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The Use, Beliefs, Perceived Barriers, and Methods of Delivery of Play Therapy by Elementary School Counselors

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The Use, Beliefs, Perceived Barriers, and Methods of Delivery of Play Therapy by Elementary School Counselors

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DEDICATION

I dedicate this dissertation to my husband, Sherif, and my two beautiful sons, Gardner and Adley. The three of you are my world and words cannot express how much I love you all. With all my heart…right up to the moon and back.

I also dedicate this to my late grandmother, Stella Bushnell, who I know would be so proud of me.

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ABSTRACT

Mental health problems can interfere with a child's ability to succeed in school (Hootman, Houck, & King, 2003) and ultimately increase the risk of family dysfunction, drug abuse, juvenile incarcerations, and school drop out (American Academy of Pediatrics, 2004). Because young children often lack the verbal skills needed to communicate anxieties or fears and because children naturally communicate through the use of play, elementary school counselors realize that play therapy is an appropriate alternative to talk therapy (Landreth, 2002). Although recent studies have demonstrated the efficacy of play therapy with elementary school students suffering from conduct disorders (Cochran & Cochran, 1999), autism, obsessive compulsive disorder, attention-deficit/hyperactivity disorder, cerebral palsy (Johnson, McLeod, & Fall, 1997), post traumatic stress disorder (Shen & Sink, 2002), and children at risk (Post, 1999), no studies have examined the specifics of how elementary school counselors who utilize play therapy deliver it to their students.

The purpose of this study was to examine the use, beliefs, perceived barriers, and methods of play therapy delivery by elementary school counselors. Additionally, this study examined the methods used to overcome barriers to implementing play therapy. While the elementary school counselors surveyed in this study seem to agree that play therapy is useful to their students, and an overwhelming majority use it (78.8%), roughly half had not received any formal play therapy training. Several barriers to implementing play therapy were identified including a lack of time, space, training, resources, and support and/or understanding from parents, teachers, or school administrators. Participants discussed the methods they use to overcome barriers, such as buying their own play therapy materials and educating faculty and parents about the positive effects of play therapy through the use of newsletters, brochures, and

bulletin boards. Respondents used over 30 different play therapy techniques; the three most utilized techniques were drawing, board games, and role play.

Implications for elementary school counselor practice and training were given, as well as implications for future research.

Keywords: play therapy, use of play therapy, play therapy beliefs, play therapy delivery, barriers to using play therapy, elementary school counselors

CHAPTER ONE

INTRODUCTION

It is estimated that one in every five children in the United States suffers from a mental health problem (United States Department of Health and Human Services, 2004) and that one in every 10 has an emotional disturbance so severe that it disrupts daily life (United States Department of Health and Human Services, 2000). According to a recent survey by the U.S. Department of Health and Human Services (2004), the three most common mental health problems for elementary school students are social, interpersonal, or familial in nature, which can lead to aggressive and disruptive behavior in the classroom and can have negative effects on the learning environment for all children. Untreated mental health problems in young children often interfere with their ability to succeed in school (Hootman, Houck, & King, 2003), and ultimately increase the risk of family dysfunction, drug abuse, juvenile incarcerations, and school drop out (American Academy of Pediatrics, 2004). A critical component of a child's learning is his or her mental health (American School Counselor Association; ASCA, 2007) and schools increasingly are playing a larger role in providing mental health services to children (Hootman et al.). Without early intervention by elementary school counselors, young children may continue to suffer from behavioral and emotional issues, which can affect not only their academic achievement but also their ability to cope with the challenges of life (Campbell, 1993).

As early as 1947, Virginia Axline concluded that elementary school aged children are limited in their verbal skills. According to Landreth (2002), a child's language development lags behind his or her cognitive development and children under the age of 11 have a difficult time expressing their emotions verbally (Landreth, 1993). Elementary school counselors, who understand children and their development, understand that young children lack the verbal skills

needed to communicate fears, anxieties, and worries and that they naturally communicate through the use of play (Landreth, 2002). Play therapy, therefore, is an appropriate alternative to talk therapy for young children in school. Several recent studies have demonstrated the efficacy of play therapy with elementary school students who suffer from a variety of issues including conduct disorders (Cochran & Cochran, 1999), autism, obsessive compulsive disorder, attention-deficit/hyperactivity disorder, cerebral palsy (Johnson, McLeod, & Fall, 1997), post traumatic stress disorder (PTSD; Shen & Sink, 2002), and children at risk (Post, 1999).

Much of the research involving the use of play therapy in elementary schools has been conducted with play therapists, school counselors, or graduate students who were brought in from outside the studied school and who were able to devote their full attention to the delivery of play therapy. Because these counselors were not preoccupied with the other administrative duties that accompany being a school counselor, perhaps results are not an accurate representation of a typical elementary school counselor's use of play therapy. This study was designed to examine the use of play therapy by elementary school counselors, their beliefs regarding play therapy, their sense of perceived barriers to implementing play therapy, and their methods of delivery of play therapy, to better understand how often play therapy is being used by elementary school counselors, their beliefs about play therapy, the barriers they face when trying to implement play therapy, how they overcome these barriers, and what methods they use to deliver play therapy.

Role of a School Counselor

The American School Counselor Association (ASCA), a division of the American Counseling Association (ACA), is a professional organization established to represent and promote professionalism and ethical practices among professional school counselors (ASCA,

2006a). ASCA defines a professional school counselor as a licensed educator who is trained in school counseling and who has the necessary skills to address the academic, personal/social, and career development needs of all students. ASCA further defines elementary school counselors as professional educators with a mental health background, who recognize and help a diverse student body work through any number of challenges. Herr (2002) has suggested that school counselors assist students in coping with severe stressors that may interfere with their ability to learn, such as depression, suicide, grief and bereavement, anger, physical or sexual abuse, chemical dependency, and school violence and bullying.

The role of the school counselor has changed and expanded over the years, from focusing on vocational guidance and academic placement, to providing more personal counseling and focusing on special education coordination, to today's focus on program accountability (Lambie & Williamson, 2004). In the past, school counselors typically focused much of their attention on the needs of a small percentage of students, in particular, high achievers and those with special needs (ASCA, 2006b). Today, school counselors help all students learn new skills and teach them ways to apply those skills, so that they might better function in their everyday lives (Ray, Muro, & Schumann, 2004). Because of any number of reasons, including lack of financial or parental support, the school counselor may be the only mental health professional some children will ever see (Shen, 2006; White & Flynt, 1999).

School counselors continue to be a source of support for teachers, families, and students (Alexander, 1964; Rowley, 2000) as they help educate parents on topics such as special testing, college and career programs, and academic planning, and provide teachers with classroom management training and help in identifying and assisting at-risk students. School counselors

support students through the use of support groups, crisis intervention, and referrals to outside professionals, if necessary (ASCA, 2007).

Play Therapy with Elementary School Aged Children

The Association for Play Therapy (APT; 2007a) was established in 1982 with the goal of advancing public awareness and appreciation of the powerful effects of play and play therapy through the sponsorship and support of programs and research. APT defines play therapy as the application of a theoretical model by trained play therapists in establishing a therapeutic relationship with clients and helping them resolve issues and achieve optimal growth and development through the powerful use of play.

A credentialing program was initiated by the APT in 1993 (APT, 2007b), which grants applicants the credentials of Registered Play Therapist (RPT) and Registered Play Therapist Supervisor (RPT-S). To become registered, applicants must provide APT with the proper documentation that they have (a) a master's degree or higher in mental health, (b) a state license, (c) completed a minimum number of hours of general clinical experience and supervision, and (d) completed a minimum number of hours of play therapy training and supervision. To keep credentials current, applicants must complete a minimum number of continuing education hours every three consecutive years. Although it is not necessary for a school counselor to become a RPT to use play therapy, many attend workshops and special institutes to update their skills (Campbell, 1993).

Elementary school counselors may work from any number of theoretical frameworks in their use of play therapy with students, but should choose the approach that is most congruent with their basic assumptions about people and their personalities (Kottman, 2003a). Some may incorporate techniques from more than one approach. Theories of play therapy commonly used

and researched with elementary aged children include Adlerian (Kottman & Johnson, 1993; Kottman & Warlick, 1989), Jungian (Allan & Brown, 1993; Peery, 2003), and child centered play therapy (Baggerly & Parker, 2005; Post, 1999; Shen, 2002; Sweeny & Landreth, 2003). Elementary school counselors can use a variety of play therapy media to assist students in imagining, acting out, and projecting feelings, without having to verbalize them (Goldman, 2004) including the use of role play (Kottman), sandtray, art, drama, writing, sculpting, music (Carmichael, 2006), toys, and puppets (Carter & Mason, 1998). Depending on a child's presenting issue and therapeutic goal, the elementary school counselor can deliver play therapy in any number of formats including individual, group, or family.

There is a plethora of recent literature to support the use of play therapy with elementary school aged children (e.g., Baggerly & Parker, 2005; Fall, Balvanz, Johnson & Nelson, 1999; Johnson, McLeod, & Fall, 1997; Post, 1999). Researchers found that elementary school African American boys, who were provided between 9 and 11 child centered group play therapy sessions for behavioral or emotional issues, had an increase in their self-confidence and classroom attentiveness and helpfulness (Baggerly & Parker). Fall et al. studied 62 elementary school students and the effects of play therapy on self-efficacy and learning behaviors. They found that students who receive half-hour play therapy sessions once a week for as little as six weeks, may have an increase in self-efficacy, which is vital to their school success.

Play therapy was found to be effective for elementary school children with autism, obsessive compulsive disorder, attention-deficit/hyperactivity disorder, cerebral palsy and other mental disabilities (Johnson, McLeod, & Fall, 1997), and at risk students (Post, 1999). Post studied 168 at risk 4th, 5th, and 6th grade students, and her results indicated that play therapy is an effective tool in helping students maintain self-esteem. In their study of six elementary school

boys labeled with special needs, Johnson et al. examined the effects of play therapy on the expression of feeling and control. After six weekly 30-minute play therapy sessions, all but one of the participants displayed both feelings and control through their words and actions in the play therapy session, as determined by the researchers.

A meta-analysis of play therapy research dating as far back as 1945 was conducted by LeBlanc and Richie (2001) to determine the overall effectiveness of play therapy and the variables related to its effectiveness. According to their analysis, the two most significant predictors of outcome were parental involvement in the play therapy process, and the number of play therapy sessions attended. They found that, regardless of the child's presenting issues, play therapy was an effective tool to use and that, on average, children receiving play therapy, compared to those who did not, scored 25 percentile units higher on given outcome variables.

Although the elementary school counselors surveyed by Ray, Armstrong, Warren, and Balkin (2005) appeared to believe in the value of play therapy, primary barriers to implementation were identified, including lack of time available with students and lack of training in play therapy. Drewes (2001) agreed that an obstacle to implementing play therapy may be the school counselors' lack of training in play therapy and lack of understanding of play therapy theory and techniques, possibly due to the limited number of graduate psychology programs offering play therapy classes. Other potential barriers to implementing play therapy include a lack of physical space to conduct play therapy, lack of funds to buy play therapy materials, lack of adequate supervision, and the reduction in numbers of school counselors (Drewes), as well as the misconceptions of school administrators, principals, teachers, and parents about what play therapy entails (Landreth, 2002). It remains a challenge, then, for school counselors to discover new ways of overcoming potential barriers to implementing play therapy,

in order to better serve the children in their schools and in their communities. Unfortunately, the literature has not addressed how elementary school counselors who have overcome barriers have done so or examined the specific methods of play therapy delivery by elementary school counselors.

Conceptual Framework

The conceptual framework for this study is centered on Piaget's (1962) theory of cognitive development and Axline's (1947) beliefs about play as a child's natural form of communication. According to Piaget, children go through four stages of development (Sensory Motor, Preoperational, Concrete Operational, and Formal Operations) between birth and adolescence. Children who are elementary school aged operate in the Preoperational stage (2-7 years) and the Concrete Operational stage (7-11 years).

At a time when children lack an extensive vocabulary, a child in Piaget's Preoperational stage tends to use symbols to represent objects and to express his or her feelings. During this stage of cognitive development, children have difficulty thinking about things they cannot see, tend to be more rigid and illogical in their thinking, and tend to engage in more fantasy-driven and make-believe play. It is through fantasy or make-believe play that children reenact familiar activities and past experiences (Piaget).

Children operating in Piaget's Concrete Operational stage are better able to organize their thoughts but, although their thinking tends to be more logical and flexible than the previous stages, they still have trouble thinking abstractly. In both of these stages of development, young children use play to relive past events, experience the realities of their own present world, and find workable solutions to conflicts or problems that may arise because of past or present situations (Piaget). Piaget believed that, given the lack of verbal skills of young children, using

symbols or play objects enables them to express feelings for which they have not acquired the adequate language to fully describe.

Similarly, Axline (1947) believed that toys or play objects allow children to freely express themselves in the most natural and safe way. She believed that when given complete liberty to use toys in any way they would like, children use toys and play to communicate their most personal conflicts and fears. It is through the use of toys and play, Axline said, that children can experience the complete freedom to express their personality, attitudes, and feelings. According to Axline, "A child's play is symbolic of his feelings" (p. 98). She further stated that with the guidance of an understanding and genuine therapist, children can use play to help gain more understanding of themselves. Later in the development of play theory, Landreth (2002) reinforced Axline's ideas stating that children naturally communicate through the use of play and that, given their development, play therapy is an appropriate tool to use with elementary aged school children. Piaget's theory of cognitive development supports the use of play as an appropriate method of communicating with elementary school aged children and Piaget explained the pervasiveness of play with children by saying that "the characteristics of all behaviours and all thought is less in equilibrium in the early stage of mental development than in the adult stage" (p.147).

Purpose of the Study

The purpose of this study was to examine the use of play therapy by public and non-public elementary school counselors who are members of the American School Counselor Association (ASCA), their beliefs regarding play therapy, their sense of perceived barriers to implementing play therapy, the methods they use to overcome perceived barriers, and their methods of delivery of play therapy. The purpose of this study was also to examine if there were

differences in elementary school counselors' use of play therapy based on the counselors' sex, level of education, formal training, membership in the Association for Play Therapy, and the type of school in which they worked. Although the original objective was to examine public, private (non-secular), and faith based elementary school counselors, too few private and faith based elementary school counselors completed the survey. Thus, private, faith based, and elementary school counselors who identified their school setting as "other" were combined to form the school setting category of "non-public."

The study was built on the work of Ray, Armstrong, Warren, and Balkin (2005) who surveyed elementary school counselors on their play therapy training, their beliefs about children and the effectiveness of play therapy with elementary school aged children, their use of play therapy as defined by the number of hours engaged in counseling with students, personal identification as a play therapist, the number of hours per week engaged in play therapy with students, and their perceived limitations to the use of play therapy. The instrument I used for this study was based on the play therapy literature and the research of Ray et al.; however, because no appropriate instrument was available, I developed an instrument for this research. I sent the survey to all members of the American School Counselors Association (ASCA) who identified themselves as elementary school counselors and had an email address listed on the membership list. The survey examined elementary school counselors' use of play therapy, beliefs regarding play therapy, sense of perceived barriers to implementing play therapy, methods used in overcoming barriers to implementing play therapy, and methods of delivery of play therapy.

Research Questions

The following general research questions served as the overarching questions for this study:

1. What is the frequency of use of play therapy by elementary school counselors with elementary school aged children?
2. What are elementary school counselors' beliefs regarding play therapy?
3. What are elementary school counselors' perceptions of barriers to implementing play therapy?
4. What methods have elementary school counselors used to overcome their top three barriers to implementing play therapy?
5. How do elementary school counselors who utilize play therapy deliver it in their school?

The following subquestions were addressed:

1. What kind of formal play therapy training do elementary school counselors have?
2. Are there sex differences in elementary school counselors' use of play therapy?
3. Is there a relationship between elementary school counselors' level of education (bachelors, master's, master's +30, doctoral) and their use of play therapy?
4. Is there a relationship between elementary school counselors' formal training in play therapy and their use of play therapy?
5. What is the relationship between the elementary school counselors' membership in the Association for Play Therapy and their use of play therapy?

6. Are there differences in elementary school counselors' type of school (public, non-public) and their use of play therapy?

Assumptions of the Study

A basic assumption of this research was that the *Play Therapy Utilization Inventory (PTUI)* that I created for this exploratory study is valid and accurately measures elementary school counselors' use of play therapy, their beliefs regarding play therapy, their perceived barriers to implementing play therapy, and their methods of play therapy delivery with elementary school aged children. Another assumption was that participants were elementary school counselors who were honest and accurate in their answers when completing this survey instrument. Furthermore, I assumed that participants' perceptions were valuable and realistic and that their perceptual biases did not interfere with their responses.

Definition of Terms

American School Counselor Association (ASCA): A professional organization that supports school counselors' efforts to help students focus on academic, personal/social, and career development, so they can achieve success in school and be prepared to lead fulfilling lives as responsible members of society (ASCA, 2006a).

Association for Play Therapy (APT): A national professional society based in the United States whose mission is to promote the value of play, play therapy, and credentialed play therapists (APT, 2007b).

Counseling: The application of mental health, psychological or human development principles, through cognitive, affective, behavioral or systematic intervention strategies, that address wellness, personal growth, or career development, as well as pathology (American Counseling Association; ACA, 1997).

Directive Play Therapy: Play therapy in which the counselor guides the child and assumes responsibility for the direction of the session (Axline, 1947).

Elementary School Counselor: Professional educator with a mental health perspective who understands and responds to the challenges presented by a diverse student population (ASCA, 2006c).

Elementary School Aged Students: Students ages 5 to 13 (U. S. Census Bureau, 2007).

National Certified School Counselor (NCSC): A counselor who possesses a minimum of a master's degree in counseling with coursework in school counseling and has passed a national application and examination (http://www.nbcc.org./ncsc).

Non-Directive Play Therapy: Play therapy in which the counselor lets the child choose the direction of the session (Axline, 1947).

Play Media: Materials and props, such as art, music, games and sand play, used by counselors to engage children's interests and creativity, giving the children something with which to express themselves (Campbell, 1993).

Play Therapy: The application of a theoretical model by trained play therapists in establishing a therapeutic relationship with clients and helping them resolve issues and achieve optimal growth and development through the powerful use of play (APT, 2007b).

Professional School Counselor: A certified/licensed educator trained in school counseling with unique qualifications and skills to address all students' academic, personal/social, and career development needs (ASCA, 2006d).

Registered Play Therapist (RPT): A licensed or certified practitioner who has earned a master's or higher mental health degree, has completed at least 150 hours of specialized play therapy training, has completed a minimum of two years and 2,000 hours of supervised clinical

experience, has completed at least 500 hours of supervised play therapy experience that includes at least 50 hours of play therapy supervision, and who clocks at least 36 hours of continuing education during subsequent three-year renewal cycles (APT, 2007c).

CHAPTER TWO

REVIEW OF THE LITERATURE

This chapter includes a review of the research and literature related to counseling children in school, the use of play with children, the use and efficacy of play therapy in elementary school, the use and efficacy of play therapy with special populations, common play therapy theories and techniques used in schools, and common barriers to implementing play therapy in the elementary school setting.

Counseling Children in School

Role of the School Counselor

Lambie and Williamson (2004) described the ever-changing and expanding role of school counselors, beginning with a focus on vocational guidance, which is similar to what we refer to as career counseling today, and academic placement in the early 20th century. According to Lambie and Williamson, counselors began providing more personal counseling and focusing more on special education coordination and consultation during the mid- 1900s. By the end of the 20th century, accountability was more of a focus (Lambie & Williamson).

Although school counselors are currently being asked to show evidence of the effectiveness of their school counseling program as it relates to the school's mission, which is increasingly more focused on grades, test scores, and attendance (Paisley & McMahon, 2001), they also aid in the emotional adjustment of the students (White & Flynt, 1999). During a time when students are acquiring and developing new attitudes about school, family, friends, and self, school counselors offer programs and services that can help students deal with emotional, social, or behavior problems (ASCA, 2006c). Herr (2002) contended that school counselors assist students in coping with severe stressors that may interfere with their ability to learn, such as

depression, suicide, grief and bereavement, anger management, physical or sexual abuse, chemical dependency, and school violence and bullying. School counselors can help students achieve school success and emotional stability by offering a combination of verbal and nonverbal play experiences in a developmentally appropriate way (White & Flynt).

For a number of years, school counselors have been a source of support for teachers, students, and families, and have worked with other school personnel to create an atmosphere of respect, caring, and acceptance within the school community (Alexander, 1964; Rowley, 2000). According to the American School Counselor Association (ASCA; 2006c), school counselors collaborate with parents, teachers, students, and school administrators. School counselors work with parents, educating them on a variety of topics including assessment of test results, college and career programs, and academic planning. Counselors can provide these services in a group or individual format. School counselors can help support teachers by providing classroom guidance activities and classroom speakers, classroom management training, and helping to identify and assist at-risk students. Students are offered support through the use of support groups, crisis intervention, and referrals to outside professionals, if necessary. Finally, school counselors help administrators develop behavior management plans and school-wide needs assessments.

American School Counselor Association

Many school counselors looking for resources and support in their delivery of counseling services to students have turned to the American School Counselor Association (ASCA). ASCA (2007) is a professional organization of school counseling professionals that focuses on the professional development of school counselors, improving school counseling programs, and researching effective school counseling practices. Its vision includes expanding the image and

influence of professional school counselors through advocacy, leadership, collaboration and systemic change, and it strives to equip professional school counselors with the knowledge, skills, and resources to help students succeed in the school, home, community, and world. ASCA defines a professional school counselor as a certified or licensed educator, trained in school counseling, who possesses the skills needed to address the academic, personal/social, and career development needs of all students. ASCA further defines elementary school counselors as professional educators with a mental health background who recognize and help a diverse student population work through their many challenges.

ASCA is a division of the American Counseling Association (ACA) and has over 23,000 members. Membership categories include Professional (those holding a master's degree or higher in counseling or equivalent field and credentialed as a school counselor or employed as a counselor educator in a graduate program that prepares school counselors), Retired (those who would qualify for a Professional membership but are currently in retirement), Student (those enrolled in a master's program that prepares school counselors and who are not employed as full-time school counselors), and Affiliate (those not eligible for any other type of membership but are interested in counseling).

Use of Play with Children

Because children are limited in their use of vocabulary (Axline, 1946; Landreth, 2002) many have a difficult time expressing their emotions verbally (Landreth, 1993). Children naturally communicate through the use of play (Landreth, 1993) and are most comfortable expressing themselves while engaged in play (Alexander, 1964). Play helps children understand their world by letting them explore objects, roles, language, and feelings without serious risk (Snyder, 1997). According to Weininger (1979), play allows children to recreate and understand

their world. "Play is not aimless or purposeless or undirected. It is the child's attempt to achieve, to feel comfortable, and hence to be able to innovate and change his world" (Weininger, 1979, p.5). Given the limited verbalization skills and that play comes naturally to children, it is only fitting that those working with children use play to help facilitate communication. Research conducted in the area of play therapy has shown that play is an effective tool to use in counseling children with a variety of issues or simply helping children socialize with others.

LeBlanc and Richie (1999) conducted a meta-analysis of play therapy research with children from ages 0 to 12 years, to determine the overall effectiveness of play therapy and to determine which variables contributed to the effectiveness. Variables analyzed included: (a) the modality of play therapy used; (b) the inclusion of parents in the play therapy process; (c) the duration of play therapy; (d) the gender makeup of the participants; (e) the participants' presenting issues; (f) the use of other therapies in conjunction with play therapy; (g) the date of the publication; (h) the article source; (i) whether the study was published or unpublished; (j) the participants' average age; (k) whether a control group was used in the study; (l) the type of research design used; and (m) the use of group or individual therapy. By searching various online and offline sources dating back to 1966 and dissertation abstracts dating back to 1945, they found that play therapy was an effective tool to use, regardless of the child's presenting issues, and that, on average, children receiving play therapy, compared to those who did not, scored 25 percentile units higher on the given outcome variable. According to their analysis, the two most significant predictors of outcome were parental involvement in the play therapy process and the number of play therapy sessions attended. Positive results from play therapy were more likely to occur in children whose parents actively participated in the play therapy process, regardless of the population. Additionally, play therapy was most effective for children

participating in the range of 30-35 play therapy sessions. Although there were considerable differences between outcomes, LeBlanc and Richie were not able to find explanations for these differences, and attribute this to missing data or data reported as a general classification (e.g., school counselor, graduate student). They also recognized that certain therapist characteristics, such as training and years of experience, would probably be positively correlated to play therapy outcomes, but that these characteristics were rarely reported.

Play Therapy

According to Landreth and Bratton (2000), play therapy is not used to entertain a child while the therapist tries to get him or her to verbalize feelings or thoughts, and it is not an approach based on the play therapist's momentary impulse. Rather, "play therapy is a well-thought-out, developmentally based, and research-supported approach to helping children cope with and overcome the problems they experience in the process of living their lives (Landreth & Bratton, Play Therapy Research and Results section, para 1).

The Association for Play Therapy

The Association for Play Therapy (APT; 2007) is a national professional organization founded by Charles Schaefer and Kevin O'Conner in 1982, dedicated to the advancement of play therapy. APT defines play therapy as the application of a theoretical model by trained play therapists in establishing a therapeutic relationship with clients and helping them resolve issues and achieve optimal growth and development through the powerful use of play. The mission of the organization is to promote play therapy and the value of play and to credential play therapists.

APT has approximately 5,000 members, including counselors, social workers, marriage and family therapists, psychologists, and other mental health professionals from the United

States and 25 other nations. Membership categories include Professional (individual mental health professionals living within the United States), International (individual mental health professionals living outside the United States), and Affiliate (individual full-time graduate students or other non-mental health professionals).

The APT publishes two publications including the *International Journal of Play Therapy* and *Play Therapy*. The *International Journal of Play Therapy,* a semi-annual publication introduced in 1992, is used to promote and publicize play therapy research and includes case studies, theoretical applications, and current practices. *Play Therapy* is a quarterly magazine, which includes news, clinical articles, and editorials. Both of these publications are complimentary with a membership to the organization.

Becoming a Registered Play Therapist

In 1993, APT began credentialing Registered Play Therapists (RPT) and Registered Play Therapist-Supervisors (RPT-S). Steps to becoming credentialed are clearly stated on the website (www.a4pt.org). APT requires individuals seeking to become a RPT or RPT-S to have a master's or higher mental health degree and hold a current or active mental health license for independent clinical practice. RPT and RPT-S applicants must have also completed the APT-designated graduate coursework in five specific core areas including: (a) child development; (b) theories of personality; (c) principles of psychotherapy; (d) child/adolescent psychopathology; and (e) legal, ethical, and professional issues. Applicants must complete a minimum of 150 hours of specific play therapy instruction distributed among four content areas including play therapy history, play therapy theories, play therapy techniques, and application of play therapy to special populations or situations. Although APT has no specific hour requirements, it makes the following recommendations: (a) 4-5 hours of play therapy history; (b) 40-50 hours of play

therapy theories; (c) 40-50 hours of play therapy techniques; and (d) 40-50 hours of applying play therapy to special populations or situations. Those applying for the credential of RPT must also complete a minimum of two years and 2,000 hours of supervised clinical experience. (Applicants for RPT-S credentials must complete an additional three years and 3,000 hours of supervised clinical experience.) Both RPT and RPT-S applicants must complete a minimum of 150 hours of play therapy specific instruction. RPT applicants must complete at least 500 hours of supervised play therapy experience that includes at least 50 hours of play therapy supervision and RPT-S applicants need an additional 500 hours of play therapy experience. Once credentialed, at least 36 hours of continuing education during subsequent three-year renewal cycles is required to keep a license current. Although a school counselor does not need to be a RPT to utilize play therapy techniques, school counselors need to be aware of the ethical issues and must work within their level of training (White & Flynt, 1999).

Play Therapy in Schools

Rationale for Using Play Therapy in Schools

Since Plato, both philosophers and educators have encouraged the use of play in the education of young children (Weininger, 1979). To help illustrate this concept of experiential learning, Weininger gave the example of children running and falling on a slippery floor. He stated that while they are running, the children are experiencing the slipperiness of the floor, the effects of the wind through their hair, and perhaps the feeling of falling into the other children. The children learn to recognize the dangers of running on a slippery floor by witnessing first hand the consequences of their own actions and the actions of the other children. According to Weininger, this type of learning is much more effective than simply telling children that if they run on a slippery floor, they risk getting hurt.

For counselors who can implement play therapy in the elementary school system, play therapy has many advantages including the use of paraprofessionals and teachers in providing services to students (Drewes, 2001). Additionally, Drewes stated that play therapy in schools can be beneficial to the many children whose behavioral or academic issues are not severe enough to warrant being referred to outside counseling or who, because of a lack of transportation, financial means, or parental cooperation, would otherwise not receive counseling services. Children sometimes view having to see the school counselor as punishment for something they've done wrong. However, by having toys and play materials in the school counselor's office, the children know that they are entering a space that is different from the classroom setting and it becomes an inviting, relaxing, stress-free space where the children can let go of performance anxieties. By establishing a routine of meeting in the same space with the same toys, the children can experience a stable and predictable environment and the counselor's office or designated play space becomes a special haven of their own (Drewes).

Play therapy with elementary school students has been found to have a positive effect on children's learning and self-efficacy. Fall, Balvanz, Johnson and Nelson (1999) conducted a study of 62 elementary school students from three school districts in a Midwestern state, regarding the effects of play therapy on their learning, their classroom learning behaviors, and their beliefs of self-efficacy. For the purpose of this study, self-efficacy was defined as an individual's belief about his or her ability to convert knowledge and skills into necessary behaviors. Half of the students received six, 30-minute child centered, non-directive individual play therapy sessions conducted by school counselors and the other half remained in the classroom and received no treatment. Students were measured on three scales prior to and immediately following play therapy intervention. The three scales were (a) classroom

observation, (b) the *Self-Efficacy Scale for Children* (S-ES; Fall, 1994), and (c) the *Conners Teacher Rating Scale* (CTRS; Conners, 1986). Trained research assistants completed 20 minutes of off-task classroom observation and behaviors were recorded and analyzed. Teachers completed the S-ES and CTRS. After six play therapy sessions, teacher ratings for students participating in play therapy increased significantly. Teachers reported that 68% of the students who received play therapy showed an improvement in their learning from seven weeks prior and scores on the self-efficacy measurement improved. Their study suggests that students who receive half-hour play therapy sessions, once per week for as little as six weeks, may have an increase in self-efficacy, which is vital to their school success.

Play Therapy with Special Populations in Schools

The use of play therapy as a valuable tool for children in special populations is supported by the literature (Cochran & Cochran, 1999; Hamblen, 2007; Johnson, McLeod, & Fall, 1997; Post, 1999). Play therapy was found to be effective for elementary school children with conduct disorders (Cochran & Cochran), autism, obsessive compulsive disorder, attention-deficit/hyperactivity disorder, cerebral palsy (Johnson et al.), post traumatic stress disorder (PTSD; Hamblen; Shen & Sink, 2002) and children at risk (Post). According to Hamblen, elementary school aged children who have experienced trauma often have poor school performance and have problems in their relationships with family members and peers. Those children may reenact or recreate aspects of the trauma through drawing or play (Hamblen) or use puppets and stuffed animals as a safe way to project their thoughts and feelings (Goldman, 2004).

Child centered group play therapy was used in a study of 30 rural elementary school students in Midwestern Taiwan to access the childrens' anxiety, depression, and life adjustment

after experiencing an earthquake (Shen, 2002). Half the children were randomly assigned to an experimental group which received 10, 40-minute play therapy sessions over a four week period. The other half were in the control group, which received no play therapy treatment. Each play group consisted of three children. Shen used a pretest-posttest design and measured the children's anxiety, depression, and life adjustment using four instruments: (a) the *Children's Mental Health Checklist (*CMHC; Gordon, Farberow, & Maida, 1999*);* (b) the *Filial Problem Checklist* (FPC; Horner, 1974*)*; (c) the *Revised Children's Manifest Anxiety Scale* (RCMAS; Reynolds & Richmond, 1985); and (d) the *Multiscore Depression Inventory for Children* (MDI-C; Berndt & Kaiser, 1996). Parents completed the FDC and MDI-C within two weeks of the play therapy treatment and the children completed the CMHC the day before treatment began and the day after treatment was completed. The results of Shen's study indicate that the overall anxiety level and suicide risk level for the experimental group decreased compared to the control group and the improvement in the life adjustment of the children in the experimental group increased.

The effects of play therapy on the expression of feelings and expression of control was studied with six elementary school children labeled with special needs (Johnson, McLeod, & Fall, 1997). All participants in the study were male and special needs included attention-deficit/hyperactivity disorder (ADHD), mental disability, autism, cerebral palsy, and obsessive-compulsive disorder. Four of the six children had special needs in more than one area. The therapists used in this study were former or current school counselors, who were receiving additional coursework and supervision in play therapy as part of their doctoral programs. All play therapy sessions were videotaped and transcribed using Strauss's constant comparative method (Bogden & Biklen, 1992; Strauss, 1987). Steps to analyze the sessions using Strauss's

comparative method were: (1) researchers independently analyzed the play therapy sessions, focusing on the changes in play throughout the course of the six sessions, and created initial categories to describe the play; (2) researchers met to discuss category formation and determine codes that would be used to represent categories of behavior; (3) researchers met separately to reanalyze the transcripts for the coded categories and make note of their own findings; (4) researchers met to reexamine the category descriptions and realign the codes; and (5) researchers continued to analyze the data of the coded categories until they were in complete agreement. They agreed on the two major categories: expression of feelings (children expressed feelings through direct verbalization and through play) and expression of control (children controlled the toys, the therapists, and themselves). After six weekly 30-minute non-directive child centered play therapy sessions, all but one of the participants displayed both feelings and control through their words and actions in the play therapy session as determined by the researchers. According to the researchers, all participants had an increase in skills needed to control their emotion and behaviors as evidenced by the change in play therapy themes (progression from a position of domination to a position of sharing control, progression from no self-control to some self-control, increased freedom to be more relaxed in session, and more control over compulsive behaviors).

The efficacy of child centered play therapy can be seen in the results of Post's (1999) study of 168 at-risk 4th, 5th, and 6th grade students' self-esteem, locus of control, and anxiety level. Students were classified as "at-risk" based on the following characteristics of the school population they attended: (a) approximately 95% of the students received free or reduced lunch; (b) the majority of the students achieved below their grade level; (c) many of the students had been referred for special education services; (d) many of the students came from households

marked by impoverishment, violence, neglect, and frequent changes in whom lived in the house. Students were given the *Coopersmith Self-Esteem Inventory* (Coopersmith, 1981), a 58-item paper and pencil test designed to test students' self-esteem; the *Intellectual Achievement Responsibility Scale-Revised* (Post, 1999), an 18-item instrument focusing on failures and successes in school; and the *State-Trait Anxiety Inventory* (Spielberger, Gorsuch, & Lushene, 1968; 1970), a 20-item test used to study the students' anxiety level. Students receiving play therapy received from 1 to 25 play therapy sessions; the mean number of sessions was four. Post found that, although participation by the 77 students in play therapy over the course of the school year did not change the overall self-esteem and locus of control, self-esteem and locus of control for the 91 non-participating students actually decreased over the academic year. Based on her results, she contended that play therapy is one way of maintaining students' self-esteem and that play therapy is an effective tool to assist at-risk students in their educational achievement.

According to Cochran and Cochran (1999), child centered play therapy can be helpful for elementary school-aged children with conduct disordered behaviors. They contend that, by using child centered play therapy, an authentic and accepting counseling relationship can form between the counselor and the child, which allows the child the freedom to express himself or herself without the fear of being judged, rejected or humiliated. They stated that play therapy helps build the initial trusting relationship between the counselor and student, which makes it much easier for the counselor to intervene when crisis situations arise.

Play therapy has been used with children whose parents are dealing with their own challenges. McNair and Arman (2000) outlined a group counseling model for elementary school counselors to use with children of alcoholics. In session 3 of the 9-session model, they suggest providing a variety of media, including crayons and finger paint, so that the children can create

pictures of their family to share with the group. In session 6, children practice new coping skills using puppets or stuffed animals. In sessions 7 and 8, children are encouraged to create and decorate "shields," which are used as a visual reminder of what they have learned in the group.

Theories of Play Therapy Commonly Used by School Counselors

Elementary school counselors can work from any number of theoretical frameworks in their use of play therapy with students, but should keep in mind their basic assumptions about people and their personalities in order to choose the approach that is most appropriate (Kottman, 2003a). Theories of play therapy commonly used and researched with elementary aged children include Adlerian (Kottman & Johnson, 1993; Kottman & Warlick, 1989), Jungian (Allan & Brown, 1993; Peery, 2003), and child centered play therapy (Landreth, 2003).

Adlerian Play Therapy

According to Kottman and Warlick (1989), Adlerian play therapists combine the concepts and techniques of Adlerian therapy with the rationale, media, and techniques of play therapy in an effort to better understand the child's personality and relationships. School counselors use Adlerian play therapy techniques with students to (a) build a relationship, (b) understand how the student views himself or herself, others, and the world, (c) help the student discover ways of obtaining significance in his or her family and school, and (d) show the student new ways of interacting with others (Kottman & Johnson, 1993). School counselors attempt to build a relationship with students by encouraging open and honest communication, answering questions, paying close attention to covert messages (Kottman & Warlick), and reflecting the child's feelings and restating the content of the session, all of which let the child know that his or her feelings are important (Kottman & Johnson). Also in an attempt to build a relationship, the counselor looks at the child as an equal, and allows him or her to direct the session (Snow,

Buckley, & Williams, 1999). The counselor looks at the family constellation and relies on consultation with family members and teachers to better understand how the student views himself or herself, others, and the world (Kottman & Warlick). Finally, the counselor uses brainstorming techniques to encourage the student to come up with alternative behaviors and the student and counselor role play these new behaviors (Kottman & Johnson).

Kottman (2003a) suggested that Adlerian play therapy is beneficial to children experiencing academic, behavioral or emotional problems, low self-esteem, poor social skills, trouble getting along with family members, and those suffering from traumatic events such as a death in the family, parental divorce, and sexual or physical assault. In a case study presented by Snow, Buckley, and Williams (1999), play therapy delivered from an Adlerian framework was used with a second grade boy who was referred to an outside play therapist by his school principal because of behavioral problems and bizarre classroom behavior. His teachers reported that he regularly talked to himself in class, acted anxious and overwhelmed, talked of traveling through time and space (to join his recently deceased grandfather), and reported having bad dreams. The play therapist worked with the child weekly for a non-specified amount of time. The child engaged in free play, regularly using dress-up clothes, dolls, animals or other toys to tell, or act out, stories. After approximately 10 play therapy sessions, teachers reported a decrease in bizarre behaviors.

Jungian Play Therapy

Carl Jung, known as the father of play therapy, is responsible for its invention when he invented some games an attempt to work through some of his own emotional stress (Peery, 2003). According to Peery, Jung soon discovered that, when engaged in play, he was able to give expression to and process his emotions in a non-threatening way. According to Allan and

Brown (1993), elementary school counselors working from a Jungian approach place a great emphasis on the therapeutic alliance. The counselor follows the lead of the child and either becomes an active participant in the child's play or remains a participant-observer.

A central theme of Jungian theory is the struggle of a child's inner world of feelings, desires, and impulses with the outer world of family, friends, and peers (Allan & Brown, 1993). In a school setting, the school counselor must juggle the needs of the child with the needs of the school and therefore tends to devote part of the play therapy session to addressing the issues raised by the teachers or parents (Allan & Brown). The counselor creates an atmosphere of safety and trust in the play therapy room by setting and maintaining limits (Peery, 2003). To adapt Jungian play therapy to the school setting, counselors have had to become more directive, but give directions with the intent of enriching the child and facilitating the progression of the child's own development (Allan & Brown).

Child Centered Play Therapy

According to Bratton and Ray (2000), the child centered approach to play therapy is the theoretical foundation upon which all other theories of play therapy are built and is, perhaps more than any other play therapy approach, the most developmental in nature. Child centered play therapy is built on Carl Rogers' conceptual framework of understanding the behavior and motivations of humans (Landreth, 2002). In child centered play therapy, the therapist does not pressure the child to change (Landreth, 1993), but instead helps guide the child on a path to self-discovery (Landreth, 2002). In child centered play therapy the child, not the presenting problem, is the main focus of the play therapy session (Sweeney & Landreth, 2003). It is recommended that elementary school counselors use child centered play therapy with children who are encountering a number of situations including depression, abuse, parental divorce, learning

disabilities, regressive behaviors, physical handicaps, and dependency to aid in a student's growth and change (Landreth, 1993). Shen and Sink (2002) suggested using child centered play therapy techniques to assist children who are suffering from the reminders of a traumatic event, and Cochran and Cochran (1999) recommended school counselors use child centered play therapy to help build a trusting relationship with children with conduct disorders.

Child centered play therapy can be used in an individual or group setting. Baggerly and Parker (2005) used child centered play therapy in their study of 22 African American elementary school aged boys, who were referred to group play therapy because of behavioral or emotional issues. The purpose of their study was to address the participants' low self-esteem, depression, aggression, or defiance not solved by classroom guidance lessons, group activities, or behavior management plans. The boys, who attended an elementary school in a major southeastern city, were ages 5 to 10 years old, and were all provided child centered group play therapy from an outside registered play therapist supervisor either once or twice a week for a total of 9 to 11 sessions. The researchers found that the play therapy approach used with the boys not only increased their self confidence, but was also culturally sensitive. Additionally, teachers of the boys participating in the play therapy reported an increase in some of the boys' attentiveness and helpfulness in the classroom.

Common Play Therapy Techniques Used in School Settings

Expressive Art

Depending on the therapeutic goals of the student, an elementary school counselor can use a variety of play therapy media including drawing, painting, sculpture, music, dance, and drama (Snyder, 1997). Drawing gives children another means through which to express their feelings, perceptions, ideas, fantasies, and observations about self and others and can be easily

implemented by school counselors (Ray, Perkins, & Oden, 2004). According to White and Flynt (1999), school counselors can also use board games and toys. Counselors are limited only by their own creativity (Snyder).

Sand Play

Sand play allows children to express their internal world through the manipulation of miniatures in the sand tray (Carmichael, 1994). Because sand play does not require a child to be verbal, it is recommended for children who are withdrawn, shy, or non-verbal (Carmichael, 1994); however, because it tends to have a calming effect, it also works well for children who are very active or have high anxiety levels (Carmichael, 1991). Other children suited for sand tray work include those with low self esteem and poor academic achievement (Carmichael, 1994). In sand play, the counselor's role is to provide a safe place for children to express themselves (Carmichael, 1994).

Allan and Brown (1993) stressed the importance of securing a regular meeting time and place for sand play therapy to occur. They stated that successful treatment can occur with 40-minute sessions once a week for 5 to 15 sessions. Carmichael (1994) suggested that, although school counselors who are trained and experienced in using the sand tray technique may feel more comfortable, it can be easily implemented by counselors who have basic child counseling skills.

Group Play

Play groups are one of the most effective tools available to elementary school counselors and are perhaps used more by elementary school counselors than by other professional counselors (White & Flynt, 1999). It is a common technique choice for children 3 to 10 years old (Homeyer, 2000). For elementary school counselors who have been properly trained in the

modality, group play therapy can be very effective in working with a diverse group of students, ranging from those receiving special education services (e.g., students with autism, learning disabilities, and those who are emotionally disturbed) to those needing grief counseling (Homeyer). Because many school children are referred to play therapy because of relationship difficulties (Alexander, 1964), group play therapy is helpful in that elementary school students can practice group social skills (Emshoff & Jacobus, 2001). Children learn about themselves and others through their playful interactions and children become their own best teachers (Weininger, 1979).

One benefit of using groups is that interactions with other children allow children to not only learn about themselves but also about interpersonal relationships (Landreth, 2002). Group play therapy can be used by elementary school counselors to assist students in developing an awareness of self-defeating behaviors, practicing new behaviors (White & Flynt, 1999), and appreciating the differences in others (Campbell, 1993).

Skills learned in group can be transferred to the classroom (Campbell, 1993). Elementary school aged children need the support of their peers and can use group play to learn and practice the interpersonal skills needed to succeed, not only in present situations, but also when faced with the peer pressures of adolescence (Gerler, 1991).

According to Axline (1947), an advantage of groups is that the interactions with other children sometimes allow a child's feelings or attitudes to surface that would not otherwise have presented in individual counseling. Group play therapy is also helpful in that it helps school counselors conduct counseling in preventive, remedial, and crisis situations (White & Flynt, 1999). For example, a school counselor might work with a group of first graders in a play room on helping them adjust to their new school environment (preventive), help them deal with

disruptive classroom behaviors (remedial), or help them come to terms with an illness of a classmate (crisis). If counselors have a limited amount of time to devote to conducting play therapy or counseling students, a larger number of children can be served by incorporating play in the classroom setting or by using many small groups (Campbell, 1993).

Group Sand Play

Kestly (2001) discussed the advantages of using group sand play therapy as a developmentally appropriate tool with elementary school-aged children. According to Kestly, children between the ages of 6 and 12 are developing socially and emotionally, with much of that development happening among peer groups. During those years, children teach each other about acceptable social behaviors and the importance of caring for others through their continuous interactions with each other. Although it is the responsibility of parents or significant adults to teach children social and moral values, the interactions with others in group sand play allow children to practice those values taught to them (Kestly).

According to Emshoff and Jacobus (2001), group sand play therapy is beneficial in that it can help introverted children build relationships with school counselors and other children and provides social support to group members. By watching other children engaging in play therapy and building a trusting relationship with the counselor, the introverted child may be more likely to engage (Emshoff & Jacobus). Although it is relatively new, Kestly (2001) encourages school counselors to use group sand play because it also allows counselors to serve several children at one time.

Potential Barriers to Using Play Therapy in Schools

Elementary school counselors face several universal challenges and obstacles with respect to being able to implement *any* type of therapy, regardless of their theoretical approach or

techniques used. Elementary school counselors who utilize play therapy are met with some additional challenges because of, among other things, the materials and physical space required to implement play therapy and the misconceptions school administrators, faculty members, and parents may have about play therapy.

Available space for a play room in a school is often limited (Drewes, 2001). Landreth (1991) described the "ideal" play room as measuring 12 feet by 15 feet, which gives children enough space to move around but not so much room that they feel overwhelmed, and has ample shelving to accommodate play materials. Play materials suggested by Axline (1947) include: nursing bottles; a doll family with house and furniture; toy soldiers and army equipment; cars; airplanes; arts and craft materials such as paint, crayons, clay, paper; a table and easel; toy telephone; pictures of people, animals, houses; broom; mop; and rags. Shen and Sink (2002) also recommend stocking the playroom with toys that can be used to reduce stress such as rope or pillows. Although a designated play therapy room is not necessary (Axline; Landreth, 1993), the important thing to consider is that the setting should be consistent and comfortable so that children feel safe enough to act out their problematic relationships and situations (Kottman, 2003a), and should be private and free from distractions (Axline; Kottman; Landreth; Post, 1998). In some cases, school counselors are forced to share an office with the school psychologist, social worker, or other faculty member, making the issue of confidentiality a challenge. Drewes also pointed out that there may be resistance on the part of the office mate to having play materials left in the space. Counselors who do not have a designated play room or even have access to a permanent meeting place, will need to at least find a space that is quiet and free from outside distractions, according to Kottman.

Although play materials for a school counselor's play room do not have to be expensive, budget cuts often leave little or no money for elementary school counselors to purchase the materials they need, resulting in the counselors having to purchase the materials themselves or rely on parents to help purchase big-ticket items (Drewes, 2001). Budget cuts are also responsible for a reduction in the number of school counselors at a given school (Drewes). Although ASCA recommends a counselor-to-student ratio of 1:250 (ASCA, 2006d), often school counselors are responsible for multiple schools within a district, forcing counselors to pack up play materials and commute to other campuses (Drewes). If counselors have a small budget or no permanent play therapy space, Landreth (1993) recommended including the following in a small tote bag: (a) 8-count box of crayons, scissors, and tape; (b) newsprint; (c) doll, doll family, and doll house furniture; (d) a plastic nursing bottle; (e) rubber knife; (f) clay; (g) dart gun; (h) handcuffs; (i) toy soldiers; (j) play dishes, cups, and spoons; (k) small airplane and car; (l) Lone Ranger-type mask; (m) nerf ball; (n) popsicle sticks and pipe cleaner; (o) cotton rope; and (p) telephone.

Another obstacle to implementing play therapy for elementary school counselors is the lack of adequate supervision in the area of play therapy (Drewes, 2001). Drewes stated that school counselors are often supervised by the school principal, who may be qualified to offer administrative supervision, but may not have experience in play therapy and cannot offer appropriate clinical supervision.

In play therapy, the relationship between a child and a counselor permits the child to play out conflicts in any way he or she chooses (Landreth, 2002). However, play therapy can get noisy with children expressing themselves loudly both verbally and in physical activity and becomes a problem if walls are thin and the volume disturbs others (Drewes, 2001).

Another important challenge facing elementary school counselors comes from teachers and the misconceptions many have about what play therapy really entails (Drewes, 2001; Landreth, 2002). Drewes stated that teachers who do not understand the theory behind play therapy may consider it a reward for children who are misbehaving in the classroom. As a result of increased pressure on teachers to better prepare students for standardized achievement tests, many teachers are unwilling to let students miss class time to see the school counselor or give up valuable teaching time by letting counselors come in the classrooms to deliver classroom guidance (Baker, 2001). After implementing a year-long pilot play therapy program in an elementary school, Ray, Muro, and Schumann (2004) cited the lack of communication between teachers and play therapists as a source of frustration for both teachers and therapists. The limited communication was blamed on the lack of mutual availability of the therapist and teacher. They suggest that better communication could have resulted in an increased awareness of the child's issues and a better understanding of the impact of the school and home environment on the student.

In the review of the literature, only two studies were found regarding the play therapy practices of elementary school counselors. Shen (2006) used a quantitative design method to survey 252 Texas elementary and secondary public school counselors to examine the percentage of counselors who apply play therapy techniques, their available play therapy resources and theoretical approaches used, and the proportion of play therapy used in individual, group, and family counseling. Ray, Armstrong, Warren and Balkin (2005) used a quantitative design method to survey 381 elementary school counselors who were members of the American School Counseling Association (ASCA) on their beliefs about children and uses of play therapy, as well as their training in play therapy and perceptions of the limitations to play therapy in the school

setting. They found that, although the school counselors overwhelmingly believed in the value of play therapy, they were faced with several barriers, including time constraints and lack of training, making it difficult to implement play therapy. Drewes (2001) agreed that an obstacle to implementing play therapy is school counselors' lack of training in play therapy and lack of understanding of the theory and techniques used for play therapy. She stated that one reason for this is that many graduate psychology programs offer few or no play therapy courses. The school counselors surveyed by Ray et al. maintained that the largest barrier to implementation of play therapy was the lack of time counselors had available with the students. They cited such things as administrative duties and testing as some of their increased job responsibilities.

Neither Shen (2006) nor Ray, Armstrong, Warren and Balkin (2005) attempted to discover how elementary school counselors who utilize play therapy were delivering it in their schools. In the review of the play therapy and school counseling literature, I found that in most of the studies demonstrating the efficacy of play therapy in elementary schools, the play therapy was delivered by someone other than the school counselor (e.g., Baggerly & Parker, 2005, Johnson, McLeod & Fall, 1997; Nafpakitis & Perlmutter, 1998; Post, 1999, Ray, Muro, & Schumann, 2004). From the literature, we know how the researchers deliver play therapy in elementary schools, but we don't know the specifics of how school counselors who use play therapy in their work with students are delivering it to their students. Given the limited verbal capacity of most elementary school aged students and the positive effects of play therapy, finding out the specifics of how elementary school counselors deliver play therapy in their work with students is essential. In addition to recognizing the barriers that limit the implementation of play therapy by elementary school counselors, understanding how counselors overcome those barriers is also important.

Summary

This chapter included a review of the research and literature related to counseling children in school, the use of play with children, the use and efficacy of play therapy in elementary school, the use and efficacy of play therapy with special populations, common play therapy theories and techniques used in schools, and common barriers to implementing play therapy in the elementary school setting.

Although the role of the school counselor has evolved over the years, school counselors have always been a source of support for teachers, parents, school administrators, and most importantly, students. School counselors help students alleviate emotional, social, or behavioral stressors that may interfere with a student's ability to learn. Because of their limited verbal ability, it has been found that elementary school aged children use play to naturally communicate thoughts, fears, anxieties, and worries. Given the development of elementary school children, play therapy is an appropriate tool to use. Elementary school counselors can facilitate this natural communication through the use of toys and other play media including drawing, painting, sculpture, music, dance, drama, puppets, dolls, board games, and sand.

The Association for Play Therapy (APT), a national professional organization of approximately 5,000 members, is dedicated to the advancement of play therapy. APT defines play therapy as the application of a theoretical model by trained play therapists in establishing a therapeutic relationship with clients and helping them resolve issues and achieve optimal growth and development through the powerful use of play. Play therapy with elementary school students has been found to have a positive effect on children's learning and self-efficacy and has been useful in working with children suffering from conduct disorders, autism, obsessive-

compulsive disorder, attention-deficit/hyperactivity disorder, cerebral palsy, PTSD, and children defined as at risk.

Elementary school counselors can work from any number of theoretical frameworks in their use of play therapy with students, but should choose the approach that fits best with the way they view people and their personalities. Theories of play therapy commonly used with elementary school aged children include Adlerian, Jungian, and child centered play therapy. The goals of an Adlerian play therapist are to (a) build a relationship with the student, (b) get a better understanding of how the student views himself or herself, others, and the world, (c) help the student find ways of gaining significance in his or her family and school, and (d) show the student new ways of interacting with others. It is suggested that Adlerian play therapy is beneficial to children experiencing academic, behavioral or emotional problems, low self-esteem, poor social skills, trouble getting along with family members, and those suffering from traumatic events.

Elementary school counselors working from a Jungian approach follow the lead of the child and place great emphasis on the therapeutic alliance. They create a safe and trusting atmosphere while working on meeting the needs of both the student and the school.

Child centered is the theory that is most developmental in nature. The counselor helps guide the child to self-discovery, but does not pressure the child to change. Child centered play therapy has been found to be beneficial for children with depression, abuse, learning disabilities, regressive behaviors, physical handicaps, and trauma and can be used in either an individual or group setting.

Perhaps one of the most effective tools available to elementary school counselors in their work with children is group play. Group play is especially helpful with students receiving

special education services and those having poor social skills. Group play allows children to develop an awareness of self-defeating behaviors and to practice new behaviors. Group play is also advantageous for school counselors who are limited in the amount of time they can spend delivering counseling services, because several students can receive services at the same time.

Although there are many advantages to using play therapy with elementary school students, elementary school counselors who utilize play therapy are met with some unique challenges. Often, available space for a play room is limited and budget cuts leave little money for play materials. Another obstacle to implementing play therapy for elementary school counselors is the lack of adequate supervision in the area of play therapy. Many school counselors are supervised by the school principal, who may lack experience in play therapy and cannot offer appropriate clinical supervision.

Another important challenge facing elementary school counselors comes from teachers and the misconceptions many have about what play therapy really entails. Some see it as a reward for children who misbehave in the classroom. Also, many teachers are unwilling to let students miss class time to see the school counselor or allow counselors to use class time to deliver guidance plans because of increased pressure to better prepare students for standardized tests.

In the review of the play therapy and school counseling literature, I found that in most of the studies demonstrating the efficacy of play therapy in elementary schools, the play therapy was delivered by someone other than the school counselor. Only two studies were found regarding the play therapy practices of elementary school counselors. Shen (2006) survey 252 Texas elementary and secondary public school counselors to examine the percentage of counselors who apply play therapy techniques, their available play therapy resources and

theoretical approaches used, and the proportion of play therapy used in individual, group, and family counseling. Ray, Armstrong, Warren and Balkin (2005) surveyed elementary school counselors who were members of the American School Counseling Association (ASCA) on their beliefs about children and their uses of play therapy, as well as their training in play therapy and perceptions of the limitations to play therapy in the school setting. They found that, although the school counselors overwhelmingly believed in the value of play therapy, they were faced with several barriers, including time constraints and lack of training, making it difficult to implement play therapy. Neither Shen nor Ray et al. attempted to discover how elementary school counselors who utilize play therapy deliver it in their schools. From the literature, we know how the researchers deliver play therapy in elementary schools, but finding out the specifics of how elementary school counselors deliver play therapy and how they overcome barriers to implementing play therapy is critical.

CHAPTER THREE

METHOD

This chapter contains a description of the methodology that was used in this study. Organization of this chapter includes subsections that describe the purpose of the study, research question, participant selection criteria, instrumentation and instrument development, data collection plan, characteristics of the sample, and methods of data analysis.

Purpose of the Study

The purpose of this study was to examine the use of play therapy by public, private (non secular), and faith based school counselors who are members of the American School Counselor Association (ASCA), and who identify themselves as elementary school counselors, about their use of play therapy, their beliefs regarding play therapy, their sense of perceived barriers to implementing play therapy, and their methods of delivery of play therapy.

General Research Question

The general research question that served as the overarching question for this study was—What are the frequency of use of play therapy by elementary school counselors, their beliefs regarding play therapy, their sense of perceived barriers to implementing play therapy, the methods they use to overcome barriers, and their method of delivery of play therapy? Other research questions included the following:

1. What kind of formal play therapy training do elementary school counselors have?
2. Are there sex differences in elementary school counselors' use of play therapy?
3. Is there a relationship between elementary school counselors' level of education and their use of play therapy?

4. Is there a relationship between elementary school counselors' formal training in play therapy and use of play therapy?

5. What is the relationship between the elementary school counselors' membership to the Association for Play Therapy and use of play therapy?

6. Are there differences in elementary school counselors' type of school (public, non-public) and use of play therapy?

Participants

Participants in this study consisted of members of ASCA who identified themselves as elementary school counselors. ASCA is a division of the American Counseling Association (ACA) and provides resources for its membership of over 23,000 school counseling professionals.

Participants were identified from the ASCA membership directory, which is available on the ASCA website (www.schoolcounselor.org) and lists more than 18,000 members' email addresses. According to the U. S. Department of Education (2007), there were a total of 103,268 public school counselors nationwide and 43,680 public K-8 school counselors nationwide during the 2005-2006 academic school year. The email addresses of those ASCA members who identified themselves as elementary school counselors were entered into a generic electronic mailing list. After the email addresses were entered into the electronic mailing list, no other identifying information from the participants was used. Participants were contacted directly through email by means of a mass email message. Although there were approximately 3,260 elementary school counselors who are members of ASCA, only 2,719 of those individuals provided email addresses on the membership website. After allowing for inaccurate email

addresses, non-respondents, and incomplete surveys, the number of participants in the study was 359 (13%).

Instrument Development

No previous studies have examined the specifics of how elementary school counselors deliver play therapy in school or ways in which elementary school counselors have overcome barriers to implementing play therapy; therefore, no appropriate survey was available to use for this study. Ray, Armstrong, Warren, and Balkin (2005) used a quantitative survey method to examine elementary school counselors' play therapy training, use of play therapy, beliefs about children, and factors that limit their use of play therapy. For the purpose of their study "use of play therapy" was determined by: (a) the number of hours engaged in counseling with students; (b) personal identification as a play therapist; and (c) the number of hours per week engaged in play therapy with students. Ray et al. did not survey elementary school counselors who utilize play therapy on the methods of their play therapy delivery or methods elementary school counselors have used to overcome what they perceived as barriers to implementing play therapy.

Thus, the *Play Therapy Utilization Inventory* (*PTUI*; see Appendix A) was created by me specifically for this study to determine the following: (a) the proportion of elementary school counselors, who are also members of ASCA, who utilize play therapy in their work with students; (b) the methods of delivery of play therapy by elementary school counselors; (c) school counselors' level of formal play therapy training; (d) whether elementary school counselors feel prepared to conduct play therapy in their schools; (e) elementary school counselors' beliefs about play therapy; (f) elementary school counselors' perceptions of the barriers to implementing play therapy; (g) methods elementary school counselors have used to overcome barriers to implementing play therapy; (h) if there are differences in male and female elementary school

counselors' use of play therapy; (i) if there is a relationship between elementary school counselors' level of education and their use of play therapy; (j) if there is a relationship between elementary school counselors' formal training in play therapy and their use of play therapy; (k) if there is a relationship between elementary school counselors' membership to the Association for Play Therapy (APT) and their use of play therapy; (l) if there are differences in elementary school counselors' type of school (public and non-public) and use of play therapy; (m) if there is a relationship between the number of years working as a counselor and elementary school counselors' use of play therapy; (n) if there is a relationship between the number of years working as a play therapist and elementary school counselors' use of play therapy; (o) if there is a relationship between elementary school counselors' formal training in play therapy and their beliefs about play therapy; (p) if there is a relationship between elementary school counselors' membership to APT and their beliefs about play therapy; (q) if there is a relationship between the number of years working as a counselor and elementary school counselors' beliefs about play therapy; (r) if there is a relationship between the number of years working as a play therapist and elementary school counselors' beliefs about play therapy; (s) if there is a relationship between an elementary school counselors' level of formal training in play therapy and their sense of perceived barriers to using play therapy; (t) if there is a relationship between elementary school counselors' membership to APT and their sense of perceived barriers to using play therapy; (u) if there is a relationship between the number of years working as a counselor and elementary school counselors' sense of perceived barriers to using play therapy; and (v) if there is a relationship between the number of years working as a play therapist and elementary school counselors' sense of perceived barriers to using play therapy.

The *PTUI* is a 42-item survey divided into six sections. Section I: Personal Information pertains to the participants' demographic and background information including sex, age, ethnicity, professional certifications, organizational affiliations, educational level, school setting, and frequency of counseling students and using play therapy. This information was used to construct the independent variables. Section II: Training and Preparedness pertains to the participants' training in play therapy, including the number of graduate level play therapy courses taken and the number of workshops or special institutes attended on the subject of play therapy. Section III: Beliefs About Play Therapy asks participants to respond to five statements describing their beliefs about play therapy by using a 6-point Likert-type scale with anchored responses at each point. The possible responses include strongly disagree (1), disagree (2), somewhat disagree (3), somewhat agree (4), agree (5), and strongly agree (6). Section IV: Perceived Barriers asked participants to respond to six statements describing perceived barriers to implementing play therapy by using a 6-point Likert-type scale with anchored responses at each point. The possible responses include strongly disagree (1), disagree (2), somewhat disagree (3), somewhat agree (4), agree (5), and strongly agree (6). Also in Section IV: Perceived Barriers, participants were asked to respond to two open ended questions about the top three (3) most frequent barriers to implementing play therapy and ways they have been able to overcome those barriers. Section V: Methods of Play Therapy Delivery included one survey item which asked participants to mark the counseling techniques used most often with students. Participants were given a list of 12 counseling techniques including drawing, bibliotherapy, board games, drama, miniatures, music, puppets, role play, sand tray, sculpture, toys, and writing. Participants were also given the opportunity to specify other techniques used. Section VI: Additional Information invited participants to make their own comments regarding anything

they believed would be important for me to know about their delivery of play therapy in school or experiences they have had using play therapy with students.

The items on the *PTUI* were developed based on studies that examined play therapy and the literature regarding recommended training for counselors who utilize play therapy, counselors' perceptions of their training and preparation to utilize play therapy, their beliefs about play therapy, and their support of and barriers against implementing play therapy (see Table 1).

Table 1
Instrument Development- Play Therapy Utilization Inventory

Items	Literature Reference
1-22	Participants' Demographic Information
23	Axline (1947); Landreth (1993)
24	Campbell (1993); Drewes (2001); Landreth (2002); Ray, Armstrong, Warren, & Balkin (2005); White & Flynt (1999)
25	Campbell (1993); Drewes (2001); Landreth (2002); Ray et al. (2005); White & Flynt (1999)
28	Axline (1947); Landreth (1993); Ray et al. (2005)
29	Landreth (1993); Ray et al. (2005)
30	Axline (1947); Landreth (1993)
31	Axline (1947); Landreth (1993)
33	Drewes (2001); Landreth (2002)
34	Ray et al. (2005)
35	Drewes (2001); Landreth (2002); Post, Stopanio, & Fielden, (1998)
36	Ray et al. (2005)
37	Drewes (2001); Landreth (2002); Ray et al. (2005)
38	Drewes (2001); Landreth (2002); Post et al. (1998)
41	Carmichael (1994); Goldman (2004); Hamblen (2007); McNair & Arman (2000); Snow, Buckley, & Williams (1999); Snyder (1997); White & Flynt (1999)

Expert Panel

An expert panel was used to review the survey items for content validity. The expert panel consisted of seven elementary school counselors, all of whom were Caucasian females. Five of the panel members worked in Louisiana and two worked in Georgia. One panel member identified herself as working in a private school, two in faith-based schools, and four in public schools. The highest degree earned for five of the panel members was a master's degree, while two held doctorate degrees. Panel members' membership in professional organizations included six in American Counseling Association (ACA), six in American School Counselor Association (ASCA), and two in Association for Play Therapy (APT). Panel members' background included four National Certified School Counselors (NCSC), six National Certified Counselors (NCC), three Licensed Professional Counselors (LPC), two Associate Level Professional Counselors (LAPC), and one Counselor Intern (CI). Panel members' mean number of years experience counseling was 4.86 (range= 3-7 years). Panel members' mean number of years experience in school counseling was 3.86 (range= 2-7 years). Panel members' mean number of years practicing play therapy was 4.07 (range= 1-7 years).

All participants worked with 1st , 2nd , and 3rd grades, while three worked with Pre-Kindergarten, six worked with Kindergarten, six worked with 4th and 5th grades, and four worked with 6th, 7th , and 8th grades. None of the panel members worked with students higher than 8th grade. Five of the seven panel members were the only counselor in the school. However, for the two who were not the only counselor in the school, they were the only counselor assigned to their particular grade levels (item 14). The mean number of students in the panel members' schools was 493 (range= 250-680) and the mean number of total hours in a typical week devoted to counseling students was 10.29 (range= 4-25 hours) (item 17).

All the panel members had some play therapy training. Three members had two graduate level courses in play therapy and the other four had taken one course. One panel member had attended three play therapy workshops or special institutes, three members had attended four workshops or special institutes, one member had attended one workshop or special institute, and one had not attended any workshops or special institutes. Only two of the seven panel members reported that they kept current on play therapy techniques by reading play therapy literature.

The expert panel suggested changing the wording of the options on item 5 to avoid confusion. The panel suggested changing the options from American Counseling Association (National), American Counseling Association (State), American School Counselor Association (National), American School Counselor Association (State), Association for Play Therapy, and Others (Please specify) to American Counseling Association (ACA), ACA State chapter, American School Counselor Association (ASCA), ASCA State chapter, Association for Play Therapy (APT), Others (Please specify). That suggestion was implemented.

The expert panel also discussed the difficulty in answering a question about a "typical" week devoted to counseling students or using play therapy, stating that every week is different; there was no such thing as a "typical" week. They could not, however, think of an alternative way to ask the question and all agreed that it was an important question to include. I decided not to change the wording of item 17, but item 21 was reworded from asking the number of hours typically devoted to using play therapy with students, to using a 7-point Likert-type scale to respond to the extent to which play therapy techniques were used with students. The possible responses include always (1), almost always (2), often (3), sometimes (4), seldom (6), almost never (6), and never (7). After discussing this with the dissertation chair, this change was implemented.

Procedures

All procedures and protocol related to data collection were reviewed and approved by the University of New Orleans Committee for the Protection of Human Subjects in Research (IRB) (see Appendix B). After receiving IRB approval, data were collected from elementary school counselors listed in the American School Counselor Association (ASCA) online directory.

To ensure an adequate representation from the population, participants were chosen from the nationwide membership email list of 3,244 ASCA elementary school counselors. Their email addresses were entered into a generic email list that contained no other identifying information. Participants were contacted directly by means of a mass email message requesting participation. The email message included a brief description of the study, a statement regarding participant anonymity, and a consent form to participate (see Appendix C). The message also included directions for accessing the *Play Therapy Utilization Inventory* (*PTUI*) via a secure electronic link generated by SurveyMonkey. (http://www.surveymonkey.com)

Data were collected anonymously through SurveyMonkey. Once survey items were imput on SurveyMonkey, a secure link was created through which access to the survey was granted. Although the potential participants were identifiable by means of their electronic mail address prior to data collection, the *PTUI* does not contain any questions that could reveal the identity of individual respondents. The data collection tool, SurveyMonkey, does not provide a means for identifying participants.

Once the potential participants accessed the on-line version of the *PTUI*, they were asked to provide demographic information including sex, age, ethnicity, professional certifications, organizational memberships, highest degree earned, current work setting, state in which they work, number of play therapy courses completed, number of play therapy workshops or special

institutes attended, number of years working as a counselor and a school counselor, and number of hours devoted to counseling students and delivering play therapy, to provide descriptive data about the participants in the study.

All potential participants were sent one "reminder" generic mass email message (see Appendix D), thanking those who had already participated, and reminding those who had not. The electronic reminder was sent at the end of week 2 of the study. The end of the study was announced by a final generic mass email message (see Appendix E) indicating the end of the data collection. The final message thanked all those who participated in the study and notified participants of the opportunity to request an email copy of the final results of the study.

Characteristics of the Sample

The sample for this study was drawn from the members of the American School Counselor Association (ASCA) who identified themselves as elementary school counselors in the ASCA online membership directory. Criteria for participation included membership to ASCA, email address listed in the ASCA membership directory listed on its website, and a working email address. Of the 2719 email addresses listed for ASCA's elementary school counselors, 281 were returned as undeliverable and were eliminated from the potential pool, yielding a sample of 2438 potential participants. Surveys were returned by 418 participants, representing a return rate of 15 percent. Fifty five of those surveys were unusable because they were incomplete and four surveys were unusable because they were completed by counselors who worked in middle schools rather than elementary schools; therefore, the number of usable surveys was 359.

An overwhelming majority of respondents were female (93%). This sample is similar to the sex makeup of elementary school counselors in general. Descriptive data for the

participants' gender appear in Table 2. Respondents' ages ranged from 23 to 66 years, with a mean of 41 years (*SD* = 12).

Table 2
Frequency Distribution of Respondents by Gender

Gender	n	%
Female	334	93
Male	25	7
Total	359	100

Participants represented a variety of racial/ethnic backgrounds (see Table 3). Most of the respondents identified themselves as Caucasian (90%). African Americans made up 3.6% of the respondents, while 3.1% identified themselves as Hispanic. Together, Asian Americans and Native Americans comprised less than 1% of the sample. Participants who selected the ethnic category "other" represented fewer than 2% of the participants and included the self-descriptors of Multiracial, Russian, Afro-Caribbean, Arab American, and Polish, German, French, Scottish, Irish American.

Table 3
Frequency Distribution of Respondents by Ethnicity

Ethnicity	n	%
African American	13	3.6
Asian American	2	.6
Caucasian	323	90.0
Hispanic	11	3.1
Native American	1	.3
Pacific Islander	0	0.0
Other	6	1.7
No response	3	.8
Total	359	100.0

Note. Responses to "other" included the self-descriptors of Multiracial, Russian, Afro-Caribbean, Arab American, and Polish, German, French, Scottish, Irish American.

Participants were asked to select all current professional certifications. Because it is common for members of the counseling profession to hold multiple certifications, totals for the frequencies of responses exceed the total number of respondents. Responses are listed in Table 4. National Certified Counselors (NCC) had the highest representation of the participants, with 23.7 %. National Certified School Counselors (NCSC) were represented by 19.8% of the participants and 16.2% were Licensed Professional Counselors (LPC). Fifteen of the respondents were Counselor Interns (CI; 4.2%). Licensed Marriage and Family Therapists (LMFT), Registered Play Therapists (RPT), Licensed Clinical Social Workers (LCSW), and Registered Play Therapist-Supervisors (RPT-S) made up a total 4.5% of the sample, with 1.4%, 1.4%, 1.1%, and .6% respectively. Two of the respondents identified themselves as School

Psychologists (.6%). Over half the respondents (52.6%) identified having certifications that were not listed. A complete list of those certifications can be found in Appendix F. .

Table 4
Frequency Distribution of Respondents by Certification

Certification	n	%
Counselor Intern (CI)	15	4.2
Licensed Marriage and Family Therapist (LMFT)	5	1.4
Licensed Professional Counselor (LPC)	58	16.2
Licensed Clinical Social Worker (LCSW)	4	1.1
National Certified Counselor (NCC)	85	23.7
National Certified School Counselor (NCSC)	71	19.8
Registered Play Therapist (RPT)	5	1.4
Registered Play Therapist Supervisor (RPT-S)	2	.6
School Psychologist	2	.6
Other	189	52.6

Note. Since it is common for members of the counseling profession to hold multiple certifications, totals for the frequencies of responses exceed the total number of respondents. A complete list of "other" responses can be found in Appendix F.

Participants were asked to indicate their professional affiliations. Because it is common for members of the counseling profession to be members of multiple professional organizations, totals for the frequencies of responses exceed the total number of respondents. Members of the American School Counselor Association (ASCA) comprised the largest group (93%) and over half were members of ASCA's state chapters (58.5%). Together, members of the Association for Play Therapy (APT) and the APT state chapters comprised less than 15% of the respondents, with 8.1% and 6.1% respectively. Of the remaining categories, 24.5% identified themselves as

members of the American Counseling Association (ACA) and 19.2% were members of their ACA state chapter. Eleven percent identified "other" professional affiliations. A complete list of these affiliations can be found in Appendix G. Frequency responses for participants' professional affiliations are listed in Table 5.

Table 5
Frequency Distribution of Respondents by Professional Affiliations

Professional Affiliations	n	%
American Counseling Association (ACA)	88	24.5
ACA State chapter	69	19.2
American School Counselor Association (ASCA)	334	93.0
ASCA State chapter	210	58.5
Association for Play Therapy (APT)	29	8.1
APT State chapter	22	6.1
Other	40	11.0

Note. Since it is common for members of the counseling profession to be members of multiple professional organizations, totals for the frequencies of responses exceed the total number of respondents. A complete list of "other" professional affiliations can be found in Appendix G.

Level of education was a characteristic for which participants were asked to respond. Their responses appear in Table 6. The majority of participants held a master's degree (54.9%) or master's +30 degree (40.7%). Only nine participants held a doctorate degree (2.5%) and approximately 2% of the sample indicated a bachelor's degree as their highest degree earned.

Table 6
Frequency Distribution of Respondents by Level of Education

Level of Education	n	%
Bachelors	7	1.9
Master's	197	54.9
Master's +30	146	40.7
Doctorate	9	2.5
Total	359	100.0

Participants were asked to indicate their current work setting by the school level of elementary, middle, secondary/high school, college/university, or other. The current work settings of the respondents appear in Table 7. Because some school counselors worked in school settings which include elementary, middle, and high school aged students, the totals for the frequencies exceed the number of respondents. All the respondents worked in a school setting that included elementary school aged students. In addition to working with elementary school-aged students, 11 of the respondents also worked in schools that include middle school aged students (3.1%), and five also worked with high school students (1.4%). In addition to working in an elementary school, almost 2% worked in a university setting. The single respondent (.3%) who chose "other" as an option identified working in a private practice in addition to working in an elementary school.

Table 7
Frequency Distribution of Respondents by Current Work Setting

Current Work Setting	n	%
Elementary	359	100
Middle	11	3.1
Secondary/High School	5	1.4
College/University	7	1.9
Other	1	.3

Note. The number of frequencies exceeds the number of respondents because counselors sometime work in school settings which include elementary, middle, and high school aged students. Response to "other" includes private practice.

A second characteristic of current work setting for which participants were asked to respond was the type of school in which they were working. An overwhelming majority of the participants worked in a public school setting (95.3%), while less than 3% worked in private (non secular) (1.7%), or faith based schools (1.1%). Less than 2% of the participants listed "other" and identified themselves as working in charter, magnet, and Department of Defense Education Activity schools. The frequency of the participants' responses is listed in Table 8.

Table 8
Frequency Distribution of Respondents by Type of School

Type of School	n	%
Public	342	95.3
Private, non secular	6	1.7
Faith based	4	1.1
Other	6	1.7
No response	1	.3
Total	359	100.0

Note. Responses to "other" include charter schools, magnet schools, and Department of Defense Educational Activity Schools.

Respondents were asked to respond to a number of other questions about the school setting in which they work including the approximate number of students in their school, the approximate number of students for whom they were responsible, the number of school counselors in their school, and whether or not the school had a designated play therapy room. The number of students in the respondents' schools ranged from 120-1850, with a mean of 613.13 students (*SD* = 292.64). The number of students for whom the counselors were responsible ranged from 20 to 1850, with a mean of 507.78 students (*SD* = 255.41).

Means and standard deviations for responses to those questions regarding the number of students in the school and the number of students for whom the counselors were responsible can be found in Table 9. The majority of the respondents (69.1%) were the only school counselors at their school, while 25.3% were one of only two counselors working in the school. Fifteen of the respondents (4.2%) had a total of three counselors and only 1.5% of the respondents had more than three counselors in their school. The total number of counselors at the school ranged from 1- 12. Distribution frequencies for the total number of counselors working in the participants' school are listed in Table 10. The majority of the participants in this study were the only counselor for their grade level (87.8%) and did not have a designated play therapy room (84.1%).

Table 9
Means and Standard Deviations for Responses Related to School Setting

Items	*M*	*SD*
11. Approximate number of students in the school	613.13	292.64
12. Approximate number of students for whom counselor is responsible	507.78	255.41

Table 10
Frequency Distribution for Number of Counselors Working in Their School

Number of Total School Counselors	n	%
1	248	69.1
2	91	25.3
3	15	4.2
4	2	.6
5	1	.3
6	1	.3
12	1	.3
Total	359	100

Participants were asked to indicate the grade level with which they currently worked. Results appear in Table 11. Because school counselors often work with several grade levels, totals for frequencies of responses exceed the total number of respondents. The largest majority of the respondents worked with 1st and 2nd grades, with 92.2% and 91.9% respectively. Almost 90% worked with 3rd grade, 88.9% worked with kindergarten, and just over 88% worked with 4th grade. Two hundred ninety one (291) respondents worked with 5th grade (81.1%). A significantly lower number of respondents worked with pre-kindergartners (39.8%) and 6th grade (20.3%). Only 7.7% of the respondents worked with students 7th grade and above.

Table 11
Frequency Distribution of Respondents by Grade Level with which they Currently Work

Grade Level	n	%
Pre-Kindergarten	143	39.8
Kindergarten	319	88.9
1st grade	331	92.2
2nd grade	330	91.9
3rd grade	322	89.7
4th grade	317	88.3
5th grade	291	81.1
6th grade	73	20.3
7th grade	7	1.9
8th grade	8	2.2
9th grade	4	1.1
10th grade	4	1.1
11th grade	3	.8
12th grade	2	.6

Note. Because school counselors often work with several grades, totals for frequencies of responses exceed the total number of respondents.

Other questions were asked in regards to the respondents including the number of years working as a counselor, the number of years working as a school counselor, and the number of hours in a typical week spent counseling students. The means and standard deviations for their responses can be found in Table 12. The number of years working as a counselor ranged from less than a year to 33 years, with a mean of 8.35 years (*SD* = 7.53). However, twelve of the participants did not respond to this question. The number of years working as a school counselor also ranged from less than a year to 33 years, with a mean number of 7.46 years (*SD* = 7). Participants responded that they spent between 1 and 50 hours a week counseling students, with a mean of 20 hours (*SD* = 10). Nine did not answer that survey item.

Table 12
Means and Standard Deviations for Responses Related to Respondents' Work

Items	*M*	*SD*
15. Number of years working as a counselor	8.35	7.53
16. Number of years working as a school counselor	7.46	7.00
17. Number of hours in a typical week devoted to counseling students	20	10

When asked about their primary mode of delivering all counseling services, almost half (47.4%) used classroom guidance as their primary mode, followed by individual counseling (18.1%), and group counseling (14.2%). Sixty two respondents (17.3%) stated that they had no primary mode and five (1.4%) stated they primarily used some other mode such as school-wide developmental programs, school-wide Social and Emotional (SEL) program, Second Step program, and giving family support. Responses are listed in Table 13.

Table 13
Frequency Distribution for Primary Mode of Delivering All Counseling Services

Mode of Counseling Services	n	%
Individual Counseling	65	18.1
Group Counseling	51	14.2
Classroom Guidance	170	47.4
No Primary Mode Used	62	17.3
Other Mode is Used	5	1.4
No Response	6	1.7
Total	359	100

Note. Responses to Other Mode Used include school wide developmental programs, school wide Social and Emotional (SEL) program, Second Step program, and giving family support.

Participants were asked in which state they currently work. Elementary school counselors from all but three states (Alaska, Connecticut, and Rhode Island) are represented in the study. Four states had 20 or more respondents and therefore have the highest representation. Those states include Georgia (9.5%), North Carolina (8.4%), Virginia (6.1%), and Florida (5.8%). The frequency distribution by state is listed in Table 14.

Table 14
Frequency Distribution of Respondents by State

State	n	%
Alabama	2	.6
Alaska	0	0.0
Arizona	4	1.1
Arkansas	2	.6
California	13	3.6
Colorado	10	2.8
Connecticut	0	0.0
Delaware	4	1.1
Florida	21	5.8
Georgia	34	9.5
Hawaii	1	.3
Idaho	2	.6
Illinois	4	1.1
Indiana	2	.6
Iowa	6	1.7
Kansas	8	2.2
Kentucky	7	1.9
Louisiana	7	1.9
Maine	7	1.9
Maryland	5	1.4
Massachusetts	5	1.4
Michigan	4	1.1
Minnesota	4	1.1
Mississippi	7	1.9
Missouri	10	2.8
Montana	2	.6
Nebraska	1	.3
Nevada	5	1.4
New Hampshire	7	1.9
New Jersey	10	2.8
New Mexico	5	1.4
New York	13	3.6
North Carolina	30	8.4
North Dakota	3	.8
Ohio	8	2.2
Oklahoma	3	.8
Oregon	7	1.9
Pennsylvania	14	3.9
Rhode Island	0	0.0
South Carolina	9	2.5
Tennessee	12	3.3
Texas	10	2.8
Utah	2	.6
Vermont	5	1.4
Virginia	22	6.1

Table 14 Continued

State	n	%
Washington	6	1.7
West Virginia	5	1.4
Wisconsin	10	2.8
Wyoming	1	.3
Total	359	100

Data Analysis

Data analysis for this study used descriptive statistics, Chi-Square tests, and Spearman rho correlations.

Research Question 1

What is the frequency of play therapy use by elementary school counselors?

Data Analysis

Descriptive survey statistics were calculated on survey responses to items 20 and 21. Results of the data are shown using descriptive statistics.

Research Question 2

What are elementary school counselors' formal training in play therapy?

Data Analysis

Descriptive survey statistics were calculated on survey responses to items 24 and 25. Results of the data are shown using descriptive statistics.

Research Question 3

What are elementary school counselors' beliefs regarding play therapy?

Data Analysis

Descriptive survey statistics were calculated on survey responses to items 28-32. Results of the data are shown using descriptive statistics.

Research Question 4

What are elementary school counselors' perceptions of the barriers to implementing play therapy?

Data Analysis

Descriptive survey statistics were calculated on survey responses to items 33-38. Results of the data are shown using descriptive statistics.

Research Question 5

What methods have elementary school counselors used to overcome the top 3 barriers to implementing play therapy?

Data Analysis

Descriptive survey statistics were calculated on survey responses to items 33-39. Results of the data are shown using descriptive statistics.

Research Question 6

How do elementary school counselors who utilize play therapy deliver it in their school?

Data Analysis

Descriptive comparisons were made using item 41. Data are shown using descriptive statistics and a bar graph.

Research Question 7

Are there sex differences in elementary school counselors' use of play therapy?

Data Analysis

Male and female (Item 1) frequency ratings were compared on items 20, 21, and 41 using Chi-Square statistics.

Research Question 8

Is there a relationship between elementary school counselors' level of education and their use of play therapy?

Data Analysis

A Spearman rho correlation was used to answer this research question. Item 6 (Four levels of education--bachelor's, master's, master's +30, and doctorate) was correlated with items 20, 21, and 41.

Research Question 9

Is there a relationship between elementary school counselors' formal training in play therapy and use of play therapy?

Data Analysis

Two Spearman rho correlations were used to answer this research question. Item 24 (number of graduate level play therapy courses) was correlated with items 20, 21, and 41. Item 25 (number of play therapy workshops or special institutes attended) was correlated with items 20, 21, and 41.

Research Question 10

What is the relationship between the elementary school counselors' membership in the Association for Play Therapy and use of play therapy?

Data Analysis

A Spearman rho correlation was used to answer this research question. Membership to the Association for Play Therapy (listed in Item 5) was correlated with items 20, 21, and 41.

Research Question 11

Are there differences in elementary school counselors' type of school (public, non-public) and use of play therapy?

Data Analysis

Public, private (non secular), and faith based (Item 8) frequency ratings were compared on items 20, 21, 41 using Chi-square statistics.

CHAPTER FOUR

RESULTS

The purpose of this study was to examine the use of play therapy by public, private (non secular), and faith based school counselors who are members of the American School Counselor Association (ASCA), and who identified themselves as elementary school counselors, about their use of play therapy, their beliefs regarding play therapy, their sense of perceived barriers to implementing play therapy, and their methods of delivery of play therapy. The study also sought to determine ways elementary school counselors have overcome barriers to implementing play therapy, if there are sex differences in elementary school counselors' use of play therapy, if there is a relationship between elementary school counselors' level of education and their use of play therapy, and if there is a relationship between elementary school counselors' formal training in play therapy and their use of play therapy. The study further sought to determine if there is a relationship between elementary school counselors' membership in the Association for Play Therapy and the use of play therapy, and whether there were differences in public and non-public elementary school counselors' use of play therapy.

Analysis of Research Questions

Research Question

The general research question for this study was, What are the frequency of play therapy use by elementary school counselors, the beliefs of elementary school counselors regarding play therapy, the perceptions of elementary school counselors about the barriers to implementing play therapy, and the methods elementary school counselors use to deliver play therapy in their school?

Instrumentation

The *Play Therapy Utilization Inventory* (*PTUI*) is a 42-item survey created by me specifically for this study to examine the use of play therapy by elementary school counselors, their beliefs regarding play therapy, their sense of perceived barriers to implementing play therapy, and the methods they have used to overcome those barriers. The *PTUI* also was created to examine elementary school counselors' methods of delivering play therapy. The *PTUI* is divided into six sections including Personal Information, Training and Preparedness, Beliefs About Play Therapy, Perceived Barriers, Methods of Play Therapy Delivery, and Additional Information.

Research Question 1

Research Question 1 asked the overall use of play therapy by elementary school counselors. Descriptive survey statistics were calculated on survey responses for *PTUI* item 20, which asked whether or not the participants used play therapy, and item 21, which asked the extent to which the participants used play therapy. The comparisons of frequency for each item and statistical results for Research Question 1 are presented in Table 15. The results indicated that of the 359 participants, 283 (78.8%) used play therapy in their work with elementary school children. Only 21.2% responded that they did not use play therapy. About 10% of the participants indicated that they used play therapy always or almost always. Over half of the participants (57.1%) responded that they often or sometimes used play therapy.

Table 15
Frequency Distribution for Items 20 and 21 for Research Question 1

Items	n	%
20. Do you use play therapy?		
Yes	283	78.8
No	76	21.2
21. To what extent do you typically use play therapy techniques?		
Always	5	1.4
Almost Always	35	9.7
Often	95	26.5
Sometimes	110	30.6
Seldom	47	13.1
Almost Never	38	10.6
Never	29	8.1

Research Question 2

Research Question 2 investigated the elementary school counselors' training in play therapy. Descriptive survey statistics were calculated on survey responses for *PTUI* items 24 and 25, which asked the participants about their training in play therapy. The comparisons of the descriptive statistics and frequency for each item and statistical results for Research Question 2 are presented in Table 16.

The median number of graduate level play therapy courses taken (item 24) was 0. Only four participants did not respond to item 24. Over half (51.5%) indicated that they had not taken any graduate level play therapy courses. Ninety six participants (26.7%) had taken only 1 graduate level play therapy course and 44 participants (12.3%) had taken 2 courses. The number of graduate level play therapy courses taken ranged from 0 (51.5%) to 20 (.3%). Five respondents answered that they had taken 12 to 20 graduate level play therapy courses. The two

respondents who indicated they had taken 15 and 20 play therapy courses listed their credentials to include being a Registered Play Therapist (RPT). These other three high numbers are suspect; it is possible that these respondents were confused between the number of play therapy courses taken and the number of play therapy workshops attended. It is also possible that these particular respondents misunderstood the question to ask about the number of hours of play therapy coursework taken. It is also possible that these respondents were also RPT or RPT-S but inadvertently forgot to mark that as one of their credentials.

Frequencies were calculated on item 25, which asked the participants to indicate the number of play therapy workshops or special institutes they had attended. Only one participant did not respond to this question. Respondents tended to show more participation in play therapy workshops or special institutes than in graduate level play therapy courses. Still, almost 47% had not attended any play therapy workshops or special institutes. The median number of play therapy workshops or special institutes attended was 1. Sixty nine respondents (19.2%) indicated they had attended one play therapy workshop or special institute. A little more than 9% reported they had attended two play therapy workshops or special institutes. The number of play therapy workshops or special institutes attended ranged from 0 (46.8%) to 51 (.3%). Eleven respondents indicated that they had attended between 19 and 51 play therapy workshops or special institutes. Four respondents who were RPT indicated they had attended 19, 26, 29, and 51 play therapy workshops or special institutes, respectively. Again, some of the other high numbers may be explained by respondents misunderstanding the question or respondents who were RPT or RPT-S not so indicating as one of their credentials.

Table 16
Frequency Distribution for Items 24 and 25 for Research Question 2

Item	n	%
24. Number of graduate level courses taken in play therapy from an accredited university or college.		
0	183	51.5
1	96	26.7
2	44	12.3
3	16	4.5
4	2	.6
5	5	1.4
6	3	.8
7	1	.3
12	2	.6
15	1	.3
18	1	.3
20	1	.3
No Response	4	1.1
25. Number of play therapy workshops or special institutes attended from all sources		
0	168	46.8
1	69	19.2
2	33	9.2
3	23	6.4
4	22	6.1

Table 16 Continued

Item	n	%
25. Number of play therapy workshops or special institutes attended from all sources		
5	5	1.4
6	1	.3
7	6	1.7
9	15	4.2
10	2	.6
11	2	.6
14	1	.6
19	5	1.4
22	1	.3
24	1	.3
26	1	.3
27	1	.3
29	1	.3
51	1	.3
No Response	1	1.1

Research Question 3

Research Question 3 asked elementary school counselors about their beliefs regarding play therapy. Descriptive survey statistics and frequencies were calculated on survey responses for *PTUI* items 28-32. The comparisons of the descriptive statistics and frequency for each item are presented in Table 17.

To test Research Question 3, frequencies were calculated for the participants' responses to survey items 28-32 on the *PTUI* which asked participants to respond to statements describing their beliefs about play therapy using a Likert-type scale with anchored responses at each point. The possible responses included strongly disagree (1), disagree (2), somewhat disagree (3), somewhat agree (4), agree (5), strongly agree (6). Responses were recoded to allow for easier reading in the table. Over 71% of the respondents strongly agreed or agreed that play therapy is useful for their students and an overwhelming majority of the respondents (89.4%) strongly agreed or agreed that play is a child's natural form of communication. A large number of the participants (73.2%) strongly disagreed or disagreed that play therapy is inappropriate for their students. Over 62% strongly agreed or agreed that they wish they could use play therapy more often with their students. Finally, only 14.7% of the respondents strongly agreed or agreed that it was necessary to have a play therapy room in order to engage students in play therapy.

Table 17
Frequency Distribution for Items 28-32 for Research Question 3

Item	n	%
Beliefs About Play Therapy		
28. Play therapy is useful for my students		
Strongly Agree	81	22.6
Agree	175	48.7
Somewhat Agree	80	22.4
Somewhat Disagree	6	1.7
Disagree	10	2.8
Strongly Disagree	5	1.4
No Response	2	.6
29. A child's natural form of communication is play		
Strongly Agree	163	45.4
Agree	158	44.0
Somewhat Agree	27	7.5
Somewhat Disagree	7	1.9
Disagree	1	.3
Strongly Disagree	2	.6
No Response	1	.3
30. Play therapy is inappropriate for my students		
Strongly Agree	6	1.7
Agree	16	4.5
Somewhat Agree	20	5.6
Somewhat Disagree	52	14.5
Disagree	158	44.0
Strongly Disagree	105	29.2
No Response	2	.6
31. It is necessary to have a play therapy room in order to engage students in play therapy		
Strongly Agree	17	4.7
Agree	36	10.0
Somewhat Agree	73	20.4
Somewhat Disagree	67	18.7
Disagree	134	37.3
Strongly Disagree	31	8.6
No Response	1	.3

Table 17 Continued

Item	n	%
Beliefs About Play Therapy		
32. I wish I could use play therapy more often with my students.		
Strongly Agree	92	25.6
Agree	133	37.0
Somewhat Agree	97	27.0
Somewhat Disagree	13	3.6
Disagree	20	5.6
Strongly Disagree	3	.8
No Response	1	.3

Means and standard deviations for items 28-32 were also calculated to help answer Research Question 3 and are presented in Table 18. A higher mean indicates a stronger agreement with the statement regarding play therapy beliefs; lower means indicate a stronger disagreement. Higher mean scores on items 28, 29, and 32 indicate a stronger agreement to the statements about play therapy being useful for their students (M = 4.83, SD = .98), play being a child's natural form of communication (M = 5.31, SD = .79), and wishing they could use play therapy more often (M = 4.71, SD = 1.12). Lower mean scores on items 30 and 31, indicate a stronger disagreement with statements such as play therapy is inappropriate for my students (M = 2.17, SD = 1.15) and it is necessary to have a play therapy room in order to engage students in play therapy (M = 3.00, SD = 1.33).

Table 18
Means and Standard Deviation for Items 28-32 for Research Question 3

Item	n	*M*	*SD*
Beliefs about Play Therapy			
28. Play therapy is useful for my students	357	4.83	.98
29. A child's natural form of communication is play	358	5.31	.79
30. Play therapy is inappropriate for my students	357	2.17	1.15
31. It is necessary to have a play therapy room in order to engage students in play therapy	358	3.00	1.33
32. I wish I could use play therapy more often with my students.	358	4.71	1.12

Note. Strongly Disagree=1, Disagree=2, Somewhat Disagree=3, Somewhat Agree=4, Agree=5, Strongly Agree=6

Research Question 4

Research Question 4 investigated the elementary school counselors' perceptions of the barriers to implementing play therapy. Descriptive survey statistics were calculated on survey responses for *PTUI* items 33-39. Items 33-38 asked participants to respond to statements using a 6-point Likert-type scale with anchored responses at each point. The possible responses included strongly disagree (1), disagree (2), somewhat disagree (3), somewhat agree (4), agree (5), strongly agree (6). Again, the responses were recoded to allow for easier reading in the table. Item 39 was an open ended statement that asked participants to list the top three most frequent barriers they had experienced while trying to implement play therapy at their school. The comparisons of the descriptive statistics and frequency for items 33-38 for Research Question 4 are presented in Table 19.

In trying to determine elementary school counselors' perceived barriers to implementing play therapy, responses on items 33-38 indicate that a lack of play therapy training and time to

conduct play therapy are bigger barriers than a lack of support or understanding by school administrators and faculty. It seems that the respondents generally feel supported by their school's administration and faculty to conduct play therapy. Although 57.4% of the respondents strongly agree, agree, or somewhat agree that the faculty understand what they are doing when they conduct play therapy, more respondents (65.7%) strongly agree, agree, or somewhat agree they have the support of the faculty to conduct play therapy. The same seems true for school administration; although fewer respondents (55.1%) strongly agree, agree, or somewhat agree that their school administrators understand what they are doing when they conduct play therapy, 77.2% strongly agree, agree, or somewhat agree that they have the support of the school's administration to conduct play therapy. Roughly 56% of the respondents strongly agree, agree, or somewhat agree that they do not feel adequately trained to use play therapy and over half (55.4%) strongly agree, agree, or somewhat agree they do not use play therapy because they do not have enough time during the day.

Table 19
Frequency Distribution for Items 33-38 for Research Question 4

Item	n	%
Perceived Barriers		
33. School administrators understand what I am doing when I conduct play therapy		
Strongly Agree	8	2.2
Agree	74	20.6
Somewhat Agree	116	32.3
Somewhat Disagree	60	16.7
Disagree	70	19.5
Strongly Disagree	26	7.2
No Response	5	1.4
34. I don't use play therapy with my students because I don't have enough time during the day		
Strongly Agree	36	10.0
Agree	53	14.8
Somewhat Agree	110	30.6
Somewhat Disagree	40	11.1
Disagree	92	25.6
Strongly Disagree	24	6.7
No Response	4	1.1
35. I have the support of the faculty to conduct play therapy		
Strongly Agree	20	5.6
Agree	94	26.7
Somewhat Agree	120	33.4
Somewhat Disagree	69	19.2
Disagree	35	9.7
Strongly Disagree	14	3.9
No Response	7	1.9

Table 19 Continued

Item	n	%
Perceived Barriers		
36. I don't use play therapy with my students because I don't feel adequately trained		
Strongly Agree	56	15.6
Agree	52	14.5
Somewhat Agree	92	25.6
Somewhat Disagree	53	14.8
Disagree	68	18.9
Strongly Disagree	35	9.7
No Response	3	.8
37. I have the support of the school's administration to conduct play therapy		
Strongly Agree	22	6.1
Agree	118	32.9
Somewhat Agree	137	38.2
Somewhat Disagree	37	10.3
Disagree	29	8.1
Strongly Disagree	9	2.5
No Response	7	1.9
38. Faculty members understand what I am doing when I conduct play therapy		
Strongly Agree	6	1.7
Agree	53	14.8
Somewhat Agree	147	40.9
Somewhat Disagree	78	21.7
Disagree	50	13.9
Strongly Disagree	18	5.0
No Response	7	1.9

Means and standard deviations were also calculated to help answer this research question. Higher mean scores indicate a stronger agreement with statements on the *PTUI* about perceived barriers to implementing play therapy. Lower mean scores indicate a stronger disagreement with the statements about perceived barriers. The statement with the highest mean score ($M = 4.11$,

SD = 1.11) is "I have the support of the school's administration to conduct play therapy", indicating the strongest agreement of any of the six items related to perceived barriers to implementing play therapy. The means and standard deviations for items 33-38 are presented in Table 20.

Table 20
Means and Standard Deviation for Items 33-38 for Research Question 4

Item	n	*M*	*SD*
Perceived Barriers			
33. School administrators understand what I am doing when I conduct play therapy	354	3.47	1.29
34. I don't use play therapy with my students because I don't have enough time during the day	355	3.52	1.44
35. I have the support of the faculty to conduct play therapy	352	3.87	1.20
36. I don't use play therapy with my students because I don't feel adequately trained	356	3.87	1.56
37. I have the support of the school's administration to conduct play therapy	352	4.11	1.11
38. Faculty members understand what I am doing when I conduct play therapy	352	3.53	1.12

Note. Strongly Disagree=1, Disagree=2, Somewhat Disagree=3, Somewhat Agree=4, Agree=5, Strongly Agree=6

Item 39 of the *PTUI* was also used in trying to determine elementary school counselors' perceived barriers to implementing play therapy. Item 39 was an open ended statement that asked participants to list the top three most frequent barriers they had experienced while trying to implement play therapy at their school. Descriptive survey statistics were calculated and are presented in Table 21. The top five barriers included on each of the three lists are identical.

They include: (a) lack of time; (b) lack of support/understanding from parents, teachers, and/or administrators; (c) lack of resources/play materials; (d) lack of space; and (e) lack of training/experience in play therapy.

Of the 359 participants, 333 listed a number one barrier to implementing play therapy. Of those who listed a top barrier, almost half (48.5%) listed a lack of time. Sixty eight participants (18.9%) said that a lack of training or experience in play therapy was their number one barrier to implementing play therapy and 25 participants (7%) said that the lack of space was the largest barrier. Twenty two participants (6.1%) listed a lack of resources or equipment as the top barrier and 19 (5.3%) said that a lack of support/understanding from administrators, parents, or teachers was the number one barrier they had experienced to implementing play therapy in their school. Seven percent of the participants listed other barriers they considered to be the greatest. Some of those responses included students taking advantage of play therapy to get out of class, having trouble getting access to students, not thinking play therapy is developmentally appropriate for the students, school's primary focus on academic achievement/test results, play therapy not fitting into the model of school counseling, the belief that students cannot afford to be out of the classroom for extended periods of time, and the belief that an inner city school setting is not appropriate for play therapy.

Over 96% of the participants listed a number two barrier to implementing play therapy. Of those who listed barriers, over 27% listed a lack of time. Forty two participants (11.7%) said that the lack of space was the second largest barrier to implementing play therapy. Forty one participants (11.4%) said that a lack of training or experience in play therapy was their number two barrier to implementing play therapy, as was a lack of resources or equipment. Over 10% said that a lack of support or understanding from administrators, parents, or teachers was the

second largest barrier they had experienced in implementing play therapy in their school and 23.7% of the participants listed other barriers. Other barriers included a lack of supervision, the students' unwillingness to participate in play therapy, a difficulty in getting access to students (13), the belief that play therapy is not appropriate for the school setting (6), and administrators having different priorities.

Seventy six percent of the participants listed a number three barrier to implementing play therapy. Of those who listed barriers, 15% listed a lack of time. Fifty two participants (14.5%) said that the lack of resources or equipment was the third largest barrier to implementing play therapy. Fifty one participants (14.2%) said that a lack of training or experience in play therapy was their number three barrier to implementing play therapy, and 7.2% listed a lack of support or understanding from administrators, parents, or teachers. Twelve percent of the participants listed other barriers. Those responses included students take advantage of play therapy to get out of class, students' unwillingness to participate in play therapy, trouble getting access to students, the belief that play therapy is inappropriate, the expectation for counselors to provide more measurable behavioral changes, the school's primary focus on academics, district policies not being conducive to using play therapy, a transient student population not allowing for ongoing play therapy, and crisis situations that arise cause too many interruptions to allow for play therapy.

Table 21
Frequency Distribution for Top Three Barriers to Implementing Play Therapy (Item 39) for Research Question 4

Item	n	%
Largest Barrier		
Lack of time	174	48.5
Lack of training/experience	68	18.9
Lack of room/space	25	7.0
Lack of resources/equipment	22	6.1
Lack of support/understanding from parents/administrators/faculty	19	5.3
Other	25	7.0
No Response	26	7.2
Second Largest Barrier		
Lack of time	98	27.3
Lack of room/space	42	11.7
Lack of resources/equipment	41	11.4
Lack of training/experience	41	11.4
Lack of support/understanding from parents/administrators/faculty	38	10.6
Other	47	23.7
No Response	52	14.5
Third Largest Barrier		
Lack of time	54	15.0
Lack of resources/equipment	52	14.5
Lack of training/experience	51	14.2
Lack of room/space	47	13.1
Lack of support/understanding from parents/administrators/faculty	26	7.2
Other	43	12.0
No Response	86	24.0

Note. Responses to other include students taking advantage of play therapy to get out of class, having trouble getting access to students, not thinking play therapy is developmentally appropriate for the students, school's main focus is academic achievement/test results, play therapy not fitting into the model of school counseling, believing students cannot afford to be out of the classroom for extended periods of time; inner city school setting is not appropriate for play therapy, believing that school counselors should not be doing therapy; lack of supervision, unwillingness of students to participate, district policies not being conducive to using play therapy, student population tending to be transient making it difficult to provide ongoing play therapy, and crisis situations that arise cause too many interruptions

Research Question 5

Research Question 5 asked elementary school counselors how they have been able to overcome the top barriers to implementing play therapy (as listed in item 39). Descriptive survey responses and frequencies were calculated on survey responses for *PTUI* item 40. The comparison of the descriptive statistics and frequency are presented in Table 22.

Item 40 of the *PTUI* is divided into two parts. The first part asked participants if they had been able to overcome their top three barriers listed in item 39. The second part was open-ended and asked participants who answered "yes" to explain how they had been able to overcome barriers to implementing play therapy. Although 27 participants skipped this question, of those who answered, over half (65.2%) said that they had not been able to overcome their top three barriers to implementing play therapy. Ninety eight participants (27.3%) said that they had found ways to overcome barriers.

The open-ended portion of item 40 asked participants to explain how they had overcome barriers to implementing play therapy. Of the 20 participants who discussed overcoming a lack of resources or play therapy equipment, 17 (85%) said they used their own money to buy materials. The other three participants used grant money or money provided by their department budget or Parent Teacher Organization to buy play therapy materials.

Of the 29 participants who discussed overcoming a lack of time as a barrier to implementing play therapy, 11 (38%) said they "do what I can" with the limited amount of time they have available. One said "[I] believe that some intervention is better than none." Seven (24%) participants said that they use play therapy only when it is most appropriate and three (10%) limit the choices of play items. Two participants (6%) use small play groups to maximize

the limited time available with the students. Finally, six (21%) said that play therapy is so important that they make the time to implement it.

For the 20 participants who mentioned overcoming a lack of support/understanding of play therapy practices by teachers, parents, or administrators, all described ways they had been able to educate others about play therapy, it's importance, or the positive effects of play therapy. One participant stated, "I explain what I am doing to those that ask, and sometimes those that don't." Participants said they try to educate parents and staff on the positive effects of play therapy through the use of newsletters, play therapy brochures, and bulletin boards. One participant stated, "[I] continue to give the staff and parents information about the appropriate use of play therapy with young children as a method to successfully reach a counseling goal."

Of the seven participants who said they were able to overcome barriers because of a lack of training in play therapy, four said they read play therapy journals or textbooks and three went for more play therapy training. One consults with a Registered Play Therapist.

Overcoming a lack of space as a barrier to implementing play therapy was discussed by participants. Two participants chose to either go outside or to an open space, one converted a closet into a play therapy room, and one was able to utilize an empty classroom. Two participants, who had to go to multiple buildings to see students, kept all play therapy materials in a Tupperware or easily transportable container and take the materials out when they are needed.

Although not mentioned often enough to be considered one of the top three most frequent barriers to implementing play therapy, 57 participants mentioned not being able to access students, either because of the school's primary focus being on academics or students taking advantage of getting out of class, as one of their top three barriers. Two participants said they

used lunch time to provide play therapy and three participants relied on referrals to outside therapists to provide services.

Table 22
Frequency Distribution for Item 40 for Research Question 5

Item	n	%
40. Have you been able to overcome those barriers (listed in item 39)?		
No	234	65.2
Yes	98	29.5
No Response	27	5.3
Total	359	100.0
40. Ways participants have been able to overcome top 3 most frequent barriers		
Educate staff and parents through the use of bulletin boards, newsletters, brochures	20	
Self purchase materials	17	
Be flexible and creative in approach	14	
Do as much as I can with what I have available- A little is better than nothing at all	11	
Prioritize students-Use play therapy only when most appropriate	7	
Make the time to implement play therapy	6	
Read play therapy journals or textbooks	4	

Table 22 Continued

Item	n
40. Ways participants have been able to overcome top 3 most frequent barriers	
Use grant money, budget money or money given by PTO	4
Attend play therapy training or workshops	3
Make referral to outside agencies	3
Limit choices of play items/ Pick the most appropriate toys	3
Go outside/open space	2
Keep materials in a container that is easy to transport	2
Use converted closet/unused classroom	2
Use small play groups	2
Use lunch time to see children	2
Make use of volunteers from an agency that specializes in play therapy	1
Consult with a Registered Play Therapist	1

Note. PTO = Parent Teacher Organization. How participants have overcome barriers are responses to an open-ended question (item 40) on the PTUI.

Research Question 6

Research Question 6 explored how elementary school counselors who utilize play therapy deliver it in their school. Descriptive comparisons were made using item 41 on the

PTUI. Descriptive statistics and frequencies are shown in Table 23 and in Figure 1, a bar graph shows the frequencies for each type of play therapy method.

Of the 283 respondents who answered that they use play therapy (item 20), frequency distributions were calculated for each of the counseling techniques listed in item 41 on the *PTUI*. Because the respondents were asked to mark all techniques that apply, the totals for the frequencies of responses exceed the total number of respondents. The three most utilized counseling techniques used by elementary school counselors were drawing (93.3%), board games (80.2%), and role play (78.1%). The least used techniques were music (24%) and sculpture (24.4%). Eighteen percent of the participants indicated that they used other techniques including card games, puzzles, magic wand, collage-making, board game making, art and crafts, painting, coloring, sewing, movement related games/exercise/yoga, interviews and movie making, colored rice tray, dolls and play house, play dough, therapeutic storytelling, hammering/building, building blocks, and drumming. Overall, more than 30 varying techniques were used by the respondents.

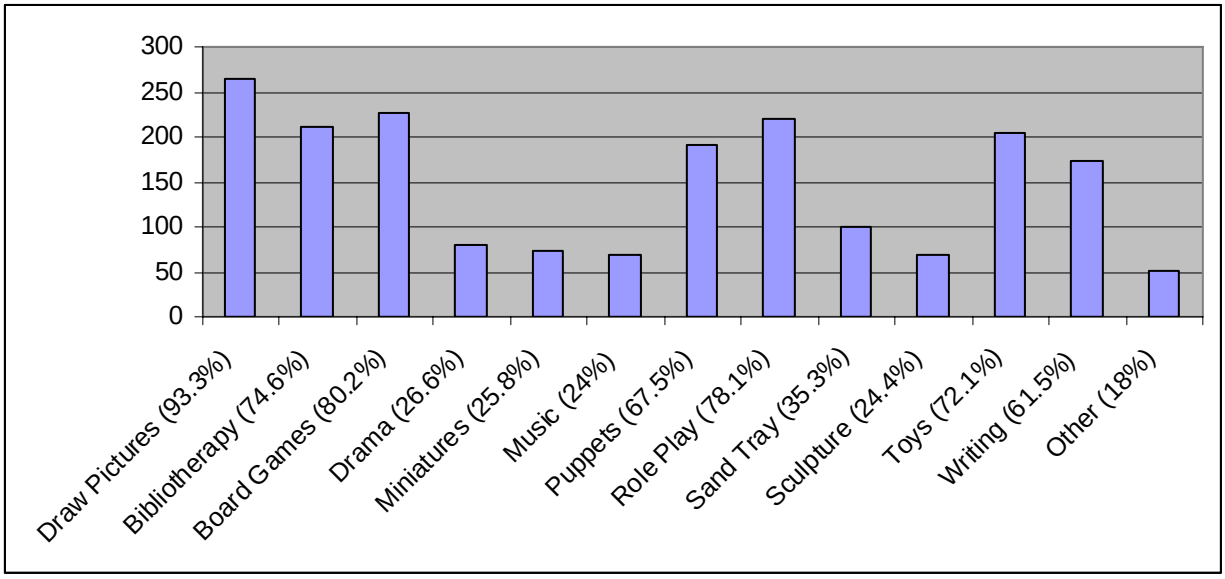
Table 23
Frequency Distribution for Item 41 by Participants Who Say They Use Play Therapy

Item 41	n	%
I have students draw pictures	264	93.3
Bibliotherapy	211	74.6
Board Games	227	80.2
Drama	81	26.6
Miniatures	73	25.8
Music	68	24.0
Puppets	191	67.5
Role Play	221	78.1
Sandtray	100	35.3
Sculpture	69	24.4
Toys	204	72.1
Writing	174	61.5
Other	51	18.0

Note. Because respondents were asked to mark all techniques that apply, totals for the frequencies of responses exceed the total number of respondents. Responses to "other" include using card games, puzzles, magic wand, collage-making, board game making, art and crafts, painting, coloring, sewing, movement related games/exercise/yoga, interviews/movie making, colored rice tray, dolls and play house, play dough, therapeutic storytelling, hammering/building, building blocks, and drumming.

Figure 1

Bar Graph Frequency Distribution for Item 41 by Participants Who Say They Use Play Therapy



Research Question 7

Research Question 7 asked if there are sex differences in elementary school counselors' use of play therapy. To investigate whether males and females (item 1) differ in their use of play therapy (items 20, 21, and 41), chi-square statistics were used. First, sex (item 1) was compared on item 20 using a chi-square test. In order to minimize the potential of a Type I error, a conservative *p* level of .01 was used. The chi-square results are shown in Table 24 and indicate that males and females did not differ on whether or not they use play therapy ($\chi^2 = .75$, $df = 1$, N = 359, $p = .39$).

Table 24
Chi-square Analysis of Using Play Therapy Between Females and Males

Variable	n	Use Play Therapy: Yes	Use Play Therapy: No	χ^2	*p*
				.75	.39
Gender					
Females	334	265	69		
Males	25	18	7		
Total	359	283	76		

Because males and females were not different in whether or not they used play therapy, no analysis was calculated for items 1 and 21.

A series of 12 chi-square tests were used to analyze the sex differences on the play therapy methods listed in item 41. Because of the multiple statistical tests, a conservative *p* level of .01 was used. Those results are shown in Tables 25. Of the 12 methods of play therapy delivery listed in item 41 on the *PTUI*, males and females were different only in the use of bibliotherapy ($\chi^2 = 12.68$, $df = 1$, $N = 266$, $p < .001$). Although females used bibliotherapy more often than males, there were no other differences between males and female participants.

Table 25
Chi-square Analyses of Methods of Play Therapy Delivery Between Females and Males

Variables	n	χ^2	*p*
Drawing		.24	.614
Females	304		
Males	22		
Total	326		
Bibliotherapy		12.68	.000
Females	255		
Males	11		
Total	266		
Board Games		1.89	.169
Females	266		
Males	17		
Total	283		
Drama		.06	.804
Females	86		
Males	7		
Total	93		
Miniatures		.08	.775
Females	72		
Males	6		
Total	78		
Music		.41	.524
Females	75		
Males	7		
Total	82		
Puppets		1.88	.170
Females	208		
Males	19		
Total	227		
Role Play		1.03	.310
Females	257		
Males	17		
Total	274		
Sand Tray		.00	.962
Females	95		
Males	7		
Total	102		

Table 25 Continued

Variables	n	χ^2	*p*
Sculpture		.47	.491
Females	73		
Males	4		
Total	77		
Toys		1.74	.188
Females	210		
Males	19		
Total	229		
Writing		3.04	.081
Females	206		
Males	11		
Total	217		

Research Question 8

Research Question 8 asked if there is a relationship between elementary school counselors' level of education and their use of play therapy. A Spearman rho correlation was used to answer this research question. Item 6 (Four levels of education--bachelor's = 1, master's = 2, master's +30 = 3, and doctoral = 4) was correlated with items 20, 21, and 41. In order to minimize the potential of a Type I error, a conservative *p* level of .01 was used. Results are shown in Table 26.

There were no statistically significant correlations found between elementary school counselors' level of education and whether or not they used play therapy (item 20) (r_s = .10, p = .052) or between elementary school counselors' level of education and the extent to which they used play therapy (item 21) (r_s = .19, p = .016). The positive correlation for item 21 suggests the greater the elementary school counselors' education, the greater the extent to which they used play therapy. Both correlations have a small effect size. All of the relationships between the

elementary school counselors' level of education and the methods of play therapy delivery had a small effect size and none were found to be statistically significant at the .01 level.

Table 26
Spearman Rho Correlation Between Elementary School Counselors' Level of Education and Use of Play Therapy

	Level of Education	
Items	r_s	*p*
20. Do you use play therapy?	.10	.052
21. To what extent do you typically use play therapy techniques	.19	.016
41. Methods of Play Therapy Delivery		
Drawing	.03	.528
Bibliotherapy	.11	.035
Board Games	.08	.136
Drama	.10	.061
Miniatures	.10	.060
Music	.00	.986
Puppets	.07	.221
Role Play	.11	.039
Sand Tray	.10	.056
Sculpture	.02	.718
Toys	.11	.031
Writing	.07	.200

Research Question 9

Research Question 9 asked if there is a relationship between elementary school counselors' formal training in play therapy and use of play therapy. Six Spearman rho correlations were used to answer this research question. First, item 24 (number of graduate level play therapy classes taken) was correlated with items 20, 21, and 41. In order to minimize the potential of a Type I error, a conservative *p* level of .01 were used. Results are listed in Table

27. Second, the number of play therapy workshops or special institutes attended (item 25) was correlated with items 20, 21, and 41. Those results are shown in Table 28.

To investigate if there was statistical significance associated between the number of graduate level play therapy courses taken (item 24) and the use of play therapy (items 20, 21, and 41), Spearman rho statistics was calculated. Results of this test indicated that there was a positive correlation between the number of play therapy courses taken by elementary school counselors and whether or not they use play therapy (item 20) ($r_s = .31$, $p < .001$). This result was statistically significant; the effect size was small.

There was also a statistically significant positive correlation between the number of graduate level play therapy courses taken and the extent to which the elementary school counselors used play therapy ($r_s = .35$, $p < .001$). The positive correlation suggests that the greater number of graduate level play therapy courses taken by the elementary school counselor, the greater the extent to which they used play therapy. The effect size was small.

Three methods of play therapy delivery were shown to have statistical significance. All three were positively correlated to the number of graduate level play therapy courses taken, suggesting that the greater number of courses taken the more likely the school counselors were to use these methods. They include: miniatures ($r_s = .26$, $p < .001$), sand tray ($r_s = .38$, $p < .001$), and toys ($r_s = .20$, $p < .001$). The correlations between the number of graduate level play therapy courses and the use of miniatures and toys had a small effect size. The correlation between the number of graduate level play therapy courses and the use of sand tray had a small effect size. All methods of play therapy delivery were positively correlated to the number of elementary school counselors' graduate level play therapy courses, except for role play ($r_s = -.05$, $p = .332$),

suggesting that the greater number of graduate level play therapy courses taken, the less likely the counselor used role play.

Table 27
Spearman Rho Correlation Between Number of Elementary School Counselors' Graduate Level Play Therapy Courses Taken and Use of Play Therapy

	Graduate Level Play Therapy Courses	
Items	r_s	*p*
20. Do you use play therapy?	.31*	.000
21. To what extent do you typically use play therapy techniques	.35*	.000
41. Methods of Play Therapy Deivery		
Drawing	.07	.220
Bibliotherapy	.03	.567
Board Games	.00	.962
Drama	.14	.011
Miniatures	.26*	.000
Music	.05	.316
Puppets	.06	.299
Role Play	-.05	.332
Sand Tray	.38*	.000
Sculpture	.08	.113
Toys	.20*	.000
Writing	.01	.846

** Denotes significance at the .01 level (2-tailed)*

To investigate if there was an association between the number of play therapy workshops or special institutes attended (item 25) and the extent of elementary school counselors' play therapy use (items 20, 21, and 41), three Spearman rho statistics were again used. Those results are listed in Table 28. Results indicate that there was a positive correlation between the number of play therapy workshops or special institutes attended and whether or not play therapy was used ($r_s = .27$, $p < .001$). This result is statistically significant; the effect size is small.

Also found to have a statistically significant correlation was the number of play therapy workshops or special institutes attended and the extent to which elementary school counselors used play therapy ($r_s = .43$, $p < .001$). The positive correlation suggests that the greater the number of play therapy workshops or special institutes attended by the elementary school counselors, the extent to which they used play therapy increased. The effect size is small.

Finally, there were six methods of play therapy delivery found to have statistical significance in relation to the number of play therapy workshops or special institutes attended. They include bibliotherapy ($r_s = .14$, $p = .007$), drama ($r_s = .21$, $p < .001$), miniatures ($r_s = .38$, $p < .001$), puppets ($r_s = .22$, $p < .001$), sand tray ($r_s = .41$, $p < .001$), and toys ($r_s = .28$, $p < .001$). All effect sizes are small except for miniatures and sand tray, which have a medium effect size. All methods of play therapy delivery are positively correlated to the number of play therapy workshops or special institutes attended.

Table 28
Spearman Rho Correlation Between Number of Elementary School Counselors' Play Therapy Workshops or Special Institutes Attended and Use of Play Therapy

	Play Therapy Workshops or Special Institutes	
Items	r_s	*p*
20. Do you use play therapy?	.27*	.000
21. To what extent do you typically use play therapy techniques	.43*	.000
41. Methods of Play Therapy Delivery		
Drawing	.09	.084
Bibliotherapy	.14*	.007
Board Games	.08	.113
Drama	.21*	.000
Miniatures	.38*	.000
Music	.10	.053
Puppets	.22*	.000
Role Play	.01	.835
Sand Tray	.41*	.000
Sculpture	.00	.969
Toys	.28*	.000
Writing	.03	.561

**Denotes significance at the .01 level (2-tailed)*

Research Question 10

Research Question 10 asked about the relationship between the elementary school counselors' membership in the Association for Play Therapy (item 5) and use of play therapy (items 20, 21, and 41). Three Spearman rho correlations were used to correlate item 5 with items 20, 21, and 41. In order to minimize the potential of a Type I error, a conservative *p* level of .01 was used. Results are shown in Table 29.

Results indicate that there was a positive correlation between elementary school counselors' membership to the Association for Play Therapy and whether or not play therapy

was used (r_s = .15, p = .004), suggesting that members of the Association for Play Therapy tended to use play therapy. This result is statistically significant; the effect size is small.

Also found to have some statistically significant relationship was the elementary school counselors' membership to the Association for Play Therapy and the extent to which they used play therapy (r_s = .31, p < .001). The positive correlation suggests that the extent to which the elementary school counselors used play therapy increased for those who were members of the Association for Play Therapy. The effect size is small.

Finally, there were three methods of play therapy delivery found to have statistical significance in relation to the elementary school counselors' membership to the Association for Play Therapy. They include miniatures (r_s = .29, p < .001), puppets (r_s = .14, p = .007), and sand tray (r_s = .38, p < .001). The effect sizes for miniatures, puppets, and sand tray are small.

Table 29
Spearman Rho Correlation Between Elementary School Counselors' Membership in the Association for Play Therapy and Use of Play Therapy

		Membership in the Association for Play Therapy	
Items		r_s	*p*
20. Do you use play therapy?		.15*	.004
21. To what extent do you typically use play therapy techniques		.31*	.000
41. Methods of Play Therapy	Delivery		
Drawing		.06	.265
Bibliotherapy		.08	.121
Board Games		.00	.948
Drama		.06	.273
Miniatures		.29*	.000
Music		-.02	.774
Puppets		.14*	.007
Role Play		-.00	.952
Sand Tray		.38*	.000
Sculpture		-.06	.296
Toys		.12	.027
Writing		-.01	.835

** Denotes significance at the .01 level (2-tailed)*

Research Question 11

Research Question 11 asked if there are there differences in elementary school counselors' type of school and use of play therapy. Chi-square tests were used to analyze the differences between public and private, faith based, and other school type (Item 8) frequency and ratings of use of play therapy (items 20, 21, and 41). The first chi-square test analyzed the differences between public and non-public (private, faith based, and other school type) school counselors' and whether or not they used play therapy (item 20). Results are shown in Table 30.

Results of the chi-square test indicates no statistically significant difference between public and non-public school counselors and whether or not they use play therapy ($x^2 = .76$, $df =$

1, N = 358, p = .382). Because public and non-public school counselors were not different in use of play therapy, no analyses were calculated for items 1 and 21.

Table 30
Chi-square Analysis of Using Play Therapy Among Participants Working in Public vs. Non-public School Setting

		Use Play Therapy			
Variable	n	Yes	No	χ^2	p
				.76	.382
Type of School					
Public	342	268	74		
Non-public	16	14	2		
Totals	358	282	76		

A chi-square test was used to analyze the public and non-public school counselors' differences on the play therapy methods listed in item 41. Those results are shown in Table 31. Public and non-public elementary school counselors did not differ on any of the 12 methods of play therapy delivery listed in item 41 of the *PTUI.*

Table 31
Chi-square Analyses of Methods of Play Therapy Delivery Between Public and Non-public Elementary School Counselors

Variable	n	Yes	No	χ^2	*p*
Drawing				1.8	.675
Public	342	310	32		
Non-public	16	15	1		
Totals	358	325	33		
Bibliotherapy				2.75	.097
Public	342	256	86		
Non-public	16	9	7		
Totals	358	265	93		
Board Games				.14	.706
Public	342	270	72		
Non-public	16	12	4		
Totals	358	282	76		
Drama				.42	.515
Public	342	89	253		
Non-public	16	3	13		
Totals	358	92	266		
Miniatures				.08	.784
Public	342	74	268		
Non-public	16	3	13		
Totals	358	77	281		
Music				.14	.705
Public	342	78	264		
Non-public	16	3	13		
Totals	358	81	277		
Puppets				.00	.957
Public	342	216	126		
Non-public	16	10	6		
Totals	358	226	132		
Role Play				3.70	.054
Public	342	264	78		
Non-public	16	9	7		
Totals	358	273	85		
Sand Tray				.09	.770
Public	342	97	245		
Non-public	16	4	12		
Totals	358	101	257		

Table 31 Continued

Variable	n	Yes	No	χ^2	*p*
Sculpture				2.25	.134
Public	342	75	267		
Non-public	16	1	15		
Totals	358	76	282		
Toys				1.36	.244
Public	342	220	122		
Non-public	16	8	8		
Totals	358	228	130		
Writing				.033	.856
Public	342	206	136		
Non-public	16	10	6		
Totals	358	216	142		

Summary

This chapter included the results of the study. The first research question asked the participants about their overall use of play therapy. Descriptive survey statistics were calculated for the participants' responses to survey items 20 and 21 on the *PTUI*. Results indicated that of the 359 participants, 283 (78.8%) used play therapy in their work with elementary school children. About 10% of the participants indicated that they used play therapy always or almost always. Over half of the participants (57.1%) responded that they often or sometimes used play therapy.

The second research question addressed the elementary school counselors' training in play therapy. Descriptive survey statistics were calculated for the participants' responses to survey items 24 and 25 on the *PTUI*, which asked the participants about the number of graduate level play therapy courses taken and the number of play therapy workshops or special institutes attended. Of the 355 participants who answered this question, 51.5% had taken no play therapy courses. The number of graduate level play therapy courses taken ranged from a majority of 0 to

less than 1% at 20. Five respondents answered that they had taken 12 to 20 graduate level play therapy courses, but these high numbers are suspicious; it is possible that these respondents were confused between the number of play therapy courses and perhaps the number of workshops attended or the number of hours of play therapy coursework taken.

To answer Research Question 2, frequencies were calculated on item 25, which asked the participants to indicate the number of play therapy workshops or special institutes they had attended. Almost 47% had not attended any play therapy workshops or special institutes. The number of play therapy workshops or special institutes attended ranged from a majority of 0 to .3% at 51.

Research Question 3 asked elementary school counselors' about their beliefs regarding play therapy. Descriptive survey statistics and frequencies were calculated on survey responses for *PTUI* items 28-32. An overwhelming majority of the respondents strongly agreed or agreed that play therapy is useful for their students (71.3%), that play is a child's natural form of communication (89.4%), and that they wish they could use play therapy more often with their students (62.6%). Only 14.7% of the respondents strongly agreed or agreed that it was necessary to have a play therapy room in order to engage students in play therapy and only 6.2% agreed that play therapy is inappropriate for their students.

The fourth research question asked elementary school counselors about their perceptions of the barriers to implementing play therapy. Descriptive survey statistics were calculated on survey responses for *PTUI* items 33-39. Items 33-38 asked participants to respond to statements using 6-point Likert-type scale with anchored responses at each point. Item 39 was an open-ended statement that asked participants to list the top three most frequent barriers they had experienced while trying to implement play therapy at their school. In trying to determine

elementary school counselors' perceived barriers to implementing play therapy, it seems that a lack of play therapy training and time to conduct play therapy are bigger barriers than a lack of support or understanding by school administrators and faculty. Roughly 56% of the respondents agreed to some extent that they do not feel adequately trained to use play therapy. Over 55% of the respondents strongly agree, agree, or somewhat agree that they don't use play therapy because they don't have enough time during the day.

It seems that the respondents generally feel supported by their school's administration and faculty to conduct play therapy. Although 57.4% of the respondents strongly agree, agree, or somewhat agree that the faculty understand what they are doing when they conduct play therapy, more respondents (65.7%) strongly agree, agree, or somewhat agree they have the support of the faculty to conduct play therapy. The same seems true for school administration; although fewer respondents (55.1%) strongly agree, agree, or somewhat agree that their school administrators understand what they are doing when they conduct play therapy, 77.2% strongly agree, agree, or somewhat agree that they have the support of the school's administration to conduct play therapy.

In response to item 39 on the *PTUI*, the top five barriers included on each of the three largest barriers to implementing play therapy lists were identical. They included: (a) lack of time; (b) lack of support/understanding from parents, teachers, and/or administrators; (c) lack of resources/play materials; (d) lack of space; and (e) lack of training/experience in play therapy.

Research Question 5 asked elementary school counselors how they have been able to overcome the top barriers to implementing play therapy (as listed in item 39). Descriptive survey responses and frequencies were calculated on survey responses for *PTUI* item 40. Item 40 of the *PTUI* was divided into two parts. The first part asked participants if they had been able

to overcome their top three barriers listed in item 39. The second part was open-ended and asked participants who answered "yes" to explain how they were able to overcome barriers to implementing play therapy. Although 27 participants skipped this question, of those who answered, over half (65.2%) said that they had not been able to overcome their top three barriers to implementing play therapy. Ninety eight participants (27.3%) said that they had found ways to overcome barriers.

The open-ended portion of item 40 asked participants to explain how they had overcome barriers to implementing play therapy. Participants said they used their own money to buy materials, used play therapy only when it is most appropriate, and educated parents, teachers, and administrators about the importance of play therapy through the use of newsletters, play therapy brochures, and bulletin boards. Other participants said they were able to overcome barriers by reading play therapy journals or textbooks, and attending additional play therapy training.

Lack of space as a barrier to implementing play therapy was overcome by either going outside or to an open space. One participant converted a closet into a play therapy room and one was able to utilize an empty classroom. Keeping play therapy materials in a portable container allowed two participants who had to go to multiple buildings keep materials contained.

Research Question 6 asked elementary school counselors who utilized play therapy how they deliver it in their school. Of the 283 respondents who answered that they used play therapy (item 20), frequency distributions were calculated for each of the counseling techniques listed in item 41 on the *PTUI*. The three most utilized counseling techniques used by elementary school counselors who said they used play therapy were drawing (93.3%), board games (80.2%), and role play (78.1%). The least used techniques were music (24%) and sculpture (24.4%). Eighteen percent of the participants indicated that they used other techniques and those included

card games, puzzles, magic wand, collage-making, board game making, art and crafts, painting, coloring, sewing, movement related games/exercise/yoga, interviews and movie making, colored rice tray, dolls and play house, play dough, therapeutic storytelling, hammering/building, building blocks, and drumming. Overall, more than 30 varying techniques were used by the respondents.

The seventh research question asked if there are sex differences in elementary school counselors' use of play therapy. First, a chi-square statistic was used to compare sex (item 1) on whether or not they used play therapy (item 20). Chi-square results indicated that males and females did not differ on whether or not they used play therapy ($\chi^2 = .75$, $df = 1$, N = 359, $p = .39$). Because males and females were not different in whether or not they used play therapy, no analyses were calculated for items 1 (sex) and 21 (the extent to which play therapy is used). A chi-square test was used to analyze the sex differences on the play therapy methods listed in item 41. Of the 12 methods of play therapy delivery listed in item 41 of the *PTUI*, males and females were different only in the use of bibliotherapy ($\chi^2 = 12.68$, $df = 1$, $N = 266$, $p < .001$).

The eighth research question asked if there is a relationship between elementary school counselors' level of education and their use of play therapy. A Spearman rho correlation was used to correlate item 6 (Four levels of education--bachelor's = 1, master's = 2, master's +30 = 3, and doctoral = 4) with items 20, 21, and 41. There were no statistically significant correlations found between elementary school counselors' level of education and whether or not they used play therapy (item 20) ($r_s = .10$, $p = .052$) or between elementary school counselors' level of education and the extent to which they used play therapy (item 21) ($r_s = .19$, $p = .016$). The positive correlations suggest that the greater the education, the more likely they were to use play therapy and the extent to which elementary school counselors used play therapy increased.

All of the relationships between the elementary school counselors' level of education and the use of the methods of play therapy delivery had a small effect size and none were found to be statistically significant at the .01 level.

Research Question 9 asked if there is a relationship between elementary school counselors' formal training in play therapy and use of play therapy. Six Spearman rho correlations were used to answer this research question. First, item 24 (number of graduate level play therapy classes taken) were correlated with items 20, 21, and 41. Then, item 25 (the number of play therapy workshops or special institutes attended) were correlated with items 20, 21, and 41. Results of the first Spearman rho correlation indicated that there is a positive correlation between the number of play therapy courses taken by the participants and whether or not they used play therapy (item 20) ($r_s = .31$, $p < .001$). This suggests that the greater the number of play therapy courses taken by the elementary school counselor, the more likely they were to use play therapy. This result is statistically significant; the effect size is small.

There was also a statistically significant positive correlation between the number of graduate level play therapy courses taken and the extent to which the elementary school counselors used play therapy ($r_s = .35$, $p < .001$). The positive correlation again suggests that the greater number of graduate level play therapy courses taken by the elementary school counselor, the extent to which they used play therapy increased. The effect size is small.

Three methods of play therapy delivery were shown to have statistical significance. All are positively correlated to the number of graduate level play therapy courses taken. They include: miniatures ($r_s = .26$, $p < .001$), sand tray ($r_s = .38$, $p < .001$), and toys ($r_s = .20$, $p < .001$). The correlations between the number of graduate level play therapy courses and the use of miniatures, toys, and sand tray have a small effect size.

The tenth research question asked about the relationship between the elementary school counselors' membership in the Association for Play Therapy (item 5) and use of play therapy (items 20, 21, and 41). Spearman rho correlations were used to correlate item 5 with items 20, 21, and 41. Results indicate that there were statistically significant positive correlations between membership to the Association for Play Therapy and whether or not play therapy is used (r_s = .15, p = .004), and elementary school counselors' membership to the Association for Play Therapy and the extent to which they used play therapy (r_s = .31, p < .001). Both of these suggest that members of the Association for Play Therapy used play therapy and tended to use it more often. Three methods of play therapy delivery were found to have statistical significance in relation to the elementary school counselors' membership to the Association for Play Therapy. They include miniatures (r_s = .29, p < .001), puppets (r_s = .14, p = .007), and sand tray (r_s = .38, p < .001). The effect sizes for miniatures and puppets are small; sand tray has a small effect size as well.

The final research question asked if there are differences in elementary school counselors' type of school and use of play therapy. Chi-square tests were used to analyze the differences between public and non-public (private, faith based, and other school type) (Item 8) frequency and ratings of use of play therapy (items 20, 21, and 41). Results of the chi-square test indicated no statistically significant difference between public and non-public school counselors and whether or not they used play therapy (x^2 = .76, df = 1, N = 358, p = .382). Because public and non-public school counselors were not different in use of play therapy, no analyses were calculated for items 1 and 21. Public and non-public elementary school counselors did not differ on any of the 12 methods of play therapy delivery listed in item 41 of the *PTUI.*

The results discussed in this chapter are detailed in Chapter 5. Information pertaining to the limitations of this current study and implications for future research are presented in Chapter 5.

CHAPTER FIVE

DISCUSSION

Chapter Five includes a summary and discussion of the findings from this study, as well as recommendations for future research. Limitations and implications for elementary school counselors and counselor educators are provided as well.

Purpose of the Study

The purpose of this study was to examine the use of play therapy by public and non-public elementary school counselors who are members of the American School Counselor Association (ASCA), their beliefs regarding play therapy, their sense of perceived barriers to implementing play therapy, and the methods they use to overcome barriers to implementing play therapy. Additionally, this study determined if there were differences in elementary school counselors' use of play therapy based on the counselors' sex and type of school in which they worked, as well as if there were relationships between elementary school counselors' use of play therapy and their level of education, formal training, and membership to the Association for Play Therapy. In particular, this study examined how elementary school counselors who utilized play therapy delivered it in their schools.

Discussion of Findings

This study was built on the study by Ray, Armstrong, Warren, and Balkin (2005), who examined elementary school counselors' play therapy training, their use of play therapy (as defined by the number of hours engaged in counseling with children, number of hours per week engaged in play therapy with students, and personal identification as a play therapist), their beliefs about children, their view of the effectiveness of play therapy, and factors that might limit their use of play therapy. My study examined elementary school counselors' use of play therapy

(as determined by whether or not they use play therapy and the extent to which they use play therapy), their beliefs about play therapy (as determined by their responses to statements about play therapy), their perceived barriers to implementing play therapy (as determined by their responses to statements about possible barriers and responses to an open ended question asking their top three barriers to implementing play therapy), and the methods they use to deliver play therapy to their students. Also, I examined whether the elementary school counselors are able to overcome their top barriers to implementing play therapy and if so, the ways they are able to do so. In particular, my study is different from previous studies in that it surveyed elementary school counselors on the methods they use to overcome their barriers to implementing play therapy, and it surveyed elementary school counselors who utilize play therapy on the methods they use to deliver play therapy to their students. In an open-ended format, participants answered that they were able to overcome barriers by purchasing play therapy material with their own money, reading play therapy journals and textbooks, attending more training, using play therapy only when it is most appropriate, going outside or to an open space, converting old closets into play rooms, and educating faculty, administrators, and parents on the positive effects of play therapy through the use of newsletters, play therapy brochures, and bulletin boards. Elementary school counselors who utilize play therapy with their students used drawing (93.3%), board games (80.2%), and role play (78.1%) most often and 18% of the participants indicated other techniques that they use. Overall, more than 30 varying techniques were used by the respondents.

The *Play Therapy Utilization Inventory* (*PTUI*) was created by me specifically for this study in order to determine the following: (a) the proportion of elementary school counselors, who are also members of ASCA, who utilize play therapy in their work with students; (b) the

methods of delivery of play therapy by elementary school counselors; (c) school counselors' level of formal play therapy training; (d) whether elementary school counselors feel prepared to conduct play therapy in their schools; (e) elementary school counselors' beliefs about play therapy; (f) elementary school counselors' perceptions of the barriers to implementing play therapy; (g) methods elementary school counselors have used to overcome barriers to implementing play therapy; (h) if there are differences in male and female elementary school counselors' use of play therapy; (i) if there is a relationship between elementary school counselors' level of education and their use of play therapy; (j) if there is a relationship between elementary school counselors' formal training in play therapy and their use of play therapy; (k) if there is a relationship between elementary school counselors' membership to the Association for Play Therapy (APT) and their use of play therapy; (l) if there are differences in elementary school counselors' type of school (public and non-public) and use of play therapy; (m) if there is a relationship between the number of years working as a counselor and elementary school counselors' use of play therapy; (n) if there is a relationship between the number of years working as a play therapist and elementary school counselors' use of play therapy; (o) if there is a relationship between elementary school counselors' formal training in play therapy and their beliefs about play therapy; (p) if there is a relationship between elementary school counselors' membership to APT and their beliefs about play therapy; (q) if there is a relationship between the number of years working as a counselor and elementary school counselors' beliefs about play therapy; (r) if there is a relationship between the number of years working as a play therapist and elementary school counselors' beliefs about play therapy; (s) if there is a relationship between an elementary school counselors' level of formal training in play therapy and their sense of perceived barriers to using play therapy; (t) if there is a relationship between elementary school

counselors' membership to APT and their sense of perceived barriers to using play therapy; (u) if there is a relationship between the number of years working as a counselor and elementary school counselors' sense of perceived barriers to using play therapy; and (v) if there is a relationship between the number of years working as a play therapist and elementary school counselors' sense of perceived barriers to using play therapy.

Discussion of Participants' Use of Play Therapy

One of the main objectives of this study was to examine the overall use of play therapy by elementary school counselors who are members of ASCA. Several variables, including participants' level of education, sex, membership to the Association for Play Therapy (APT), the type of school in which they worked, and formal play therapy training, were examined to see if there were any statistically significant correlations or differences in the use of play therapy. Because of the high number of correlations calculated, a conservative *p* value of .01 was used for all statistical tests to minimize the potential of a Type I error.

First, to determine the participants' use of play therapy, the responses to two survey questions were analyzed. One question asked whether or not the respondent used play therapy; the other asked to what extent the respondent used play therapy. A vast majority (78.8%) of the 359 participants identified themselves as using play therapy, with the largest proportion of the respondents saying they use play therapy often (26.5%) or sometimes (30.6%). This high percentage is supported by Shen (2006), who surveyed 252 Texas elementary and secondary public school counselors and found that 60% of the 113 elementary school counselors surveyed in Texas used play therapy techniques in their work with students. Ray, Armstrong, Warren, and Balkin (2005) also reported a high percentage of play therapy use; eighty one percent of the elementary school counselors surveyed in their study used play therapy 6 hours per week or less.

Unfortunately, because Ray et al. limited the number of hours to an ordinal level (e.g., 3 hours or less, 4 to 6 hours), there is no way of knowing how many of the respondents in their study used no play therapy at all. Therefore, the percentage of elementary school counselors in that study who reported using play therapy may be lower than what was reported.

Results from my study did not show evidence of significant relationships between elementary school counselors' level of education and whether or not they used play therapy or the extent to which elementary school counselors used play therapy. However, there was a positive, but small correlation (r_s = .19, p = .016) between elementary school counselors' level of education and the extent to which they used play therapy, suggesting that the greater the level of the elementary school counselors' education, the greater the extent to which they used play therapy. This is important for counselor educators to understand because play therapy, as it relates to children and school counseling, is being used by school counselors from all education levels. Because there is no significant difference among counselors with different educational levels, counselor educators can continue to stress the importance and effectiveness of play therapy at all levels of graduate education. No other research has been conducted that examined the correlation between elementary school counselors' level of education and their use of play therapy.

Also not found to be statistically significant was the difference between male and female elementary school counselors and whether or not they used play therapy (χ^2 = .75, df = 1, N = 359, p = .39). This is noteworthy in that it tells us that females and males are using play therapy equally as often. Perhaps, if one sex used play therapy more than the other, it would be beneficial to focus specialized play therapy training for that particular sex. That, however, does not seem necessary. The only statistically significant difference between males and females was

in the use of bibliotherapy ($\chi^2 = 12.68$, $df = 1$, N = 266, $p < .001$). Although sex does not seem to be a factor in whether or not an elementary school counselor uses play therapy, the number of males in this study was very small (n=25); perhaps results would be different if there had been more males participating in the study. No other research has examined the differences between males and females in their use of play therapy in the elementary school setting.

There were no statistically significant differences between elementary school counselors' type of school (public and non-public) and whether or not they used play therapy ($x^2 = .76$, $df = 1$, N = 358, $p = .382$) or any of the 12 methods of play therapy delivery listed in item 41. This suggests that pubic and non-public elementary school counselors use play therapy equally as often and use the same methods of play therapy delivery. Had results shown statistically significant differences, it might have been helpful to focus specialized training on the school type that was shown to use play therapy less often. However, because that is not the case, additional training does not seem necessary. It is important to note that, although the type of school does not seem to be a factor in whether or not elementary school counselors use play therapy or what methods they choose to deliver play therapy, the number of non-public elementary school counselors in this study was very small (n= 16); perhaps results would be different if there had been more non-public elementary school counselors participating in the study. No other research has examined the differences between public and non-public elementary school counselors' use of play therapy or their methods of play therapy delivery.

One factor found to be statistically significant in an elementary school counselors' use of play therapy was their membership in APT. This does not seem surprising considering that the organization's mission is to promote play therapy and the value of play therapy. The 29 respondents who were members of the national chapter of APT, all said they used play therapy in

their work with elementary school children. Over 44% said they used play therapy almost always or always and all but one said they keep current with the play therapy literature. Over 75% agreed or strongly agreed that they feel prepared to conduct play therapy in a school setting. Although 7 (24.1%) of the 29 participants who were members of the national chapter of APT did not take a graduate level play therapy class, 51.7% took one or two classes.

There tended to be more participation in play therapy workshops or special institutes among participants who were APT members, which was similar to the responses for all the respondents. Only 3 of the 29 participants who were members of the national chapter of APT did not attend any play therapy workshops or special institutes, and 4 (13.8%) attended 1 workshop or special institute, 3 (10.3%) attended 3 workshops or special institutes, and 2 (6.9%) attended 4 workshops or special institutes. Six (20.7%) of the national APT members participated in 9 workshops and as many as 3 (10.3%) participated in 19 workshops. One member participated in 51 play therapy workshops or special institutes. Although no other study was found that examined the relationship of elementary school counselors' membership in APT and the use of play therapy, results from this study suggest that members of both the national and state chapters of APT use play therapy more often and feel better prepared to use play therapy in a school setting. Though membership in APT is not considered "formal" education, perhaps members who are elementary school counselors find the support, information, and resources needed to use play therapy through the articles found on the APT website and in the complementary publications. Perhaps the nearly 90% of elementary school counselors who say they wish they could use play therapy more often can gain the education and additional resources from membership in APT they need to feel confident to conduct play therapy in school. By becoming members of APT, elementary school counselors who would like learn more about play

therapy and feel more confident about their utilization of play therapy can perhaps use the resources available to APT members and keep current with the literature available to them as members.

In examining the relationship between elementary school counselors' use of play therapy and their formal play therapy training (as determined by the number of graduate level play therapy classes taken and the number of play therapy workshops or special institutes attended), results indicate positive, statistically significant correlations between whether or not they use play therapy (item 20) and the number of graduate level play therapy courses attended ($r_s = .31$, $p < .001$) and whether or not they use play therapy (item 20) and the number of play therapy workshops or special institutes attended ($r_s = .27$, $p < .001$). This is important because it suggests that the more courses or workshops attended, the more likely elementary school counselors are to use play therapy.

Considering the efficacy of play therapy with elementary school students who suffer from conduct disorders (Cochran & Cochran, 1999), attention-deficit/hyperactivity disorder, mental disability, autism, cerebral palsy, and obsessive-compulsive disorder (Johnson, McLeod, & Fall, 1997), and children at risk (Post, 1999), it is helpful to understand that the use of play therapy by elementary school counselors might increase with the increase of formal training. Play therapy is thought to be helpful for elementary school aged children with conduct disordered behaviors because play allows a counselor and student to build a genuine, trusting, and accepting relationship. The relationship, in turn, allows the child the freedom to express himself or herself without the fear of being judged and makes it easier for the counselor to intervene if a crisis situation should arise. Play therapy was thought to be an effective tool in helping students maintain self-esteem in Post's study of 168 at risk 4th, 5th, and 6th grade students. In Johnson et

al.'s study, all but one of the six elementary school boys labeled with special needs displayed both feelings and control through words and actions after six weekly 30-minute play therapy sessions. In the study by Ray, Armstrong, Warren, and Balkin (2005), elementary school counselors who had one or more university-level play therapy course used play therapy for 13 or more hours per week (8%) as compared to those elementary school counselors who had no university-level play therapy courses (2%).

A large majority of respondents stated they used play therapy, despite the fact that a little over half (51.5%) of the respondents had never taken a graduate level play therapy course from an accredited college or university and almost half (46.8%) had never attended a play therapy workshop or special institute. Of the 181 participants who had not taken any graduate level play therapy courses, 71.6% did not keep current with the play therapy literature. Of the 166 participants who had not attended any play therapy workshops or special institutes, 73.8% did not keep current with play therapy literature. Despite the fact that a large number of participants took no graduate level play therapy courses, attended no play therapy workshops, and did not keep current with play therapy literature, 56.9% of the participants agree to some extent with the statement that they feel prepared to conduct play therapy in the school setting.

In the current study, the high percentage of use, despite the absence or small number of graduate level play therapy courses and workshops or special institutes, for many of the participants could be explained by their agreement with the statements that play therapy is useful for their students and that play is the way children naturally communicate. It can also be explained by their disagreements with the statements that play therapy is inappropriate for their students and that it is necessary to have a play therapy room in order to engage the students in play therapy. Perhaps these elementary school counselors, because of their understanding of the

way children communicate naturally, use play therapy techniques they've learned or observed other school counselors using, without having had formal training. It is also possible that, although these counselors are using what they consider play therapy, it is not play therapy in its true definition. The use of toys as a means to distract a child so a therapist can get the child to talk about his or her problems is not play therapy (Landreth & Bratton, 2000). However, comments from my study such as "The kids like coming to me and playing. I find that students begin to relax and share. I just ask simple questions while they play and often lots of information is gained in that moment" and "[an] abused child will only tell me things as she's throwing darts" illustrates the notion that some of the surveyed school counselors may be using what *they* consider to be play therapy.

Although the large majority of the participants did not receive play training, it seems that some would have liked to receive training, but weren't given the opportunity as evidenced by comments made at the conclusion of the survey. One participant stated, "The university I attended did not offer any courses in play therapy. The more that I have learned about [play therapy], the more that I see [and] understand the benefits, especially for the elementary school setting". Others wrote, "I wish the university I attended would have offered at least one class in play therapy" and "Counselor educator programs don't do enough in way of training school counselors for [play therapy]". One participant expressed her thought that play therapy "should be a required course for elementary school counselors."

Perhaps even if graduate programs offer play therapy courses, if the play therapy courses are not required or are not offered at convenient times, students may not elect to extend their programs in order to attend these courses. One participant wrote, "CACREP universities should offer more courses on counseling children and adolescents, not once in a while, or only in the

summer, but at least once during a fall or spring semester." This participant may also help us understand why elementary school counselors do not obtain training after graduation: "I don't have time/money/access to obtain training at this point."

From the results of this study and the responses on the open-ended portion of the study, it seems apparent that elementary school counselors would like to receive additional training in play therapy, although many feel that they are prepared to conduct play therapy in a school setting. This is important to know because counselors have an ethical duty to conduct counseling only in areas in which they have had adequate training and supervision (National Board for Certified Counselors, 2005).

Discussion of Participants' Perceptions of Barriers to Play Therapy and Methods Used to Overcome Those Barriers

A second goal of this study was to examine elementary school counselors' perceptions of barriers to implementing play therapy, discovering if they have been able to overcome those barriers, and if so, the methods they used to overcome them. To examine the perceptions of barriers to implementing play therapy, respondents were asked to respond to six statements describing possible barriers including lack of support and understanding of play therapy by school administrators, lack of support and understanding of play therapy by faculty members, lack of time, and lack of training, using a Likert-type scale. Possible responses ranged from strongly disagree (1) to strongly agree (6). Another survey item asked respondents to list the top three most frequent barriers to implementing play therapy that they have experienced in their school. In trying to determine elementary school counselors' perceived barriers to implementing play therapy, responses to the six statements regarding perceived barriers would seem to indicate

that a lack of play therapy training and time to conduct play therapy are bigger barriers than a lack of support by school administrators and faculty.

Respondents seem to indicate that they generally feel supported by their school's administration and faculty to conduct play therapy. This is similar to the findings of Ray, Armstrong, Warren, and Balkin (2005) who noted that opposition from school administrators was not identified as a large barrier to using play therapy; rather, a lack of time and training were the main barriers that limited elementary school counselors' use of play therapy. This was confirmed by the responses in my study to the top three most frequent barriers elementary school counselors experienced in their school. Lack of time was the largest barrier for 48.5% of the 334 participants who responded to that survey item and was listed as one of the top three barriers by 90.8% of the respondents. Lack of training or experience was listed as a top three barrier by 44.5% of the participants who responded to that survey item. On the other hand, lack of support or understanding by school administrators, faculty, or parents was listed as a top three barrier by only 23.1% of the participants who responded to that item on the survey.

Lack of time ranked highest on all three lists of barriers. Several participants mentioned the difficulty of simply getting access to the students. It might be that, although faculty members and administrators tend to understand and support a counselor's use of play therapy, added pressures to have students exceed academically is too great and teachers believe they cannot afford for their students to miss academic instruction to see the counselor. It also seems that, although teachers may agree that play therapy is useful for the students, is appropriate, and is needed, their primary duty is to educate the students. Because they are ultimately held responsible for the students' academic learning, they may believe they cannot compromise that responsibility. This is important for counselor educators and other elementary school counselors

to understand because it gives insight into the possible attitudes of some teachers, administrators, and parents. Current and future elementary school counselors can learn techniques used to educate teachers, administrators, and parents about the positive effects of play therapy.

Roughly 56% of the respondents agreed to some extent that they do not feel adequately trained to use play therapy and 44.6% identified a lack of training as one of their top three barriers to implementing play therapy. This is not at all surprising, considering that over half of the participants did not take any graduate level play therapy course and nearly half had not attended a play therapy workshop or special institute. Play therapy courses or day workshops that are designed specifically for elementary school counselors might be useful; courses can focus on educating counselors on the efficacy of using play therapy with elementary school aged students, methods used by other counselors to deliver play therapy, potential barriers to implementing play therapy, and possible methods to use to help overcome those barriers.

Lack of space was listed as one of the top three barriers to implementing play therapy by only 31.8% of the participants who responded to item 39. This was not really surprising, considering that only 14.7% of the respondents strongly agreed or agreed that it was necessary to have a play therapy room to engage students in play therapy. This low percentage seems predictable considering that 84.1% of the total participants did not have a designated play therapy space and that of the 283 respondents who say they use play therapy, 80.6% did not have a designated play therapy space. Participants seemed to be flexible and creative in managing lack of space as a barrier to implementing play therapy. One participant stated that she converted a closet into a private office space for her play therapy materials. Although she said it is not ideal, she stated it works for her. Another respondent was able to make use of an unused classroom to set up play materials. Others commented that they go to an open space, such as a

stage or outdoors, to conduct play therapy. The fact that some of these counselors are willing to do what it takes to conduct play therapy with their students, despite not having a designated play therapy room, is important. Counselor educators can teach graduate students that the realities are, at least for the moment, that due to budget restraints and possible other factors, having a designated play therapy room is not common; however, counselors can provide play therapy by being flexible and creative. Educators can use information from this study to teach graduate students the ways that counselors in the field are being creative in order to overcome the barriers to implementing play therapy.

Although listed as one of the top three barriers to implementing play therapy by only 23.1% of the participants who responded to that item on the survey, it is possible that elementary school counselors who experience resistance from faculty members, administrators, and parents, do not use play therapy because they have simply given up and either do not know how to, or believe it is impossible to, educate others about the usefulness and appropriateness of play therapy for their young students. Perhaps comments made by respondents can educate counselor educators and other elementary school counselors on ways they can overcome barriers to implementing play therapy.

What I found surprising was the number of participants who indicated that they had not been able to overcome barriers to implementing play therapy (65.2%), considering the large number of participants who said they used play therapy (73.5%). It is possible that even though those participants have not been able to overcome their top three barriers to implementing play therapy, they believe in the importance of play therapy enough to do what it takes to deliver it to their students. Perhaps, although they have not been able to overcome their barriers completely, they have been able to overcome barriers sufficiently to still use play therapy sometimes, as

indicated by 31.2%, or often, as indicated by 21.8%. Still, 23.4% of the respondents who indicated that they had not been able to overcome their top three barriers to implementing play therapy used play therapy never or almost never. It seems that those who are still faced with barriers, yet manage to use play therapy, do what it takes to get it done. At least eight participants made comments such as "I do what I can with the restraints I have" or "[I] make time to do what is needed for the students." This suggests that some elementary school counselors are willing to do whatever it takes to provide play therapy to their students.

Discussion of Methods of Play Therapy Delivery

Because no other study was found that examined elementary school counselors' methods of play therapy delivery, the final objective of this study was to determine which play therapy methods were used by elementary school counselors who used play therapy. In order to do that, frequency distributions were calculated for each of the counseling techniques listed in item 41 on the *PTUI* for the 283 respondents who said that they used play therapy (item 20). The three most utilized counseling techniques used by elementary school counselors were drawing (93.3%), board games (80.2%), and role play (78.1%). The least used techniques, but still used at a significant percentage, were music (24%) and sculpture (24.4%). Eighteen percent of the participants indicated that they used other techniques and those included card games, puzzles, magic wand, collage-making, board game making, art and crafts, painting, coloring, sewing, movement related games/exercise/yoga, interviews and movie making, colored rice tray, dolls and play house, play dough, therapeutic storytelling, hammering/building, building blocks, and drumming. Overall, more than 30 varying techniques were used by the respondents.

Results of this study can help educate elementary school counselors about play therapy methods that other counselors were able to deliver to their students. Some are rather inexpensive

(drawing, collage-making, magic wand, play dough, building blocks) or free (drama, role playing, therapeutic storytelling, and drumming). Many do not require additional room (drumming, hammering, coloring, music, writing, bibliotherapy, and therapeutic storytelling) and can be implemented in the counselors' office or the students' classroom. This information is important for both counselor educators and elementary school counselors. Counselor educators can use this information to help educate future elementary school counselors on what play therapy techniques are being used most often in the field. Specialized training or teaching segments that focus on different play therapy alternatives would be helpful when offered in play therapy, school counseling, or child and adolescent classes. Once counselor educators and elementary school counselors understand what techniques are being utilized, they can focus on accessing the appropriate resources that can help elementary school counselors implement the new techniques.

Limitations of the Study

Limitations of the study relate to sampling bias, collection of the data, and the design of the survey instrument. The first limitation that may have had an impact on the study involved sampling bias. Because not all participants were required to respond to or complete the survey, members of the American School Counseling Association (ASCA) who chose to complete the survey may not have been representative of all elementary school counselors who were members of ASCA. Of the 2,719 surveys sent to ASCA's elementary school counselors, 418 were returned, representing a return rate of 15 percent. However, after accounting for incomplete surveys and surveys completed by middle school counselors, rather than elementary school counselors, the number of usable surveys was 359 (13%). In addition, surveying only members of ASCA does not allow for a complete representation of the entire population of elementary

school counselors. Difficulties in sampling characteristics include the disproportionate number of males (7%) and females (93%) in both the survey sample respondents and ASCA membership. The overall proportion of ASCA membership is 85% female and 15% male. A disproportionate number of respondents worked in public (95.3%), private (1.7%), faith based (1.1%), and other (1.7%) school settings.

A limitation based on the collection of data includes the use of email. Because the survey was delivered electronically, availability was limited to those who had access to email and the internet. Although approximately 3,260 elementary school counselors are members of ASCA, only 2,719 of those individuals provided email addresses on the membership website. By using email as the sole means of contacting potential participants and collecting data, the number of potential participants was reduced by 541 elementary school counselors. The sample was not necessarily representative of those who were not given the opportunity to participate because of a lack of an available email address.

Limitations in the design of the survey included item construction. The survey instrument may not have accurately measured elementary school counselors' use of play therapy, beliefs about play therapy, perceived barriers to implementing play therapy, and methods of play therapy delivery. The survey was also limited in that it is not able to account for changes in opinion that may have occurred over time. It was able to measure only the responses of the participants at the time they answered the survey.

The term "play therapy" could mean different things to different elementary school counselors. What one elementary school counselor considers play therapy may not be considered play therapy by someone else; therefore, when participants answered the survey items, they answered based on their own interpretations of play therapy. Because there was not a standard

definition of play therapy given in the electronic message to the participants or in the survey instructions, participants were left to interpret "play therapy" in their own way.

Another limitation was that the sample may have been skewed in that there may have been a higher survey response percentage of elementary school counselors who had an interest in play therapy, or who believe in the benefits of play therapy. The sample may have been skewed in that elementary school counselors who had no interest in play therapy, or who believed play therapy to be ineffective, may not have taken the time to complete the survey, resulting in a lower response rate from, and misrepresentation of, that group of elementary school counselors.

Another limitation is that the sample may have been skewed in that there is the possibility that elementary school counselors who are members of the American School Counselor Association (ASCA) may have a stronger sense of professional identity and therefore see the value in training, continuing education, keeping up with current trends in the field, and making contributions to research in the area of school counseling, and are therefore not representative of the entire population of elementary school counselors.

A final limitation is that there may have been a lower response rate because many elementary school counselors are overwhelmed with work. They may not have had the time to respond to the survey.

One delimitation is that although there are many more elementary school counselors who are not members of ASCA, the survey was distributed only to elementary school counselors who were members of ASCA. These findings, therefore, can only be generalized to elementary school counselors who are members of ASCA, and not to the entire population of elementary school counselors.

Implications for Elementary School Counselors and Counselor Educators

The results of this study were intended to bring a greater awareness of the overall use of play therapy by elementary school counselors, their beliefs regarding play therapy, their perceived barriers to implementing play therapy and the methods used to overcome barriers, and the methods used to deliver play therapy. By building on the previous study of Ray, Armstrong, Warren, and Balkin (2005) about play therapy practices among elementary school counselors, the results of this study contribute to the knowledge base of the use of play therapy by elementary school counselors.

As a result of this study, elementary school counselors who do not currently use play therapy, and who believe their present therapeutic interventions are not helpful, may decide to use play therapy, or some play therapy techniques, based on the survey participants' beliefs about the usefulness and appropriateness of play therapy with elementary school-aged children. Elementary school counselors can get an idea of the more commonly used play therapy techniques as well as other techniques that counselors in the field have found to be useful with their students. Additionally, elementary school counselors who already use play therapy in their work with students but who are either encountering resistance from their students or are in need of new techniques to keep their students' interest can obtain new ideas of possible techniques to use. For elementary school counselors who are faced with barriers to implementing play therapy, results of this study may give them ideas on ways to overcome those barriers.

This study is also helpful to counselor educators. As counselor educators work with future elementary school counselors, they can educate them on not only the more commonly used play therapy techniques used but also some of the other non-traditional techniques used by elementary school counselors working in the field. Counselor educators can also educate them

on barriers to implementing play therapy that elementary school counselors have identified and discuss how those barriers have been overcome. This will better prepare future elementary school counselors for what is likely to happen in the work setting. The more counselor educators can prepare future elementary school counselors for what they are likely to encounter in the workplace in terms of potential barriers and ways those barriers can be overcome, as well as useful play therapy techniques, the better prepared they will feel.

Implications for Future Research

Due to the limited amount of literature on the play therapy practices among elementary school counselors, this study offers new information on the use of play therapy, perceived barriers to implementing play therapy, methods used to overcome those barriers, and methods used to deliver play therapy. However, future research should continue to focus on the use of play therapy in elementary schools. Because it was sometimes difficult to fully understand what the participants in this study meant when they described the methods they use to overcome barriers, a qualitative study might shed light on ways school counselors have been able to overcome their perceived barriers to implementing play therapy. Broad answers can easily be clarified during an interview. Because "lack of time" was one of the greatest barriers to implementing play therapy, perhaps another qualitative study might address what "lack of time" really means by examining what elementary school counselors do with their time during the school day. It might be helpful to understand whether they are only having trouble finding time to conduct play therapy or if their busy schedule precludes them from completing other types of counseling related duties. Is the lack of time to conduct play therapy a result of their time being consumed with other duties, and if so, are these duties that can be performed by another faculty member/specialist/additional counselor? Perhaps additional research can provide an argument

for schools to hire additional counselors, so that there is ample time for counselors to see students.

Another qualitative study could focus on the methods that elementary school counselors use to deliver play therapy to the students in their school. As with the methods elementary school counselors used to overcome the barriers to implementing play therapy, it was sometimes difficult to know precisely what the respondents meant in their answers. Not only can the methods of play therapy delivery be clarified through interviews, researchers can examine the modalities in which the school counselor uses those techniques (e.g., individual, group, classroom, play room, counselor's office), the student's issues for which the techniques are used most effectively (e.g., behavior disorders, ADHD, academic challenges, trouble getting along with others), and the time it takes to deliver those techniques. Because it may be difficult for respondents to express, on a survey, how much time is devoted to using particular play therapy techniques, mainly because many have more than one and the time may vary depending on the technique, the interview can also focus on finding out the average length of time the sessions last and remain effective. Finding out the detailed specifics of how elementary school counselors overcome the barriers to implementing play therapy and the delivery of play therapy would be beneficial for counselor educators in they will be able to use that information to teach future elementary school counselors what other counselors in the field are doing that works. Although it would be unethical for counselors to practice a play therapy technique for which they have not had adequate training or supervision, counselors already in the elementary school setting can benefit from what others say they do to overcome the barriers to implementing play therapy.

Future research should continue to examine play therapy training for elementary school counselors. A closer examination could be made of the number and type of play therapy classes

(e.g., theory-focused, technique-focused) taken and whether those classes helped participants feel more prepared to conduct play therapy in a school setting. Depending on the results of the study, counseling programs that train future elementary school counselors and do not offer courses in play therapy may wish to consider offering play therapy classes and those already offering play therapy classes may elect to adjust their curriculum by offering more play therapy classes. Additionally, understanding which types of play therapy classes help elementary school counselors feel better prepared to conduct play therapy in the school setting might be helpful to counseling programs wishing to better prepare elementary school counselors.

Additional research is needed on the efficacy of play therapy by elementary school counselors in the field. Much of the research I found involving the efficacy of play therapy with certain populations in elementary schools had been conducted with play therapists, school counselors, or graduate students who were brought in from outside the studied school and who were able to devote their full attention to the delivery of play therapy. Because these counselors were not preoccupied with the other administrative duties that accompany being a school counselor, perhaps results were not an accurate representation of what a typical elementary school counselor might be able to achieve. Children with ADHD, interpersonal relational issues, and classroom behavior issues have a harder time succeeding in school; therefore, future studies should focus on the efficacy of play therapy with children with these particular challenges.

Additional research should be done to examine who is providing supervision for the elementary school counselors who are utilizing play therapy. Additional research could also be done on those elementary school counselors who feel prepared to conduct play therapy in a school setting, despite the limited number of play therapy courses and workshops attended and not keeping current with play therapy literature. Research can be conducted to determine what

makes those counselors feel prepared. Perhaps results will reveal that even though they do not attend workshops or take play therapy courses, other counselors in the school share their own knowledge of play therapy theory and techniques.

A replication of this study using a more representative sample of the nation's elementary school counselors would be beneficial. The use of a paper and pencil survey, along with an electronic survey, would also be helpful in that it would ensure counselors without email or internet access would be included in the sample.

Conclusions

The findings of this study describe the use of play therapy by elementary school counselors, their formal play therapy training, their beliefs regarding play therapy, and their perceived barriers to implementing play therapy. Findings describe the methods elementary school counselors use to overcome the perceived barriers to implementing play therapy and the methods they use to deliver play therapy. Other goals of this study included determining if there were relationships between elementary school counselors' use of play therapy and the level of their education (bachelors, master's, master's +30, doctoral), their formal training in play therapy, and their membership in the Association for Play Therapy, as well as differences in elementary school counselors' use of play therapy and their sex and their type of school (public, non-public).

The results indicated that of the 359 participants, 283 (78.8%) use play therapy in their work with elementary school children. Over half of the participants (57.1%) use play therapy often or sometimes and about 10% use play therapy always or almost always. Males and females did not differ on whether or not they use play therapy ($\chi^2 = .75$, $df = 1$, N = 359, $p = .39$)

and of the 12 methods of play therapy delivery listed in item 41 on the *PTUI*, males and females are different only in the use of bibliotherapy ($\chi^2 = 12.68$, $df = 1$, $N = 266$, $p < .001$).

No statistically significant correlations were found between elementary school counselors' level of education and whether or not they use play therapy (item 20) ($r_s = .10$, $p = .052$) or between elementary school counselors' level of education and the extent to which they use play therapy (item 21) ($r_s = .19$, $p = .016$). However, the positive correlation for item 21 suggests the greater the elementary school counselors' education, the extent to which they used play therapy increased. No statistically significant difference was found between public and non-public elementary school counselors and whether or not they use play therapy ($x^2 = .76$, $df = 1$, N = 358, $p = .382$) and public and non-public elementary school counselors did not differ on any of the 12 methods of play therapy delivery listed in item 41 of the *PTUI.*

Results of this study indicate that there is a positive statistically significant correlation between membership to the Association for Play Therapy and whether or not play therapy was used ($r_s = .15$, $p = .004$) and membership to the Association for Play Therapy and the extent to which play therapy was used ($r_s = .31$, $p < .001$) . This suggests that members of the Association for Play Therapy not only tended to use play therapy, but also tended to use it more often than non-members. The three methods of play therapy delivery found to have statistical significance in relation to the elementary school counselors' membership to the Association for Play Therapy include miniatures ($r_s = .29$, $p < .001$), puppets ($r_s = .14$, $p = .007$), and sand tray ($r_s = .38$, $p < .001$).

Over half (51.5%) of the participants indicated that they had not taken any graduate level play therapy courses. Ninety six participants (26.7%) had only taken one graduate-level play therapy course. The number of graduate level play therapy courses taken ranged from a majority

of 0 to less than 1% at 20. Respondents indicated more participation in play therapy workshops or special institutes than in graduate level play therapy courses. Still, almost 47% had not attended any play therapy workshops or special institutes. Sixty nine respondents (19.2%) indicated they had attended one play therapy workshop or special institute. The number of play therapy workshops or special institutes attended ranged from a majority of 0 to .3% at 51. Results indicate that there was a statistically significant positive correlation between the number of graduate level play therapy courses taken by elementary school counselors and whether or not they used play therapy (item 20) ($r_s = .31$, $p < .001$) as well as between the number of graduate level play therapy courses taken and the extent to which the elementary school counselors used play therapy ($r_s = .35$, $p < .001$). This suggests that the greater number of graduate level play therapy courses taken by elementary school counselors, the more likely they were to use play therapy and the extent to which they used play therapy increased. Three methods of play therapy delivery, including miniatures ($r_s = .26$, $p < .001$), sand tray ($r_s = .38$, $p < .001$), and toys ($r_s = .20$, $p < .001$) were shown to be positively correlated to the number of graduate level play therapy courses taken and to have statistical significance.

There is a positive correlation between the number of play therapy workshops or special institutes attended and whether or not play therapy was used ($r_s = .27$, $p < .001$) and between the number of play therapy workshops or special institutes attended and the extent to which they used play therapy ($r_s = .43$, $p < .001$). The positive correlation suggests that the greater the number of play therapy workshops or special institutes attended by the elementary school counselors, the extent to which they used play therapy increased. Finally, there were six methods of play therapy delivery found to have statistical significance in relation to the number of play therapy workshops or special institutes attended. They include bibliotherapy ($r_s = .14$, p

= .007), drama (r_s = .21, p < .001), miniatures (r_s = .38, p < .001), puppets (r_s = .22, p < .001), sand tray (r_s = .41, p < .001), and toys (r_s = .28, p < .001).

Elementary school counselors were surveyed about their beliefs regarding play therapy. An overwhelming majority (71.3%) of the respondents strongly agreed or agreed that play therapy is useful for their students and that a child's natural form of communication is play (89.4%). Over 62% strongly agreed or agreed that they wish they could use play therapy more often with their students and a large majority (73.2%) strongly disagreed or disagreed that play therapy is inappropriate for their students.

Although the elementary school counselors surveyed in this study seem to believe that play therapy is useful to their students, and an overwhelming majority use it, several barriers to implementing play therapy were identified including a lack of time, space, training, resources, and support and/or understanding from parents, teachers, or school administrators. Only ninety eight participants (27.3%) said that they had found ways to overcome barriers and said that ways they overcame barriers were to use their own money to purchase play therapy materials, educate faculty, administrators, and parents about the positive effects of play therapy through newsletters, play therapy brochures, and bulletin boards, read play therapy journals and textbooks, seek more training, and use play therapy only when it is most appropriate.

Finally, of the 283 respondents who answered that they use play, the most used techniques were drawing (93.3%), board games (80.2%), and role play (78.1%). The least used techniques were music (24%) and sculpture (24.4%). Eighteen percent of the participants indicated that they used other techniques and those included card games, puzzles, magic wand, collage-making, board game making, art and crafts, painting, coloring, sewing, movement related games/exercise/yoga, interviews and movie making, colored rice tray, dolls and play

house, play dough, therapeutic storytelling, hammering/building, building blocks, and drumming. Overall, more than 30 varying techniques were used by the respondents.

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Appendix A

Play Therapy Utilization Inventory

PLAY THERAPY UTILIZATION INVENTORY

SECTION I. PERSONAL INFORMATION

Please provide the following personal information:

1. Sex
_____ Female
_____ Male

2. Age _____

3. Ethnicity
_____ African American
_____ Asian American
_____ Caucasian
_____ Hispanic
_____ Native American
_____ Pacific Islander
_____ Other_____

4. Current Certifications
(Please check all that apply)
_____ Counselor Intern (CI)
_____ Licensed Marriage and Family Therapist (LMFT)
_____ Licensed Professional Counselor (LPC)
_____ Licensed Clinical Social Worker (LCSW)
_____ National Certified Counselor (NCC)
_____ National Certified School Counselor (NCSC)
_____ Registered Play Therapist (RPT)
_____ Registered Play Therapist Supervisor (RPT-S)
_____ School Psychologist
_____ Other(s) (Please specify)_____

5. Professional Affiliations
(Please check all that apply)
_____ American Counseling Association (ACA)
_____ ACA State chapter
_____ American School Counselor Association (ASCA)
_____ ASCA State chapter
_____ Association for Play Therapy (APT)
_____ APT State chapter
_____ Other(s) (Please specify)_____

6. Highest degree earned
_____ Bachelor's
_____ Master's
_____ Master's +30
_____ Doctorate

7. Type of school setting in which you are currently working
(Please check all that apply)
_____ Elementary
_____ Middle
_____ Secondary/High School
_____ College/University
_____ Other (Please specify)_____

8. Type of school in which you are currently working
_____ Public
_____ Private, non secular
_____ Faith based (Catholic, Episcopal, Lutheran etc.)
_____ Other_____

9. Grade Level with whom you currently work
(Please check all that apply)
_____ Pre-Kindergarten
_____ Kindergarten
_____ 1st grade
_____ 2nd grade
_____ 3rd grade
_____ 4th grade
_____ 5th grade
_____ 6th grade
_____ 7th grade
_____ 8th grade
_____ 9th grade
_____ 10th grade
_____ 11th grade
_____ 12th grade
_____ Other (Please specify)_____

10. State in which you currently work
_____

11. Approximate number of students at your school
_____ students

12. Approximate number of students for whom you are responsible
_____ students

13. Number of counselors at the school, including you
_____counselors

14. Are you the only counselor for your grade level(s)?
_____Yes
_____No

15. Total number of years working as a counselor
_____years

16. Total number of years working as a school counselor
_____years

17. Number of hours in a typical week devoted to counseling students
_____hours

18. What is your PRIMARY mode of delivering all counseling services at school?
_____ Individual counseling
_____ Group counseling
_____ Classroom guidance
_____ No Primary Mode is Used
_____ Other (Please specify)_____

19. Please indicate the percentage of your total counseling time allocated to each of the following modes of counseling. (Total should equal 100%)
_____ Individual counseling
_____ Group counseling
_____ Classroom guidance
_____ Other

20. Do you use play therapy with your students?
_____ Yes
_____ No

21. To what extent do you typically use play therapy techniques with students?

Always	Almost Always	Often	Sometimes	Seldom	Almost Never	Never
1	2	3	4	5	6	7

22. Total number of years practicing play therapy
_____years

23. Do you have a designated play therapy room at the school where you work?
_____ Yes
_____ No

SECTION II. TRAINING AND PREPAREDNESS

24. Number of graduate level courses that **YOU** have taken in play therapy from an accredited university or college.
_____ Courses

25. Number of play therapy workshops or special institutes **YOU** have attended from all sources.
_____ Workshops or Special Institutes

26. Do you keep current on the latest play therapy techniques by reading play therapy literature, books, journals, newsletters, etc.?
_____ Yes
_____ No

Please read the following statement regarding your perceptions of your own preparedness for conducting play therapy and indicate the extent to which you agree or disagree. Your selections should reflect your own personal opinions about your play therapy training or preparation. You will be rating the item on a scale of 1 to 6, with 1 being "strongly disagree" and 6 being "strongly agree."

27. I feel like I am prepared to conduct play therapy in a school setting.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

SECTION III. BELIEFS ABOUT PLAY THERAPY

Please read the following statements regarding your beliefs about play therapy and indicate the extent to which you agree or disagree. Your selections should reflect your own personal opinions about play therapy. You will be rating each item on a scale of 1 to 6, with 1 being "strongly disagree" and 6 being "strongly agree."

28. Play therapy is useful for my students.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

29. A child's natural form of communication is play.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

30. Play therapy is inappropriate for my students.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

31. It is necessary to have a designated play therapy room in order to engage students in play therapy.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

32. I wish I could use play therapy more often with my students.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

SECTION IV. PERCEIVED BARRIERS

Please read the following statements regarding your perceived barriers to implementing play therapy and indicate the extent to which you agree or disagree. Your selections should reflect your own personal opinions about your perceived barriers to using play therapy. You will be rating the item on a scale of 1 to 6, with 1 being "strongly disagree" and 6 being "strongly agree."

33. School administrators understand what I am doing when I am conducting play therapy.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

34. I don't use play therapy with my students because I don't have enough time during the day.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

35. I have the support of the faculty to conduct play therapy.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

36. I don't use play therapy with my students because I don't feel adequately trained in play therapy.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

37. I have the support of the school's administration to conduct play therapy.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

38. Faculty members understand what I am doing when I am conducting play therapy.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

39. Please identify the **top three** most frequent barriers to implementing play therapy that you've experienced in your school.

40. Have you been able to overcome those barriers, and if so, how?
_____ No
_____ Yes

If yes, how?_____

SECTION V. METHODS OF PLAY THERAPY DELIVERY

Please answer the following question regarding the methods of play therapy delivery.

41. Which counseling techniques do you use most often with your students?
(Please check all that apply)
_____ I have students draw pictures
_____ Bibliotherapy
_____ Board games
_____ Drama
_____ Miniatures
_____ Music
_____ Puppets
_____ Role Playing
_____ Sand tray
_____ Sculpture
_____ Toys
_____ Writing
_____ Other(s) (Please specify)_____

SECTION VI. ADDITIONAL INFORMATION

42. Please comment on anything that you think is important for me to know about the delivery of play therapy in your school or experiences you've had using play therapy with students. Is there anything else you would like to add?

Appendix B

IRB Approval Letter

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

Campus Correspondence

Principal Investigator:	Louis V. Paradise
Co-Investigator:	Christine Holbrook
Date:	February 1, 2008
Protocol Title:	"The Use, Beliefs, Perceived Barriers, and Methods of Delivery of Play Therapy by Elementary School Counselors"
IRB#:	03FEB08

The IRB has deemed that the research and procedures described in this protocol application are exempt from federal regulations under 45 CFR 46.101(b) category 2 as a benign study of (anonymous) Elementary School Counselors' perceptions of the perceived barriers, use, and methods of delivery of play therapy.

To ensure anonymity, potential participants should be informed in your message to participants that there will be a record of exchange in a cache somewhere on their system or saved in their internet service provider's server's log file should they decide to participate in the survey. They should be informed of this and you should suggest that they clean out their temporary internet files and close their browser after submitting the survey to ensure anonymity.

Exempt protocols do not have an expiration date; however, if there are any changes made to this protocol that may cause it to be no longer exempt from CFR 46, the IRB requires another standard application from the investigator(s) which should provide the same information that is in this application with changes that may have changed the exempt status.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you are required to inform the IRB as soon as possible after the event.

Best wishes on your project.
Sincerely,

Robert D. Laird, Ph.D., Chair
Committee for the Protection of Human Subjects in Research

Appendix C

First Electronic Message to Participants

First Electronic Message

Dear Elementary School Counselor,

I am writing to request your assistance with my dissertation study titled *The Use, Beliefs, Perceived Barriers, and Method of Delivery of Play Therapy by Elementary School Counselors*. I have developed a survey (*Play Therapy Utilization Inventory* or *PTUI*) that asks elementary school counselors to respond to questions about their use of play therapy, their beliefs regarding play therapy, their perceived barriers to implementing play therapy, and their methods of delivering play therapy. I plan to use the data from the survey to assist counselor educators as they educate future school counselors and future play therapists, as well as helping elementary school counselors understand the play therapy techniques and the methods colleagues are using to delivery play therapy.

Your answers on this survey will provide important information regarding the use (or lack of use) of play therapy and the methods of delivering play therapy in elementary schools. The data may help us understand the frequency of play therapy use and how elementary school counselors who deliver play make it work in their schools. Data may be helpful to not only school counselors looking for ways to implement play therapy but also counselor educators.

All information that you provide is anonymous; there will be no way to identify you after you submit your answers. The survey will take approximately 10-15 minutes to complete.

If you are willing to assist me with this important part of my study, please click the following link to connect to the PTUI:

https://www.surveymonkey.com/s.aspx?sm=JDhr6NGCiCaYXRO3hP5_2fjh2DjqN_2bYX_2fo8Dqffde_2fcvk_3d

If you are not connected automatically, then you can cut-and-paste the link into the address box on your web browser and then press enter.

Completion and electronic submission of the PTUI will indicate your consent for participation in this study. As in most internet communication, there may be a record of exchange in a cache somewhere on your computer system or internet service provider's log file. As a precaution, I suggest that you clean out your temporary internet files and close your browser after submitting your survey. I want to remind you again that the information you are transmitting is unspecified and unidentifiable.

Your participation in this study is entirely voluntary and you may withdraw your consent and terminate participation at any time without consequence. The risks associated with this study are minimal; some individuals may tire while answering the questions. If you would like additional information about this study or would like to discuss any discomforts you may experience, please send your request to the investigator of this study, Christine Holbrook Ebrahim, by email at cholbroo@uno.edu. You may also contact my faculty advisor, Dr. Louis V. Paradise, by email at LParadis@uno.edu or by telephone, 504-280-6026, for more information regarding this study.

Thank you in advance for your participation.

Sincerely,

Christine Holbrook Ebrahim, MS, LPC, NCC
Doctoral Candidate
University of New Orleans
348 Bicentennial Education Building
University of New Orleans, Lakefront Campus
2000 Lakeshore Drive
New Orleans, LA 70148

Note: If you do not wish to receive any more emails concerning this research, please click the following link:

https://www.surveymonkey.com/optout.aspx

Appendix D

Second Electronic Message

Second Electronic Message to Participants

Dear Elementary School Counselor,

If you have already participated in this study by completing the *Play Therapy Utilization Inventory* (*PTUI*), thank you again for your participation.

If you have not had the opportunity to participate, please take approximately 10-15 minutes to read the following information and follow the hyperlink to complete the survey.

I have developed a survey (*Play Therapy Utilization Inventory* or *PTUI*) that asks elementary school counselors to respond to questions about their use of play therapy, their beliefs regarding play therapy, their perceived barriers to implementing play therapy, and their methods of delivering play therapy. I plan to use the data from the survey to assist counselor educators as they educate future school counselors and future play therapists, as well as helping elementary school counselors understand the play therapy techniques and the methods colleagues are using to delivery play therapy.

Your answers on this survey will provide important information regarding the use (or lack of use) of play therapy and the methods of delivering play therapy in elementary schools. The data may help us understand the frequency of play therapy use and how elementary school counselors who deliver play make it work in their schools. Data may be helpful to not only school counselors looking for ways to implement play therapy but also counselor educators.

All information that you provide is anonymous; there will be no way to identify you after you submit your answers. The survey will take approximately 10-15 minutes to complete.

If you are willing to assist me with this important part of my study, please click the following link to connect to the PTUI:

[insert link]

If you are not connected automatically, then you can cut-and-paste the link into the address box on your web browser and then press enter.

Completion and electronic submission of the PTUI will indicate your consent for participation in this study. As in most internet communication, there may be a record of exchange in a cache somewhere on your computer system or internet service provider's log file. As a precaution, I suggest that you clean out your temporary internet files and close your browser after submitting your survey. I want to remind you again that the information you are transmitting is unspecified and unidentifiable.

Your participation in this study is entirely voluntary and you may withdraw your consent and terminate participation at any time without consequence. The risks associated with this study are minimal; some individuals may tire while answering the questions. If you would like additional information about this study or would like to discuss any discomforts you may experience,

please send your request to the investigator of this study, Christine Holbrook Ebrahim, by email at cholbroo@uno.edu. You may also contact my faculty advisor, Dr. Louis V. Paradise, by email at LParadis@uno.edu or by telephone, 504-280-6026, for more information regarding this study.

Thank you in advance for your participation.

Sincerely,

Christine Holbrook Ebrahim, MS, LPC, NCC
Doctoral Candidate
University of New Orleans
348 Bicentennial Education Building
University of New Orleans, Lakefront Campus
2000 Lakeshore Drive
New Orleans, LA 70148

Note: If you do not wish to receive any more emails concerning this research, please click the following link:

Appendix E

Final Electronic Message

Final Electronic Message to Participants

Dear Elementary School Counselor,

Thank you to everyone who participated in my dissertation study titled *The Use, Beliefs, Perceived Barriers, and Methods of Delivery of Play Therapy by Elementary School Counselors* by completing the *Play Therapy Utilization Inventory (PTUI)*. The data collection, which ran from February 3, 2008 to February 24, 2008, has now been concluded.

The data from the survey will be used to examine the frequency of play therapy use by elementary school counselors, their beliefs regarding play therapy, their perceived barriers to implementing play therapy, and their methods of delivering play therapy.

If you would like to receive a copy of the final results, please send me an email request to Christine Holbrook Ebrahim at cholbroo@uno.edu.

If you would like additional information about this study or would like to discuss any discomforts you may have experienced, please send your request to the investigator of this study, Christine Holbrook Ebrahim, by email at cholbroo@uno.edu. You may also contact my faculty advisor, Dr. Louis V. Paradise, by email at LParadis@uno.edu or by telephone, 504-280-6026, for more information regarding this study.

Thank you for your participation.

Sincerely,

Christine Holbrook Ebrahim, MS, LPC, NCC
Doctoral Candidate
University of New Orleans
348 Bicentennial Education Building
University of New Orleans, Lakefront Campus
2000 Lakeshore Drive
New Orleans, LA 70148

Appendix F

List of Other Certifications

Other Certifications

Associate Licensed Professional Counselor
Board Certified Behavior Analyst
K-12 School Counselor
Certified School Counselor
Certified Clinical Hypnotherapist
Certified School Adjustment Counselor
Counselor Educator
Elementary School Counselor
Licensed Alcohol and Drug Counselor
Licensed Mental Health Counselor
Licensed Mental Health Counselor Intern
Licensed Professional Counselor-Supervisor
Licensed School Adjustment Counselor
Licensed Social Worker (LSW)
Limited License Professional Counselor (LLPC)
National Board for Professional Teaching Standards (NBPTS)
Pupil Personnel Service Credential (PPS)
Pupil Service Attendant/Primary Intervention Counselor
Post Master's Certificate in Advanced School Counseling
Professional School Counselor
Registered Art Therapist (ATR)
State Certified Guidance Counselor
State Certified School Counselor
State Certificate in School Social Work
State Licensed School Counselor
State teacher's license
School Guidance Counselor
School Guidance Counselor K-12
School Counselor Endorsement
Student Personnel Services

Appendix G

List of Other Affiliations

Other Professional Affiliations

Academy of Certified Social Workers (ACSW)
American Academy of Bereavement (AAB)
American Art Therapy Association (AATA)
American Association of Marriage & Family Therapists (AAMFT)
American Council of Hypnotist Examiners (ACHE)
American Psychological Association (APA)
Association for Creative Therapy
Association for Supervision and Curriculum Development (ASCD)
California Association of Counseling Development (CACD)
California Teachers Association (CTA)
California Association of Marriage and Family Therapists (CAMFT)
Center for the Advancement of Ethics and Character
Counselors for Student Justice (CSJ)
Counselor Education Association (CEA)
International Assoc. of Applied Control Theory (IAACT)
International Association of PT-England
Mercer County Professional Counselors Association (MCPCA)
National Association of Social Workers (NASW)
National Association of Student Affairs Professionals (NASAP)
National Elementary Schools Press Association (NESPA)
National Educational Association (NEA)
National Education Association state chapter
National Children's Literature Writer's Association-(could not find on google.com)
Oklahoma Drug Alcohol professional Counselor Association
Pinellas Professional School Counselor Association (PPSCA
Local chapters of ASCA
County chapters of ASCA

VITA

Christine Holbrook Ebrahim earned a Bachelor of Arts degree in Journalism, with an emphasis in Public Relations, in 1993 from the University of Mississippi and earned a Master of Science degree in Counseling in 2004, from Loyola University, New Orleans. In 2008, she earned a Doctor of Philosophy degree in Counselor Education from the University of New Orleans.

Christine is a Licensed Professional Counselor (LPC) and a National Certified Counselor (NCC). She is a member of the American Counseling Association (ACA), Louisiana Counseling Association (LCA), American School Counselor Association (ASCA), Southern Association for Counselor Education and Supervision (SACES), Association for Play Therapy (APT), and Louisiana Association for Play Therapy. Christine is a member of Chi Sigma Iota, a professional counseling honor society, and served on the Executive Board in 2006-2007. She is also a member of Phi Kappa Phi honor society.

Christine has experience as a high school counselor and has served as the university supervisor for several master's-level practicum and internship students placed in elementary, middle, secondary, and post-secondary school settings. In October, 2007, she presented at the annual Louisiana Counseling Association state conference. Research interests include play therapy and school counseling, in particular, the use of play therapy in schools and the preparation of school counselors.