some of their feelings and behaviors became more adaptive. Figure 9 is a visual representation of emotional expressiveness.

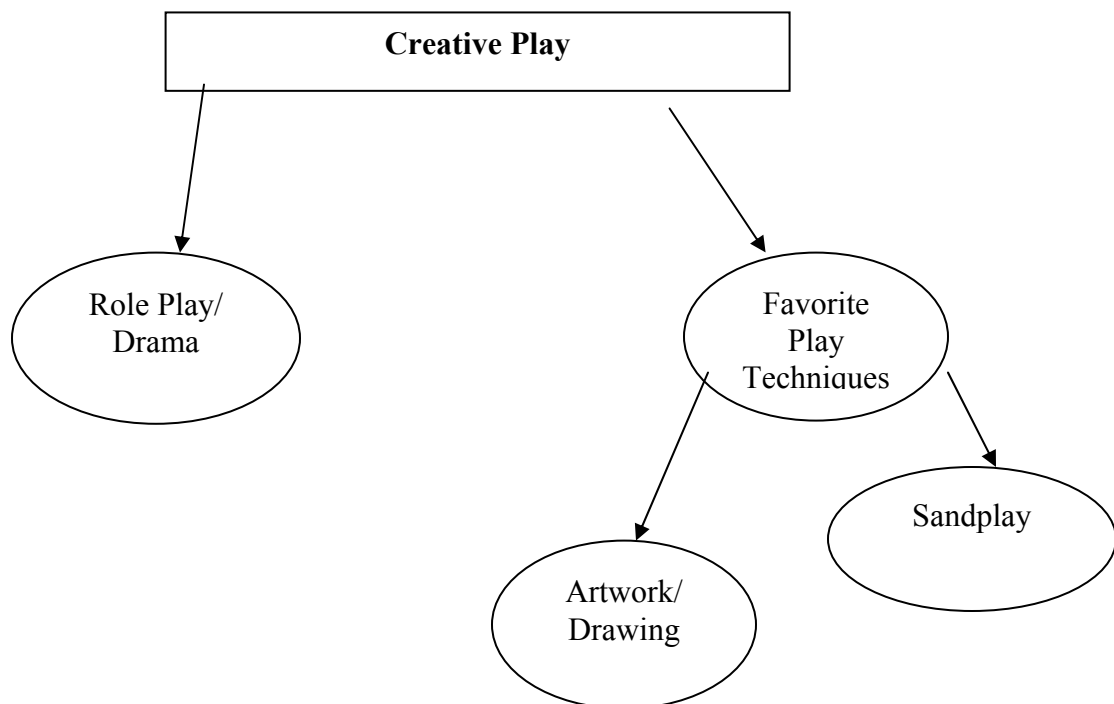
Figure 9



The participants' perceptions of the process of counseling also included creative play, which consisted of (a) sandplay, (b) role play/drama, and (c) artwork/drawing. The participants commented that the different types of creative play were not only “fun” but also assisted them with expressing difficult emotions non-verbally. Creative play facilitated communication between counselors and participants, especially when participants' lack of developmental sophistication prevented them from accurately understanding and verbalizing complexities. When asked which would be their favorite type of creative play media, participants chose (a) sandplay and (b) artwork/drawings. The touch of the sand was enjoyable and artwork was perceived as an expression of their individuality, which they stated was important. Figure 10 is a visual representation of the properties of creative play in the counseling process.

Figure 10

Category III – Results of Concluding Interviews



Conclusion Drawing and Verification

The final stage of data analysis involved conclusion drawing and verification procedures. Qualitative researchers are concerned with the truthfulness of their results. Tentative conclusions were subjected to several verification procedures before they were presented as final conclusions. The verification procedures utilized in this research included: (a) searching for rival explanations, (b) member checks, and (c) expert consultation.

Rival Explanations

At each stage of data analysis, I searched for alternative possibilities for organizing categories and actively explored rival explanations for emergent themes and patterns in the data. I reviewed the literature contained in the second chapter and the results of previous studies concerning the process of counseling and play therapy and compared my initial findings. I utilized the existing literature to make comparisons and to determine if alternate explanations were possible. However, the perceptions of elementary school children regarding the process of counseling with school counselors who utilize play therapy techniques are not addressed in the literature. Therefore, available literature could not be utilized to suggest alternative explanations of these findings. Several concepts that emerged from the data—therapeutic relationship, collaborative problem-solving, and emotional expressiveness—were addressed in existing literature, thus giving credence for the categories and properties developed in this research project.

In addition to utilizing existing literature for rival explanations, I also presented my initial findings to Dr H, my peer debriefer. Through discussions with Dr H and her

examination of the conceptual scheme, no alternative explanations were detected and tentative conclusions were supported. Dr. H challenged my thinking and results about the findings concerning the process of change in the second round of interviews. I utilized her feedback to formulate specific questions for the third round. Her feedback assisted me in probing for specific information about the participants' perceptions of the process of individual change in counseling.

Member Checks

Member checks were utilized at the beginning of the follow-up and final follow-up interviews. Because the participants were elementary children, I asked them to tell me if they remembered what we talked about last time we met. Most of the participants recalled the information. After they finished, I then checked their recall with the preliminary findings. For those participants who could not remember, I utilized developmentally appropriate language and summarized my findings with them. In these instances, the participants provided verification that their perspectives were accurately represented.

Expert Consultation

As a final verification procedure, expert consultation was utilized with the chair of my dissertation committee. She has a breadth and depth of knowledge in working with children in counseling and play therapy. She assisted me in bracketing any biases that may have contaminated the study as well as verified data collection and analysis procedures through our in-person meetings and communiqués. I submitted results from each round of analysis as well as initial conclusions. Based on her perceptions and experiences, she affirmed the initial findings were accurate representations of the

counseling process with school counselors who utilize play therapy techniques. She provided feedback on collapsing categories and reorganizing themes, and she helped me with my interview questions. I illustrated the findings through conceptually-ordered matrices, which she critiqued. Additionally, she assisted me with the consistent process of exploration and comparison among categories, properties, and dimensions.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter begins with an overview of the purpose of this study, the methodology, and a summary of findings. A theoretical framework that emerged regarding the counseling process with school counselors who utilize play therapy techniques is presented. Limitations of findings and methods utilized to address limitations are then discussed. Implications of findings for counselor educators, school counselors, and play therapists are then addressed. Recommendations are offered for future research. Finally, concluding remarks are presented regarding my work with this project.

Purpose of the Study

The purpose of this study was to explore elementary school children's perceptions of the counseling process with school counselors who utilize play therapy techniques. Seven elementary school children who were receiving counseling with a school counselor who utilized play therapy techniques were asked to provide their perceptions. The grand research question was: "What are elementary school children's perceptions of the process of counseling with school counselors who utilize play therapy techniques?" More specific questions included the following: (a) What are elementary school children's perceptions of the process of individual change in counseling? (b) What are elementary school children's favorite play therapy techniques and why? (c) If given the freedom to choose, would elementary school children prefer talking or playing in counseling? Why? (d) What are elementary school children's perceptions regarding the purpose of counseling,

in particular, why are they attending counseling? and (e) How might the therapeutic relationship and the process of play facilitate elementary school children's expression of difficult feelings and topics?

Methodology

The main source of data collection consisted of three rounds of individual interviews with seven elementary school children in the southern United States who were engaged in a therapeutic relationship with a school counselor who utilized play therapy techniques. All three rounds of semi-structured interviews were conducted face-to-face at the participants' respective elementary schools. Interviews were audio taped and transcribed for the purpose of data analysis. During the initial interviews, questions were broad and general, as qualitative methodology stipulates. Both rounds of follow-up interviews contained questions specific to emergent themes ascertained from data in previous interviews.

For each round of interviews, coding procedures (open, axial, and selective) were utilized to identify themes. Open coding involved separating and organizing data into themes. I performed open coding procedures by reading through interview transcripts numerous times and highlighting quotes that answered the grand research question. As emergent themes appeared, I organized quotes into discrete categories by utilizing a color-coding system to easily identify each category. Next, axial coding was applied to add depth and structure, and to link categories. I performed axial coding by placing data into conceptual matrixes and exploring properties or themes within each category. Finally, I utilized selective coding to extrapolate central themes and further refine and integrate concepts. Verification of initial findings was accomplished through the use of

triangulation procedures, including expert consultation, member checks, and a search for rival explanations. After verification, I arrived at a theoretical conceptualization of the counseling process with school counselors who utilize play therapy techniques that was grounded in elementary children's perceptions.

Summary of Findings

Literature that focuses on children's perceptions of the counseling process with school counselors who utilize play therapy techniques is limited. This study specifically addressed children's perceptions of the counseling process, to give children's views a platform from which to be heard. Findings from this study are presented in the following sections as they relate to the therapeutic relationship, emotional expressiveness, and creative play.

Therapeutic Relationship

The therapeutic relationship referred to aspects of the process of counseling that involved the alliance formed between counselors and clients. Participants identified several traits that of the counseling process in relation to the therapeutic relationship. These traits were found consistently throughout the counseling process. In particular, participants discussed three main traits that comprised the therapeutic relationship in counseling: (a) freedom to choose, (b) empathy/acceptance, and (c) collaborative problem-solving. The following sections contain descriptions for each of these concepts.

Freedom to Choose

Freedom to choose involved counselors returning responsibility to their clients (participants of this study) and affording them the option to decide what occurred in the

playroom. This concept was supported by Landreth (2002) who stated that returning responsibility involves allowing children to make choices and to take responsibility for those choices. Participants felt affirmed by this choice and indicated that they were able to express themselves through the freedom to choose in counseling. For example, when given the ability to choose in the playroom, Jana commented, “I am able to express myself because it’s like whatever I want to draw and not what somebody has told me to draw.” Also, participants described their positive feelings associated with autonomy in the playroom; and when they were given the freedom to choose, they felt creative. Jasmine stated, “I like to pick...because you’re creating something and you’re showing someone.”

Another aspect of the counseling relationship that contributed to participants’ sense of freedom to choose pertained to talking and playing. A majority of the participants stated that, if given a choice, they would prefer a combination of both talking and playing in counseling. Participants stated that talking facilitated the expression of some difficult feelings, which in turn assisted them in feeling better. Playing assisted participants to show their counselors how they felt when verbalizing emotions was challenging. Additionally, participants unanimously commented that playing was fun. For example, Erika stated, “I would choose both [talking and playing]. Because that way, I can solve most of my problems and still have some time to play.” A developmentally appropriate combination of verbal and nonverbal interventions in the playroom facilitates the young child’s understanding and resolution of complex problems (Knell, 2003).

Empathy/Acceptance

Empathy and acceptance, as described by participants in this investigation, occurred when their counselor understood their emotional world, and when therapeutic understanding of problems and unconditional acceptance were exhibited. By experiencing empathy/acceptance in the therapeutic relationship, participants felt more confident to depend on their counselors for support while developing their own sense of independence. Leroy commented on the benefit of therapeutic acceptance: "I like to draw a little but I don't think I draw good. [My counselor] likes them...It makes me feel good." Jasmine commented on her counselor's empathy: "She understands us. She understands children because she has children and her children are just like us...You feel happy because you are being understood and not ignored." By establishing a positive therapeutic relationship consisting of empathic understanding and acceptance, children and counselors create an entire therapeutic world where children actively engage in appropriate expression of emotion and are able to focus on their strengths (Bratton & Landreth, 1995; De Demonico, 1988; Gil, 1991; Landreth & Bratton, 2000).

When participants were asked to describe how they determined if their counselor truly understood them, participants indicated that counselors had specific characteristics: they asked insightful questions and found helpful solutions. Participants' responses clarified empathy/acceptance as part of the therapeutic relationship and attributed these factors to the counselors': (a) special training or education that assisted them with their understanding of problems (b) ability to maintain direct eye contact and be physically attentive, (c) skill at offering meaningful insight, and (d) dedication to being nonjudgmental.

Furthermore, participants commented that empathy/acceptance in the therapeutic relationship consisted of an attentive adult who listened to their worries. Jasmine commented on her counselor's listening skills: "[The counselor] pays attention to us one at a time. When one of the children is talking, she's paying attention to that one." The participants stated that they felt more attentively listened to by their counselor than by their parents. For example, Jana commented, "My mom, most of the time, she has things to do and doesn't listen to me. [The counselor] helps because she would listen instead of our parents." Participants' responses indicated that by acutely listening and being attentive, their counselor created an environment where the participants felt comfortable to disclose worries. These findings support current literature regarding the importance of play therapists practicing focused listening with children in the playroom, as it establishes a positive therapeutic relationship (Sweeney, 2003) and promotes clear communication (Schmidt, 2003).

Collaborative Problem- Solving

Elementary school children believed that the process of counseling involved collaborating with an empathic counselor who accurately understood their problems and helped find practical solutions to problems they viewed as important. Campbell (1993) stated that school counselors utilize developmentally appropriate problem-solving strategies to promote pro-social behaviors in children. Participants also indicated that they entered the process of counseling to problem-solve, and they listed two central problems: (a) difficulty with peers at school and (b) problems with family members at home. Jasmine commented on how school-related problems were presented in counseling, "[The counselor] wanted me to see her because I have problems with people

in the classroom.” Jana commented on addressing problems stemming from home: “[The counselor] helps us with our problems, like a problem at home. She will help us solve it. Maybe like an argument between your mom and your dad.”

Conventional verbal interventions, probing questions, and exploration of alternatives were three mechanisms that participants used to describe how they collaboratively solved problems within the therapeutic relationship that school counselors fostered. Traditional verbal interventions involved specific techniques which helped participants feel comfortable expressing their worries because their counselors were attentive. Erika gave an example of why she prefers talking in counseling: “I like to talk to [the counselor] because from the past I’ve found that it’s kind of hard to sort out problems with your parents.” Counselors utilized probing questions with participants to elicit information and to gain a deeper understanding of problems. Once counselors gained such knowledge, they were better able to assist participants in clarifying solutions. For example, Greta described a situation when her counselor asked a question during collaborative problem-solving, “When we have a problem, she can help us out. She asks, ‘Do you like her being mean?’ or something like that. I can just say, ‘No, I don’t like her being mean.’ I feel like I can tell her things.”

As participants described how counselors explored alternatives, they consistently described how they were offered choices regarding how they could solve their own problems. Ellen described how exploring alternatives with her counselor helped her with her worries: “If I’m sad on the weekend, I would think about what she [the counselor] would tell me. Like when I got my new dog, she said, ‘You can go talk to your dog now or you could just play the violin or something.’” Participants stated that exploring

alternatives in counseling was helpful because they were able to develop better coping mechanisms. Participants' contentions are supported by experts who have stated that play therapists who intently observe, empathically listen, and encouragingly recognize and verbalize children's innermost needs (Allan, 1992) will facilitate problem-solving skills (Kottman, 2001; Schaefer, 2003).

Emotional Expressiveness

Participants indicated that they felt safe, participated in fun activities, and became engaged in the process of change as a result of their emotional expressiveness throughout the process of counseling. Participants stated that by feeling safe (a decreased state of anxiety), and by having fun (a sense of enjoyment), they engaged in more appropriate and adaptive expression of emotion. Participants also indicated that their feelings and behaviors changed for the better while engaged in the therapeutic relationship. Participants perceived emotional expressiveness as part of the counseling process, in terms of (a) safety, (b) fun, and (c) the process of change.

Safety

Axline (1947) noted that when therapists create a feeling of safety in the relationship, children are free to explore themselves and their issues more openly. Participants in this investigation perceived a sense of safety in the counseling environment that translated into feelings of comfort and relaxation which, in turn, resulted in participants trusting their counselors. Participants indicated that trust also enabled them to express emotions. One participant, Erika, offered the following definition of safety: "Being safe feels comfortable, like you can just relax. It feels like you can say anything you want." When participants perceived safety as part of the

process of counseling that promoted appropriate expression of emotion, they began to realize that their sense of safety directly influenced their understanding of relaxation, trust, and confidentiality as key components in the counseling relationship. Jana described how she trusted her counselor: “Whenever somebody yells at you it makes you all upset, and [the counselor] doesn’t yell and doesn’t make you upset. So I can trust her.” Jasmine gave an example of how she felt physically safe while attending counseling, “I feel safe. Because the children at school won’t beat me up because they know I’m going to tell [my counselor].” Leroy demonstrated confidentiality pertained to safety: “I know she won’t go out and tell nobody else what is happening with me.”

Fun

Fun referred to the sense of enjoyment and satisfaction that participants experienced in counseling. Participants indicated that this sense of enjoyment also facilitated their emotional expressiveness in the playroom. For example, Leroy stated, “Sometimes I like to talk to her and ... I like to come to counseling a lot ‘cause it’s fun. I don’t know exactly why, but I guess I do. I like when I come in and we watch movies or read a book.” Fun activities, including therapeutic toys, may be utilized by counselors to direct attention away from children’s focus on their specific problem and the process of counseling, which may make it easier for children to disclose emotional content (Campbell, 1993).

Process of Change

As participants described their perceptions regarding change, they consistently indicated that change was inextricably linked to better choices they made while engaged in the counseling process. This notion is supported by Landreth (2002) who stated that

the process of individual change in counseling may include: (a) newly established positive relationships with peers and family, (b) appropriate expression of emotion, and (c) a bolstered self-esteem. After participants attended their school counseling sessions and were exposed to play therapy media and techniques, they indicated that they (a) made better choices at home and at school, (b) experienced levels of decreased anxiety, (c) changed their maladaptive thoughts, (d) felt more confident with a bolstered sense of self-esteem, and (e) experienced an increase in empathy.

Leroy described the good choices he made while attending counseling and explained how such choices had resulted in a positive climate at home: “My mom fusses at me and I be in her way...I try to stay out of her way like what [my counselor] told me to do. This weekend I stayed out of her way. I kind of felt good because she wasn’t fussing at me like she used to.” Other participants also commented that they experienced decreased levels of anxiety and that this helped them to change unpleasant thoughts. For example, Ellen commented on the changes her mother noticed in her thought processes after attending counseling: “I haven’t been worrying as much. I haven’t been telling my mom all my silly thoughts and all that. I haven’t been telling her all my worries. I think she has seen a change. I just feel better.” Gil (1991) stated that in the playroom, children can create an entire therapeutic world where they cognitively and emotionally overcome anxieties.

Participants described the process of change as one in which they felt a sense of self-confidence that improved their socialization. Jasmine stated, “My momma noticed that I’m playing with the other students, and no fights have been involving me. Every day

I would play with somebody and then I won't have to run in the house every day crying or anything.”

Enhanced empathy was another example of how participants changed as a result of the counseling process. In particular, participants described how the lessons they learned in counseling about empathizing with others assisted them in acknowledging others' feelings and optimized their peer relations. For example, Jasmine described the empathy she developed for a school bully and how it curbed her violence toward the bully: “I realized that I might become the problem there and I might get me and that person in trouble. Maybe she was sad like me.” Erika described the process of change in terms of developing empathy, which alleviated her shyness with peers: “I have more friends now. [Counseling] has taught me to understand people's feelings and such...to understand that they like to talk and they have feelings too.” Bromfield (2003) stated that an empathic atmosphere created in the playroom engenders an empathic stance in the child, who may actively test empathic communication with others.

Creative Play

According to participants, an essential aspect throughout the process of counseling was the creative play techniques that were utilized. Participants from this investigation illuminated (a) sandplay, (b) role play/drama, and (c) artwork/drawing as the essential activities that they experienced. As participants described the benefits of creative play in the process of counseling, they illustrated how such play helped them: (a) express their feelings that may have been difficult to express verbally, (b) facilitate a sense of enjoyment, pride, and autonomy from participating in creative, self-directed behaviors, and (c) develop problem-solving tasks which created positive outcomes.

Participants commented that the different types of creative play were not only “fun” but also assisted them with difficult emotions through various nonverbal means of communication. When asked about their favorite creative play activity, participants chose sandplay and artwork/drawings. The touch of the sand was enjoyable and artwork was perceived as an expression of their individuality, which they viewed as important.

Sandplay

Participants stated that they were able to depict their issues in the counseling environment by utilizing sandplay. Likewise, participants commented that counselors were able to identify problems and helped children solve them by use of sandplay. This resulted in participants’ excitement because they felt they were helping themselves. Additionally, participants appreciated the creativity that was spawned by the freedom of choice and symbolic nature involved in the selection of miniatures and the overall process of sandplay. For example, Erika described how sandplay promoted her creativity: “We took [sand miniatures] and put them into the boxes, and anything could mean anything. I think it’s for creativity. [Creativity] means just letting your mind wander and do whatever you feel like doing.” Demenico (1988) stated that sandplay is a creative means of activating fantasy and embodying it through symbolic expression in the conscious state, in which children may utilize their creativity to solve problems. Ellen described how creative play had assisted her in “solving worries.” When I asked Ellen how the sandplay activity specifically helped her with her worries, she replied: “I made different choices, to know and to believe that my brain was telling me lies.”

Role Play/Drama

Landreth (2002) stated that engaging children in role playing in play therapy may release stored emotions, which may be necessary for children to work through blocked energies (Alan, 1988) or challenging situations (Gil, 1991). According to the participants, role play/drama involved participants creating their own worlds and playing out scenarios and issues that represented their home or school circumstances. Role plays and drama work took place in a dollhouse, with puppets, or dressing up in character costumes in front of their counselor, and it helped them with their problems. In particular, Jasmine commented on the usefulness of role play/drama in the counseling process: “Sometimes I show her about what happens in the house over there. Some kind of things that go on in the house and so she helps you with those problems.” Leroy specified how drama work in counseling assisted him during the bereavement of his grandmother’s death: “When my grandma died, I went over to the dollhouse and kind of did what I needed to do for my grandma. [I played] with her... like she was one of the toy people.”

Artwork/Drawings

Participants recognized that the use of artwork in the counseling process provided them with another medium to express their feelings. Jana described how the process of artwork in counseling facilitated her expression of sad feelings: “If we’re feeling sad and we can’t tell [the counselor] then we express it whenever we’re drawing.” Jasmine stated that she enjoyed artwork in the playroom because it assisted her in nonverbally expressing difficult feelings to her counselor: “It’s easier to show her, because sometimes it’s hard to tell problems, maybe you don’t know how to get it out.” Utilizing art activities in play therapy, counselors focus on children’s strengths, reflect their feelings, and facilitate children’s journey into self-exploration (Bratton & Landreth, 1995). Jana

described how her school counselor utilized questions to process art activities during a counseling session, “She [the counselor] would ask questions whenever we’re down and stuff. She would be like, ‘Who’s that?’ and we would tell her who she [the person in the drawing] is.”

Limitations

Limitations of this research and methods to address the limitations are discussed in the following sections. Limitations included issues related to (a) researcher’s bias, (b) researcher’s lack of experience, (c) data collection with minors, (d) delimitations, and (e) school counselors’ exposure to play therapy.

Researcher’s Bias

Because qualitative researchers serve as the main instrument for data collection, I attempted to remain aware of my biases throughout the collection and analysis of data. Before the data collection began, I engaged in open dialogue and wrote down comments in my researcher’s journal. My comments and journal entries were my assumptions and biases as they pertained to this research project. To maintain objectivity, I utilized multiple data collection procedures and searched for comparisons within the data and alternate explanations found in the literature. Throughout data collection and analysis, I shared my findings with my peer debriefer to ensure that findings were indicative of participants’ perspectives and not my personal convictions. I also utilized member checks at the beginning of each of the follow-up interviews as a means of verifying the accuracy of transcripts, clarifying participants’ responses, and assessing my initial perceptions and data analysis.

Researcher's Lack of Experience

Another limitation of this research was my inexperience as a qualitative researcher. Because of my lack of experience in interviewing and data collection, the number of questions that I utilized to probe for answers and facilitate depth of children's responses was limited. As a neophyte qualitative researcher, I was also unversed in data analysis procedures, which I found to be quite challenging. In order to address my limitations as a qualitative researcher, I kept a reflective journal that assisted me in providing descriptions of data collection and analysis procedures. On a regular basis, I also conferred with the chair and methodologist of my dissertation committee and my peer debriefer to clarify and continually adjust my data collection and analysis procedures and to develop detailed descriptions of findings that helped to establish the trustworthiness of this investigation.

Data Collection with Minors

Despite my efforts to coordinate the follow-up interviews with participants and school counselors, one of the participants did not take part in the third round of interviews. Data collection was limited because of the difficulty and uncertainty of conducting research with children, who may not be able to complete their involvement in a research project due to a multitude of reasons. I encountered difficulties in collecting data due to parental objections and tardiness or absences from school. This affected me as a researcher because I realized the fragility of utilizing children as participants in a research study and how dependent I was on the participants, legal guardians, school counselors, and school administrators to make this project work. In the future, I will be hesitant about conducting research with children if there is a restrictive time limit. A

project of this scope needs an extended period of time to complete. Additionally, I believe that the children did not entirely understand that I would not disclose to their school counselor the information they gave me. I believe they assumed that I would share their answers with the school counselor and so this could have adversely affected the study. I think one way to counter this would be to do the interview in a different location than the school counselor's office.

Delimitations

In addition to my aforementioned limitations as a novice qualitative researcher, I limited the sampling population to elementary children in Louisiana. While my sampling population was diverse in some ways, in other ways my population was fairly homogeneous in that only one participant was male and only two were non European-American. For the sake of detail and clarification, I provided individual profiles for each participant involved with this research project. Likewise, I offered as much detail and depth as possible throughout my discussion of my data collection and analysis procedures. Thus, I offered readers with an opportunity to decide for themselves about the transferability of findings with other populations and to other contexts.

School Counselors' Exposure to Play Therapy

A final limitation was the school counselors' training and level of experience in play therapy. Although both school counselors involved in this investigation had completed one year of training in play therapy and practiced play therapy exclusively with their clients, neither was a Registered Play Therapist. However, I specifically chose school counselors who were not fully certified as play therapist in order to encapsulate

the reality of what is currently happening in schools where counselors are utilizing play therapy techniques.

Implications

This investigation resulted in the formulation of a theoretical framework of the counseling process. Due to the extremely limited amount of literature on children's perceptions of the counseling process with school counselors who utilize play therapy techniques, these findings offer new information grounded in the experiences of elementary school children engaged in the counseling process. This section includes implications for counselor educators, school counselors, and play therapists and suggests how these groups may benefit from the results of this study.

Counselor Educators

While teaching and supervising students, counselor educators provide guidance and supervision for perspective school counselors who intend to work with elementary school children. The findings of this study could be used to revise the counseling curriculum, to emphasize the value that children place on the (a) therapeutic relationship, (b) emotional expressiveness, and (c) creative play. Counselor educators who teach play therapy courses may also want to infuse some of the findings in the course material. For example, participants stated that feelings of safety and trust enabled them to express feelings in counseling. Counselor educators may want explore various techniques for training graduate students on how to create therapeutic safety and congruence.

The findings of this study may also be used to demonstrate how counselor educators can gain a greater awareness of play therapy and utilize the results to

strengthen their current child-specific counselor training curricula. Specifically, counselor educators may want to include discussions regarding techniques and therapeutic processes specific to counseling children in their courses in techniques, multicultural counseling, and theories. These results may also provide counselor educators with a tool to prompt dialogue with their students and the research community about the process of individual change in the child, an area that has been relatively unstudied from children's perspectives. The findings suggest showed that participants experienced an increase in empathy after attending counseling. Counselor educators may explore ways to re-emphasize empathy training in school counseling graduate students, in order to promote a therapeutic climate where counselors and children may mutually benefit from understanding other's feelings.

School Counselors

By examining how children perceive counseling and play therapy in school settings, school counselors may be more adequately prepared when they consider therapeutic goal-setting, as findings from this study showed that children perceived collaborative problem-solving as the central reason to attend counseling. When working with children, school counselors can develop more effective collaborative problem-solving strategies to assist children with their worries. Many of these strategies, as the participants stated, should combine both talk and play. School counselors may want to review traditional verbal interventions and incorporate these with play activities.

Because the safety children perceived in the playroom stemmed in large measure from being relaxed with a trusted counselor, school counselors may want to choose creative techniques such as experiential drawings and sandplay, in working with clients.

Because these participants stated that they enjoyed and preferred nondirective play therapy, school counselors may want to revisit the literature on nondirective play and child-centered play therapy.

Play Therapists

Play therapists may want to utilize the results of this study to incorporate traditional verbal interventions throughout their play therapy sessions. Play therapists may want to develop new verbal skills to foster collaborations with children to solve worries, because the findings showed that participants perceived the importance of the problem-solving nature of the therapeutic relationship. The findings also suggest the importance of returning responsibility to the child. Participants stated they preferred the freedom to choose activities. As these findings are congruent with child-centered play therapy, play therapists may want to revisit nondirective and child-centered play therapy literature. Because this study re-emphasized the importance of the therapeutic relationship, play therapists may want to receive clinical supervision or feedback on how children perceive them, so that their actions, thoughts, and feelings convey acceptance and support.

When choosing play activities, play therapists may want to take into consideration whether the activities allow children to express their creativity and individuality. The findings from this study showed that participants chose sandplay and artwork as their favorite creative play media. The process of change, another finding from this study, was perceived as involving decreased anxiety because of the nonjudgmental nature of the therapeutic relationship. Play therapists may want to examine any assumptions and biases

they hold towards clients, as this could adversely affect clients' individual process of change in counseling.

While the process of change is occurring in counseling, play therapists may want to verbalize the positive changes they see in children. Play therapists may want to comment to clients on the (a) better choices clients make, (b) increased levels of empathy for others, (c) clients' improved self-confidence, and (d) decreased anxiety. When collaborating on problem-solving, play therapists may want to remember to ask children probing questions, offer alternative solutions for difficult problems, and engage in conventional verbal interventions with the child as appropriate to the child's needs or wishes.

Future Research

Qualitative researchers may choose to identify different perspectives of children who are counseled by school counselors who utilize play therapy techniques. In particular, I recommend researchers interview children who are being counseled by school counselors who are also Registered Play Therapists. Qualitative researchers could explore the differences and similarities between children's perceptions of the process of counseling with school counselors who utilize play therapy techniques and with those who do not utilize play therapy techniques. The following research questions could be explored in further studies: (a) What are the perceptions of school counselors who utilize play therapy techniques throughout the process of counseling with elementary school children? (b) What are the views of the counseling process with elementary school children school counselors who are also Registered Play Therapists? (c) What are

children's perceptions of the counseling process with school counselors who are also Registered Play Therapists? and (d) What are children's perceptions of the process of counseling with school counselors who have no play therapy training?

Quantitative studies may be developed based upon findings of qualitative research to provide more precise measures of specific factors related to the counseling process. Such factors for future research may include: the therapeutic relationship, collaborative problem-solving, emotional expressiveness, and the process of individual change in counseling with children. An experimental study could be conducted to examine if school counseling decreases maladaptive behaviors when conducted by Registered Play Therapists, counselors with play therapy training, or counselors with no play therapy training. In addition, quantitative researchers could conduct survey research to explore school counselors' perceptions of the efficacy of play therapy in school counseling settings.

Concluding Remarks

This project was important to me because of my commitment to advocacy and my desire to provide children with a medium in which their voices could be heard. When I completed three graduate courses in play therapy, I noticed an absence from the literature of qualitative studies on children's perceptions of play therapy. This prompted me to formulate a study to elucidate children's perceptions of their experiences in counseling, which I believed were important for counselors to hear. I believed in the importance of listening to children's voices about counseling so that we, as professional counselors, could better help children. By utilizing grounded theory procedures, I described

children's perceptions of the counseling process with school counselors who utilize play therapy techniques.

Throughout this study, I journaled and dialogued with my peer debriefer about my biases and assumptions. This study illuminated my idea that children need a balance of conventional verbal interventions and play therapy in counseling. However, my assumptions were challenged by the findings, for I believed that children were not acutely aware of the process of change and how counseling contributes to it. The findings clearly showed that these participants were not only aware of the process of individual change throughout counseling, they articulated it clearly and described possible reasons that counseling helped them change. I was surprised that many of the findings of this study were verified in the literature, even though many of these researchers did not interview children. In other words, I was relieved to find that the existing literature on the efficacy of play therapy with children is congruent with children's perceptions.

Last, undertaking this project has exposed me to research in a new and exciting way. I believe that I have begun the journey of finding my voice as a qualitative researcher. I learned first-hand about the pitfalls and setbacks of doing research with minors. I believe that I have grown as a researcher and as a professional because of the many relationships I had to broker in order to complete this project. Most of all, I have enjoyed exploring the multiple levels of data analysis, critiquing data in multidimensional ways, and answering questions that truly interest me. I believe this project is a direct reflection of my vision as a neophyte researcher, and I hope to continue doing research with children as a professor.

CHAPTER SIX

MANUSCRIPT FOR SUBMISSION

Elementary School Children's Perceptions of the Counseling Process

With School Counselors Who Utilize Play Therapy Techniques

For submission to the *International Journal of Play Therapy*

Abstract

This qualitative study examined seven elementary school children's perceptions of the process of counseling with school counselors who utilized play therapy techniques. Findings included the importance of the therapeutic relationship, emotional expressiveness, and creative play. Better choices, decreased anxiety, increased empathy, and bolstered self-confidence were reported by participants as a result of participation in the counseling process. Additionally, participants articulated their preference for a mixture of traditional verbal interventions and playing to solve problems in counseling. Implications for play therapists and school counselors who utilize play therapy techniques are presented.

According to Ray, Perkins, and Oden (2004), elementary school children respond positively to creative interventions utilized by school counselors. By infusing play therapy interventions throughout a comprehensive school counseling program, school counselors may advance the school climate by providing more developmentally appropriate and curative strategies to bolster academic and social success in students (Ray, Muro, & Schumann, 2004). Play therapy is an empirically validated, creative counseling process that is sensitive to children's academic and social development (Bratton & Ray, 2000; Landreth, 2002). Researchers studying the effectiveness of play therapy have derived most of their empirical knowledge quantitatively, through surveys or questionnaires that are based on child developmental psychology (DePo & Frick, 1988) and children's views of traditional psychotherapy (Kranz, Kottman, & Lund, 1998). Because modern play therapy and traditional child psychotherapy vary in approaches, methodologies, and outcomes (Landreth, Baggerly, & Tindell, 1999), it is appropriate that researchers qualitatively explore children's perceptions of the process of play therapy (Carroll, 2001).

Play Therapy

Play therapy is a specialty within mental health counseling that utilizes different theoretical models in an effort to facilitate an empathic relationship between counselor and client, within which clients are free to express feelings through symbolic means of communication and ultimately engage in self-growth (Association for Play Therapy, 1997). Play therapists incorporate different play therapy media that are suited to the individual needs of children, while maintaining the empathic and nonjudgmental

therapeutic relationship as the most important aspect of the counseling process (Allan, 1988; Christensen, 2003; Gil, 1991; Landreth, 2002; Schaefer, 2003).

Christensen (2003) described the process of play therapy in five phases: (a) relationship building and assessment; (b) exploration; (c) theme development and awareness; (d) independence and sense of autonomy; and (e) termination. In these stages, children learn to integrate thoughts, feelings, and experiences in an effort to resolve psychosocial issues and develop a sense of mastery over their lives. Fall, Balvanz, Johnson, and Nelson (1999) compared 31 children who received six counseling sessions with school counselors who utilized play therapy techniques and 31 children who received no counseling. The researchers found that self-efficacy increased significantly in the children who received counseling with play therapy techniques, as compared to the children who received no counseling.

Play Therapy in Elementary Schools

Play therapy has been applied in elementary schools as part of responsive services to successfully decrease maladaptive behaviors associated with social, emotional, behavioral, and learning difficulties (Baker & Gerler, 2004; Bratton & Ray, 2000; Newsome & Gladding, 2003; Packman & Bratton, 2003). When children engage in play, they are developing skills and knowledge that contribute to future school success. LeBlanc and Ritchie (1999) conducted a meta-analysis of available studies that measured the effectiveness of play therapy with elementary school children and found significant variance between control and treatment studies, ultimately suggesting that play therapy was an effective intervention. Current literature supports school counselors' utilization of play therapy with children (Packman & Bratton, 2003).

METHOD

Grounded Theory

Except for three studies (Axline, 1950; Carroll, 2001; Ceglowski, 1997), research on children's perceptions of the process of play therapy is limited in the literature. Because the goal of this study was to elucidate children's perceptions of the counseling process that involved play therapy techniques, a relatively uninvestigated area, grounded theory procedures were utilized. Grounded theory is a procedure qualitative researchers utilize to systematically develop a theoretical framework from informed interpretations to build, synthesize, and integrate scientific knowledge (Strauss & Corbin, 1998).

The grand research question was: "What are elementary school children's perceptions of the process of counseling with school counselors who utilize play therapy techniques?" More specific questions included the following: (a) What are elementary school children's perceptions of the process of individual change in counseling? (b) What are elementary school children's favorite play therapy techniques and why? (c) If given the freedom to choose, would elementary school children prefer talking or playing in counseling? Why? (d) What are elementary school children's perceptions regarding the purpose of counseling, in particular, why are they attending counseling? and (e) How might the therapeutic relationship and the process of play facilitate elementary school children's expression of difficult feelings and topics?

Participants

Participants were seven elementary school children currently engaged in a therapeutic relationship with a school counselor who utilized play therapy techniques. For the purposes of this study, the participant pool was limited to the Southern United States.

Six participants were female, and one was male. Five of the participants were European-American, and two were African-American. Participants' ages ranged from 6 to 11. All the participants were enrolled in elementary schools, with three in a public elementary school and four in a K-12 all-girls' private school. Three of the participants were in fourth grade, two were in third grade, one was in second grade, and one participant was in first grade. The school counselors estimated that each participant had experienced at least five individual counseling sessions in which play therapy techniques were utilized, and they approximated that the total amount of sessions ranged from 5 to 35.

Data Collection

Aligned with the exploratory nature of qualitative research, data collected for this study included (a) three rounds of in-person, semi-structured interviews, (b) observations of the participants' verbal and nonverbal behaviors and their environment, and (c) document reviews.

Semi-structured interviews are a joint construction of meaning between the researcher and participant (Gay & Airasian, 2000). Three rounds of semi-structured interviews were the primary source of data collection. Interviews were face-to face and were audio taped and transcribed. Props were utilized during the interviews to assist participants in recalling information. Specifically, materials similar to those utilized by the school counselors during their counseling sessions with research participants were utilized. Carroll (2001) suggested utilizing toys or props to encourage children's verbalization of the process of play therapy during interviews.

Personal observations allow researchers the ability to gain depth and breadth into participants' insights and experiences (Gay & Airasian, 2000). Personal observations

comprise the researcher's thoughts and feelings regarding participants' verbal and non-verbal communication (Creswell, 1998). Specifically, observations included: (a) the location of the interview, (b) participants' demeanor before, during, and after the interview, (c) facial expressions and emotional reactions of participants, (d) participants' changes in verbal expression and tone of voice, (e) participants' body language while expressing thoughts or feelings.

Document reviews are useful forms of data collection in qualitative research and provide additional information about the phenomenon under investigation (Merchant, 1997). The researcher obtained one or more of the following documents from each of the school counselors involved with this study: (a) school counselors' college transcripts, (e) school counselors' CEU certificates pertaining to play therapy training, (f) accounts from school counselors of the participants' receptivity to play therapy techniques during counseling sessions, and (g) information school counselors maintained on play therapy techniques that they utilized with their clients.

Data Analysis

Miles and Huberman (1994) outlined three types of analytical tasks in qualitative data analysis: (a) data reduction, (b) data display, and (c) conclusion drawing and verification. Data reduction in grounded theory comprises three procedures: (a) open coding; (b) axial coding; and (c) selective coding (Strauss & Corbin, 1998), which were utilized in this investigation. Data displays in this investigation consisted of conceptual matrices in which participants' quotes were separated according to homogenous characteristics, which allowed the researcher to analyze participants' responses within and across categories. Conclusion drawing and verification were achieved through the

utilization of triangulation procedures: (a) a peer debriefer, (b) a search for rival explanations, and (c) expert consultation (Strauss & Corbin, 1998). A peer debriefer was utilized to review the preliminary findings during each round of data collection and analysis. After reorganization of the coding system, emergent themes were identified and the research questions were developed. The researcher also kept a reflexive journal to record observations, assumptions, biases, reflections, and questions.

RESULTS

Three overall themes developed from the data. The themes were related to several components of the counseling process: (a) therapeutic relationship, (b) emotional expressiveness, and (c) creative play.

Therapeutic Relationship

The conceptualization of the counseling process was elucidated by three distinct themes, with the first theme being the *therapeutic relationship*. The therapeutic relationship referred to aspects of the process of counseling that involved an alliance formed between counselors and participants. Participants' responses indicated that specific similarities or properties existed in the therapeutic relationship: (a) freedom to choose, (b) empathy/acceptance, and (c) collaborative problem-solving.

Freedom to choose in the therapeutic relationship (a) promoted creativity or self-expression and (b) allowed for participants' preference of talking, playing, or both talking and playing. Participants experienced the power of their unique potential through the freedom of choice inherent within the therapeutic relationship. For example, Erika (names are pseudonyms) stated that children were given the freedom to choose in the playroom and express themselves: "Sometimes we get to pick the activity, sometimes she

[counselor] tells us. [My favorite] is when we get to pick, because we get to be more creative.”

The freedom to choose in counseling also consisted of participants commenting on their preferences for traditional verbal interventions or playing. Erika stated the utilization of talking and playing in counseling depends on the magnitude of the problem: “If you’re in a big fight...then you would like to talk it out. But if it’s kind of minor...then I could play.” Traditional verbal interventions helped the participants release difficult feelings, which made them feel better, while playing was viewed as fun. A mixture of both traditional verbal interventions and playing during the counseling process appeared to be the optimal choice for participants:

Danica I think [I’d prefer] both talking and playing: [maybe] half talking, half playing. Sometimes talking makes me feel better. I like to play because it’s fun to use the sand and that’s mostly what we play.

Jasmine [I like to] talk and play [in counseling]. When I talk, I get more stuff out. When I play, it’s more active. I think playing is to show really what happened and how it happened.

Empathy and acceptance were important constructs because the understanding shown by the counselor assisted participants with verbalizing difficult emotions and finding solutions to their concerns. Leroy commented on the benefit of therapeutic acceptance: “I like to draw a little, but I don’t think I draw good. [My counselor] likes [my drawings]...It makes me feel good.” Jasmine commented on her counselor’s empathy: “She [the counselor] understands us. She understands children because she has children, and her children are just like us...You feel happy because you are being understood and not ignored.” Participants’ responses clarified empathy/acceptance as part of the therapeutic relationship and attributed such factors to the counselors’: (a) special

training or education that assisted them with their understanding of problems (b) ability to maintain direct eye contact and be physically attentive, (c) skill at offering meaningful insight, and (d) remaining nonjudgmental. Furthermore, participants commented that empathy/acceptance in the therapeutic relationship consisted of an attentive adult who listened to their concerns. Jasmine commented on her counselor's listening skills: "She [the counselor] pays attention to us one at a time. When one of the children is talking, she's paying attention to that one."

Collaborative problem-solving was perceived by participants as working in partnership with an empathic adult who accurately understood their problems and helped find practical solutions. Traditional verbal interventions, probing questions, and exploration of alternatives were three mechanisms that participants used to describe how they collaboratively solved problems within the therapeutic relationship that school counselors fostered. Traditional verbal interventions involved specific techniques through which participants felt comfortable expressing their worries because their counselors were attentive. Erika gave an example of why she preferred talking to her counselor: "I like to talk to [the counselor]; because from the past, I've found that it's kind of hard to sort out problems with your parents." Counselors utilized probing questions with participants to elicit information and to gain a deeper understanding of problems. Once counselors gained such knowledge, they were better able to assist participants in clarifying solutions. For example, Greta described a situation when her counselor asked the following question during collaborative problem-solving, "When we have a problem, she [counselor] can help us out. She asks, 'Do you like her being mean?' or something like that. I can just say, 'No, I don't like her being mean.' I feel like I can tell her things."

As participants described how counselors explored alternatives, they consistently described how counselors offered participants choices regarding how they could develop adaptive coping mechanisms. Ellen described why exploring alternatives with her counselor helped her with her worries: “If I’m sad on the weekend, I would think about what she [counselor] would tell me: ‘You can go talk to your dog, or you could just play the violin.’”

Emotional Expressiveness

Participants perceived emotional expressiveness as part of the counseling process in terms of three sub-themes: (a) safety, (b) fun, and (c) the process of change (Figure 2). Participants indicated that throughout the process of counseling, they felt safe and participated in fun activities, which resulted in appropriate expressions of emotion. Participants also indicated that their feelings and behaviors changed positively while engaged in the therapeutic relationship.

Safety was perceived as feelings of comfort and relaxation which resulted in participants making choices about trust regarding their counselors. Participants indicated that trust also enabled them to express emotions. One participant, Erika, offered the following definition of safety: “Being safe feels comfortable, like you can just relax. It feels like you can say anything you want.” Participants perceived that their sense of safety involved relaxation, trust, and confidentiality as key components in the counseling relationship. Jana described how she trusted her counselor: “Whenever somebody yells at you it makes you all upset, and [the counselor] doesn’t yell and doesn’t make you upset. So I can trust her.” Jasmine gave an example of how she felt physically safe while attending counseling, “I feel safe. Because the children at school won’t beat me up

because they know I'm going to tell [my counselor]." Leroy demonstrated confidentiality pertained to safety: "I know she won't go out and tell nobody else what is happening with me."

Fun referred to the sense of enjoyment and satisfaction that participants experienced in counseling, which facilitated emotional expressiveness in the playroom. For example, Leroy stated, "Sometimes I like to talk to her [counselor] and ... I like to come to counseling a lot 'cause it's fun. I like when I come in and we watch movies or read a book." Fun activities may be utilized by counselors to direct attention away from children's focus on their specific problem and the process of counseling, which possibly makes disclosure of emotional content easier (Campbell, 1993).

The process of change, as defined by participants, was inextricably linked to their perceptions of how they made better choices while engaged in the counseling process. After participants attended their school counseling sessions and were exposed to play therapy media and techniques, they indicated that they (a) made better choices at home and at school, (b) experienced levels of decreased anxiety, (c) changed their maladaptive thoughts, (d) felt more confident with a bolstered sense of self-esteem, and (e) experienced an increase in empathy.

Leroy described the good choices he made while attending counseling and explained how such choices had resulted in a positive climate at home: "My mom fusses at me and I be in her way...I try to stay out of her way like what [my counselor] told me to do. It kind of feels good because she [mom] doesn't fuss at me like she used to." Other participants also commented that they experienced decreased levels of anxiety and that this helped them to change unpleasant thoughts. For example, Ellen commented on the

changes her mother noticed in her thought processes after attending counseling: “I haven’t been worrying as much. I haven’t been telling my mom all my silly thoughts and all that. I haven’t been telling her all my worries. I think she has seen a change. I just feel better.” Gil (1991) stated that in the playroom, children can create an entire therapeutic world where they cognitively and emotionally overcome anxieties.

Participants described the process of change as being one in which they felt a sense of self-confidence that improved their socialization. Jasmine stated, “My momma noticed that I’m playing with the other students. Everyday I would play with somebody and then I won’t have to run in the house every day crying or anything.” Enhanced empathy was yet another example of how participants changed as a result of the counseling process. In particular, participants described that the lessons they learned in counseling about empathizing with others assisted them in acknowledging others’ feelings and optimizing their peer relationships. For example, Jasmine described the empathy she developed for a peer who teased her: “I realized that I might become the problem there, and I might get me and that person in trouble. Maybe she was sad like me.” Erika described the process of change in terms of developing empathy, which alleviated her shyness with peers: “I have more friends now. [Counseling] has taught me to understand people’s feelings and such...like to understand that they like to talk and they have feelings too.”

Creative Play

Participants depicted (a) sandplay, (b) role play/drama, and (c) artwork/drawing as the three essential creative play activities that they experienced in counseling (Figure 3). As participants described the benefits of creative play in the process of counseling,

they illustrated how play helped them: (a) express their feelings that may have been difficult to express verbally, (b) facilitate a sense of enjoyment, pride, and autonomy from participating in creative, self-directed behaviors, and (c) develop problem-solving strategies which created positive outcomes. When asked which would be their favorite creative play activity, participants chose sandplay and artwork/drawings. The touch of the sand was enjoyable and artwork was perceived as an expression of their individuality, which they viewed as important.

Sandplay enabled participants to convey their issues creatively in the counseling environment, utilizing miniatures. Finding solutions to problems utilizing sandplay resulted in participants' excitement, because they felt they were helping themselves. For example, Erika described how sandplay promoted her creativity: "We took [sand miniatures] and put them into the boxes, and anything could mean anything. I think it's for creativity, [which] means just letting your mind wander and do whatever you feel like doing." Ellen described how creative play had assisted her in "solving worries." When I asked Ellen how the sandplay activity specifically helped her with her concerns, she replied: "I made different choices [in sandplay], to know and to believe that my brain was telling me lies."

Role play/drama involved participants creating their own worlds and playing out scenarios and issues that represented their home or school circumstances. Role plays and drama work took place in a dollhouse, with puppets, or dressing up in character costumes in front of their counselor. In particular, Jasmine commented on the usefulness of role play/drama in the counseling process: "Sometimes I show her [the counselor] about what happens in the [doll] house over there. Like some kind of things that go on in [my] house,

and so she helps you with those problems.” Leroy specified how drama work in counseling assisted him during his bereavement after his grandmother’s death: “When my grandma died, I went over to the dollhouse and kind of did what I needed to do for my grandma.”

Artwork/drawings in the counseling process provided participants with another medium to express their feelings. Jana described how the process of artwork in counseling facilitated her expression of sad feelings: “If we’re feeling sad and we can’t tell [the counselor] then we express it whenever we’re drawing.” Jasmine stated that she enjoyed artwork in the playroom because it assisted her in nonverbally expressing difficult feelings to her counselor: “It’s easier to show her, because sometimes it’s hard to tell problems, maybe you don’t know how to get it out.” Jana described how her school counselor utilized questions to process art activities during a counseling session: “She [the counselor] would ask questions whenever we’re down and stuff. She would be like, ‘Who’s that?’ and we would tell her who she [the person in the drawing] is.”

DISCUSSION

This qualitative study provides preliminary information about the counseling process as viewed from the perspectives of seven elementary school children who were in counseling with a school counselor who utilized play therapy techniques. The qualitative nature of this study provided a rich examination of the counseling process. Although this qualitative investigation makes important contributions to the play therapy literature, the findings should not be generalized to other elementary school children without further inquiry.

Based on participants' responses, a theoretical framework emerged for the counseling process with school counselors who utilize play therapy techniques. The commonality among all major categories was that children preferred the ability to choose exactly what goes on in the playroom. Along with the ability to make independent choices, children also valued a nonjudgmental, attentive adult who acknowledged their creativity and promoted individual, creative self-expression. Interestingly, the children preferred a mixture of traditional verbal interventions and play activities when finding solutions to their concerns. Furthermore, these participants articulated that attending counseling in a safe environment with a trusted adult directly affected their individual process of change.

Limitations

Inherent in this study are limitations, such as the researcher's biases and inexperience in qualitative methodology, which raise questions when considering the generalizability of findings. Researcher bias was a limitation; therefore, multiple data collection procedures were utilized and alternative explanations were searched for in the literature. Also, the researcher shared findings with a peer debriefer to ensure that findings were indicative of participants' perspectives and not the researcher's personal convictions. The researcher also utilized member checks at the beginning of each of the follow-up interviews as a means of verifying the accuracy of transcripts, clarifying participants' responses, and assessing initial perceptions and data analysis. Another limitation was the school counselors' training and level of experience in play therapy. While both counselors involved in this investigation had completed one year of graduate training in play therapy and practiced play therapy exclusively with their clients, neither

was a Registered Play Therapist. However, the researcher specifically chose school counselors who were not fully certified as a Registered Play Therapist in order to encapsulate the reality of what is currently occurring in schools where counselors are utilizing play therapy techniques (Ray, Armstrong, Warren, & Balkin, 2005).

Implications

Due to the extremely limited amount of literature on children's perceptions of the counseling process with school counselors who utilize play therapy techniques, these findings offer new information grounded in the experiences of elementary school children engaged in the counseling process. Play therapists and school counselors may utilize the findings of this study to incorporate traditional verbal interventions throughout their play therapy sessions. Because of children's perception of the problem-solving nature of the therapeutic relationship, play therapists and school counselors may want to develop new verbal skills to foster collaborations with children to solve concerns. Participants stated they preferred the freedom to choose activities. As these findings are congruent with non-directive play therapy, play therapists and school counselors may want to revisit the non-directive play therapy literature. When choosing play activities, play therapists and school counselors may want to take into consideration whether the activity will allow children to express their creativity and individuality. The findings from this study showed that participants chose sandplay and artwork as their favorite creative play media.

Future Directions

The following research questions could be explored in future qualitative studies:

- (1) What are the perceptions of school counselors who utilize play therapy techniques

throughout the process of counseling with elementary school children? (2) What are children's perceptions of the counseling process with school counselors who are also Registered Play Therapists? and (3) What are children's perceptions of the process of counseling with school counselors who have no play therapy training?

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Figure 1

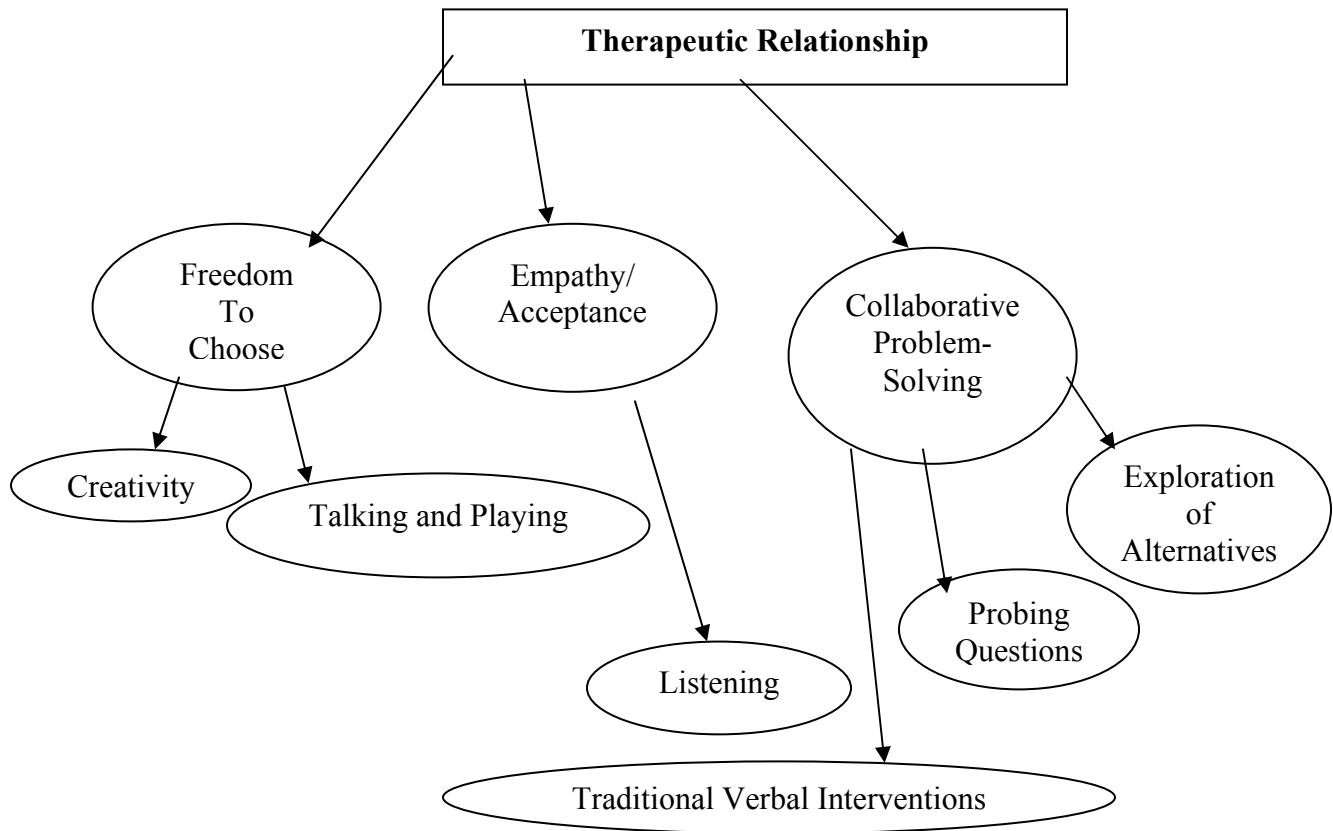


Figure 2

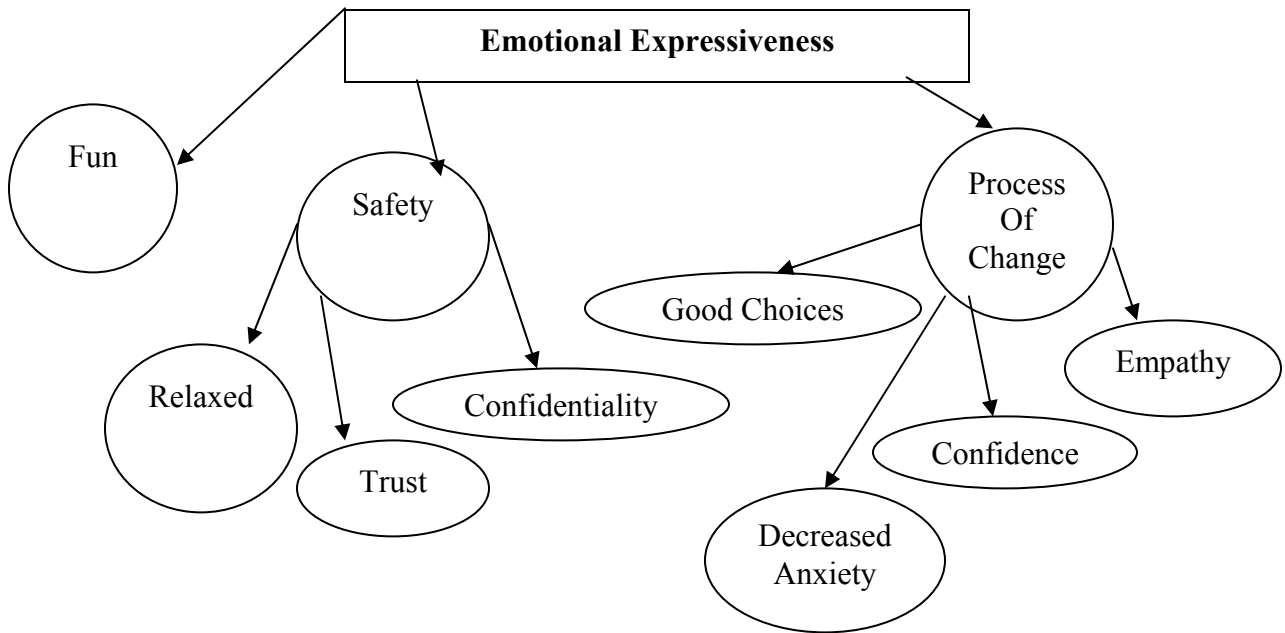
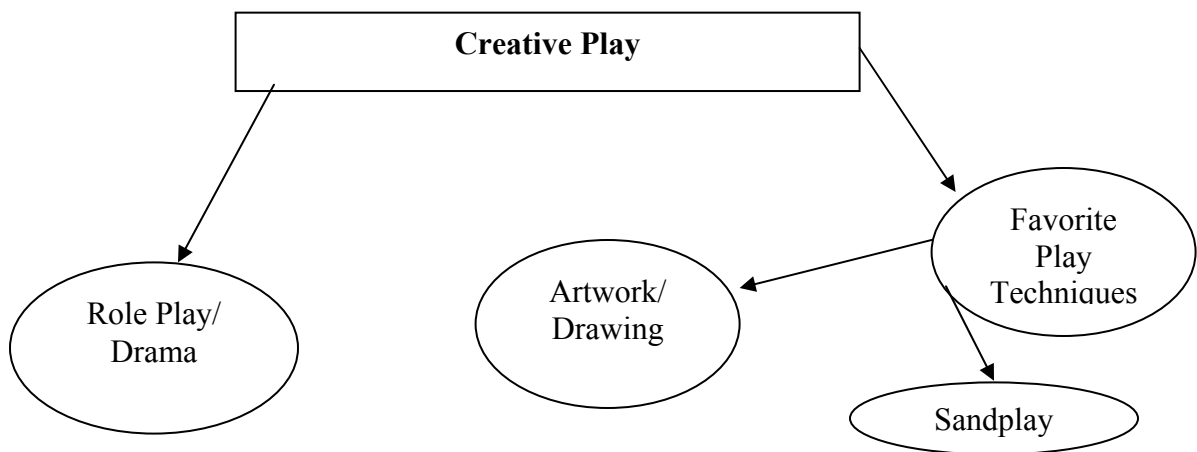


Figure 3



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APPENDIX A

Approval Letter from Human Subjects Committee

University Committee for the Protection
of Human Subjects in Research
University of New Orleans

Form Number: 07DEC04

(please refer to this number in all future correspondence concerning this protocol)

Principal Investigator: Teresa Christiansen, Ph.D.
Eric Green

Title: Faculty advisor
Graduate Student

Department: ELCF

College: Education

Project Title: Elementary School Children's Perceptions of the Process of Counseling with School Counselors Who Utilize Play Therapy Techniques

Dates of Proposed Project Period From 12/01/04 to 05/01/05

Approval Status:

☐ Full Board Review

☒ Approved Date:

☐ Expedite

☐ Deferred Date:

☐ Exempt

☐ Disapproved Date:

☐ Project requires review more than annually. Review every _____ months.

**approval is for 1 year from approval date only and may be renewed yearly.*

1st continuation Signature of IRB Chair

Date:

2nd continuation Signature of IRB Chair

Date:

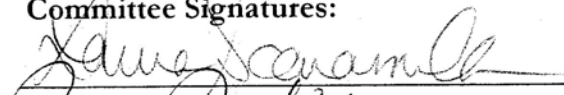
3rd continuation Signature of IRB Chair

Date:

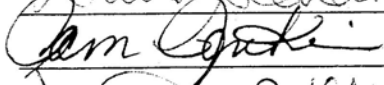
4th continuation Signature of IRB Chair

Date:

Committee Signatures:



Laura Scaramella, Ph.D. (Chair)



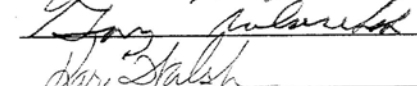
Pamela Jenkins, Ph.D.



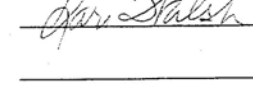
Anthony Kontos, Ph.D. (Associate chair)



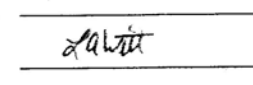
Richard B. Speaker, Ph.D.



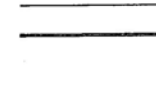
Gary Talarchek, Ph.D.



Kari Walsh



Kathleen Whalen, LSW



L. Allen Witt, Ph.D.

APPENDIX B

Letter to Legal Guardian

Dear Legal Guardian(s):

I am a doctoral candidate in counselor education at the University of New Orleans. As part of my program of study at the University of New Orleans, I am currently preparing to gather information for my dissertation research. I am interested in learning about children's perceptions regarding the process of counseling with school counselors who use play therapy techniques. This information may be used to develop a model to aid school counselors in providing effective counseling to children in school settings.

Many scholars believe that play therapy is an effective counseling approach to help elementary school children. I believe that by listening to children's experiences of counseling, school counselors may be able to help children more adequately. I am interested in learning about children's experiences with counseling and how much they liked or did not like the play therapy. I am not collecting information about what your child talked about with his/her counselor.

The research will consist of children voluntarily participating in three individual interviews. The individual interviews will be completed in-person at your child's elementary school and will take approximately 15-20 minutes. The interviews will consist of me asking your child questions about his or her experience of counseling. You may review all questions discussed with your child during the interviews. All three meetings will be conducted preferably during recess or lunch time. As a token of my appreciation, your child will be able to pick a prize of crayons, markers, or stickers after each interview. I will also review documents, including the school counselor's educational training in play therapy and the information about the techniques utilized during the participant's and school counselor's counseling sessions. Dr. Barbara Hebert, a school counselor, will consult with me about this research project and will have confidential access to the coded transcripts to help me with the data. Your child's name will not be identified to Dr. Herbert. All names and any identifying information from the interviews will be altered to protect your child's confidentiality. Interview transcripts will be kept in a locked file and destroyed after seven years.

I believe that by sharing experiences, your child may make a valuable contribution to this project. This project has been reviewed and approved by the Institutional Review Board (ethics committee) at the University of New Orleans.

Thank you very much for your consideration, and please contact me with any questions or concerns.

Respectfully,

Eric Green, M.S., Doctoral Candidate, Department of Educational Leadership,
Counseling, and Foundations, ED 348, University of New Orleans, New Orleans,
Louisiana 70148. Telephone: (504) 280-7434 E-Mail: ejgreen@uno.edu

Dissertation Director:

Teresa Christensen, Ph.D., LPC

Registered Play Therapist and Supervisor/ Associate Professor of Counselor Education
University of New Orleans, (504) 280-7434, E-Mail: tchrste@uno.edu

APPENDIX C

Legal Guardian Consent Form

LEGAL GUARDIAN CONSENT FORM

1. Title of Research Study

Elementary School Children's Perceptions of the Process of Counseling with School Counselors Who Utilize Play Therapy Techniques

2. Project Director

Eric Green, Doctoral Candidate, Department of Educational Leadership, Counseling, and Foundations, ED 348, University of New Orleans, New Orleans, Louisiana 70148.

Telephone: (504) 280-7434. E-Mail: ejgreen@uno.edu

This research project is under the supervision of Dr. Teresa Christensen, Associate Professor, Department of Educational Leadership, Counseling, and Foundations, ED 348, University of New Orleans, New Orleans, Louisiana 70148.

Telephone: (504) 280-7434. E-Mail: tchrste@uno.edu

3. Purpose of this Research

The purpose of this study is to learn about children's perceptions of the process of counseling with school counselors who use play therapy techniques.

4. Procedures for this Research

Participants will voluntarily participate in three in-person interviews lasting 15-30 minutes during the school day, preferably at recess or lunch time. All interviews will be audio taped for transcription purposes. I will also review documents, including the school counselor's educational training in play therapy and the information about the techniques utilized during the participant's and school counselor's counseling sessions.

Transcripts of interviews will be secured in a locked filing cabinet upon completion of this research project. All data will be destroyed after seven years. Participants will be assigned an alias and their true identities will not be identified, thus confidentiality will be maintained at all times. The participants will be given a box of crayons, markers, or stickers after the completion of each interview. The estimated length to complete the procedures is estimated at three months: February 2005-April 2005.

5. Potential Risks or Discomforts

The risks include possible discomfort to the child as they discuss information about their personal counseling sessions with an interviewer. I will incorporate play therapy materials and be attentive to discomfort throughout the session. I will end the session immediately should any child participant request.

There are certain threats to confidentiality when working with children because children may not fully understand confidentiality and voluntarily disclose their participation to peers. I will instruct the children about confidentiality and follow ethical guidelines to try to maintain confidentiality at all times.

Also, as a mental health professional working with children, I am a state-mandated reporter of suspected child abuse or neglect. If I discover or suspect child abuse or neglect during the course of the study, I am mandated to report. Participants or their legal guardians who would like to discuss these or other potential discomforts may contact the principal investigator, Eric Green at (504) 280-7434.

6. Potential Benefits to You or Others

The data from this study may not benefit you directly but may effect how effectively school counselors incorporate play therapy into their school counseling programs. Play therapy appears to be developmentally appropriate and an effective means of counseling elementary school children. The sessions that the children receive while doing this research could increase positive feelings and decrease negative behaviors. Another benefit that the child participants may experience is that by telling their stories and being listened to by an attentive adult, the participants may feel validated.

7. Alternative Procedures

Participation is entirely voluntary and individuals may withdraw consent and terminate participation at any time without consequence. There are no alternative procedures.

8. Protection of Confidentiality

Participants' names and identifying information will be kept confidential at all times. Names will not be identified on audiotapes or transcripts. The interview tapes will be transcribed by a professional. The signed consent forms, audiotapes, interview transcripts, and any other materials related to this project will be maintained in a secure and confidential manner by the project director for seven years. All results that are related to study, participants' names, the names of participants' schools, and other identifying information will be disguised. The final product, the dissertation, will be available in the University of New Orleans library and at Dissertation Abstracts International, where participants will have access to review the document.

9. Signatures and Consent to Participate

I have been informed of all procedures, possible benefits, and potential risks involved in this investigation. By signing this form, I hereby give my permission for my child to participate, should they so choose, in this study.

Signature of Parent or Guardian

Name of Parent or Guardian (print)

Date

Signature of Project Director

Name of Project Director (print)

Date

APPENDIX D

Initial Interview Guide

Children's Perceptions of the Process of Counseling
with School Counselors Who Utilize Play Therapy
Techniques in School Settings

QUESTIONS
for
INITIAL INDIVIDUAL INTERVIEWS

1. How would you describe your time with (insert counselor's name) to me?
2. Tell me about playing with (insert toy/material/activity here)?
3. What did/do you like about spending time with (insert the counselor's name)?
4. What did/do you dislike about spending time with (insert the counselor's name)?

NOTE:

All follow-up interviews followed this method of questioning. Probing questions were utilized throughout the interview(s) to investigate participant perceptions and to fully describe their perceptions and experiences. Elementary school children's recall of experiences is typically as accurate as those of adolescents and adults. However, elementary school children's responses are typically much briefer than responses by adolescents. Play materials and props can overcome difficulties elementary school children may have in verbalizing their experiences in words. An important function of utilizing props when conducting interviews with elementary school children is to provide effective cues for the retrieval of information from memory.

Specifically, I replicated the art materials utilized in the creative play therapy techniques and asked the participants if they felt comfortable drawing while we spoke. The materials involved plain white paper and colored pencils. I utilized a small sandbox and offered participants the choice to play with the sand while we were conducting our interview. Sand often serves as a soothing element for children who experience anxiety. I included one or all of the aforementioned activities to facilitate communication between me and the child participant during the individual interviews.

APPENDIX E

School Counselor's Questionnaire

Children's Perceptions of the Process of Counseling
with School Counselors Who Utilize Play Therapy
Techniques in School Settings

School Counselor's Questionnaire

1. Describe the technique(s) you utilized.
2. What materials did you utilize?
3. How did you execute the technique(s)?
4. What was your purpose in utilizing the technique(s)?
5. How did the child respond to the technique(s)?

APPENDIX F

School Counselor Consent

SCHOOL COUNSELOR CONSENT

1. Title of Research Study

Elementary School Children's Perceptions of the Process of Counseling with School Counselors Who Utilize Play Therapy Techniques

2. Project Director

Eric Green, Doctoral Candidate, Department of Educational Leadership, Counseling, and Foundations, ED 348, University of New Orleans, New Orleans, Louisiana 70148.

Telephone: (504) 280-7434. E-Mail: ejgreen@uno.edu

This research project is under the supervision of Dr. Teresa Christensen, Associate Professor, Department of Educational Leadership, Counseling, and Foundations, ED 348, University of New Orleans, New Orleans, Louisiana 70148.

Telephone: (504) 280-7434. E-Mail: tchrste@uno.edu

3. Purpose of this Research

The purpose of this study is to learn about children's perceptions of the process of counseling with school counselors who use play therapy techniques.

4. Procedures for this Research

Child participants will voluntarily participate in three in-person interviews lasting 15-20 minutes during the school day, preferably at recess or lunch time. All interviews will be audio taped for transcription purposes. Additionally, I will review documents, including the school counselor's educational training in play therapy and the information about the techniques utilized during the participant's and school counselor's counseling sessions.

Transcripts of interviews will be secured in a locked filing cabinet upon completion of this research project. All data will be destroyed after seven years. Participants will

be assigned an alias and their true identities will not be identified, thus confidentiality will be maintained at all times. The participants will be given a box of crayons, markers, or stickers after the completion of each interview. The estimated length to complete the procedures is estimated at three months: February 2005-April 2005.

5. Potential Risks or Discomforts

The risks include possible discomfort to the child as they discuss information about their personal counseling sessions with an interviewer. I will incorporate play therapy materials and be attentive to discomfort throughout the session. I will end the session immediately should any child participant request.

There are certain threats to confidentiality when working with children because children may not fully understand confidentiality and voluntarily disclose their participation to peers. I will instruct the children about confidentiality and follow ethical guidelines to try to maintain confidentiality at all times.

Also, as a mental health professional working with children, I am a state-mandated reporter of suspected child abuse or neglect. If I discover or suspect child abuse or neglect during the course of the study, I am mandated to report. Participants or their legal guardians who would like to discuss these or other potential discomforts may contact the principal investigator, Eric Green at (504) 280-7434.

6. Potential Benefits to You or Others

The data from this study may not benefit you directly but may affect how effectively school counselors incorporate play therapy into their school counseling programs. Play therapy appears to be developmentally appropriate and an effective means of counseling elementary school children. The sessions that the children receive while doing this research could increase positive feelings and decrease negative behaviors. Another benefit that the child participants may experience is that by telling their stories and being listened to by an attentive adult, the participants may feel validated.

7. Alternative Procedures

Participation is entirely voluntary and individuals may withdraw consent and terminate participation at any time without consequence. There are no alternative procedures.

8. Protection of Confidentiality

Participants' names and identifying information will be kept confidential at all times. Names will not be identified on audiotapes or transcripts. The interview tapes will be transcribed by a professional. The signed consent forms, audiotapes, interview transcripts, and any other materials related to this project will be maintained in a secure and confidential manner by the project investigator for seven years. All results that are related to study, participants' names, the names of participants' schools, and other identifying information will be disguised. The final product, the dissertation, will be available in the University of New Orleans library and at Dissertation Abstracts International, where participants will have access to review the document.

9. Signatures and Consent to Participate

I have been informed of all procedures, possible benefits, and potential risks involved in this investigation. By signing this form, I hereby agree to participate in this study.

Signature of School Counselor

Name of School Counselor (print)

Date

Signature of Project Director

Name of Project Director (print)

Date

APPENDIX G

Child Assent Form

Child Assent Form

Script: My name is Eric. I'm a student at the University of New Orleans and I am working on a research project. You may have talked to your parents about why we are meeting today, and I want to go over what exactly I'm doing and then ask you if you would like to participate. First, your parents have said it is ok that I talk with you today, but you do not have to talk with me if you don't want to. Do you understand? Second, you can stop at any time, OK? If you have any questions or if I say something that maybe doesn't make sense to you, stop me and I'll answer your questions, ok?

1. My project is to find out how kids like counseling. We will meet three different times for about 15-20 minutes after you have met with your school counselor. I'll ask you questions about what you did with your school counselor and how you liked it. I will tape record our conversations and I will not give it to anyone except someone who will type it all out for me to look over carefully.
2. If you don't want to answer a question, just let me know and we'll move on to another question.
3. Even though I won't tell anyone about what we talk about, I do have to tell people if you tell me that someone is trying to hurt you in some way or has hurt you in some way, or if you're thinking about hurting yourself or someone else.

Child's Signature

Date

Project Director Signature

Date

Appendix H

School Counselor's Script for Contact with Legal Guardians

School Counselor's Script for Initial Contact with Legal Guardians

Hello. This is ____ from (school). I am reading a standard script to you, so that all parents will be given the same exact information. Eric Green, a doctoral student at the University of New Orleans, is conducting a study on children's perceptions of counseling. Eric is interested in interviewing your child as part of this study. I have chosen to contact you because I believe that you may be interested in allowing your child to participate. Please be advised that this study is completely voluntarily and that you or your child may chose to exit the study at any time. Eric has given me a letter to mail to you briefly introducing the study, and also an informed consent, which outlines the specifics of the study. If you allow your child to participate in the study, Eric will conduct three interviews here at school. The first interview will occur following one of my school counseling sessions with your child. Eric's interview will last approximately 15-20 minutes. He will ask your child questions about the techniques that I use in the therapy session and your child's experience of the process of counseling. I am requesting permission to send you information about the study and to give your phone number to Eric so that he may call you to discuss the study. May I send you information about the study?

If yes, say: Let me verify your address.

If no, say: OK, thank you for your time.

May I give Eric your contact information?

If yes, say: He will attempt to contact you by phone within the next two weeks.

If no, say: May I send you his phone number and you can call him if you're interested?

VITA

Eric Green earned both his Bachelor of Arts degree in behavioral science (2000) and Master of Science degree in rehabilitation counseling (2002) from the University of Louisiana- Lafayette. He is a Certified Louisiana School Counselor, Counselor Intern, Licensed Marriage and Family Therapist Intern, and a Registered Play Therapist Intern.

Eric has worked at a private elementary school in New Orleans over the past year as a school counselor. For the two years prior to that, Eric was a graduate assistant in the Department of Educational Leadership, Counseling, and Foundations at the University of New Orleans. Eric provided free mental health counseling at the Orleans Parish Child Advocacy Center for children and families affected by sexual abuse.

Eric is a member of the American Counseling Association, Association for Play Therapy, Counselors for Social Justice, and the American School Counselor Association. He is past secretary of the Alpha Eta Chapter of Chi Sigma Iota and past treasurer of the Rho Alpha Nu Chapter of Chi Sigma Iota. He has presented at state, regional, and national counseling conferences on topics such as Jungian clinical supervision and advocacy counseling.

Eric serves on the editorial board for the *Journal of School Counseling* and is a contributing book review editor to *The Family Journal*. Eric was appointed a three-year term, 2005-2008, to the editorial board of the *International Journal of Play Therapy*. Eric's most recent scholarly work, "Jungian Play Therapy: Activating the Self-Healing Archetype in Children Affected by Sexual Abuse," was published in the 2005 edition of the *Louisiana Journal of Counseling*.